

Code of Ethics and Rules of Conduct



Nova Scotia College of Physiotherapists, The Code of Ethics & Rules of Conduct

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Bylaws made by the Board of the Nova Scotia College of Physiotherapists pursuant to s.62 of the Physiotherapy Act 1998, S.N.S. 1998, c.22

Introduction

THE NOVA SCOTIA COLLEGE OF PHYSIOTHERAPISTS is charged with responsibility to the public of assuring competence. Distinguishing good from poor practice is not simple and requires informed practitioners, as peer review is the predominant method by which measurement takes place.

One pillar of competence is professional conduct. The Code of Ethics and Rules of Conduct are instruments to strengthen the ability of the College to assure that physiotherapists act in the public interest. The Code of Ethics (“The Code”) provides guiding ethical principles of practice. The Rules of Conduct describe ethical practice in further detail, following the principles outlined in The Code.

In the practice of physiotherapy in the province of Nova Scotia, all physiotherapists shall conduct themselves according to The Code and Rules of Conduct. They apply equally to all members engaging in the practice of physiotherapy in Nova Scotia irrespective of their form of practice, including for example independent practitioners, employees and incorporated practices. No rules or relationships arising from or in consequence of those forms of practice shall be interpreted to in any way limit application of the principles and rules as established in The Code and Rules of Conduct.

These documents were developed with members and the public in mind. To that end, we hope that it will provide useful and clear guidance about how a physiotherapist is expected to practice in the province of Nova Scotia.

The Appendix entitled “Clarifications that may be helpful to members” contains some examples and explanations of terms and concepts to clarify the intent or any unique meaning of terms employed in The Code and Rules of Conduct.

The Code and Rules of Conduct are a component of the rights and responsibilities of members, clients and the public at large as established under the Physiotherapy Act, regulations and by-laws. Nothing in The Code or Rules of Conduct should be interpreted to in any way to limit any rights or obligations of members of the profession or the public as otherwise provided at law.

“Competent professional practice is as dependent on communication skills, organizing ability and practice setting as on professional knowledge.”

Dr. Charles Hollenberg

The Code of Ethics

Physiotherapists are committed to practice with competence, to act with integrity, to honour the rights and dignity of all clients and their families and to recognize their responsibility to society, while acting in the public interest.

Rules of Conduct

The Rules of Conduct describe ethical practice in detail, following the principles as outlined in the Code. The College has the view that all physiotherapists have responsibility to the client, to society and to the profession and the following sections outline these responsibilities. Without limiting the applicable legal tests for determining whether unethical conduct has occurred in any particular case, regard will be had to the specific Rules of Conduct and more generally, in cases of uncertainty, to what a reasonable physiotherapist would do in like circumstances, knowing all relevant information. To provide some guidance, examples of acts of misconduct are provided at the end of this section.

Responsibilities to the Client

Physiotherapists shall provide timely, effective and quality care, while respecting the rights of the client and this shall be the primary consideration of each member of the profession.

1. Physiotherapists shall maintain integrity and empathy in all aspects of their professional practice.
2. Physiotherapists shall respect the client's rights, dignity, needs, wishes and values.
3. Physiotherapists shall not refuse care to any client on grounds of race, religion, ethnic or national origin, age, sex, sexual orientation and social or health status.
4. Physiotherapists are discouraged from entering physiotherapist / client relationships in which the physiotherapist's judgment regarding client service could be compromised, for example in the treatment of family members.
5. Physiotherapists shall obtain informed consent prior to proceeding with a treatment.
6. Physiotherapists shall confine themselves to physiotherapy diagnosis and management in those aspects of physiotherapy in which they have been educated and which the profession recognizes.
7. Physiotherapists shall endeavour to practice in a manner that incorporates the best evidence available.
8. Physiotherapists shall only practice at such times and in such areas of physiotherapy practice in which they are competent.¹
9. Physiotherapists shall assume responsibility for all care they provide.
10. Physiotherapists are responsible for all duties they delegate to physiotherapy support workers under their supervision.
11. Physiotherapists, with the client's or substitute decision maker's consent, may delegate specific aspects of the care of that client to a person reasonably determined by the physiotherapist to be competent and knowledgeable to carry out the care safely and effectively.
12. Physiotherapists shall respect all client information as confidential. Relevant information regarding a client may be communicated to another member of the health team who is involved in the client's treatment and who is aware of and subject to equivalent duties of confidentiality, for which the physiotherapist is ultimately responsible. Such information shall not be communicated to any other person without the consent of the client or substitute decision maker except when and as required by law.
13. Physiotherapists shall document and maintain the client's history and relevant subjective information, the physiotherapist's objective findings, physiotherapy diagnosis, treatment plan and procedures, explanation to the client, progress notes and discharge summary. Physiotherapists shall document sufficiently to substantiate the physiotherapy diagnosis.
14. Physiotherapists shall assure that there is documentation of all delegated tasks.
15. Physiotherapists shall, with informed consent, collaborate with other health care providers and family / care givers to provide the best care possible for the client, while maintaining appropriate privacy and confidentiality of information.

¹ Competence includes not only formal education and licensure but also sufficient capability including knowledge and skill with respect to the intervention and the ability to use the knowledge and skill effectively.

16. Physiotherapists shall request consultation with, or refer clients to, colleagues or members of other health professions when such action is in the best interest of the client.
17. Physiotherapists shall refer a client to a legally qualified medical or dental practitioner when the physiotherapist recognizes an abnormality or condition that requires medical or dental examination.
18. Physiotherapists shall inform the client or other appropriate members of the health care team whenever, in his or her judgment, the client cannot benefit from treatment.
19. Physiotherapists shall provide to the client, within a reasonable time any report or certificate requested by a client or his or her authorized agent in respect of an examination or treatment performed by the physiotherapist.

Responsibilities to Society

Physiotherapists shall practice within society, respecting existing legal, health care and business authority.

1. Physiotherapists shall practice in accordance with the Physiotherapy Act 1998 and the Regulations made under the Act, as amended from time to time.
2. Physiotherapists shall not contravene any federal, provincial or municipal law, by-law or regulation or rule while engaged in the practice of physiotherapy.
3. Physiotherapists shall maintain the Standards of Practice for Physiotherapy Services and Practice Guidelines of the Nova Scotia College of Physiotherapists, as amended from time to time.
4. Physiotherapists shall adhere to ethical business principles and practices.
5. Physiotherapists shall provide society with a clear, accountable and transparent fee structure. This would include, but not be limited to:
 - a. Informing the client of the fee structure prior to providing any services;
 - b. Establishing a fee appropriate to the service provided;
 - c. Not charging a fee for services not performed;
 - d. Itemizing an account at the request of a client or an agency making payment for the physiotherapy services.
6. Physiotherapists shall report to the Nova Scotia College of Physiotherapists conduct of colleagues that is in contravention of The Code or Rules of Conduct of the Nova Scotia College of Physiotherapists.

Responsibilities to the Profession

Physiotherapists shall contribute to the profession while upholding professional values.

1. Physiotherapists shall conduct themselves in such a manner as to merit the respect of society for the profession and its members.
2. Physiotherapists shall act with integrity and dedication in their search for knowledge and service to the public.
3. Physiotherapists shall engage in continuing education to facilitate and maintain ongoing professional competence throughout her/his career.
4. Physiotherapists shall endeavour to advance the science of physiotherapy by sharing relevant information and by supporting, or engaging in, research activities.
5. Physiotherapists shall be responsible for ensuring that research protocols comply with and respect the rights of research subjects and any other applicable norms or standards in common usage or otherwise accepted in the relevant scientific community.
6. Physiotherapists shall be willing and diligent preceptors in the education of physiotherapy students.
7. Physiotherapists shall ensure that their professional judgment and integrity are not compromised by the motives of profit.
8. Physiotherapists shall enter into contracts and agreements only when professional integrity can be maintained.

Professional Misconduct

Behaviours that are unacceptable might be labeled in several ways:

- incompetence usually refers to inability or failure to apply the necessary knowledge, skills or judgment to meet accepted professional standards or community expectations in practice
- misconduct usually refers to improper or unlawful behaviour while carrying out professional duties; or
- malpractice usually refers to the failure of a professional to render proper service through ignorance, negligence or through criminal intent.

For the purpose of this document, we provide examples of these behaviours. It is not meant to be an exhaustive list, but will assist a member to understand the types of behaviours that the Nova Scotia College of Physiotherapists considers unacceptable. It is considered professional misconduct for a physiotherapist to:

1. fail to maintain the standards of practice of the profession;
2. fail to comply with Physiotherapy Act 1998 and the Regulations made under the Act, as amended from time to time;

3. treat clients when the medical diagnosis or clinical condition indicates that the commencement or continuation of physiotherapy is not warranted or is contraindicated;
4. fail to carry out his/her responsibilities with respect to an agreement made between the client and the physiotherapist;
5. fail to respect physical modesty or client/physiotherapist boundaries;
6. abuse a client verbally or physically;
7. abuse a client sexually. Sexual abuse of a client by a physiotherapist means:
 - a. Physical relations of a sexual nature between the physiotherapist and the client, including but not limited to sexual intercourse;
 - b. Touching, of a sexual nature, of the client by the physiotherapist, or
 - c. Behaviour or remarks of a sexual nature by the physiotherapist towards the client.
8. fail, without reasonable cause, to satisfy a promise, commitment or direction given to or by the Board, including but not limited to obligations arising from disciplinary proceedings;
9. refuse to allow an authorized representative of the Board to enter at a reasonable time the premises in which the physiotherapist is engaged in the practice of physiotherapy for the purposes of inspecting the physiotherapist's practice, professional records and / or equipment;
10. fail to reply promptly or appropriately to written communication from the Board or its officers, employees or agents;
11. use in any way with respect to a physiotherapist's practice, the name of another physiotherapist whose practice the physiotherapist has acquired after a period of one year from the date of acquisition;
12. accept or perform professional responsibilities which the physiotherapist knows or has reason to know that he or she is not competent to perform;
13. create a record, or sign or issue a certificate, report, account or similar document that is false, misleading, incomplete or otherwise improper;
14. fail to abide by the NSCP Regulations on advertising;
15. share fees² with any person who has referred a client; or receive fees from any person to whom a physiotherapist has referred a client; or request or accept a rebate or commission for the referral of a client;
16. have a conflict of interest
17. have been found guilty of an offence relevant to his or her suitability to practice physiotherapy;
18. engage in any conduct or act relevant to the practice of physiotherapy that having regard to all of the relevant circumstances, would reasonably be regarded by physiotherapists as disgraceful, dishonorable or unprofessional.
19. engage in any conduct or act relevant to the practice of physiotherapy that would reasonably tend to bring the perception or reputation of the physiotherapist or profession into disrepute.

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Canadian Physiotherapy Association for permission to use their Code of Ethics in whole or in part.

² or other valuable consideration

Helpful Clarifications for Members

Clarifications that may be helpful to members

When interpreting any words or phrases contained within The Code, regard shall be had to the meaning and definition of those terms within the Physiotherapy Act and Regulations thereto and/or regard shall be had to ordinary or common usage and any relevant or applicable industry, custom or practice.

The following glossary has been written to assist the reader to understand the intent of particular words or phrases in the document.

Authorized agent

A person or group that has the consent of the client to act on their behalf, e.g., guardian, lawyer, third party payer.

Confidentiality and contractual rights to information

When required by contract to release information, a physiotherapist will confirm that consent has been given by the client prior to doing so.

Conflict of interest

A situation in which an individual making a decision could be influenced or perceived to be influenced by their personal, financial, business or other valuable consideration, which are not in the public interest.

Financial benefit

Receiving a financial benefit, either directly or indirectly, as a result of a referral is a conflict of interest. Financial benefits include, but are not limited to:

- any benefit received by the person for the referral in the form of a referral fee, commission, rebate or gift;
- the sharing of profits;
- the expectation of cross referral;
- obtaining or providing goods or services at prices that are substantially higher or lower than the fair market value;
- an agreement between an insurance company and a provider to limit the quantity of services to be provided to insureds who are referred to the provider by the company.

Integrity

Soundness of moral principle, especially in relation to truth and fair dealing; uprightness, honesty, sincerity.

Patient, client, customer

The College has decided to use the term “client” to refer to the individual who is receiving physiotherapy services.

Referrals for profit

If the person who prepares the treatment plan receives a financial benefit for referring the insured person to a treatment facility, a conflict of interest exists.

Referrals within a facility

If the person completing the treatment plan is employed by or is under contract with the same facility that provides the treatment, no conflict of interest exists.

Self referral

If the health professional who prepares the treatment plan is the person who will treat the insured person, no conflict of interest exists.

Substitute decision maker

This term was used to refer to a surrogate or guardian who has been given the privilege and right to speak on behalf of the client.



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