

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

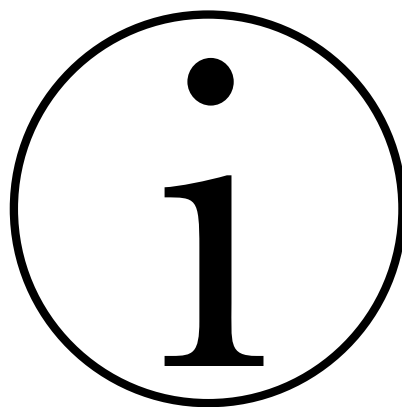
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Physiotherapy Assistants Code of Conduct

2002



Dear Colleague,

The first Code of Conduct for assistants was devised in 1994, following the agreement by Council to form a 'List' of physiotherapy assistants. List provisions allowed for a number of support activities to be undertaken by the Society, together with the willingness of assistants to work within a Code of Conduct framework that indicated the responsibilities of assistants on the list.

When the Society's Rules of Professional Conduct were reviewed it became clear that it was necessary also to look at the Code of Conduct. Following consideration by both the Physiotherapy Assistants Board (PAB) and the Professional Practice Committee (PPC) it was agreed that a set of Rules, together with explanatory notes, be compiled for assistants.

These Rules would mirror, as far as possible, those for physiotherapists and physiotherapy students and the explanatory notes would set out the responsibilities of assistants and stress the relationship, duties and responsibilities between Chartered physiotherapists and assistants.

This is the first time the Code of Conduct containing these Rules has been produced in such a format and the PAB and PPC would welcome your comments. Special thanks go to members of the Review Group, names of whom are listed in the appendix of this document.

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Chairman, Physiotherapy Assistants Board

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Physiotherapy assistants code of conduct

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Introduction

This document sets out for physiotherapy assistants registered with the Society, relevant ethical, moral and legal issues arising from the Rules to form a Code of Conduct.

Throughout this document the term 'patient' is used to describe the recipient, whether of treatment or advice, of the services of a physiotherapy assistant working with supervision from a Chartered physiotherapist in the context of preventative, primary, secondary or tertiary healthcare provision.

This Code of Conduct with its Rules need to be read in conjunction with the Standards of Physiotherapy Practice which apply to all Chartered physiotherapists, student physiotherapists and physiotherapy assistants.

Physiotherapy assistants code of conduct

rule 1 Scope of practice

Physiotherapy assistants shall only practice to the extent that they have established, maintained and developed their ability to work safely and competently to the tasks delegated to them by Chartered physiotherapists.

rule 2 Relationships with physiotherapists

Physiotherapy assistants shall report to the delegating physiotherapist at regular intervals. Physiotherapists equally have a duty to provide appropriate support and development to assistants working under their supervision.

rule 3 Relationships with patients

Physiotherapy assistants shall respect and uphold the rights, dignity and individual sensibilities of every patient.

rule 4 Confidentiality

Physiotherapy assistants shall ensure the confidentiality and security of information acquired in a professional capacity.

rule 5 Relationships with professional staff and carers

Physiotherapy assistants shall communicate and cooperate with other health and allied professionals and all others caring for the patient in the interests, and with the consent, of the patient and shall avoid inappropriate criticism of any of them.

rule 6 Duty of report

Physiotherapy assistants have a duty to report, to an appropriate authority, circumstances which may put patients or others at risk.

rule 7 Advertising

Physiotherapy assistants are forbidden to advertise their services as individuals, although advertising of a physiotherapy service that includes assistant posts is acceptable.

rule 8 Sales of services and goods

Physiotherapy assistants shall not sell, supply, endorse or promote the sale of goods or services in ways which exploit their relationship with individual patients.

rule 9 Standards of conduct

Physiotherapy assistants should act at all times in a professional manner which reflects in a creditable way on the Chartered Society of Physiotherapy.

1 Scope of practice

rule

Physiotherapy assistants shall only practice to the extent that they have established, maintained and developed their ability to work safely and competently to the tasks delegated to them by Chartered physiotherapists.

It is important that a physiotherapy assistant is appropriately educated and trained for the tasks he/she is expected to carry out. The CSP Rules of Professional Conduct (Rule 1) states that individual physiotherapists must practice within their own scope of practice, this also applies to physiotherapy assistants.

The individual scope of practice for a physiotherapy assistant may be described by some of/or all of the following:

- sector (eg NHS, private practice)
- environment (eg acute, primary care)
- client group (eg children, older people, people with learning difficulties)

If a physiotherapist decides to delegate physiotherapy care and/or tasks to an assistant, he/she must ensure that the assistant is safe and competent to carry out this care and/or tasks. If not, the tasks should not be delegated. Also, the physiotherapist can refuse to delegate a task or stop an assistant undertaking an activity if in her/his opinion the assistant has not been adequately trained or is unsafe or not competent. The assistant has the right to decline to carry out tasks which they are not competent to perform.

Delegation of appropriate tasks to physiotherapy assistants is an important way of ensuring the effective use of physiotherapy resources. Tasks delegated should be supported by a responsible body of opinion within the profession and by research evidence where this is available. Advice on delegation of tasks and the responsibility of both physiotherapists and physiotherapy assistants is available from the CSP in the form of the PA information paper PA6 'Criteria for the Delegation of Tasks to Assistants'.

2 Relationships with physiotherapists

rule **Physiotherapy assistants shall report to the delegating physiotherapist at regular intervals. Physiotherapists equally have a duty to provide appropriate support and development to assistants working under their supervision.**

Physiotherapy assistants should have regular contact with a Chartered physiotherapist who has overall clinical responsibility for the patient being treated, to check that the ongoing care of the patient is consistent with the expected treatment plan. It is important that the Chartered physiotherapist ensures that this regular contact occurs in liaison with the physiotherapy assistant.

Regular contact is important to discuss the on-going educational and/or training needs of the assistant. Appraisal in the work place, particularly where this process is linked to assessing personal development needs, provides a useful means by which both physiotherapist and assistant can identify training needs, define learning outcomes, and decide on what sort of learning activity is the most appropriate.

The assistant, together with the physiotherapist, provides a physiotherapy service that must be of a consistently high standard and delivered with the best interest of the patient as central to all care decisions. The physiotherapist has a duty to ensure that any assistant, as well as any carer or other professional staff, is safe and competent to undertake any tasks delegated. Therefore, an appropriate level of supervision must be provided.

3 Relationship with patients

rule **Physiotherapy assistants shall respect and uphold the rights, dignity and individual sensibilities of every patient.**

The sentiments of this Rule are incorporated into the Society's Core Standards, for example Standard 1 states 'Respect for the patient as an individual is central to all aspects of the physiotherapeutic relationship and is demonstrated at all times'. The Rule covers a wide range of rights including the Human Rights Act (1999) The Disability Discrimination Act (1995) Sex Discrimination Act (1998) and The Race Relations Act (1976) as well as rights available through common and case law. These include the right to have cultural customs respected; the right to privacy; the right to complain and have the complaint dealt with appropriately. Equal opportunities and the concept of performed consent issues are also covered through this Rule.

3.1 Informed consent

Information about informed consent can be found in Standard 2 of the Core Standards of Physiotherapy Practice. This emphasises the need for:

- patients' consent to be obtained before carrying out any form of examination or treatment
- treatment options, including information about significant benefits, risks and side effects to be discussed with the patient. Information must be given as clearly as possible to avoid ambiguity. Alternative approaches that could be offered by other professionals or by physiotherapists should be discussed with the patient. This gives the patient, if appropriate, a choice of treatments and a full understanding of what the physiotherapist proposes
- patients to have the opportunity to ask questions of the therapist and be encouraged to do so
- patients to be informed of their right to decline treatment at any stage without it prejudicing their future care
- consent, or the declining of treatment, to be documented in the patient's record, with the reasons for declining.

Patients need to be involved in any decision making process during treatment planning (Core Standard 8.1) and in any subsequent refining of this. This process is particularly important in physiotherapy, which is a dynamic interactive process involving the patient. With the consent of the patient, named physiotherapy procedures are applied to the patient, or performed voluntarily by the patient under guidance. Consent may be implied, for example, by the patient positioning himself/herself for therapy, or it may be expressed either by word of mouth or in writing. With the majority of physiotherapy interventions, consent by implication or word of mouth is quite sufficient.

The physiotherapist, following assessment, must be satisfied that consent has been given for the intervention proposed. He/she must also ensure that consent has been given for that intervention to be carried out by a physiotherapy assistant.

The physiotherapy assistant must then ensure that the patient consents to all treatment/advice sessions being carried out by an assistant. A patient may refuse treatment at any time during a treatment session or course of treatment.

Also the physiotherapy assistant must ensure that the patient consents to all treatment/advice sessions. A patient may refuse treatment at any time during a treatment session or course of treatment.

What if a patient refuses treatment?

A competent person over age 16, or one deemed to be Gillick competent, is entitled to refuse treatment, even if this treatment is life-saving and even if the reasons for withholding consent are considered irrational, unknown, or non-existent. It is illegal to force physiotherapy on patients who resist, or who are unable to resist but have made their wishes clear by words or gesture, or have made their wishes clear prior to becoming incompetent. Patients may withdraw consent during treatment. If patients do not know that they have these rights, they should be informed. In the face of refusal, the physiotherapy assistant should seek to persuade a change of mind, but must not use duress or deceit. The physiotherapist must be informed of this refusal.

Summary of consent issues

- Mere presence of a patient does not imply consent to treatment but to attending for the appointment.
- Informed consent demands that the patient understands, in lay person terms, all the advantages and disadvantages of the proposed treatment regime.
- It may be practical to present a written explanation before the first contact, as to what a patient may expect at assessment or treatment.
- At all stages of assessment and treatment, it is essential that the physiotherapy assistant is satisfied that informed consent has been obtained, including situations where global consent has been given for other disciplines besides physiotherapy to be included in an integrated care pathway. Consent may be implied, for example, by the patient self-positioning for therapy, by word of mouth or in writing.

The following allow treatment without consent:

- Common law power to act out of necessity.
- Statutory authorisation, eg Mental Health Act (1983). This does not, however, cover physiotherapy treatment – only specified treatments such as ECT and certain drugs. Consent is still required for physiotherapy interventions.
- Patient incompetence.
- Acute pain and immobility in an emergency situation.

Panic, indecisiveness, irrationality and mental illness do not in themselves amount to incompetence. However, if medically diagnosed mental impairment or illness renders the patient incapable of understanding or retaining information so that he/she is unable to make an informed decision and assess risks, this may constitute incapacity to consent; this situation needs to be assessed on a regular basis.

Refusal of treatment and subsequent action must be documented, together with any decisions discussed with the supervising physiotherapist and the team. Relatives cannot give valid consent for adult patients unless they have specific powers granted by the court. Their opinion should, however, be considered and respected.

Even where a patient is unable to give or refuse consent any reaction (eg distress) should be considered in the team decision.

Unconscious patients are deemed to have consented to all interventions to maintain life and limb. Any treatment decisions made before the patient became unconscious, however, should be taken into account.

Patients deserve to know the truth, to participate in decision-making, to refuse to be used for teaching and to be given full care, even when their choice differs from the therapists.

Care must be taken not to violate someone's rights because they are young, old, have mental health or learning disabilities.

3.2 Touching patients

The very nature of the practice of what is primarily a handling profession means that physiotherapists and physiotherapy assistants touch patients when examining, testing muscle strength, assessing tone and measuring range of movements; during treatment, when instructing and positioning, facilitating movement, massage, gait training and so on. Patients are often in a state of undress and close contact may be made with the patient in the implementation of a particular regime or treatment. This handling and contact must be carefully explained, permission obtained and patients adequately prepared. Otherwise, practice is open to misunderstanding and misinterpretation which can lay an assistant open to allegations of assault or even indecent assault. Therefore, consent must be sought from patients prior to the commencement of any assessment leading to treatment and before any contact is made.

3.3 Record keeping

One of the rights every patient expects is that their medical records are full, clear and held securely. The duty of the physiotherapist and the physiotherapy assistant, as part of the scope of practice and to comply with the patient's right, is to ensure that a full physiotherapeutic record is maintained. Further information is available in the form of an information paper from the Professional Affairs Department PA47 'General Principles of Record Keeping and Access to Health Records'.

3.4 Reluctance to treat a particular patient

It is important that, if a physiotherapy assistant has either conscientious or moral objections to treating a patient, these objections are clearly recognised and discussed with the supervising physiotherapist. Discussion should also occur if the assistant objects to treating a patient on the grounds that the patient's behaviour towards the assistant is unacceptable (eg salacious behaviour which makes the assistant feel uncomfortable when treating the patient). If, however, the reason for not wishing to treat a patient is because of his/her sex, religion, race, sexual orientation or medical condition, it is unlikely that any change of assistant would be appropriate or should be tolerated.

Physiotherapy assistants may, from time to time, be required to care for people whose views or behaviour they might find personally unacceptable. When patients express views or behave in ways which are offensive or harmful to others, assistants are entitled to take reasonable steps to protect both themselves and others. This requires considerable tact and sensitivity. It is inappropriate for assistants themselves to respond in an abusive manner to physical or verbal abuse. Physiotherapy assistants can, however, make patients aware when their behaviour has become unacceptable or potentially harmful to themselves, to other staff or to other patients. If, following discussions with the supervising physiotherapist, it is agreed that a patient may be dangerous or unstable, treatment can be refused.

3.5 Using physiotherapy assistants as chaperones

If a physiotherapy assistant is used as a chaperone, this must be with the expressed consent of the patient. It is important to ensure that the use of a physiotherapy assistant as a chaperone does not put the physiotherapy assistant in a difficult position or become an inappropriate use of the physiotherapy service resources.

An assistant may, on occasion, also refuse to act as a chaperone. Full discussions as to the reasons will need to be held with the treating physiotherapist.

The Industrial Relations department has produced a guidance document on 'Chaperoning and Related Issues'.

3.6 Patients and their refusal of care

Patients have the right to consent to treatment and care and to expect the persons delivering care to be competent to do so. They do not, however, have the right to select or reject the person who intends to deliver the treatment/care on the grounds of prejudice. The concept of patients' rights carries with it a responsibility on patients to refrain from aggression and prejudice towards staff. This is set out in Section 2: Your Commitment to the NHS in Your guide to the NHS.

Some patients have strong personal or cultural reasons for seeking care from either a male or female physiotherapist or physiotherapy assistant. Although patients do not have a right within Your guide to the NHS to state a preference, their views are often taken into account when planning care for particular patients.

Physiotherapy assistants need to be aware that some patients who exhibit difficult behaviour may be anxious. It is the duty of the assistant to take this into account and to be able to respond in a therapeutic manner. However, on occasions the therapeutic relationship which is so vital in the physiotherapy process may not be possible to establish. In these circumstances, the assistant, the patient and the supervising physiotherapist, should discuss the situation and the patient should be referred to another physiotherapy assistant, if possible.

Levels of violence and aggressive behaviour by patients against NHS staff have risen steadily in recent years. It is totally unacceptable for any assistant to be abused (physically or verbally) harassed or threatened by any patients, their relatives or other members of the public. Examples of such behaviour may include refusal by the patient to be treated by an assistant from a particular ethnic/racial background, or verbal or physical abuse of a racial nature. Employers have a legal obligation under health and safety laws to ensure the safety and well being of their staff and should have policies in place (which are clearly advertised within departments) to deal with any incidents which arise.

Any member of staff who experiences such behaviour must record the incident in the relevant reporting book and bring it to the attention of their manager. The manager should discuss the various courses of action with the staff member, such as whether they wish to continue treating the patient. Managers must inform any patients or other members of the public that such behaviour is intolerable and explain what action will be taken if the behaviour continues. The manager should also make it clear that if the perpetrator continues to behave inappropriately, treatment may be withdrawn.

4 Confidentiality

rule **Physiotherapy assistants shall ensure the confidentiality and security of information acquired in a professional capacity.**

This Rule outlines the assistant's responsibilities in relation to the confidentiality and security of information gained by him/her during the course of his/her practice. All the information which the patient gives to the assistant is treated in the strictest confidence. Physiotherapy information is only released to sources other than those immediately involved in the patient's care where there is a signed patient consent form. This is unless the assistant is required to do so under statutory authority or so directed by a competent legal authority such as a judge, solicitor representing the patient and acting with consent, or where it is necessary to protect the welfare of the patient or to prevent harm, or if it is (rarely) justified in the public interest. In all such cases, the supervising physiotherapist must be informed.

The Standards of Physiotherapy Practice, particularly Core Standards 3, 12, 13, 14 and 15 and Service Standards 19 and 20, provide explicit statements to assist physiotherapists and assistants in the practical application of all aspects of this Rule.

The following bullet points give examples and offer guidance as to how to deal with some of the complex situations which arise in respect of confidentiality:

- If a telephone call is received in a physiotherapy department, unless the assistant is confident that they recognise the voice of an anxious relative, the caller must be informed that no information about the patient can be divulged.
- Messages from the assistant should not be left on a patient's un-screened answer phone without permission.
- Information relating to confirmation of an appointment and/or notification of attendance for physiotherapy must be treated as confidential.
- A patient is proposing to undertake an activity which because of their clinical and/or other condition could be harmful to themselves and/or others, eg driving or operating potentially dangerous machinery. The assistant must discuss this with the supervising physiotherapist who should take appropriate action.

4.1 Security of information

Patients clinical records, whether they are held in paper format or electronic format, must be stored in a secure manner.

The holding of electronic records must comply with local Trust protocols, usually administered by Caldicott guardians and in conjunction with the Data Protection Act (1998).

When passing sensitive and confidential information via email, it must be transmitted by a secure server or encrypted. If a fax is used, ensure the person who requires the information is available to receive it directly, usually by making immediate contact before transmitting the information.

5 Relationships with professional staff and carers

rule **Physiotherapy assistants shall communicate and cooperate with other health and allied professionals and all others caring for the patient in the interests and with the consent of the patient; and shall avoid inappropriate criticism of any of them.**

This Rule relates to the cooperation and communication which physiotherapy assistants are expected to undertake when dealing with health and allied professionals and others associated with the care of their patient. Physiotherapy assistants shall work in such a way as to promote good health in a clinically effective manner with due consideration of cost. This may involve working in various locations and within multi-disciplinary and inter-agency teams.

Assistants are expected not to criticise publicly any colleague, either verbally or in writing, to the patient or to any other member of the health care team or others. The consequences of such criticism can be far reaching.

5.1 Whistle blowing

It is essential that all physiotherapy assistants are aware of mechanisms which are available to them regarding 'whistle blowing'.

Assistants employed in the NHS should be aware of the nominated officer within their Trust, and should feel comfortable to seek advice should untoward circumstances present themselves. **All staff are protected in these circumstances.**

6 Duty to report

rule Physiotherapy assistants have a duty to report, to an appropriate authority, circumstances which may put patients or others at risk.

Physiotherapy assistants work within a variety of environments, both within and outside the hospital setting. All environments can present risks for the patient, carer and assistant, some of which can be obvious (eg steep stairs without grab rails in the home situation) to the less obvious (eg poorly lit areas in a physiotherapy department). Physiotherapy assistants are expected to be aware of health and safety rules and procedures and to ensure that both their patients, colleagues and they themselves comply with these.

In the course of treatment, patients are encouraged to take calculated clinical risks to take forward the rehabilitation process and reach their maximum potential. Physiotherapists are expected to assess the risks, to explain them to physiotherapy assistants and patients, supervise practice and to record where appropriate. Further details regarding risk assessment in relation to Manual Handling are available from the Professional Affairs Department.

7 Advertising

rule

Physiotherapy assistants are forbidden to advertise their services as individuals, although advertising of a physiotherapy service that includes assistant posts is acceptable.

If an assistant has another qualification ie as masseur, acupuncturist etc, they may advertise these services, however, any advertising may not refer to the assistants role within a physiotherapy service.

8 Sale of services and goods

rule **Physiotherapy assistants shall not sell, supply, endorse or promote the sale of goods or services in ways which exploit their relationship with individual patients.**

Physiotherapy assistants should only sell or supply goods or services in clinical practice after the supervising physiotherapist has satisfied themselves that the item in question is appropriate to the individual patient's condition. Any handling charge on the sale of goods or services should be reasonable. Physiotherapy assistants should not accept commission from a third party for recommending, when practising, the purchase of goods or services.

This Rule refers expressly to the clinical context and the supplying of appliances, supports etc, to patients and charging for them. Within the NHS, there are clear guidelines set down for the supply of these goods and the charges to be made. Within the private sector, it is reasonable for a handling charge to be added to the cost of an item. It would, however, be unethical for a mark-up to be made that was so high as to constitute exploitation of the relationship with the patient and to go beyond normal commercial good practice.

9 Standards of conduct

rule **Physiotherapy assistants shall act at all times in a professional manner which reflects in a creditable way on the Chartered Society of Physiotherapy.**

This Rule has been deliberately framed as a general statement, recognising that it is impossible to specify in precise terms everything that could be considered to be professional misconduct now and in the future.

The following are examples of incidents that may be brought to the attention of the Chartered Society and which could lead to professional disciplinary procedures being invoked which could lead to an assistant being removed from the list.

9.1 Conviction by a court

Any conviction of an assistant by a court of law may be evidence that an assistant's continued practice may imply some risk to the public. In addition, it may reflect adversely on the profession. It is therefore appropriate for the Society to consider all the circumstances leading to such a conviction.

There will obviously be cases of a minor and/or personal nature where no action by the Chartered Society is required. When such cases are drawn to the Chartered Society's attention, they will normally be dealt with informally.

It is important that an assistant who is charged with a criminal offence should not plead guilty if the assistant believes she/he has a defence. The acceptance by the court of such a guilty plea would (at least without legal advice) lead to a conviction, and subject the assistant to the professional disciplinary procedure.

9.2 Disciplinary proceedings by an employer

Disciplinary proceedings by an employer leading to dismissal from employment will lead automatically to removal from the list.

Disciplinary proceedings by an employer leading to punishment short of dismissal (eg a reprimand) will not normally give rise to disciplinary action by the Chartered Society unless the circumstances are sufficient to find a complaint under another section of the Code of Conduct.

9.3 Personal conduct derogatory to the reputation of the profession

Personal conduct which does not lead to conviction by a court of law or disciplinary action by an employer may give rise to disciplinary action by the Chartered Society if such conduct is judged to be derogatory to the reputation of the profession, (for instance, dishonesty, and indecent or violent behaviour). Abuse of alcohol or drugs will normally be dealt with as a health matter, but could also be the subject of disciplinary proceedings.

Conclusion

The information and advice given in this document supports and expands the Chartered Society of Physiotherapy Assistants Code of Conduct. The advice and examples given are not exhaustive and assistants, if in doubt, can seek further advice from the Chartered Society of Physiotherapy.

Appendix

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References and bibliography

Access to Health Records Act (1990)
Access to Medical Reports Act (1988)
Access to Personal Files Act (1987)
Chronically Sick and Disabled Persons Act (1970)
Consumer Protection Act (1987)
Data Protection Act (1998)
Department of Health HC(77)33: Relationships between
Medical and Remedial Professions
Disability Discrimination Act (1995)
EEC Workplace Regulations (1992)
Health and Safety at Work Act (1974)
Human Rights Act (1998)
Mental Health Act (1983)
NHS Act (1999)
Prevention of Harassment Act (1997)
Professions Supplementary to Medicine Act (1960)
Race Relations Act (1998)
The Children Act (1989)

Glossary of terms

Assault	A threat of unlawful contact.
Autonomy	Autonomy, or self-rule, or self-determination is based on the principle of respect for the person.
Balance of probabilities	The standard of proof in civil proceedings.
Beneficence	The principle of beneficence implies the duty to do good. In the negative sense, this is interpreted as preventing harm; in the positive sense, it means producing benefits of some kind.
Bolam test	The test applied by the courts (taking its name from the case of Bolam v. Friern Hospital Management Committee) on the standard of care expected of a professional in cases of alleged negligence, ie that of 'the ordinary skilled man exercising and professing to have that special skill'.
Duty of care	The law recognises that a duty of care will exist where one person can reasonably foresee that his or her actions and omissions could cause reasonably foreseeable harm to another person. A duty of care will always exist between the health professional and the client, but it might not always be easy to identify to which people such a duty extends.
Gillick competent	Children under 16 years old who have sufficient understanding and intelligence to be capable of making up their own minds can give a valid consent to treatment, which signifies a child who has the maturity and competence to make a decision in the specific circumstances arising.
Negligence	<p>This is the most common tort, being actions brought in situations where the plaintiff/claimant alleges that there has been personal injury or death, or damage or loss of property caused by another. Compensation is sought for the loss which has occurred. To succeed in the action the plaintiff/claimant has to show the following elements:</p> <ul style="list-style-type: none">• that the defendant owed to the person harmed a duty of care• that the defendant was in breach of that duty• that the breach of duty caused reasonably foreseeable harm to the plaintiff/claimant.
Tort	A civil wrong excluding breach of contract. It covers negligence, trespass (to the person, goods or land), nuisance, breach of statutory duty and defamation.
Vicarious liability	The liability of an employer for the wrongful acts of an employee committed whilst in the course of employment.
Whistle blowing	This is the term which refers to a person (usually an employee) who draws attention to concerns which have health and safety implications.

Further reading

Legal Aspects of Physiotherapy – Bridgit C Dimond 1999
Blackwell Science – ISBN 0-632-05108-6

Your Guide to the NHS – Department of Health 2000.

Department of Health (DoH) documents on informed consent:
Health Service Circular HSC (2001) 023: Good Practice in Consent
12 Key Points on Consent: The Law in England
Good Practice in Consent Implementation Guide
Reference Guide to Consent for Examination

Seeking Consent:

- Working with People with Learning Difficulties
- Working with Older People
- Working with Children

Guides for Patients:

Consent – What you have a right to expect

- Adults
- Children and Young People
- People with Learning Disabilities
- Parents
- Relatives and Carers

Consent forms are available from:
Department of Health, PO Box 777, London SE1 6XH
NHS Response Line 0541 555 455
website <http://www.doh.gov.uk/consent>