Code of Conduct, Ethics and Performance for Voice Rehabilitation Specialist

- Vocal Health Education ("VHE") award the qualification of Voice Rehabilitation Specialist ("VRS") after a period of training and assessment of the practitioner. VHE expect that the VRS practitioner will uphold and maintain national standards of excellence and accountability while they hold this qualification.

- All recommendations and requirements outlined below must be viewed and undertaken with an understanding and acknowledgement of intersectionality, both for yourselves, for clients, and for your fellow professionals. A recognition of personal bias and the importance of self-care are an essential foundation for all practitioners providing therapeutic interventions.

- This Code will have formed the basis for the compulsory three-day training for all VRS candidates in Becoming Biopsychosocial. The information here is a formal, written reminder of that training.

Summary of the Code of Conduct, Ethics, and Performance for Voice Rehabilitation Specialist

1. **Qualification and Standards**
- Vocal Health Education (VHE) grants the Voice Rehabilitation Specialist (VRS) qualification after training and assessment.
- VRS practitioners are expected to uphold national standards of excellence and accountability.
- The Code was taught during the compulsory three-day "Becoming Biopsychosocial" training.

2. Intersectionality and Bias
- All recommendations and requirements should be considered with an understanding of intersectionality.
- Practitioners should recognize personal bias and emphasize self-care.

3. Definitions
- Code of Conduct and Code of Ethics: Ethics guide decision-making, while Conduct guides behaviour.
- Continuing Professional Development (CPD): Ongoing learning to improve professional knowledge and skills.
- Intersectionality: Framework to understand discrimination and privilege based on social and political identities.
- Supervision: Professional learning through support from another professional.

- Safeguarding: Protection from harm, following six principles outlined in the Care Act 2014.
- Prejudice and Discrimination: Biased thinking and differential treatment of people based on perceived characteristics.
- Honest and Trustworthy: Truthfulness and reliability.
- VRS Scope of Practice: Defines the practical application limits of VRS training.

4. Responsibilities of VRS Practitioners
- Adhere to the Code of Conduct, Ethics, and Performance.
- Undertake annual CPD.
- Attend regular professional supervision sessions.
- Cooperate with requests for information.

5. Purpose of the Code
- Defines the care quality clients should expect.
- Sets standards for VRS practitioners in case of complaints.
- Applies to all VRS practitioners regardless of employment status or practice setting.
- VRS practitioners must protect clients' health and well-being through Evidence Based Practice.

6. Principles of Practice
- Respect clients' dignity, privacy, and individuality.
- Involve clients in decisions about their care.
- Be honest, trustworthy, and provide a high standard of care.
- Protect clients and colleagues from harm.
- Cooperate with colleagues from various professions.

7. Personal Accountability and Self-Care
- VRS practitioners are personally accountable for their actions.
- VRS practitioners must maintain self-care through seven pillars: emotional, mental, physical, environmental, spiritual, recreational, and social.

8. Respecting Clients
- Ensure privacy, dignity, and sensitivity to cultural differences.
- Determine the need for a 'Chaperone' during assessments or care.
- Promote equality and tackle discrimination.
- Avoid unfair discrimination.
- Maintain confidentiality of client information.
- Comply with data protection laws.
- Protect confidential information from improper disclosure.
- Share confidential information only with proper understanding and respect for confidentiality.

Disclosure of Information
You should disclose client information to:
- Another health professional if it benefits the client.
- A non-health professional if it's essential for the client's health or safety.
- Abide by the law or when legally directed.
- Disclose in the public interest.

Client Care Involvement
- Establish effective communication by listening and considering their views.
- Be polite and considerate.
- Share accurate and clear information to help them make decisions.
- Discuss care options, answer questions, and respect their views.
- Obtain consent from the client or their representative before care.

Consent and Capacity
- Consent is ongoing and requires effective communication.
- Adults have the right to make their own decisions unless they lack capacity.
- Children under 16 require parental consent.
- At 16, a young person can give their own consent.

Record Keeping
- Provide clients access to their personal records.
- Maintain legible, accurate, and complete client records.
- Safeguard and store records securely for at least eight years or until the client turns 25 (or 26 if the client was 17 at the end of treatment).

Honesty and Trustworthiness
- Act with honesty and integrity.
- Have clear justification for refusing client care.
- Establish and maintain clear sexual boundaries.
- Advertise truthfully and responsibly.
- Use titles and qualifications accurately.
- Avoid conflicts of interest and maintain financial records.

Standard of Practice and Care
- Recognize and work within your limits of knowledge and competence.
- Maintain and improve your professional knowledge and skills.

Confidentiality and privacy
- Maintain client confidentiality and privacy.
- Store and dispose of client records securely.
- Follow data protection laws and professional guidelines.

Protecting clients and colleagues from risk of harm
Managing complaints
- Have a written complaints procedure accessible to clients.
- Deal promptly and fairly with any complaint or claim made by a client.
Raising concerns
- Protect clients if you believe a healthcare practitioner's conduct, competence, or health puts clients at risk.
- Discuss concerns with the practitioner, practice principal, or colleagues.
- Report concerns to the relevant regulatory body if necessary.
Professional behaviour
- Avoid acting in a way that may undermine public confidence in the profession.
- Notify VHE if convicted of a criminal offence or receive a conditional caution.

Your own health and wellbeing
- Get and follow professional advice if your health could affect your practice.
- Notify CNHC if you have a health issue that could affect your ability to practise.
Health and safety
- Manage and deal with risks to health and safety.
- Comply with health and safety laws.
Controlling infection
- Assess and manage infection risk.
- Use measures to reduce the risk of infection like handwashing and safe disposal of 'sharps'.
Safeguarding the welfare of children, young people, and adults at risk
- Ensure clients do not misinterpret information or gestures.
- Safeguard and protect the welfare of at-risk clients.
- Follow local procedures and contact statutory social services if needed.
Professional indemnity insurance
- Maintain necessary professional indemnity and other required insurance.

Co-operating with colleagues from your own and other professions

Respecting the skills and contributions of others
- Respect the skills and contributions of other health professionals.
- Avoid discriminating against or unjustly criticizing another professional.
Agreeing responsibilities
- Agree and record responsibilities for clients when working jointly with others.

Glossary and definitions of terms

Code of Conduct and Code of Ethics
A Code of Ethics governs decision-making , it is based on philosophical principles of honesty, integrity, fairness, and good-faith. A Code of Conduct governs actions, providing guidelines for behaviour in the professional setting.

Continuing Professional Development
Continuing, or continuous, professional development (CPD), can be broadly defined as any type of learning you undertake which increases your knowledge, understanding and experiences within your professional practice. It may help keep your skills and knowledge up to date; prepare you for greater responsibilities; boost your confidence; help you become more creative in tackling new challenges; enable you to make better decisions, or help you take your career further. CPD is an ongoing and planned learning and development process.

Intersectionality
Is a sociological analytical framework for understanding how groups' and individuals' social and political identities result in unique combinations of discrimination and privilege. In your practice you may be dealing with institutional structures and practices that create barriers to meaningful engagement with people with lived experience from

marginalised groups, and to delivering services that meet their needs. Intersectionality is the framework for person-centred interactions and treatments.

Supervision
Supervision is a process of professional learning and development that enables individuals to reflect on and develop their knowledge, skills and competence, through regular support from another professional. The supervisor and supervisee will meet either in person or online; the content of the meeting is recorded, although this remains confidential, guided by the statutory safeguarding regulations of the supervisor's professional regulatory body.

Safeguarding
Protection from harm or damage with an appropriate measure; harm could be physical or emotional. The six principles of safeguarding outlined in the Care Act 2014 are empowerment, prevention, protection, proportionality, partnerships and accountability. Appropriate safeguarding is a statutory requirement for both the client and the practitioner.

Prejudice and Discrimination
Prejudice refers to biased thinking, discrimination is the differential treatment of people. These terms are often applied to the perception of groups within society, often marginalised, who may be perceived as having a particular set of characteristics.

Honest and Trustworthy
Honesty is the quality of being truthful and sincere, trustworthiness is the ability to be relied upon and to take the right action.

VRS Scope of Practice
This is published on the VHE website, it defines the possibilities and the limits of the practical application of the VRS training.

Once a practitioner is awarded the qualification of VRS, they must:

1. act in keeping with the spirit as well as the specific wording of this Code of Conduct, Ethics and Performance – these are binding requirements on VRS practitioners.
2. maintain and update their knowledge and skills by undertaking Continuing Professional Development (CPD) every year. We monitor this, and a practitioner who does not meet this requirement can be removed from the register.
3. have regular professional supervision sessions. These will be from registered healthcare professionals practising at a level equivalent to or more senior to the VRS. They may be consultants registered with the GMC, or therapists registered with the HCPC or BACP. Supervision may, in addition, be peer supervision from other VRS practitioners.
4. co-operate if they are asked to give us information that we need to be able to perform our functions.

The purpose of the Code of Conduct, Ethics and Performance

The Code of Conduct, Ethics and Performance ('the Code') sets out for clients the quality of care they are entitled to receive from VRS practitioners. For VRS practitioners the Code sets out the standards they will be measured against if VHE receives a complaint about them.

The standards set out in this document apply to all VRS practitioners, whatever:

- their employment status (this includes VRS practitioners running their own studio, working in a partnership, working as an associate or an employee, or working as a locum)
- the setting in which they practise (this includes providing services to a local community, providing care to NHS patients, multi-disciplinary working, or acting as a volunteer).

All VRS practitioners are personally accountable for their actions and must be able to explain and justify their decisions when asked to do so. All VRS practitioners have a duty to protect the health and wellbeing of their clients. To do this they must engage in 'Evidence Based Practice'. There are three elements to this:

• best available research evidence
• clinical expertise
• patient values
(Sackett D et al 'Evidence Based Medicine: How to Practise and Teach EBM', 2000).

They must also keep to the following principles. They must:

- respect clients' dignity, individuality and privacy
- respect clients' rights to be involved in decisions about their care
- justify public trust and confidence by being honest and trustworthy
- provide a good standard of practice and care
- protect clients and colleagues from risk of harm
- co-operate with colleagues from their own and other professions.

These principles, and how they apply to VRS practitioners, are explained in more detail in the sections that follow. There is guidance and advice to help VRS practitioners meet the requirements and there are links to more information. This includes details on where to find the content of relevant law. The guidance is not exhaustive.

On the other hand, there are important areas of law that apply at all times to all VRS practitioners. Here we have included specific details of the law in the relevant section, to help practitioners understand how the law affects them. Examples include: data protection, and safeguarding children, young people and adults at risk.

The law does not define the scope of practice for complementary therapists. Nor is it the purpose of this document to do so. If practitioners meet the requirements set out in the

Code they will deliver a standard of care that will promote client health and wellbeing and protect clients from harm. VRS practitioners must keep to all the standards within the Code, and all the related laws.

In order to provide consistent and reliable therapeutic care to clients, the VRS needs to respect their personal self-care. The seven pillars of self-care are: emotional, mental, physical, environmental, spiritual, recreational, and social.

A. You must respect clients' dignity, individuality and privacy

A.1 Respecting privacy and dignity

You must respect clients' dignity and privacy, and be sensitive to cultural differences. If clients need to remove any clothing, such as face-coverings, head coverings, or jewellery, to avoid misunderstandings you must consider:
a confirming with clients that they are happy with the environment in which you are working with them.
b explaining to clients why they may need to remove these items.
c finding out at the outset if a client has any sensitivities about removing these, such as religious significance, and acting accordingly.

A.2 'Chaperones'

You must identify when there is a need for another person to be present when you are assessing or caring for a client, and make appropriate arrangements for this to happen.

Guidance

1. If the client is a child under the age of 16 it is advisable to have a parent or guardian present. This is to protect the child from the possibility of any inappropriate behaviour on your part and also to protect you from any false allegations of such behaviour. Nonetheless you can base your decision to have a parent or guardian present on a case-by-case basis taking into account the age or vulnerability of the child and the type of treatment being provided, along with the views of the child and the views of the parent or guardian. Following your assessment, when a decision is made not to have a parent or guardian present, you should make a note on the child's record, fully explaining your decision.
2. It might be appropriate to have another person present if the client is an adult at risk.
3. Clients might also ask for someone to be with them when they are being assessed or cared for.
4. You also have the right to decide whether in the best interests of yourself and the client another person should be present, even if the client has not asked for this.

A.3 A legal duty to promote equality

You must promote equality in line with human rights and anti-discrimination law. This includes a duty to tackle discrimination when it happens.

Guidance

1. As you provide services to the public you have a legal duty to promote equality and tackle discrimination within your services.
2. Discrimination when providing services means:
   a refusing to provide a service for reasons that are discriminatory
   b providing a lower standard of service
   c offering a service on different terms from those offered to other people.
3. You should consider how you can provide services to everyone who may want to use your service – for example, by changing the way you communicate with clients and giving extra help for clients with disabilities.
4. If you supply services to public sector organisations (for example the NHS) you may have other legal responsibilities about positively promoting equality.
5. The law on equality and anti-discriminatory practices covers the following 'protected characteristics': age, disability, gender reassignment, marriage and civil partnership, race, religion and belief, sex and sexuality.

Useful information

- Section3 of the Equality Act 2010
  http://www.legislation.gov.uk/ukpga/2010/15/part/3
- You can find guidance on promoting equality and diversity in Great Britain on the Equality and Human Rights Commission (EHRC) website
  http://www.equalityhumanrights.com/advice-and-guidance/
- The EHRC website also has links to the separate Commissions in Scotland and Wales – use the links at the top of their page.
- Northern Ireland does not have a single equality act but separate pieces of anti-discrimination legislation and other relevant laws. This means that the legislation that applies in Northern Ireland is different from that in Great Britain. You can find more information on the Equality Commission for Northern Ireland website
  https://www.equalityni.org/Home

A.4 Avoiding unfair discrimination

You must make sure your own beliefs and values do not prejudice your clients' care and wellbeing.

Guidance

'Prejudicing your clients' care' means allowing your views on any aspects of a client's lifestyle, age, culture, beliefs, race, gender, sexuality, disability or social or economic status to inappropriately affect your assessment or care. However, you may take

account of factors – such as a client's lifestyle – that are relevant to their state of health in your decision making and in the care you give.

A.5 Confidentiality

You must keep information about clients confidential.

Guidance

1. Confidentiality is central to the relationship between VRS practitioners and clients.
2. You gather information about clients and those close to them that is personal and may be highly sensitive. The information might be about health matters, family or lifestyle. Clients have a right to expect that the information you obtain, directly or indirectly in the course of your work, will be held in confidence.
3. If you work with others, such as other professional practitioners, it is important that you have proper procedures in place and that everyone who has access to personal data understands the need for confidentiality. All shared client records must be kept on a secure data storage system.
4. Breaking confidentiality may have significant implications, such as:
   a: clients may not ask for, or may turn down, further care from you or other practitioners
   b: public confidence in VRS practitioners, and other health professionals may be lost.

A.6 Data protection laws

You must comply with all applicable data protection laws.

Guidance

1. The General Data Protection Regulation 2016 and the Data Protection Act 2018 set out the requirements for handling and processing personal data and 'special category' data. (Special category data used to be known as 'sensitive personal data'.)
2. Personal data is any data that relates to an individual who can be directly or indirectly identified, in particular by referring to an 'identifier' (for example, a name or identification number). Special category data includes information about racial or ethnic origin, political opinions, religious beliefs or philosophical beliefs, membership of a trade union, physical or mental health or condition, sexual life or sexual orientation, and genetic and biometric data processed for the purpose of identifying a person. Personal data that relates to criminal convictions and offences is no longer included within the definition of sensitive personal data, but similar additional safeguards apply to its processing.
3. Processing personal data includes, but is not limited to: holding, obtaining, recording, using and disclosing information.

4. The General Data Protection Regulation 2016 and the Data Protection Act 2018 apply to all forms of media, including paper and images. They apply to confidential client information but are far wider in their scope. For example, they also cover personnel records and opinions about an individual.
5. The General Data Protection Regulation 2016 introduces more detailed transparency and information-giving requirements, as well as data subject rights. The data subject rights include, for example, the right to be forgotten, the right to access personal data, and the right to have data corrected and erased. You should have privacy policies in place to communicate these effectively to clients.
6. Under the Data Protection (Charges and Information) Regulations 2018, every organisation or sole trader that processes personal information must pay a data protection fee to the Information Commissioner's Office (ICO). They do not have to do this if all the processing of personal data they do is exempt under the Regulations.
7. The Privacy and Electronic Communications (ECDirective) Regulations 2003 set rules about sending marketing and advertising electronically (for example, by fax, email, instant message or text). You will need to make sure you comply with these rules when you contact clients by electronic means for marketing purposes (for example, when sending a newsletter). Any electronic marketing communications should only be sent to a client if the client:
   a has consented to this (and this consent needs to meet the General Data Protection Regulation 2016 consent requirements), or
   b was given the opportunity to opt out from receiving the communications at the time the client's data was collected, and is given the opportunity to opt out each time a communication is sent.

It is important that the consent is freely given, which means you cannot rely on pre-ticked opt-in boxes. You will also need to make sure this is covered in your privacy policy and that you have systems and processes in place which allow you to record the consent and any opt-out requests.

Useful information

- General Data Protection Regulation 2016
  https://eur-lex.europa.eu/legal-content/EN/TXT PDF/?uri=CELEX:32016R0679&from=EN
- Data Protection Act 2018
  http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted
- The Data Protection (Charges and Information) Regulations 2018
  https://www.legislation.gov.uk/ukdsi/2018/9780111165782/contents
- Information Commisioner's Office
  www.ico.org.uk

A.7 Protecting confidential information

You must effectively protect personal information against improper disclosure.

You must not disclose information about a client – including the identity of the client – either during or after the lifetime of the client, without the consent of the client or the client's legal representative.

Guidance

1. Most improper disclosures are not deliberate. The most common types of disclosures are:
   a discussing information about clients with people who are not entitled to the information or in a place where the discussions can be overheard
   b leaving clients' records (paper or electronic) where they can be seen by people who do not have a right to see them.
2. You must make sure that:
   a client records are handled in a way that means they cannot be seen by other people
   b electronic recording systems are safe from access by anyone outside the practice, that the security and integrity of data is maintained and the system is safely backed-up at regular intervals
   c paper-based record systems are secure and cannot be accessed inappropriately whether you are on or off the premises
   d records are disposed of securely and in a way that maintains client confidentiality.
3. It is essential that if you employ a bookkeeper or an accountant, they must be able to see the financial information on payments separately from clients' health records; that is, they must not be able to see clients' health records.
4. If you want to pursue a client for overdue payments you must give only the minimum information to outside bodies that they need for the specific situation (for example, for legal action or for debt collection)
5. If you plan to sell your business you will need to get clients' consent to the transfer of their records.
6. There are some practical steps you can take to make it easier to keep to the data protection requirement if you plan to sell your business, such as:
   a when clients first come to see you, getting their consent for appropriate people who work on the premises or in the practice to have access to their records
   b being realistic about the size of the 'live' client base (rather than it being all the clients you have ever seen) and only contacting clients who have been seen in the recent past
   c passing client records to the new practice owner for safekeeping on the understanding that, when a previous client contacts the practice, they will get their consent to access their personal health records.

A.8 Sharing confidential information with colleagues

You must make sure that anyone you disclose personal information to understands that it is given to them in confidence and that they must respect this.

Guidance

1. Any members of staff working with or for you need to understand that they are also bound by a duty of confidence, whether or not they have professional or contractual obligations to protect confidentiality.
2. If a client consents to your disclosing confidential information to a statutorily regulated healthcare professional you may assume that the professional will safeguard the information.

A.9 Getting clients' consent to disclose confidential information

You must:
a get clients' express consent before providing personal information about them to any third parties
b explain to any third party your own responsibilities to the client before providing personal information to them.

Guidance

1. Getting clients' consent for the disclosure of information is an essential part of good communication with clients.
2. 'Express consent' is specific permission given orally or in writing.
3. Getting clients' consent to disclose information includes (but is not limited to) situations such as:
   a providing information to the client's GP because they are the keeper of the complete patient record
   b discussing client cases with other healthcare practitioners during supervision or in peer support groups
   c disclosing information for clinical auditor research purposes
   d developing case studies for publication.
4. It is good practice to:
   a disclose only the information you need to
   b anonymise data if this will serve the purpose of the person asking for the information. That is, remove all identifiable information about clients from it, such as names, addresses, or anything else that might identify clients
   c satisfy yourself that clients know about disclosures necessary for their care, or for evaluating and auditing care, so they can object to these disclosures if they want to.

A.10 Disclosing confidential information in the public interest

A10.1 You must disclose personal information in the public interest only when:
a you are satisfied that identifiable data is needed for the purpose, or
b it is not practicable to anonymise the data.

A.10.2 If you do make the decision to disclose personal information you must, in each case:
a tell the client before hand, if it is reasonably practical

b make clear to the client what information you will disclose, the reason for the disclosure and the likely consequences of the disclosure
c disclose only what is relevant
d make sure that the person or organisation you give the information to holds it on the same terms as those that you are subject to.

A.10.3 When you disclose confidential information you must:
a record in writing the reasons for the disclosure, to whom it was made, the date of disclosure and the way in which it was made (for example, written, oral)
b record in writing the information disclosed and the justification for the disclosure **c** if the client is not told before the disclosure takes place, record in writing the reasons why it was not reasonably practical to do so.

Guidance

1. 'Public interest' means those 'exceptional circumstances that justify overruling the right of an individual to confidentiality in order to serve a broader societal interest. Decisions about the public interest are complex and must take account of both the potential harm that disclosure may cause and the interest of society in the continued provision of confidential health services'. (Department of Health, 2010, Confidentiality: NHS Code of Practice: Supplementary Guidance: Public interest disclosures, DH, London – go to: https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice-supplementary-guidance-public-interest-disclosures
2. You may make exceptions to the general rule of confidentiality and disclose information to a third party if:
   a you believe it to be in the client's best interests to disclose information to another health professional or relevant agency
   b you believe that disclosure to someone other than another health professional is essential for the sake of the client's health and wellbeing (for example, the client is at risk of death or serious harm) – see section E.7 for guidance on child protection
   c the law says you have to disclose the information
   d you are directed to disclose the information by an official having a legal power to order disclosure or
   e having sought appropriate advice, you are advised that disclosure should be made in the public interest (for example, because the client might cause harm to others).
3. In some circumstances you will not be able to tell the client before disclosure takes place – for example, when the likelihood of a violent response is significant, or when informing a potential suspect in a criminal investigation might allow them to evade custody, destroy evidence or disrupt an investigation.

B. You must respect clients' rights to be involved in decisions about their care

B.1 Establishing effective communication with clients

You must show respect for clients by listening to them, and acknowledging and taking account of their views.

Guidance

Effective care is a partnership based on openness, trust and good communication. Talking to your clients about their assessment and care, and encouraging them to talk to you, will enable each client to play a full part in their own assessment and care.

B.2 Politeness and consideration

You must be polite and considerate to clients.

B.3 Accurate, relevant and clear information: an essential part of consent

You must share with clients the information they want or need to make decisions about their health and wellbeing, their health needs and related care options.

Guidance

1. Clients have a right to receive information about the assessment and care that is available to them, which is presented in a way that is easy for them to follow and use. This places a considerable responsibility on you, but without this information clients cannot play a full part in their care or make the decisions that are appropriate for them.
2. The information that is usually shared with clients includes:
   a the purpose of any proposed assessment and methods of care
   b the likely outcomes with or without care
   c any foreseeable risks and likely benefits
   d the people who will be involved in and responsible for the assessment and care
   e any reasons for referring the client to another healthcare professional, or for your working with another healthcare professional to provide care for them
   f whether the care is to be provided in a group setting
   g whether the care is linked to a research programme, and the nature of that research as outlined in their official ethical consent approval.
   h their right to get a second opinion or to refuse care
   i the financial implications of the recommended care.

3. Effective communication of information involves:
   a exploring care options with clients
   b listening to their concerns
   c asking for and respecting their views
   d encouraging them to ask questions
   e answering any questions as fully and honestly as possible
   f checking that clients have understood the information they have been given and whether they want more information before making a decision
   g telling clients that they can change their mind at any time
   h involving other healthcare practitioners in the discussion if appropriate

i finding out if clients need any other form of support to make decisions – for example, interpreters or involving friends or family
j providing other supporting material if appropriate.

B.4 Getting consent

You must get consent from the client, or someone able to act on their behalf, before you assess or care for them. Clients' consent must be voluntary. That is, they must not be under any form of pressure or undue influence from you, other healthcare practitioners, family or friends.

Guidance

1. Consent and communication.
   a Consent is not a 'one-off'exercise. It is a continuing process and needs effective and ongoing communication with clients.
2. Consent of adults – weighing up capacity to understand.
   a No one else can make a decision on behalf of an adult who has the capacity to do so.
   b A person has capacity if they can understand, remember, use and weigh up the information needed to make a decision, and can communicate their wishes.
   c It should always be assumed that adults have the capacity to make a decision unless it is shown to be otherwise. If you have any doubts, ask yourself: 'Can this client understand and weigh up the information needed to make this decision?'
   d Unexpected decisions do not prove the client lacks capacity, but may mean there is a need for more information or explanation.
   e If a client with capacity does not make a decision, then their consent is not valid. If a client refuses to receive information, it is good practice to record this. You should not withhold information for any reason.
   f Capacity is 'decision specific'. A client may lack capacity to take a particular complex decision but be quite able to make more straightforward decisions.
3. Deciding a client lacks capacity
   a Before making a judgement that a client lacks capacity, you should have taken all reasonable steps to help the client to make their own decisions, using the help of people close to the client if appropriate.
4. A client will lack capacity to consent to a particular intervention if he or she is unable to:
   a understand and remember information relevant to the decision, especially about the consequences of having or not having the intervention in question or
   b use and weigh up this information in coming to a decision.
5. Someone with parental responsibility should give written consent on behalf of a child under the age of 16. The Children Act 1989 (as amended) lists the people who may have parental responsibility. These include:
   a the child's parents, if they were married at the time of conception or birth
   b the child's mother, but not the father, if they were not married at the time of conception or birth (even if they later marry), unless the father has acquired parental responsibility through one of the following: becoming registered as the child's father; a court order; a parental responsibility agreement
   c the child's legally appointed guardian

d a person in whose favour the court has made a residence order about the child
e a local authority named in a care order for the child
f a local authority or authorised person that holds an emergency protection order for the child.

6. At age 16 a young person can be treated as an adult and can be presumed to have the capacity to give consent for themselves. (This is the position in England, Northern Ireland, Scotland and Wales.) Under Section 8 of the Family Law Reform Act 1969, people aged 16 or 17 are entitled to consent to their own treatment and any related procedures involved in that treatment.
7. As with adults, consent is valid only if an appropriately informed person capable of consenting to the particular treatment gives it voluntarily. However, unlike with adults, the refusal of a competent person aged 16 to 17 may in certain circumstances be overridden by either a person with parental responsibility or a court.
8. Form and time of consent
   a Before accepting a client's consent, you should consider whether the client has been given the information they want or need and how well they understand what is proposed. This is more important than how they give their consent and how it is recorded.
   b Clients can give consent orally, in writing, or might imply consent by accepting or getting ready for the assessment or care.
   c If you are an employee, your employer might have their own organisational policies on getting consent so you should check that what you do is consistent with these policies.
9. Responsibility for getting consent
   a If you are assessing or caring for a client, it is your responsibility to discuss the assessment and care with the client and get their consent (or in the case of a child under 16, the written consent of someone with parental responsibility).

Useful information

England : Reference guide to consent for examination or treatment, 2nd edition 2009 https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition

Wales:
http://www.wales.nhs.uk/sitesplus/documents/1064/Welsh%20Government%20Guide%20to%20Consent%20for%20Examination%20or%20Treatment%20%28July%202017%29.pdf

Scotland: A Good Practice Guide on Consent for Health Professionals in NHS Scotland, Scottish Executive Health Department, June 2006
www.sehd.scot.nhs.uk/mels/HDL2006_34.pdf

Northern Ireland: Reference guide to consent for examination, treatment or care &12 key points on consent: the law in Northern Ireland https://www.health-ni.gov.uk/publications/consent-guides-healthcare-professionals

Lydia Flock & Stephen King (2022): Vocal Manual Therapy: the Consent EQUATION (And Why You Should Care About It), Voice and Speech Review, DOI: 10.1080/23268263.2022.2112644

B.5 Respecting clients' decisions

You must respect clients' decisions.

Guidance

1 If you disagree with a client's decision
a Clients have the right to make their own decisions, even if you think they are wrong. There may be times when you think a client's decision is irrational or wrong. If this happens, you can explain your concerns clearly to the client and outline the possible consequences of their decision. You must not, however, put any pressure on a client to accept your advice – see B.4.
b Competent adult clients are entitled to refuse assessment and care, even where the care could benefit their health and wellbeing.
c Clients have the right to refuse to be involved in teaching and research. If this happens it should not adversely affect the care you provide.
2 Mental incapacity
a Someone can make a decision on behalf of an adult only under the circumstances defined by law.
b England and Wales – Section 1 of the Mental Capacity Act 2005 sets out five statutory principles that apply to any action taken and to decisions made under the Act. The Adults with Incapacity (Scotland) Act 2000 provides ways to help safeguard the welfare of people aged 16 and over who lack the capacity to make some or all decisions for themselves, because of a mental disorder or inability to communicate. It also allows other people to make decisions on their behalf. In Northern Ireland there is no primary law covering capacity, so decisions need to be made following 'common law'.
c If a previously competent client has refused certain methods of assessment and care while they were competent, these decisions should be respected if that client then becomes incompetent.

Useful information

Mental Capacity Act 2005 Code of Practice
https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice

Adults with Incapacity (Scotland) Act 2000
http://www.legislation.gov.uk/asp/2000/4/contents
or https://www.webarchive.org.uk/wayback/archive/20150218135039/http://www.gov.scot/Topics/Justice/law/awi

B.6 Providing access to client records

You must give clients access to their personal records according to the rights the law gives them.

Guidance

The General Data Protection Regulation 2016 sets down the right of access that individuals have to personal records that are held about them. This includes the time limits for responding to a request for access.

Useful information

The General Data Protection Regulation 2016 (Article15)
https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0679&from=EN

B.7 Maintaining client records

You must keep client records that are legible, attributable and truly represent your interaction with the client.

Guidance

1 Client records include information such as:
a the client's personal data
b the case history of the client
c the client's consent to assessment and care, or in the case of a child under 16 the consent of someone with parental responsibility
d the assessment and reassessment of the client's care needs (including the outcomes of further investigations)
e the rationale for care
f the initial and reviewed plans of care for the client
g the care provided to the client (including any advice given face to face or over the phone)
h copies of correspondence.

2 'Attributable' means that it should be clear who has created, updated or amended a particular record.

B.8 Safekeeping of client records

All professional practitioner-client interactions must be recorded. Good record-keeping can not only protect you but can support your organisation in legal or other challenges. It also protects the rights of your clients and ensures that they have what they are entitled to. Without records, your organisation and your clients are at risk.

You must keep client records safely and in good condition for eight years from the date of the client's last visit to you or, if the client is a child, until his or her 25th birthday, or 26th birthday if the client was 17 when the treatment ended. You must arrange for client records to be stored safely when you close down your practice, or in case you were to die before this.

Guidance

1. Storage of client records – while you are practising.
   The 'eight years' requirement is in line with those that cover general NHS hospital records and other forms of health records. The reason for this is to make sure that the client can have access to their recent health records and to protect you if any complaints are made.
2. Storage of client records – when you have finished practising
   You are responsible for making sure that client records are kept safe when you finish practising or in case you were to die before this, unless you have entered into a contract that gives an organisation or another healthcare professional this responsibility. If the responsibility is yours, it is recommended that:
   a you make provision in your will for the safe storage of clients' records. These can then be released to a client or their legal representative on production of the written authority of the client
   b when you close your practice, you publicise the arrangements that you have made to keep the records safe so that clients know how to obtain their records if they want to.

C. You must justify public trust and confidence by being honest and trustworthy

C.1 Acting with honesty and integrity

You must act with honesty and integrity and never abuse your professional standing by rousing people's fears or imposing your views on them.

C.2 Refusing to continue client care

You must have clear justification for refusing to continue a client's care and you must explain to the client how they might find out about other healthcare practitioners who may be able to care for them.

Guidance

1. You are free to decide who you accept as clients.
2. Acceptable reasons for refusing to continue a client's care include, for example:
   a if the client is aggressive or violent
   b if the client is putting you or your colleagues at risk
   c if the client is constantly questioning your professional judgement or acting against your advice
   d if the client is affecting your overall client base or other clients
   e if the client has an ulterior motive for seeing you
   f if the client has become reliant on specific forms of care that are not promoting their health and wellbeing.

C.3 Establishing sexual boundaries

You must establish and maintain clear sexual boundaries with clients and their carers.

Guidance

The Council for Healthcare Regulatory Excellence (CHRE) guidance on sexual boundaries emphasises:

1 the professional relationship between a health practitioner and a client depends on confidence and trust. A healthcare professional who displays sexualised behaviour towards a client breaks that trust, acts unprofessionally and may also be committing a criminal act. Breaches of sexual boundaries by health professionals can damage confidence in healthcare professionals generally and lessen the trust between clients, their families and healthcare professionals.
2 sexualised behaviour is defined as: 'acts, words or behaviour designed or intended to arouse or gratify sexual impulses or desires'
3 if you find yourself sexually attracted to clients or their carers, it is your responsibility not to act on these feelings and to recognise the harm that any such actions can cause. If you are sexually attracted to a client and are concerned that it may affect your professional relationship with the client (or if you believe that a client is sexually attracted to you), you should ask for help and advice from a colleague or an appropriate professional body so you can decide on the most suitable course of action to take. If, having received advice, you do not believe you can remain objective and professional, you should find alternative care for the client and make sure there is a proper handover to another healthcare practitioner.

Useful information

Clear sexual boundaries between healthcare professionals and clients: responsibilities of healthcare professionals, CHRE (now PSA), January 2008
https://www.professionalstandards.org.uk/docs/default-source/publications/ policy-advice/clear-sexual-boundaries-information-for-patients-and-carers.pdf?sfvrsn=75c67f20_8

C.4 Advertising your work or practice

You or anyone acting on your behalf must use only factual and verifiable information when advertising your work or practice. You must keep in mind that the best available research evidence, while appropriate for Evidence Based Practice, may not be of a sufficient standard to substantiate claims you may make in your advertising.
Advertising must not:
a break the law, including Section 4 of the Cancer Act 1939
b make unsubstantiated claims
c abuse the trust of members of the public
d exploit their lack of experience or knowledge about health matters
e instil fear of future ill-health
f mislead

g put pressure on people to use your services
h bring the profession into disrepute.

Useful information

The Cancer Act 1939
http://www.legislation.gov.uk/ukpga/Geo6/2-3/13/section/4

Consumer Protection from Unfair Trading Regulations 2008
http://www.legislation.gov.uk/ukdsi/2008/9780110811574/contents

Committee of Advertising Practice Code
https://www.asa.org.uk/codes-and-rulings/advertising-codes/non-broadcast-code. html

Committee of Advertising Practice Help Notes
http://www.rebhp.org/articles/CAP_therapiesandmedicalconditions.pdf
https://www.asa.org.uk/advice-and-resources/resource-library/advertising-guidance. html

C.5 Use of titles and qualifications

You must not use any title or qualification in a way that may mislead the public about its meaning or significance, or to claim you are better than other practitioners.

Guidance

1 Specifically, if you use the title 'Doctor' in writing (such as on business stationery, on practice nameplates or in advertising) or when talking to clients, you should make it clear that you are not a registered medical practitioner (unless you hold dual registration with the General Medical Council).
2 If you refer to qualifications that you hold in addition to your original qualification in the therapy or therapies for which you are registered with VHE, do not say or imply that they are recognised by VHE as specialist qualifications.

Useful information

Committee of Advertising Practice Advice on use of title 'Dr'
https://www.asa.org.uk/advice-online/use-of-the-term-dr.html

C.6 Conflicts of interest

You must act in your clients' best interests when assessing them, making referrals, or providing or arranging care. You must not ask for or accept any inducement, gift or hospitality which may affect, or be seen to affect, the way you treat or refer clients. You must not offer such inducements to colleagues.

Guidance

1. Acting in the best interests of clients includes:
   a the amount and timing of assessment and care you recommend clients should have
   b any products that you recommend clients should use and, if you sell the products yourself, the amount you charge for them
   c the options that you give to clients for paying for their care.
2. You should tell clients about your involvement or interest in:
   a an organisation you plan to refer them to for assessment or care
   b an organisation that sells the products you are recommending
   c research that might affect them as a client.

C.7 Financial records

You must keep sound financial records and keep to relevant law.

Guidance

Law will include that covering income tax and value added tax (VAT).

Useful information

• Advice on income tax and VAT, HMRevenue&Customs
https://www.gov.uk/government/organisations/hm-revenue-customs

D. You must provide a good standard of practice and care

D.1 Knowing your own limits

You must recognise and work within the limits of your own knowledge, skills and competence.

Guidance

1 The VRS has the Scope of Practice as a framework for their work.
2 You should consider your knowledge, skills and competence, and use your professional judgement to assess your own limits. You might consider:
   a getting advice and support from an appropriate source when the needs of the client or the complexity of a case are beyond your own knowledge and skills
   b identifying where it might be appropriate to consider co-managing the client with another healthcare practitioner
   c referring clients to other health care practitioners when their needs are beyond your own knowledge, skills and competence.

D.2 Fitness to practise

You must maintain and improve your professional knowledge, skills and performance in keeping with the requirements set out by VHE.

Guidance

You have to meet the Continuing Professional Development (CPD) requirements set down by VHE to maintain your registration.

E. You must protect clients and colleagues from risk of harm

E.1 Managing complaints

You must have a written complaints procedure in your practice which is easily accessible to clients. You must deal promptly and fairly with any complaint or claim made by a client.

E.2 Raising concerns

You must protect clients when you believe that the conduct, competence or health of a healthcare practitioner puts clients at risk.

Guidance

1. Before taking any action about a statutorily regulated health care professional, you should try and establish the facts and make sure your concerns are justified. If you still have concerns, you should then:
   a try to discuss your concerns with the practitioner themselves
   b report your concerns to the practice principal or the work colleagues of the other health care practitioner (if he or she works with others) if the individual is not prepared to discuss this with you.
2. If your concerns are about a sole practitioner who is not willing to discuss this with you, or the practice principal or work colleagues of a healthcare professional refuse to take action, you should report your concerns to the relevant statutory regulatory body.
3. If you have concerns about health care practitioners who are not statutorily regulated, you should do your best to establish the facts and make sure your concerns are justified. If necessary, you should report your concerns to any relevant voluntary regulator or organisation that holds a register accredited by the Professional Standards Authority for Health and Social Care (PSA).

Useful information

Professional Standards Authority
https://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/ find-a-

regulator and http://www.professionalstandards.org.uk/what-we-do/accredited-registers/find-a-register

E.3 Professional behaviour

You must avoid acting in a way that may undermine public confidence in the profession or bring the profession into disrepute. You must notify VHE at the earliest opportunity if you are convicted of a criminal offence or receive a conditional caution.

Guidance

1. It is possible to undermine public confidence by your conduct in professional practice or in your personal life more generally.
2. Actions in your professional practice that might undermine public confidence or bring the profession into disrepute would include:
   a involving clients in, or telling them about, arguments between you and other healthcare professionals
   b soliciting the clients of other healthcare professionals.
3. As soon as you enter into joint working arrangements with other practitioners, you are recommended to agree a contract about the arrangements. The contract should include what will happen when the joint working arrangements come to an end. This should help minimise the possibility of arguments and misunderstandings at a later date.
4. Areas of your personal life that might undermine public confidence or bring the profession into disrepute include, for example, misuse of drugs or alcohol, convictions for fraud or dishonesty, and convictions related to violence, sexual abuse or the use of pornography.
5. Complaints about violence, sexual abuse or the misuse of drugs or alcohol may lead to a charge of unacceptable professional conduct, whether or not:
   a the complaint is the subject of criminal proceedings, or
   b the conduct directly affects your practice.
6. If your ability to practise is impaired because of your misuse of alcohol or other drugs, this may lead to a question of your fitness to practise being referred to VHE.

E.4 Your own health and wellbeing

You must get and follow professional advice about whether or how you should modify your own practice when clients may be at risk because of your own mental or physical health. You must notify CNHC at the earliest opportunity if you have a health issue that could affect your ability to practise.

Respect for the client is the basis for client-centred therapy. For this the practitioner must aim to leave their own bias and prejudice out of the shared space. This may be hard to achieve, if you struggle to remove your bias, you can be aware of it with attention to your

personal triggers. If you find yourself feeling frustrated, angry, or upset with a client, the chances are that this is because of your own issues rather than the behaviour of the client. Notice when these reactions occur and stop and ask yourself if this could be part of a pattern of your own behaviour.

Guidance

You are encouraged to monitor your own health and wellbeing to reduce the risks to clients. If possible, you should use your professional insight to identify when your ill health may put clients at risk. It is recommended that you get the help, support and advice of an appropriate health professional in this.

E.5 Health and safety

You must manage and deal with risks to health and safety in your work environment and keep to health and safety laws.

Guidance

1. The laws covering health and safety include those on:
   a health and safety at work
   b control of substances hazardous to health
   c moving and handling
   d environmental protection.
2. Risks arise from a number of sources such as:
   a from you as a person
   b in the practice environment − for example, lack of ventilation, poor or faulty equipment and electrical fittings, pests
   c social risks−for example, bullying, harassment, oppression, verbal abuse
   d physical risks − for example, violence, theft.

Useful information

- Health and Safety at Work etc Act 1974 – applies to Great Britain http://www.legislation.gov.uk/ukpga/1974/37/contents or www.hse.gov.uk/legislation/hswa.htm
- The Health and Safety at Work (Northern Ireland) Order 1978 and The Management of Health and Safety at Work Regulations (Northern Ireland) 2000 – applies to Northern Ireland
  http://www.legislation.gov.uk/nisi/1978/1039/contents
- Health and Safety Executive for Northern Ireland (HSENI)
  http://www.legislation.gov.uk/nisr/2000/388/contents/made
- Five steps to risk assessment, Health & Safety Executive (HSE), 2011
  https://www.hseni.gov.uk/articles/risk-assessment
- Control of Substances Hazardous to Health Regulations 2002, HSE applies in Great Britain and Control of Substances Hazardous to Health Regulations (Northern Ireland)

2003 in Northern Ireland www.hse.gov.uk/coshh and http://www.hseni.gov.uk/guidance/topics/coshh.htm

E.6 Controlling infection

You must assess and manage infection risk.

Guidance

1. The risks of infection are relatively low in the practice of complementary therapies. However, they do exist because of the different members of the public who will be visiting your practice and being cared for by you.
2. The measures that will help you to reduce the risk of infection include: handwashing; providing fresh towels and paper bench covers for each client; using and disposing of 'sharps' safely.
3. Public Health England (similar bodies in Scotland, Wales and Northern Ireland) and Environmental Health Officers (EHOs) are the appropriate bodies to contact about communicable diseases and infection control. Depending on the situation and local circumstances, they may advise you to use specific control measures to prevent or check the spread of disease or infection.
4. Communicable diseases are diseases that can be passed (transmitted) from one person to another. Infection control is the different methods and strategies used to reduce or prevent infections and their transmission.

Useful information

- Healthcare – associated infections: prevention and control in primary and community care
  https://www.nice.org.uk/guidance/cg139
- National Model Policies for Infection Prevention and Control, Public Health Wales, October 2012 – Wales https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/ nipcm/
- National Infection Prevention and Control Manual, Health Protection Scotland (HPS) and NHS National Services Scotland, January 2013 – Scotland http://www.nipcm.scot.nhs.uk/
- The Northern Ireland Regional Infection Prevention and Control Manual: Infection Control Guidelines, Department of Health, Social Services and Public Safety (DHSPSS) October 2008
  https://www.niinfectioncontrolmanual.net/

E.7 Safeguarding the welfare of children, young people and adults at risk because of abuse, neglect or self-harm

It is the practitioner's responsibility to ensure that they do not place themselves in a situation where a client might misinterpret information or gestures, leading to upset for the client or even an unfounded allegation against the practitioner.

If you come into contact professionally with children, young people or adults at risk because of abuse, neglect or self-harm you must safeguard and protect their welfare. You must attend safeguarding training at least every two years. This can be accessed via our local music service, NHS Trust, Council, or national private organisations. You should also find out about local procedures in your area and follow them if you suspect a child, young person or adult is at risk.

Guidance

1. If you have concerns about the welfare of a child, young person or adult at risk you should record your concerns in writing as soon as possible and store them securely. Generally, it is not advised to raise your concerns with the client directly. Instead, discuss your concerns with a senior colleague. VHE has a designated Safeguarding lead who you can ask for advice, or you can raise the matter with your supervisor. If, after these discussions, you consider that the person is, or may be, in need, you should contact your statutory social services department. This includes cases when you think someone may be at risk of suffering significant harm. If the concern is about immediate harm or risk to life, you should call the police.
2. If a client makes a safeguarding disclosure, it is important to listen to them. You may or may not want to make notes during your conversation, however, it can be easier for the client to disclose if you just listen and then make notes immediately afterwards. It is very important not to ask leading questions as this could prejudice any criminal proceedings. Following a disclosure, you should take your notes to the designated safeguarding lead in you organisation or, if you work alone, contact Social Services.
3. VRS who are employed by schools or colleges, for example, will have received an enhanced check by the Disclosure and Barring Service or a Protecting Vulnerable Groups certificate from Disclosure Scotland. Self-employed practitioners can apply for a basic check by the Disclosure and Barring Service or Disclosure Scotland.
4. Wherever you work, it is important that you follow the workplace safeguarding procedures, in addition to the above generalised guidance.

Useful information

- Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children, March 2013, HM Government – England http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf
- Safeguarding Children: The Social Services and Well-being (Wales) Act https://www.legislation.gov.uk/anaw/2014/4/part/7
- National Guidance for Child Protection in Scotland 2010, The Scottish Government – Scotland https://www.webarchive.org.uk/wayback/archive/3000/https://www.gov.scot/Resource/Doc/334290/0109279.pdf
- Cooperating to safeguard children, 2003, DHSPSS – Northern Ireland https://www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland

E.8 Professional indemnity insurance

You must take out and maintain the necessary professional indemnity insurance and any other insurance the law says you must have.

Guidance

Liability

1. You are personally liable to individual clients for any assessment or care you provide.
2. Personal liability applies to all VRSs, including those working as a locum, those working in a practice run by a principal, and those working for a limited company.
3. You will need to:
   a tell your insurance company about any changes in your circumstances that affect your policy
   b make sure that your insurance has enough 'run-off ' cover to protect you when you finish practising.

F. You must co-operate with colleagues from your own and other professions

F.1 Respecting the skills and contributions of others

You must respect the skills and contributions that others bring to the care of clients. You must not discriminate against or unjustly criticise another health professional.

F.2 Agreeing responsibilities

You must agree and record who holds responsibilities for clients if you work jointly with others.

Guidance

1. Joint working:
   a working jointly with others might be in your own practice, working in a multidisciplinary practice or working in the NHS or other clinics
   b because of responsibilities under the Data Protection Act 1998, there is a particular need to be clear who is responsible for the safekeeping of client records.