

Consent and Scope of Practice

Kate Walshe



POST NATAL PHYSIOTHERAPY

Professional Issues

Scope of practice

Consent to treatment

Use of chaperone

Confidentiality

Infection prevention/control

Scope of practice

Standard 3: Work within the limits of your knowledge and skills

Keep within your scope of practice

3.1 You must keep within your scope of practice by only practising in the areas you have appropriate knowledge, skills and experience for.

3.2 You must refer a service user to another practitioner if the care, treatment or other services they need are beyond your scope of practice.

Standards of conduct, performance and ethics

HCPC (2016)

Consent to treatment

“You must make sure that you have consent from service users or other appropriate authority before you provide care, treatment or other services”.

- **Standard 1.4 of the Standards of conduct, performance and ethics, HCPC (2016)**

Consent: key points

“valid”

- The patient must be competent to take that particular decision
- Informed
- Not acting under duress

Consent maybe withdrawn at any time

Signature – this does not prove consent valid

- Assessment of capacity
- Our conclusions
- Our thought processes
- Relevant risk

Consent: key points contd.

The patient understands why the assessment/treatment has to be done

- Relevant risks
- Benefits
- Alternatives

Photography/ video of patients

- Written consent

Use of Chaperone

Risk assessment

- Lone-working
- Male therapists treating female patients
- Close technique in a state of undress
- Failure to communicate techniques with adequate explanation to patients
- **Chartered Society of Physiotherapy (2013)**

Confidentiality

“Chartered Physiotherapists shall ensure the confidentiality and security of information acquired in a professional capacity”

- **Rule 3, Rules of Professional Conduct, CSP (2002)**

Infection prevention/control

- Establish and maintain a safe practice environment
- Equipment
- Therapist
- Patient
- Communication