

# STANDARDS OF PRACTICE for Allied Health Professions

Council for Allied Health Professions

# Standards of Practice for Allied Health Professions

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# Standards of Practice

## for Allied Health Professions

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## How the Standards of Practice applies to you

This document describes what is expected of all Allied Health Professionals registered with the Council for Allied Health Professions (CAHP). It is issued pursuant to Section 4 (c) of the Allied Health Professions Act 1973 (the Act). Allied health professionals (registered health professionals) are as follows:

- Addictions Counsellors
- Audiologists
- Chiropodists
- Diagnostic Imaging Technologists
- Dieticians
- Emergency Medical Technicians
- Medical Laboratory Technicians<sup>1</sup>
- Occupational Therapists
- Physiotherapists/Physical Therapists
- Specialist Diagnostic Imaging Technologists
- Speech, Language Pathologists

Full definitions of each profession can be found in the First Schedule of the Allied Health Professions Act 1973 ([Appendix I](#)).

These *Standards of Practice for Allied Health Professionals* detail the principles and values on which good allied health practice is based. These standards are to be used as an adjunct to any Standards of Practice & Ethical Codes of Conduct specific to each profession but are not to replace them<sup>2</sup>.

The Standards were developed in collaboration with the Bermuda Health Council; included wide consultation with the CAHP; and considered standards in UK and other international standards. They are addressed to all allied health professionals, but are intended to let the public know what they can expect from allied health professionals. It is your responsibility to know the contents of this document and to follow it.

Serious or persistent failure to follow the information in this document may have consequences for your registration. In the Standards, the term “**must**” refers to a legislative or mandatory requirement reflecting the best practice standard supported by CAHP; the term “**should**” means the professional may exercise reasonable clinical discretion as the principle may not apply in all situations or circumstances.

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<sup>1</sup> It is recognised that many registrants included under this profession are Medical Laboratory Technologists based on their education but registered under the profession of Medical Laboratory Technicians based on legislation.

<sup>2</sup> Refer to the most up-to-date version of your profession-specific standards

# 1. Professionalism

## Maintaining high professional standards

- 1.1. Registered health professionals must provide a high standard of practice and care at all times. When providing good care, a registered professional should:
  - a. Practice in accordance with the standards of the profession and broader health system
  - b. Practice in a safe, ethical and competent manner
  - c. Collaboratively set goals and facilitate achievement identified during the evaluation process
  - d. Be open and honest
  - e. Use creativity and innovation to improve healthcare delivery and practice quality
  - f. Evaluate one's own practice by conducting self-evaluation on a regular basis
  - g. Participate in systemic peer review as appropriate
  - h. Seek constructive feedback regarding practice
  - i. Respect dignity, culture, ethnicity, values and beliefs of his/her clients

## Compliance

- 1.2. Registered health professionals practice and conduct themselves in accordance with the Act. To do so, a registered professional:
  - a. Must adhere to legislation, regulations and guidelines issued pursuant to legislation that affects clinical practice
  - b. Must act lawfully, whether those laws relate to his/her professional practice or laws of the country
  - c. Should, where required by law, report the unlawful conduct of colleagues and other members of the interdisciplinary healthcare team (whether in clinical, management, education or research areas of practice) to an appropriate authority and take other appropriate action as necessary to safeguard clients and the public interest. If that report has failed to produce an appropriate response, a registered professional is entitled and obliged to take the matter to an appropriate external authority
  - d. Should inform the CAHP, in writing and within fourteen days of a conviction of a criminal offence. This applies to criminal convictions occurring in any jurisdiction.

## Working collaboratively with colleagues

- 1.3. Registered health professionals should work collaboratively with colleagues and should develop respectful relationships with other registered health professionals, physicians, pharmacists and other health professionals. To maintain a collaborative relationship with colleagues, a registered professional must:
  - a. Be informed and objective about various professional roles, his/her relationship to other registered health professionals and his/her relationship to the healthcare system
  - b. Respect dignity, culture, ethnicity, values and beliefs of his/her colleagues
  - c. Provide mentorship to less-experienced registered or unregistered health professionals and students as appropriate

- 1.4. Registered health professionals should ensure patient care is easily transferable when the professional is unable to continue providing care. To ensure this, a registered professional should:
- a. Give clients and colleagues sufficient notice of their business closing or significant changes to practice operating hours
  - b. Facilitate arrangements for transfer of records and continuing care of all current clients while abiding by the laws governing privacy and storage of medical records.

### Maintaining and improving performance

- 1.5. Registered health professionals must develop and maintain their knowledge, skills and clinical practice as the healthcare field develops and technologies evolve. Registered health professionals must also comply with the CAHP's requirement to maintain and document continuing education. To maintain performance a registered professional:
- a. Must assume responsibility for his/her professional development by investing time and effort utilizing various resources as required
  - b. Must comply with any requirement to maintain valid indemnity protection; and for audit purposes provide evidence of this when requested
  - c. Should maintain membership in a relevant professional body

### Maintaining fitness to practice

- 1.6. Registered health professionals should maintain their own fitness to practice. To maintain his/her own health and wellbeing, a registered professional should:
- a. Restrict or accommodate practice if he/she cannot safely perform essential functions of his/her professional role due to mental or physical disabilities
  - b. Consider immunization against common, serious communicable diseases where vaccines are available
  - c. Consult a qualified physician without delay if he/she thinks he/she may be infected with a serious communicable disease and ensure that his/her condition does not pose any risk to clients or others. If such a risk exists, he/she should inform his/her personal physician and employer as soon as possible.
  - d. Strive to maintain a healthy work-life balance

- 1.7. Registered health professionals should support the health and wellbeing of their colleagues. When doing so a registered professional should encourage colleagues who require care to seek appropriate help.
- 1.8. Registered health professionals must practice in a safe and competent manner that is not compromised by personal health limitations, including the use of alcohol and any other substances that may alter a registered professional’s capacity to practice safely. Registered health professionals whose health threatens their capacity to practice safely and competently have a responsibility to seek assistance to address their medical needs. This may include making a confidential report to an appropriate authority.

### Complementary and Alternative Interventions

- 1.9. Registered health professionals must ensure that the use of complementary or alternative interventions are safe and in the best interests of their clients and that they are working within the scope of their practice.

### Public health

- 1.10. Registered health professionals should work with others to protect and promote the health and wellbeing of clients, their families and carers, and the wider community.
- 1.11. Registered health professionals should promote the health of the community through disease prevention, control, education and screening. This includes understanding the principles of public health and reporting communicable and reportable diseases to the Department of Health. Registered health professionals should report the following information to the relevant authorities:

Public Health Issue	Legislation	Report to:	When
<b>Births, Still-Births, Deaths*</b>	Registration (Births and Deaths) Acts 1949 <i>Sections 6 and 11</i>	<b>Births:</b> Registrar-General and Chief Medical Officer  <b>Deaths:</b> Registrar-General (If the coroner indicates an inquest must be held, the medical practitioner does not need to notify the Registrar-General)	<b>Births:</b> Must notify of birth within 48 hours  <b>Deaths:</b> The medical practitioner must send notice within 48 hours of the death or, if needed, after an examination of the body
<b>Child Abuse*</b>	Children Act 1998 <i>Section 20</i>	Director of Child and Family Services	As soon as it is suspected
<b>Senior Abuse*</b>	Senior Abuse Register Act 2008 <i>Section 8</i>	Registrar of Senior Abuse (the Acting Manager, Ageing and Disability Services)	As soon as it is suspected along with the supporting evidence
<b>Communicable and Reportable Diseases*</b>	Public Health Act 1949 <i>Section 68 (1) (b)</i>	Government Medical Officer (orally or in writing); function delegated to the Epidemiology and Surveillance Unit in the Office of the Chief Medical Officer	As soon as aware or suspect a client has a communicable disease as per the Act

Public Health Issue	Legislation	Report to:	When
<b>Communicable and reportable Diseases and select non-communicable chronic diseases</b>	International Health Regulations 2005*	<p><b>Communicable and reportable diseases:</b> Office of the Chief Medical Officer who reports to the World Health Organization about smallpox, poliomyelitis due to wild-type poliovirus, human influenza caused by new subtypes and SARS or any other public health emergency of international concern</p> <p><b>Non-communicable chronic diseases:</b> The Epidemiology and Surveillance Unit in the Office of the Chief Medical Officer about diabetes, heart disease, and select cancers</p>	Timely notification as required
<b>Controlled Drugs*</b>	Misuse of Drugs Act 1972 <i>Section 20 (1)</i>	Minister of Health, Seniors and Environment	Upon request by the Minister or if concern is raised about extensive misuse of controlled drugs
<b>Vaccinations</b> (those given against communicable diseases)	For reporting to World Health Organization and Pan American Health Organization	Chief Medical Officer	At regular intervals
<b>Gunshot Wounds</b>	No current legislation	No legal obligation to report due to confidentiality. Police are usually aware due to public information and the nature of offence. There is reporting of non-accidental injuries to the Epidemiology and Surveillance Unit of Department of Health.	As soon as information received about the nature of the injury; weekly surveillance by the Department of Health
<b>Impaired Driving</b>	Motor Car Act 1951	Director of TCD Minister of Tourism Development & Transport (refers matter to the Medical Reference Committee)	As soon as reasonably possible
<b>Occupational Safety/Accidents*</b>	Occupational Safety & Health Act 1982 <i>Section 3D</i> Occupational Safety & Health Regulations 2009 <i>Section 26</i>	Minister Employer (given notice of disease, illness or injury) Chief Medical Officer/Government Medical Officer (giving notice of disease, illness or injury)	No time frame listed, but can be assumed that it is as soon as reasonably possible

\*These are legal requirements that must be reported. All legislation is available online at [www.bermudalaws.bm](http://www.bermudalaws.bm).

## 2. Scope of Practice

### Practicing within scope of training

- 2.1. Registered health professionals must practice within the skills and knowledge of their training. A registered professional's scope of practice is based on his/her education, knowledge, competency, extent of experience and lawful authority. Registered health professionals must be aware that undertaking activities outside their scope of practice may compromise the safety of persons in their care. When providing clinical care, a registered professional must:
- a. Advise clients about their level of skill and training as required
  - b. Display or make available to the CAHP, professional board, his/her employer and clients (when requested), copies of his/her qualifications that attest to his/her training
  - c. Only use specialty designations for which he/she has been qualified to use

### Evidence Based Decision-Making

- 2.2. A registered professional should:
- a. Deliver care based on the best available evidence and/or best practice
  - b. Support health, well-being and informed decision-making of clients requiring or receiving care
  - c. Ensure any advice given is evidence-based and/or best practice if suggesting healthcare products or services

## 3. Clinical Care Quality

### Clinical Care

- 3.1. Registered health professionals must provide effective and appropriate clinical care. When providing good clinical care, a registered professional must:
- a. Practice within his/her scope of training which is based on knowledge, skills and experience
  - b. Assess the client's condition(s), understanding the medical history (the history includes relevant psychological, social and cultural factors) and the client's views
  - c. Examine the client as necessary
  - d. Provide treatment that is safe, evidence-based and in the client's best interests
  - e. Provide advice, arrange investigations or treatment where necessary
  - f. Respect the client's right to make his/her own decision and seek a second opinion
  - g. Adhere to relevant clinical guidelines, regulations and legislation that affect clinical practice
  - h. Create and implement a plan of care that addresses client needs, preferences, wishes and hopes based on best practice guidelines
  - i. Accept that clients have the right to refuse treatment or to request the withdrawal of treatment that has already started

- 3.2. A registered professional's primary responsibility is to provide safe and competent clinical care. Any circumstance that may compromise professional standards, or any observation of questionable, unethical or unlawful practice, should be made known to the appropriate authority. If the concern is not resolved and continues to compromise safe and competent care, registered health professionals must intervene to safeguard the client and, after exhausting the internal processes, may notify an appropriate authority external to their employer organisation.

### Manage risk

- 3.3. A registered professional must act without delay if he/she believes that he/she, a colleague or anyone else may be putting someone at risk; any concerns should be reported in writing. A registered professional must inform someone in authority if he/she experiences a problem that prevents him/her from working within this standard.

## 4. Relationships with clients

### Confidentiality

- 4.1. Registered health professionals must use personal information obtained during the course of professional practice only for the purposes it was given. Registered health professionals must not disclose information to anyone, including a client's spouse, children, siblings, family, electronic and social media or anyone else without the client's written consent or as directed by the power of attorney.
- 4.2. Registered health professionals should provide services in a setting that offers appropriate levels of privacy for the client and the information that could be exchanged. They should also strive to provide information and advice in a manner that ensures the client's need for privacy and confidentiality.
- 4.3. Registered health professionals should maintain client confidentiality even after a client's death unless release of information is required by law or public interest considerations or with the consent of the client. Minors, their legal guardians and others must be advised of limits to confidentiality where mandatory reporting is required.<sup>3</sup>

### Duty to consider appropriate information

- 4.4. During consultation with a client, a registered professional should:
- a. Record a comprehensive medical history of new clients, or an updated history on established clients and identify relevant information for his/her treatment plan
  - b. Ensure any complicating health factors are addressed

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<sup>3</sup> See Children Act 1998 for details of cases where reporting is required

## Registered health professionals

- 4.5. Where specific care or product is advised, registered health professionals ensure their advice is based on adequate knowledge and not on commercial or other forms of gain. Receipt of remuneration for products or services primarily for personal gain, other than remuneration in the course of a proper commercial relationship, is improper.
- 4.6. When registered health professionals provide advice about any care or product, they fully explain the advantages and disadvantages of alternative care or products so the clients can make informed decisions. Registered health professionals refrain from engaging in exploitation, misinformation or misinterpretation with regard to healthcare products and clinical care.

## Create and maintain client records

- 4.7. A registered professional must keep clear, up-to-date and accurate client records. A registered professional demonstrates the standard by:
  - a. Clearly documenting therapeutic assessments
  - b. Including plans of treatment and termination of interventions using best practice guidelines and/or information
  - c. Refraining from tampering with original records in any way
  - d. Ensuring entries made into a client's record are clear, legible, signed and date and time sensitive
  - e. Ensuring a concurrent record of care and advice given is entered in the client's file within 48 hours after the appointment or as soon as possible afterwards
  - f. Ensuring any entries made into electronic client records are within the established protocols and guidelines of the facility delivering care
  - g. Keeping all records stored securely (see Appendix II for guidance)

## Release of medical records

- 4.8. The client record is a confidential document involving the client-health professional relationship and should not be communicated to a third party without the client's prior written consent, unless required by law or to protect the welfare of the individual or the community. (See Appendix II for guidance).
- 4.9. If a client requests medical records in writing, a registered professional in private practice must provide a copy or a summary of the record to the client or to another healthcare provider, an attorney, or other person designated by the client. Medical records must not be withheld from the client because of an unpaid bill for medical services or for any other reason.
- 4.10. A registered professional employed by an organisation must follow the organisational policy regarding the release of medical records.

## Consent

- 4.11. Written consent must be obtained before performing any invasive procedure.
- 4.12. Registered health professionals are responsible for ensuring that the client has consented prior to a procedure being performed. The registered professional should give information to clients in a way that they can understand before asking for consent. This includes informing clients about health risks, benefits of procedures, and all fees and charges related to care where applicable.
- 4.13. Registered health professionals should give clients an opportunity to clarify information before proceeding with treatment.
- 4.14. If there is concern that a client lacks capacity to consent, the registered professional should refer to the person legally able to make decisions on behalf of the client and the medical authority concerned. Where consent cannot be obtained, medical treatment may be provided if immediately necessary to save life or avoid significant deterioration of health.
- 4.15. Registered health professionals should always render care in cases of medical emergencies.

## Complaints handling

- 4.16. Registered health professionals must follow the protocol as prescribed in Section 4H (3) of the Act which includes provisions for how and to whom complaints should be made.
- 4.17. Clients have a right to complain about their care if they are dissatisfied. Registered health professionals should acknowledge a client's right to complain to CAHP and work with the client to resolve any issues which may arise. A registered professional must comply with all relevant laws and policies, and ensure the complaint does not adversely affect care.
- 4.18. Registered health professionals must cooperate with all internal and external investigations into the complaint.

## End of life care

- 4.19. Registered health professionals play a vital role in assisting the community to deal with the reality of death. In providing end of life care, a registered professional should:
  - a. Take steps to provide or arrange for appropriate palliative care
  - b. Encourage clients to have advance directives<sup>4</sup>

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<sup>4</sup> [Bermuda Hospitals Board Advance Directives Booklet](#)

- 4.20. Registered health professionals have a duty to offer the client appropriate relief from distress.

## 5. Working with colleagues

### Providing direction and supervision to others

- 5.1. Registered health professionals who provide direction and supervise technical staff and other health professionals must do so responsibly. When providing direction and supervising others, a registered professional must:
- a. Ensure the technician, assistant or health professional operates under the registered health professional's direction and supervision
  - b. Be available to evaluate each procedure/consultation and provide guidance and assistance as required
- 5.2. A registered professional must not delegate:
- a. Any procedure that is outside the scope of practice of a technician or health professional (see professional specific Standards of Practice specific for details on scope of practice)

### Teamwork

- 5.3. Registered health professionals should develop constructive, supportive and respectful relationships with colleagues and other health professionals. When working as part of a team or in conjunction with colleagues a registered health professional must:
- a. Communicate clearly, effectively, respectfully and promptly with colleagues about client care
  - b. Avoid bullying, harassment or discrimination against colleagues
  - c. Adequately document client treatment and use this information for referral or transfer of care purposes when appropriate

### Delegation

- 5.4. When an aspect of care is delegated, registered health professionals must ensure the delegation does not compromise the safety or quality of care of clients.
- 5.5. Registered health professionals should provide impartial, honest and accurate information in relation to care.
- 5.6. A registered professional must establish that anyone to whom he/she delegates can carry out the instructed task and provide confirmation that the delegated task meets the required standard.

## 6. Billing

### Advising of fees in advance

- 6.1. Registered health professionals should be honest in any financial arrangements with clients. Clients have a right to know how much services will cost and how much they will be charged before accepting treatment. Where applicable, a registered professional must inform clients about fees and charges before asking for their consent to treatment. A registered professional can explain that prices are subject to change and offer reduced fees to a specific client for compassionate reasons.
- 6.2. Registered health professionals should communicate fees for non-clinical services (e.g. copying medical records) and inform clients of any fee to be charged before providing uninsured medical services.

### Legislation relating to fees and billing

- 6.3. Registered health professionals must be aware of all legislation and fee schedules related to fees that apply to their services. In the absence of a fee schedule, you should charge reasonable and customary fees. A registered professional must:
  - a. Submit health claims on behalf of insured clients
  - b. Charge according to the relevant fee schedule
  - c. Follow billing rules and use the correct diagnostic and procedural code applicable
  - d. Not submit multiple claims for the same procedure (unless permitted by claims processing rules and standards) or double bill a client for a procedure
  - e. Not charge or collect an illegal fee. An illegal fee is an amount paid over and above a legislated fee/charge.

## 7. Ethics, Integrity and Professionalism

### Code of ethics and practice guidelines

- 7.1. Registered health professionals must adhere to the Codes of Ethics of the CAHP and uphold the principles of ethical conduct and standards of behaviour. The Codes of Ethics are established to guide registered health professionals in relationships with clients, health professionals, and society.
- 7.2. Registered health professionals must practice according to any practice guidelines issued by the CAHP. As a registered professional, you have a duty to be aware of any guidelines that exist and to request clarification on their application as required.

## Professional boundaries

- 7.3. When maintaining professional boundaries a registered professional should:
- a. Never use his/her position to pursue a sexual, or other inappropriate relationship with a client
  - b. Aim to provide the most evidence-based treatments and advice that will assist clients to make informed decisions

## Financial and commercial dealings

- 7.4. Registered health professionals should be honest and transparent in any and all financial arrangements with clients and where they have financial interests. A registered professional should avoid encouraging clients to give, lend, and bequeath money or gifts that will benefit him/her directly or indirectly. This includes being involved with loans or investment schemes with clients. When being transparent, a registered professional should:
- a. Declare any financial or commercial interest he/she or his/her family has in any aspect of the client's care
  - b. Declare any financial or professional interest he/she has in a product that may be used in the care of clients
- 7.5. A registered professional must not let his/her professional judgement be influenced by any commercial considerations.
- 7.6. Registered health professionals recognize their professional position and must not accept gifts or benefits that could be viewed as a means of securing influence or favours, including from other health professionals or businesses.

## Conflict of interest

- 7.7. Registered health professionals should avoid conflicts of interest which could affect client care. A conflict of interest arises when a registered professional entrusted with the care of his/her client also has financial, professional or personal interests or relationships with third parties, which may affect the client's care.
- 7.8. Registered professionals should report any potential conflicts of interest as required.
- 7.9. Registered health professionals are aware that dual relationships may compromise care outcomes and always conduct professional relationships with the primary intent of benefit for the client receiving care. Registered health professionals must take care when giving professional advice to clients with whom they have a dual relationship and advise them to seek independent advice due to the existence of actual or potential conflicts of interest.
- 7.10. In a small community, conflicts of interests are inevitable; however a registered professional should notify clients about his/her interests. When making appropriate disclosure a registered professional should:

- a. Act in a client's best interests when making referrals, providing treatment or delivering care
- b. Be aware of conflicts of interest in relation to prescriptions, diagnostic tests, and medical devices
- c. Avoid accepting any inducement, gift or hospitality which may affect the way you prescribe, treat or refer clients

## Research

- 7.11. Registered health professionals may conduct research involving humans to improve the care and quality of life for the community. When conducting research, a registered professional must follow the Department of Health Research Governance Framework (2008). When conducting research a registered professional should:
- a. Treat participants with respect
  - b. Act with integrity and honesty
  - c. Disclose any potential or actual conflicts of interest to clients
  - d. Ensure that human participation is voluntary and based on informed consent
  - e. Monitor research progress and promptly notify authorities of any adverse events or outcomes
  - f. Allow participants to withdraw from the research at any time without requiring a reason
  - g. Follow guidelines regarding publication of findings, authorship and peer review

## Promoting and preserving trust between Allied Health Professions and people receiving care

- 7.12. Registered health professionals should recognise that vulnerable clients, including children, people with disabilities, people with mental illness and seniors in the community must be protected from physical, psychological and emotional harm; their social and cultural wellbeing should be protected when receiving care.
- 7.13. An inherent power imbalance exists within the relationship between a registered professional and a client receiving care; this may make the client who is receiving care vulnerable and open to exploitation. Registered health professionals recognize and manage this power differential in the relationships with clients. Registered health professionals also actively preserve the dignity of clients through kindness and respect. The power of balance between a person and a registered professional can be significant, particularly where the person:
- a. Has limited knowledge
  - b. Experiences pain and illness
  - c. Needs assistance with personal care
  - d. Lacks mental capacity or competence
  - e. Belongs to a marginalised group; or
  - f. Experiences an unfamiliar loss of self-determination.

## Appendix I – Allied Health Professions

As per the First Schedule of the Allied Health Professions Act 1973, the following are specified as allied health professions:

"addictions counsellor" means a person skilled in the identification, assessment and treatment of alcohol and drug abuse;

"audiologist" means a person skilled in the identification, assessment and treatment of hearing disorders;

"chiropodist" means a person skilled in the treatment of foot conditions locally and conservatively and the palliative relief of chronic foot anomalies and resultant lesions;

"diagnostic imaging technologist" means a person who is skilled in the production of diagnostic images for medical diagnostic imaging techniques —

- (a) radiologic technology;
- (b) nuclear medicine;
- (c) computed tomography;
- (d) ultrasonography;
- (e) mammography;
- (f) magnetic resonance imaging;
- (g) bone densitometry;
- (h) echosonography;

"dietician" means a person qualified in nutrition and dietetics and skilled in the science of nutrition, in the feeding and education of persons for the promotion of good health and the prevention and management of disease;

"emergency medical technician" means a person who has completed a full course in emergency medical care approved by the Council;

"medical laboratory technician" means a person skilled in medical laboratory techniques;

"occupational therapist" means a person skilled in the assessment and treatment of individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, or the aging process, through the use of purposeful activity and adaptive equipment and technology in order to maximize independence, prevent disability and maintain health;

"physiotherapist/physical therapist" means a person skilled in the art of identifying human movement and functional disorders, promoting and stimulating healing and the return of physical function by use of electro-physical agents, exercise prescriptions, specialized manual techniques and other physical means in the rehabilitation of individuals who have impairments, functional limitations, disabilities or changes in physical function and health status resulting from injury, disease or other causes;

"specialist diagnostic imaging technologist" means a person skilled in the use of diagnostic imaging techniques and x-ray technology and either computed tomography or magnetic resonance imaging;

"speech, language pathologist" means a person skilled in the identification, assessment, diagnosis, prescription and treatment of communication and swallowing disorders.

## Appendix II – Client Record Standards

Client record includes paper-based and electronic formats.

- A. A client record must contain or provide reference to the following information unless otherwise specified by your Board:
  - 1. Client’s name, address, phone number, date of birth, gender, and ID number if available
  - 2. Dates seen and identity of the physician and allied health professional attending
  - 3. Documentation of presenting complaint or injury
  - 4. Significant prior medical history
  - 5. Relevant current medication record, including allergies and drug sensitivities
  - 6. Relevant social history including alcohol or drug use or abuse
  - 7. Relevant family history
  - 8. Physical examination findings and diagnoses
  - 9. Investigations ordered and obtained
  - 10. Instructions and advice to the client including follow-up care instructions
  - 11. Reports sent or received regarding the client’s medical care
  - 12. Proof of client consent
  
- B. A client record should contain enough information for any physician or other regulated health professional to be sufficiently informed of the care being provided which may include:
  - a. Clinical notes
  - b. Reports (eg lab, imaging, pathology, initial, re-evaluation etc)
  - c. Pathology reports
  - d. Referral letters and consultation reports
  - e. Hospital summaries
  - f. Surgical notes
  - g. Treatment plans
  - h. Clinical records (films/images, requisitions, non-pharmaceutical prescriptions etc)
  
- C. In addition a client record should be legible, written in English and with alterations and corrections to the client record clearly identified showing the identity of the person making the alteration and the date.
  
- D. Client records must be stored for a minimum of six (6) years<sup>5</sup> following the date of last service or in the case of minors, ten years or until two years after the age of majority (18 years) – whichever is longer. If malpractice insurance, professional body/organization or employer policies stipulate longer storage requirements, registered health professionals are encouraged to comply as required.

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<sup>5</sup> In the case of civil actions, the Limitation Act 1984 requires registered health professionals to keep client records for six (6) years.