



Code of Professional Conduct and Ethics.

Date of approval by IASLT Council;	Policy Operational Date;	Policy Review Date
2015 (Previous Codes 1981, 1993, 2004, 2006)	24 th September 2015	2018

Table of Contents

Section	Title	Page Number
1.0	Purpose	3
2.0	Ethical Awareness	4
3.0	Respect for the Rights, Dignity and Autonomy of Service Users.	4-6
4.0	Provision of SLT Services	6-8
5.0	Consent	8-9
6.0	Professional Competence and Standards	9-10
7.0	Professional and Personal Integrity	11-12
8.0	Research	12-13
	Glossary	14
	References	15
	Acknowledgements	16

1.0 Purpose:

In becoming a member of the Irish Association of Speech and Language Therapists a Speech and Language Therapist agrees to comply with the *IASLT Code of Professional Conduct and Ethics*. Members of IASLT must read, understand and then apply this *Code of Professional Conduct and Ethics* (also referred to as ‘the Code’) within their professional practice. This commitment is renewed annually through the membership renewal process of IASLT. A member must be familiar with and comply with the ethical policies and practices in the service in which they work. All registered Speech and Language Therapists are also bound by CORU’s Code of Professional Conduct and Ethics for Speech and Language Therapists. The code specifies the standards of ethics, conduct and performance expected of registered speech and language therapists.

The IASLT Code of Professional Conduct and Ethics provides guidance; it cannot offer definitive resolution to all ethical questions that may arise during professional practice. Failure to specify any particular responsibility of practice in this Code does not negate the existence of these responsibilities or practices. Members are expected to use their professional judgement in light of the principles set out in the code.

The IASLT Code of Professional Conduct and Ethics is grounded in the broad ethical principles as follows:

1. **Autonomy:** respect for autonomy and the right of the clients to self-determination as embodied in the right to informed consent, and meaningful choice in relation to intervention, choice of practitioner and the right to refuse intervention.
2. **Beneficence (the imperative to do good):** There will be some benefit to the individual.
3. **Non-maleficence:** Members are obliged to not knowingly cause harm, and are obliged to actively seek to prevent harm.

4. Justice: Members will provide services fairly and equitably, making good use of available resources.

2.0 Ethical Awareness:

- A member must read, understand and apply *the IASLT Code of Professional Conduct and Ethics*.
- All registered speech and language therapists must read, understand and meet the standards set out in the CORU Code of Professional Conduct and Ethics. Failure to meet the standards could result in a complaint of professional misconduct being made about a registrant.
- A member must recognise the ethical dimension that exists within every clinical decision taken.
- A member must demonstrate ethical awareness when engaging in all professional activities whether it is clinical practice or research.

3. 0 Respect for the Rights, Dignity and Autonomy of the Service

User:

- A member must approach all service users with respect recognising their individuality and right to autonomy.
- Members must uphold the dignity, comfort and quality of life of service users at all times. The service user's wishes must be respected, including occasions where a service user may express a wish to refuse treatment.

- A member must demonstrate empathy in their engagement with service users and strive to uphold the dignity and worth of all individuals.
- A member shall respect the service user's moral and cultural values and shall not discriminate on any basis.
- In all cases a member is required to comply with all relevant national legislation and organisational policies regarding client privacy and care.
- The storage, duration and appropriate means of disposal of service user information should be specified by organisational requirements
- A member must maintain strict professional confidentiality and use the information about service users only for the purpose it was given.
- A member must comply with the Data Protection Acts and be aware of the guidelines published by the Data Protection Commissioner. A member must maintain comprehensive, contemporaneous, accurate and up to date records of all professional activities. The details will include the nature, extent and outcome of assessment and intervention in line with best practice. All members' written, electronic or spoken communication, including engagement with online platforms and social media, will uphold the reputation of the profession, including maintaining the confidentiality of the service users which we serve.
- A member must not reveal any professional or personal information about identified others which is acquired in the course of clinical and/or non-clinical duties, except in the following cases;

- ✓ If there is a valid written consent by the client, or where relevant, by the legal guardian.
- ✓ If disclosure is required or is necessary in the best interests of the client, or to protect the welfare of the client or of the community.
- ✓ When required by law.
- ✓ In accordance with current Freedom of Information legislation (1997/2003) and any changes to this legislation subsequently introduced.

4.0 Provision of Speech and Language Therapy Services:

- A member may accept referrals from any source in keeping with the policy of the employing agency and may refuse an inappropriate referral.
- Duty of Care commences at the time of referral and continues until the client is discharged from the service.
- A Breach of duty may result from one or several acts or omissions while under the care of a Speech and Language Therapist.
- Service provision should not commence without consent being formally clarified.
- A member shall discontinue active intervention when it is felt that the service user has obtained maximum benefit from therapy.
- The member must respect the right of the service user to discontinue participation in therapy at any time.

- A member must abstain from undertaking unnecessary therapy, and/or prolonging and continually monitoring therapy unnecessarily
- Members should take any time necessary to sensitively communicate their decision/s with the service user and family members, in the context of the constraints of confidentiality.
- Members are not under any obligation to provide services that may be deemed futile or unduly burdensome to the service user. Clinical reasoning and discussion with the relevant stakeholders is required in these cases.
- If a member has a conscientious objection they may exercise this right as long as it doesn't compromise the service user. In exercising the right of this conscientious objection a member must ensure that the service can be provided by a colleague.
- If an advanced healthcare directive is in place this must be brought to the attention and discussed with members of the healthcare team.
- An advanced healthcare directive does not allow a speech and language therapist to provide treatment that is not clinically indicated for a service user.
- A member may liaise with other professionals as appropriate for the purposes of providing the best service unless it is contrary to the wishes of the service user. The service user's well-being is paramount to any personal or professional loyalties or disputes.
- A member shall, with consent, make appropriate onward referrals.

- A member must share information, knowledge and skills with fellow professionals, students and support staff as appropriate.
- A member shall be professionally responsible for all treatment and services rendered by the member or other personnel who are under direct supervision of the member.
- A member may be held responsible if he/she fails to act in the best interest of the service user
- A member shall raise with relevant colleagues and report to managers concerns about unmet service user needs. The unmet needs should be recorded.
- A member shall also appropriately address concerns regarding policies, working conditions, actions/inactions of others which compromise the care of service users or public safety.

5.0 **Consent** :

- Members must follow their employer's procedures and applicable law on consent.
- A member must take reasonable steps to ensure that the service user understands the purpose, nature, likely effect, alternatives, mutual responsibilities and, where relevant the proposed cost of the intervention.
- In order for informed consent to be valid the individual must have the requisite level for capacity to make the decision, be informed of the risks and benefits of the procedure/intervention and alternatives including no procedure or assessment. This must be done in a manner that is accessible to them where possible. The client must be able to process and retain the information long enough to make the decision and having made the decision freely communicate their decision through whatever modality is appropriate to the client.

- Where the person lacks the capacity to make an informed decision and there is a legal guardian in place, consent must be sought from them. For individuals who are at an age of being able to consent, if there is the presence of an intellectual disability, cognitive impairment, language impairment, a mental health problem that in the opinion of the speech and language therapist does not allow for the ability to consent for services, this should be resolved in line with organisational policy/procedures.
- In the case of children and young people individuals should be involved as much as possible in discussions about their care and it is important to give this information in an appropriate manner, listen to their views and at all times treat them with respect.
- Service users aged 16 years and over are considered to have the capacity by law to give their own consent on any surgical, medical or dental treatment (Section 23 of the Non-Fatal Offences Against the Person Act, 1997). This entitlement does not however apply to such areas as participation in medical research. It is unclear whether an individual between 16 and 18 years has the capacity to refuse treatment where this refusal is against parental wishes and medical advice and in this event members should seek legal advice before acting on such a decision.

6.0 Professional Competence and Standards:

- A member must possess appropriate professional qualifications as recognised by the professional body.
- It is the duty of the speech and language therapist to keep up to date with evidence-based clinical approaches, recent literature in their field, practices carried out by their peers, working within the scope of practice and adhering

to work place policies and procedures and being conversant with all IASLT documents, including but not limited to, any guidelines, protocols or policies.

- Planning, engaging in and recording continuing professional development (CPD) is essential to maintaining competence and is a fundamental requirement for membership of IASLT.
- A member must adhere to CPD requirements as stated in the IASLT CPD Log and Guidance, 2012.
- Members should also be familiar with all relevant CORU documents
- Members must engage in only those aspects of the profession which are within the scope of their professional practice and competence, considering their level of education, training and experience. (IASLT Scope of Practice, 2006 currently under review).
- A member has a responsibility to actively seek and engage in an appropriate level of supervision in line with IASLT Guidelines for Professional Supervision in Speech and Language Therapy, 2014.
- Members should inform relevant authorities and agencies if in their professional opinion, the practice of a colleague may be unsafe or have a negative consequence on service users.
- A member has a professional responsibility to facilitate the development and education of students.
- A member must assume full responsibility for his/her professional activities, for delegated duties and for all activities undertaken under his/her supervision.

Members must only delegate tasks to a person who they believe to have the knowledge, skills and experience to carry out the task. Prior to delegating a task, members must gain prior consent from a service user and provide the individual with adequate and appropriate support.

7.0 Professional and Personal Integrity:

- A member shall not engage in any activity which may bring the profession into disrepute.
- A member must inform the IASLT if your employer, CORU or another body suspends you or places restrictions on your practice because of concerns about your conduct or competence.
- Members should take all steps to avoid conflicts of interest and should seek advice if unsure. Members should inform relevant stakeholders where potential conflicts of interest may arise.
- Members should exercise judgement and discernment when dealing with individuals who may be known to you in a non-professional capacity.
- Members should not exploit relationships with service users for any purpose.
- A member must not enter into a personal relationship with service users.
- A member must not practice under the influence of any alcohol, drug or other toxic substance or while suffering from a health condition which may interfere with or impair the performance of his/her duties.

- All communication to the public, including advertising, must be professional and truthful.
- A member shall ensure when publishing articles or comments, that it is clear whether he/she is representing the profession, employing agency or making a personal comment.
- A member shall not, for reason of commercial purpose, transfer public service users to his/her private practice.
- Members should abide by any dignity and respect policies in operation in their workplace.
- Members who employ or manage staff must treat them fairly, equitably and without discrimination.

9.0 Research:

- A member shall promote an understanding of Speech and Language Therapy and contribute to the strengthening of its evidence base by critical evaluation and relevant research.
- A member undertaking research must work within an ethical framework and obtain approval for research projects, from the appropriate Ethics Committees.
- A member shall ensure that the presentation and reporting of research results protects the anonymity of subjects.

A member shall engage in audit and research using agreed methodology.

A member shall ensure that research findings are disseminated to relevant stakeholders in an accessible format.

Glossary

‘Member’ – means an individual member of IASLT.

‘Service user’ – means a person to whom a member renders a professional service.

‘Conflict of Interest’ means the acceptance of any form of benefit, economic reward or gifts, whereby the professional judgment of the Speech and Language Therapist is compromised and the services provided or recommendations made are influenced by factors other than the best interest of the individuals receiving the services. (Adapted from SAC (add ref)).

‘Duty of care’ is a legal term describing the relationship, in this case, between the individual and parent/caregiver and the Speech and Language Therapist.

References:

Association of Occupational Therapists in Ireland (2013) Code of Ethics and Professional Conduct for Occupational Therapists.

Beauchamp, T.L., & Childers, J. (2013). Principles of Biomedical Ethics 5th Edition. Oxford University Press, Oxford.

Chabon, S., Morris, J., & Lemoncello, R. (2011). Ethical Deliberation: A Foundation for Evidence-Based Practice. *Seminars in speech and language* 32(4) 298-308.

Speech and Language Therapists Registration Board (2014), Code of Professional Conduct and Ethics for Speech and Language Therapists.

Equal Status act (2000). Number 8.

<http://www.irishstatutebook.ie/pdf/2000/en.act.2000.0008.pdf>

Royal College of Speech and Language Therapists, Communication Quality 3.

Seedhouse, D. (2002). Commitment to health: a shared ethical bond between professions. *Journal of interprofessional care*, 16(3), 249-260.

Members of working group;

Edel Dunphy

Laura O'Brien

Caroline Jagoe.

Sinead Kelleaghan

Jeanne Dippenaar,

Rachel Leonard