



IASLT

The Irish Association of
Speech + Language Therapists

IASLT Code of Professional Conduct and Ethics

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Table of Contents

SECTION 1: INTRODUCTION AND PURPOSE OF THE DOCUMENT	3
SECTION 2: GUIDING PRINCIPLES AND VALUES	4
RESPECT FOR THE RIGHTS, DIGNITY AND AUTONOMY OF THE PERSON ACCESSING SPEECH AND LANGUAGE THERAPY	5
SECTION 3: PROVISION OF SPEECH AND LANGUAGE THERAPY SERVICES.....	5
DATA MANAGEMENT AND RECORD KEEPING	6
SCOPE OF PRACTICE	7
CONSENT	7
SECTION 4: PROFESSIONAL COMPETENCE AND STANDARDS	9
CONTINUOUS PROFESSIONAL DEVELOPMENT/LIFELONG LEARNING	9
SUPPORTING EDUCATION AND SUPERVISION	9
FITNESS TO PRACTICE	9
RESEARCH	10
REFERENCES:	11



Section 1: Introduction and purpose of the document

Members of the Irish Association of Speech and Language Therapists (IASLT) must read, understand, comply with and 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.

The IASLT Code of Professional Conduct and Ethics outlines responsibilities and standards of ethics, conduct and performance expected of a practicing Speech and Language Therapist to whom The Code applies. Failure to specify any particular responsibility of practice in this Code does not negate the existence of the responsibilities or practices. Its purpose is to provide guidance to members as they make professional decisions. It does not offer definitive resolution to all ethical questions that might arise during professional practice. IASLT members are expected to use their professional judgement in light of principles set out in the Code.

The IASLT Code of Professional Conduct and Ethics must be considered along with relevant legislation, ethical policies and practices in the service in which you work. Additionally, the IASLT Code of Professional Conduct and Ethics must be considered alongside CORU's (Ireland's Health and Social Care Professionals Council) 'Code of Professional Conduct and Ethics for Speech and Language Therapists' which outlines your responsibilities as a CORU registrant. All practicing SLTs must be registered with CORU.



Section 2: Guiding principles and values

In line with international best practice, IASLT members commit to working with compassion, dignity and respect for all Service Users¹, families/support systems and cultures. Members will strive to practice ethically and will respect the rights of those participating in speech and language therapy intervention.

IASLT's ethical guidelines are founded on the principles of biomedical ethics as outlined by Beauchamp and Childress (2013), namely autonomy, non-maleficence, beneficence and justice:

- **Autonomy** refers to the practice of respecting everyone's decision-making capacities and supporting Service Users to make reasoned informed choices.
- **Non-maleficence** relates to the fact that members are obliged to not knowingly cause harm and are obliged to actively seek to prevent harm in their practice.
- **Beneficence** highlights that when balancing of benefits of treatment against the risks and costs, the SLT should act in a way that benefits the Service User.
- **Justice** alludes to the distribution of benefits, risks and costs fairly; the idea that Service Users in similar positions should be treated in a similar manner. Members will provide services fairly and equitably, making good use of available resources.

IASLT conceptualises Speech, Language and Communication differences and difficulties along with Feeding, Eating, Drinking and Swallowing (FEDS) differences and difficulties under the World Health Organisation's *International Classification of Functioning, Disability and Health* (2001) framework. 'Impairment' is evaluated in terms of body structure and function, 'disability' is replaced with a consideration of activity and activity limitation and environmental factors are judged in terms of participation and participation restrictions for the Service User.

IASLT views communication as a fundamental human right (for discussion see McLeod, 2018; Murphy et al., 2018). The foundations for international human rights in relation to communication may be found in the United Nation's (UN) Universal Declaration of Human Rights (1948), where Article 19 asserted that everyone has a 'right to freedom of opinion and expression'. Ireland ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2018, and as per Article 21 of the UNCRPD has thus committed to 'take all appropriate measures to ensure that persons with disabilities can exercise the right to freedom of expression and opinion, including

¹ A number of terms are used to describe people when they access SLT services. These include patient, client, service user. It is acknowledged that different words tend to be used in different healthcare settings and that there are various views and preferences around each of these words. For simplicity, the term service user is used throughout the body of this document. 'Service User' is a preferred term c.f. *A Vision for Change* (Department of Children and Health, 2006)



the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice'. The UN Convention on the Rights of the Child was ratified by Ireland in 1992 and sets out children's participation rights such expression of opinions and taking part in social and cultural activities.

Respect for the rights, dignity and autonomy of the person accessing speech and language therapy

Respect for the rights, dignity and autonomy of the Service User is central to a member's practice as laid out by the United Nations (1948; 2006) and elsewhere. As such, a member must treat all Service Users with respect, recognising their individuality and right to autonomy at all times and be cognisant of any relevant legislation in this regard. Members must uphold the dignity, comfort and quality of life of Service Users at all times. The Service Users will and preferences must be respected, including occasions where a Service User may express a wish to refuse treatment. Members should always work collaboratively with a Service User to ensure their will and preferences are known and their autonomy is respected. A member must demonstrate compassion 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 as outlined legislatively.

Section 3: 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. Service users are owed a duty of care which commences on the acceptance of a referral and continues until the client is discharged from the service albeit the SLT may remain under a duty to warn the service user regarding any information which may affect their care. In many services a discharge letter is provided to the service user confirming their discharge. Speech and Language Therapists (SLTs) should be aware of their obligations and role under all relevant legislation including the Children's First (2015) legislation. A breach of duty may result from one or several acts or omissions while under the care of a SLT. There may be membership and other professional consequences if a breach of duty is found to have occurred. Any concerns regarding the standard of care provided to a service user will dependant on a number of factors and the SLT should seek legal advice if any issues arise in this regard.



Service provision should not commence without informed consent being formally clarified. Consent for intervention should be regularly sought in line with a person centred and collaborative approach to good practice. A member shall discontinue active intervention when it is felt that the Service User has obtained maximum benefit from therapy. Members are not under any obligation to provide services that may be deemed futile or unduly burdensome to the Service User. A member must abstain from undertaking unnecessary therapy and/or prolonging and continually monitoring a Service User unnecessarily. Clinical reasoning and discussion with the relevant stakeholders is required in these cases. The member must respect the right of the Service User to discontinue participation in therapy at any time or decline intervention in line with relevant legislation including the Assisted Decision Making (Capacity) Act (2015).

Data management and record keeping

In all cases a member is required to comply with all relevant national legislation and organisational policies regarding client privacy and care. All members should fully respect a client's right to privacy as outlined by the relevant legislation including General Data Protection Regulation (2016). This legislation concerns data protection and privacy rights for all individuals within the European Union and forms the basis of Irish data protection legislation (Data Protection Acts 1988-2018). All members must comply with the above and be aware of their obligations under the most recent GDPR regulations.

The storage, duration and appropriate means of disposal of personal information should be specified by organisational requirements to ensure the highest standards of security and confidentiality. A member must maintain strict professional confidentiality and use the information about Service Users only for the purpose it was given. All information (whether written, visual, digital or verbal) gathered in the course of their role should be treated confidentially and respectfully. Confidentiality should not be breached unless disclosure is legally required. Consent for sharing personal information should always be sought.

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 dignity and 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 consent given by the client, or where relevant in conjunction with decision supporters (in accordance with the Assisted Decision Making Capacity Act 2015) and/or legal guardians.
- When required by law (for example in instances relating to potential harm or safeguarding concerns) and in accordance with any changes to legislation subsequently introduced to the publication of this document.

Scope of practice

IASLT recognise the value of working collaboratively with the Service User, relevant MDT and significant people in a Service User's life. A member must share information, knowledge and skills with fellow professionals, students and support staff as appropriate. A member may liaise with other professionals as appropriate for the purposes of providing a coherent, integrated service unless it is contrary to the will and preferences of the Service User. The Service User's well-being is paramount to any personal or professional loyalties or disputes. A member will recognise the scope and limits of their professional practice. 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, 2021). A member shall, with consent, make appropriate onward referrals.

A member shall raise concerns with relevant colleagues and report to managers any concerns regarding unmet Service User needs relevant to SLT. The unmet needs should be recorded with acknowledgment of any risk. 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.

Consent

Members must be familiar with and comply with all relevant legislation and organisational policies relating to consent as well as security, privacy, encryption, and documentation in the delivery of services. A member must always practice in a way that reflects the will and preference of a Service User. A member must always practice in good faith and for the benefit of a Service User.



In order for informed consent to be valid, a Service User must be able to understand, retain, weigh up the information and communicate a decision with appropriate assistance if necessary, according to relevant legislation including the ADMCA (2015). Members must take reasonable steps to ensure that the Service User understands the purpose, nature, likely effect, alternatives, risks, benefits, mutual responsibilities and, where relevant the proposed cost of the intervention.

Where the member has concerns about a person's ability to give their consent in specific instances, the member should seek guidance in line with organisational policy/procedures and the relevant legislation including the ADMCA (2015). Service users should be involved as much as possible in discussions about their intervention/care. Members should be person centred in their practice and incorporate the will and preferences of Service Users into decision making. It is important that SLTs share information in an appropriate and accessible manner to relevant stakeholders whilst ensuring Service Users are treated and listened to with respect and dignity at all times.

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. Where an individual between 16 and 18 years of age refuses treatment against parental and/ or medical advice members should seek legal advice before acting on such a decision. The law in this area is unclear and a minor aged between 16 and 18 years of age does not have an express right to refuse treatment.

While it may follow that an individual who has the right to consent to treatment may also have the right to refuse treatment, the right of a 16- or 17-year-old to refuse treatment will be more curtailed than the right to consent. Furthermore a 16- or 17-year-olds right to consent does not remove the right of the parents to consent, or refuse, treatment, or the Courts who may be the final arbiters of whether the minor's refusal is valid. In this regard the parents or courts may give valid consent where the minors refusal is not in the minor's best interests. Generally, if a 16- or 17-year-old refuses treatment, this refusal should be respected.

However if the SLT has any concerns regarding a minor's, aged 16 – 18, refusal of treatment, particularly where it may be against the parents' wishes or medical advice, legal advice should be sought.

As per IASLT's Guidelines for Professional Supervision in Speech and Language Therapy (2020), SLTs with supervisory responsibilities should undertake same in accordance with best practice and to the best of their abilities.



Section 4: Professional Competence and Standards

A member must possess appropriate professional qualifications as recognised by the professional and regulatory body. It is the duty of the speech and language therapist to keep up to date with evidence-informed clinical approaches and techniques, recent literature in their field and comparable practices carried out by their peers. IASLT recognises that members should always work both within the scope of practice and adhere to work place policies and procedures. Members should also be aware of all relevant IASLT documents, including but not limited to, any guidelines, protocols or policies.

Continuous professional development/lifelong learning

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 Standards (2018). 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 (2020).

Supporting education and supervision

A member has a professional responsibility to facilitate the development and education of students. A member must assume full responsibility for his/her/their professional activities, for delegated duties and for all activities undertaken under his/her/their 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.

Fitness to practice

A member must ensure they are fit for practice and 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 their duties. A member must inform the IASLT as soon as possible if your employer, CORU or another body is investigating your practice or suspends you or places restrictions on your practice. 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 an inappropriate personal relationship with Service Users. 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. 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 as per relevant legislation including the . Members should be mindful of The Protected Disclosures Act (2014).

All communication to the public, including advertising, must be professional and truthful. Members shall ensure when publishing articles or comments, that it is clear whether they are representing the profession, employing agency or making a personal comment. Members shall not, for reason of commercial purpose, transfer public Service Users to their private practice.

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 form.



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