INTRODUCTION

The Code of Professional Conduct is designed and set out as guidance for the Cardiac Physiologist functioning as a clinical practitioner within the relationship that exists with every patient receiving health care.

Essential to that relationship is the patient's trust in the practitioner. This trust hangs upon the patient's assurance of being the practitioner's first concern during their clinical encounter, and upon the patient's confidence that the care received will be competent, whether in diagnosis, therapy or counselling.

STANDARD OF PRACTICE AND CARE

Patients are entitled to the highest standard of practice and care. The essential elements of this are professional competence, good relationships with patients and colleagues and observance of professional ethical obligations.

In providing care you must therefore:
- recognise the limits of your professional competence.
- be willing to consult colleagues
- keep clear, accurate and contemporaneous patient records which report the relevant findings.
- keep colleagues informed.
- pay due regard to the efficacy and the prudent use of resources.
- be competent, truthful, and accurate, when reporting on investigations.
- be competent when giving or arranging treatment.

KEEPING UP TO DATE

You must maintain the standard of your performance by keeping your knowledge and skills up to date throughout your working life. In particular, you should take part regularly in educational activities which relate to the clinical application of cardiovascular science and technology.

You must work with colleagues to monitor and improve the quality of the service which is provided.

Some parts of clinical and technical practice are governed by law. You must observe and keep up to date with the laws which affect your practice.
TEACHING

The Society for Cardiological Science and Technology encourages you to contribute to the education and training of colleagues.

All competent practitioners should be prepared to supervise less experienced colleagues.

If you have special responsibilities for teaching you should develop the skills of a competent teacher. If you are responsible for training junior colleagues you must make sure they are properly supervised.

MAINTAINING TRUST

To establish and maintain trust you must:

- listen to patients and respect their views.
- treat patients politely and considerately.
- respect patients’ privacy and dignity.
- give information to patients in a way they can understand.
- respect the right of patients to be fully involved in decisions about their care.
- respect the right of patients to refuse treatment or to take part in teaching or research, reporting the refusal to the person requesting the procedure.
- respond to complaints promptly and constructively.
- ensure that your views about a patient's life style, culture, beliefs, race, colour, sex, sexuality, age, social status, or perceived economic worth, do not prejudice the service you give.

CONFIDENTIALITY

Patients have a right to expect that you will not pass on any personal information which you learn in the course of your professional duties, unless they agree.
ABUSE OF PROFESSIONAL POSITION

You must not abuse your patients' trust.

You must not, for example:
- use your position to establish improper personal relationships with patients or their close relatives.
- influence your patient to give money or other benefits to you or other people.
- improperly disclose or misuse confidential information about a patient.

DUTY TO PROTECT PATIENTS

You have a duty to protect patients if you believe that a colleague's conduct, performance, or health, is a threat to them.

Before taking action, you should do your best to find out the facts. Then, if necessary, you must tell someone from the employing authority or from a regulatory body. Your comments about colleagues must be honest. If you are not sure what to do ask an experienced colleague. The safety of patients must come first at all times.

IF YOUR HEALTH MAY PUT PATIENTS AT RISK

If you have or are carrying a serious communicable condition, or if your judgement or performance could be significantly affected by a condition or illness, you must take and follow advice from a consultant in occupational health, or another suitably qualified person, on whether and in what ways you should modify your practice. Do not rely on your own assessment of the risk to patients.

If you think you have or are carrying a serious communicable condition you must have all the necessary tests and act on the advice given to you by a qualified medical practitioner about necessary treatment and/or modification to the clinical service you are committed to give.

WORKING WITH COLLEAGUES

You must not give grounds for a patient to doubt a colleague's knowledge or skills through any comments you may make.

Health care is increasingly provided by multi-disciplinary teams. You are expected to work constructively within such teams and to respect the skills and contributions of colleagues.

You must ensure that any information you possess or acquire that has a bearing on the clinical management of a patient is communicated promptly and fully to those individuals who need to know.

If you are leading a team, you must do your best to make sure that the whole team understands the need to provide a polite and effective service, and to treat patient information as confidential.
GIFTS AND HOSPITALITY

You should not ask for, or accept from companies, any rewards, except those of insignificant value.

You must not ask for or accept fees for agreeing to meet sales representatives.

You may accept personal travel grants and hospitality from companies for conferences or educational meetings, as long as the main purpose of the event is educational. The amount you receive must not be more than you would normally spend if you were paying to attend.

RESEARCH

If you are taking part in clinical trials, or any other form of patient based research, you must make sure that the research is not contrary to the patient's interests. Check that the research protocol has been approved by a properly constituted research ethics committee.

You must keep to all aspects of the research protocol. Your conduct in the research must not be influenced by payments or gifts.

You must always record your research results truthfully and maintain adequate records. In publishing the results you must not make unjustified claims for authorship.

You must always be prepared to explain and justify your actions and decisions.

DISCIPLINARY CODE FOR CARDIAC PHYSIOLOGISTS

The Cardiac Physiologist has an obligation to adhere at all times to a standard of conduct, appropriate to the high standing of the Profession in its clinical care of patients, and meriting the confidence of the general public.

The Cardiac Physiologist shall adhere at all times to the Code of Professional Conduct of the Society for Cardiovascular Science and Technology (hereinafter referred to as 'the Society'). A breach of the Code constitutes professional misconduct and may result in disciplinary proceedings being taken against the Cardiac Physiologist by the Discipline Committee of the Society.

The Cardiac Physiologist may be subject to disciplinary proceedings by the Discipline Committee if any of the following applies:-

1. the Cardiac Physiologist neglects the professional responsibility owed to a patient by harming personal integrity, applying discriminatory practices, or by attempting to carry out procedures in respect of which the Cardiac Physiologist does not have the necessary authority, training or skill.

2. the Cardiac Physiologist is dismissed by an employer. Action falling short of dismissal would not normally give rise to disciplinary proceedings unless the circumstances were to breach another part of the Code.

3. there is a finding of serious misconduct in a professional respect against the Cardiac Physiologist.
4. the Cardiac Physiologist is convicted by a court of law of a criminal offence which may reflect adversely on the Profession.

5. the Cardiac Physiologist accepts a favour or gift (other than of insignificant value) or receives hospitality from a donor whose action might be construed as an attempt to secure preferential consideration.

It is not possible to provide a comprehensive list of every breach of discipline likely to come under scrutiny but the following examples are indicative:

- Reckless or unskilful practice
- Failure to protect or promote the interests of patients.
- Physical, sexual, or verbal abuse of patients.
- Failure to act knowing that a colleague is improperly treating, or abusing, patients.
- Improper disclosure of confidential information about patients.
- Concealment of untoward incidents
- Falsification of records
- Failure to keep essential and accurate records.
- Theft from patients, employers or colleagues
- Drug related offences

COMPLAINTS ALLEGING MISCONDUCT

When in the course of professional duties a Member becomes aware of what appears to be an instance of misconduct in a professional sense it is the duty of that Member to report the circumstances.

MAKING A COMPLAINT

Complaints alleging misconduct shall be made in writing to the Chairman of Council.

The letter should set out the essentials of the complaint and provide as much information as is available to assist identification of the practitioner on the Council's register. When the practitioner has been identified a summary of the letter of complaint will be sent to the practitioner for comment.

Where the complaint arises from an incident associated with the practitioner's professional practice, which is not and has not been the subject of criminal proceedings, it should be reported as soon as possible. This helps to ensure that the incident will be fresh in the memory of potential witnesses and also that those witnesses will still be readily available. If the matter is serious enough to warrant an allegation of misconduct, it should be reported immediately rather than eventually.

The formal report of a complaint alleging misconduct should not be delayed pending the completion of employment appeal procedures.

A complaint can be submitted by any person who has knowledge of a court hearing involving an individual whose name appears on the Society's Register, and who believes that the offence of which the practitioner has been found guilty calls into question that individual's future registration status.
DISCIPLINARY MECHANISM

COUNCIL CONDUCT AND DISCIPLINE EXECUTIVE
(Standing Committee)

Composition
President of the Society
Chairman of Council
Vice Chairman of Council
Secretary of Council
Treasurer

The proceedings of this group, which holds significant power, are secret.

REMIT AND ROLE

To decide if a complaint should be investigated.

To initiate the disciplinary procedure.

To seek legal advice and representation where necessary.

To appoint members of Council to the Investigation and Discipline Committees, to nominate the lay members to the Investigation Committee and to nominate the Legal Adviser to the Discipline Committee.

To decide if there is a case to answer based on the evidence presented by the Investigation Committee.

To consider the recommendations of the Discipline Committee and to approve the sanctions.

To elicit an agreement on sanctions with the Chairman of the Discipline Committee when its recommended sanctions are not approved.

To keep the complainant and the individual against whom the complaint is made, informed throughout the discipline procedure.

To make a full report to Council on the outcome of the proceedings (for information only).

INVESTIGATION COMMITTEE (Ad hoc Committee)

Composition

President of the Society (ex officio).
Three members drawn from - Non executive Council Members
- Education Committee Members
  - not on Council.

Two Lay members with an Institute of Health Service Managers qualification (e.g. Hospital Manager/Training Cardiac Physiologist/ Human Resources Manager).
N.B. No member of this Committee should hold an appointment in the health region where the incident is alleged to have arisen.

REMIT AND ROLE

To seek, examine, consider and collate written and oral information and evidence from all relevant individuals and appropriate sources.

To prepare and submit a report to the Council Conduct and Discipline Executive.

This Committee elects its own Chairman.

DISCIPLINE COMMITTEE (Ad hoc Committee)

Composition

President of the Society
Chairman or Vice Chairman of Council
Medical Adviser from the BCS Practice Committee
Two elected members of Council that are not officebearers
Independent Legal Adviser

REMIT AND ROLE

To consider all the evidence (including evidence from any appeals procedure), place into a disciplinary context and assign an appropriate level of sanction.

Decision is by majority and the Chairman has the casting vote.

The Committee elects its own Chairman, who shall not be an office bearer of the Society.

CONFIDENTIALITY

All correspondence to be sent to the home address of any and all individuals involved in a disciplinary procedure.

All photocopying appertaining to the procedure to be commercially processed.

All individuals involved in a disciplinary procedure to maintain absolute confidentiality.

APPEALS PROCEDURE

APPEALS COMMITTEE (Ad hoc Committee)

Composition

President of the Society
Vice Chairman or Chairman of Council
2 Lay members - 1 from a Profession Allied to Medicine - 1 from a Community Health Council
1 Cardiologist who is a member of the British Cardiac Society but has no links with the Society.
2 elected members of Council as per the Discipline Committee
Independent Legal Adviser

N.B. No member of this Committee should hold an appointment in the health region where the incident is alleged to have arisen.

The grounds of the appeal should be intimated to the Chairman of Council within 28 days.

The case will be reviewed in accordance with a procedure determined by the Council Conduct and Discipline Executive.

REMIT AND ROLE

To hear the grounds of the appeal against the judgement of the Discipline Committee.

To decide whether or not the appeal should be upheld.

The decision is by majority with the Chairman having the casting vote.

This Committee elects its own Chairman who shall not be an officebearer of the Society.

SANCTIONS AVAILABLE

1. Mandatory counselling where appropriate.
2. Letter of advice Recorded
3. Letter of caution or warning Recorded
4. Conditional registration Maximum 3 years
5. Suspended registration Maximum 1 year
6. Erasure

In the case of sanctions 4, 5 and 6 application for restoration of the registration may be submitted after twelve months, supported by three appropriate professional character references.

INTERIM SANCTIONS

In the case of protracted investigation one of the following interim sanctions may be imposed.

i. Conditional registration until the outcome is determined
ii. Interim suspension (maximum 6 months)

The Discipline Committee will recommend such conditions to the Council Conduct and Discipline Executive.

These conditions are determined in respect of each individual case and relate directly to the misdemeanour.