

DISCIPLINARY CODE FOR PRACTITIONERS IN RESPIRATORY PHYSIOLOGY

The Respiratory Technician, Physiologist or Scientist (herein referred to as the Practitioner') 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 Practitioner will adhere at all times to the Code of Professional Conduct of the Association for Respiratory, Technology and Physiology (hereinafter referred to as 'the Association'). A breach of the Code constitutes professional misconduct and may result in disciplinary proceedings being taken against the Practitioner by the Discipline Committee of the Association.

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

- There is a finding of serious misconduct in a professional respect against the Practitioner.
- The Practitioner 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 Practitioner does not have the necessary authority, training or skill.
- The Practitioner is convicted by a court of law of a criminal offence that may reflect adversely on the Profession.
- The Practitioner is dismissed by an employer for professional misconduct. Action falling short of dismissal would not normally give rise to disciplinary proceedings unless the circumstances were to breach another part of the Code.
- The Practitioner accepts favours or gifts (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 complete list of every breach of discipline but examples would include:
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- Physical, sexual, or verbal abuse of patients.
- Failure to act knowing that a colleague is improperly treating, or abusing, patients.
- Theft from patients, employers or colleagues.
- Failure to protect or promote the interests of patients.
- Improper disclosure of confidential information about patients.
- Reckless or unskilful practice.
- Concealment of any untoward incidents.
- Drug related offences.
- Failure to keep essential and accurate records.
- Falsification of records.

ALLEGATIONS OF MISCONDUCT LEADING TO FORMAL COMPLAINT

When in the course of their 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

All Complaints alleging misconduct shall be made in writing to the Chairman of the Executive Committee.

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 Associations 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 immediately. This helps to ensure that the incident will be easily remembered by 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 swiftly 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 Associations Register, and who believes that the offence of which the practitioner has been found guilty calls into question that individual's future registration status.

SANCTIONS AVAILABLE

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|---|-----------------|
| 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 Discipline and Conduct Committee and Executive Committee.

These conditions are determined by each individual case and relate directly to the misdemeanour.

DISCIPLINARY MECHANISM

INTRODUCTION

The Disciplinary Mechanism is the process that is followed after the submission of a written complaint alleging misconduct. This process is summarised in Appendix 1.

EXECUTIVE COMMITTEE (DISCIPLINE AND CONDUCT GROUP) (Standing Committee)

Composition

Chairman of Executive Committee
Vice Chairman of Executive Committee
Secretary of Executive Committee
Treasurer

NB. No member of this committee will hold an appointment in the Health Region where the incident is alleged to have arisen. A substitute will be nominated from the Executive Committee if this occurs.

The proceedings of this group are confidential.

Remit and role

- To decide if a complaint should be investigated.
- To initiate the disciplinary procedure.
- To seek legal representation and advice where necessary.
- To appointment members of Executive Committee to the Investigation Committees, to nominate the lay members to the Investigation Committee and to nominate the Legal Adviser to the Discipline and Conduct Group.
- 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 and Conduct Group and to approve the sanctions.
- To elicit an agreement on sanctions with the Chairman of the Discipline and Conduct Group 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 Executive Committee on the outcome of the proceedings (for information only).

INVESTIGATION COMMITTEE (Ad hoc Committee)

Composition

Chairman of the Investigation Committee

Three members drawn from

Non-Executive Committee Members

Education Committee Members

Two Lay members with an Institute of Health Service Managers qualification (e.g. Hospital Manager/Training Officer/Human Resources Manager).

This committee is answerable to the Executive at all times.

NB No member of this committee shall hold an appointment in the Health Region where the incident is alleged to have arisen.

Remit and role

- To seek, examine, assess and collate written and oral information and evidence from all relevant individuals and appropriate sources.
- To prepare and submit a report to the Executive Committee.
- This Committee has its own Chairman who is elected by the ARTP Executive Committee

DISCIPLINE COMMITTEE (Ad hoc Committee)

Composition

Chairman or Vice Chairman of Executive Committee

One Medical Adviser from the BTS Practice Committee (or equivalent)

Two members of Executive Committee that are not office bearers

One 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 Association.

CONFIDENTIALITY

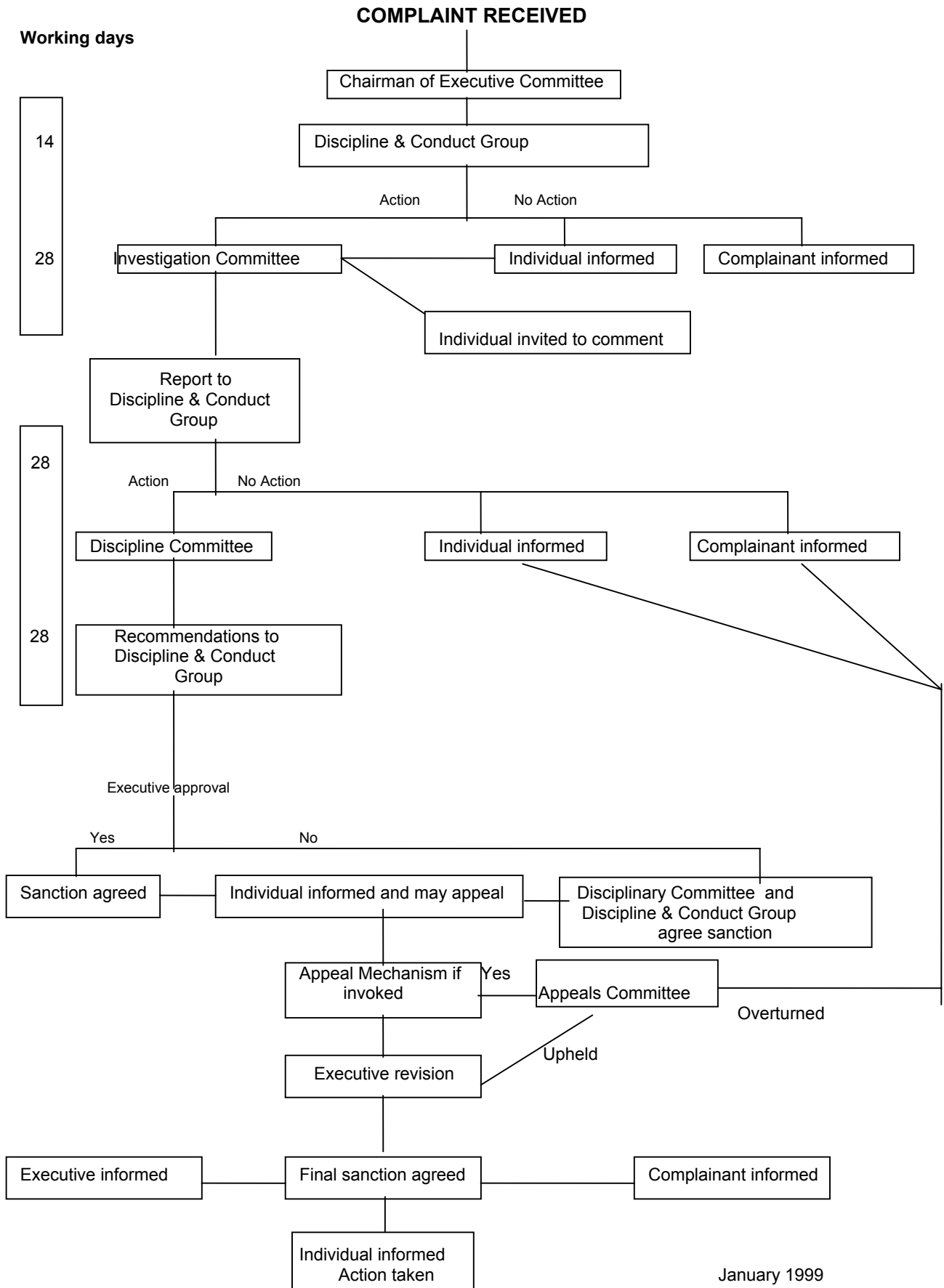
All individuals involved in a disciplinary procedure to maintain absolute confidentiality.

All correspondence will 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.

DISCIPLINARY MECHANISM

Appendix 1.



DISCIPLINARY MECHANISM