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Code of Practice of Hong Kong Speech Therapists Council

For the Guidance of Accredited Speech Therapists

(*N.B.* All Accredited Speech Therapists are advised to read carefully through this pamphlet and to acquaint themselves thoroughly with its contents, thereby avoiding the danger of inadvertently transgressing accepted codes of professional ethical behaviour which may lead to disciplinary action by the Speech Therapists Council.)

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A. PROFESSIONAL RESPONSIBILITIES TO CLIENTS

1. Speech therapists should understand the importance of and be able to maintain confidentiality of the clients.
2. Speech therapists should be aware of the limits of the concept of confidentiality.
3. Speech therapists should keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines.
4. Speech therapists should understand the principles of information governance and be aware of the safe and effective use of health and social care information.
5. Speech therapists should recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines.
6. Speech therapists should not disclose information about the clients, and/or caregivers, or the confidence they have shared, unless the clients, and/or caregivers consent to this; the law requires its disclosure; or there are compelling moral and ethical reasons for disclosure.
7. Speech therapists should establish and maintain a safe practice environment for both clients and those involved in their care.
8. Speech therapists should select appropriate personal protective equipment and use it correctly.
9. Speech therapists should establish safe environments for practice, which minimise risks to the clients, and/or caregivers and those treating them and others, including the use of hazard control and particularly infection control.
10. Speech therapists should ensure that the equipment used (e.g. speech instrumentation, electrical stimulation) is calibrated and in proper working order, and the resources (such as assessment tools and communication aids) are current, valid and culturally appropriate.
11. Speech therapists should assure the quality of their practice.
12. Speech therapists should engage in evidence-based practice, evaluate practice systematically and participate in audit procedures.
13. Speech therapists should gather information, including qualitative and quantitative data, that helps to evaluate the responses of the clients, and/or caregivers.

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14. Speech therapists should evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the clients.
15. Speech therapists should recognize the need to monitor and evaluate the quality of practice.
16. Speech therapists should work, where appropriate, in partnership with the clients, and/or caregivers, other professionals, support staff and others.
17. Speech therapists should understand the need to work in partnership with the clients, and/or caregivers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals.
18. Speech therapists should ensure that the clients receive appropriate referrals so as to enable them to receive comprehensive diagnosis and treatment.
19. Speech therapists should not use descriptive wording such as ‘Specialist’ etc. and reference to positions held, employment, honorary appointments, or experience and qualifications which are unregistrable or not acceptable to the Council, on signboards, stationery, visiting cards, letterheads, envelopes, notices, etc. Any accredited speech therapists who uses any title or description which may reasonably suggest that he or she possesses any professional status or qualifications, other than those which he or she in fact does possess will be guilty of unprofessional conduct. In general, the Council considers that any act or omission by an accredited speech therapists in connection with his or her practice which may mislead the public may be held to constitute unprofessional conduct.

B. CRIMINAL CONVICTION AND DISCIPLINARY PROCEEDINGS

1. Convictions punishable with imprisonment

1.1 Any conviction in Hong Kong or elsewhere of any offence punishable with imprisonment will lead to subsequent disciplinary proceedings, irrespective of whether a prison term is imposed or not.

1.2 A particularly serious view is likely to be taken if a speech therapist is convicted of criminal deception (e.g. obtaining money or goods by false pretences), forgery, fraud, theft, indecent behaviour or assault in the course of his professional duties or against his or her clients or colleagues.

2. Abuse of alcohol or drugs

2.1 Speech therapists should not treat clients or perform other professional duties while under the influence of alcohol or drugs to such an extent as to be unfit to

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maintain their professional performance.

3. Abuse of professional position in order to further an improper association or commit adultery

3.1 Speech therapists should not abuse their professional position in order to further an improper, immoral, or indecent association or to commit adultery with a person with whom they stand in a professional relationship may be subjected to disciplinary proceedings.

4. Abuse of professional confidence

4.1 Disciplinary proceedings may be taken where it is alleged that a speech therapist has improperly or carelessly disclosed information obtained in confidence from or about a client in the process of clinical investigation or treatment.

C. COMMUNICATION IN PROFESSIONAL PRACTICE

1. Speech therapists should not misrepresent their credentials, competence, education, experience, and training.
2. Speech therapists should communicate effectively by incorporating plain language and respectfully in a timely manner during the provision of clinical and professional services to their clients and/or caregivers.
3. Speech therapists should provide accurate information involving any aspects of the profession to the clients and/or caregivers.
4. Speech therapists should declare any conflicts of interest before prescribing a professional service or products to the clients, and/or caregivers, and the public.
5. Speech therapists should not misrepresent diagnostic information, service provided, outcomes of services provided, products dispense, the potential effects of products dispensed, as well as research and scholarly findings.
6. Speech therapists should bear the responsibility to advocate for the communication and swallowing needs of the public.
7. Speech therapists' statements to the public should be accurate and complete regarding the nature and management of communication disorders, the professions, the professional services, products for sale, and research and scholarly activities.

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8. Speech therapists' statements to the public should not deviate from the prevailing professional norms or contain misrepresentations when advertising, announcing, and promoting their professional services and products.
9. Speech therapists should document clearly, professionally, and in a timely manner in all forms of written communication.
10. Speech therapists should disseminate written reports, as appropriate, to relevant stakeholders respecting the requirements under the Personal Data (Privacy) Ordinance and clients' prescribed consent.

D. CANVASSING

1. Canvassing for the purpose of obtaining clients, whether direct or indirect, done personally or by servant, agent or others, or association with or employment by persons or organizations which canvass, may lead to disciplinary proceedings. Except in an emergency the Council does not consider it permissible for an accredited speech therapist to call upon or communicate with any person who is not already a client of his or her practice, with a view to providing advice or treatment unless expressly requested to do so by that person or by caregivers of that person. Moreover, the Council does not consider it permissible for an accredited speech therapist to canvass by means of the distribution of visiting cards other than as a result of a request for a card by an individual.
2. Association by speech therapists with nursing homes, medical benefit societies, insurance companies etc. which advertise clinical and diagnostic services but which allow a free choice of speech therapist does not violate the ethical code, but speech therapists are warned that association with any such institution, company etc. which advertises clinical or diagnostic services to the general public and which directs patients to particular speech therapists may be regarded as canvassing. This does not preclude any speech therapists or panel of speech therapists from being employed by an organization, company, school etc. which does not advertise clinical or diagnostic services provided that the names of such speech therapists are supplied only to bona fide employees, scholars and their families by the management.

E. FINANCIAL ARRANGEMENTS

1. Speech therapists should not share fees with any person who has not taken a commensurate part in the service for which the fees are charged is considered to be an unethical practice.
2. Speech therapists should not recommend and prescribe appliances, aids, substances, preparations or any other things associated with speech therapy which

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are unnecessary for the proper treatment of a client for the sake of financial interest.

F. INDEMNITY

1. Speech therapists should have appropriate indemnity cover for their practice.

G. MAINTENANCE OF PROFESSIONAL COMPETENCE

1. Speech therapists should practise as an autonomous professional, exercising their own professional judgement.
2. Speech therapists should be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem.
3. Speech therapists should be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning.
4. Speech therapists should recognise that they are personally responsible for and must be able to justify their decisions.
5. Speech therapists should provide services only if service users can reasonably expect to benefit from them.
6. Speech therapists should be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment.
7. Speech therapists should be able to analyze and critically evaluate the information collected.
8. Speech therapists should recognize the value of research and other evidence to inform their own practice.
9. Speech therapists should be able to use information and communication technologies appropriate to their practice.
10. Speech therapists should be able to recognise the influence of situational contexts on communicative functioning and swallowing status.
11. Speech therapists should understand the value of reflection on practice and the need to record the outcome of such reflection.

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12. Speech therapists should recognise the value of case conferences and other methods of review.
13. Speech therapists should contribute to the knowledge and expertise of our profession.
14. Speech therapists should understand the importance of continued participation in training, supervision and mentoring.
15. Speech therapists should share research and clinical practice knowledge with colleagues while maintaining client confidentiality.
16. Speech therapists should identify and seek to address critical issues in our profession by participating in discussion and constructive criticism within appropriate professional forums, including conferences and publications.
17. Speech therapists should participate in the clinical education and supervision of university and work experience students.
18. Speech therapists should create and maintain research opportunities and support research.
19. Speech therapists should provide opportunities for and support colleagues to develop their professional identity, integrity and ethical practice.

H. COVERING IMPROPER DELEGATION OF THERAPEUTIC DUTIES TO UNACCREDITED PERSONS

1. Speech therapists would be liable to disciplinary proceedings when they improperly delegate to a person who is not an accredited speech therapist duties or functions in connection with the therapeutic treatment of a client for whom the speech therapist is responsible or who assists such a person to treat clients as though that person was an accredited speech therapist.

I. DEPRECIATION OF OTHER SPEECH THERAPISTS

1. Speech therapists should not depreciate the professional skill, knowledge, services or qualifications of another speech therapist or other speech therapists. It may lead to disciplinary proceedings and should be carefully avoided in relation to a member of any other associated profession.

J. RELATIONSHIPS WITH THE MEDICAL AND OTHER PROFESSIONS

1. Speech therapists should work, where appropriate, in partnership with other professionals, support staff and others.

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2. Speech therapists should contribute effectively to work undertaken as part of a multi-disciplinary team.

3. Speech therapists should recognise the need to work with others includes health, social care and educational professionals.

K. CONCLUSION

It must be emphasized that the categories of misconduct described in this booklet cannot be regarded as exhaustive, since from time to time with changing circumstances, the Council's attention may be drawn to new forms of professional misconduct. Any abuse by a speech therapist of any of the privileges and opportunities afforded to him or her, or of any dereliction of professional duty or breach of professional ethics, may give rise to a charge of unprofessional conduct.