

# BAMT Guidance

## COVID-19 and HCPC Standards of Conduct, Performance and Ethics

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## Introduction

This guidance is for HCPC registered music therapists who are currently practicing (remotely or in-person) or have been redeployed to work elsewhere by their employers. It seeks to offer guidance on how the HCPC standards of conduct, performance and ethics can continue to be adhered to irrespective of how the therapist is currently working as well as the scope of practice for a Music Therapist who is redeployed by their employer.

This document will cover relevant points under each of the standards. Where standards are not impacted by the change in practice, these have not been included. These are standards 8. *Be open when things go wrong*, and 9. *Be honest and trustworthy*. This guidance does not replace or override any guidance that is released by the HCPC. The full HCPC Standards of conduct, performance and ethics, as well as associated documents on COVID-19 can be found [here](#). For more specific guidance that is outside of the remit of this document please refer to the BAMT Guidance for Music Therapists during the COVID-19 Outbreak, which can be found [here](#).

## **HCPC Standards of conduct, performance and ethics**

### **1. Promote and protect the interests of service users and carers.**

- 1.1 You must treat service users and carers as individuals, respecting their privacy and dignity.
- 1.2 You must work in partnership with service users and carers, involving them, where appropriate, in decisions about the care, treatment or other services to be provided.
- 1.3 You must encourage and help service users, where appropriate, to maintain their own health and well-being, and support them so they can make informed decisions.
- 1.4 You must make sure that you have consent from service users or other appropriate authority before you provide care, treatment or other services.
- 1.5 You must not discriminate against service users, carers or colleagues by allowing your personal views to affect your professional relationships or the care, treatment or other services that you provide.
- 1.6 You must challenge colleagues if you think that they have discriminated against, or are discriminating against, service users, carers and colleagues.
- 1.7 You must keep your relationships with service users and carers professional.

### Face to Face Sessions

Prior to the start of any face-to-face session therapists need to ensure that neither the therapist nor the client have any symptoms of Covid-19. This continues to protect the health of both parties. If a client is showing symptoms then the therapist has a duty to encourage them to share this with the relevant professional(s) involved in their network. If the client is deemed not to have capacity, or does not wish to share this information, then the therapist has a duty to report this by following the safeguarding procedures set out by their employer.

The therapist leading the session should re-contract (written or verbal) the boundaries of the session bearing in mind the current restrictions on operating. This will give the client the opportunity to give consent or to place sessions on hold. If consent is given then it can still be removed at any time.

If the therapist has symptoms or is diagnosed with Covid-19 then they should not be working and be self-isolating for at least seven days.

### Remote Sessions

Remote music therapy sessions may not be appropriate for every client. The therapist has a duty to consider all the implications of their client accessing music therapy via a remote means. Before deciding on any therapy arrangement the situation should be explored with the client or carer, if appropriate, including any re-contracting of boundaries that is necessary. Therapists should consider how a client can contact them if they are working 'out of office'. Online sessions should only be conducted if the therapist feels competent in facilitating a remote session and has deemed it safe and secure for both parties, as well as consent having been given by the client.

### Redeployed Away from Clinical Duties

If you are a therapist that has been redeployed to a non-clinical role, or a position within a different team, then it is your duty to ensure that you are aware of the relevant policies and procedures in order to promote and protect the interests of service users and their carers. These may be different ways of practising than you are used to in your normal role. These should be adhered to as long as they fall within the scope of practice (see standard 3).

## **2. Communicate appropriately and effectively**

- 2.1 You must be polite and considerate.
- 2.2 You must listen to service users and carers and take account of their needs and wishes.
- 2.3 You must give service users and carers the information they want or need, in a way they can understand.
- 2.4 You must make sure that, where possible, arrangements are made to meet service users' and carers' language and communication needs.
- 2.5 You must work in partnership with colleagues, sharing your skills, knowledge and experience where appropriate, for the benefit of service users and carers.
- 2.6 You must share relevant information, where appropriate, with colleagues involved in the care, treatment or other services provided to a service user.
- 2.7 You must use all forms of communication appropriately and responsibly, including social media and networking websites.

### Face to Face Sessions

Prior to any face-to-face session the therapist must give clients any information that they need regarding how sessions have changed in regard to COVID-19. This ensures that clients are able to make informed decisions surrounding consent for therapy to take place as well as ensuring that it is in their best interest.

Therapists who would normally practice face-to-face and are not practising online should, if appropriate, endeavour to contact the client in order to communicate that sessions are being postponed.

### Online Sessions

Prior to any online session the therapist must give clients any information that they need regarding how sessions have changed in regard to COVID-19. This ensures that clients are able to make informed decisions surrounding consent for therapy to take place as well as ensuring that it is in their best interest. Online therapy must be facilitated through a platform that is safe and secure and that the therapist feels competent to operate. Direct therapy must not be facilitated through a platform that is open access (such as live streams via YouTube, Facebook, Instagram or any other social media platform). Any platform that is used for therapy must be GDPR compliant.

### Redeployed Away from Clinical Duties

Therapists who have been redeployed away from their normal clinical duties should continue to share their skills, knowledge and experience within their redeployed area for the benefit of clients, their families, and staff.

### **3. Work within the limits of your knowledge and skills**

3.1 You must keep within your scope of practice by only practising in the areas you have appropriate knowledge, skills and experience for.

3.2 You must refer a service user to another practitioner if the care, treatment or other services they need are beyond your scope of practice.

3.3 You must keep your knowledge and skills up to date and relevant to your scope of practice through continuing professional development.

3.4 You must keep up to date with and follow the law, our guidance and other requirements relevant to your practice.

3.5 You must ask for feedback and use it to improve your practice.

### Face to Face Sessions

Any therapist continuing with face-to-face practice must ensure that they are following the latest guidance from the government and their employer (or contractor). It is the therapist's responsibility to ensure that their practice is in line with latest guidance.

### Online Sessions

Therapists must make sure that they have the appropriate skill level in order to facilitate sessions online. They must be competent in the technology prior to use. If a therapist does not deem themselves competent then they must complete any relevant continuing professional development prior to engaging in online therapy sessions. It is the therapist's duty to ensure that any software they are using complies with GDPR and if relevant their employer's internal policies.

### Redeployed Away from Clinical Duties

The response to this section has been taken from the full HCPC statement on scope of practice which can be found [here](#).

The unique challenges that COVID-19 presents means therapists may be asked to work in new roles. These might be outside of a therapist's traditional scope of practice. Due to pressure on services, clinicians may be asked to perform these

roles with limited training or supervision. To be able to respond to COVID-19, therapists must be willing to adapt their practice to the demands of the current climate. However, it is important this does not come at the cost of practicing safely and effectively.

The HCPC define scope of practice as the limit of the therapist's knowledge, skills and experience. Therapists must work within their scope of practice at all times. Determining what is and is not part of a therapist's scope of practice will be for the therapist to decide using their professional judgement. The HCPC standards of proficiency may inform the therapist's scope of practice, as well as their job description, employer policies and any guidance issued by BAMT.

Even if a role is outside of what might be traditionally expected, this does not mean that it cannot be done if the therapist has the required knowledge, skills and experience. What is key is ensuring that the therapist can perform a role safely and effectively.

If the therapist is currently on the COVID-19 temporary register, then their scope of practice must be in some way connected to COVID-19.

If a therapist moves into a new area or role, it is the therapist's employer's responsibility to provide them with appropriate training and/or support (such as supervision) to ensure they are still able to practice safely and effectively.

Therapists are expected to use their professional judgement to assess what is safe and effective practice in the context in which they are working during the pandemic.

If a therapist has concerns about the level of training or support they receive, they should raise this immediately with their employer. If they do not address the concerns, the therapist should seek advice from their professional body or union as soon as they can. If matters escalate, therapists can also speak to Public Concern at Work, the whistleblowing charity who provide advice to individuals with whistleblowing concerns at work.

HCPC and BAMT recommend the therapist keep a record of any engagement they have with others during the decision making process and the reasons for any decision(s) made. Should any concerns be raised about the therapist's practice, the HCPC will take account of:

- the circumstances and context the therapist was working in;
- any steps the therapist took to raise their concerns; and
- relevant resources, guidelines and protocols in place at the time.

## **4. Delegate Appropriately**

4.1 You must only delegate work to someone who has the knowledge, skills and experience needed to carry it out safely and effectively.

4.2 You must continue to provide appropriate supervision and support to those you delegate work to.

### Face to Face Sessions & Online Sessions

If a therapist is no longer delivering face-to-face sessions then BAMT recommend that, where appropriate, sessions are carried out online. Where this is not appropriate the employer should consider the role of the therapist in terms of providing other psychological support to the client, or their family, where they are qualified to do so. Only in exceptional circumstances, such as the therapist going on long-term leave or leaving the service, should a therapist delegate responsibility for their clients to another therapist.

It is imperative that a therapist continues to obtain supervision in line with HCPC requirements. It would be the recommendation of BAMT that face-to-face clinical supervision does not take place until government guidance on social distancing is relaxed. BAMT recommend the use of GDPR compliant online platforms in order to undertake and deliver supervision.

### Redeployed Away from Clinical Duties

It is imperative that a therapist continues to obtain supervision in line with HCPC requirements. If a clinician has been redeployed elsewhere then they should be given the appropriate supervision by their employer.

## **5. Respect Confidentiality**

5.1 You must treat information about service users as confidential.

5.2 You must only disclose confidential information if:

- you have permission;
- the law allows this;
- it is in the service user's best interests; or
- it is in the public interest, such as if it is necessary to protect public safety or prevent harm to other people.

## Face to Face Sessions & Online Sessions

Therapists should continue to follow the confidentiality policy laid out by their employer. If a client is showing symptoms then the therapist has a duty to encourage them to share this with the relevant professional(s) involved in their network. If the client is deemed not to have capacity, or does not wish to share this information, then the therapist has a duty to report this by following the safeguarding procedures set out by their employer.

## Redeployed Away from Clinical Duties

If a therapist has been redeployed by their employer then it is their responsibility to make sure that they are aware of any changes in the confidentiality policy for the new area that they are working in.

## **6. Manage Risk**

6.1 You must take all reasonable steps to reduce the risk of harm to service users, carers and colleagues as far as possible.

6.2 You must not do anything, or allow someone else to do anything, which could put the health or safety of a service user, carer or colleague at unacceptable risk.

6.3 You must make changes to how you practise, or stop practising, if your physical or mental health may affect your performance or judgement, or put others at risk for any other reason.

## Face to Face Sessions

Prior to any face-to-face contact therapists should ensure that either they or the client are not showing any symptoms of COVID-19. BAMT recommend that therapists carrying out face-to-face sessions use a limited supply of instruments that are disinfected after each client and left to dry after cleaning. Therapists and clients should not be using wind instruments due to the increased potential risk of infection. Where necessary therapists should wear appropriate PPE as instructed by their employers, in line with government and NHS guidelines.

If a therapist is not satisfied with the safety measurements being put in place by their employer they should discuss this with their employer and raise the matter formally and, if necessary, seek advice from their professional body or union as soon as they can. If matters escalate, therapists can also speak to Public Concern at Work, the whistleblowing charity who provides advice to individuals with whistleblowing concerns at work. This also includes situations where the therapist deems it not safe for them to currently practice face to face due to themselves being vulnerable, living with somebody who is in the vulnerable or shielding category, or appropriate adjustments not being made to cater for a therapist's physical or mental health.

## Online Sessions

Where therapy sessions are being conducted online BAMT would recommend, where appropriate, that the therapist has a check-in and check-out with a carer, parent or professional, working with the client at the start and end of the session. This will give the opportunity for any information sharing that is needed. If sessions are normally recorded, and this is an area that has been previously contracted with the client, then where possible the therapist should continue to record the sessions. Where it is not the norm for sessions to be recorded, BAMT would recommend that the therapist use their professional judgement to determine the appropriateness and the impact that recording the sessions could have on the therapeutic relationship both currently, as well as when sessions return to being face-to-face. Where sessions are to be recorded the therapist must ensure that the appropriate consent has been sought.

## Redeployed Away from Clinical Duties

Therapists should follow the guidance of their employer as to how risk is managed in their new work setting. If a therapist is not satisfied with the safety measurements being put in place by their employer they should seek advice from their professional body or union as soon as they can. If matters escalate, therapists can also speak to Public Concern at Work, the whistleblowing charity who provides advice to individuals with whistleblowing concerns at work. This also includes situations where the therapist deems it not safe for them to currently practice face to face due to themselves being vulnerable, living with somebody who is in the vulnerable or shielding category, or appropriate adjustments not being made to cater for a therapist's physical or mental health.

## **7. Report Concerns about Safety**

7.1 You must report any concerns about the safety or well-being of service users promptly and appropriately.

7.2 You must support and encourage others to report concerns and not prevent anyone from raising concerns.

7.3 You must take appropriate action if you have concerns about the safety or well-being of children or vulnerable adults.

7.4 You must make sure that the safety and well-being of service users always comes before any professional or other loyalties.

7.5 You must follow up concerns you have reported and, if necessary, escalate them.

7.6 You must acknowledge and act on concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so.

### All Therapists

Therapists, regardless of current practice area, should ensure that they are aware of the reporting procedure as set out by their employer, including any new procedures in place surrounding COVID-19 and changes in working practice.

## **8. Be open when things go wrong**

This standard has been deliberately omitted.

## **9. Be honest and trustworthy**

This standard has been deliberately omitted.

## **10. Keep records of your work**

10.1 You must keep full, clear, and accurate records for everyone you care for, treat, or provide other services to.

10.2 You must complete all records promptly and as soon as possible after providing care, treatment or other services.

10.3 You must keep records secure by protecting them from loss, damage or inappropriate access.

### Face to Face & Online Sessions

Therapists should continue to abide by their employer's information recording procedure during this time. If it is not possible to record clinical notes via the normal means then paper, or digital notes should be taken and stored securely in line with HCPC guidance until they can be stored or uploaded to the normal system. At this point the original notes should be destroyed.

### Redeployed Away from Clinical Duties

Therapists should ensure that they follow the recording guidelines as outlined by their employer.

BAMT is aware that many changes are occurring frequently during the pandemic which affect many of us both professionally and personally – if your concerns are not addressed within this guidance or you have any queries/comments please contact [Chair@BAMT.org](mailto:Chair@BAMT.org) and we will aim to be as supportive as possible.