



WLCSP Newsletter

SEPTEMBER 2014

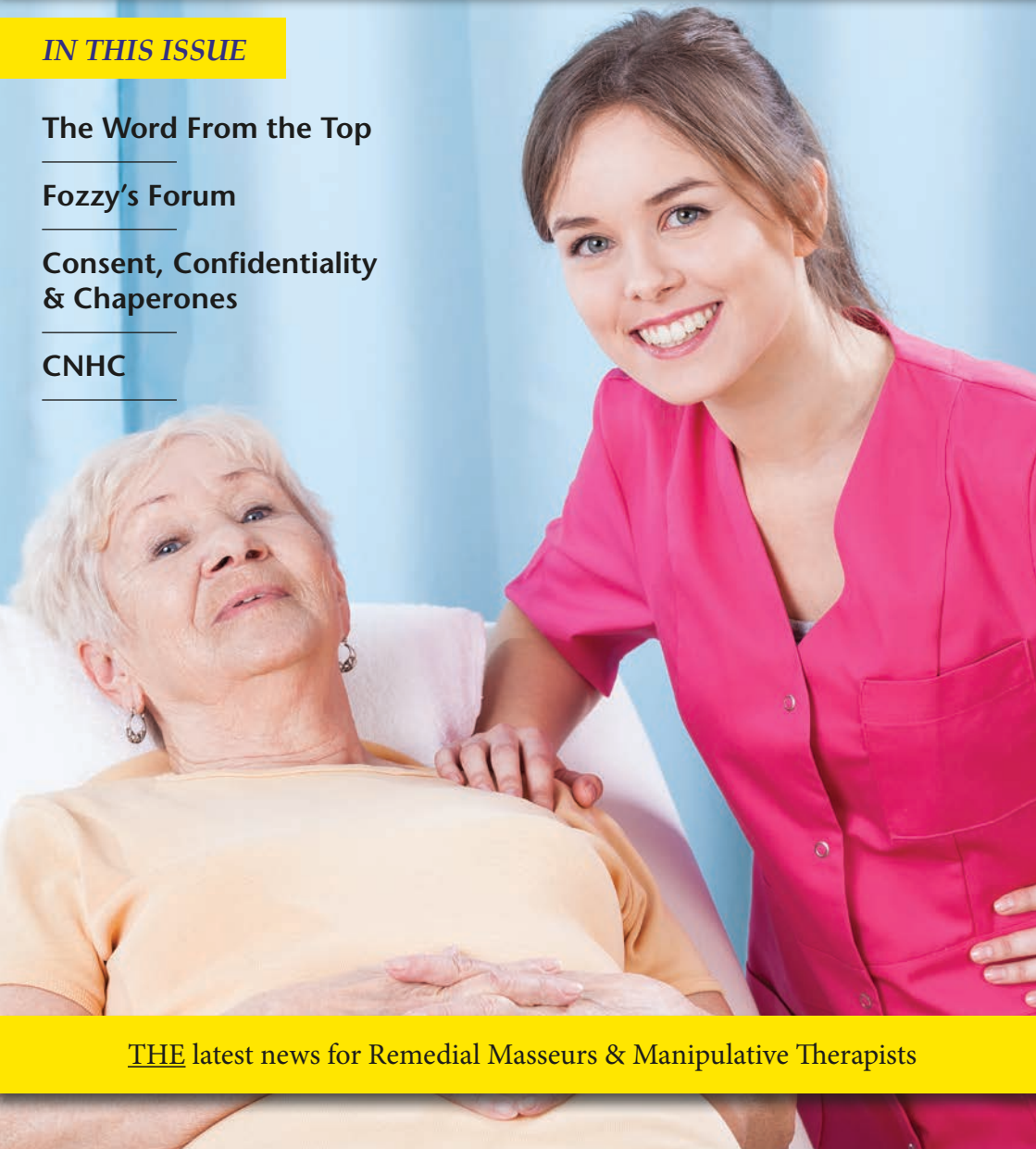
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CNHC



THE latest news for Remedial Masseurs & Manipulative Therapists

The word from the top

Sometimes it is difficult to say what one wants to say for a variety of reasons; because it conflicts with the views of others, risks upsetting senior members of the profession, exposes one to being accused of trying to destroy the very essence of the philosophy of the LCSP. Furthermore, and a view with which I have much personal sympathy, is that the whole world seems to be forever going on about change, as though change is associated automatically with somehow improving service quality. It does not and the considerable damage done to the NHS by Andrew Lansley's reforms must absolutely prove that change can be desperately destructive. However, not all change is bad and sometimes it is forced upon us by external events completely outside our control.

I know that some members feel that the traditional homely approach to the manipulative therapies is being progressively destroyed by the gargantuan machine which is so-called modern healthcare, requiring ever increasing work with cost savings and more and more efficient operation. This seems so much in conflict with the idea of a patient, who has over the years probably become a friend, visiting for simple musculo-skeletal treatment in a relaxed non-technical environment for an (often) relatively modest fee.

Is it possible to retain this gentler form of care in today's increasing aggressive style of healthcare? Well, I think it is for those who want to retain that approach. I realise that the rather small membership of the LCSP does limit ways in which things can be developed. However, perhaps the first thing to do is to look at the other practitioners of manual therapies in your area. Are there any others with whom you could form any sort of liaison for educational or support purposes. Loneliness and isolation are the most damaging factors for any practitioner. Having someone with whom to discuss issues may assist with education, financial management, patient problems and other challenges of service provision. Perhaps working with a physiotherapist or an osteopath might help to meet the expectations posed by work and osteopathy and physiotherapy are more geared to things such as continuing professional development than the manual therapists are. Start simple! Meet for a coffee and a chat; see if the person you have contacted feels isolated too. In London there may be several LCSP members in close proximity, and in some practices, members work alongside osteopaths, physiotherapists, chiropractors and others. However in the rural parts of the UK another LCSP colleague may be a very long way away. A fellow clinician, even with a different emphasis, may be very valuable. Remember that, in medical practice, similar meetings involve doctors, nurses, community staff, midwives and others where the diversity is much more dramatic.

Perhaps such a solution sounds too radical but, as the challenges develop, we all need as many allies as we can get. The LCSP office is always there for support but it may be too far away and a friend nearby, even in another discipline, may make all the difference.

Dr. Paul Lambden

President



Fozzy's Forum

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ico. Information Commissioners Office

it is quite likely that many members will not even have heard of this organisation, however it is part of the Data Protection Act and the greater likelihood is that you would need to register with them.

Essentially if you process any clients' personal information in any automated form then you would need to be registered.

If you do not process any records electronically, then you would not need to register with the ICO. However, you would still have to comply with the requirements of the Data Protection Act 1998 (DPA). Realistically it is most unlikely that practitioners now run their business solely using manual records. At the very least therapists will use word processing packages and e-mail to correspond with patients, clients and others and these activities then make you liable to register with the ICO.

The registering process is not especially arduous and the annual fee for the majority is £35.

The simplest way to register is to complete the online registration form on the ICO's website or there is a notification helpline on 01625 545740

The LCSP Register itself is registered as we naturally process data on our members and likewise I have registered my own treatment clinics as although I maintain paper treatment records naturally enough we communicate and process some data electronically.

It is also worth mentioning that for therapists who work in the insurance sectors it is becoming more common that the instructing parties request the ICO registration number for the treating therapist to be included in the reports.

Details can be sourced from the Information Commissioner's Office at www.ico.org.uk

Regional Meeting: The next and most likely last opportunity to participate in a Regional meeting will be on Friday 17th October at the Holiday Inn, Ipswich Road, Norwich at 7.00pm.

Why is this going to be the last, well as you might expect it is simply because you the members do not support these in sufficient numbers and they cost the Register a considerable amount to facilitate. It is a great shame as we are very aware that the members who do attend get so much from them on very many levels. The Board have continued with these meetings for many years now and have covered Eire, Scotland, Wales and of course England and despite advance notifications, personal contacts and mail shots the attendance continues to disappoint and make the meetings non viable. As to the future, well if you have ideas, suggestions then let me know.

For those who wish to attend in October, please let the office know so that we can again provide free catering for you and produce CPD certification.

Consent, Confidentiality & Chaperones

Our esteemed secretary has asked me to give some tips on the above topics. Everyone should know everything about all three and yet, time and again, members trip over them, so below there are some main headings which all of you will know, or will remember when prompted. Please simply treat them as an aide memoire. E-mail me if you need more advice.

CONSENT

1. Patients have a right to give or to withhold consent
2. Treat a patient without valid consent and you risk allegations of assault or negligence
3. Consent may be written or verbal but must be valid
4. Valid means imparting information on benefits, disadvantages, risks and alternatives
5. Consent is a process, not an event. It must be renewed at each appointment
6. A patient lacks capacity if they he or she cannot meet conditions in point 4.
7. The Mental Capacity Act (2005) makes provision for Lasting Power of Attorney (Health)
8. In the absence of an LPA (Health), you should act in the patient's best interests
9. Children over 16 can consent to treatment
10. Children under 16 may be able to consent (see the Gillick ruling and Frazer guidelines)

CONFIDENTIALITY

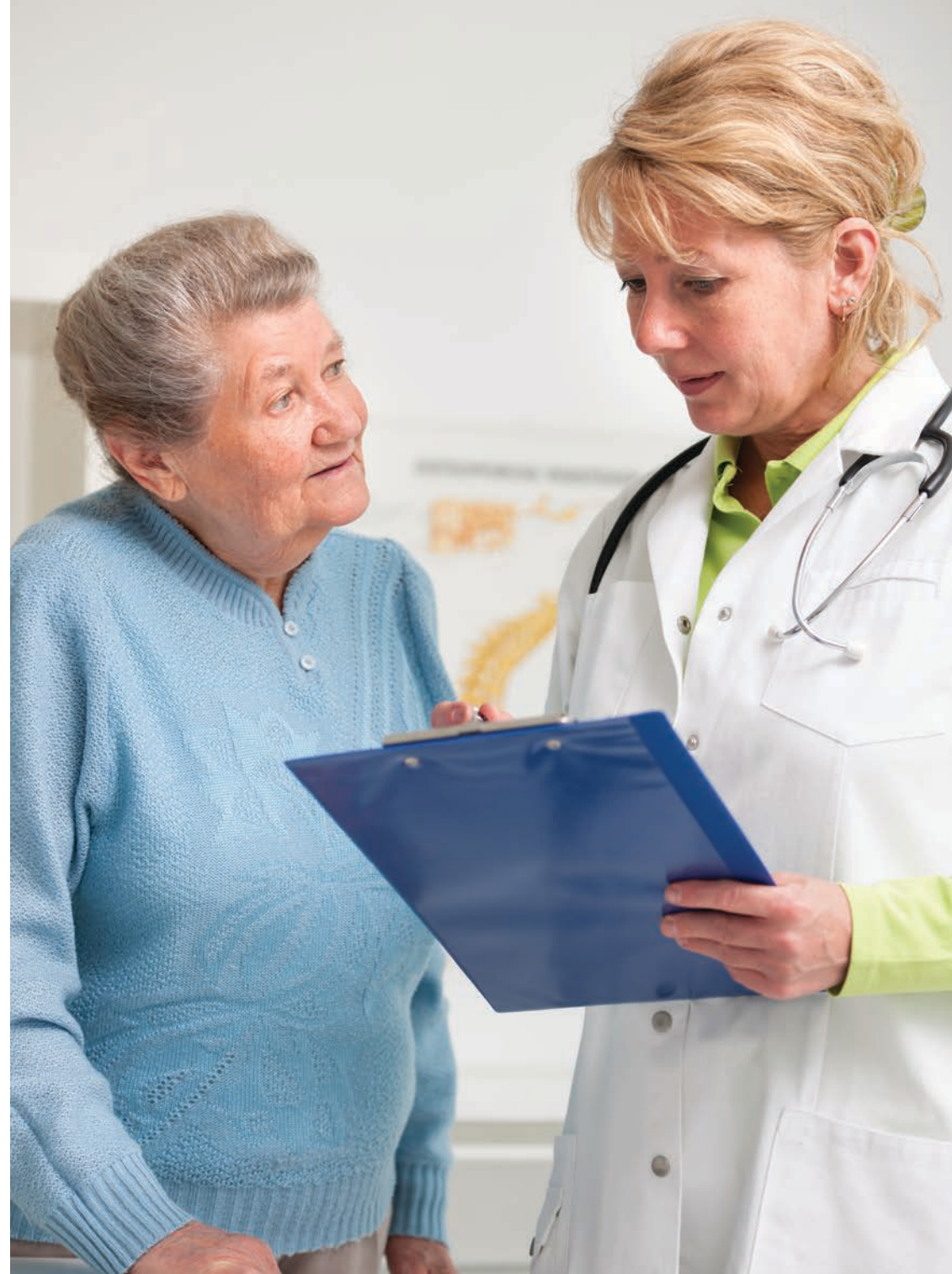
1. We all expect information about ourselves to be kept confidential
2. Patients may not release information if they fear a breach of confidentiality
3. Take care to avoid gossip, inadvertent breach, or deliberate breaches to family/friends
4. In certain circumstances confidentiality can be breached in Justified Disclosure such as in
 - a. Where there is a legal or statutory requirement
 - b. When ordered to do so by a court
 - c. In the public interest to avoid harm or where social duty overrides confidentiality
5. Do not breach confidentiality to a police officer without a warrant, solicitor or insurer
6. In all circumstances other than justified disclosure always get patient consent to release

CHAPERONES

1. Chaperones are required for clinician safety and patient reassurance
2. Think chaperone when clothes removed, patient of opposite sex or feeling vulnerable
3. A patient may decline a chaperone for examination or treatment
4. A clinician can decline to treat a patient about whom he or she feels uncomfortable
5. A chaperone may be a staff member or a friend relative or carer of the patient
6. In small practices, availability of chaperones is clearly a problem
7. Allegations of inappropriate behaviour do arise, often unexpectedly
8. Always offer a chaperone but always decline a refusal to have one
9. If a chaperone is used record the name of the person present
10. If you think you never need a chaperone, remember those members who have got caught out!

You see, I told you it was all revision!!!

Paul Lambden





**Complementary & Natural
Healthcare Council**



CNHC's new Code of Conduct provides national framework for practitioner standards

CNHC's public protection role is enhanced

As readers will know, since 2009 practitioners have been able to register with the Complementary and Natural Healthcare Council (CNHC) – the UK voluntary regulator set up with government support. CNHC's role is to enhance public protection and as such it differs from professional associations across the sector.

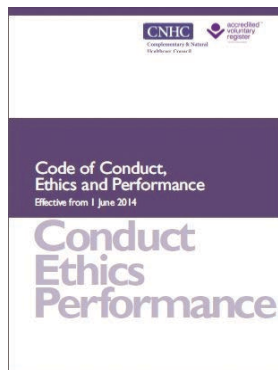


In 2013 CNHC was also approved as the holder of an Accredited Voluntary Register (AVR). CNHC registered practitioners can use the quality mark (left) to demonstrate that they have met national standards and are on the accredited register.

CNHC's new Code seen as benchmark on standards

All practitioners on CNHC's register sign up to its Code of Conduct, Ethics and Performance both at initial registration and again at annual renewal.

The original Code was based on the Health Professions Council's Code (ealtHeaHPC as was, now HCPC) and had been in force since 2008. This year, following a public consultation and review, CNHC published a revised Code of Conduct, Ethics and Performance and this came into effect on 1 June 2014.



What's significant about the new Code is that it provides in-depth guidance on how to comply with the standards as well as links to relevant legislation. A number of associations are considering adopting it as their own and it is likely that more will do so over time.

CNHC's new Code supports professional practice

There are many things that contribute to working as a professional practitioner. Your training, your insurance, the fact that you keep up to date with current practice and that you belong to LCSP. Your behaviours, attitudes, values and day to day interactions with your clients, colleagues and the public also play a key role.

Much of this you will already know – what's different about CNHC's Code is that it is designed to support practitioners with meeting the nationally recognised professional standards which are expected of any healthcare professional: "If practitioners meet the requirements set out in the Code they will deliver a standard of care that will promote client health and wellbeing and protect clients from harm." (CNHC Code of Conduct, Ethics and Performance: Introduction, page 5).

What's in the Code?

The new Code includes six key standards that all CNHC registrants must meet. They state that as a CNHC registrant you must:

- A. Respect clients' dignity, individuality and privacy.
- B. Respect clients' rights to be involved in decisions about their care.
- C. Justify public trust and confidence by being honest and trustworthy.
- D. Provide a good standard of practice and care.
- E. Protect clients and colleagues from risk of harm.
- F. Co-operate with colleagues from your own and other professions.

There are also a number of standards of performance that relate to practice arrangements, assessing the health and health needs of the client, and the provision of care.

The Code provides details about what is required under each heading as well as the relevant guidance and useful information.

What does it mean to LCSP members?

LCSP members who are registered with CNHC will have received a hard copy of the new Code in the post and all new registrants receive a hard copy. Practitioners not registered with CNHC can also find out more about the Code by seeing a copy on CNHC's website www.cnhc.org.uk then check under Publications for the **CNHC Code of Conduct for Registrants**.











LCSP Secretary Steve Foster commented: *"The LCSP Council supports the use of CNHC's Code and strongly encourages all members to become familiar with it."*

LCSP member Cathy Harland is a CNHC registrant who has taken on the role of CNHC 'Local Champion' to raise awareness of CNHC in her local area. Cathy, who is based in Whitby, says: *"Being a CNHC Local Champion has made me realise there are unqualified and unscrupulous people just wanting to exploit the public for their gain. I would like to see all practitioners register with CNHC and adopt the Code. The public have no idea about who can and who can't practise."*

She continued: *"I have been a massage therapist for 23 years and the hardest thing I have had to do is convert GPs and nurses to understand that my treatments do work and they are not a pamper treatment. Having the CNHC quality mark as well my LCSP membership has made a big difference to me. My customers are looking for CNHC's quality mark when they use another therapist and I now receive GP referrals on a regular basis."*

To find out more about CNHC and CNHC registration visit: www.cnhc.org.uk or call 020 7653 1971

CNHC has been approved by the Professional Standards Authority for Health and Social Care as the holder of an Accredited Voluntary Register (AVR).

Date	Venue	Course Info	Cost:	Provided by:
11th - 13th October 2014	Britannia Hotel, Leeds, LS16 9JJ	Advanced Training for Hendrickson Method Practitioners for Lower Quadrant	£390 for three days	 flexible healing TRAINING FOR BODYWORK PROFESSIONALS
17th October 2014	Holiday Inn, Ipswich Road, Norwich, NR4 6EP	LCSP Regional Meeting	FREE	 LCSP Register
18th October 2014	The Poplars, Laxfield Road, Stradbroke, Suffolk, IP21 5HX	Energy Awareness Workshop - Introductory Level	£15 per session	 Kinesiology Federation
19th October 2014	Unit 3, Hawthorne Business Park, Lincoln Way, Clitheroe, BB7 1PL	Bikefit Package (3 step integrated package)	£120 for one day	 NJD Sports Injury Clinic
24th - 25th October 2014	The Poplars, Laxfield Road, Stradbroke, Suffolk, IP21 5HX	Touch for Health 2 - IKC (pre-requisite TFH10)	£195.00 for two days	 Kinesiology Federation
1st November 2014	Britannia Hotel, Leeds, LS16 9JJ	Muscle Energy Techniques (METs) for Lower Quadrant	£120 for one day	 flexible healing TRAINING FOR BODYWORK PROFESSIONALS
15th November 2014	Unit 3, Hawthorne Business Park, Lincoln Way, Clitheroe, BB7 1PL	Treating LBP (using a multifactorial approach)	£120 for one day	 NJD Sports Injury Clinic
8th March 2015	Unit 3, Hawthorne Business Park, Lincoln Way, Clitheroe, BB7 1PL	Therapeutic Ultrasound (using a multifactorial approach)	£120 for one day	 NJD Sports Injury Clinic
21st March 2015	Leeds Pilate Place, Chantry House, Victoria Road, Leeds, LS5	Lower Crossed Syndrome	£150 for one day	 flexible healing TRAINING FOR BODYWORK PROFESSIONALS
11th April 2015	Unit 3, Hawthorne Business Park, Lincoln Way, Clitheroe, BB7 1PL	Bikefit Package (3 step integrated package)	£120 for one day	 NJD Sports Injury Clinic

For more information or to book, please contact the course provider on the details below:



Presented by: Rachel Lead – Qualified TFH Instructor with the International Kinesiology College

Bookings and Cheques to "Rachel Lead", Poplars, Laxfield Road, Stradbroke, Suffolk, IP21 5HX

If you need more information on any of our workshops, please contact us by:

Tel: 01379 388031 or 07733 105752

Email: rachelpbck@gmail.com

Web: www.ikc-info.org

Presented by: Nicholas Dinsdale BSc (Hons), MSc Sports Injuries & **Nicola Dinsdale** BSc (Hons), MSc Sports Injury Rehab (ongoing)

Bookings and Cheques to "Nicholas Dinsdale" Unit 3, Hawthorne Business Park, Lincoln Way, Clitheroe, Lancashire, BB7 1QD

If you need more information on any of our workshops, please contact us by:

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Web: www.njdsportsinjuries.co.uk

Presented by Sue Bennett FLCSP (Phys)

Bookings and cheques made payable to "Flexible Healing" 45 St David's Road, Otley, West Yorkshire, LS21 2AW. Or alternatively book and pay online

If you need more information on any of our workshops, please contact us by:

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