

iOH Members' Code of Practice

Introduction

As a non-regulatory Organisation, iOH offers guidelines to its membership in the key areas of conduct, performance, ethics and probity.

iOH's offers each member the opportunity to display within its contracts with its clients' reference to the fact that it follows the iOH Code of Practice Guidelines.

1. Equality

iOH and its members agree to comply with Chapter 3 of the Equality Act on 'Equality of Terms'.

As a 'Membership Association' and Trade organisation, iOH will not discriminate against a person requesting membership or a person requiring service or services. Concession memberships are available to increase our inclusivity and facilitate access to our membership resources.

iOH recognises that the organisation and many of its members are 'service providers' under S29 of the Equality Act 2010 (EA) and members are expected to act and operate under the provisions of this section. Guidance can be found here: <https://www.legislation.gov.uk/ukpga/2010/15/notes/contents>.

As employers, iOH and its members agree to comply with the requirements of the Equality Act, in particular Chapter 1.

2. Data Protection

The General Data Protection Regulations (GDPR) apply to information held about individuals 'personal data'. A guide to data protection officers can be found here: <https://ico.org.uk/for-organisations/guide-to-data-protection/>. This provides the individual the right to access personal information from the OH provider, subject to a qualifying subject access request (SAR). iOH members should be expected to comply fully with the requirements of the GDPR and charge appropriately for any SAR. All employee data shall be stored to the highest possible standards, both physical and electronic.

3. Conduct & Standards

iOH expects all members to conduct themselves with honesty and integrity and to ensure that such conduct does not damage the public's confidence in iOH and their profession. iOH members should not become involved in behaviours or activities likely to damage the public's confidence and should treat fellow iOH members accordingly.

Matters of clinical professional conduct are regulated by the appropriate medical bodies, including and not exclusive to:

- Nursing & Midwifery Council (NMC)
- Health & Care Professions Council (HCPC)
- General Medical Council (GMC)
- ACPOHE and Royal College of Occupational Therapy (RCOT)
- British Occupational Hygiene Society (BOHS)
- Chartered Institute of Ergonomics and Human Factors (CIEHF)

Any advertising in relation to professional activities should be accurate, should not be misleading, false, unfair or exaggerated. iOH members should not claim that their skills, equipment or facilities are better than their peers unless they can demonstrate that this is true.

In particular, written or verbal disparagement of colleagues or competitors and in particular other iOH members or their staff would not be regarded as acceptable conduct by a iOH member, and likely to bring the industry into disrepute.

iOH members should subcontract tasks to other persons or organisations only when they can substantiate that the knowledge, skills and experience of the subcontractor is sufficient to carry out the task safely, and effectively. Contractors should not be asked to perform work outside their scope of practice. Unless otherwise stated in the contract for services, iOH members may still be responsible for the output from subcontractors, and should ensure that the subcontractor works safely and effectively as if it were complying with iOH's Code of Practice itself.

Members should ensure that suitable employment checks are in place to protect clients and are encouraged to follow the NHS guidance on Employment Check Standards (<https://www.nhsemployers.org/your-workforce/recruit/employment-checks>). All key administration and clinical staff should be appropriately Disclosure & Barring Service (DBS) formerly Criminal Records Bureau (CRB) checked. Continuing Professional Development (CPD) should be implemented and monitored to ensure that key skill sets are maintained and relevant.

4. Confidentiality

Occupational Health matters commonly involve the management and processing of sensitive medical data. Statutory instruments govern such matters, and members are expected to adhere to the Information Commissioner's Office guide to General Data Protection Regulation. <https://ico.org.uk/for-organisations/guide-to-data-protection/>

In the case of medical reports, members are expected to follow the Access to Medical Reports Act 1988 and should ensure that all personal data is treated in strict medical confidence, and only passed on to employer or other party with the individual's (patient or employee) express consent. The only exception to this is if information is received which is considered to pose a significant risk to health of an employee or the public in general, and obligations to disclose to the relevant authority (e.g. Multi-agency safeguarding hub (MASH), Police, GP) in such matters overtakes the responsibility to the individual employee.

5. Consent

Occupational Health is concerned with the provision of professional advice and guidance to enable employers to support and manage employees with health conditions affecting or affected by their work.

Members are expected to follow the Access to Medical Reports Act (AMRA) 1988 and to gain consent to applications for medical reports for employment or insurance purposes. Members are expected to obtain employee written or documented verbal consent to disclose reports to employers.

The individual employee is entitled to sight of the report (whether it be from a doctor or nurse, psychologist or similar) prior or simultaneously to the employer, but save for factual inaccuracy, the employee is not entitled to edit or demand changes to the OH report. This is in contrast to patient rights in relation to GP/consultant reporting.

All reports should clearly address:

- Description of a physical or mental impairment and how the impairment affects or is affected by work. Diagnosis should only be disclosed with the clear consent of the individual or where the condition is already in the public domain;
- Identification of disadvantages arising from this impairment that affect the individual and whether the impairment has a substantial and long-term adverse effect on the individual's ability to carry out normal day-to-day activities;
- Steps for the employer to consider in order to avoid the disadvantage, including identification of adjustments or adaptations that would require the avoidance, alteration or removal of a task or physical feature of the work;
- Identification of an auxiliary aid, e.g. an ergonomic handle, where the practitioner feels competent and qualified to make that recommendation or onward referral / escalation to a specialist assessor including funded services, e.g. Access to Work;
- Fitness for work and all matters affecting such, including psychosocial factors.

In circumstances where the clinician believes the content of their report is very likely to cause the individual employee significant distress, the clinician is within their rights to decline to provide the employee with a copy of the report, and in those circumstances a copy would normally be sent directly to the GP for onward clinical management.

6. Personal Conduct & Responsibility

iOH recognises that poor conduct even outside professional life may still affect public perception and confidence in the profession. Consequently, each iOH member and key operational and clinical staff member should inform iOH if at any time they are convicted of a criminal offence or have accepted a police caution. Clients should be made aware of these events, as should regulatory bodies.

At annual renewal, each iOH member should disclose if any key operational or clinical member of staff has been convicted or cautioned in relation to any one of the following types of behaviour:

- violence or threat of violence
- offences involving dishonesty or probity
- offences receiving a prison sentence or community service order
- sexual misconduct including offences in relation to pornography
- abuse (domestic or otherwise)
- supplying or use of illegal drugs, or alcohol dependency

This is by no means a full list; iOH will look at each declaration on its own merits and recommend accordingly.

7. Complaints

iOH members shall have and display within their contracts with clients a clear, unambiguous and straightforward process for receiving, investigating and adjudicating upon complaints. The process should include the "Right of Appeal", and in the event of dispute, should nominate an adjudicator whose recommendations shall be binding on both parties.