

SMA CODE OF PRACTICE, ETHICS AND PROFICIENCY

Introduction

The Sports Massage Association have adopted the General Council for Massage Therapy's (GCMT) Code of Practice, Ethics and Proficiency. We thank the Governing Body for their cooperation.

The GCMT is a voluntary organisation, responsible for representing Professional Associations (PAs) across soft tissue and bodywork therapy domains. The GCMT works to ensure that Professional Associations maintain standards and safeguard practice amongst members.

To become a member of the GCMT, Professional Associations, of which the SMA is one, need to demonstrate that they meet stringent measures and have policy and practices in place to ensure that their members are competent, proficient and qualified to practise the therapies they claim to have trained in.

This Code of Practice, Ethics and Proficiency (referred to hereafter as the Code), has been developed to ensure that GCMT members exercise parity in practice decisions and that members of PAs have a common set of standards that govern their professional working practices. The Code is aligned with CNHC's Code of Conduct, Ethics and Performance (Updated June 2018) and uses the same parameters to ensure that ethical standards are protected.

It is expected that all GCMT member organisations will adopt this Code and use it as the key instrument to ensure the protection of standards and management of breaches within professional conduct. Where PAs feel the need to refine the wording and or change the phrasing of items within the code, it will be necessary for all such changes to be submitted to the GCMT for review and consideration.

PAs accepted to the GCMT must:

- Act in keeping with the spirit as well as the specific wording of this Code
- Maintain and update their members' knowledge and skills by encouraging and promoting CPD activities every year.
- Co-operate if they are asked to present or provide information that the GCMT requires to perform its function.

Purpose of the Code

The Code sets out for clients/patients the quality of care they are entitled to receive from members of the Sports Massage Association (SMA). For individual members of the SMA, the Code sets out the standards they will be measured against if the SMA or the GCMT receive complaints about members or the PA in general.

The standards described in the Code apply to both the SMA and the Association's members whatever:

- Their employment status, i.e. private practice, or employed (including locum work)
- The setting in which they practise



By ascribing to the Code the SMA are accountable for ensuring that their members act in accordance with the Code and are able to explain and justify decisions when asked to do so. The GCMT and its collective members have a duty to protect the health and wellbeing of all clients/patients.

To do this we/they must engage in “Evidence-Based Practice”. This includes, but is not limited, to:

- Best available research evidence
- Clinical expertise
- Patient values

(Cited in the CNHC Code, taken from Sackett D, et.al., Evidence Based Medicine: How to Practise and Teach “EBM”, 2000).

The SMA must ensure that their members keep to the following principles. They must:

- Respect clients’/patients’ dignity, individuality and privacy
- Respect clients’/patients’ rights to be involved in decisions about their care
- Justify public trust and confidence by being honest and trustworthy
- Provide a good and appropriate standard of practice and care
- Protect clients/patients and colleagues from risk and harm
- Co-operate and potentially collaborate with colleagues from their own and other professions.

The Code aims to be a resource for PAs and their members, irrespective of the context in which they practise and operate.

The law does not define or dictate the scope of practice for complementary and soft tissue therapists. Nor is it the purpose of this Code to do so. By meeting the requirements of the Code the SMA and its members will safeguard standards and deliver a standard of care that will promote client/patient health and wellbeing and protect clients/patients from harm.

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(n.b. Bracketed sections indicate the relevant alignment with the CNHC Code)

Professional Conduct (D1-2, E1-8)

The SMA and its members must:

- 1.1. Represent their qualifications honestly, including their educational achievements and professional affiliations and will provide only those services they are qualified to perform.
- 1.2. Be aware of cautions and contraindications for massage and bodywork and refrain from treatment where appropriate.
- 1.3. Acknowledge the limitations of their practices and refer clients/patients/users on to the appropriate health professionals when necessary.

- 1.3.1. Act in the clients'/patients' best interests when assessing them, making referrals, or providing or arranging care.
- 1.3.2. Refrain from asking or accepting any inducement, gift or hospitality which may affect, or be seen to affect, the way you treat or refer clients.
- 1.3.3 Not offer such inducements to colleagues.
- 1.4. Provide treatment only where there is reasonable expectation that it will be advantageous to the client/patient/user.
- 1.5. Consistently maintain and improve their professional knowledge, developing a portfolio of education which meets the requirements of their professional organisation.
- 1.6. Conduct their business and professional activities with honesty, integrity, and respect the views and beliefs of their clients/patients/users in regard to gender, ethnic origins, cultural background, sexuality, lifestyle, age and social status.
- 1.7. Refrain from unjust discrimination against or criticism of clients or other healthcare professionals. They must seek to maintain good relationships and co-operate with other health care professionals.
- 1.8. Ensure that clients/patients/users have an understanding about what is involved in their treatment and that voluntary informed consent is obtained either verbally or in a written form prior to treatment commencing or during treatment.
- 1.9. Respect the client/practitioner relationship, the confidentiality of the client and endeavour to foster and maintain trust at all times.
- 1.10. Respect the client's right to refuse or terminate treatment at any time, regardless of prior consent given.
- 1.11. Members may exercise the right to refuse treatment to any person, or part of the body, for just and reasonable cause.
- 1.12. Respect the client's/patient's/user's right to confidentiality.
- 1.13. Any SMA member undertaking research must adhere to the Code of Ethics and Standards laid down by the GCMT Education Research Committee.

The Practice Environment

- 2.1. Members should be sensitive to a client's/patient's/user's modesty at all times, provide appropriate draping and treat in a way that ensures the client's/patient's/user's comfort and privacy. Also, to be sensitive to any special needs e.g. language difficulties, disability or if they wish a companion to be present.
- 2.2. Physical examinations or treatments of children under the age of 16 must be in the presence of a parent or guardian unless written assent has been given.

- 2.3. Where a client is already receiving medical treatment for their presenting condition, treatment should not be commenced without prior consent from the respective practitioner.
- 2.4. Members should provide information when requested in accordance with GDPR guidelines to other health professionals.
- 2.5. Members should report all notifiable disease states according to applicable laws.
- 2.6. Members should ensure, by means of continuous update of information and training, they maintain a level of competence consistent with the highest standards of the profession.
- 2.7. Members should maintain a portfolio of continuing professional development.
- 2.8. Members should abstain from any claim or statement misrepresenting the therapeutic benefits of massage and bodywork.
- 2.10. A practitioner/therapist should at all times maintain the correct appearance, behaviour and conduct expected of a professional person. Any abuse of alcohol, drugs, or good order is deemed to be a serious offence against this Code. A practitioner should not practise if illness, physical or mental, affects their practice.
- 2.11. A Member of the SMA may not:
 - Address or refer to an assistant as “Nurse” unless the person referred to holds a nursing qualification in the country in which the practitioner is operating a clinic.
 - Call himself/herself “Doctor” unless they hold a recognized medical qualification in the country in which the Member is practicing or use titles that do not reflect qualifications or are statutory regulated such as: Sports Massage Therapist, Physiotherapist, Sports Therapist, Osteopath, Chiropractor, Bowen Therapist, Sports Rehabilitator
 - Undertake to attend women in childbirth or treat them 10 days thereafter without permission from the healthcare professional unless they hold an appropriate qualification in midwifery or have specialized and have proof of competency in pregnancy and labour massage.
 - Knowingly apply massage therapy to a person who is already receiving similar medical treatment for the same condition without the respective practitioner’s consent.
 - Carry out any massage on a client/patient/user who has already received similar treatment for the same condition from another practitioner unless the client has, of his/her own volition, decided to abandon the original practitioner’s treatment.
 - Treat animals without express permission from a veterinary surgeon and without appropriate qualifications.

Records and Data Protection (A7-A10)

The SMA and its members must comply with all applicable Data Protection laws.

- 3.1. The General Data Protection Regulation 2016 and the Data Protection Act 2018 set out the requirements for handling and processing personal data and ‘special category’ data. (*Special category data used to be known as ‘sensitive personal data’*)
- 3.2. Personal data is any data that relates to an individual who can be directly or indirectly identified, in particular by referring to an ‘identifier’ (for example, a name or identification number). Special category data includes information about racial or ethnic origin, political opinions, religious or philosophical beliefs, membership of a trade union, physical or mental

health condition, sexual life or sexual orientation, and genetic and biometric data processed for the purpose of identifying a person. Personal data that relates to criminal convictions and offences is no longer included within the definition of sensitive personal data, but similar additional safeguards apply to its processing.

- 3.3 Processing personal data includes, but is not limited to: holding, obtaining, recording, using and disclosing information.
- 3.4 The General Data Protection Regulation 2016 and the Data Protection Act 2018 apply to all forms of media, including paper and images. They apply to confidential client information but are far wider in their scope. For example, they also cover personnel records and opinions about an individual.
- 3.5 The General Data Protection Regulation 2016 introduces more detailed transparency and information-giving requirements, as well as data subject rights. The data subject rights include (but are not limited to) the right to be forgotten, the right to access personal data, and the right to have data corrected and erased. Members should have privacy policies in place to communicate these effectively to clients.
- 3.6 Under the Data Protection (Charges and Information) Regulations 2018, every organisation or sole trader that processes personal information must pay a data protection fee to the Information Commissioner's Office (ICO). They do not have to do this if all the processing of personal data they do is exempt under the Regulations.
- 3.7 The Privacy and Electronic Communications (EC Directive) Regulations 2003 set rules about sending marketing and advertising electronically (for example, by fax, email, instant message or text). Members need to make sure they comply with these rules when they contact clients by electronic means for marketing purposes (for example, when sending a newsletter). Any electronic marketing communication should only be sent to a client if the client: (a) has consented to receive it (this consent needs to meet the consent requirements of the General Data Protection Regulation 2016), and (b) is given the opportunity to opt out each time a communication is sent.

The SMA must ensure that its members:

- Effectively protect personal information against improper disclosure.
- Do not disclose information about a client – including the identity of the client – either during or after the lifetime of the client, without the consent of the client or the client's legal representative.
- Understand that anyone to whom personal information is disclosed has it given to them in confidence and that they must respect the client's continuing right to confidentiality.

Personal information **MUST** be disclosed in the public interest **only when**:

- The therapist/practitioner is satisfied that identifiable data is needed for the purpose, or
- It is not practicable to anonymise the data.

If a therapist/practitioner does make the decision to disclose personal information they **MUST, in each case:**

- Tell the client beforehand, if it is reasonably practical.
- Make clear to the client what information will be disclosed, the reason for the disclosure and the likely consequences of the disclosure.
- Disclose only what is relevant.
- Make sure that the person or organisation you give the information to holds it on the same terms as those that you are subject to.

When a therapist/practitioner discloses confidential information they **MUST:**

- Record in writing the reasons for the disclosure, to whom it was made, the date of disclosure and the way in which it was made (for example, written, oral)
- Record in writing the information disclosed and the justification for the disclosure
- If the client/patient is not told of the disclosure before it takes place, record in writing the reasons why it was not reasonably practicable to do so.

Consent

It is important that the consent is freely given, which means you cannot rely on pre-ticked opt-in boxes. You will also need to make sure this is covered in your privacy policy and that you have systems and processes in place which allow you to record the consent and any opt-out requests.

- 4.1. Members should maintain up-to-date records of all clients in regard to medical history, presenting complaint, assessment and procedures performed. This should follow the data protection guidance listed above.
- 4.2. The record keeping process should be as transparent as possible, and clients should be made aware that records are being kept.
- 4.3. All records should be kept according to the 8 principles of the Data Protection Act (1998 and GDPR 2018).

These state that data must be:

- fairly and lawfully processed
- processed for limited purposes
- adequate, relevant and not excessive
- accurate
- not kept for longer than is necessary
- processed in line with your rights
- secure
- not transferred to countries without adequate protection

Further clarification on these guidelines can be found on the website of the Information Commissioner's Office: www.ico.org.uk

- 4.4. Where a practitioner works as a part of a group practice or clinic, members should ensure that the practice or clinic is registered under the Data Protection Act (1998) where appropriate.
- 4.5. Records must be kept in a secure place, adequately safeguarded and not accessible to third parties. Computerised records must be kept secure from unauthorised access. Members of PAs are advised to seek advice relating to the requirement to register under the Data Protection Act where client records are computerised (registration information is available at: www.ico.org.uk).
- 4.6. Practitioners should safeguard the confidentiality of all clients'/patients'/users' information. Disclosure to third parties, including other healthcare professional should be only with the client's written permission. (Where information is disclosed to other parties, advice should be sought relating to the requirement to register under the Data Protection Act. Where card payments are taken by individuals not covered by a group Data Protection Registration, it is recommended that advice is sought relating to the requirement to register.)
- 4.7. Client/patient/user records need to be kept for 8 years in the case of adults. In the case of children under 16 years of age, records should be kept for 5 years after their 21st birthday. Records for terminally or seriously ill clients/patients/users should be retained indefinitely.

The sections listed below provide further guidance on personal and practice area.

Personal

- 4.8. Practitioners must hold and maintain a current first aid certificate. (Minimum level "Appointed Persons")
- 4.9. Practitioners must hold professional and public liability insurance cover.

Premises

- 4.10. Treatment areas must be hygienic, safe and equipped to clinical standards. Any couch used must have an adequate working weight for the client and techniques used.
- 4.11. Treatment rooms and public areas all must comply with current health and safety regulations. Staff facilities and public areas (waiting rooms, hallways, stairs, toilet facilities etc.) must also comply with current health and safety regulations.

Advertising

- 4.12. Any advertising must be legal, decent, honest, truthful and in accordance with the Advertising Standards Agency requirements and complying with the Committee of Advertising Practice ([CAP Code](#)).



- 4.13. Advertisements must not abuse the trust of existing or potential clients/patients/users or exploit their lack of knowledge or make claims of cure.
- 4.14. They must be of good character and not bring the profession into disrepute.
- 4.15. Particular attention should be paid to the [Cancer Act 1939](#), whereby it is a criminal act to take any part in advertising to treat any person for cancer, or to prescribe any remedy for it, or to give any advice in connection with the treatment of cancer.

Stationery and Other Products

- 4.16. Professional letterheads should be of good quality and print.

Publications

- 4.17. Nothing may be published in the name of the SMA or GCMT without prior agreement.

APPENDICES

Supplementary Information – use the information below to help guide the purpose and interpretation of the criteria within the Code.

- 1. Establishing Consent (p.10)**
- 2. Respecting Client's/Patient's Decisions (p.12)**
- 3. Providing Access to Client Records (p.13)**
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1. Establishing Consent

Therapist/practitioners must get consent from the client, or someone able to act on the client's behalf, before you assess or care for them. Client consent must be voluntary, i.e. they must not be under any form of pressure or undue influence from you, other healthcare practitioners, family or friends.

Guidance

1. Consent and Communication

- Consent is not a 'one-off' exercise. It is a continuing process and needs effective and ongoing communication with clients/patients. Consent may be established in a number of ways such as: written, verbal or implied. It is advisable to have written consent prior to treatment however, this may not always be practical so if verbal consent is given, this needs to be reflected in the client record. The third type of consent is implied and refers to an understanding regarding the nature of treatment for example, a client presenting for a massage may realise that certain items of clothing need to be removed. In all cases it is important that the practitioner provides explanation and guidance regarding the treatment and treatment procedures.

2. Consent of Adults – Weighing up Capacity to Understand

- No one else can make a decision on behalf of an adult who has the capacity to do so.
- A person has capacity if they can understand, remember, use and weigh up the information needed to make a decision, and can communicate their wishes.
- It should always be assumed that adults have the capacity to make a decision unless it is shown to be otherwise. If you have any doubts, ask yourself: 'Can this client/patient understand and weigh up the information needed to make this decision?'
- Unexpected decisions do not prove the client/patient is incompetent but may mean there is a need for more information or explanation.
- If a client/patient with capacity does not make a decision, then their consent is not valid. If a client/patient refuses to receive information, it is good practice to record this. You should not withhold information for any reason.
- Capacity is 'decision-specific'. A client may lack capacity to take a particular complex decision but be quite able to make more straightforward decisions.

3. Deciding if a Client/Patient Lacks Capacity

- Before making a judgment that a client/patient lacks capacity, you should have taken all reasonable steps to help the client/patient to make their own decisions, using the help of people close to the client if appropriate.

4. A client/patient will lack capacity to consent to a particular intervention if he or she is unable to:



- understand and remember information relevant to the decision, especially about the consequence of having or not having the intervention in question or
 - use and weigh up this information in coming to a decision.
5. Someone with parental responsibility should give written consent on behalf of a child under the age of 16. The Children Act 1989 (as amended) lists the people who may have Parental Responsibility. These include:
- The child's parents, if they were married at the time of conception or birth
 - The child's mother, but not the father, if they were not married at the time of conception or birth (even if they later marry), unless the father has acquired parental responsibility through one of the following: becoming registered as the child's father; a court order; or a Parental Responsibility agreement
 - The child's legally appointed guardian
 - A person in whose favour the court has made a residence order about the child
 - A local authority named in a care order for the child
 - A local authority or authorised person that holds an emergency protection order for the child.
6. At age 16 a young person can be treated as an adult and can be presumed to have the capacity to give consent for themselves. This is the position in England, Northern Ireland, Scotland and Wales. Under Section 8 of the Family Law Reform Act (1969), people aged 16 or 17 are entitled to consent to their own treatment and any related procedures involved in that treatment.
7. As with adults, consent is valid only if an appropriately informed person capable of consenting to the particular treatment gives it voluntarily. However, unlike with adults, the refusal of a competent person aged 16 to 17 may in certain circumstances be overridden by either a person with parental responsibility or a court.
8. Form and Time of Consent
- Before accepting a client's/patient's consent, you should consider whether the client/patient has been given the information they want or need and how well they understand what is proposed. This is more important than how they give their consent and how it is recorded.
 - Clients/patients can give consent orally, in writing, or might imply consent by accepting or getting ready for the assessment or care.
 - If you are an employee, your employer might have their own organisational policies on getting consent so you should check that what you do is consistent with these policies.
9. Responsibility for Getting Consent
- If you are assessing or caring for a client, it is your responsibility to discuss the assessment and care with the client and get their consent or, in the case of a child under 16, the written consent of someone with parental responsibility.

2. Respecting Clients'/Patients' Decisions

You must respect clients'/patients' decisions.

Guidance

1. If you disagree with a client's/patient's decision

- Clients/patients have the right to make their own decisions, even if you think they are wrong. There may be times when you think a client's/patient's decision is irrational or wrong. If this happens, you can explain your concerns clearly to the client and outline the possible consequences of their decision. You must not, however, put any pressure on a client to accept your advice.
- Competent adult clients/patients are entitled to refuse assessment and care, even where the care could benefit their health and wellbeing.
- Clients/patients have the right to refuse to be involved in teaching and research. If this happens it should not adversely affect the care you provide.

2. Mental Incapacity

- Someone can make a decision on behalf of an adult only under the circumstances defined by law.
- England and Wales – Section 1 of the Mental Capacity Act 2005 sets out five statutory principles that apply to any action taken and to decisions made under the Act. The Adults with Incapacity (Scotland) Act 2000 provides ways to help safeguard the welfare of people aged 16 and over who lack the capacity to make some or all decisions for themselves, because of a mental disorder or inability to communicate. It also allows other people to make decisions on their behalf. In Northern Ireland there is no primary law covering capacity, so decisions need to be made following 'common law'.
- If a previously competent client/patient has refused certain methods of assessment and care while they were competent, these decisions should be respected if that client then becomes incompetent.

3. Providing Access to Client Records

You must give clients/patients access to their personal records according to the rights the law gives them.

Guidance

The General Data Protection Regulation 2016 sets down the right of access that individuals have to personal records that are held about them. This includes the time limits for responding to a request for access.

4. Maintaining Client Records

You must keep client/patient records that are legible, attributable and that truly represent your interaction with the client.

Guidance

1. Client/patient records include information such as:

- The client's/patient's personal data
- The case history of the client/patient
- The client's/patient's consent to assessment and care, or in the case of a child under 16 the consent of someone with Parental Responsibility
- The assessment and reassessment of the client's/patient's care needs (including the outcomes of further investigations)
- The rationale for care
- The initial and reviewed plans of care for the client/patient
- The care provided to the client/patient (including any advice given face to face or over the phone)
- Copies of correspondence

2. 'Attributable' means that it should be clear who has created, updated or amended a particular record.

5. Safekeeping of Client Records

You must keep client/patient records safely and in good condition for eight years from the date of the client's **last** visit to you. If the client is under the age of 16, you must keep their records until 5 years after their 21st birthday, or 25th birthday if the client was 17 when the treatment ended. You must arrange for client/patient records to be stored safely when you close down your practice, or in case you were to die before this.

Guidance

1. Storage of Client/Patient Records While Still Practising

- The 'eight years' requirement is in line with those that cover general NHS hospital records and other forms of health records. The reason for this is to make sure that the client/patient can have access to their recent health records and to protect you if any complaints are made.

2. Storage of Client/Patient Records When you have Finished Practising

You are responsible for making sure that client/patient records are kept safe when you finish practising or in case you were to die before this, unless you have entered into a contract that gives an organisation or another healthcare professional this responsibility. If the responsibility is yours, it is recommended that:

- you make provision in your will for the safe storage of clients'/patients' records. These can then be released to a client/patient or their legal representative on production of the written authority of the client/patient
- when you close your practice, you publicise the arrangements that you have made to keep the records safe so that clients/patients know how to obtain their records if they want to.

6. Refusing to Continue Client Care

You must have clear justification for refusing to continue a client's/patient's care and you must explain to the individual how they might find out about other healthcare practitioners who may be able to care for them.

Guidance

1. You are free to decide who you accept as a client/patient.
2. Acceptable reasons for refusing to continue a client's/patient's care include, for example:
 - If the individual is aggressive or violent
 - If the individual is putting you or your colleagues at risk
 - If the individual is constantly questioning your professional judgment or acting against your advice
 - If the individual is affecting your overall client/patient base or other clients/patients
 - If the individual has become reliant on specific forms of care that are not promoting their health and wellbeing.

7. Advertising your Work or Practice

The therapist/practitioner or anyone acting on their behalf must use only factual and verifiable information when advertising their work or practice. The therapist/practitioner must keep in mind that the best available research evidence, while appropriate for Evidence-Based Practice, may not be of a sufficient standard to substantiate claims they may make in their advertising. Advertising must not:

- break the law, including Section 4 of the Cancer Act 1939
- make unsubstantiated claims
- abuse the trust of members of the public
- exploit their lack of experience or knowledge about health matters
- instil fear of future ill-health
- mislead
- put pressure on people to use your services
- bring the profession into disrepute.

8. Use of Titles and Qualifications

You must not use any title or qualification in a way that may mislead the public about its meaning or significance, or to claim you are better than other registrants or practitioners.

Guidance

Specifically, if you use the title 'Doctor' in writing (such as on business stationery, on practice nameplates or in advertising) or when talking to clients, you should make it clear that you are not a registered medical practitioner unless you hold dual registration with the General Medical Council.

9. Conflicts of Interest

You must act in your clients'/patients' best interests when assessing them, making referrals, or providing or arranging care. You must not ask for or accept any inducement, gift or hospitality which may affect, or be seen to affect, the way you treat or refer clients/patients.

10. Financial Records

You must keep sound financial records and keep to relevant law for the therapist's/practitioner's jurisdiction.

Guidance

"Law" will include (but is not limited to) that covering income tax and Value Added Tax (VAT) for UK purposes. Other jurisdictions are not the preserve of this guidance so it is the responsibility of the therapist/practitioner to adhere to the appropriate requirements.

11. Managing Complaints

You must have a written complaints procedure in your practice which is easily accessible to clients/patients.

You must deal promptly and fairly with any complaint or claim made by a client/patient.

12. Your Own Health and Wellbeing

Therapists/practitioners must get and follow proper advice about whether and how they should modify their own practice when clients/patients may be at risk because of the therapist's/practitioner's own mental or physical health.

Therapists/practitioners must manage and deal with risks to health and safety in their work environment and keep to health and safety laws.

Therapists/practitioners must assess and manage infection risk.

Guidance

- The risks of infection are relatively low in the practice of complementary/soft tissue therapies. However, they do exist because of the different members of the public who will be attending treatment and being cared for by the therapist/practitioner.
- The measures that will help the therapist/practitioner to reduce the risk of infection include: the use of face masks, thorough hand washing; providing fresh towels and/or paper bench covers for each client/patient; using and disposing of 'sharps' safely.
- Public Health England (similar bodies in Scotland, Wales and Northern Ireland) and Environmental Health Officers (EHOs) are the appropriate bodies to contact about communicable diseases and infection control. Depending on the situation and local circumstances, they may advise you to use specific control measures to prevent or check the spread of disease or infection.

"Communicable diseases" are diseases that can be passed (transmitted) from one person to another. "Infection control" is the different methods and strategies used to reduce or prevent infections and their transmission.

13. Safeguarding the Welfare of Children, Young People and Vulnerable Adults

If you come into contact professionally with children, young people or vulnerable adults you must safeguard and promote their welfare. You must find out about local procedures in your area and follow them if you suspect a child or a vulnerable adult is at risk because of abuse or neglect.

14. Professional Indemnity Insurance

You must take out and maintain the necessary professional indemnity insurance and any other insurance the law says you must have. The SMA recommend that a member should have a minimum cover level at least of £6m, and at least £10m if working in elite sport in a personal capacity.

Guidance

Liability

- You are personally liable to individual clients/patients for any assessment or care you provide.
- Personal liability applies to all registrants, including those working on a locum basis, those working in a practice run by a principal, and those working for a limited company.

You will need to:

- Tell your insurance company about any changes in your circumstances that affect your policy
- Make sure that your insurance has enough 'run-off' cover to protect you when you finish practising.