
Schedule 1

Clinical Standards for Therapists

A. General standards

In this section we set out a number of requirements which reflect customer expectations, ie the quality of care you might expect as a customer of Bupa.

You agree that you will only treat Members for services and treatments for which: (1) you are registered with your Relevant Regulatory or Representative Body; (2) we have agreed to recognise you in your Application Form; and (3) you can provide, if requested, evidence of adequate training and ongoing practice and experience. If you wish to extend your recognition to include a procedure not listed in your Application Form, please contact the Bupa Provider Management Team on 03456 005 422 to discuss this request.

You agree to ensure that all treatment of members is in accordance with best practice in the UK. In support of this, where available, you agree to provide all treatment in accordance with evidence-based guidelines published by NICE (National Institute for Care and Health Excellence) and SIGN (Scottish Intercollegiate Guidelines Network). You agree to practice in line with all applicable standards as set out by your Relevant Regulatory or Representative Body. Please note that Bupa will only reimburse for treatment that is: (a) eligible under the terms of the Member's policy; and (b) for a duration not exceeding that set out in your agreement with Bupa.

You further agree to follow any clinical guidelines developed for the procedures you perform or the services that you provide at the hospitals or clinic facilities where you treat Members. If treatment is performed away from a hospital environment, you agree to apply appropriate clinical guidelines, based on Best Practice principles and quality standards as defined by the appropriate Regulatory Body or Professional Association to deliver treatment on a consistent basis. You agree to provide to us full details of the guidelines you follow on our reasonable request.

You agree to ensure that where you are to provide treatment to a Member involving new or emerging techniques, or where you are to supervise the administration of any new therapies, that before doing so you have undertaken all the training necessary to perform such treatment in accordance with any requirements of your professional body. Where these techniques do not have an existing code set out in your agreement with us, you agree to contact the Bupa Provider Management Team on 03456 005 422 for authorisation before this treatment commences.

B. Specific standards

You agree to ensure that you undertake supervision in line with the applicable requirement by the Relevant Regulatory or Representative Body, such supervision to be provided by an experienced supervisor.

You agree to be a member of a Relevant Regulatory or Representative Body and to abide by their code of ethics and practice.

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You agree to follow Bupa medical review processes to assess eligibility of procedures.

You further agree to demonstrate to us (providing evidence where appropriate), on reasonable request from time to time, the following:

- the average duration of your Sessions;
- that you are in compliance with any governance requirements in place at the setting where the treatment is delivered (if applicable);
- that you participate in the required number of activities to satisfy any relevant formal continuous professional development requirements as indicated by your Relevant Regulatory or Representative Body;
- your compliance against any care pathways, KPIs or quality standards which Bupa may notify you of time to time. This may involve providing clinical outcome data or patient records (where permitted).
- that you ensure that any place where treatment is delivered to Members has robust incident reporting and management systems, which are regularly reviewed to ensure optimal patient safety; and
- that you have facilities to store client records in a safe and secure environment for a minimum of eight years.

C. Telehealth video conferencing standards

These standards govern the provision of therapy sessions to Bupa Members by video conference (“Telehealth”). Where a device is mentioned, this is the computer, tablet or smartphone used to conduct the session. You agree to follow the standards set out below when delivering Telehealth.

Technical security

The video conferencing (VC) software you use for delivering remote therapy sessions needs to comply with the best practice for Telehealth set out below. It should offer:

- access control and authentication – the therapist should be able to limit access to the therapy session to an identified individual (eg the patient) unless the patient requests otherwise and understands the implications;
- encryption of video stream – this ensures that the software will not allow others to see the information being shared between the therapist and patient;
- direct connection between end-users – the therapist and patient should use software on their devices (known as peer to peer) to connect directly, instead of hosting the session online using a third party, who is likely to record the conversation; and

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- no retention of stream data (audio, video or both) – the VC software provider should not record the data, and neither should the therapist or patient unless fully informed consent is given by both at the outset of the consultation.

Skype and Facetime meet all these requirements and are suitable to carry out video consultations, if used together with the measures below. These measures should be taken to provide further assurance that an appropriate level of security is in place for video consultations:

- if a wireless (WiFi) network is being used for the connection, ensure that it is a minimum of WPA-2 security by checking 'properties' in the device's WiFi options. This applies to both the therapist and patient, unless the patient understands the implications and is happy to proceed;
- neither the therapist nor the patient should take any steps that would result in the VC session being recorded without obtaining permission from the other party involved in the session;
- public pay-as-you-go services (such as those found in coffee shops) and open public WiFi networks (such as those available at train stations) are not suitable for Telehealth. Ideally the patient should be using a broadband connection in their own home;
- both recipient and originating devices should be password protected or otherwise capable of being locked so that the user can access the device and make a connection using a unique identity that is not shared with any other individual. This applies to the patient and clinician, unless the patient understands the implications and is happy to proceed;
- if the patient is using a device shared with other members of their family, they may wish to create a unique personal login for the device, a unique user identity for the VC software, or both;
- the clinician's device should be password protected, data encrypted and adhere to NHS Information Governance standards for the protection of patient medical information. For more information please visit: www.hscic.gov.uk;
- for security purposes, devices used for VC consultations should be protected by up-to-date anti-virus and anti-malware software;
- both the therapist and the patient should be running a recent version, ideally the latest, of the same VC software on their devices;
- some VC software offers the option of text chat or instant messaging. This option should be avoided as part of the remote consultation as text conversation may well be stored either locally or remotely and third parties may be able to access it; and

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- if 3G or 4G networks are used to connect for the remote consultation, the signal strength should be 50 per cent or three bars so that it is adequate to support the VC.

Physical security

The therapist should ensure that the remote consultation is conducted in a location that would be appropriate for a face-to-face consultation. The patient should take part in the remote consultation from a quiet location without external distractions and where they are unlikely to be disturbed, ideally at home although in some instances this may not be possible. If either the therapist or patient is uncomfortable with the location that the other party has selected at the consultation time (for example, they have concerns about privacy), they may request to reschedule until a more appropriate setting is available. The therapist should not charge for a therapy session that lasts less than 50 minutes. Both the therapist and patient should avoid leaving the room while the consultation is underway but, if this becomes necessary, the consultation should be ended and resumed once both parties are in a position to continue.

Consent

The informed consent agreements that therapists use with patients should include information about the risks to privacy and security, as well as contingency plans for clinical or technical emergencies. Where any electronic recordings (audio, video or both) are to be made, the informed consent agreement must also include clear information about the purpose for the recordings and who may be granted access to them. Equally if the consultation is to be monitored at any time (e.g. for training, quality or chaperoning purposes) this will also require prior consent.

Set-up and use, and best practice

The therapist should ensure that there is a back-up option in case of technical failure or other emergency, such as a telephone number to contact the patient.

The therapist should have procedures in place, and instructions available for the patient, for circumstances when:

- the patient or therapist needs to give notice to cancel the appointment at short notice because of an emergency;
- the patient or therapist misses an appointment without giving notice;
- the VC connection is slow or interrupted;
- connection is lost during consultation; and/or
- there is equipment failure.

The therapist should normally initiate the call at a predetermined time, although there may be discretionary exceptions to this. When initiating the call, the therapist should:

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- consider whether it would be helpful to test the connection prior to the consultation, especially if the patient has installed the software specifically for the consultation;
- protect the patient's VC address information as carefully as they would any other confidential information about the patient;
- close any other software on the device that may produce visual or audible alerts that could distract either the therapist or patient before the consultation begins;
- confirm the identity of the call recipient and ensure that it is the patient with whom the appointment has been made before beginning the consultation or disclosing any personal information;
- obtain consent from the patient for the treatment to continue, ideally this consent should be a recordable format (online form or secure document);
- set the context of the consultation by explaining the treatment that the patient should expect from the consultation, the planned duration, and any further time constraints that either the clinician or the patient has;
- check that their own device and that of the patient have enough charge to last the duration of the consultation, or that a mains charger is available if necessary;
- ensure that both their own faces and that of the patient are properly framed in the video image, and their expressions are clearly visible;
- check that light levels are sufficient that both the therapist and patient's video images are clear. Rooms used for remote consultations should be well lit room with no direct sunlight or exposed lighting behind the subjects; and
- ensure that both parties use appropriate equipment that can normally be relied upon for maintaining audio connection and confidentiality (both when speaking and listening), such as a headset with earphones and an integrated microphone.