

The Unified Register of Herbal Practitioners

CODE OF ETHICS AND PROFESSIONAL CONDUCT

All members must comply with the Code of Ethics and Conduct, as well as the Constitution.

The aim of the code is to encourage honesty and responsibility in the practice of herbal medicine and takes into account the well being of the patient, the public, colleagues and the profession. It is the responsibility of members to familiarise themselves with this code.

The Code of Conduct will be used when considering any complaint made against a practitioner. Practitioners failing to meet the requirements outlined below may be subject to disciplinary measures on the grounds of unacceptable professional conduct.

Practitioners are expected to seek advice from the Registrar and Ethics Officer if uncertain as to how to behave in any clinical or other situation. However, if members make informed, reasonable and professional judgements about their practice, with the best interests of patients as the prime concern, it is unlikely that the required standards will not be met.

1. LEGAL REQUIREMENTS

1.1. Practitioners must be familiar with all laws or regulations relevant to the practice of herbal medicine in the locality in which they practise. The practitioner must obey the provisions of all such health and safety legislation, employment legislation, medical and pharmaceutical legislation as is in force at the time. It is the responsibility of practitioners to ensure that they become aware of any legal changes that may affect their practice. All should be aware of the relevant provisions of the Medicines Act 1968 and any subsequent medicines legislation.

1.2. Notifiable diseases should be reported in accordance to applicable laws.

2. INSURANCE

2.1 Members are responsible for possessing professional indemnity and public liability insurance for the practice of herbal medicine and all other therapies they practise. This applies in all of the countries in which they practise.

3. PROFESSIONAL STANDARDS

3.1 Practitioners must adhere to high standards of personal and professional integrity and conduct. They must not behave in a manner that may adversely affect public confidence in herbal medicine, the Register or themselves.

3.2 The practitioner should always act in the best interests of patients. The highest aim of the practitioner should be to restore the mental, emotional and physical health of the patient, and all herbal treatments should be concordant with this.

3.3 The relationship between the practitioner and the patient is a professional relationship based on trust. The practitioner shall at all times be courteous and professional in his/her conduct and listen to patients, treating them with respect and dignity. He/she must not show prejudice towards a patient because of age, sex, race, disability, religion, beliefs, politics or economic, cultural or social background.

3.4 The practitioner must practice within the limits of his/her professional competence and, where necessary, refer the patient to another appropriate, competent health professional.

A referral from another practitioner must be discussed with that practitioner and the patient before treatment or advice is given.

3.5 In order to maintain membership and the highest standards of practice, the practitioner must undertake the CPD requirements as currently set by the Register.

The practitioner shall hold a current First Aid Certificate, the minimum required being an "Emergency First Aid at Work Course"

3.6 The practitioner must not claim to be able to cure a specific illness, or misrepresent the effectiveness of the practice of herbal medicine.

3.7 Where offering another therapy apart from herbal medicine, practitioners must ensure that their training is adequate, that they remain aware of changes in that therapy, and that, where possible, they remain registered with the relevant professional association.

3.8 The practitioner must remain aware of current information relevant to the medical care that he/she gives and to the prescription of herbal medicines. It is the practitioner's duty to read and retain relevant documents received from the Council or affiliated professional associations and take note of the advice of the Traditional Medicines Evaluation Committee of the Medicines and Healthcare Products Regulatory Agency (MHRA).

3.9. The practitioner must be aware of any mental, emotional or physical health problems that may interfere with his/her ability to practice competently, and, when he/she becomes so aware, should seek help at the earliest possible opportunity

3.10 It is unacceptable to solicit a patient by any means other than when treatment is specifically requested, but it is acceptable to advertise within the guidelines set out here. (See Section 9)

3.11. Practitioners must act with consideration regarding fees and justification for treatment.

3.12 The practitioner must take precautions to prevent the risk of the spread of infections.

3.13 It is illegal for anyone not registered as a medical practitioner to attempt to induce an abortion. A practitioner must not knowingly administer an abortifacient or emmenagogue herb for the purposes of procuring an abortion, nor use instruments for the purpose of procuring an abortion, nor assist in any illegal operation.

3.14. The Practitioner shall not use titles or descriptions suggesting medical, academic or educational qualifications they do not possess nor mislead patients into believing they are medical doctors. Those possessing doctorates in other subjects, whilst being able to use the title of "Dr." must make it clear that they are not medical doctors.

4. RELATIONSHIPS WITH COLLEAGUES

4.1 Practitioners must at all times conduct themselves in an honourable manner in their relations with fellow practitioners and other healthcare professionals.

Practitioners should be respectful of the treatment philosophy of other professional associations.

Practitioners must not speak publicly in a derogatory manner with reference to colleagues.

4.2 Action taken by a member to persuade the patient of another practitioner to patronise him/her is in all circumstances considered unethical and in breach of this Code.

4.3 The Practitioner must protect patients if he/she believes that any situation puts them in danger. This includes the conduct, performance or health of a colleague. The patient must come before any personal or professional loyalties at all times. As soon as the practitioner becomes aware of a situation that puts a patient user in danger, he/she should discuss the matter in a discreet and professional manner through the URHP Ethics Officer.

Where a practitioner wishes to pursue a complaint against another practitioner, the principles and procedures outlined in the URHP Constitution apply.

5. THE PATIENT

5.1 The patient has the right to have any matters relating to their condition, treatment and prognosis explained to them in language

that can be clearly understood.

5.2 The patient has the right to refuse any treatment and to refuse to follow advice.

5.3 Practitioners must have informed consent to give treatment. Any physical examination requires the patient's consent or the consent of the person legally responsible for the interests of the patient. Examination of any intimate area requires the presence of a third party unless explicitly agreed to by the patient.

A person from whom informed consent for examination or treatment is sought must possess the necessary intellectual and legal capacity to give consent. It must be written on the patient's record that informed consent was obtained. A person will have the intellectual capacity if able to understand in simple language what the examination or treatment involves and its purpose, main benefits, risk and alternatives, and to retain the information for long enough to make a decision freely.

5.4 In the case of the treatment of minors or mentally handicapped persons, the informed consent of the parent or guardian or the person legally responsible for the patient is necessary.

In the case of patients under the age of 16, practitioners should not institute any examination or treatment unless they are satisfied that the patient's parent or other legal guardian has given informed consent.

5.5a Examination of a child under the age of 16 requires the presence of a third party.

In the case of patients aged over 16 but under 18, consent may be given by the patient, if able to make an informed decision, or by the patient's parent or guardian.

In the case of patients aged under 18, where there is or may be a conflict between the patient and a parent or guardian, or between parents, the practitioner is advised to seek the advice of the Ethics Officer before undertaking any treatment or advice.

NB The wishes of the child may carry legal force if the child refuses treatment.

5.5b If a patient is required to undress for examination or treatment he/she must be able to do this in privacy – for example behind a screen, in a separate room, or with the practitioner absent from the consulting room.

5.5c Except in the case of a minor, a third party may only be present with the consent of the patient.

5.6 The practitioner is required to act responsibly when there is evidence of a child being at risk of sexual abuse or of other harm, and to contact the Child Protection Officer at the local Social Services Department so that action may be considered under the Children Act (1989).

5.7 The practitioner must not under any circumstances enter into an intimate sexual relationship with any current patient or personal companion of the patient.

Where it appears that a patient is becoming involved in an improper personal relationship with the practitioner, it is the duty of the practitioner not to encourage the patient and to seek advice from another professional or from the Registrar and Ethics Officer. Practitioners who find that they are becoming involved in a sexual or non-professional relationship with a patient should end the professional relationship and arrange alternative care for the patient

5.8 If a point is reached at which the therapeutic relationship between practitioner and patient has seriously broken down, the practitioner should take steps to refer the patient to another qualified medical/health practitioner.

6. CONFIDENTIALITY

6.1. The practitioner is personally responsible for ensuring that all information concerning and views formed about patients is kept entirely confidential. This duty applies also to disclosure of information about a patient to a member of the patient's family, other than parent, guardian or the person legally responsible for the patient's interests. Even the attendance of the patient at your

practice must be kept confidential. This duty applies even after the death of the patient.

6.2. The practitioner may use information only for the purposes for which patients have provided it.

6.3. The practitioner must abide by the law of the country including that relating to electronic recording of patient information including the Data Protection Act (1984) and always follow current best practice for handling confidential information.

6.4. Practice personnel must maintain the same level of confidence as the practitioner.

6.5. A practitioner may disclose information relating to a patient if:

- disclosure is required by statute or law
- the practitioner believes it to be in the patient's interest to disclose information to another health professional
- the practitioner believes it to be essential for the sake of the person's health to disclose information to someone other than a health professional
- the advice of the Professional Conduct Officer is that disclosure should be made in the public interest
- another herbalist is acting as a locum or if a patient is referred from one practitioner to another.

In each of the cases above, the practitioner shall:

- inform the patient, before disclosure takes place, of the extent of the information to be disclosed, the reason for the disclosure and, where possible, the likely consequences
- disclose only such information as is relevant, and ensure that the information is held in an appropriate manner by the person to whom it is disclosed
- record in writing both the information disclosed and the reasons for disclosure
- be prepared to justify the decision

6.7 The practitioner may disclose confidential information to another medical practitioner for the purpose of gaining a second opinion, but must not in any way reveal the patient's identity.

6.8 The practitioner may disclose confidential information

including patient identity to another herbalist who is acting as a locum, during the period of such employment.

6.9 . Where other people have access to the consulting room, notes should be kept in a lockable filing cabinet.

7. PREMISES

7.1. The practitioner must practise from premises that are appropriate to the professionalism of herbal medicine. Signs and nameplates used should be within the boundaries of professional discretion.

7.2. The premises must comply with all relevant current health and safety regulations to ensure that there is adequate lighting, heating, ventilation, toilets, electrical installations, smoke alarms and fire extinguishers.

7.3. Only certificates and diplomas from bona fide educational establishments and professional registers should be displayed.

7.4 . A first aid kit must be available on the premises at anytime.

8. PRACTICE MANAGEMENT AND DISPENSING

8.1. Practitioners shall ensure that staff and students in their practice are capable of performing the tasks they are asked to do safely and effectively and must give appropriate supervision. This is especially important where an employee dispenses herbal medicines. The practitioner is ultimately responsible for the safety of all dispensing on the premises

8.2. The practitioner is responsible for ensuring that the *materia medica* that he/she stocks is of good quality and within the limits of its shelf life. The use of a reputable herbal supplier who has in place Good Manufacturing Practice (GMP) control procedures can be taken as sufficient evidence of good quality.

Herbs that come into the Category of Schedule Three Controlled Substances should be kept in a secure place.

8.3 It is the responsibility of the practitioner to ascertain and record any other medications with dosages that the patient is taking and to be aware of any potential contra indications due to drug/herb interactions.

8.4. All medicines should carry clear instructions to the patient as to how they should be used and when they should be taken. They should be clearly labelled with the date, the ingredients (unless given on an accompanying sheet), the patient's name, and the practitioner's name and contact details.

8.5. The practitioner must have a clear practice complaints procedure available for patient use.

8.6. At the onset of treatment the practitioner must be clear about issues such as the cost of treatment and herbal medicines, the possible duration of treatment, confidentiality, the practitioner's role in relationship to other healthcare practitioners and availability for contact – especially in emergencies. If a treatment other than herbal medicine is/could be offered then this should be made clear to the patient.

8.7. If a patient who is in hospital requests treatment, the physician and hospital staff responsible for the patient's care must be informed either by the patient, his/her parents, guardian or close family or by the practitioner.

9 RECORD KEEPING

9.1. The practitioner must keep clearly written, accurate records for each patient and for those who ask for advice or services. Entries must be made promptly, signed and dated.

9.2. A thorough case history should be taken and a prescription recorded in a way that can be easily understood by a professional colleague.

9.3. When records are updated, previous entries must not be

deleted. It may, however, be marked in some way. E.g. by drawing a line through the old information.

9.4 The patient has the right to access his/her case notes and, if requested in writing, to have a copy of them. The practitioner must act promptly and retain the original notes. Patient notes remain the property of the practitioner and the patient has no legal rights of ownership.

9.5 Records must be kept in safe custody by the practitioner to whom they belong at least seven years, and if destroyed after this period should be done so in a way that guarantees confidentiality. In the case of a minor, records must be kept until the minor reaches age 25 (7 years after they reach majority).

9.6 Notes may be stored electronically but if any names or addresses are used, either with the notes or linked to manual notes, then the practitioner must be registered under the Data Protection Act. Information can be found at www.ico.gov.uk

9.7 Confidentiality remains after the death of the patient and the practitioner may not disclose or release the notes of the deceased.

9.8 The practitioner has a duty to see that records completed by students are accurate, clear and appropriate.

9.9 Where herbal practitioners work together, in the same practice or premises, they are advised to enter into a specific agreement as to the ownership and thus, responsibility for the records of patients.

Where practitioners practise at a clinic owned by a third party, the ownership of and responsibility for the patient records should be made clear in the contract between the parties.

9.10 Patient records must on no account be transferred to a new practitioner without the authorisation of the patient. Where the practitioner retires or otherwise ceases practice at any practice address, appropriate arrangements must be made for the safe custody of, and access of patients to the records.

9.11 Where the patient wishes to transfer to another practitioner, a request for the transfer of patient records

should be dealt with promptly. Only copies should be sent. The practitioner must retain the original notes.

Practitioners who retire or who sell practices are advised to follow the Health Professions Council (HPC) - or other established regulatory authority - guidelines on sale of practices. In particular, they must ensure the continuity of patient care by making clear arrangements for the patient notes to be available to the patient if they wish to transfer to another practitioner or, with the consent of the patient, to the new practitioner. Patients should be informed of the intentions of the practitioner.

10 ADVERTISING

10.1. All advertising should be in accordance with the Code of the Advertising Standards Authority and the Committee of Advertising Practice.

11 TEACHING

11.1 Practitioners are permitted to lecture to the public and other health-care practitioners where the purpose is to promote an understanding of herbal medicine and the practitioner's mode of practice. These lectures should be of an informational nature, and not an instruction in the practice of herbal medicine. The practitioner must not teach or instruct in the practice of herbal medicine on any course which is presented as being competence giving, but is not accredited by the Council (HPC) or another legally established accreditation body.

12 RESEARCH

12.1 When taking part in clinical trials, clinical audit, case-history reporting, qualitative research or any other method of research, practitioners must ensure that:

- where appropriate, they adhere to a research protocol which has been approved by the appropriate ethics committee, adequate records are maintained and the true findings published
- informed consent is obtained from any patient
- the confidentiality of the patient is maintained
- current professional guidance is sought.

