



# CODE OF ETHICS AND PRACTICE

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Council of Organisations Registering Homeopaths

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# *Introduction*

This Code of Ethics and Practice describes the standards of conduct and practice the New Registering and Regulatory Body (NRRB) (Note: A shorthand used internally within CORH to indicate the new body which will manage the single register and associated functions) expects of its members. A homeopath has, by becoming a registered member of the NRB agreed to be bound by this Code and observe this Code of Ethics and Practice; to abide by the regulations of the NRRB; and to secure and maintain liability insurance in accordance with the directives of the Council of the NRRB.

This Code will form the basis upon which the conduct of any registered member will be assessed in the event of a complaint, although it cannot be regarded as exhaustive. The purpose of this Code and its procedures is to ensure that any complaint made against a member of the NRRB is processed in a fair, clear and impartial manner. The Code is intended for guidance and assistance to its members and to protect the interests of the public. The first concern of registered members is the needs of the patient within the context of ethical professional conduct. Patients are entitled to rely upon and trust their healthcare practitioners. Registered members are expected to maintain high standards of care, competence and conduct.

Communication is a two-way process which is the basis of a good patient/practitioner relationship. Misunderstandings and the breakdown of communication are major causes of complaints.

The NRRB encourages, where possible, the resolution of differences between registered members and potential complainants through informal mediation before entering into a formal complaint procedure. It is the nature of professional practice that many decisions fall into areas where there is no absolute right and wrong and where a series of conflicting obligations may have to be considered. The Code offers sound guidance on these issues and indicates areas where particular challenges may arise. When in doubt registered members are encouraged to seek advice from the NRRB and appropriate professional bodies.

Registered members use the initials . . . which denotes full membership of the NRRB.

It is the responsibility of every member of the NRRB to be familiar with the content of this Code as it is written in the English language and to be able to explain satisfactorily to their patients the requirements of this Code. If this requires translation to another language it is the responsibility of the individual member to employ, where needed, translation services for themselves or for their patients.

Throughout this Code references to specific legislation or laws shall include every modification, consolidation, and re-enactment, and extension of them for the time being in force. Where written, the singular also includes the plural.

# *Section 1*

## **KEY PRINCIPLES FOR PRACTICE**

These principles are for guidance and are not intended to be exhaustive. It is expected that the relationship between practitioner and patient is one of mutual respect. Every homeopath registered with the NRRB is expected to:

- Put the individual needs of the patient first.
- Respect the privacy and dignity of patients.
- Treat everyone fairly, respectfully, sensitively and appropriately without discrimination.
- Act honestly and with professional integrity.
- Work to foster and maintain the trust of individual patients and the public.
- Listen actively and respect the individual patient's views and their right to personal choice.
- Provide comprehensive and understandable information to allow patients to make an informed choice.
- Respect and protect patient confidentiality.
- Disclose confidential information only in clearly defined circumstances.
- Maintain and develop professional knowledge and skills.
- Practise only within the boundaries of their own competence.
- Respond promptly and constructively to concerns, criticisms and complaints.
- Respect the skills of other health care professionals and where possible work in cooperation with them.
- Comply with the current legislation of the country, state or territory where they are practising.

## *Section 2*

### **THE PATIENT/PRACTITIONER RELATIONSHIP**

#### **Clarity of Contract**

**1** To ensure that the patient is always able to make informed choices with regard to their healthcare, registered members must give full and clear information about their services when commencing homeopathic treatment. This will include written information about the nature of the treatment, charges, availability for advice, confidentiality and security of records.

#### **Informed consent**

**2** To ensure that the patient or their authorised representative is able to give informed consent with regard to healthcare, registered members must give clear and sufficient information about the nature of homeopathic treatment, before treatment begins, and as appropriate during treatment.

**3** Registered members may also be in a position to offer other complementary therapies. Where another therapy is offered, they must inform the patient prior to treatment about the other therapy and indicate their relevant qualifications, membership of any relevant registering body and adherence to a separate Code of Conduct.

#### **Referrals**

**4** Referrals can only be made with the patient's consent.

**5** Patients may refer themselves in which case the homeopath should discuss with their patients about informing their GP and other healthcare professionals if appropriate.

**6** Patients may be referred by a GP in which case the GP will retain overall clinical responsibility for that patient.

**7** Patients may be referred by another homeopath or health care practitioner in which case details of such referrals may be recorded in writing in the notes at the time of the recommendation.

**8** If at any time the patient declines to give consent for the registered member to make contact with their GP or other healthcare practitioner, their wishes are respected and recorded in the notes.

**9** Continuity of care is important. If a new patient has received treatment within the last six months from another homeopath, the patient's permission should be sought to contact the previous homeopath. If the patient does not agree to this, a note of this fact should be recorded, and the patient should be made aware that continuity of care may not be possible.

#### **Hospital Treatment**

**10** Where a patient requests homeopathic treatment to be initiated or continued within a clinical setting, eg hospital or hospice, the registered member will request the patient or their representative to notify the person with overall clinical responsibility.

#### **Records and record keeping**

**11** All case notes must be clear, legible, current and contain all the relevant information relating

to the progress of the case, for example, treatment given, whether the patient has improved, maintained or deteriorated in their condition since they were last seen. This is important should the registered member at any time be involved in complaints or legal proceedings.

**12** For any advice given by telephone or electronic communication written details should be recorded.

**13** Where a patient requests the record of their treatment in writing, or asks that the record be forwarded to another homeopath or other practitioner, it is important to send relevant information from that patient's case notes as quickly as possible. The full original notes should be retained in accordance with requirements of the law.

### **Confidentiality and Disclosure**

**14** Registered members must ensure that patient information is kept secure and confidential unless the patient agrees otherwise in writing.

**15** A registered member must be accurate and factual when writing reports, completing or signing forms or certificates or if required to give evidence in court or in any other manner.

## *Section 3*

### **PROFESSIONAL OBLIGATIONS**

#### **Competence and Continuing Professional Development**

**16** Registered members will be aware of the limits of their professional competence and where appropriate will refer to other practitioners.

**17** Registered members should regularly monitor and evaluate their clinical skills and actively extend their knowledge base and their own personal development through continuing professional development.

**18** Failure to meet the NRRB's requirements for continuing professional development should be taken into account when hearing allegations regarding a registered member's professional conduct or competence.

#### **Professional practice**

**19** The patient has the right to know and the homeopath is legally obliged to offer, the name or names of the prescribed remedy or remedies unless the patient agrees otherwise.

**20** Clear instructions must be given for each prescription made.

**21** In the interest of all parties it is recommended that another person be present during a physical examination and that the patient's or representative's permission has been obtained beforehand.

#### **Contact with relatives/other interested parties**

**22** Where a member of a patient's family or a friend or other person connected with a patient, initiates contact with the registered member, it is the responsibility of the registered member to listen carefully to their concerns without breaching confidentiality or contradicting the wishes of the patient.

### **Child Protection.**

**23** The registered member is required when there is evidence of a child being at risk of any abuse to contact the appropriate officer at the Social Services Department.

**24** A physical examination of a child under 16 should not be undertaken other than in the presence of a parent or patient's representative and with the child's consent.

### **Inappropriate use of patient related materials**

**25** Registered members must avoid recording on film, video or through digital techniques, any material or imagery concerning a patient which might be regarded as explicit, indecent or pornographic.

**26** Registered members will only use film, tape recording or digital imagery of material concerning a patient with that patient's clear, informed, written consent to the precise use of the material.

### **Professional boundaries**

**27** It is never appropriate for a registered member to pursue or enter into an intimate relationship with a patient, student or supervisee. Such a relationship is potentially abusive of the person concerned and undermines the relationship of trust. The registered member should ensure that an impartial and professional relationship is maintained at all times.

**28** Where a registered member needs support to manage a potentially difficult situation of this nature, the situation should be brought to supervision or guidance should be sought from the appropriate professional body or the NRRB.

### **Research**

**29** Registered members intending to undertake research must be familiar with and abide by current research ethics requirements, research governance and statutory obligations regarding research.

## *Section 4*

### **LEGAL OBLIGATIONS**

#### **Criminal and civil law**

**30** Registered members are required to comply with the criminal [and civil] law of the country, state or territory where they are practising.

**31** Registered members must observe and keep up to date with all legislation and regulations relating directly or indirectly to the practice of homeopathy.

**32** References to any legislation or regulations throughout this code shall include any amendments or other alterations repeals or replacements made in law since the date of publication. Any reference to the singular shall include the plural and references to the feminine shall include the masculine

#### **Data Protection**

**33** Where any patient records are stored electronically, registered members must comply with

the Data Protection Act.

**34** In order to comply with the Data Protection Act and other relevant legislation full and clear records of all treatments of patients are taken, kept and stored for at least seven years from the date of the last appointment and in the case of children at least seven years from their eighteenth birthday.

**35** Patients have rights of access to their health records in accordance with the requirements of the law.

### **Advertising and Media**

**36** All advertising must be published in a way that conforms with the law and with the guidance issued by the British Code of Advertising Practice.

**37** Professional advertising must be factual and not seek to mislead or deceive, or make unrealistic or extravagant claims. Advertising may indicate special interests but must not make claims of superiority or disparage professional colleagues or other professionals.

**38** Advertising content and the way it is distributed must not put prospective patients under pressure.

**39** No registered member may use their NRRB registration status in the commercialisation of any product or remedy.

### **Potential misrepresentation**

**40** The use of the title 'Doctor' should be avoided, when the use of that title may create a false impression that the individual concerned is a registered medical practitioner.

**41** Reference to assistants as 'Nurse', is not acceptable unless the individual concerned is registered with the Nursing and Midwifery Council (NMC).

**42** Claims, whether explicit or implied, orally or in writing, implying cure of any named disease must be avoided.

### **Notifiable diseases**

**43** Registered members should be aware of those diseases which are notifiable under the Public Health (Control of Disease) Act, and take appropriate action in these cases.

### **Treatment of animals**

**44** Registered members should be aware of and observe the law with regard to the homeopathic treatment of animals.

## ***Section 5***

### **ORGANISATIONAL ISSUES**

#### **Premises**

**45** Registered members must comply with national and local legal obligations and regulations regarding premises and the safety of staff and patient facilities.

**46** A regular review of facilities and working practices must be undertaken to ensure they

comply with current standards. Registered members should be aware of their responsibilities under Health and Safety legislation (Health & Safety Act 1974) whether employer, employee or self-employed.

### **Insurance**

**47** Practising registered members should arrange appropriate professional indemnity insurance cover at all times in accordance with any regulations of the professional organisations or legislation applicable at the time.

## *Section 6*

### **PRACTICE ISSUES**

#### **Problems with health**

**48** If the mental, emotional or physical health of a registered member is impaired for any reason, and patients may be put at risk, the member must seek and follow professional advice on whether, and how, to modify their practice. The interests of patients come first at all times. It may be necessary to stop practising or to undertake professional supervision in order to establish fitness to practice. If a registered member has any concerns about another registered member's mental, emotional or physical health they should seek appropriate advice.

**49** In the event of retirement, illness or death of a registered member arrangements are required to ensure that patient's are notified with regard to continuity of care and patient notes should be made available for this eventuality.

#### **When trust is compromised**

**50** Where, for whatever reason, trust breaks down so that the registered member can no longer offer care of an appropriate standard, either the registered member or the patient may end the relationship. If this happens the registered member needs to ensure that the patient has an alternative source of homeopathic care if they want it. With the patient's permission, the new practitioner should be provided with sufficient information to take over responsibility for the patient's care without delay.

#### **Complaints**

**51** Homeopaths trained to NRRB standards and who follow the guidance in this Code are able to practise homeopathy safely, competently and ethically. However, if for whatever reason, their practice is brought into doubt and the matter cannot be resolved by mediation between the registered member and the complainant, the matter should be referred to the NRRB.

**52** Patients, members of the public, other professionals and those registered with the NRRB have the right to complain to the Professional Conduct Department of the NRRB if they perceive that a registered member has not treated them, or conducted themselves, in accordance with this Code.

**53** Registered members should ensure that a patient has clear information on how to express any concern they may have about their treatment. In handling any complaint directly, the registered member should act promptly and constructively, putting the interests of the patient first, and co-operating fully with any external investigation.

**54** Any patient bringing an apparent failure in care, as described within this Code, to the registered member's attention is entitled to proper investigation and a sensitive explanation of

what has occurred. The registered member will take the initiative in putting things right, and, where appropriate, offer suitable apology and assurance that steps have been taken to prevent recurrence.

**55** Because questions of compensation may arise, registered members are encouraged at an early stage to ensure that any steps taken are in conjunction with the NRRB Professional Conduct processes and the professional indemnity provider.

**56** The procedures and powers of the NRRB provide a mechanism for patients, members of the public, other professionals or registered members of the NRRB to raise allegations of professional misconduct and for the registered member involved to have the right to respond to any such allegations.

**57** The conduct of any registered member may have an impact on their reputation and the reputation of homeopathy. Such conduct may occur within or outside their professional practice and it may be necessary for such matters to be brought to the attention of the NRRB for consideration under the Disciplinary Code. It may also be necessary in certain circumstances, including but not limited to criminal or other legal proceedings being implemented, to suspend or remove a registered member from the register.

## *Section 7*

### **FITNESS TO PRACTISE PROCEDURE**

#### **Preface**

The disciplinary procedure presented here is an outline model of a proposed disciplinary process framework. This model is based on similar models being proposed by organisations currently working towards regulation. A detailed disciplinary procedure with an agreed model as its base will be presented once the structure of the NRRB has been decided.

#### **1 Preliminary Investigation**

Preliminary Investigating Committee (PIC) consists of four members. Two registered members, one of whom is a member of the Executive Committee. Two lay members, PIC may co-opt two further members. Quorum is three, chair elected from the members. One member of this committee is appointed to be the Preliminary Investigation Officer (PIO). PIO is responsible for the preliminary investigation of complaints, and where possible, mediation. If PIO cannot resolve the situation or considers there to be a breach of the Code the case is referred to the PIC for consideration. The PIC can then:

- a Decide there is no case to answer.
- b Refer for Preliminary Screening if the case is still not clear.
- c Refer to Professional Conduct Committee.
- d Refer to Health Committee if case is concerned with the registered members health and ability to practice.

#### **2 Preliminary Screening**

If the PIC cannot determine if a member is in breach of the Code, it can arrange for a Technical Assessor (TA) to make a preliminary screening. The TA should be a registered member with a least ten years standing. The TA arranges interviews and a practice visit as necessary. TA passes

findings to PIC for decision. If the member does not agree to the findings the case is passed to a moderator for assessment and further consideration (Moderator - lay person appointed by the Executive).

### **3 Professional Conduct Committee (PCC)**

PCC has four members, a registered member, an Executive Committee member, and two lay people, committee may co-opt two further members. Quorum is three, chair elected from the members.

Gives the member an opportunity to appear and present their case, the member may be legally represented.

The PCC has the power to:

- a Adjourn for further deliberations.
- b Dismiss the complaint and exonerate the registered member.
- c Admonish the registered member.
- d Fine the registered member.
- e Make an order imposing conditions the registered member must comply to.
- f Order suspension of registration.
- g Order termination of membership.
- h Any other requirements that the PCC may deem necessary.

### **4 Appeals against the PCC decisions.**

Appeal is allowed within 28 days of the decision. Appeal considered by Appeals Assessment Panel (AAP). AAP appointed by Executive Committee and consist of three people, one legally qualified who acts as the chair, one registered member and one lay person. If the AAP consider that there are reasonable and legitimate grounds to appeal against the PCC decision the appeal is heard by an Appeal Tribunal (AT). The AT consists of one legally qualified person, a registered member and two lay people.



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