



Box 437, Office 6
Slington House
Rankine Road
Basingstoke
RG24 8PH

Tel: 0870 3144031
Fax: 0870 8793528
www.GRCCT.org

Code of Professional Conduct

As a GRCCT registered practitioner, you are personally accountable for your practice. In caring for patients and clients you must:

- **Respect the patient or client as an individual and honour their integrity as well as respecting their customs, creed, race, ability, sexuality, economic status, lifestyle, political beliefs and religion.**
- **Obtain consent before you give any treatment or care and work according to holistic principles.**
- **Protect confidential information.**
- **Recognise the value of other therapies and health care professionals, both within complementary and conventional medicine and work with other practitioners and refer when it is in the patient's/client's best interests. A practitioner must not treat a patient/client in any case which exceeds his capacity, training, and competence**
- **Maintain your professional knowledge and competence on a continuous basis so that they may offer the very best standard of treatment.**
- **Be trustworthy and not exploit the patient or client. Registrants must maintain the highest morals and behave with courtesy, respect, dignity, discretion and tact.**
- **Act to identify and minimise risk to patient and clients.**

These values are concurrent with those of all the United Kingdom health regulatory bodies

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SECTION 1: INTRODUCTION

1.1. The Purpose of the Code of Professional Conduct and Practice

The following Code of Ethics is intended to:

- inform registered practitioners of the high standards of professional conduct and practice to which they are required to adhere to and gives advice in relation to the practice of complementary therapies on human beings only.
- inform the public, other professions and employers of the standard of professional conduct and practice they can expect of a registered practitioner.

Practitioners are personally responsible for their practice. This means they are answerable for their actions and omission, regardless of advice or direction from another professional. Practitioners have a duty of care to patients/clients, who are entitled to receive safe competent care and are bound by the laws of the United Kingdom.

1.2. Scope of the Code

The Code sets expected standards. It is not an exhaustive set of rules. The Code deals with conduct and practice.

1.3 Points of fact

Government policy permits a doctor registered with the General Medical Council (GMC) to use or prescribe therapies. Alternative & Complementary Medicine is legal in the United Kingdom.

The Registered Medical Practitioner must remain in charge of the patient's/client's treatment and clinically accountable for the care offered by a practitioner. The GMC's rules for doctors published in Professional Conduct and Discipline: Fitness to Practice dated February 1 991 (paragraphs 42 and 43) allow a doctor to delegate to persons trained to perform specialist functions, treatments or procedures provided that he (doctor) retains ultimate responsibility for the management of the patient/client there after. An individual who did not possess the necessary qualifications could clearly not purport to practise a complementary therapy.

Registered practitioners must never claim to 'cure'. The possible therapeutic benefits may be described following a face to face consultation (under S12(1) of the Medicines Act 1968); 'recovery' must never be guaranteed. Complementary therapists are not permitted to countermand instructions or prescriptions given by a doctor.

Registered practitioners must never give a medical diagnosis to a client/patient this is the responsibility of a registered medical practitioner.

Registered practitioners are forbidden to diagnose, perform tests or treat animals in any way or give advice following diagnosis by a registered veterinary surgeon or to countermand his instructions.

Except in cases of sudden or urgent necessity, it is an offence for anyone other than a certified midwife to attend a woman in childbirth without medical supervision or for anyone other than a registered nurse to attend for reward as nurse on a woman in childbirth or during a period of 10 days thereafter.

SECTION 2: CONDUCT OF A REGISTERED PRACTITIONER IN THEIR DEALINGS WITH PATIENTS/CLIENTS

2.1. The welfare of the patient/client is paramount

The relationship between practitioner and their patients/clients is based on trust and on the principle that the welfare of the patient/client is paramount. Practitioners must take care to observe this trust and principle whilst observing professional boundaries. Record keeping should be legible, attributable and kept together with any clinical correspondence relevant to the case.

2.2. Treating patients/clients with respect and consideration

Registered practitioners shall treat patients/clients politely and considerately. Consultation, assessment and treatment should only be carried out with full consent of the patient/client (or the parent or guardian in the case of minors). In particular practitioners shall listen to patients/clients and respect their views; ensure that the practitioners' own beliefs and prejudices do not affect adversely the treatment or advice which they give to patients/clients; respect patients'/clients' privacy and dignity, and their right to refuse to refuse treatment or to be subjects for teaching or research; inform patients/clients about any matters relating to their condition, or treatment, in a way which they can understand; and where appropriate or on request refer patients promptly to a competent health professional for a second opinion.

2.3. Honesty with regard to investigations, treatment and advice

Registered practitioners shall be honest with their patients/clients. In particular, practitioners shall not misrepresent the gravity of a patient's/client's condition or the therapeutic value of any treatment, nor promote undue dependence on their care, or act or fail to act with regard to giving advice, recommending investigations or carrying out treatment in any way which is to the detriment of a patient/client. The practitioner must explain fully in writing or verbally all the procedures involved in the treatment such matters as the need to take a full medical history and record it on a consultation sheet, likely content and length of consultation, number of consultations, fees etc. They must also act with consideration concerning fees and justification for treatment. The case history must be an accurate record of attendance, treatments given, advice, observations and a record of consent where appropriate. They are admissible as evidence in a Court of Law.

2.4. Acceptance of responsibility for the care of patients/clients

Registered practitioners shall be free to choose whom they shall accept as patients/clients and these will be human beings only (i.e. not animals). For example, a female practitioner does have the right to only treat female patients/clients under the Sex Discriminations Act 1975, Section 35 Subsection 2, which gives exception to circumstances where physical contact is involved.

On accepting a patient/client, practitioners who work together in any capacity in the same practice or premises, are advised to provide the patient/client with written

confirmation of:

- The name and status of the person responsible for the patient's/client's day to day care;
- The person responsible for supervising the patient's/clients overall treatment;
- The person to whom the practice belongs, who will be responsible for the patient's/client's records (see 3.3.2);
- The person to approach in the event of any problem with any treatment.

It shall also give written notification of any change, whenever practicable before it occurs, or if that is not possible, so soon as reasonably practicable afterwards.

- 2.5 Registered practitioners must recognise and respect the role of the patient/client as partners in their care and the contribution they can make to it. This involves identifying their preferences regarding treatment and respecting these within the limits of professional practice, resources and the goals of the therapeutic relationship.

2.6. Termination of responsibility for the care of patients/clients

Registered practitioners shall not give up responsibility for the care of a patient/client without good cause, nor, where appropriate, without making a genuine attempt to ensure that the responsibility for the future care of the patient/client is assumed by a competent health professional

2.7 Personal Relationships

- 2.6.1 Registered practitioners shall not use their professional position as a means of pursuing an improper personal relationship with a patient/client or with a close relative or personal companion of a patient/client.

- 2.6.2 Registered practitioners who find that they are becoming involved in such an improper personal relationship with a patient/client should end the professional relationship and arrange alternative care for the patient/client.

- 2.6.3 Where it appears that a patient/client is becoming involved in such an improper personal relationship with the practitioner, the practitioner should take care not to encourage the patient/client, and may well be advised to arrange alternative care.

2.7. Undue influence

Registered practitioners shall not attempt unduly to influence patients/clients to do anything against their will or for the financial or other benefit of the practitioner or anyone associated with them.

2.8. Informed consent

2.8.1 **Need for informed consent**

Before instituting any examination or treatment, the practitioner shall ensure that informed consent to such treatment or examination has been given. Failure to obtain informed consent may lead to criminal or civil proceedings. You should presume that every patient/client is legally competent unless otherwise assessed by a suitably qualified practitioner. A patient or client who is legally competent can understand and retain treatment information and can use it to make an informed choice.

2.8.2 **Meaning of informed consent**

Informed consent means consent that is given by a person who has been supplied with all the necessary relevant information. Those who are legally competent can give consent in writing, orally or by co-operation. They also have the right to refuse consent.

2.8.3 Capacity to give informed consent

2.8.3.1 A person from whom informed consent to examination or treatment is sought must possess the necessary intellectual and legal capacity to give such consent.

2.8.3.2 A person will have the intellectual capacity to give consent if able to

- understand in simple language what the examination or treatment is, its purposes and nature, and why it is being proposed;
- understand its principal benefits, risks and alternatives;
- understand in broad terms what will be the consequences of not undergoing the proposed examination or treatment;
- retain the information for long enough to make an effective decision; and,
- make a free choice.

2.8.3.3 A person will have legal capacity to give consent to examination or treatment if that person has attained the age specified by the relevant law for giving such consent.

2.8.3.4 The relevant law specifying the age for giving such consent is different in different parts of the United Kingdom, and is complicated. Thus, in some parts of the UK, patients/clients under the age of 16 may have the legal capacity to give consent to certain examinations or treatments, while in other parts of the UK, such patients/clients may not have such capacity.

2.8.4 Advice on action to be taken by a registered practitioner

Because of the practical difficulties involved in determining how the relevant law applies in a particular case, practitioners are advised to act as follows.

2.8.4.1 **Patients/clients under the age of 16**

In the case of patients/clients under the age of 16, practitioners are advised not to institute any examination or treatment unless they are satisfied that the patient's/client's parent or other legal guardian has given informed consent. The legislation is different in Wales and Northern Ireland so practitioners must be aware of local protocols.

2.8.4.2 **Patients/clients over the age of 16 who do not have intellectual capacity**

In the case of patients/clients over the age of 16 who do not have the intellectual capacity to give consent (see 1.8.3) practitioners are advised not to institute any examination or treatment unless they are satisfied that the examination or treatment is in the best interests of the patient/client, in the sense that the action is taken to preserve the life, health or well-being of the patient/client.

2.8.4.2.1 The practitioner cannot normally decide alone whether this test is satisfied in a particular case. The decision will be reached in different ways, depending on the nature of the examination or treatment.

2.8.4.2.2 Where the proposed examination or treatment is simple and uncontroversial, the practitioner should seek agreement that it is in the patient's/client's best interests from other health professionals, those close to the patient/client, and also the patient/client in so far as the patient/client can give an opinion.

2.8.4.3 **Patients/clients over the age of 16 who do have intellectual capacity***

In the case of patients/clients over the age of 16 who do have intellectual capacity, practitioners are advised not to institute any examination or treatment unless they are satisfied that:

- the patient/client has been given sufficient relevant information to allow informed consent to be given; and,
- the patient/client has given informed consent.

(* Note - Practitioners should be aware of the special position concerning patients in England and Wales who are over the age of 16 but under 18. For the purposes of 'medical treatment' the consent of a minor who is 16 to 18 years of age is effective in the absence of the consent of the parent or guardian by virtue of section 8 of the Family Law Act 1969. Consent to the examination or treatment of such a patient may be given by the patient; or the patient's parent or other legal guardian. All these people have an equal right to give consent, but it is not necessary to obtain consent from more than one of them. In the event of conflict between the patient and a parent or guardian, or between parents, practitioners should seek legal advice as when the consent of the parent or guardian cannot be obtained, practitioners are warned that they may, in legal terms, be committing an assault on the patient).

2.9 Having a third party present

Where a practitioner intends to examine or treat a child under the age of 16 years, or to treat a patient/client in the patient's/client's home, or where a patient/client so requests, the practitioner shall arrange for a third party (such as a suitable member of staff, or a relative or friend of the patient/client) to be present, unless this is impractical in the circumstances.

2.10 Dealing with medical emergencies

Practitioners shall establish within their practices, and make known to staff (where applicable), proper procedures for dealing with any medical emergency occurring on their premises.

2.11 Guidance when unable to help

In any case where a practitioner discovers that the patient/client is suffering from a condition which is outside the practitioners scope of practice, the practitioner shall advise the patient/client to consult a registered medical practitioner or an appropriate other person. Practitioners must guard against the danger that a patient/client without previously consulting a doctor may come for therapy for a known disorder and subsequently be found, too late, to be suffering from another serious disorder. To this end new patients/clients must be asked what medical advice they have received. If they have not seen a doctor, they must be advised to do so. Since it is legal to refuse medical treatment, no patient/client can be forced to consult a doctor. *The advice must be recorded for the practitioner's protection.*

2.12 Reports on behalf of third Parties

Before a practitioner prepares a report on behalf of a third party, such as an employer or insurance company, the practitioner shall obtain the patient's/client's consent in writing to the release of information to the third party and shall ensure at the outset that the patient/client is aware of the purpose of the report and of the obligation which the practitioner has towards the third party.

2.13 Notification of fees

Registered practitioners shall ensure that details of their fees are made known to patients/clients either by way of notice or by personal communication before liability for payment is incurred.

2.14 Commercial transactions

Practitioners who supply to a patient or client goods of any description shall ensure that such goods are likely to be beneficial to the patient/client.

2.15 Complaints and claims by patients/clients

Registered practitioners shall deal promptly and fairly with any complaint or claim made against them by a patient/client. In particular, they shall establish within their

practices and make known to patients/clients a formal complaints procedure, and shall notify patients/clients of their right to refer any unresolved complaint to the General Regulatory Council for Complementary Therapies, the address of which they shall supply.

Where a patient/client wishes to make a complaint against another health professional, the practitioner shall give to the patient/client such assistance as is reasonable in the circumstances.

SECTION 3 : PATIENT/CLIENT RECORDS AND CONFIDENTIALITY

3.1 Confidentiality - the general rule

Subject to the exceptions mentioned below practitioner shall not disclose to a third party any information about a patient/client, including the identity of the patient/client, either during or after the lifetime of the patient/client, without the consent of the patient/client or the patient's/client's legal representative, unless it is required by due process of the law, whether that be Statute, statutory instrument, order of any court or competent jurisdiction or howsoever otherwise. Practitioners are responsible for taking all reasonable steps to ensure that this general principle is adhered to by any employee or agent and that any information relating to a patient/client is protected from improper use when it is received, stored, transmitted or disposed of. If in doubt a practitioner should take legal advice on the question of disclosure of information. Failure to observe confidentiality may be regarded as unacceptable professional conduct. Where records are kept on computer, practitioners must ensure that they comply with the **Data Protection Act**.

3.2 Exceptions to the general rule of confidentiality

3.2.1 The exceptions to the general rule of confidentiality are that a practitioner may disclose to a third party information relating to a patient/client

- if the practitioner believes it to be in the patient's/client's interest to disclose information to another health professional;
- if the practitioner believes that disclosure to someone other than another health professional is essential for the sake of the patient's/client's health;
- if disclosure is required by statute;
- if the practitioner is directed to disclose the information by any official having a legal power to order disclosure; or
- if, upon seeking the advice of the General Regulatory Council for Complementary Therapies, the practitioner is advised that disclosure should be made in the public interest.

3.2.2 In each case where disclosure is made by a practitioner in accordance with an exception to the general rule of confidentiality, the practitioner shall:

- inform the patient/client before disclosure takes place;
- so far as is reasonably practicable make clear to the patient/client the extent of the information to be disclosed, the reason for the disclosure, and the likely consequence of disclosure, where to do so is appropriate;
- disclose only such information as is relevant; ensure so far as possible that the person to whom disclosure is made undertakes to hold the information on the same terms as those to which the practitioner is subject; and,
- record in writing the reasons for such disclosure.

3.3 Ownership of and responsibility for records as between practitioners

- 3.3.1 Where practitioners work together, in any capacity, in the same practice or premises, they are advised to enter into a specific agreement as to the ownership of, and hence the responsibility for, the records of patients/clients whom they treat in that practice or those premises.
- 3.3.2 In the absence of any legal rule or such specific agreement as is mentioned in 3.3.1 to the contrary, patients'/clients' records (including any case history, treatment chart, reports, correspondence, and other records of a similar nature) shall be deemed for the purposes of the provisions of the Code to be the property and responsibility of the practitioner or the individual/company (if any) to whom the practice belongs.
- 3.3.3 Practitioners who are deemed to own and have responsibility for patients'/clients' records (see 3.3.2) are also responsible for ensuring that patients/clients have the written confirmation as required by Section 2.4.

Records must be returned to the patient/client where practicable or destroyed in accordance with section 3.5.

3.4 Retention of records

Patient/client records (as defined in 3.3.2 above) provide valuable information. Such records shall be retained in safe custody by the practitioner to whom they belong for a period of six years from the date of the last treatment.

- 3.4.1 Practitioners shall ensure that when ceasing to practice as therapist or on the closure of a practice that the patients/clients records are returned to the patient/client (where practicable) or destroyed in accordance with section 3.5.

3.5 Disposal

After the two year period and in view of the confidentiality to be observed with regard to patients'/clients' records, the records must be disposed of securely, usually by incineration or shredding. Practitioners are advised to check with their insurance company on how long they must keep records before they can be destroyed. This is usually between 6 and 9 years.

3.6 Access to records by Patients/Clients

If so requested by a patient/client in writing, a practitioner shall make available to the patient/client without delay copies of any records, in accordance with any legislative provisions relating to data protection or access to health reports or records. Advice on these provisions may be obtained from the Council. Where a practitioner releases original records to a patient/client for purposes other than their transmission to another health professional, the practitioner is advised to obtain from the patient/client an undertaking for their return.

SECTION 4: CONDUCT IN RELATION TO COLLEAGUES AND OTHERS

4.1 Criticism and discrimination

Practitioners shall not unjustly criticise or discriminate against a colleague or other health professional.

4.2 Complaints against other practitioners

Practitioners shall report in the first instance any concern that they may have about the conduct, competence or health of another practitioner to their Association having first made an honest attempt to verify the facts upon which their concern is based. The safety of patient/client must come first at all times and override personal and professional loyalties.

4.3 Approaching patients/clients of other practitioners

- 4.3.1 Where practitioners work together, in any capacity, in the same practice or premises, they are advised to enter into a specific agreement governing their respective responsibilities for the patients/clients whom they treat in that practice or those premises.
- 4.3.2 In the absence of any legal rule or such specific agreement as is mentioned in 3.3.1 to the contrary a patient/client who has been treated by one or more of the practitioners shall be deemed for the purposes of the provisions of the Code to be the patient/client of the practitioner or practitioners (if any) to whom the practice belongs, whose identity has been notified to the patient/client in accordance with section 2.4.
- 4.3.3 Practitioners shall not approach someone who is the patient/client of another practitioner with the intention of persuading that person to become their patient/client.

4.4 Commission and split fees

Practitioners shall not offer or accept any form of commission or split fee relating to referred cases.

4.5 Provision of information contained in records: Health Professionals

- 4.5.1 Practitioners shall make available to another health professional, with the patient's/client's written consent, and without delay, full information relating to a patient's/client's condition (including the originals or copies of any case history forms and treatment notes) where such information is required for the proper care of the patient/client.
- 4.5.2 Practitioners who receive on loan records belonging to another health professional shall return them promptly.

4.6 Provision of information contained in health records: Evidence

Practitioners who are required or requested to give evidence or information to legal bodies should do so with care. Where the evidence is given as an expert witness, the practitioner must be independent and impartial.

4.7 Employing other health professionals

- 4.7.1 Practitioners who employ health professionals of any description shall ensure that they are:
- properly qualified, and registered with the appropriate statutory or regulatory body if any; and
 - properly insured against any liability to, or in relation to patients/clients.
The nature and amount of such insurance relating to each health professional, and the conditions of cover, shall be those prescribed by the appropriate statutory or regulatory body.

4.7.2 Unqualified persons

Practitioners shall not practise in circumstances in which a person who is not a

properly qualified takes decisions with regard to the treatment of the patient/client, unless that person is the medical practitioner for that patient/client.

4.7.3 Teaching and training

Practitioners who undertake to teach or train students shall ensure that they have the necessary skills and knowledge, and that those students whom they teach or train are properly supervised, and, where necessary, insured. Subject to these provisions, the practitioner may allow students to treat consenting patients/clients provided that any such treatment is carried out under the qualified supervision.

SECTION 5: EDUCATION AND PROFICIENCY

5.1 Requirements

Practitioners must comply with all standards laid down by the General Regulatory Council for Complementary Therapies concerning education, and with any subsequent rules governing post registration training made by the Council.

5.2 Practitioners must keep their knowledge and skills up-to-date throughout their careers. In particular, they should take part regularly in learning activities that develop their competence and performance.

5.3 To practice competently, a practitioner must possess the knowledge, skills and abilities required for lawful, safe and effective practice without direct supervision. They must acknowledge the limits of their professional competence and only undertake practice and accept responsibilities for those activities in which they are fully trained and competent.

5.4 If an aspect of practice is beyond a practitioner's level of competence or outside their area, they must refer the patient/client to an appropriate practitioner, whether it be complementary or conventional medicine. If in any doubt, the patient/client must be told to consult his/her doctor.

5.5 Practitioners have a duty to treat patients/clients in line with current evidence and research in order to best serve the patient/client and the profession as a whole.

SECTION 6: RESEARCH

6.1 When taking part in clinical trials or other research, practitioners shall ensure that they:

- adhere strictly to a research protocol which has been approved in accordance with rules made by an appropriate ethics committee;
- obtain the informed consent of any patient/client taking part in the research;
- accept only such payments as are specified in the protocol;
- conduct the research uninfluenced by payments or gifts;
- maintain adequate records;
- record results truthfully;
- make no unauthorised claims to authorship; and,
- make no attempt to prevent publication of any criticism of the research.

SECTION 7: MATTERS RELATING TO THE PERSONAL CONDUCT OF PRACTITIONERS

7.1 Personal behaviour generally

Practitioners shall at all times avoid conduct which may undermine public confidence in their profession or bring their profession into disrepute, whether or not such conduct is directly concerned with professional practice.

7.2 Alcohol or other drugs

Complaints of the misuse of alcohol or other drugs may lead to a charge of unacceptable professional conduct, whether or not the complaint is the subject of criminal proceedings. Impairment of a practitioner's ability to practise as a result of the misuse of alcohol or other drugs may lead to the question of the individual's fitness to practise being referred to the Council.

7.3 Dealing with ill health

Practitioners who have reason to believe that patients/clients may be at risk because of the practitioner's ill health, whether mental or physical, must seek and follow proper advice as to whether or how they should modify their practice. Failure to do so may be regarded as unacceptable professional conduct.

7.4 Use of qualifications

Practitioners shall not use any title or qualification in such a way that the public may be misled as to its meaning or significance. In particular, practitioners who use the title "doctor" and who are not registered medical practitioners shall ensure that, where appropriate (for example, in any advertisements and in their dealings with patients/clients and other health professionals) they make it clear that they are registered practitioners and not registered medical practitioners.

7.5 Personal hygiene

Practitioners must ensure that their health and personal hygiene do not jeopardise the welfare or health and safety of their patients/clients and should not eat, drink or smoke while at practice.

SECTION 8: PUBLICITY AND THE PROMOTION OF A PRACTICE

8.1 Generally

Practitioners may publicise their practices, or permit another person to do so, subject to the provisions of the principles of the British Code of Advertising Practice and Sales Promotion for the time being in force. For sale of products they must work within the law as set out by the Medicines and Healthcare products Regulatory Agency (MHRA). They must also take into consideration the following provisions.

8.2 Legality

The publicity of a practitioner shall comply with the general law, and shall not encourage or condone breaches of the law by others.

8.3 Decency

The publicity of a practitioner shall contain nothing nor be in a form nor be published or circulated in any way which would be likely, in the light of generally prevailing standards of decency and propriety, either to cause serious or widespread offence

or to bring their profession into disrepute. Practitioners will not make claims to cure any condition or illness. For guidance notes contact the Medicines and Healthcare products Regulatory Agency (MHRA) and see S12(1) of the Medicines Act 1968.

8.4 Honesty

The publicity of a practitioner shall be worded in such a way that it does not abuse the trust of members of the public nor exploit their lack of experience or knowledge, either of matters of health or of practice.

8.5 Truthfulness

Publicity of a practitioner shall not be misleading or inaccurate in any way.

8.6 Frequency of Publicity

Publicity shall not be generated so frequently or in such a manner as to put those to whom it is directed under pressure to respond.

8.7 Physical details of publicity

The design, size, lettering, colouring, degree of illumination, material, and other physical details of the publicity used by a practitioner (for example, but not by way of limitation, name -plates, signs identifying professional premises, professional stationery, directory entries, professional announcements, and advertising for staff) shall be consistent with a professional approach towards the provision of information to members of the public.

8.8 Identity of a practitioner

The publicity of a practitioner shall contain sufficient information to enable the practitioner to be contacted.

8.9 Claims to specialisation or expertise

Unless reference to a specialist qualification has been entered on the Register held by an association or on the National Register, no claim shall be made by a practitioner that the practitioner is a specialist, or an expert in a particular field. Nevertheless, a practitioner may indicate that a practice is wholly or mainly devoted to particular types of treatment.

8.10 Published material and broadcasts

The publicity of practitioners may refer to clinical or research material published by them or others in a professional journal, and to their authorship of books and articles relating to professional matters, provided that the reference is accurate and clearly identified, and no suggestion is made in either the publicity or the published material or the broadcasts that they should be consulted in preference to any other practitioner.

8.11 Interactions with the media

Publicity about a practitioner or a practice which arises through, or from interviews with representatives of the media, and which may be regarded as likely to bring the profession into disrepute, should be avoided. A practitioner should wherever possible request access to the article, statement or interview before publication or broadcast in an attempt to ensure that it does not contravene the provisions of the Code.

8.12 Claims to superiority

No claim shall be made by a practitioner that the services which they are able to offer, or their personal qualities or skills, are in any way superior to that of any other.

8.13 Criticism of services or charges

No publicity may, in relation to any other practitioner or other health professional, whether identifiable or not, criticise the quality or cost of services provided.

8.14 Guarantees of successful treatment

No publicity shall employ any words, phrases or illustrations which suggest a guarantee that any condition will be cured.

8.15 Statements relating to fees

Any publicity relating to fees shall be clearly expressed. In particular, a practitioner should state what services will be provided for each fee.

8.16 Personal approaches

Practitioners shall not publicise their services by making any unsolicited and direct approach to a private individual who is not a patient/client, whether in person, or by mail, telephone, facsimile or other form of communication. Practitioners may approach representatives of organisations such as firms, companies, schools, clubs or other health professionals to publicise their services.

No publicity shall employ any words, phrases or illustrations which suggest a guarantee that any condition will be cured.

8.17 Business names

Practitioners shall not use a name for a practice which may be misleading or cause confusion with similar names for the practices of other practitioners or other health professionals.

SECTION 9: PRACTICE ARRANGEMENTS, PREMISES AND ADMINISTRATION

9.1 Registration with the Council

9.1.1 It is the responsibility of a practitioner who intends to practise, to register with an appropriate professional association before beginning to practise, and thereafter to renew registration annually. They must also have appropriate insurance to practice (see 9.7 below).

9.1.2 Those who supervise students undertaking the treatment of patients/clients must be registered with a professional association/awarding body, have appropriate insurance and be on the National Register.

9.2 Agreements of partnership, association or employment

Practitioners who enter into any contract of partnership, association or employment shall abide by the terms of such contract, and ensure that such terms are recorded without delay in a formal, written document.

9.3 Limited companies

Practitioners who work in a practice which is run by a limited company are reminded that they will remain personally liable to individual patients/clients in respect of any treatment or advice which they provide.

9.4 Health and safety legislation

Practitioners shall ensure that they are aware of and comply with all relevant legislative provisions relating to health and safety applying to practice premises, whether such provisions apply to them as employers or as employees.

9.5 Appearance and maintenance of premises

Practitioners shall ensure that the premises in which they practise reflect the professional nature of the practice; are well maintained and orderly; and are hygienic, suitably lit, heated and ventilated.

9.6 Privacy of changing and treatment areas

Practitioners shall ensure that the privacy of changing and treatment areas is secured so far as is reasonably possible.

9.7 Insurance

9.7.1 Practitioners who are involved in advising or treating patients/clients must be indemnified against claims for professional negligence. This is in the interests both of patients/clients, who may have a right to compensation and of practitioners themselves who may require professional and legal advice in connection with claims made against them.

9.7.2 Failure to arrange adequate indemnity cover which includes the cost of obtaining professional and legal advice, may lead to a charge of unacceptable professional conduct.

9.7.3 Practitioners should also maintain at all times adequate public liability insurance and, where appropriate, employers' liability insurance.

9.8 Debt Collection

Practitioners shall not use debt-collecting agencies, or institute legal proceedings to recover sums due, until all other reasonable measures to obtain payment have been taken, and shall ensure that, if such methods are used, only such information relating to the patient/client is disclosed as is necessary.

9.9 Separation of funds and financial information

9.9.1 In cases where practitioners hold money on behalf of another person or body they shall do so in such a way that it is kept separately from their own money, and that they account to the other party for any interest earned by such money.

9.9.2 So far as is practical, financial information relating to a patient/client should be kept separately from clinical notes.