

ALLIANCE OF REGISTERED HOMEOPATHS

CODE OF ETHICS AND PRACTICE

1. Introduction

Patients rely upon, and have a right to be able to place trust in, their healthcare practitioners, who must therefore maintain high standards of care, competence and conduct. Fellow healthcare practitioners also deserve respect and have a right to be treated properly.

This Code of Ethics and Practice summarises the standards set by the Alliance of Registered Homeopaths (ARH). All its registered members (referred to as members in this document) agree to abide by the Code, which offers guidance on the observance of the standards, indicates areas where particular challenges may arise, and forms the basis for assessing the professional conduct of any member against whom a complaint has been made - though it in no way restricts anyone's legal rights in the event of a complaint.

Such a code cannot be all inclusive, but it does set out the principles of ethical professional conduct as a guide to all concerned.

Members should be aware that standards of good practice have been agreed throughout the profession in the form of the National Occupational Standards for Homeopathy. Ideally, members should be acquainted with the recommendations set out in these Standards, copies of which are available from the Improvement and Development Agency (tel. 020 7296 6600).

In healthcare, many decisions fall into areas where there is no absolute right or wrong and where a series of conflicting obligations may have to be considered. The principles laid out in this Code and in the National Occupational Standards for Homeopathy are designed to enable members to act in a professional manner when faced with such situations.

A member's ability to follow these principles both in spirit and letter demonstrates their competence and fitness to practice, and ensures their continued registration with the ARH.

2. Basic Principles

The following are the basic principles all members should reflect on and adhere to:

2.1 Clarity of Contract

In order to ensure patients are able to make informed choices with regard to their healthcare, members should give full and clear information about:

- duration and frequency of appointments
- charges
- availability for advice
- locum coverage
- emergency contact
- confidentiality and its breaching through disclosure
- security of records
- the place supervision plays in their practice.

Ideally, this information should be given in writing, before entering into the therapeutic relationship. Often the best way to do this is to include it in a clinic leaflet, thus establishing a clear contract with patients.

Practices other than homeopathy

If, during the course of treatment, it is considered appropriate to employ therapies other than homeopathy, the member will practise these therapies with integrity and competence. The nature of the treatment offered should be made clear to the patient. members should indicate their relevant qualifications, membership of a registering body and adherence to a separate Code of Conduct for the practice of such additional therapies. It is necessary for the member to hold professional conduct insurance applicable to every aspect of the patient's treatment.

Referrals

Patients may refer themselves directly for homeopathic treatment. They should be encouraged to inform their GP or healthcare practitioner that they are receiving homeopathic treatment and, with the patient's consent, the member may also inform the GP of this in writing.

A GP who formally delegates the care of a patient within the NHS retains overall clinical responsibility for that patient.

Details of all recommended referrals to other homeopaths or healthcare practitioners are to be recorded in the patient's notes at the time the recommendation is made.

In all these matters, if at any point the patient declines to give consent for the member to make this contact, their wishes must be respected at all times and recorded in their notes.

Hospital treatment

Where a patient or a patient's representative requests homeopathic treatment to be initiated or continued within a clinical setting (e.g. a hospital or hospice), both nursing staff and the person with overall clinical responsibility are to be notified of this request by the patient or their representative.

2.2 Informed Consent

In order to ensure the patient is able to give informed consent with regard to their healthcare, the member should give full and clear information about the nature of homeopathic treatment, both before that treatment begins, and as appropriate during that treatment.

2.3 Accuracy of Records

All case notes will be clear, legible, and contain all the relevant information relating to the progress of the case. They will enable a third party to have an understanding of the patient's state at the time of a consultation, and of whether the patient has improved, maintained or deteriorated in their condition since they were last seen. This is particularly important should the member at any time be involved in legal proceedings.

To ensure continuity of care, the treatment of a patient known to be under the care of another homeopath should ideally not be undertaken without informing them and requesting details of the patient's treatment to date. However, this must be done with the patient's full knowledge and consent. If the patient does not agree to this, a note of this fact should be recorded, indicating that continuity of care could not be achieved.

Where a patient requests the record of their treatment, or asks that it be forwarded to another homeopath or other practitioner, it is important to send a copy of all information from that patient's case notes as quickly as possible. The full original notes are to be retained by the member. A reasonable charge to the patient for this service might be considered.

Patients should be notified in the event of the death or incapacitating illness of the member treating them. The member will make prior arrangements for case notes to be returned to patients, or destroyed.

2.4 Competence & Continuing Professional Development

Members should be aware of the extent and limits of their clinical skills, monitoring them as necessary, using the tools of reflection and audit. Members should be able to refer patients appropriately to other practitioners when necessary. Members should actively extend their knowledge base through continuing professional development (CPD). CPD may include supervision, conferring with colleagues either personally or via

email, and acquiring knowledge of new theory and practice through further training and study (e.g. attending appropriate seminars and post-graduate training courses or contributing to an on-line homeopathic mailing list). CPD may also involve complying with any statutory or ARH requirement that may be in force.

Failure to engage periodically in a reasonable amount of post-graduate education may be taken into account when hearing allegations which call a member's professional competence into question.

2.5 Confidentiality & Disclosure

Members must ensure that patient information is kept secure and confidential, access being restricted to the member and their assistants or agents, unless the patient agrees otherwise in writing, or unless access is requested through due process of law.

Storage

Full and clear records of all treatments of patients should be made, kept, and stored for at least seven years from the date of the last consultation, ensuring compliance with the requirements of the Data Protection Act, whereupon they can be destroyed, with care taken to preserve complete confidentiality.

Disclosure without consent

Disclosure without consent is a difficult issue, particularly if the member has promised total confidentiality to the patient. For the most part, the question of confidentiality is subject to the contract between each individual patient and their practitioner, but there are instances where there is a conflict of interests between a member's duty to society and their duty to their patient. As members are subject to the law of the land in which they practise, they must disclose records if ordered to do so by a Court. A member can of course make every reasonable effort to persuade the patient to change their attitude and to disclose information themselves.

It is important for members to clarify their policy on confidentiality before treatment commences. It is recommended that this be clearly set out in the clinic leaflet. In the event of a later dispute, this will constitute a written record of what has been contracted between the patient and practitioner.

2.6 Clarity of Service

Members must establish and monitor clear boundaries between all parties to the therapeutic relationship in order to maintain the impartial professional position that needs to exist.

Thus, whilst it is not the object of these ethical guidelines to go into the realms of morality, some points must be made.

On most occasions any form of emotional, intimate or sexual encounters between a member and their patient, student or supervisor can be construed as an abuse of trust and power. Such situations are therefore to be actively discouraged, particularly if the relationship is clandestine. Members should actively avoid placing themselves in such a situation. Any complaint against a member resulting from such actions will be dealt with severely by the ARH if there is evidence that there has been an abuse of power or trust.

3. Legal Obligations

Members have a duty to be aware of those ways in which the law of the country in which they practise affects their practice. If these obligations are overlooked, members may become involved in difficulties with state authorities, or with other professional or institutional organisations.

Members are required:

- To comply with the law of the state, territory or country in which they practise.
- If a member of another professional register, to be aware of any statutory or voluntary requirement imposed by its Code of Ethics.
- To inform patients about the nature of homeopathic treatment, before that treatment begins.
- To tell patients the identity of the remedy prescribed, if asked.
- To provide clear instructions for each prescription made. For telephone consultations, a written record of instructions given should be added to the notes.
- Not to use the title 'Doctor' in connection with homeopathic practice, unless the member holds a recognised medical qualification and is registered with the appropriate state medical register. Whilst it is appreciated that members with a PhD in other areas have the right to use the title 'Doctor', the ARH expressly forbids its use when it might be misleading to the patient. There are Doctorates in Homeopathy available in countries outside the UK, but the ARH can have no way of checking the validity of the training involved in gaining such a qualification. Therefore, unless an exception is granted to this rule by the Board of Directors, no member other than a medical doctor registered in the UK may use the title 'Doctor'.
- Not to refer to assistants as 'Nurse', unless they are currently registered as such with the United Kingdom Central Council for Nursing, Midwifery and Health

Visiting, or the equivalent state medical register of the country in which they practise.

- Not to conduct any intimate physical examination of a patient without the presence of a third party acceptable to the patient, unless the patient gives prior written consent.
- To conduct a physical examination of a child under 16 only in the presence of a parent or legal guardian and with that child's clear consent.
- To register under the Data Protection Act where this is required. If in doubt, the member should call the information line of the Data Protection Commissioner on 01625 545745.
- To provide patients, on request, with access to their case notes. Statutory right of access to any written health records exists under a number of pieces of legislation including: Professions Supplementary to Medicine Act, Human Rights Act, Data Protection Act.
- Not to draw up or sign any false or misleading documents, reports or certificates.
- To obtain patients' active consent to sensitive personal data being recorded in their case notes.
- Not to record the patient on film or through digital imagery or sound recording without their prior written consent.
- Not to claim or imply, orally or in writing, to be able to cure any named disease.
- To be aware of those diseases which are notifiable, and to refer patients immediately to their GP if such a disease is suspected.
- Not to treat animals and charge a fee. Only a vet may do this. However, it is perfectly proper for a vet to ask a member to treat an animal under their care.

Premises

Members are also required:

- To comply with Local Council Regulations and the advice of their local Environmental Health Officer regarding adequate facilities such as heating, lighting, ventilation, toilets, electrical installations, smoke alarms and fire extinguishers.
- To protect the safety of the public and those people working on the premises by establishing suitable working conditions.
- To make a first aid kit available at all times (Shops and Offices Act).
- To regularly review facilities and working practices in order to ensure they comply with current standards. Members should be aware of their responsibilities under Health and Safety legislation (Health & Safety Act) whether as employer, employee or self-employed practitioner.

- To hold suitable third party liability insurance covering their premises.

4. Advertising & Media

All advertising must be decent, legal, honest and truthful, and must conform to relevant guidance such as the British Code of Advertising Practice.

Professional advertising may indicate special interests, but must not make claims of superiority or disparage professional colleagues or other professionals.

It must not be designed to mislead or deceive, or make unrealistic or extravagant claims.

5. Where Things Go Wrong

5.1 Problems with health

The interests of patients must come first at all times, and must not be compromised. If, therefore, a member's mental, emotional or physical health becomes impaired to such an extent that they are unable to give their patients an optimum level of care, they should swiftly seek and follow appropriate professional advice.

Similarly, if the mental, emotional or physical health of a colleague becomes impaired to such an extent that they are unable to give their patients an optimum level of care, a member should swiftly bring their concern to the attention of another colleague, supervisor or the ARH Ethics and Welfare Director.

5.2 Where trust breaks down

If, for whatever reason, the trust between a patient and member breaks down to such an extent that the member can no longer offer an appropriate standard of care or service, either the member or the patient may end the relationship. If this happens, the member should try to make sure the patient has an alternative source of homeopathic care if they want or need it. With the patient's permission, the member should provide the new practitioner with sufficient information to allow responsibility for care to be handed over without delay.

6. Complaints and disciplinary procedures

6.1 Complaints

Practitioners trained as homeopaths to ARH standards following the guidance in this Code, are able to practise homeopathy safely, competently and ethically. However, from time to time something may go wrong.

Patients, members of the public, other professionals and members of ARH have the right to complain if they perceive that a member of ARH has not provided treatment or conducted themselves in accordance with this Code. Members should ensure that their

patients have clear information about how to express any concern they may have about their treatment.

If a patient or other interested party brings an apparent failure in care to the member's attention, they should act promptly and constructively, giving the matter proper consideration. The needs of the patient must come first. The member should give a sensitive explanation of what has occurred, and take the initiative to put things right. If appropriate, the member should offer a suitable apology and an assurance that steps will be taken to prevent a recurrence.

Because questions of compensation may arise, the member should also notify the ARH Ethics and Welfare Director and the professional indemnity provider of any steps taken in response to a complaint brought against them. If a complaint against a member is taken to ARH, the member will co-operate fully with ARH's efforts to resolve it. If their conciliation attempts fail, the member must co-operate fully with the subsequent Professional Conduct Committee (PCC) proceedings. If a PCC disciplinary hearing proves necessary and the member fails to attend, the hearing will proceed in their absence, unless sufficient grounds for the hearing to be adjourned have been provided.

Members have the right to expect support from ARH in the event of any unwarranted and unsubstantiated allegations made against them while carrying out their professional duties. ARH regards the support of members who have complied with their ethical duties as being equally as important as its regulatory function.

6.2 Receiving a Complaint

Ethics and Welfare Director

A complaint received against a member will be passed on to ARH's elected Ethics and Welfare Director (EWD).

The EWD will then contact the complainant in writing to confirm the allegation received and to clarify any points that are not clear.

If the EWD feels that the allegation warrants investigation, then they will contact the member involved.

If the complaint cannot be effectively conciliated by the EWD liaising with both parties, then they will take steps to set up a Professional Conduct Committee (PCC).

Professional Conduct Committee

The PCC is made up of two Directors of ARH and three members, and will be constituted by the EWD. Having appointed the PCC, the EWD will then assume a role of support for the member, leaving the PCC to fulfil the function of adjudication.

One of these five people will be nominated as the Chairperson, who will co-ordinate the proceedings.

The PCC will:

- establish if there is a complaint to answer
- listen to the evidence available
- decide on an outcome on the balance of probabilities, and do so on the day of the hearing, notifying both parties there and then of their decision.

If the complaint is proven, the PCC may impose as a penalty any of the following:

- Admonishment
- Suspension of membership
- Fine
- Removal from the ARH register.

Once the PCC has come to a decision both parties will be informed in writing forthwith. Either party may appeal against the decision within three months of the date of the hearing.

6.3 Appeals Procedure

If either party wishes to appeal, they must put their complete case in writing, including the full reasons why they consider the PCC decision should be changed. This will be considered by a meeting of the Board of Directors who will reach a decision by simple majority vote. Both parties will be informed of the Board's decision, in writing, as soon as is practically possible. This decision will be considered final.

