

Code of Ethics and Practice

for the

Alliance of Registered Homeopaths (ARH)

Introduction

This Code of Ethics and Practice describes the standards of conduct and practice the Alliance of Registered Homeopaths (ARH) expects of its registrants. A homeopath has, by becoming a registrant of ARH, agreed to observe and be bound by this Code and observe this Code of Ethics and Practice; to abide by the regulations of ARH, and to secure and maintain professional indemnity insurance in respect of their professional practice. This Code forms the basis upon which the conduct of any registrant is 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 registrant of ARH is processed in a fair, clear and impartial manner. The Code is intended for guidance and assistance to its registrants and to protect the interests of the public. The first concern of registrants is the needs of the patient within the context of ethical professional conduct. Patients are entitled to rely upon and trust their healthcare practitioners. Registrants 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 are a major cause of complaints. ARH encourages, where possible, the resolution of differences between registrants 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 registrants are encouraged to seek advice from ARH and appropriate professional bodies.

It is the responsibility of every homeopath registered with ARH to be familiar with the content of this Code and to be able to explain its requirements satisfactorily to their patients. If necessary, the registrant is responsible for the translation of the Code into another language, in which case they should commission the services of a professional translation service for the purpose.

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 ARH 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
- 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
- Comprehensively record any history the patient may give and the advice and treatment the registered member has provided
- Maintain clear and comprehensive patient records and notes
- Provide comprehensive and clear information to allow patients to make an informed choice
- Respect and protect patient confidentiality
- Disclose confidential information only in clearly defined circumstances, such as where there is strong evidence to suggest the patient may jeopardise the welfare of others through violence, dangerous behaviour or contagion; or where there is evidence of a child being at risk (see section 23 below)
- 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, registrants 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, registrants must give clear and sufficient information about the nature of homeopathic treatment before treatment begins and as appropriate during treatment.

3 Registrants 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, registration with any relevant registering body and adherence to a separate Code of Conduct.

Referrals

4 Referrals can only be made to other practitioners with the patient's consent.

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

6 Patients may be referred by a GP, in which case the GP retains 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 shall be recorded in writing in the notes.

8 If at any time the patient declines to give consent for the registrant to make contact with their GP or other healthcare practitioner, their wishes are to be 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 to obtain details of that treatment. If the patient does not agree to this, a note of their refusal should be recorded in the notes and the patient should be made aware that this may adversely affect the continuity of their care.

Hospital Treatment

10 Where a patient requests homeopathic treatment to be initiated or continued within a clinical setting, for example, in a hospital or hospice, the registrant informs the patient or their representative of the need 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's condition has improved, been maintained or deteriorated since they were last seen. This is important for patient care, and essential should the registrant 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 Registrants must ensure that patient information is kept secure and confidential unless the patient agrees otherwise in writing.

15 A registrant must be accurate and factual when writing reports, completing or signing forms or certificates, or if required to give evidence in court or at a tribunal.

Section 3

Professional obligations

Competence and Continuing Professional Development

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

17 Registrants should regularly monitor and evaluate their clinical skills and actively extend their knowledge base and their own personal development through continuing professional development (CPD). When planning CPD activities, registrants should be aware of the following:

- 1) Which CPD activities have been previously undertaken and why
- 2) What has been learned by the CPD activities undertaken
- 3) How have the CPD activities undertaken influenced the registrant's practice
- 4) What areas can be further developed through engaging in CPD, that might further enhance the registrant's professional practice.

18 Failure to meet ARH's requirements for continuing professional development are taken into account when hearing allegations regarding a registrant'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.

20 Clear instructions must be given for the administration of 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 permission be obtained before any physical examination is undertaken. If the patient is a minor, or otherwise under some sort of disability which prevents them from giving their own consent, then a representative of the patient may give consent on their behalf

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 registrant, it is the responsibility of the registrant to listen carefully to and record their concerns without breaching confidentiality or contradicting the wishes of the patient.

Child Protection.

23 The registrant 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 Registrants 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 Registrants 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 registrant 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 registrant should ensure that a professional relationship is maintained at all times.

28 Where a registrant needs support to manage a potentially difficult situation of this nature, guidance should be sought from supervision (a supervisor offers a safe and supportive environment in which the supervisee can openly reflect upon their practitioner/client relationships, and find a professional resolution to potential difficulties), the appropriate professional body, or ARH.

Research

29 Registrants intending to undertake research must be familiar with and abide by current research ethics requirements, research governance and all relevant statutory obligations.

Section 4

Legal obligations**Criminal and civil law**

30 Registrants are required to comply with the criminal and relevant civil law of the country, state or territory where they are practising.

31 Registrants 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 they came into force. 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 registrants 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 shall be 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 to the law and to the guidance issued in 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 to consult or seek treatment from a registrant.

39 No registrant may use their ARH registration status in the advertisement or promotion 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 Registrants 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 Registrants should be aware of and observe the law with regard to the homeopathic treatment of animals.

Section 5

Organisational issues

Premises

45 Registrants 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. Registrants should be aware of their responsibilities under Health and Safety legislation (Health & Safety Act 1974) whether employer, employee or self employed.

Insurance

47 Practising registrants shall have appropriate professional indemnity insurance cover at all times.

Section 6

Practice issues

Problems with health

48 If the mental, emotional or physical health of a registrant is impaired for any reason, and patients may be put at risk, the registrant must seek and follow professional advice on whether, and how, to modify their practice so as to safeguard the interests of their patients. It may be necessary to stop practising or to receive professional supervision in order to establish fitness to practise. If a registrant has any concerns about another registrant's mental, emotional or physical health they should seek appropriate advice.

49 In the event of the retirement, illness or death of a registrant, arrangements must be made to ensure that patients are notified and their notes are, with their consent, passed to any successor practitioner.

When trust is compromised

50 Where, for whatever reason, the necessary relationship of mutual trust breaks down, either the registrant or the patient may terminate the professional relationship. If this happens the registrant 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 meet ARH standards and who follow the guidance in this Code are able to practise homeopathy safely, competently and ethically. However if, for whatever reason, their competence to practise is brought into doubt and the matter cannot, within a period of six months, be resolved by mediation between the registrant and the complainant, the matter should be referred to ARH in accordance with paragraph 61 below.

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

53 Registrants 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 registrant 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 registrant's attention, is entitled to proper investigation and a sensitive explanation of what has occurred. The registrant will take the initiative in putting things right and, where appropriate, offer a suitable apology and assurance that steps have been taken to prevent reoccurrence.

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

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

57 The conduct of any registrant 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 ARH for consideration under the Professional Conduct Procedures. 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 registrant from the register.

Section 7

Professional conduct procedures

58 Introduction

Professional conduct procedures are necessary to underpin and at times enforce the professional standards a profession sets for itself. Such procedures protect the public and maintain the reputation of the profession. Procedures should be fair to all parties involved. Concerns and complaints about a practitioner's conduct can arise in relation to aspects of their behaviour, their therapeutic competence or about their state of health.

Whenever possible ARH encourages the resolution of differences between registrants and potential complainants through informal mediation before entering into formal professional conduct procedures and, for this purpose, maintains a list of suitably qualified individuals both lay and professional who are prepared to act as unpaid mediators. Many concerns arise as a result of poor communication resulting in misunderstandings. The diverse needs and expectations of all parties are accordingly taken into consideration.

When someone is considering raising a concern, advice may be sought from the ARH Professional Conduct Officer and a copy of the Code of Ethics and Practice requested. Registrants are encouraged to seek advice from the ARH Professional Conduct Officer (PCO).

59 Concerns and Complaints

A concern or complaint arises when someone alleges that the conduct of a registrant of ARH does not meet the standards described in the ARH Code of Ethics and Practice. Whenever possible the person having a concern should bring the matter to the attention of the registrant first and seek resolution of the issue either directly or by mediation (stage one). If the matter cannot be resolved pursuant to this paragraph to both parties' satisfaction then either may refer it to the ARH in writing (stage two).

60 Stage One

This preliminary stage can be handled directly between the registrant and the complainant or with the assistance of a suitably trained mediator who assists the parties to negotiate an informal resolution between the registrant and complainant. If agreement is reached, the mediator takes all necessary steps to ensure any resolution is acted upon and makes and retains a record of the resolution reached.

61 Stage Two

This stage is formal and occurs when stage one has been followed and a resolution has not been reached or the complainant has opted not to implement stage one but has instead made a written complaint to the PCO. In this case a written record of all steps taken and all complaints made is made by the PCO and signed by the parties and the PCO; at the conclusion of stage two a written report is produced by the PCO. Where written responses are required from the registrant and/or the complainant by the PCO, these should be received within 14 days of being requested; stage two should normally be completed within 28 days from the date on which the written complaint was received by the PCO. Stage two is undertaken by the PCO who:

- clarifies with the complainant the details of the complaint raised, ensuring a written record of the complaint is signed by the complainant before proceeding further, in order to avoid potential misunderstanding at a later date
- informs the registrant of the precise nature of the complaint and requests a response, which may include the provision of a written, signed statement
- collates relevant information
- identifies relevant parts of the ARH Code of Ethics and Practice
- sends guidelines about the professional conduct procedures to all parties
- where possible and appropriate, initiates mediation that can potentially lead to a mutually acceptable resolution
- after collecting all available evidence, provides a written report showing conclusions drawn and making recommendations.

62 Stage Three

This stage involves awaiting the response from both parties to the written report and its recommendations.

If, following stage three, both parties are in agreement the suggested resolution is recorded and acted upon.

The PCO checks to ensure any actions arising from the resolution are undertaken within the time constraints agreed by both parties.

63 Stage Four - The Professional Conduct Committee

If resolution fails at stage three, or if the concern raised is of such a nature that it falls beyond the remit of the PCO (for example, the alleged complaint constitutes serious professional misconduct), the next stage is either:

- to refer the alleged complaint to the Professional Conduct Committee, or
- to write to the parties involved, advising them that it has not proved possible to resolve the matter and that the file will be closed.

There is no appeal against the PCO's decision to close the file.

The Professional Conduct Committee (PCC) consists of four members: two registered members, one of whom is a member of the Board of ARH, and two lay members. The PCC may co-opt further people in an advisory capacity as necessary. The Quorum shall be three, at least one of whom must be a registered member and one a lay member. The Chair will be elected from the members of the PCC. After consideration of the written information put before them, the Professional Conduct Committee may:

- a) Decide there is no case to answer and give a clear written explanation why.
- b) Refer back to the PCO to obtain further information.
- c) Decide there is cause for concern but that the concern raised should be capable of resolution through mediation involving both parties which leads to a mutually acceptable conclusion. Such a conclusion may involve the registrant and the complainant's agreeing to certain conditions.
- d) Formalise the concern into a complaint informing all relevant parties in writing of the complaint.
- e) Initiate the holding of a Formal Hearing with the parties involved and any nominated representatives.

64 Stage Five - The Formal Hearing

- a) A Formal Hearing takes place within eight weeks of a complaint being formalised under paragraph 63(d) above. The allegation is made known to the practitioner concerned within 14 days of the complaint's being formalised. The Professional Conduct Committee appoints a Convener who selects the members of a Formal Hearing Panel (FHP), arranges the date and venue for the hearing, gathers documentation and provides all parties with the relevant documentation.
- b) A Formal Hearing Panel comprises two registrants and one lay member drawn from an established pool of people with appropriate expertise, including a legal assessor in an advisory capacity if required. The Chair is elected from within the members of the panel.
- c) Typical attendees at a hearing are:
 - the FHP
 - the complainant and their representative(s)
 - the registrant and their representative(s)
 - the convener.

The hearing shall take place in private, in the presence of the relevant attendees only.

- d) The registrant and complainant may be legally represented at the hearing.
- e) The hearing is held in private and the proceedings tape recorded.
- f) Following the holding of the Formal Hearing, the FHP has the power to either:
 - Adjourn the hearing
 - Dismiss the complaint
 - Uphold the complaint.

- g) If the complaint is upheld, the FHP may do one or more of the following:
 - reprimand the registrant
 - impose conditions or requirements (including that they submit to supervision from another registrant) for a specified period of time
 - suspend their registration for a specified period of time
 - terminate their registration
 - make any other requirements that the FHP may deem necessary; this may include financial penalties which may include expenses incurred by ARH.
- h) The complainant agrees that decisions reached at stage five are final and binding subject to any party's right to appeal under the provisions of paragraph 65 below.

65 Appeals against the FHP decisions.

Grounds for Appeal/Review:

- a) New evidence not available to one or other party at time of the hearing.
- b) Evidence that procedures have not been properly followed.
- c) That the sanction applied is inappropriate to the nature and severity of the complaint.

An appeal by either party is allowed within 21 days of the formal notification of the decision of the FHP. Appeals shall be made in writing to the Convenor. Either party having declared their intention to appeal is required to supply in advance concise grounds of appeal of not more than 1,000 words that are sent out with notice of an appeal meeting to the members of the appointed Appeals Panel (AP). This is to be provided to the Convenor within 14 days of the submission of the notice to appeal. Advice may be sought by the Convenor as to the validity of the appeal.

If the appeal is held to be valid the Convenor convenes an Appeals Panel Hearing within 42 days of receipt of the written notification of the appeal. Copies of the concise grounds of appeal are sent out with notice of an appeal meeting to the members of the appointed Appeals Panel (AP) and the other party involved. An Appeals Panel comprises persons not previously involved with the complaint. The AP consists of three people, one lawyer, one registrant and one lay person drawn from the established pool of expertise. The chair is elected from within the members of the AP. The AP considers the grounds for appeal and all relevant documentation.

The AP may:

- Uphold the decision and recommendations of the FHP
- Reject the decision and/or the recommendations of the FHP
- Modify the decision and/or recommendations of the FHP.

The decision of the Appeals Panel shall be final.

66 Publication of Decision(s)

The Board of ARH may publish a report in the ARH News or website or other publication setting out:

- a) the name or names of those registrant/s in respect of whom it has investigated allegations under this Section and found the allegations to be well founded;
- b) the Section of the Code of Ethics and Practice of which they were in breach; and
- c) the steps (if any) taken by the Board of ARH in respect of the named registrant/s.