



The Society of Homeopaths
representing professional homeopaths

Code of Ethics and Practice

August 2004

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Introduction

This Code and its Appendices call for careful observation by all members of the Society of Homeopaths who are qualified and insured to practise, and by those students following Society recognised courses. Those studying homeopathy are recommended to become familiar with it as part of their preparation for practice.

It also serves to guide and inform anyone interested in homeopathic treatment, demonstrating the standards that are established and maintained for professional homeopaths.

Professional homeopaths have a duty to their patients, the public, their colleagues and their profession.

An independent individual who is not bound by a professional code of conduct may behave (subject to criminal and civil law) as he or she pleases when dealing with the public, regardless of the interests of patients or the reputation of the profession as a whole.

A professional homeopath has, by becoming a member of the Society, agreed to be bound by and to observe this Code of Ethics, and to supply the Society with a signed statement to witness this agreement (which includes any future amendments); to abide by and observe the Memorandum and Articles of Association, regulations and pronouncements of the Society; to secure and maintain full medical malpractice and liability insurance in accordance with the decisions of the Board of Directors of the Society; to advise the Professional Conduct Department immediately in the event of any police or governmental (including local government) inquiry into their practice, and to submit to the jurisdiction of the Professional Conduct Department.

Homeopathy is a unique medical system and therapeutic discipline which fulfils an important role in health care; it serves to prevent ill health as well as being of benefit to most patients in both acute and chronic disease.

A professional homeopath, as a result of education, training and clinical experience, is competent to treat patients presenting with a wide variety of conditions.

Homeopathy may not always be the most appropriate form of treatment. No one system can deal with all that an individual may need, nor serve the entire population.

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Guiding Principles encourage integrity and responsibility in the practice of homeopathy. They exist for the benefit of patients, the development of understanding between colleagues, and the reputation and advancement of our profession.

It is important to understand how each guiding principle applies to everyday practice. They are expanded and explained in this Code. Whilst the Code cannot resolve all ethical and practice-related issues, it aims to provide a framework for establishing ethical practice as an integral aspect of the homeopath's role in encouraging optimum levels of practice.

They also form the basis for discussion when considering any complaint made against a homeopath.

Central Principles

- 1 The homeopath's highest and only calling is to make sick people healthy, to heal, as it is termed (according to the founder of homeopathy, Dr. Samuel Hahnemann).
- 2 Homeopaths practise their profession with integrity and dignity, being guided by ethical principles which inform their conduct towards, and care of, patient and colleague alike.

Respecting the Person – Respecting Autonomy – Maintaining Confidentiality

- 3 Homeopaths owe duty of care to patients and have regard for their wishes.
- 4 Homeopaths maintain the customary practice of keeping confidential all that a patient says, and all that is written in case notes.
- 5 Homeopaths recognise and encourage patient responsibility for their own healing and learning via, for example, discussion or educational dialogue. This process forms an important part in establishing informed consent.
- 6 It is important that patients are given information in a way they can fully understand, and for all matters that concern them to be clearly explained and agreed.
- 7 Homeopaths speak or write respectfully of fellow homeopaths to patients, students or supervisees, or the general public.

Working to Clear Contracts – Avoiding Harm

- 8 Homeopaths practise with integrity and competence any skills other than homeopathy as they may think appropriate, in a course of treatment. Prior to the first appointment, they shall make it clear to the patient concerned the nature of the treatment offered and indicate their relevant qualifications, membership of registering body and adherence to separate code of conduct for the practice of such skills. See also 61.
- 9 Homeopaths are responsible for continuing their personal and professional development by undertaking supervision, conferring with colleagues, and acquiring knowledge of new theory and practice through further training and study, for example participating in continuing professional development (CPD).
- 10 Failure to engage periodically in a reasonable amount of CPD may be taken into account when hearing allegations which call into question a member's professional competence.

- 11 Homeopaths report research findings and clinical experience methodically, honestly and without distortion. All speculative theories will be stated as such and clearly distinguished.

Avoiding Harm – Monitoring Competence

- 12 Homeopaths are responsible for monitoring their competence and becoming aware of the necessity to consult with colleagues or to refer a patient to a suitably qualified and experienced practitioner.
- 13 Homeopaths support and assist each other in their study and practice.

Maintaining Appropriate Boundaries

- 14 Homeopaths are responsible for avoiding exploitation of their patients financially, emotionally, sexually, or in any other way.

Monitoring Standards, Invoking Society Procedures

- 15 Any homeopath who becomes aware through a patient that the patient has an alleged complaint against a previous practitioner shall provide to the patient a copy of the Society's brochure *Expressing Concerns, Making Complaints*.
- 16 Where good reason exists to believe a fellow homeopath has acted unwisely, irresponsibly, or illegally, as a first step, and with full confidentiality, attempt to discuss the matter with them.

Alternatively or subsequently contact the Professional Conduct Department of the Society, asking for help to resolve the matter.

Guidelines for Clinical Practice support the previous section's Guiding Principles.

The essential elements of good practice lie in professional competence, responsible relationships with patients and colleagues, and observance of ethical principles.

The following guidelines offer advice on what is widely regarded as good practice in the therapeutic environment.

They have the additional function of helping to avoid misunderstandings or conflicts with patients or other professionals. Where unwise conduct occurs, it is possible for a homeopath to be regarded as having been careless, discourteous, unprofessional or negligent – liable to a formal complaint being made to the Society, or legal proceedings taken in a civil court.

Clinical Care

- 17 Patients are entitled to a professional standard of practice and care. Essential elements of this are professional competence, good relationships with patients and colleagues, and observance of professional ethical obligations.
- 18 Similarly, for any homeopathic proving, provers (who are volunteers) will have signed a consent document indicating their understanding of the nature of the proving process. They will be entitled to the same care and supervision as patients.
- 19 Premises, equipment and medicines are to be kept in a serviceable, hygienic and secure condition (see also 82).

Provision of Treatment

- 20 Homeopaths make all reasonable efforts to provide or continue treatment of patients who request it. It may be necessary to decline to provide or terminate existing treatment, where it is thought to be in the best interests of the patient, for any reason.
- 21 Where an existing patient, by virtue of illness, is unable to give consent for continuing treatment, the wishes of the immediate relatives should be respected.

This also applies when approached by the relative of someone who is not yet a patient.

- 22 When dealing with cases of a serious and possibly terminal nature, ensure that the patient is fully aware of the advisability of keeping their GP informed of their condition. Where possible and appropriate, ask for the patient's permission to write to their GP concerning their progress.
- 23 The gravity of a patient's condition is not to be exaggerated, nor any promise be made as to the results of treatment, to the patient or anyone else.

Medication

- 24 When a patient's condition improves as a result of homeopathic treatment and it seems possible to reduce dependence upon allopathic or any other medication, responsibility for adjusting the dosage or ceasing to take prescribed drugs lies with the patient and the prescribing practitioner.
- 25 Where such knowledge or consent cannot be obtained either by practitioner or by patient, expert pharmaceutical advice may be sought from another competent practitioner.
- 26 If a patient is considered to be suffering any adverse effects from currently or previously prescribed medication, previous surgery or other medical intervention, a homeopath may draw this to the patient's attention. It may be appropriate, with the patient's consent, to refer them back to the person having clinical responsibility for the patient at that time, with an explanatory letter.

Monitoring of Competence

- 27 A competent homeopath identifies those occasions when a patient's condition is:
 - beyond the present limits of their clinical competence and expertise.
 - likely to receive more immediate, effective benefit from another form of treatment.
 - showing signs and symptoms suggestive of an underlying condition which requires referral for investigation and other medical diagnosis.
- 28 Where the examination, case-taking or treatment of a patient is beyond an individual homeopath's capacity, knowledge or skill, other options for treatment are to be discussed and agreed.
- 29 In that case, the homeopath may provide the patient with sources of further information in order to encourage informed choice, and/or refer the case formally to another homeopath or other health care professional.

Liaison with Medical Colleagues

- 30 Patients may refer themselves directly for homeopathic treatment. They may be encouraged

to inform their GP or health care practitioner that they are receiving homeopathic treatment, and when appropriate the practitioner may also write to the GP informing them of this.

However, if the patient refuses to give consent for the practitioner to make this contact, their wishes should be respected and recorded as such in their notes.

- 31 Patients may also be formally delegated by their GP or other health care practitioner. In such an event it is worth establishing the patient's needs and expectations, since they may envisage very definite and probably quite limited treatment outcomes.

Where a patient has been so delegated it is recommended that the treatment proposals be outlined to the referrer.

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

- 32 The Society recognises that the optimum situation for the patient is one where the homeopath and the patient's GP establish a sound, open, co-operative and professional relationship, each recognising the health care benefits the other has to offer the patient within the bounds of their legal and ethical responsibilities and competencies.
- 33 Where a patient requests homeopathic treatment be initiated or continued within a clinical setting (i.e. hospital, hospice) both nursing staff and the individual (practitioner, doctor, consultant) with overall clinical responsibility should be notified of this request.

Liaison with Colleagues

- 34 To ensure continuity of care, with access to previous notes and prescriptions, the treatment of a patient known to be under the care of a fellow homeopath is not to be undertaken without informing them. If the patient does not agree to this, a note of this fact (and that continuity of care cannot be achieved) is to be recorded.

Patient Records

- 35 All case notes shall be clear and legible, and contain all the relevant information relating to the progress of the case. They shall enable a third party to have an understanding of the patient's state at the time of a consultation; whether the patient has improved, maintained or deteriorated in their condition since they were last seen. This is particularly important where the homeopath recognises the possibility of legal proceedings for, e.g., child protection, medical neglect or malpractice issues.

36 Consent

In all instances where a patient has given a written consent for a particular course of action, this is to be kept on file; so too any verbal agreement is to be recorded in the notes. Notes are to be completed at or near the time of a consultation; they should not be written or amended later. Copies are to be kept of all correspondence.

37 Referrals

Details of all recommended referrals to other homeopaths or health practitioners are recorded at the time of the recommendation being made.

38 **Maintenance**

The basic requirements of case notes are as follows:-

Name, address, telephone number and date of birth.

Essential details of medical history.

Dates and details of all treatments given, homeopathic or otherwise.

A record of medication of any kind taken by the patient, including the names and addresses of the prescriber if available; also any diagnosis the patient has received from a competent medical authority, together with such information as peak flow recordings, blood pressure readings, other medical data such as weight loss, unusual bleeding or other information provided by the patient.

A record of symptoms divulged by the patient which suggest a serious physical or mental disorder may be present.

Advice given to the patient in a clinical or telephone consultation important for improving the known condition.

Decisions that the homeopath makes in the management of a patient's case, such as referrals, disclosure of information or request for medical tests and examinations.

39 **Storage**

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, whereupon they can be destroyed, with care taken to preserve complete confidentiality.

40 **Access**

Patient records shall be kept secure and confidential at all times, access being restricted to the homeopath and their assistants or agents, unless the patient agrees otherwise in writing, or unless requested through due process of law.

Whilst patient records are the property of the homeopath consulted, patients do have right of access to their notes (see section 66 below).

Where a patient requests the record of their treatment, or asks that they 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 notes are retained by the originating homeopath.

Where the executor or relatives of a patient now deceased request access to records, section 40 applies.

Practitioner Cover – Availability Weekends and Bank Holidays

41 Patients are to be clearly informed about weekend and bank holidays availability and accessibility, and given guidelines on what to do if an emergency were to arise during these times.

42 **Illness or Holiday cover**

Clear arrangements are made for patient care when a homeopath is on holiday or ill for a long time. Practitioners either provide locum cover and provide patients with clear guidelines about this cover, or they explain that there is no cover provided during their absence and advise patients of what to do in the event of any emergency, ensuring that patients know the date of their return.

- 43 The practitioner is responsible for ensuring that any locum attending is suitably qualified and experienced.

Assistants: Where a homeopath employs another practitioner (or works with a student, or apprentice who has responsibility for elements of patient care, the senior homeopath is responsible for providing easy access to advice and supervision).

Establishing or Retiring from a Practice

- 44 When setting up a practice for the first time or moving into a new area or clinic, practitioners inform colleagues of their arrival.
- 45 Practitioners proposing to operate under a business name will ensure its uniqueness in order to avoid local confusion.
- 46 Upon deciding to move or retire from practice, a homeopath informs all current patients of this intention, together with any arrangements being made for the transfer of the practice. This may be in the form of a local newspaper advertisement.
- 47 Practitioner illness or death: in the event of the death or incapacitating illness of their homeopath, arrangements are required to ensure that patients are notified.

Publicity and advertising

- 48 Advertisements, stationery and name plates maintain a high standard of propriety and integrity to enhance the reputation of homeopathy.
- Advertising shall not contain claims of superiority.
 - No advertising may be used which expressly or implicitly claims to cure named diseases.
 - Advertising shall not be false, fraudulent, misleading, deceptive, extravagant or sensational.
 - Where fees are quoted in an advertisement all costs shall be clearly shown.
 - No member may use their Society membership in the commercialisation of any product or remedy.
 - When advertising jointly with practitioners of other therapies, all reasonable steps are taken to ensure that those practitioners are members of recognised professional bodies.
 - All advertisements shall conform to the British Code of Advertising Practice.
 - Qualifications originating from bona fide academic organisations, also statutory designations or qualifications, awarded by established and generally recognised professional organisations, may be shown.
 - Group advertisements under the heading 'The Society of Homeopaths' may only include the initials RSHom, denoting registration with the Society, and FSHom denoting a fellowship of the Society.

Boundary Issues and Professional Conduct

- 49 Clear boundaries are to be observed by all parties to a therapeutic, educational or supervisory relationship. Any form of emotional, intimate or sexual encounter (however the participants may regard it) is abusive: of the person, of power, and of trust. It is improper, unprofessional conduct not to be undertaken in any circumstances. It is never appropriate to enter into these categories of relationship with patient, student or supervisee.
- 50 It is a professional duty to avoid putting oneself in such a situation, and to avoid any form of behaviour which might be adversely misconstrued.
- 51 Where an intimate relationship pre-exists a proposed practitioner-patient, tutor-student or supervisor-supervisee relationship, our professional duty is to consider whether the change being contemplated is appropriate, giving primacy to the needs of the prospective patient, student or supervisee.
- 52 Where a patient, student or supervisee is expressing feelings towards the homeopath, tutor or supervisor which cause problems for the maintenance of professional boundaries and when the professional — for whatever reason — is unable to resolve the situation in an acceptable manner, the professional relationship is to be ended.
- 53 The homeopath is reminded that the onus is on them to consider the boundaries to be observed. Appropriate action to uphold the Code of Ethics and Practice is by taking concerns to colleagues, to supervision, or to the Society's Professional Conduct Department.
- 54 Where a professional relationship has come to its natural end and both parties at some later time consider entering into a new relationship, part of that process involves the homeopath bringing the matter to supervision.

Legal Obligations

The Society has a duty to bring to the attention of its members those ways in which the law of the country affects their practice. If these requirements are overlooked, practitioners may become involved in difficulties with the general law, or with other professional or institutional organisations.

A homeopath is required:-

- 55 To comply with the law of the state, territory or country where the homeopath practises.
- 56 To take all reasonable steps to be aware of current law as it applies to their homeopathic practice.
- 57 To be aware, if a member of another professional Register, of any statutory requirement imposed by its Code of Ethics.
- 58 To inform patients about the nature of homeopathic treatment, before that treatment begins.
- 59 To offer patients the identity of the remedy prescribed.
- 60 To provide written instructions for each prescription made. For telephone consultations, a written record of instructions given is added to the notes.

- 61 To avoid the use of the title 'Doctor' in order not to create a false impression (by referring to oneself or having others address one as such) of being a registered medical practitioner, when this is not the case.
- 62 To avoid referring to assistants as 'Nurse', unless they hold a nursing qualification recognised by the Nursing and Midwifery Council.
- 63 To conduct any intimate physical examination of a patient only in the presence of a chaperone, having placed the patient's written consent in their notes.
- 64 To avoid making a physical examination of a child under 16 unless in the presence of a parent or legal guardian, and with that child's clear consent.
- 65 To act responsibly, where not under statutory legal obligation, when there is clear evidence of a child being at risk, of sexual abuse or other harm, whether that evidence is obtained from the child, the perpetrator, or other adult or child; and to contact the Child Protection Officer at the local Social Services Department or NSPCC so that action may be considered under the Children's Act (1989)

Each local authority produces its own handbook of child protection procedures, which should be consulted along with experienced professional advice.

- 66 To provide patients, on request, access to their casenotes. Statutory right of access to any written health records exists under a number of pieces of legislation – Professions Supplementary to Medicine Act (1960), Human Rights Act (1998), Data Protection Act (1998).
- 67 To register under the Data Protection Act (1984) where any patient records are stored electronically. Registration is a legal obligation even if this information consists solely of names and addresses, unless the latter are used only for mailing newsletters, practice information etc.
- 68 To be careful not to draw up or sign any false or misleading documents, reports or certificates.
- 69 To obtain the patient's active consent to sensitive personal data being recorded in their casenotes.
- 70 To avoid recording on film or through digital imagery any material concerning a patient which might be regarded as explicit, indecent or pornographic.
- 71 To avoid showing on film or through digital imagery any material concerning a patient without that patient's clear written consent to the precise material to be shown, and where and to whom it will be shown.
- 72 To avoid making claims (whether explicit or implied; orally or in writing) implying cure of any named disease.
- 73 To be aware of those diseases which are notifiable and to take appropriate action in these cases (see Appendix A).
- 74 To avoid giving any treatment with the intention of terminating a pregnancy.

- 75 To be aware that responsibility for adjusting or withdrawing prescribed medication lies with the patient and the prescriber of that medication.
- 76 To be aware that a patient formally delegated by a General Practitioner or Consultant under the NHS remains under the overall clinical care of that person.
- 77 To avoid releasing any documents or information concerning a patient to a third party without that patient's written consent.
- 78 To avoid disclosing any information about patients acquired professionally, and to preserve confidentiality at all times, unless clear ethical or legal concerns overrule this, or unless the patient has consented in writing to its use in the teaching situation (see below).
- 79 Confidentiality implies good faith existing between two or more people who have a commitment to supporting each other in what they are doing on behalf of each other.
- 80 Apart from the patient giving consent to the nature and extent of a disclosure, the following legal and moral exceptions may justify information being given to third parties in their professional capacities:
 - a) by rule of law when required to do so by rule of law.
 - b) under the Prevention of Terrorism Act (1989).
 - c) by virtue of employment in an organisation operating local protocols which have a legal requirement to provide information, e.g. under the Children's Act (1989) and Public Health Act (Control of Disease) Act (1984).
 - d) in an emergency or other dangerous situation where in the opinion of a homeopath the information may assist in the prevention of possible injury to the patient or to another person.
- 81 Where contact is initiated by a member of a patient's family, or a friend or other person, to listen carefully to their concerns in an unprejudiced manner and act appropriately, without breaching confidentiality or contradicting the wishes of the patient.

Premises the following applies to all places of practice:

- 82 to comply with local council regulations and advice of the 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 (reference Shops and Offices Act 1963)
 - 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 1974) whether employer, employee or self-employed.

Patient Consent for Educational Purposes this section expands provisions 70 and 71 above.

- 83 Written consent shall be obtained in advance of making a video or other recording of a patient in consultation, or before producing in printed form any material from casenotes, or likewise sending a communication electronically which may become printed matter.

- When obtaining consents, how material is to be used and with whom shall be made clear to the patient in order to define and restrict publication.
- The patient signs to agree a clearly defined use of material, and to acknowledge their anonymity being preserved at all times. Identifying factors (names, locations, employments) shall not be revealed in a recording, nor in the labelling of cassettes, nor in any other oral or printed form.
- The written consent(s) are to be kept with the patient's notes.
- Once it is given, the patient may withdraw consent during a recording of their case or at any time afterwards, without needing to justify a decision. In this event, the recording is erased at once, teaching material withdrawn from circulation where possible, and confirmation of all actions sent to the patient concerned.
- If consent has been obtained for a specific purpose which the homeopath wishes to extend, e.g. to use further material, to show to a different audience or to publish more widely, a supplementary written consent shall be obtained in a form identical with the original.
- All recordings are to be kept secure by the college or teacher, and shall not be lent, sold or viewed outside the jurisdiction of the college or teacher.
- Colleges, teachers and students need to be fully aware of the confidential nature of material used for teaching purposes.
- Written consent must be obtained that students will keep confidential all the information contained in the recording and any ensuing discussion, which may only take place in the seminar room (this is only necessary if not mentioned within the code of ethics of the homeopathic college concerned).
- When a recording is used at a seminar arranged by the Society of Homeopaths or one of its members, the audience must be reminded of the above statement of confidentiality. Licensed and Registered members sign to agree to abide by the Code of Ethics and Practice on acceptance as members of the Society, and this covers confidentiality. Where an audience is not entirely made up of members of the Society so bound by this code, then a written signed statement shall be obtained from all participants to preserve the confidentiality of the information they receive from video films, case histories, discussions etc, all of which shall be kept within the teaching room.

Complaints

- 84 The Directors of the Society shall advise and give direction on matters of principle and of conduct of homeopaths. They shall appoint one of their number to be responsible for overseeing professional standards and initiating any adjudication process that may be necessary.
- 85 The purpose of the complaints procedures is to ensure the impartial examination of a concern or complaint against a student, Licensed or Registered member of the Society. The mediation of the Society serves to assist relationships between both homeopath and patient and also between fellow homeopaths. Nothing in this process, nor in these regulations, should be seen as a limitation upon the creation of good understanding and a sincere rapport between practitioner and patient.

- 86 A concern or complaint can be brought by any member of the public or of the Society. Any person in this position may have preliminary and confidential discussions with the General Secretary, Professional Conduct Director or Professional Conduct Officer.
- 87 A formal complaint may be lodged at any time – there is no ‘cut-off’ point .
- 88 The Society recognises that some concerns or complaints are a result of misunderstandings.
- 89 Where approaches under (85) have proved unsuccessful, then a formal and confidential report shall be made to the Professional Conduct Department, requiring a further investigation following the process laid down in the Society’s procedures.
- 90 If a complaint is brought against a member for non-observance, or regular or wilful breach of the letter of this Code, their actions will be questioned by the Society. There is an established procedure through which a complaint can be taken, leading to required training, the imposition of penalties, or expulsion from membership, depending upon the seriousness of a proven misconduct.

Pre-emptive Resignation / Lapsed Membership

- 91 Any member under investigation tendering their resignation shall have it received and placed on file, but not accepted, until the investigation procedure is completed or the complaint withdrawn

Similarly, if a member fails to renew their membership whilst under investigation, it shall be treated in the same manner as a resignation, and held over till the procedure is complete.

- 92 Adjudication and the use of sanctions may follow the initial discussions
- (a) if a situation cannot be resolved without further investigation
 - (b) if a serious breach of the Code of Ethics is under consideration.
- 93 The results of these investigations shall be communicated to complainant, practitioner and, in the event of resignation, suspension or expulsion, to other Registering Bodies.

Complaints Procedures: Introduction

- 94 The purpose of the procedures contained in this Code and the Society’s Articles of Association is to deal formally with complaints that are made against a homeopath relating to their professional practice, which cannot be resolved by other means, such as informal discussion or exchange of letters, by the homeopath or the Society. It is a means of ensuring that inappropriate behaviour or professional incompetence is investigated and corrected in order to prevent a recurrence.

Any breaches of this Code will not necessarily render the proceedings void and will be considered in the overall context of the reasonable operation of the spirit of the Code.

Mediation

- 95 When an enquiry is received, the Professional Conduct Director will ensure a thorough investigation of the facts of the matter as soon as possible, making enquiries of all concerned, and helping all involved to find their way to an agreed resolution. The sole objective at this stage is to obtain facts, inform the parties and clarify any misunderstandings between them, so enabling any mistakes to be acknowledged and rectified as far as may be possible.

Preliminary Assessment

96 If a complaint cannot be resolved through mediation, or an alleged misbehaviour is considered to be too serious for simple resolution or reconciliation, then the process proceeds to the next stage. A preliminary assessment panel comprising registered members plus a member of another professional body or lay person convenes to consider the issue and recommend appropriate action. Proceedings will be held in camera. Those present at hearings will be expected to treat all the information exchanged as confidential. Copies of all papers together with a summary of the proceedings and findings will be kept in the confidential files at the Society's office.

Adjudication

97 Adjudication is organised and supervised by a Convenor appointed by the Professional Conduct Director to carry out these duties. The role of the Convenor involves being present during and keeping good order and ensuring fairness throughout the process of arranging and attending the Panel hearing. All parties will be expected to recognise the authority invested in the Convenor to ensure this and to respect their duties in this role. The Convenor will not take part in the process, but may provide advice on the procedures. In preparation for a Panel hearing, all papers will be passed to the Convenor, who takes the responsibility for ensuring that all parties are informed of the proceedings and their format.

Written notice will be given to the Member concerned, informing them of the time, date and place of the hearing, the nature of the complaint against them and the right to representation. It is the Member's responsibility to ensure that the address information held by the Society is accurate.

Both parties are required to provide the convenor with written statements of all allegations, evidence or other relevant material including details of representation and witnesses or specialist evidence, at least twenty-one days prior to the date of the hearing.

A party may be accompanied by one person who may represent them. This representative may speak on behalf of the person at the hearing but this will not preclude the party from speaking upon their own behalf or calling any specialist evidence to support their case. Where one party is to be represented, the Convenor shall inform all other parties of this fact and the nature of the representation e.g. any professional status of the representative. They may also be accompanied by one other person lending support.

Having been supplied with statements of evidence from all parties, the Convenor will send copies to the other parties and to the members of the Panel at least ten days before the date of the hearing.

A Panel, consisting of two to four Full Members of the Society and at least one other person who is neither a member of the Society nor a homeopath, will be chosen from a specialist list of full members and the list of lay people and members of other related professions held by the Society. Care will be taken to ensure that, as far as possible, the gender and ethnic origin of any party to the proceedings is reflected among the Panel members. A clerk will be appointed in advance to record the evidence and proceedings of the Panel.

The Panel will appoint a chairperson from among themselves at the beginning of the hearing, and this person will guide the course of the proceedings in conference with the rest of the Panel and will make the report on the findings of the panel. The parties attending the hearing

to give evidence will be allowed to present their side of the case freely and openly and to respond fully to any questions asked of them. The panel will be expected to study in advance the papers sent to them and make every effort to clarify the matters presented to them. They may call upon specialist advisers of their own choice to assist in clarification or explanation of any aspect of the case. While maintaining as relaxed and open style of investigation as possible, listening to the oral evidence and encouraging disclosure of the facts of the case, the Panel will ask questions of any of the parties and their witnesses in order to expose facts which otherwise have not been mentioned or revealed.

The homeopath must be given access to the evidence of a complainant where they are not present in the hearing simultaneously. If the Member concerned fails to attend, without giving due notice and good reason, the case will be heard and considered in their absence. When all the evidence has been heard, and having ensured that sufficient notes have been taken throughout the hearing to enable them to decide upon the issues before them, the Panel will withdraw to consider the case.

The decision of the Panel may be made on the day of the hearing or at a later time, but the Panel will make its report together with its decision to the Convenor within twenty-eight days of the completion of the hearing. The Panel will indicate the grounds for its decision and refer to the Society's Memorandum and Articles of Association, the Code of Ethics and Practice or other regulations to show contravention of these in their judgement of misconduct or incompetence. A simple majority is required to decide any penalty to be imposed.

Where the Member is also the subject of civil or criminal charges, it may be necessary to await the outcome of the court proceedings before concluding the Panel hearing for the Society.

At the conclusion of the hearing, even if the case has been dismissed, the Panel may give advice and make recommendations to the directors of the Society on any issue raised by the case. If the Member has been found to be at fault, then the following courses of action are available to the Panel.

- 98 Where the complaint is in respect of any member of the Professional Conduct Committee, the chairperson and the Board shall convene a Special Professional Conduct Committee consisting of at least two directors, who shall have jurisdiction to investigate the complaint in accordance with the Society's Code of Ethics and Practice.

Penalties

- 99 **All warnings** must indicate what behaviour or action or omission about which the Member is being warned about, what improvements are required, how they will be measured, the length of time the warning is to be in place and the consequences of not heeding it.

A first warning – is appropriate for a relatively minor matter which has not caused any harmful effects.

A further warning – will be given where, despite an earlier warning on the same matter, the Member has re-offended.

A final warning is appropriate either as a result of an accumulation of first and further warnings on repetitions of relatively minor matters, or on a more serious matter where it falls short of action justifying a more serious penalty.

A demand to give a written undertaking not to re-offend may be made either for a serious matter which could lead to a suspension or expulsion if repeated, or where the Member has ignored warnings so that suspension would otherwise be the next penalty to be imposed upon them.

A reprimand will be given where behaviour has been well below the standard expected of a professional homeopath and the complaint made against them has been well-founded.

A suspension may be for any period of time, up to two years in total, and will be the result of a situation where the Member has been shown to be unfit to practise and further treatment or training is required, or the result of misconduct which has been repeated, despite earlier action taken by the Panel to warn or reprimand or demand an undertaking.

An expulsion from membership is the most serious penalty and a last resort where due to gross incompetence or misconduct the member can no longer be tolerated as a member of the Society, in any class.

The Panel may alternatively require that a member must embark upon a period of treatment, counselling, supervision or training which is relevant to the matter in hand.

Ratification

100 Upon receiving the report and decision of the Panel, the Convenor shall present them to the Professional Conduct Director for ratification by the Directors at the next Board Meeting. A simple majority of directors is required to ratify the decision.

Where there is a decision not to ratify, the matter will be referred back to the Panel for their reconsideration and the Member concerned will be informed.

Appeals

101 Within seven days of receiving notice of the decision of the Directors and the panel, the Convenor will notify the result in writing to the complainant and to the Member concerned, informing them both of their right to appeal. Within fourteen days of receiving this notice, either party can write to the Secretary of the Society giving notice of their intention to appeal against the decision of the Panel and giving grounds for the appeal.

The grounds for appeal are;

- a) there is evidence which was not available at the time of the Panel hearing
- b) there is evidence that procedures were not properly followed
- c) either party considers that they have been unjustly or unfairly treated in the adjudication process
- d) the directors have refused to ratify the Panel decision.

Either party having declared their intention to appeal is then entitled to supply in advance written evidence, of not more than one thousand words, which will be sent out with the notice of the appeal meeting to the members of the appeal panel. This is to be provided to the Secretary within twenty-eight days of their notice of intention to appeal to the Society.

The Secretary will convene an Appeal Meeting. They will write to the appellant at least twenty-one days before the date of the Meeting, telling them the time, date and place of the appeal meeting and of their right to be represented. Appeals will be heard by an Appeal Meeting of not more than five full members of the Society.

The Appeal Meeting will be held in camera with a quorum of three full members. A clerk will be appointed in advance to record the proceedings. The meeting will elect a chairperson from among their number who will conduct the proceedings and ensure fairness and good order throughout.

Only evidence directly related to the grounds for the appeal will be admitted.

The Professional Conduct Director who may be represented will present the case against the grounds for the appeal. They will be entitled to supply written evidence to be circulated to all attending the meeting and may call evidence on behalf of the Society directly related to the grounds of the appeal.

Where there is acceptance on both sides on some or all of the documentation or facts, these may be presented as agreed information to the Appeal Meeting.

The appellant and/or representative may be questioned by the Panel, and the contents of the documents presented relevant to the grounds of the appeal. Following this, the appellant and/or representative will then respond by presenting their case to the meeting, calling any witnesses or referring to any documents previously submitted for consideration. As before, these may be questioned by the Panel and the representative of the Society.

After the evidence has been given by both sides, both may sum up their cases, based upon the evidence previously presented. They will then withdraw and the Meeting will decide on the matter before them, this decision being based only on the evidence presented. If possible, the decision will be announced to the recalled parties and will be subsequently confirmed in writing, to both sides. On occasions there may be some delay in coming to a decision, but the delayed decision will be given in writing within fourteen days.

The decision of a majority of the members of the panel will be final. Any reduced penalty will also require a majority.

- 102 The Society shall be entitled to publish, in any of its publications, and in the general press or other publications selected by the Board, notice of the suspension or expulsion of any Member subject to the provisions of these Articles, provided that such publication contains only the name and address of the Member and the formal grounds for such suspension or expulsion.

Appendices

The following appendices are to be read and referred to in conjunction with this Code of Ethics and Practice:

- Appendix A – Notifiable Diseases
- Appendix B – Child Protection Issues.
- Appendix C – Core Criteria.

Appendix A

Notifiable Diseases in England and Wales

A1 As defined in Section 10 of Public Health (Control of Disease) Act 1984:

Cholera	Smallpox
Plague	Typhus
Relapsing Fever	

A2 As defined in Section 11 of Public Health (Control of Disease) Act 1984:

Food poisoning

A3 As defined in the Public Health (Infectious Disease) Regulations 1988:

Acute encephalitis	Mumps
Acute poliomyelitis	Ophthalmia neonatorum
Anthrax	Paratyphoid fever
Diphtheria	Rabies
Dysentery (amoebic or bacillary)	Rubella
Leprosy	Scarlet fever
Leptospirosis	Tetanus
Malaria	Tuberculosis
Measles	Typhoid fever
Meningitis	Viral haemorrhagic fever
Meningococcal septicaemia (without meningitis)	Viral hepatitis
	Whooping cough
	Yellow fever

A4 Where you suspect a patient has signs and symptoms of one of the above notifiable diseases or food poisoning, you should act responsibly by taking the following action:

- 4.1 Advise and encourage your patient to seek a diagnosis from their own GP, and make a record of this advice on their notes.
- 4.2 Contact your local Environmental Health Officer for further advice and record this in your patient's notes.

Appendix B

Guidelines on Child Protection Issues.

Introduction

As homeopaths we need to be aware of our obligations under Law. This Appendix previously focused on (and is still largely concerned with) offering advice on the management of the abused child and adult survivor.

However, we are legally required to take action in any case where we suspect a child is at risk through mental, emotional or physical abuse, or through neglect. For further advice, please contact the Professional Conduct Department.

We need to educate ourselves about the nature of sexual abuse; its common signs and symptoms; the effects on the person's health, will, understanding, memory and emotions; the role of maintaining causes, particularly secrecy and denial; and the common paths of response to the trauma. In other words, we need to understand the nature of this aetiology.

We also need a willingness to become aware of and challenge our experiences, prejudices and fears in this area in whatever way is appropriate to us, for example in supervision, through counselling or in group work.

Working definition of child sexual abuse

For the purposes of these guidelines, sexual abuse has been defined as the involvement of a young person who has not reached intellectual and emotional maturity in any kind of sexual activity imposed on them by any person who is more powerful by reason of their age or position of authority.

B1 Presenting signs and symptoms

- 1.1 Adults or children perceived as difficult, needy, suspicious, angry, uncooperative or resistant by us may well include those who have an experience of sexual abuse.
- 1.2 We need to be aware of collusion between those involved. By responding perceptively to this 'acting out' we can help to break a self-destructive pattern of behaviour which reinforces the patient's feelings of isolation and conviction that they are both helpless and beyond help.
- 1.3 We also should be aware that presenting symptoms related to eating disorders or sexual dysfunction, among many others, can be part of the response to sexual abuse.

B2 Management of cases

- 2.1 It is important to recognise that homeopathy can be as powerful a healer in sexual abuse cases as it is with other presenting symptoms, and this means that awareness of obstacles to cure by way of exciting and maintaining causes should also apply.
- 2.2 Listening without prejudice, perceiving what is to be cured, validating the patient's reality, and prescribing the minimum dose of the well chosen remedy are all as essential to the management of a sexual abuse case as they are to all other cases.
- 2.3 In addition, careful and detailed note taking is essential with children who are currently being abused in case they subsequently need to enter the legal process.

B3 Action in current cases of sexual abuse

- 3.1 If we perceive sexual abuse to be current by signs and symptoms, pattern of relapse or disclosure in a more or less obvious way by the child, it is our responsibility to take appropriate action.
- 3.2 Our legal position is as follows:
The Children Act of 1989 lays down the legal framework for the care and protection of children that governs every citizen. The Social Services Department in every local authority has a statutory responsibility to investigate where they have a reasonable cause to believe that a child is suffering significant harm and to take all the appropriate steps to protect a child. Each local authority produces its own handbook of child protection procedures and whilst we as homeopaths are not strictly bound to follow these unless we are in their employment,

the Society's solicitor considers we would be well advised to work within their guidelines. If we believe that a child we are treating is at risk we have a professional duty to bring this to the attention of the Child Protection Officer at our local Social Services Department.

3.3 Steps to consider:

- 3.3.1 Consult the Society's Code of Ethics to clarify your duty to the patient and the parents and with respect to confidentiality.
- 3.3.2 During case taking establish the reality of the situation and carry on with the homeopathy.
- 3.3.3 Establish the nature and extent of the abuse and also the degree of co-operation that can be expected from adults important in the child's life. Ask yourself if you consider the risk to be such that the child might need to be removed to a place of safety.
- 3.3.4 Make yourself aware of other agencies in your area. For example Social Services, general practitioners, family service units, as well as other informed local services, and establish their roles and procedures. Speak informally to a child psychiatrist or other health service staff trained in this area in order to clarify the seriousness of the situation. Bear in mind that once informed of a possible case of child abuse, local authority social services must act, so check thoroughly and consult informally before setting the legal machinery in motion.
- 3.3.5 Seek support for yourself so that you can be free to support the child. Discuss your response and new developments in the case as appropriate with supervisors and colleagues, whilst maintaining confidentiality.
- 3.3.6 Ensure that a detailed and dated record is made of all communications in relation to the case.
- 3.3.7 Ensure that any decisions you reach in connection with your management of the information disclosed to you is fully recorded in your case notes.

B4 Working with adult survivors

- 4.1 In our practice it is inevitable that we will encounter patients who have been sexually abused in childhood. We must understand this if we are to provide a safe environment for disclosure and be effective in treating these survivors. In order to do this it is important to realise that a survivor may present in different ways.
- 4.2 The significance of an adult retrieving buried memories of childhood sexual abuse needs to be fully understood. It is usually a very intense time and the way this knowledge is received when disclosed can have a strong affect on the future healing of the survivor. If they feel that they are believed, that the awfulness of their experience is unequivocally acknowledged and that they will have support in integrating it, then the possibilities for healing are greatly increased.
- 4.3 You should never volunteer the opinion that the patient has or has not been abused in the past. The patient must be helped to reach their own conclusions about whether actual abuse has taken place; they should not be asked directly. There is a need to acknowledge the patient's subjective feeling of having been abused. You should not draw conclusions about objective facts but should concentrate on helping the patient to heal their subjective state, which may, or may not, involve drawing final conclusions about what actually happened.
- 4.4 Patients may disclose to you that they have been abused; sometimes this will not come out until later consultations when they feel able to trust you. Often this will be the first time they have ever told anyone. This is a vital moment for sensitivity and above all for showing you believe them, not only with your words but with your attitude.

- 4.5 If a patient discloses to you in a seemingly casual way you should not respond casually. A disclosure should always be met with respect. In this way the patient is free to explore their own feelings about it.
- 4.6 Patients may already be having therapy or counselling about this issue and this can be a valuable and vital part of their healing. A major part of the picture of sexual abuse is secrecy and denial. We need to encourage the survivor to find supportive people to confide in and to recommend psychotherapeutic or counselling help. Professionally organised or self-help survivors groups are also available. If you are referring a patient for therapy or counselling make sure that the therapist belongs to an appropriate professional organisation, has regular supervision and has had training in working with survivors.
- 4.7 During the course of retrieving memories and integrating them, old 'somatised' physical symptoms such as migraines or digestive disturbance may recede dramatically, and at the same time emotional disturbances may become more pronounced. For example, patients may feel suicidal, have nightmares, weep continually, or have uncontrollable rages. Superficially this may seem to contradict Hering's law, but on closer examination it can be seen as the return of old symptoms. They are re-experiencing a 'shadow' of the original trauma. This is part of the natural process of cure.
- 4.8 Homeopaths working with sexually abused clients are strongly recommended to be in supervision. This is important not only to enable us to work effectively with the patient but to enable us to have a place to take the feelings that working with survivors can bring up. This supervision should preferably be with someone with experience of working with sexually abused clients. This might be a suitably qualified and experienced homeopath or a counsellor or psychotherapist with experience. For book references and resources contact the Society office.

B5 Perpetrators

- 5.1 Consider what you will do if a patient discloses that they have sexually abused a child either currently or in the past. This does happen and we must be able to respond in the most appropriate manner.
- 5.2 It is important to realise that perpetrators can be male, female, adults or minors. The most important thing is to establish if the abuse is happening now and insist that it must stop.
- 5.3 The other important thing is disclosure – the secrecy and denial must be stopped. Our ethical and legal responsibilities are discussed in the section on current sexual abuse.
- 5.4 We must be aware of our own feelings and responses and judge the patient's behaviour and not the patient. It is also important to understand that a perpetrator has often been abused themselves in the past but this does not absolve them from taking responsibility for their current actions.

B6 Third party disclosure

- 6.1 Consider what you will do if your patient discloses knowledge of abuse but is neither the perpetrator nor the person who has been abused.
- 6.2 It is important to adopt a common sense approach in deciding how you might deal with this information. Is the abuse continuing? What circumstances brought the information to light? Refer to section 3.3 'Steps to consider'.

- 6.3 In the course of the consultation you should do everything possible to encourage and support the patient to make a formal complaint. Should the patient choose not to take the matter further their wishes should be respected within the bounds of confidentiality of the consultation, and your legal obligations under current legislation.

Appendix C

Core Criteria

Purpose and Use of the Core Criteria

The Core Criteria make explicit that you must regularly demonstrate an implicit body of knowledge. The existing elements within the National Occupational Standards are grouped together into units or modules, and these are arranged so that these lists of observable behaviours with particular Performance Criteria never contravene any of the general Core Criteria. These criteria are implicitly at honours degree level, and the core criteria represent the standards to which homeopaths train.

They indicate a way to present material for assessment. Students would have a handbook listing all Performance Criteria, Elements of Standards, and Core Criteria. They will choose to present a demonstration of their work as they prefer, noting which performance criteria, and which core criterion are to be evaluated. All Core Criteria must be represented within the overall body of work to be assessed.

C1 Commitment to Professional Values

Demonstrates self-awareness and commitment in implementing professional values in practice.

This involves demonstrating:

- 1) awareness that health and disease are dynamic and meaningful;
- 2) clear relationship between the approach chosen and a coherent set of homeopathic and ethical principles;
- 3) reflective awareness of the individual, the human condition and its complexities, and that the balancing interaction of health and disease is a continuing process;
- 4) respect for patients' dignity, privacy, autonomy and rights as service users;
- 5) regard for the safety of the patient at all times, both physically and psychologically.
- 6) employment of competent and safe administration and prescribing practices for both homeopath and patient, when managing the practice as a sole practitioner or as part of a team.

C2 Continuing Professional Development

Demonstrates a commitment to and a capacity for reflection on practice, leading to progressive deepening of professional understanding. This involves demonstrating willingness and capacity to:

- 1) learn from others, including patients and colleagues, both through organised programmes and in everyday practice;
- 2) recognise that professional judgements are always open to question;
- 3) engage in self-evaluation as an ongoing and a cumulative process, participating in cycles of reflection and action.

C3 Affective Awareness

Demonstrates understanding and effective management of emotional responses in relation to others.

This involves:

- 1) understanding the patient and their experience of illness by using attentive listening and other therapeutic skills, through a background of self-development and critical self-awareness;
- 2) developing effective collaborative relationships with others
- 3) recognising the need for professional supervision and arranging this.

C4 Effective Communication

Demonstrates ability to communicate effectively. This involves communicating in a form and manner which is clear, concise, sensitive and/or appropriately varied in style and medium according to different audiences and purposes. This includes patients, students and other professionals.

C5 Practical Effectiveness

Demonstrates decisiveness in making difficult judgements in response to complex situations involving responsibility for colleagues and/or patients. This involves demonstrating overall, confidence, independence, initiative, sensitivity and tenacity; and the ability to:

- 5.1) interpret evidence in terms of a clearly established purpose, integrating new information as cases and other situations develop
- 5.2) employ competent and safe administration and prescribing practices for both homeopath and patient, when managing the practice as a sole practitioner or as part of a team.
- 5.3) limit difficulties in case management and in practice management, to follow progress of cases with perception;
- 5.4) develop and nurture optimum effort in oneself, knowing how to conserve energy.

C6 Effective Synthesis of a Wide Range of Knowledge

Demonstrates an understanding of the relationship between a wide range of knowledge, professional methods, practice settings and conceptual frameworks, and an ability to apply this understanding effectively through practice. This involves demonstrating:

- 1) analysis of cases in different appropriate ways according to context
- 2) systematic, critical evaluation of professional knowledge, legislation, policy, and research;
- 3) ability to relate specific situational details to a wider context and to general theory;
- 4) respecting and using research, including provings, audit, and case studies, to plan, implement and critically evaluate concepts and strategies leading to improvements in care.

C7 Intellectual Flexibility

Demonstrates general perceptiveness and insight and an open-minded awareness of alternatives which may require changes in practice management or treatment. This involves demonstrating:

- 7.1) capacity for careful, sensitive observation;
- 7.2) acceptance of the inherent complexity of issues and situation;
- 7.3) ability to understand situations in terms of their dilemmas and change processes.
- 7.4) to relate the approach chosen to a coherent set of principles.

