

The Unified Register of Herbal Practitioners

CODE OF ETHICS AND PROFESSIONAL CONDUCT

All members must comply with the Code of Ethics and Conduct, as well as the Constitution.

The aim of the code is to encourage honesty and responsibility in the practice of herbal medicine and takes into account the wellbeing of the patient, the public, colleagues and the profession. It is the responsibility of members to familiarise themselves with this code.

The Code of Conduct will be used when considering any complaint made against a practitioner. Practitioners failing to meet the requirements outlined below may be subject to disciplinary measures on the grounds of unacceptable professional conduct.

Practitioners are expected to seek advice from the Council if uncertain as to how to behave in any clinical or other situation. However, if members make informed, reasonable and professional judgements about their practice, with the best interests of patients as the prime concern, it is likely that the required standards will be met.

1. LEGAL REQUIREMENTS

- 1.1. Practitioners must be familiar with all laws or regulations relevant to the practice of herbal medicine in the locality in which they practise. The practitioner must abide by the provisions of all such health and safety legislation, employment legislation, medical and pharmaceutical legislation as is in force at the time. It is the responsibility of practitioners to ensure that they become aware of any legal changes that may affect their practice. All should be aware of the relevant provisions of The Human Medicines Regulations 2012 and any subsequent medicines legislation – see appendix.
- 1.2. Notifiable diseases should be reported in accordance to applicable laws.

2. INSURANCE

- 2.1. Members are responsible for possessing professional indemnity and public liability insurance (where applicable) for the practice of herbal medicine and all other therapies they practise. This applies in all of the countries in which they practise.

3. PROFESSIONAL STANDARDS

- 3.1. Practitioners must adhere to high standards of personal and professional integrity and conduct. They must not behave in a manner that may adversely affect public confidence in herbal medicine, the Register or themselves.
- 3.2. The practitioner should always act in the best interests of patients. The highest aim of the practitioner should be to restore the mental, emotional and physical health of the patient, and all herbal treatments should be concordant with this.
- 3.3. The relationship between the practitioner and the patient is a professional relationship based on trust. The practitioner shall at all times be courteous and professional in their conduct and listen to patients, treating them with respect and dignity. They must not show prejudice towards a patient because of age, sex, gender, sexual orientation, race, disability, religion, beliefs, politics or economic, cultural or social background.
- 3.4. The practitioner must practice within the limits of their professional competence and, where necessary, refer the patient to another appropriate, competent health professional. A referral from another practitioner should be discussed with that practitioner and the patient before treatment or advice is given.

- 3.5. In order to maintain membership and the highest standards of practice, the practitioner must undertake the CPD requirements each year as currently set by the Register.
- 3.6. The practitioner shall hold a current First Aid Certificate, the minimum required being an "Emergency First Aid at Work Course"
- 3.7. The practitioner must not misrepresent or make unsubstantiated claims about the effectiveness of the practice of herbal medicine.
- 3.8. Where offering another therapy apart from herbal medicine, practitioners must ensure that their training is adequate, that they remain aware of changes in that therapy, and that, where possible, they remain registered with the relevant professional association.
- 3.9. The practitioner should remain aware of current information relevant to the medical care that is provided and to the prescription of herbal medicines. It is the practitioner's duty to read and retain relevant documents received from the Council or affiliated professional associations and take note of appropriate advice of the of the Medicines and Healthcare Products Regulatory Agency (MHRA).
- 3.10. The practitioner should be aware of any mental, emotional or physical health problems that may interfere with their ability to practice competently, and when they become aware, should seek help at the earliest possible opportunity
- 3.11. Practitioners should act with consideration regarding fees and justification for treatment.
- 3.12. The practitioner must take precautions to prevent the risk of the spread of infections.
- 3.13. It is illegal for anyone not registered as a medical practitioner to attempt to induce an abortion. A practitioner must not knowingly administer an abortifacient or emmenagogue herb for the purposes of procuring an abortion, nor use instruments for the purpose of procuring an abortion, nor assist in any illegal operation.
- 3.14. The Practitioner shall not use titles or descriptions suggesting medical, academic or educational qualifications they do not possess nor mislead patients into believing they are medical doctors. Those possessing doctorates in other subjects, whilst being able to use the title of "Dr." must make it clear that they are not medical doctors.

4. RELATIONSHIPS WITH COLLEAGUES

- 4.1. Practitioners must at all times conduct themselves in an honourable manner in their relations with fellow practitioners and other healthcare professionals.
- 4.2. Practitioners should be respectful of the treatment philosophy of other professional associations.
- 4.3. Practitioners must not speak publicly in a derogatory manner with reference to colleagues.
- 4.4. Action taken by a member to persuade the patient of another practitioner to transfer to them is in all circumstances considered unethical and in breach of this Code.
- 4.5. The Practitioner must protect patients if it is believed that any situation puts them in danger. This includes the conduct, performance or health of a colleague. The patient must come before any personal or professional loyalties at all times. As soon as the

practitioner becomes aware of a situation that puts a patient in danger, the matter should be discussed in a discreet and professional manner through the URHP designated Ethics Officer.

- 4.6. Where a practitioner wishes to pursue a complaint against another practitioner, they should follow guidance in the "[How to Make a Complaint about a Herbalist](#)" booklet on the URHP website

5. THE PATIENT

- 5.1. The patient has the right to have any matters relating to their condition, treatment and prognosis explained to them in language that can be clearly understood.
- 5.2. The patient has the right to refuse any treatment and to refuse to follow advice.
- 5.3. Practitioners must have informed consent to give treatment. Any physical examination requires the patient's consent or the consent of the person legally responsible for the interests of the patient. Examination of any intimate area requires the presence of a third party unless explicitly agreed to by the patient.

A person from whom informed consent for examination or treatment is sought must possess the necessary intellectual and legal capacity to give consent. It must be written on the patient's record that informed consent was obtained. A person will have the intellectual capacity if able to understand in simple language what the examination or treatment involves and its purpose, main benefits, risk and alternatives, and to retain the information for long enough to make a decision freely.

- 5.4. In the case of the treatment of minors or any person who has been formally assessed as not having the capacity to make this level of decision about their own health, the informed consent of the parent or guardian or the person legally responsible for the patient is necessary. Appropriate means of communication needs to be accessed in order to ascertain their decisions if it is unclear.
- 5.5. In the case of patients under the age of 16, practitioners should not institute any examination or treatment unless they are satisfied that the patient's parent or other legal guardian has given informed consent.
- 5.6. Examination of a child under the age of 16 requires the presence of a third party.
- 5.7. In the case of patients aged over 16 but under 18, consent may be given by the patient, if able to make an informed decision, or by the patient's parent or guardian.

In the case of patients aged under 18, where there is, or may be a conflict between the patient and a parent or guardian, or between parents, the practitioner is advised to seek the advice of the Ethics Officer designated by the Council before undertaking any treatment or advice.

NB The wishes of the child may carry legal force if the child refuses treatment.

- 5.8. If a patient is required to undress for examination or treatment they must be able to do this in privacy – for example behind a screen, in a separate room, or with the practitioner absent from the consulting room.
- 5.9. Except in the case of a minor, a third party may only be present with the consent of the patient.
- 5.10. The practitioner is required to act responsibly when there is evidence of a child being at risk of sexual abuse or of other harm, and to contact the Child Protection Officer at

the local Social Services Department so that child protection action may be considered. Further guidance is available from the NCPCC - [Child protection system in the UK | NSPCC Learning](#).

- 5.11. Where it appears that a patient is becoming involved in an improper personal relationship with the practitioner, it is the duty of the practitioner not to encourage the patient and to seek advice from another professional or from the Registrar or the designated Ethics Officer.

Practitioners who find that they are becoming involved in a sexual or non-professional relationship with a patient should end the professional relationship and arrange alternative care for the patient where required.

- 5.12. If a point is reached at which the therapeutic relationship between practitioner and patient has seriously broken down, the practitioner should take steps to refer the patient to another qualified medical/health practitioner.

6. CONFIDENTIALITY

- 6.1. The practitioner is personally responsible for ensuring that all information concerning and views formed about patients is kept entirely confidential. This duty applies also to disclosure of information about a patient to a member of the patient's family, other than parent, guardian or the person legally responsible for the patient's interests. Even the attendance of the patient at your practice must be kept confidential. This duty applies even after the death of the patient.
- 6.2. The practitioner may use information only for the purposes for which patients have provided it.
- 6.3. The practitioner must abide by the law of the country including that relating to electronic recording of patient information including the General Data Protection Regulation (GDPR) and always follow current best practice for handling confidential information.
- 6.4. Practice personnel must maintain the same level of confidentiality as the practitioner.
- 6.5. The practitioner may disclose confidential information to another medical practitioner for the purpose of gaining a second opinion, but must not in any way reveal the patient's identity.
- 6.6. Where other people have access to the consulting room, notes should be kept in a lockable filing cabinet.
- 6.7. A practitioner must not disclose any information about a patient to a third party without consent unless:
- The failure to disclose appropriate information would expose the patient, or someone else, to harm.
 - They have a communicable disease.
 - The patient is physically or mentally unable to give consent and failing to do so may cause harm either to them or someone else.
 - There is a legal obligation to disclose.
 - It is necessary to satisfy a specific statutory requirement.

- the practitioner believes it to be essential for the sake of the person's health to disclose information to someone other than a health professional
- another herbalist is acting as a locum or if a patient is referred from one practitioner to another.

Members should refer to the GMC's document "Disclosures for the protection of patients and others" for more information: [Disclosures for the protection of patients and others - GMC \(gmc-uk.org\)](http://www.gmc-uk.org)

In each of the cases above, the practitioner shall:

- inform the patient, before disclosure takes place, of the extent of the information to be disclosed, the reason for the disclosure and, where possible, the likely consequences
- disclose only such information as is relevant, and ensure that the information is held in an appropriate manner by the person to whom it is disclosed
- record in writing both the information disclosed and the reasons for disclosure and be prepared to justify the decision.

7. PREMISES

- 7.1. The practitioner should practise from premises that are appropriate to the professionalism of herbal medicine. Signs and nameplates used should be within the boundaries of professional discretion.
- 7.2. The premises should comply with all relevant current health and safety regulations to ensure that there is adequate lighting, heating, ventilation, toilets, electrical installations, smoke alarms and fire extinguishers. A risk assessment should be carried out, documented and regularly reviewed.
- 7.3. A first aid kit must be available on the premises at anytime.

8. PRACTICE MANAGEMENT AND DISPENSING

- 8.1. Practitioners shall ensure that staff and students in their practice are capable of performing the tasks they are asked to do safely and effectively and must give appropriate supervision. This is especially important where an employee dispenses herbal medicines. The practitioner is ultimately responsible for the safety of all dispensing on the premises.
- 8.2. The practitioner is responsible for ensuring that the materia medica that they stock is of good quality and within the limits of its shelf life. Evidence of good quality may include the use of a herbal supplier who has in place Good Manufacturing Practice (GMP) control procedures, or is part of the *Herbmark* supplier scheme.
- 8.3. Herbs that come into the Category of Schedule 20 Controlled Substances should be kept in a secure place.
- 8.4. It is the responsibility of the practitioner to seek details of any other medications that the patient is taking and to be aware of any potential contra-indications due to the patient's condition or drug/herb interactions.

- 8.5. All medicines should carry clear instructions to the patient as to how they should be used and when they should be taken. They should be clearly labelled with the date, the ingredients (unless given on an accompanying sheet or electronically), the patient's name, and the practitioner's name and contact details.
- 8.6. At the onset of treatment the practitioner must be clear about issues such as the cost of treatment and herbal medicines and the possible duration of treatment.
- 8.7. If a patient who is in hospital requests treatment, the physician and hospital staff responsible for the patient's care should be informed either by the patient, their parents, guardian or close family or by the practitioner.

9. RECORD KEEPING

- 9.1. The practitioner should keep clearly written, accurate records for each patient and for those who ask for advice or services. Entries must be made promptly, and dated.
- 9.2. A thorough case history should be taken and a prescription recorded in a way that can be easily understood by a professional colleague.
- 9.3. When records are updated, previous entries must not be deleted. It may, however, be marked in some way. e.g. by drawing a line through the old information.
- 9.4. The patient has the right to access their case notes and, if requested in writing, to have a copy of them. The practitioner must act promptly and retain the original notes. Patient notes remain the property of the practitioner and the patient has no legal rights of ownership.
- 9.5. Records should be kept in safe custody by the practitioner to whom they belong for at least seven years, and if destroyed after this period should be done so in a way that guarantees confidentiality. In the case of a minor, records must be kept until the minor reaches age 25 (7 years after they reach majority).
- 9.6. Notes may be stored electronically but if any names or addresses are used, either with the notes or linked to manual notes, then the practitioner must be registered under GDPR. Information can be obtained from the Information Commissioner's Office www.ico.org.uk.
- 9.7. The practitioner has a duty to see that records completed by students are accurate, clear and appropriate.
- 9.8. Where herbal practitioners work together, in the same practice or premises, they are advised to enter into a specific agreement as to the ownership and thus, responsibility for the records of patients.
- 9.9. Where practitioners practise at a clinic owned by a third party, the ownership of and responsibility for the patient records should be made clear in the contract between the parties.
- 9.10. Patient records must on no account be transferred to a new practitioner without the authorisation of the patient. Where the practitioner retires or otherwise ceases practice at any practice address, appropriate arrangements must be made for the safe custody of, and access of patients to the records.
- 9.11. Where the patient wishes to transfer to another practitioner, a request for the transfer of patient records should be dealt with promptly. Only copies should be sent. The

practitioner must retain the original notes.

- 9.12. Practitioners who retire or who sell practices should ensure the continuity of patient care by making clear arrangements for the patient notes to be available to the patient if they wish to transfer to another practitioner or, with the consent of the patient, to the new practitioner. Patients should be informed of the intentions of the practitioner.

10. ADVERTISING

- 10.1. All advertising should be legal, authentic and utilised with integrity.
- 10.2. When making claims about being able to treat particular conditions, avoid terms that suggest a guaranteed cure.

11. TEACHING

- 11.1. Practitioners are permitted to lecture to the public and to other health-care practitioners where the purpose is to promote an understanding of herbal medicine and the practitioner's mode of practice. These lectures should be of an informational nature, and not an instruction in the practice of herbal medicine.
- 11.2. For courses presented as giving professional competence, the practitioner should only teach or instruct in the practice of herbal medicine on a course that is accredited by a recognised accreditation body or in the process of seeking such accreditation.

12. RESEARCH

- 12.1. When taking part in clinical trials, clinical audit, case-history reporting, qualitative research or any other method of research, practitioners should ensure that:
- a research proposal demonstrates how it conforms to reputable research ethics
 - informed consent is obtained from any patient
 - the confidentiality of the patient is maintained
 - where appropriate, guidance should be sought from those with acknowledged research experience

13. APPENDIX

The Human Medicines Regulations 2012 The full Regulations can be found at: <http://www.legislation.gov.uk/uksi/2012/1916/contents/made>. The herbalist exemption is in Chapter 3, Regulation 241: <http://www.legislation.gov.uk/uksi/2012/1916/regulation/241/made> This exemption allows herbalists to sell herbal medicines from premises occupied by the practitioner which can be closed to exclude the public and from where they have had a one to one consultation with the patient. Regulation 241 also sets out maximum doses for Schedule 20 Part 2 remedies (see below) and for the storage and dispensing of herbal medicines.

Restricted herbal medicines (substances) are listed in Schedule 20 Parts 1 and 2:

Part 1: to be prescribed and dispensed only by qualified medical practitioners and pharmacists

(not by herbalists): <http://www.legislation.gov.uk/uksi/2012/1916/schedule/20/part/1>

Part 2: to be prescribed and dispensed only by qualified medical practitioners, pharmacists and by herbalists (but herbalists must fully comply with all parts of Regulation 241):
<http://www.legislation.gov.uk/uksi/2012/1916/schedule/20/part/2>

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