



Code of Practice and Ethics

1. Introduction and ethos

1.1 The Clinical Association of Reflexologists (CAR) has at its core a passion and dedication for high quality training and continual support for all its members.

1.2 CAR has been instrumental in developing and contributing to reflexology educational programmes, which have produced highly competent, knowledgeable clinical reflexology practitioners who have been successfully integrated as valid members of multidisciplinary healthcare teams.

1.3 CAR provides a support mechanism accessible throughout a practitioner's professional practice and all levels of membership benefit from our extensive experience in representing and promoting competent, ambitious graduates to confident, autonomous practitioners.

1.4 This code is designed to establish the professional working relationship between clinical reflexologists as health care professionals in conformity with the requirements of the client / patient safety and law. (From herein we will refer to the term 'client' to cover the combined term client / patient).

1.5 All CAR levels, i.e. full and associate members are required to abide by this Code of Practice and Ethics. In addition, they must abide by any other regulations that may be appropriate to their professional practice, provided that the terms of this Code are not in conflict with, or negated by, such regulations.

1.6 Members shall respect all persons, irrespective of ethnicity, age, disability, gender, race, religion and belief or sexual orientation and must never seek to impose their own beliefs on a client.

1.7 The clinical reflexology practitioner should aim to work as a valid and integral part of the multi disciplinary healthcare team. To work at this level, s/he acknowledges and accepts the responsibilities to work safely within their own competence and within the boundaries of complementary therapy to provide supportive treatments for all clients including those with complex and challenging needs and to be aware when consultation and/ or referral to another professional is necessary.

1.8 Clinical reflexologists are trained to a level of competence to enable them to work autonomously to provide safe, effective and individually tailored treatments for a wide range of clients, including those with medical problems.

1.9 Members should understand the philosophy of complementary medicine – which seeks to ‘complement’ the physical, mental, emotional and spiritual needs of the client at the time of the treatment. Members should aim to assist the client, wherever possible, to full health; where full recovery is not possible, complementary medicine is equally appropriate and effective in palliative care.

1.10 Members should make themselves aware of other complementary medical disciplines, therapies and techniques, as well as conventional areas of treatment, in order to cooperate fully and communicate knowledgeably when appropriate, with the client’s GP, nurse, consultant etc.

1.11 CAR operates a complaints procedure and will convene a Disciplinary Committee where appropriate.

2. Consent

2.1 Members must make clear contracts with clients as no guarantee can be made of the outcome of a clinical reflexology treatment, therefore the terms of the offer of treatment must be clearly stated and a signature obtained before the first session.

2.2 Consent should be sought prior to every treatment and any revision to the treatment terms should also be clearly stated and an endorsing signature obtained (e.g. should a client become pregnant, then the new situation should be entered as an endorsement on the back of the treatment record, dated and signed by both the client and the practitioner). Continuous consent may also be obtained verbally prior to the commencement of treatment.

2.3 When members work without a fee, for example, when giving a demonstration or taster treatment, the same professional obligations apply as when a fee is paid.

2.4 It is illegal for a parent to withhold medical treatment from a child under 16; therefore practitioners must ensure the appropriate conventional medical treatment has been sought, prior to the commencement of reflexology, otherwise they could be considered an accomplice in this act.

2.5 Although children under 16 have the right to seek independent treatment for themselves and can legally choose to have a clinical reflexology treatment without parental consent, if there was a dispute it would have to be proven that the child had the required level of comprehension of the situation to make an informed choice. In these cases it is advisable that members obtain a parent / guardian’s signature on a consent form stating that their child is obtaining any necessary conventional treatment from their GP, nurse, consultant etc.

2.6 The dignity of clients must be maintained at all times and treatments adapted as appropriate. For example, if the client is disabled, a carer / chaperone may need to be present; is visually impaired, then attention should be given to the

accessibility of the treatment room, or if a client cannot weight bear then the practitioner should not lift, unless qualified to do so.

2.7 Members shall respect confidential information obtained in the course of professional practice except where disclosure is required by law.

3. Accountability to clients

3.1 Members should not make written or verbal claims to cure any given diseases but may offer treatments to people with diseases.

3.2 Members must not offer a conventional medical diagnosis to their client or furnish an allopathic label to their condition. Members of the wider healthcare team are able to ascertain this; (this is despite some clients expecting this, often during a first treatment.) A trained practitioner can however, offer vital information, which can often inform, confirm or clarify a doctor's diagnosis.

3.3 Members should provide clinical reflexology to the highest professional standard, which includes attention given to their personal appearance, hygiene and decorum.

3.4 Members must recognise that a contra-indication means that treatments should not take place at all. See Appendix One for a comprehensive list of contra-indications and cautions (where treatment could continue with caution or with adaptation).

3.5 Members must be aware of the diseases that are notifiable in their country. For a full list of notifiable disease see Appendix Two.

3.6 Members must maintain a professional relationship with clients at all times:

- a) Clear boundaries should be maintained when treating a relative or friend.
- b) Members should not become emotionally involved with a client or use their position to pursue a personal relationship with a client. Alternatively, if a client shows signs of seeking a personal relationship, members should discourage the client and if necessary, end the professional relationship.

3.7 It is recommended that members make a note of any such situations, the action taken and outcome, in the event of any claim of alleged misconduct.

4. Records

4.1 Members must maintain treatment records methodically, without distorting findings and data and recognise the right of a client to inspect their own record.

- a) Copies of treatment records should accompany that client when being transferred to another clinical reflexologist, for example, when a client moves away.

4.2 Members must be supportive of other health professionals whilst maintaining client confidentiality and divulge relevant information only with a client's permission, when making formal referral to another qualified health professional or when disclosure is required by law.

4.3 Treatment records must be kept secure and not left in treatment rooms with anyone other than the person whose record it is.

4.4 Members should make prior arrangements, preferably with a clinical reflexologist colleague, for the correct disposal of their treatment records upon their retirement, death or long-term incapacity. Clients can then be given the option of receiving clinical reflexology from this colleague.

4.5 Members who sell or transfer their practice must inform their clients of this intended change, so clients can make an informed decision as to whether they will continue treatment; a client's details should only be forwarded on to the new practitioner with a client's consent.

4.6 Case histories may be used anonymously in connection with research or the furtherance of knowledge.

5. Accountability to CAR

5.1 It is the responsibility of members to make CAR aware of any relevant changes to a practitioner's situation, which might impact on their membership of the Association.

5.2 Members must use their professional knowledge and experience to contribute to the development of the Clinical Association of Reflexologists.

Continuing Professional Development

5.3 Members must continue to develop and advance their competence as clinical reflexologists to the highest level and always work within that competence.

5.4 An up-to-date professional portfolio should be maintained to provide evidence of training, practice and continual professional development (CPD). (Random portfolio inspection by professional associations is now an accepted method for providing evidence of eligibility to appear on the association's register). CAR undertakes a 10% sampling of members each year to verify that CPD points have been accrued.

5.5 CPD is mandatory to retain membership and currently 12 points per year are required to be completed.

5.6 CAR's CPD policy provides further information about continuing professional development and can be downloaded from our website:

www.clinicalreflexology.org/continuing-professional-development-cpd/; Hard copies of the CPD policy can be obtained from the CAR administration team.

Insurance

5.7 Full and associate members must ensure that their professional practice is fully covered by professional indemnity insurance against public liability and malpractice at all times.

5.8 CAR members and students studying a CAR accredited course may apply for insurance using the CAR Block Scheme Insurance. For further details about the scheme or to apply see our website ww.clinicalreflexology.org/insurance.

First Aid

5.9 The minimum requirement members must complete is 'Emergency First Aid at Work', which is renewable every 3 years.

5.10 Members will be required to produce evidence of their First Aid certificate.

6. Working in Hospitals and other healthcare settings

6.1 The establishment, e.g. a hospital or hospice, is responsible for the client.

6.2 Members may only treat clients in hospital at the client's request and with the permission of the client's doctor. In such instances, treatment should not interfere with staff duties or disturb other patients.

6.3 Identification must be worn at all times and members must make it clear that they are self-employed and not a member of the healthcare establishment.

6.4 Members should always aim to work as a valid and integral part of the multi disciplinary healthcare team and complement conventional medical treatment.

6.5 When working in hospitals and other healthcare settings, members must ensure they carry their membership certificate, insurance and evidence of permission to visit.

7. Publicity

7.1 Members may advertise their clinic, practice or service, providing the reflexology profession and CAR is not discredited.

- a) Promotional materials, nameplates and press adverts should be professional and informative, making no claims regarding quality, effectiveness or promises of cure.
- b) Practitioners must indicate their gender when advertising their surname, either making use of their first name or title e.g. Mr / Mrs / Ms.
- c) Qualifications used must be current and unrevoked, relevant to clinical reflexology and able to be substantiated upon request. Stated qualifications should be from professional organisations and degrees from established universities, which when from abroad should also state the country of origin in parentheses. Members

should also check if awarding bodies of these qualifications permit their use when advertising as a clinical reflexologist.

7.2 Members may not use the title 'doctor' or prefix 'Dr.', before their name unless they are registered medical physicians. The possession of an academic doctorate does not justify its use in a medical setting and is considered as being willfully misleading.

7.3 The letters 'CAR' and use of the CAR logo may only be used when a CAR diploma is obtained and 'MCAR' may only be used by a fully subscribed full member and 'ACAR' by a fully subscribed associate member.

7.4 Public statements: Members must not make statements on behalf of CAR or in the media unless the CAR Board has approved the text of the statement in writing.

7.5 In any event public statements should uphold the philosophy and high standards of clinical reflexology and complementary medicine as a whole and must not bring the profession into disrepute or invite ridicule.

8. Health and Safety

8.1 A clinical reflexologist is a highly skilled professional who should project a professional image and will only gain the respect of their clients by being professional in their attitude and appearance at work and toward their work.

8.2 Members should ensure that their own health and hygiene does not put a client at risk; for example, treatment rooms should be well ventilated; both the practitioner and client should be seated comfortably and be well supported; work areas should be clean and uncluttered and members should not eat, drink or smoke in the treatment area etc. Furthermore, permission should be sought and granted for a pet to be present during a treatment.

Risk Assessment

8.3 In addition to the above, members must be aware of the risks of transferable disease or infections, and proceed with a treatment if it is safe to do so (your own health and that of your next client should be considered).

8.4 All cuts and abrasions should be covered and hand and arm washing carried out.

8.5 Members should be aware of and work within the Health and Safety Act – ensuring that every place of work or study is a healthy and safe environment to be in, for all.

8.6 The above points refer equally to a salon owner, a practitioner's premises or mobile practitioners.

9. Disciplinary procedure

9.1 CAR has established a disciplinary procedure to ensure that the public is protected at all times; that high standards of professional conduct are maintained and the reputation of CAR and its members are upheld.

9.2 The procedure relates to all members who have agreed to abide by the Code of Practice and Ethics.

9.3 CAR accepts no responsibility for any costs incurred by complainants or practitioners involved in any dispute or complaint, i.e. both the complainant and practitioner will be responsible for their own costs.

9.3 All complaints must be made in writing to CAR and include the complainant's name, address and contact details. CAR will convene a Disciplinary Committee where appropriate.