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# Code of Practice

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Anthroposophic  
Health  
Professionals

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May 2009

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## Foreword

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The Council for Anthroposophic Health and Social Care has associated itself with the following values which have been adopted by all regulatory bodies for healthcare professionals<sup>1</sup>.

### **Common Values of Healthcare Professionals**

*All healthcare professionals are personally accountable for their actions and must be able to explain and justify their decisions. All healthcare professionals, regardless of the type of practice they are engaged in, have a duty to protect and promote the needs of patients and clients. To do this they must:*

#### **Be open with patients and clients and show respect for their dignity, individuality and privacy:**

- *listen to patients and clients*
- *keep information about patients and clients confidential*
- *make sure their beliefs and values do not prejudice their patients' or clients' care.*

#### **Respect patients' and clients' right to be involved in decisions about their treatment and healthcare:**

- *provide information about patients' and clients' conditions and treatment options in a way they can understand*
- *obtain appropriate consent before investigating conditions and providing treatment*
- *ensure that patients have easy access to their health records.*

#### **Justify public trust and confidence by being honest and trustworthy:**

- *act with integrity and never abuse their professional standing*
- *never ask for, nor accept any inducement, gift, hospitality or referral which may affect, or be seen to affect, their judgement*
- *recommend the use of particular products or services only on the basis of clinical judgement and not commercial gain*
- *declare any personal interests to those who may be affected.*

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<sup>1</sup> General Chiropractic Council; General Dental Council; General Medical Council; General Optical Council; General Osteopathic Council; Health Professions Council; Nursing & Midwifery Council; Pharmaceutical Society of Northern Ireland; Royal Pharmaceutical Society of Great Britain

**Provide a good standard of practice and care:**

- *recognise and work within the limits of their knowledge, skills and experience*
- *maintain and improve their professional knowledge, skills and performance*
- *make records promptly and include all relevant information in a clear and legible form.*

**Act quickly to protect patients, clients and colleagues from risk of harm:**

- *if either their own, or another healthcare worker's conduct, health or performance may place patients, clients or colleagues at risk*
- *if there are risks of infection or other dangers in the environment.*

**Co-operate with colleagues from their own and other professions:**

- *respect and encourage the skills and contributions which others bring to the care of patients and clients*
- *within their work environment, support professional colleagues in developing professional knowledge, skills and performance*
- *not require colleagues to take on responsibilities that are beyond their level of knowledge, skills and experience.*

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## Introduction

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### About the Council for Anthroposophic Health and Social Care

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The Council for Anthroposophic Health and Social Care (CAHSC) is a voluntary regulator for the anthroposophic health and social care professions in the UK and Ireland.

The CAHSC exists to help protect the public who use the services of anthroposophic health and social care professionals. To do this we regulate, develop and promote the anthroposophic health and social care professions by:

- Registering professionals who demonstrate that they meet our standards for their knowledge, skills, character and health
- Setting standards of education and training for registrants
- Setting standards of practice and conduct for registrants
- Ensuring continuing professional development of registrants
- Dealing with registrants whose fitness to practise is in doubt

### Our register

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Our register enables members of the public to identify anthroposophic health and social care professionals who have demonstrated that their practice meets CAHSC's standards.

We register Anthroposophic Health and Social Care Professionals in the following disciplines:

- Anthroposophic Therapeutic Arts: Singing, Therapeutic Speech, Visual Arts
- Anthroposophic Medicine
- Anthroposophic Nursing
- Anthroposophic Pharmacy
- Anthroposophic Counselling and Psychotherapy
- Curative Education and Social Therapy
- Eurythmy Therapy
- Rhythmical Massage Therapy

The register opened to anthroposophic health professionals in May 2006 and to anthroposophic social care professionals in June 2007. Only those entered on the register are entitled to call themselves 'CAHSC Registered' and use the 'CAHSC Registered' logo. They must renew their registration annually.

## What registration means

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Registration as an anthroposophic health professional carries obligations as well as privileges. Patients rely on anthroposophic health professionals and put their trust in them. Your patients are entitled to good standards of care, practice and conduct, based on anthroposophic healthcare principles.

## About our Code of Practice

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This Code sets out the standards of practice (performance, conduct and ethics) which the CAHSC expects of anthroposophic healthcare registrants<sup>2</sup>. It is based on the principles and values which are the foundation of good practice. The Code is addressed to anthroposophic health professionals but it is also intended to let the public know what they can expect from our registrants.

## How our Code of Practice applies to you

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The Code contains guidance on good practice in anthroposophic healthcare and the principles of personal and professional conduct and ethics.

It is your responsibility to be familiar with the Code and to follow its guidance.

The Code is not a set of rules governing all aspects of conduct in every circumstance. It is guidance and you must use your professional judgement to apply the principles to the professional situations you will face. You have a responsibility to make informed and reasonable decisions about your practice. This may require getting advice from other people (e.g. employers, professional bodies, colleagues) to make sure that you protect the wellbeing of patients at all times. You are accountable for the way in which you conduct yourself and your professional practice. You must always be prepared to explain and justify your decisions and actions.

The Code is used when a registrant's fitness to practise is in doubt. While it is primarily designed as constructive guidance for anthroposophic health professionals, failure to comply with any of its principles may bring your fitness to practise into question and endanger your registration.

The Code also applies to people who wish to be registered. It helps us make decisions about their character when they apply for registration.

Margin notes throughout the Code contain references to other relevant parts of the Code and to appropriate sources of guidance.

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<sup>2</sup> There is a separate CAHSC Code of Practice for anthroposophic social care professionals.

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## **Code of Practice: Good Practice in Anthroposophic Healthcare**

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**As an Anthroposophic Health Professional, you must apply with integrity the principles of anthroposophic healthcare to your professional practice.**

**You must:**

### **Make the care of your patient your first concern:**

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- Provide a good standard of practice and care
- Recognise and work within the limits of your competence
- Make sure your personal values and views do not prejudice patient care
- Treat patients politely and considerately
- Respect patients' dignity, individuality and privacy
- Never abuse your professional position.

### **Respect the rights of patients to be fully involved in decisions about their care:**

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- Listen to patients and respond to their concerns and preferences
- Share with patients the information they want or need, in a way that they can understand
- Support patients in caring for themselves to improve and maintain their health
- Recognise and respect the contribution that patients make to their own care and well-being
- Obtain consent before you examine or treat a patient
- Respect patients' rights to accept or decline treatment or care
- Respect the rights of patients to a second opinion

### **Maintain, respect and protect patient information:**

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- Keep patient information confidential and secure
- Maintain full and accurate patient records

## Justify public trust and confidence:

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- Be honest, trustworthy and act with integrity
- Maintain and develop your knowledge and skills
- Respond promptly and constructively to criticism and complaints
- Do not discriminate unfairly against patients or colleagues
- Respect the skills of colleagues and work with them in ways that best serve patients' interest
- Act promptly to protect patients if you have good reason to believe that you or a colleague may be putting patients at risk
- Observe and keep up to date with the laws and statutory codes of practice which affect your work
- Co-operate with superseding healthcare professionals
- Ensure good practice management

## Make the care of your patient your first concern

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### Providing good care

1. When you agree to see a patient, you enter into a contractual relationship, the terms of which must be clearly understood and accepted on both sides. Your side of the contract is to provide the patient with a good quality of appropriate care. This must include:
  - a. adequate assessment of the patient, taking into account anthroposophic healthcare principles
  - b. providing or arranging investigations, advice or treatment where necessary
  - c. referring to another practitioner, where this is in the patient's best interests.
2. In providing good care you must:
  - a. work within the limits of your competence.
  - b. consult and take advice from colleagues, when appropriate
3. The patients under your care will rightly expect you, within reasonable limits, to make yourself available to them. You should ensure that your patients have clear information about your practice arrangements.

3. See clause 110 on *Good practice management*

### Home visits

4. When you provide services to a patient in their own home, the same level of professional care and delivery as you would give in a practice environment is expected. You should take suitable treatment equipment with you whenever possible. A reference to the home visit should be made in the patient's notes.

4. See clause 51 on *Chaperones*

### Relationships with patients

5. The care of your patients' must be your first concern. Those seeking help may be anxious and vulnerable. They are unlikely to have your professional knowledge and experience and they may have unrealistic expectations. Relationships based on openness, trust and good communication will enable you to work in partnership with patients to address their needs.

5. See clauses 20-23 on *Communicating with patients*

6. To establish and maintain good relationships with patients, you must:
  - a. treat each patient with dignity and as an individual
  - b. be polite, considerate and honest
  - c. respect patients' privacy and right to confidentiality
  - d. support patients in caring for themselves to improve and maintain their health
  - e. encourage patients who have knowledge about their health to use this when making decisions about their care
  
7. You must treat your patients with respect whatever their life choices and beliefs. You must not unfairly discriminate against them by allowing your personal views to affect adversely your professional relationship with them or the services you provide or arrange. You should challenge colleagues if their behaviour does not comply with this guidance.

6. See clauses 17-19 on *Ending your professional relationship with a patient*

7. Note: personal views include your views about a patient's age, colour, culture, disability, ethnic or national origin, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic statu

### **Inappropriate relationships with patients**

8. You must not use your professional position to establish or pursue a sexual or improper emotional relationship with a patient or someone close to them. This can undermine the trust between you and your patient, and may impair your judgement and practise.
  
9. It is your professional duty to avoid putting yourself in such a position, and also to avoid any form of conduct that may be construed as willingness to enter such a relationship.
  
10. If you think, or there are any signs to suggest, that sexual or improper emotional relationship with a patient is developing, you must stop treating the patient and end the professional relationship without delay.
  
11. When you end the professional relationship, you should make reasonable efforts to help the patient find another healthcare professional. You should, with the patient's consent, offer to provide a copy of their records to this new healthcare professional.

See clauses 63-65 on *Principles of confidentiality*

12. Whenever possible you should avoid treating anyone with whom you have a close personal relationship. The closer your relationship with a person, the more likely your ability to provide objective treatment to them will be compromised. It is your duty to maintain clear professional boundaries in relation to the treatment of all patients.

### **Undue influence on patients**

13. You should be aware that a patient seeking healthcare may be vulnerable and open to persuasive influences. You must not exploit such a situation, for example by:
  - a. prolonging treatment beyond what is appropriate
  - b. recommending any professional service or product solely for financial gain
  - c. charging unreasonable fees, or withholding information about fees and associated costs until these have been incurred
  - d. borrowing money, or obtaining any other benefit that brings you financial gain, from patients.

13b. See clauses 14-15 on *Conflicts of interest*

13c. See clause 115 on *Fees*.

### **Conflicts of interest**

14. You must act in your patients' best interests when providing or arranging treatment or care, including referrals. You must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect the way you treat or refer patients. You must not offer such inducements to colleagues.
15. Your financial or commercial interests in organisations providing healthcare or health related products must not affect the way you treat, refer or offer advice to patients.
16. If you have a financial or commercial interest in an organisation or other professional to which you plan to refer or introduce patients, you must tell the patient about your interest.

14. See clause 13 on *Undue influence on patients*.

### **Ending your professional relationship with a patient**

17. You are not under any obligation to accept a patient. However, once you have accepted a patient it is your responsibility to make your professional relationship work well. In exceptional circumstances, where trust breaks down you may find it necessary to end the professional relationship.

17. For example where a patient has been violent towards you or your staff or has repeatedly acted unreasonably

- 18.** Before you end a professional relationship with a patient you must be satisfied that your decision is fair. You must be prepared to justify your decision. You should inform the patient of your decision and your reasons for ending the professional relationship in writing, wherever practical.
  
- 19.** You should make reasonable efforts to help the patient find an appropriate source of healthcare. With the patient's consent, you should provide the new healthcare professional with sufficient information to take over the responsibility for the patient's care.

19. See clause 63-65, 68  
on *Confidentiality*

## **Respect the rights of patients to be fully involved in decisions about their care**

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### **Communicating with patients**

20. Good communication between you and your patients is key to successful professional practice. It is your responsibility to make every reasonable effort to communicate with your patients in ways that they can understand. You must make sure, wherever practical, that arrangements are made to meet your patients' language and communication needs. For example, making use of an appropriate interpreter if the patient cannot speak your language or relies on signing for communication.
  
21. To communicate effectively you must:
  - a. listen to your patients, ask for and respect their views about their health and respond to their concerns and preferences
  - b. share with patients in a way they can understand the information they want or need to know about their healthcare and the treatment options available, including associated risks and uncertainties
  - c. respond to patients' questions and keep them informed about the progress of their care. You should encourage patients to ask questions if anything is not clear to them or if they require further information
  - d. make sure that patients are informed about how information is shared among those involved in their care
  
22. You should encourage patients to take an active part in any decisions that need to be made about their healthcare.
  
23. You should ensure that patients know what they can realistically expect from you as an anthroposophic health professional. When a patient has unrealistic expectations you should make this clear to them and explain why they are unrealistic.

### **Consent**

24. You must be satisfied that you have consent from a patient, or other valid authority, before carrying out any examination, investigation, treatment or involving a patient in research or teaching.

25. Patients are entitled to choose whether or not to proceed with an examination, accept your advice or treatment and participate in research or teaching. You must respect this right.
26. Obtaining consent is a fundamental part of your practice and a legal requirement. You should see it as an important part of the discussion and decision-making process with patients. If you examine or treat a patient without obtaining consent you may face criminal and civil, as well as CAHSC, proceedings.
27. To be valid, consent must be specific, informed and given voluntarily by the patient. You should give patients the time they need to think before they provide consent.
28. You should involve all patients, including children, young people and adults without capacity, as much as possible in discussions about their care, even if they are not able to make decisions on their own. Particular care should be taken in obtaining consent from children, young people and adults who lack capacity.
29. The law relating to decision-making and consent for children and young people and adults who lack capacity, varies across the UK and Ireland. It is your responsibility to understand the law and any relevant guidance on consent as it applies to your practice where you work (in the part of the UK or Ireland).
 

29. If you are treating a patient who lacks capacity and who also has a mental disorder, you should be aware of how the mental health legislation across the UK or Ireland interacts with the law on mental capacity.
30. You must follow your employer's procedures on consent.
31. Obtaining consent is an ongoing process. Patients may change their minds and withdraw consent at any time. Do not assume that a patient has consented to a specific treatment just because they have consented to that treatment in the past.
32. You must use patient records or a consent form to record any relevant discussion and decisions made.

## Children and Young People

Term applies to those under 18 years of age.

### Children (those under 16 years old)

33. For children who lack capacity to consent for themselves, consent must be obtained from the child's parent.
34. Some children may be able to give consent. A child may have the capacity to make decisions, depending on their maturity and ability to understand what is involved (also known as 'Gillick competence').
35. It is your responsibility to assess whether the child you propose to examine or treat has the capacity to give consent. If you are in doubt, seek consent from the child's parent. You are strongly advised to involve the child's parent in discussions about consent wherever possible, to reduce the risks of allegations of abuse, assault or negligence. You should aim to reach a consensus about the child's treatment and care, putting the best interests of the child first.
36. If the child declines to involve a parent, encourage the child to attend with an adult who has an interest in the child's welfare.

33. See *Glossary* for definition of 'parent'

### Young people (those 16 or 17 years old)

37. Young people from the age of 16 are legally presumed to have the capacity to give consent. You should still encourage young people to involve their parents or guardian in making decisions but you should usually abide by any decision that they have the capacity to make themselves.
38. The legal framework for 16 and 17 years old who refuse consent to treatment or lack capacity to consent differs across the UK and Ireland. You should be aware of the provisions and relevant guidance relating to where you practise (the part of the UK or Ireland).

### Adults who lack capacity

39. The law recognises that some adult patients – because of illness or mental capacity – lack the capacity to give consent for their own examination or treatment. This is because, having been given all appropriate help and support, they cannot understand, retain, use and weigh up the information needed to make an informed decision and communicate their wishes.

**40.** Making decisions about treatment and care for patients who lack capacity is governed by different legislation across the UK and Ireland. If you are likely to be working with adults who lack capacity it is your responsibility to be aware of the legal framework and any guidance on these issues that apply where you work. If you are unsure about how the law applies to your practice, you should seek advice from your employer, colleagues, professional body or a legal adviser.

40. In England and Wales by the *Mental Capacity Act 2005*, and in Scotland by the *Adults with Incapacity (Scotland) Act 2000*.

The legislation sets out the criteria and procedures to be followed in making decisions when patients lack the capacity to make decision for themselves. It also grants legal authority to certain people to make decisions on behalf of patients who lack capacity.

In Northern Ireland there is currently no primary legislation. Decision making for patients without capacity is governed by common law, which requires that decisions must be made in the patient's best interests.

- 41.** In making decisions about the examination, treatment and care of patients who lack capacity, you must:
- a. make the care of the patient your first concern
  - b. act in the best interests of the patient
  - c. support and encourage them to be involved as far as they can in the decisions
  - d. consider the views of their nearest relatives and their primary carer
  - e. consider the views and seek consent from anyone who has legal authority to make a decisions their behalf or has been appointed to represent them

### **Examining and treating intimate areas**

**42.** Maintaining professional boundaries and good communication are especially important when examining or treating intimate areas. These include but are not limited to a patient's mouth, groin, pubis, perineum, breast and anus. Some patients may regard other areas of their body as 'sensitive' or 'intimate' and you should be alert to this.

42. See clauses 20-23 on *Communicating with patients*.

**43.** It is particularly important to make sure that patients understand and consent to the proposed examination or treatment of any intimate area.

- 44.** Before examining or treating intimate areas you should:
- a. explain to the patient, why the examination or treatment is necessary. Give them a chance to ask questions
  - b. explain what the examination or treatment will involve so that the patient has have a clear idea of what to expect, including any potential discomfort
  - c. obtain and record the patient's permission
  - d. offer the patient the opportunity to have a 'chaperone' present during the examination or treatment
  - e. record any discussion about chaperones and its outcomes.

*44. See clauses 24-32 on Consent.*

- 45.** During the examination or treatment you should:
- a. explain what you are going to do before you do it
  - b. be alert for patients showing unease, and be ready to respond sensitively
  - c. be prepared to stop if the patient asks you to
  - d. keep discussion relevant and avoid making any unnecessary personal comments

- 46.** A chaperone must be offered each time you propose to examine or treat an intimate area. A patient who may have proceeded on a previous occasion without chaperone may wish one on a subsequent occasion.

*46. See clauses 49-52 on Chaperones.*

- 47.** Respect patients' modesty and provide them with the facilities and opportunity to attend to hygiene requirements as necessary, both before and after the examination or treatment.

- 48.** You should only ask the patient to undress to the minimum level required for you to undertake an effective examination and/or treatment. You should always allow the patient to undress and dress in private by providing an adequate screen or leaving the treatment room.

### **Chaperones**

- 49.** A chaperone is a person who, with the patient's consent, will accompany the patient throughout the consultation. If a patient requests a chaperone, you must allow one to be present, regardless of the type of treatment. This could be a suitable person from your practice, or a relative or friend of the patient.

*49. The choice of chaperone will depend on the circumstance and should be agreed in advance between you and the patient.*

- 50. If a chaperone is required and there is no suitable person available, you must make another convenient appointment.
- 51. You should always offer the service of a chaperone when examining and/or treating intimate areas, treating a child under the age of 16 or when treating a patient in their home.
- 52. You should record any discussion about chaperones and its outcomes on the consent form or the patient's record. If a chaperone is present, you should note that fact and their identity. If the patient does not want a chaperone, you should record that the offer was made and declined. The patient should be asked to sign the entry at the time the decision is made.

52. See clause 76 on *Patient records*

### **Patients' rights in research or teaching**

- 53. If you wish to undertake research involving patients, you must:
  - a. put the protection of the participants' interests first
  - b. act with honesty and integrity
  - c. consult the appropriate research governance guidelines
  - d. seek approval of a research ethics committee if necessary.
- 54. Before involving patients in research, you must:
  - a. obtain their written consent
  - b. give them adequate written information about the research and what it entails, in a way that they can understand
  - c. allow them sufficient time to consider their involvement
  - d. inform them that they have a right to decline to take part or to withdraw at any time if they wish, without any effect on their treatment or care
- 55. You must not put any pressure on patients, colleagues, students, employees or anyone else to take part in research.
- 56. You must ensure that patient care is not compromised, whether or not a person takes part in your research.
- 57. You must record your research truthfully, keep adequate records and avoid making unsubstantiated claims.

53c. For example *Research Governance Framework for Health and Social Care*, Department of Health(England), 2005 [www.dh.gov.uk](http://www.dh.gov.uk)

54. See clauses 24-25 on *Consent*.

## Teaching

58. Information used for teaching should be anonymised, as far as possible. You must tell the patients involved exactly how the information will be used, and you must secure their written consent before using confidential information for teaching purposes. Where patients withhold consent, you must respect their wishes.

58. See clauses 24-25 on  
*Consent*

## Visual and audio recordings of patients

59. You may find it helpful to take a visual or audio recording of your patient for example for assessment, treatment, teaching or research purposes. If so, you should follow the guidance below.
60. You should always use the least intrusive means of recording necessary to achieve your purpose. For example, still photography should be used rather than a video recording if it is not vital to record the patient's movements.
61. You must take particular care to respect patients' autonomy and privacy since individuals may be identifiable, to those who know them, from minor details that you may overlook. You should, mask your patient's identity on photographs that are to be used for teaching or research purposes.
62. You must:
- a. obtain the patient's written consent to make the recording and for any subsequent use or disclosure
  - b. give patients adequate information about the purpose of the recording when seeking their consent
  - c. ensure that patients are under no pressure to give their consent for the recording to be made
  - d. stop the recording if the patient asks you to, or if it is having an adverse effect on the consultation or treatment
  - f. ensure that the recording does not compromise patients' privacy and dignity
  - g. not use recordings for purposes outside the scope of the original consent for use, without obtaining further consent
  - h. make appropriate secure arrangements for storage and transportation of recordings.

## Maintain, respect and protect patient information

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### Principles of confidentiality

**63.** Patients have a right to expect that information you have about them will be held in confidence. This information must not be given to others unless the patient consents or you can justify the disclosure.

**64.** You must keep information about patients confidential and use it only for the purposes for which they provide it. You must only use information about a patient:

- a.** to provide services for that person
- b.** for purposes where that person has given you specific permission to use the information.

This duty extends to your staff and applies even after the patient has died.

**65.** You must:

- a.** take all reasonable steps to keep information about patients safe, following best practice in handling of confidential information
- b.** keep up to date with and observe the requirements of any relevant laws, including data protection legislation
- c.** be satisfied that you have patients' informed consent if you are sharing their information with others as part of their care or treatment
- d.** seek patients' consent in writing if you are using their information for reasons which are not related to providing care or services to the patient, except where disclosure is required by law or in the public interest
- e.** keep disclosures to the minimum necessary
- f.** tell patients when you have disclosed their information wherever practical and possible
- g.** keep appropriate records of disclosures
- h.** avoid disclosing any personal or confidential information to anyone who is not entitled to it. You should check that people who ask for information are entitled to it.

65. For guidance see:  
[www.ico.gov.uk](http://www.ico.gov.uk) or  
[www.dataprotection.ie](http://www.dataprotection.ie)

66. You should seek advice from colleagues, professional bodies or legal advisers, if necessary.

### **Disclosure with consent**

67. You must explain to patients the circumstances in which information about them will be disclosed to others in your workplace and involved in their healthcare, unless they object, and of the reasons for this. You must make sure that anyone to whom you disclose personal information understands that it is given to them in confidence, which they must respect.

67. See clause 120 on *Your staff*.

68. You may release confidential information if a patient, or someone appointed on their behalf, gives you specific permission to disclose it. You should keep disclosures to the minimum necessary. When seeking a patient's consent to disclosure, you must make sure that they are given enough information on which to base their decision. You should also explain how much information will be disclosed, the reasons for it, to whom it will be given and the likely consequences.

### **Disclosures without consent**

69. You must not disclose confidential information about a patient without the patient's consent unless required by law or justified in the public interest.

### **Disclosures required by law**

70. A court of law may order you to disclose information without the consent of the patient. If this happens you should only release the information you are ordered to. You may wish to take legal advice in these circumstances.

### **Disclosures in the public interest**

71. There are some exceptional cases where disclosure of personal information without consent, or where patients have withheld consent, may be justified in the public interest. For example where:
- a. the failure to do so may expose the patient or others to risk of death or serious harm
  - b. the patient or others are exposed to serious risk

### **Disclosures in the interest of the patient**

- 72.** There may be times in the interests of your patient's health where you need to disclose confidential information. For example where:
- a.** the patient lacks capacity to give consent and you believe that disclosure is the patient's best interests
  - b.** the patient may be a victim of neglect, or physical, sexual or emotional abuse and disclosure is believed to be in the patient's best interest.
- 73.** You should seek consent to disclosure where practicable. If this is not practicable, you should disclose information promptly to an appropriate person or authority. This may arise, for example, where a disclosure may assist in the prevention, detection or prosecution of a serious crime, especially crimes against the person, such as abuse of children.
- 74.** You should inform patients that a disclosure will be made, wherever it is practicable to do so. You must document in the patient's record any steps you have taken to seek or obtain consent and your reasons for disclosing information without consent.
- 75.** You are advised to seek guidance from an experienced colleague, professional body, legal adviser or professional indemnity insurers prior to making disclosure without consent. You must be able, if necessary, to justify your actions.

### **Patient records**

- 76.** You must keep accurate, legible, comprehensive patient records. These should be made at the same time as the events you record or as soon as possible afterwards, signed (initialled entries if computerised records) and dated. Notes should always be made in indelible ink and at least record:
- your patient's personal details
  - any problems and symptoms reported by your patient
  - relevant medical and family history
  - your clinical findings

- the information and advice you have provided
  - the decisions made
  - records of consent and/or consent forms
  - the investigation and treatment you provide or arrange, and their results
  - any communication with, about or from your patient
  - reaction to treatment/treatment outcomes
  - discussion and decisions about chaperones
  - whether a student /observer was present
77. You may need to allow an Inspector of Taxes to see your practice financial records. To protect patients' confidentiality, financial information should be kept separate from patient records.
78. You are responsible for keeping of your patients' records safe and following best practice in the handling of confidential information. Current guidance from the NHS states that health records should be kept for a minimum of eight years after conclusion of treatment, or the patient's death. Children's notes should be kept until the patient's 25<sup>th</sup> birthday.
79. There are legal limitations on the time available for a person to pursue a claim against you. A personal injury claim, for example, should normally be made within three years. The minimum retention requirements outlined above should be sufficient even if you are aware of the possibility of legal action being taken. However, the three year rule does not apply in the case of a child or when someone lacks capacity. You are advised to consult your medical defence organisation or appropriate legal advisers before destroying patient records.

See:

Data Protection Act  
1998 [www.ico.gov.uk](http://www.ico.gov.uk) or  
[www.dataprotection.ie](http://www.dataprotection.ie)  
Records management:  
NHS code of practice:  
[www.dh.gov.uk](http://www.dh.gov.uk)

Seek advice from  
your medical defence  
organisation or legal  
advisers, as appropriate

### Data protection

80. **UK:** Your patient records are subject to the provisions of the Data Protection Act 1998 and you may need to register with the Information Commissioner.
- Ireland:** Your patient records are subject to the provisions of the Data Protection Act 1988 and the Data Protection (Amendment) Act 2003 and you may need to register with the Data Protection Commissioner.

For guidance see:  
[www.ico.gov.uk](http://www.ico.gov.uk) or  
[www.dataprotection.ie](http://www.dataprotection.ie)

## Access to records

**81. UK:** Under Section 7 of the Data Protection Act 1998, your patients have the right of access to the personal information you hold in their patient records. This right extends to people appointed by or on behalf of a patient, and to duly authorised representatives of deceased patients. You should be aware of your responsibilities to disclose information if requested, including the method and timescales that apply.

*For guidance see:*  
[www.ico.gov.uk](http://www.ico.gov.uk)

**Ireland:** Under Section 4 of the *Data Protection Acts 1988 and 2003*, your patients have the right of access to the personal information you hold in their patient records. This right extends to people appointed by or on behalf of a patient, and to duly authorised representatives of deceased patients. You should be aware of your responsibilities to disclose information if requested, including the method and timescales that apply.

*For guidance see:*  
[www.data-protection.ie](http://www.data-protection.ie)

## Justify public trust and confidence

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### Being honest, trustworthy and acting with integrity

82. Registration with the CAHSC gives you the right to call yourself a 'CAHSC registered' anthroposophic health professional. You must be able at all times to demonstrate that you hold valid CAHSC registration. In addition if your profession is statutorily regulated you must also hold valid registration with the appropriate regulatory body.
83. You must co-operate with the CAHSC in the exercise of its functions.
84. You must make sure that your conduct at all times justifies your patients' trust in you and the public's trust in your profession.
85. You must keep proper standards of personal conduct. Poor conduct outside of your profession may affect confidence in you and your profession. Significant lapses may lead to fitness to practise proceedings by the CAHSC. For example, acts of dishonesty, indecency or violence, conviction in a court of law, drunkenness or drug abuse may have serious consequences, even if not directly connected with your professional practice.
86. Such behaviour at any time before an application for registration is made may lead to a refusal of first registration. It may also be taken into account later if the CAHSC has cause to consider your fitness to practise.
87. You must not practise if you are under the influence of alcohol or any other judgement-impairing drug or substance.
88. You must act within the law at all times, whether those laws relate to your professional practice or personal life.

*Regulatory bodies are:  
UK: GMC, NMC, RPSG,  
HCPC*

*Ireland: MC, An Bord  
Altranais, PSI, HSCPC.*

89. You must inform the CAHSC without delay if you :
- a. accept a police caution
  - b. are charged with or found guilty of a criminal offence
  - c. have a civil proceeding issued against you in relation to your professional practice
  - d. have a finding made against you as a result of fitness to practise proceedings by any organisation responsible for regulating or licensing a health or social care profession
  - e. are suspended or have restrictions placed on your practice by an employer or similar organisation because of concerns about your conduct or competence.

### **Professional indemnity insurance**

90. You must have adequate professional indemnity insurance (PII). This is in your patients' interests as well as your own. Failure to maintain PII may constitute unacceptable professional conduct. You must take out adequate insurance or professional indemnity insurance for any part of your practice not covered by an employer's indemnity scheme. It is your responsibility to establish your insurance status and take appropriate action.

### **Maintaining good practice**

91. You must keep your knowledge and skills as an anthroposophic health professional up to date throughout your practice life. You must:
- a. take part in relevant continuing professional development
  - b. maintain and further develop your competence and performance
  - c. be familiar with relevant guidelines and developments that affect your work
  - d. keep up to date with and adhere to the law and codes of practice relevant to your work

### **Report writing**

92. You must be honest and accurate when writing reports, completing forms or otherwise providing information. You must take reasonable steps to verify the information you provide and not mislead by omitting relevant information

## Complaints

93. You must have a complaints procedure in place to deal fairly and promptly with any complaints against your services and practice. Your staff should be familiar with the procedure adopted.
94. Patients who complain about the care or treatment they have received have a right to expect a prompt, honest and constructive response. This should include an explanation and if appropriate an apology. You must not allow a patient's complaint to prejudice the care or treatment they receive.
95. You must make sure that anyone making a complaint knows that they can refer an unresolved complaint to the CAHSC.
96. You should inform your professional indemnity insurers promptly if a complaint is made against you.
97. You must co-operate fully with any formal inquiry into the treatment of a patient and with any complaints procedure that applies to your work.

## Problems with your health

98. If you know or think that your judgement of performance could be affected by a condition you have or its treatment, you must:
  - a. immediately consult a suitably qualified medical adviser
  - b. ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary
  - c. if necessary stop practising altogether until your medical adviser judges you fit to practise again
  - d. inform the CAHSC
  - e. inform your employer
99. If you know or think you might have a serious condition that you could pass on to patients, you must:
  - a. immediately consult a suitably qualified medical adviser
  - b. ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary
  - c. if necessary stop practising altogether until your medical adviser judges you fit to practise again
  - d. inform the CAHSC
  - e. inform your employer

## Working with Colleagues

- 100.** Anthroposophic health professionals often practise in association with others. Patients rightly expect to receive advice or treatment from the practitioner most suited to their needs. You should work in co-operation with other healthcare professionals to secure the best care for each individual patient.
- 101.** If you work in association with other anthroposophic health or social care professionals, or share the care of patients with other healthcare professionals, you must ensure that there is clear communication between you and your colleagues. Any communication should be undertaken in a professional manner and recorded in your patient's notes. Effective handover procedures should be in place, with a note made in the patient's record.
- 102.** You should encourage patients to inform their GP that they are receiving treatment from you. You may wish to communicate directly with a patient's GP, having first obtained the patient's consent to do so.

## Referrals and delegation

- 103.** When you refer a patient to another practitioner you must be satisfied, as far as reasonably possible, that the person to whom you refer is competent to meet your patient's needs. You should provide all relevant information about the patient, having first obtained the patient's consent to do so.
- 104.** Delegation involves asking a colleague to provide treatment or care on your behalf. When you delegate care or treatment you must be satisfied that the person to whom you delegate has the appropriate knowledge, skills and experience to provide the care or treatment safely and effectively.
- 105.** You must also ensure that anyone assisting you at your place of work and any staff for whom you are responsible, is competent to carry out the duties delegated to them, aware of their responsibilities, properly trained, supported and supervised where necessary. You must not put them under any undue pressure or expect them to provide treatment beyond their competence

103. See clauses 63-65, 68 on Principles of confidentiality

## Respect for colleagues

- 106.** You must treat your colleagues fairly and with respect. You must not bully or harass them, or unfairly discriminate against them by letting your personal views adversely affect your professional relationship with them.

107. You must not make unfounded criticisms of colleagues that may undermine patient trust in your colleagues. Any comments you make about a colleague or other healthcare professional must be honest, accurate and sustainable.

### **Conduct and performance of colleagues**

108. If you have concerns that a colleague's conduct, health or professional performance may pose a risk of harm to patients, you must take appropriate steps without delay so that your concerns are investigated and patients protected. The safety of patients must come first. You must explain your concerns to the employer or the CAHSC, and follow their procedures.

### **Ensuring good practice management**

#### **Information about your services**

109. All advertising about your services must be legal, decent and truthful. It must conform to the relevant guidance, such as the British Code of Advertising Practice.

109. See Advertising Standards Authority:  
[www.asa.org.uk](http://www.asa.org.uk)

110. You should provide accurate information about your professional qualifications, your practice arrangements and the services you provide.
111. Unless you are a registered medical practitioner, you must not use any title that implies you are a medical practitioner (this does not prevent you from using the title 'doctor' if you have a PhD and it is clear that the title relates to this).
112. You must not make unjustifiable claims about the quality or outcomes of your services in any information you provide to patients. It must not offer guarantees of cures, nor exploit patients' vulnerability or lack of anthroposophic healthcare knowledge.
113. Your publicity should not put pressure on people to respond, due to its content, frequency or manner of distribution.

## Financial and commercial activities

114. In all financial and commercial activities you must be honest and trustworthy.
115. You must be honest and open in financial arrangements with patients. You should charge fees responsibly and in a way which avoids bringing the profession into disrepute. In particular:
- a. you must inform patients about your fees and charges whenever possible before asking for their consent to treatment
  - b. you should indicate what each fee covers and if any part of the fee goes to another healthcare professional;
  - c. your fee rate should relate to the treatment you provide and should not be inflated in respect of patients whose treatment will be paid for by an insurance company or any third party.
  - d. you must not exploit patients' vulnerability or lack of anthroposophic healthcare knowledge when making charges for treatment or services.
  - e. you must not encourage patients to give, lend or bequeath money or gifts that will directly or indirectly benefit you
  - f. you must not put pressure on patients to make donations to other people or organisations

## The work environment

116. You have a responsibility to protect patient safety. Your practice premises should be clean, safe and appropriately equipped. You should ensure that the environment is conducive to effective treatment and to the comfort, privacy and dignity of your patients.

## Health and safety

117. The law lays down detailed requirements for health and safety in the workplace. It is your responsibility to be aware of and to keep up to date with these, and to ensure that your work environment complies with them.

117. See:

**UK:** Health & Safety  
Executive:

[www.hse.gov.uk](http://www.hse.gov.uk)

**Ireland:** Health & Safety  
Authority: [www.hsa.ie](http://www.hsa.ie)

118. Your practice must have adequate public and employer's liability insurance.

**119.** You must ensure that your practice has appropriate procedures in place to cope in the event of a medical emergency.

### **Your staff**

**120.** You are responsible for all the staff you employ in your practice, their conduct and any guidance or advice they give to patients. This includes administration and housekeeping staff. You should ensure they understand and comply with the requirements of this Code, in particular those that relate to:

- patient confidentiality
- retention of patient records
- complaints
- relationships with patients, your colleagues and other professionals
- the work environment
- health and safety
- supporting equality.

### **Supporting and promoting equality**

**121.** You should be aware of your duties and responsibilities as an employer and service provider in supporting equality and diversity.

**121.** See  
**UK:** Equality and Human Rights Commission for guidance on Key Legislation:: [www.equalityhumanrights.com](http://www.equalityhumanrights.com)  
**Ireland:** Irish Human Rights Commission  
[www.ihrc.ie](http://www.ihrc.ie)

### **Teaching and training**

**122.** If you have special responsibilities for teaching you must develop the skills, attitudes and practises of a competent teacher.

**123.** You may allow a potential student to observe a consultation or treatment if the patient consents and is fully aware that the observer is not an anthroposophic health professional. You must not allow such an observer to treat a patient.

- 124.** If you have a student at your practice, you have a number of responsibilities:
- a.** the student should be properly supervised
  - b.** you are also responsible for the student's conduct and for ensuring that adequate professional indemnity insurance is in place to cover the student's activities;
  - c.** you should ensure that patients are fully aware of the student's status.

- 125.** You should record in the patient's notes:

125. See clause 76 on  
*Patient records* .

- a.** the observer's/student's presence, status and identity
- b.** the patient's consent to the observer/student being present
- c.** details of any examination or treatment carried out by the student
- d.** the patient's consent to such examination or treatment.

- 126.** If you train junior colleagues you must make sure their care of patients is properly supervised and that adequate professional indemnity insurance is in place.

### **Assessing and appraising**

- 127.** You must be honest and objective when appraising or assessing the performance of colleagues or students.



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## Glossary

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The glossary provides explanations of the terms used throughout this Code.

**Anthroposophic health professionals:** individuals practising an anthroposophic health profession. Those registered or seeking registration with the CAHSC must be qualified and/or trained in an anthroposophic health profession to standards set by the CAHSC which enables them to provide safe and competent professional therapeutic services to patients, based on anthroposophic healthcare principles.

**Anthroposophic healthcare principles:** These encompass an individualised, integrated approach to health and illness, based on an anthroposophic understanding of the human being. This approach aims to maintain, support, restore or improve the patients' physical, psychological, spiritual and social health and wellbeing.

**Capacity to consent:** a person has capacity if they can understand, retain, use and weigh up the information needed to make a decision, and can communicate their wishes.

**Delegation:** when an anthroposophic health professional asks someone else (such as a colleague, student or support worker) to carry out a task on their behalf.

**Fitness to practise:** when someone has the knowledge, skills, character and health to practise their profession safely and effectively.

**Informed:** having enough information in a way that you understand to be able to make a decision.

**Informed consent:** when a patient has all the necessary information, in a format they can understand, so that they can make an informed decision about whether they want to have a particular examination, investigation, treatment or participate in research/teaching.

**Parent:** means those with parental responsibility for a child or young person. Others who might have parental responsibility for a child include adoptive parents, guardians and the local authorities. You should get legal advice when in doubt about who has parental responsibility.

**Parental responsibility:** means the rights and responsibilities that parents have in law for their child, including the right to consent to medical treatment for them, up to the age of 18 in England, Wales and Northern Ireland and 16 in Scotland and Ireland.

**Patient:** anyone who uses the professional services of a registrant.

**Public interest:** the interest of the community as a whole, or a group within the community or individuals.

**Referral:** when an anthroposophic health professional asks another practitioner to take over the care of a patient because it is outside the scope of their practice.

**Specific consent:** means that the patient consents expressly to each distinct procedure.

**Valid authority:** in relation to consent this may mean parents or other person appointed to make decision on behalf of a person who does not have capacity.

**‘You must’:** is used for an overriding duty or principle.

**‘You should’:** is used:

- when there is an explanation of how to meet an overriding duty **or**
- where the duty or principle will not apply in all situations, or there are factors outside your control that affect your ability to comply with the guidance.

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