

# Code of Professional Conduct

## Professional Conduct

You must, at all times, comply with the ARA Code of Professional Conduct which has been written to enable professional and responsible practice and protection of our patients.

1. You must familiarise yourself with the Code of Professional Conduct and the Code of Safe Clinical Practice and when joining your professional association, you are agreeing to abide by them. Any potential breach of either Code will result in an investigation by way of the Complaints and Disciplinary Procedure.
2. For patient and practitioner safety, you are encouraged to regularly refresh your knowledge in:
  - First Aid
  - Red Flags & Referrals
  - Safe Needling Practice
  - Informed Consent
  - Safeguarding
  - Record Keeping
3. You must work within the scope of your training and advertise your services accordingly.
4. You must have up-to-date appropriate professional insurance that covers all modalities of treatment and therapies that you are trained in and use in clinic, including resale of any herbal formulas/supplements or manipulation. You will not be covered by insurance if you use therapies or equipment that you are not trained in.
5. Although a welcoming and friendly disposition is helpful, your relationship with your patient is purely professional and a patient must be able to trust that you will act with integrity, confidentiality and that your behaviour will not breach any professional boundary.
6. Your conduct towards patients should always be professional and respectful, and you must avoid any behaviour or actions that can be perceived as abusive, harassing or inappropriate. This includes non-physical gestures, unnecessary physical contact or suggestion.
7. By providing treatment to a patient, a contractual relationship is established, regardless of whether a fee is charged. Treatments to family, friends or other situations outside of your normal clinical practice must remain professional in all aspects including confidentiality.
8. Your fee structure must be clear in terms of your services and referenceable from your website/promotional literature.
9. You must provide information about how and where you may be contacted during your working hours.
10. You must be truthful and transparent in your advertising and must not make any false or misleading claims about your services or the benefits of acupuncture.
11. You must ensure that your practice is managed with due care should professional duties be delegated to another acupuncturist or to a practitioner of another therapy. You should be satisfied that any such practitioner is adequately qualified and belongs

to a reputable professional body and holds appropriate liability insurance. You must also be satisfied that any services provided by the other practitioner are done so with the agreement of the patient.

12. Should you be away from your practice for any length of time it is your duty to ensure that patients are informed about where they may seek appropriate treatment in your absence, or to provide properly trained and qualified locum cover. Should you retire from practice you must also inform your patients that you are retiring and ensure that they are aware of other practitioners in your area and of the location of their original case notes and records.
13. You and each of your premises must meet local authority guidelines and must be licensed by the local authority.
14. You must notify ARA without delay if you are charged or convicted anywhere in the world or you contravene any third-party legislative requirements, such as:
  - contravening the law and/or be subject to warnings from the Police
  - prosecution for offences other than speeding
  - working in breach of the law that prohibits acupuncturists working on animals without direct supervision of a veterinarian.
  - breaking environmental health laws,
  - breaking local authority licensing requirements

The above examples are not intended to be an exhaustive list and any of the above may result in a breach of the Code of Professional Conduct.

15. You have a duty to notify the ARA without delay if you are:
  - Disciplined by any organisation responsible for regulating or licensing a profession.
  - Suspended or placed under a practice restriction by your employer or a similar organisation because of concerns related to your conduct or competence.
  - Suffering from an illness or medical condition which might affect your ability to practise.
  - Have had your licence revoked by your local authority.
16. You have a duty to cooperate with all investigations or audits by your membership association and/or the ARA either against you or relating to others. You must also comply with any rulings made by your membership association and/or the ARA's Conduct Committee in enforcing the Codes of Safe Clinical Practice and Professional Conduct.
17. If you belong to other professional organisations whose ethical standards differ from those of ARA's you must be aware that this cannot put you beyond ARA's jurisdiction where matters of professional conduct are concerned.
18. In the event of any loss, damage, injury, or accident resulting in, or likely to result in, a claim you must take the following steps:
  - Document the event fully in your Incident log and retain for 7 years.
  - Notify the ARA admin and to your insurance company as soon as reasonably possible, fully cooperate with them and offer any assistance they may reasonably require.

- Immediately send to the ARA admin and your insurance company any complaint, writ or summons issued against you.
  - Supply, at your own expense, full details of the claim in writing including any supporting evidence and information that they require as soon as possible and within a maximum of 30 days) from the notification of the event, damage, interruption or bodily injury.
  - Take action to minimise the damage and to prevent further injury or damage.
  - Seek instructions on next steps from your insurance company.
  - You should follow procedures in the ***“Guidelines for Adverse Events.”***
19. As a practitioner, you have a legal duty to promote equality and diversity within your services, extending to both your patients and your employees. Discrimination on the grounds of a protected characteristic, such as gender, race or ethnicity, disability, religion or belief, sexual orientation, age or marital status, is prohibited by law. You must ensure that your services are accessible to all and that reasonable adjustments are made to accommodate the needs of patients with disabilities or other protected characteristics. If, in providing a particular treatment or advice, you feel that it conflicts with your personal, religious or moral beliefs and that this conflict might affect the treatment or advice you provide, you must explain this to the patient and offer to refer them to another practitioner. As an employer, you have the same duties to your employees as you do to your patients. You are also legally responsible for any discriminatory actions committed by your employees in the course of their employment.
20. If a patient makes a complaint, you must deal with it in a timely and appropriate manner. This includes acknowledging the complaint, investigating the issue, and providing a response to the patient. You must also ensure that you maintain patient confidentiality throughout the complaints process. It is important to reflect on the issue and use it as an opportunity to improve your practice. This may involve making changes to your policies, procedures or communication with patients.
21. In the event that a complaint is not resolved to the patient's satisfaction, they may refer the matter to your membership association or ARA. You must cooperate fully with any investigation by your membership association and/or ARA and provide all relevant information.
22. You must comply with all terms, conditions, regulations and all licence agreements that ARA shall from time to time apply with reference to the use of its name, logo and all marketing and promotional material in paper, electronic, digital or other format. In addition, you must comply with all terms, conditions, regulations and licence agreements relating to accreditation marks, certification marks, trademarks logos, corporate markings applied by a third party that you may be permitted to use by virtue of your membership. The logos are only valid for the time that your membership is up to date and paid. You should note that your insurance with the Balens discounted ARA Affinity Scheme is dependent upon your membership with ARA being valid and up to date.
23. You must uphold the high standards of the acupuncture profession at all times. You must not bring the profession into disrepute by unprofessional behaviour.

## Advertising

All advertising must be decent, honest, truthful, evidence based and must be applicable to the training of the practitioner and only refer to treatments within your own training and therefore scope of practice. Your advertisements may include information about any non-acupuncture qualifications and special interests that you may have but must not make claims of superiority or disparage professional colleagues.

24. Advertising must not make any misleading claims about the benefits of acupuncture. It must not create unjustified expectations about the length or type of treatment or its prospects for relieving the condition concerned.
25. Courtesy titles, doctorates in any other field, and postgraduate acupuncture qualifications are not acceptable as a basis for the use of the title 'doctor' as a prefix when being addressed as an acupuncturist unless you hold a Doctor of Medicine. If you have a doctorate in anything other than a Doctor of Medicine, then you should use your name and PhD and the subject or Dr NAME (doctor of xxxxx) so it is clear that you are not a GP or medical doctor.
26. You must make a clear distinction between your acupuncture practice and any commercial activity in which you may be involved. There must be no suspicion of any business affairs having an influence over your attitude towards patients and their care.
27. To promote a product to patients for no good reason other than profit is highly unethical. If you sell or recommend any product or service to a patient, you must be satisfied this will be of benefit to the patient and that you are appropriately qualified to offer such products or advice. Any financial interest you have in doing so must not influence the care or treatment provided.
28. You must not encourage your patients to give, lend or bequeath money or gifts which will directly or indirectly benefit you. You must also not put pressure on patients or their families to make donations to other people or organisations.
29. If you practise other therapies, you must have undertaken an appropriate course of structured training and have up to date indemnity insurance to cover all of these other therapies. If you use other therapeutic modalities without appropriate training you will be in breach of this Code and may not be covered by your professional insurance.
30. If you use techniques, supplements or equipment which are not within the normal scope of acupuncture practice you must inform the patient of this and request consent. Patients should be aware of the modalities you intend to use in treatment, if you choose to use cupping or gua sha or moxa – you must explain what you intend to do, how it may affect or feel for the patient and ask for permission. You are also responsible for ensuring that you are appropriately trained in and hold valid insurance for the use of the technique and all supplemental equipment, and to record in your notes, your patient's consent to the treatment proposed.
31. You must not carry out any type of treatment on an animal unless you are a qualified veterinarian. Under the Veterinary Surgeon's Act 1966 acupuncture is considered an invasive procedure and may only be carried out by registered veterinarians.
32. If you treat the patient of another practitioner because of locum cover, holiday, illness or any other reason such as referral, you must encourage the patient to return

- to their original practitioner as soon as that practitioner becomes available again and so that they can continue their treatment to conclusion. You must not attempt to solicit the patient, either directly or by default, to continue treatment with you.
33. In all cases the wishes of the patient are paramount. If a patient decides to transfer from you to another practitioner, it is ethical and in the patient's interest, for you and the other practitioner involved to communicate with each other about this transfer, and for relevant information about the patient to be forwarded, with the patient's written consent.
  34. It is good practice to maintain contact with general practitioners (GPs) or patient's clinical team over shared patients. You should acknowledge referrals from any clinician or colleague, and you should also consider it good practice to inform and communicate with a patient's GP, with the patient's consent, when the patient has self-referred.
  35. You may sometimes encounter criticism of the competence or professionalism of other practitioners voiced by patients or colleagues. If you hear such criticisms of other practitioners, whether they are members of your own membership association and/or ARA or not, you must at all times act with the utmost discretion and professionalism and must avoid voicing any opinion.
  36. You are expected to act with integrity, discretion, and respect for the views of others. You are entitled to put forward your views on good clinical practice in publications, seminars, etc. However, you must not criticise other healthcare disciplines or practitioners, either directly or by implication, over and above the standards which apply in the debates to which you contribute.
  37. If you have evidence or are reliably informed that another practitioner's conduct, health or professional competence poses a threat to patients you have a responsibility to take appropriate action to protect patients' safety and to report to your membership association.

### **Training, Supervision & Research**

38. Any training or teaching which you give in the practical skills and theory of acupuncture should be done under the auspices of a reputable training establishment. The course should follow the National Occupational Standards (NOS) for acupuncture.
39. You may teach acupuncture theory and techniques to other fully qualified practitioners. You must ensure that you have obtained appropriate additional insurance for teaching, if required, and indemnify those whom you have trained in the use of the techniques.
40. You may teach acupuncture techniques to fully qualified non-acupuncturist practitioners who are part of another professional body. However, before doing so you must ensure that you have appropriate insurance and that those completing the course understand that it does not qualify them to use the title 'acupuncturist'. If you are teaching short courses to non-acupuncture practitioners, the course must be set up so as to include all required, acupuncture health and safety guidelines and warnings and the handling and disposal of all needles and clinical waste. The course material must be appropriate for the level of the learners and adhere to the National Occupational Standards (NOS) for that style of acupuncture.

41. You are permitted to give lectures to medical and paramedical groups and the general public to promote better understanding of the work of the professional acupuncturist and the range of your services. Such lectures must only be for information and must not be promoted or construed as training in acupuncture.
42. You are permitted to have acupuncture students, potential acupuncture students, or other individuals present as observers in your practice. Observers may only be present with the explicit permission of the patient and may not carry out any part of the treatment. You must avoid 'coercive consent' where a patient feels that they are under pressure to allow an observer to be present.
43. Student acupuncturists may provide treatment to patients within the scope of their practice, provided that they have obtained informed consent from the patient and are covered by adequate professional indemnity insurance. The student must also be directly supervised by a qualified acupuncturist as part of their approved clinical training
44. If you are involved in research involving patients, you must check if you need approval of an appropriate research ethics committee.
45. You must also obtain the patients' consent if they are involved in your research. You must put the patients' interests first and only proceed if you are satisfied that their care is not compromised to meet the needs of your research aims.
46. You must also ensure that patients' confidentiality is preserved in the sharing or publication of research findings. If the results of research cannot be aggregated in such a way as to conceal the identity of individual patients, any consent obtained from the patient for the use of such results must be based on full details of the distribution, publication and ownership of these results. If a patient refuses consent for the disclosure of research results this choice must be respected.

### **Patient Care**

47. Patients must be cared for professionally. A confidential consultation should be empathetic and only open questions to elicit sufficient information for diagnosis and treatment plans to be used.
48. All patient notes should be confidential and factual and be in a format that would be professional if requested for submission.
49. Proposed treatment plans should be communicated in an easy-to-understand fashion when requested and informed consent elicited throughout sessions.
50. Each treatment session should comprise a review of symptoms to inform treatment planning, but also to gauge success of acupuncture/herbal treatment. It is important to openly review the success of the treatment strategy with a patient and not continue without this review. Patient choice should be respected, and other professionals consulted if required to improve patient outcomes.
51. All patients should be cared for with your utmost priority whilst in the treatment room.
52. All patients should be assessed thoroughly, with appropriate examination, diagnosis and investigation.
53. You must not engage in any form of sexual relationship with a patient. If you find yourself becoming emotionally or sexually involved with a patient, you should terminate the professional relationship and refer the patient to another practitioner.

54. As a practitioner, you must discourage any patient from developing an inappropriate emotional attachment to you. In these circumstances, contact your association or ARA for further advice.
55. You must respect the modesty of patients by only requesting them to undress to the minimum level required to make an examination or to perform a treatment. If treatment involves sensitive or intimate areas of the body, you must refer to the ***"Intimate Area Consent Form"***.
56. Maintain an Incident Book that records injuries, complaints received during treatment any other adverse events along with and subsequent action taken. The Incident Book should contain sufficient information to enable reporting to the membership body or insurance company at renewal. It is the practitioner's responsibility to notify their insurer of any incidents that may result in a claim at the time of renewal. Your insurance validity will rely on your notification at renewal of any incident that may result in a claim.
57. Before providing treatment, practitioners must assess any contraindications within the framework of low risk versus high benefit.
58. Provide patient advisories when sending patients home with retained needles or having used moxa, cupping or gua sha. Refer to ***"Patient Advisories."***
59. You must explain carefully the procedures and treatment that you intend to provide and must recognise that the patient is entitled to choose whether to accept advice or treatment. Examining or even preparing to treat someone without their consent could be deemed inappropriate or unprofessional and continuing to treat someone after they withdraw their consent via verbal instruction in the middle of a treatment could be deemed assault.
60. When obtaining consent, you must ensure that it is informed and given voluntarily by a patient who has capacity to make decisions about their healthcare. Although consent may once have been taken as implied by a patient's actions in turning up and lying on the treatment couch, explicit consent is now considered essential. You must seek explicit consent and ensure that the patient understands what you propose to do. This is particularly important where treatment may involve sensitive areas of the body. If this is necessary, refer to the guidance for "Intimate Area Consent" in the members area. You are recommended to record all relevant information in the case notes.
61. When a patient indicates painful response or suggests there is an issue or asks you to stop – informed consent is at that point removed. You must pause the treatment and ask for explicit consent before continuing any further. This applies to any incident that suggests the patient is experiencing discomfort, pain, or demonstrates body language that suggests they are unhappy in any way.
62. For patients who may not have mental capacity to consent, please refer to and follow guidelines and procedures in the ***"Guidance in Treating an Adult Patient Unable to Give Consent to Acupuncture Treatment"***.
63. You must record any subsequent explanation and consent obtained if the course of treatment extends beyond the original projection or if treatment continues beyond an agreed review date.
64. You must not delegate the obtaining of consent to a receptionist or unqualified assistant. Informed consent requires that you (or an appropriately qualified

colleague) must explain the procedure, be available to answer questions and be able to satisfy yourself that the patient understands what you have told them and is willing to proceed.

### **Treatment and Consent of minors**

65. Your consultation forms must confirm the age of the patient and if the patient is under the age of 16, seek the consent of a parent or guardian. To determine requirements for working safely with minors, please refer to the document entitled ***“ARA guidelines for the treatment of patients under the age of 18”***.
66. The refusal of treatment by a child under the age of 16 may carry legal force and override the consent, even though properly given, of a legally authorised adult. If you are in any doubt, you must stop treatment. A child who does not provide consent must not be treated regardless of any parental consent.

### **Record Keeping**

67. You must maintain clear and confidential records for each patient with up-to-date contact details, those of their GP, medical history (including current medication and any other treatment), advice that you have provided, your treatments, reviews of progress at each treatment and consent to treatment. Follow guidance in ***“Record Keeping, Confidentiality & Recordings.”***
68. You must keep patient records for a minimum of seven years. In the case of minors, records must be retained until the patient reaches the age of 25 (seven years after reaching 18). This applies even when you have referred the patient on, or you have left the practice where you administered the treatment. In addition, this applies when the patient has deceased. Lawyers or the Police can ask for information on a client; however, you can refuse and this requires a court order to instruct you to provide client information and do not have authority to do so without this. Paper copies of patient records should be kept in a locked filing cabinet on the premises. Electronic patient records must be kept and processed in compliance with the rules and procedures as set out in the General Data Protection Regulation (GDPR) Regulation as implemented by the Data Protection Act 2018. Disposal of records must take into account patient confidentiality and burning or shredding is advised.
69. If you are employed or are practising in a multidisciplinary practice or acting as a consultant, you must agree ownership of and responsibility for the notes. You must ensure that you have access to the notes in the event of disciplinary action being taken against you, any insurance claims or any civil or criminal proceedings. Although a patient can request access to their notes, they have no legal rights of ownership. However, if a patient requests a copy of their notes, you must follow the procedure laid out in the Data Protection Act 2018 – see Access to Patient Notes Guidance entitled ***“Record Keeping, Confidentiality & Recordings”***.
70. You must retain original patient records even in the event of you selling your practice.
71. You must not use knowledge gained from patients or from their records in any other context for personal or professional gain, unless authorised by the patient.
72. If you write your case notes in any language other than English it will be your responsibility to provide a full translation, if called upon to do so by the ARA, in the



event of a complaint being made, or the records being required for official purposes, or a request being made by the patient under the terms of the Data Protection Act 2018

### **Disclosures without consent**

73. There are exceptions to the duty of care of confidentiality of patient records and verbal disclosure. This can include:
- a. When disclosure is required by law, such as in cases where there is a legal obligation to report certain types of information to the authorities.
  - b. In the event of a legal request for disclosure, only pertinent information should be disclosed. No unnecessary information should be shared. This applies whether the patient is living or deceased.
  - c. When disclosure is necessary to protect the patient or others from serious harm, such as in cases where the patient poses a threat to themselves or others.
  - d. When disclosure is in the public interest, such as in cases where it is necessary to prevent a serious crime or protect public health.
  - e. When disclosure is necessary for the purpose of medical research, provided that the research has been approved by an ethics committee and the patient's identity is kept anonymous.
  - f. For anonymised use in supervision or case studies that are used either in a professional way (such as a professional journal) or in a training environment or in the event of professional clinical or practitioner supervision.

These exceptions should be used cautiously, and the patient's rights and interests must always be considered when deciding whether to disclose their information without their consent.

### **Knowledge & Skills**

74. You must maintain a high standard of professional knowledge and skills and must keep up-to-date with the latest developments in acupuncture and related fields.
75. It is your responsibility to keep up to date with developments in acupuncture practice, including any changes to legislation and regulations that may impact your practice. You should also keep abreast of new research and developments in acupuncture and related fields in order to provide the best possible care to your patients. This can be achieved by attending appropriate seminars and postgraduate training courses, or by undertaking recognised continuing professional development training. Failure to take part in an appropriate amount of postgraduate education will be taken into account by the Professional Conduct Committee if there are any allegations concerning your professional competence.