



## CODE OF CONDUCT

### **For Students and Practitioners**

1. Students/practitioners shall have respect for the religious, spiritual, political and social views of any individual irrespective of race, colour, creed or sex.
2. Students/practitioners shall at all times conduct themselves in an honourable and courteous manner, and with due diligence in their relations with their fellow students, case study clients and members of the public. They should seek a good relationship and work in a co-operative manner with other healthcare professionals and recognise and respect their particular contributions within the healthcare team, irrespective of whether they perform from an allopathic or alternative/complementary base.
3. The relationship between a student and their case study client is the same as a professional Bowen therapist with their client. At all times there must be trust, respect, confidentiality, fairness and sincerity expressed towards the client. The case study client places their trust in a trainee student's care, skill and integrity and it is the student's duty to act with due diligence at all times, in order for the client to feel safe and respected.
4. Proper moral conduct from the student must always be paramount in all relationships with fellow students and case study clients. They must behave with courtesy, respect, dignity, discretion and tact. Their attitude must be competent and sympathetic, hopeful and positive, thus encouraging an uplift in the case study client's mental outlook and belief in a progression towards good health practices.
5. In furtherance of Clause 4 (above), students/practitioners must be diligent in guarding against any act, suggestion or statement that may be interpreted, mistakenly or otherwise, as having a sexual implication.
6. Students/practitioners may only make home visits to clients subject to there being a friend, relative or independent witness present at all times.
7. All students/practitioners visiting hospitals will comply with the guidelines laid down by the NHS and seek permission from the ward manager before carrying out any Bowen session.
8. Students/practitioners must never claim to 'cure'. The possible therapeutic benefits may be described; 'recovery' must never be guaranteed.
9. Students/practitioners should ensure that they themselves are medically, physically and psychologically fit to practise.
10. Discretion must be used for the protection of the student/practitioner when carrying out case study treatment with volunteers who are mentally unstable, addicted to drugs or alcohol, or severely depressed, suicidal or hallucinated. Such volunteers must be treated only by a fully qualified and insured practitioner with relevant competency. A practitioner/student must not treat a patient/client in any case which exceeds his/her capacity, training and competence. Where appropriate, the practitioner/student must seek referral to a more qualified person.

11. Registered medical practitioners and members of other health-care professions remain subject to the general ethical codes and disciplinary procedures of their respective professions.
12. Students/practitioners must guard against the danger that a client without previously consulting a doctor may come for therapy for a known disorder and subsequently be found, too late, to be suffering from another serious disorder. To this end new clients must be asked what medical advice they have received. If they have not seen a doctor, they must be advised to do so. Since it is legal to refuse medical treatment, no client can be forced to consult a doctor. The advice must be recorded for the student/practitioner's protection.
13. Students/practitioners must not countermand instructions or prescription given by a doctor.
14. Students/practitioners must not advise a particular course of medical treatment, such as to undergo an operation or to take specific drugs. It must be left to the client to make their own decision in the light of medical advice.
15. Students/practitioners must never give a medical diagnosis to a client in any circumstances; this is the responsibility of a registered medical practitioner. However, if it so happened that a student/practitioner had a sense that something was wrong, it would be in the best interests of the client to recommend that they seek medical assistance as soon as possible. If this were the case, a record would be made on the client case notes and signed by both parties.
16. Student/practitioners must not use titles or descriptions to give the impression of medical, or other qualifications unless they possess them and must make it clear to their clients that they are not doctors and do not purport to have their knowledge or skills.
17. Students/practitioners are forbidden to diagnose, perform tests or treat animals in any way or give advice following diagnosis by a registered veterinary surgeon or to countermand their instructions.
18. Students/practitioners must not attend women in childbirth or treat them for ten days thereafter unless they hold an appropriate qualification in midwifery.
19. Students/practitioners must not practise dentistry unless they hold an appropriate qualification.
20. Students/practitioners must not treat venereal disease as defined in the 1917 Act.
21. Patients suffering from AIDS may be treated at the discretion of the practitioner.
22. Students/practitioners must not use manipulation, massage or other physical therapy with the Bowen Technique and if indeed they are qualified in this therapy, then it would be carried out at a separate time.
23. Students/practitioners must not prescribe remedies, herbs, supplements, oils etc. unless their training and qualifications entitle them to do so.

24. At the present time, no alternative or complementary therapy is approved as 'medical aid' under the law. It is a criminal offence for a parent or guardian to seek alternative/

complementary therapy as a substitute for 'medical aid' for a child under the age of 16. The student/practitioner needs to be firm about this and should be under no obligation if this was the case. If it is the case that a parent, guardian or support worker wishes complementary therapy to go ahead for a child under 16, then the consultation and record files for the child must be signed by all parties.

25. Advertising must be dignified in tone and shall not contain testimonials or claim a cure or mention any disease. It shall be confined to drawing attention to the therapy available, the qualifications of the practitioner and offer a general service together with necessary details.
26. Students/practitioners will display their certificate of membership of the Bowen Association UK and their current certificate of professional indemnity insurance in their normal place of work. Practitioners working in several locations and/or offering visiting services will have available at all times a copy of their current professional indemnity insurance certificate and current membership certificate issued by the Bowen Association UK.
27. Before treatment students/practitioners must explain fully either in writing or verbally all procedures involved in the treatment including such matters as questionnaires, likely content and length of consultation, number of consultations, fees etc.
28. Students/practitioners must act with consideration concerning fees and justification for treatment. They should not be judgmental, and they should recognise the client's right to refuse treatment or ignore advice. It is the client's prerogative to make their own choices with regard to their health, lifestyle and finances.
29. Students/practitioners must ensure they keep clear and comprehensive records of their treatments including the dates and any advice given. This is especially important for the defence of any negligence actions as well as for efficient and careful practice.
30. In determining whether or not any record of the nature of any treatment administered is reasonable, it shall be for the student/practitioner compiling the record to show that on the basis of their notes they can demonstrate what treatment was undertaken and whether that treatment was competently and reasonably undertaken.
31. Confidentiality: Students, practitioners, their assistants and receptionists have an implicit duty to keep attendance, information, records and files formed about clients entirely confidential. No disclosure may be made to any third party, including any member of the client's own family, without the client's consent unless it is required by due process of the law, whether that be by statutory instrument, order of any court of competent jurisdiction or howsoever otherwise.
32. Students/practitioners must ensure that they comply with the Data Protection Act 2018.
33. No third party, including assistants and members of the client's family, may be present during the course of a consultation with an adult without the client's express consent.
34. All Students/practitioners must be adequately insured to practice. Private insurance is permitted and if adopted, students/practitioners must provide evidence of this to their Association. The insurance policy must state provision for the public and employee (if personnel are employed) liability and indemnity as well as the provision of professional treatments.
35. All Students/ practitioners shall ensure that their working conditions are suitable for the practice of their therapy.

36. Students/practitioners will follow and abide by decisions made under the disciplinary procedures appended to this Code.