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## **Student and Practitioners; Code of Conduct 2026**

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 always conduct themselves in an honourable and courteous manner and with due diligence in their relations with their fellow students, case studies and the public. They should seek a good relationship and work in a co-operative manner with other healthcare professionals and recognise and respect their contributions within the healthcare team, irrespective of whether they perform from an allopathic or alternative/complementary base.
3. The relationship between a student and his case study is that of a professional with a patient/client. The case study places trust in a student's care, skill and integrity and it is the student's duty to always act with due diligence and not to abuse this trust in any way.
4. Proper moral conduct must always be paramount in students' relationships with fellow students and case studies. 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 studies mental outlook and belief in a progression towards good health practices.
5. In furtherance of 4. Above, Students 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 can make home visits to clients but be mindful of personal safety. A new client is probably best to treat in an environment where there are other therapists working (where possible).
7. All students/practitioners visiting hospitals will comply with the guidelines laid down by the BCMA.
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 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 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 patient/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 patients/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 patient/client can be forced to consult a doctor. The advice must be recorded for the practitioner's protection.

13. Students/Practitioners must not countermand instructions or prescriptions 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 patient/client to make his own decision in the light of medical advice.

15. Students/Practitioners must never give a medical diagnosis to a patient/client in any circumstances; this is the responsibility of a registered medical practitioner. If a practitioner is concerned about the health of their client, then advise the patient/client to see the doctor for a medical diagnosis and record this action on your consultation form/notes.

16. Students/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 patients/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 or vigorous massage unless they possess an appropriate professional qualification.

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 not to seek 'medical aid' for a child under the age of 16. The student/practitioner should secure a signed statement from a parent or guardian who refuses to seek medical aid as defined under the law in the following format: Issued January 2023 "I have been warned by (enter name of student/practitioner) that according to law I should consult a doctor concerning the health of my child (enter name of the child). Signed (signed by the guardian). Signed (by person witnessing the parent's or guardian's signature)".
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. Practitioners will display their certificate of membership of the Bowen Association 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 always have available a copy of their current professional indemnity insurance certificate and current membership certificate issued by the Bowen Association.
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. Practitioners must act with consideration concerning fees and justification for treatment. Practitioners should not be judgmental, and they should recognise the patients/clients right to refuse treatment or ignore advice. It is the patients/client's prerogative to make their own choices regarding their health, lifestyle and finances.
29. Students/practitioners must ensure they keep clear and comprehensive records of their treatments including the dates and 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 based on the 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, all information, records and views formed about patients/clients entirely confidential. No disclosure may be made to any third party, including any member of the patients/clients own family, without the patients/clients consent unless it is required by due process of the law, whether that be by statutory instrument or an order of any court of competent jurisdiction.

32. Students/practitioners must ensure that they comply with the legislation of the General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.

33. No third party, including assistants and members of the patients/client's family, may be present during a consultation with an adult without the patients/client's express consent.

34. All Practitioners must be adequately insured to practise. Private insurance is permitted and if adopted, 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 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.