FHT Code of Conduct and Professional Practice

Revised: October 2015

FHT

professional standards authority
accredited register

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www.fht.org.uk

Contents

The FHT Code was first published in 1962 and has been revised regularly since that date. This copy supersedes all previous editions of the FHT Code.

(Date of previous edition: August 2015.)

Introduction

This Code is intended for use by all members of the Federation of Holistic Therapists (FHT) and is a guide to excellence in professional conduct and practice. It represents the standards against which FHT members will be measured in the event of a complaint being made to the FHT. It also sets out for the general public the quality of care they should expect to receive from professional therapists who are members of the FHT.

By definition, a professional therapist is fundamentally concerned with the welfare of his/her clients. All FHT members are personally accountable for their actions and must be able to explain and justify their decisions.

It is a condition of membership to the FHT that all members must adhere to the standards set out within this Code, which includes complying with all related regulation and legislation. Members must also comply to the FHT Terms and Conditions of Membership (www.fht.org.uk/termsandconditions).

Members who fail to adhere to this Code will be subject to the FHT Professional Conduct Procedure. In applying for membership of the FHT, members are voluntarily agreeing to abide by the content of this Code and any amendments or additions that may be made in the future. When the Code is updated, the FHT will advise its members accordingly, however it is ultimately the members' responsibility to ensure they are referring and adhering to the latest edition of the Code, which is available at www.fht.org.uk/code

This Code seeks to set out the following standards and explain how these standards should be applied. It is not exhaustive, but all decisions should be made in light of the following:

FHT members must, at all times:

- Act in the best interests of their clients;
- Respect their clients, other practitioners and healthcare professionals;
- Take responsibility for their own actions;
- Practise only within the limits of their competence;
- Ensure their behaviour does not damage the reputation of the profession;
- Observe confidentiality;
- Practise within the law;
- Maintain high standards of health and hygiene;
- Maintain and develop their knowledge and skills.

Further guidance on any part of the Code can be obtained from the references provided, or by contacting the FHT.

1. Conduct and behaviour

1.1 Professional conduct

Standard

Members must conduct their professional practice in a way that is a credit to the profession.

Guidelines

1.1.1 All members agree by condition of membership to the FHT to abide by the FHT Code of Conduct and Professional Practice. Any member contravening the Code is subject to the FHT Professional Conduct Procedure.

1.1.2 Members have a responsibility to immediately inform the FHT and other relevant professional bodies if they have any information about their own, or another therapist's, conduct or competence that may bring the profession into disrepute.

1.1.2.1 Members must inform the FHT immediately if they are aware of any of the following in relation to their own practice, or that of another FHT member:

- disciplinary action by a professional association involved in the therapy industry, or any organisation responsible for regulating or licensing a healthcare professional; or
- suspension or a practice restriction order by an employer or organisation because of concerns about conduct or competence; or
- police arrest or conviction of a criminal offence, other than for a minor motoring offence or receipt of a police caution.

The FHT has a duty to protect its membership and a responsibility to ensure all its members uphold both the FHT Code and that of any statutory or voluntary healthcare regulator to which that member is registered.

1.1.3 Members must limit or suspend practice if their performance is affected by personal circumstances.

1.1.3.1 Members have a duty to take action if their own health or personal circumstances could be affecting their ability to provide safe or effective treatment.

Useful information

- To view a copy of the FHT's Professional Conduct Procedure, visit www.fht.org.uk/conductprocedures

1. Conduct and behaviour

1.2 Personal appearance and behaviour

Standard

Members must dress and behave in a manner that is a credit to the profession.

Guidelines

1.2.1 Members must maintain a professional appearance at all times.

1.2.1.1 Members must wear clothing deemed appropriate for the therapies they practise and follow advice on appropriate dress, as taught during training.
1.2.1.2 Appropriate adaptations to dress may be made for religious and cultural purposes.

1.2.2 Members must act in a professional manner at all times.

1.2.3 Members must be able to communicate clearly and effectively.

1.2.4 Members must not undermine confidence in the profession through poor conduct in their personal or professional life.

Other relevant sections
- Safe practice > Hygienic practice > 5.3.2 > p27

Useful information
- Royal College of Nursing: Wipe it out – guidance on uniforms and work wear http://www.rcn.org.uk/__data/assets/pdf_file/0010/78652/002724.pdf

1.3 Professional boundaries

Standard

Great care must be taken at all times to maintain an appropriate and professional relationship with clients.

Guidelines

1.3.1 Members must never use their position of trust and confidence to exploit the client in any way.

1.3.2 Professional boundaries between the member and client must not be blurred. A professional distance and appearance must be maintained at all times to ensure the client feels 'safe' and to minimise the risk of a misunderstanding or complaint.

1.3.3 Members must avoid inappropriate touch, dress or conversation.

1.3.4 Extra caution must be exercised when treating near an intimate area of the body.

1.3.4.1 No pressure should ever be placed on the client to have an area of the body treated if they do not feel comfortable or safe to have that area treated. If avoiding this area may potentially impact the efficacy and benefits of treatment, the client should be advised accordingly. However, ultimately, the client's comfort is paramount and should determine whether the treatment proceeds as intended, or needs to be modified so that the area in question is avoided.
1.3.4.2 If a treatment requires touching the client near an intimate area, the member must explain this to the client in a clear and professional manner. A note

must then be made on the consultation form to highlight that working near an intimate area was discussed, which the client in turn must sign to confirm that they have understood and are happy to proceed with the treatment.

1.3.5 Members must establish and uphold clear sexual boundaries with clients, to avoid breaking trust, compromising the reputation of the profession, and potentially committing a criminal offence. Where a member is sexually attracted to a client, it is the member's responsibility not to act on these feelings and to discontinue treatments in a professional manner if the member believes their feelings for the client will impact their professional relationship.

Other relevant sections

- Conduct and behaviour > Professional conduct > 1.1 > p5
- Assessing the client's needs > Refusing or discontinuing client care > 2.5.1 > p15

Useful information

- Sexual boundaries: Refer to 'Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals': January 2008, published by the Council for Healthcare Regulatory Excellence (CHRE). http://www.professionalstandards.org.uk/docs/psa-library/responsibilities-of-healthcare-professionals---clear-sexual-boundaries.pdf?sfvrsn=0

1.4 Relationship with other professionals

Standard

Members must act with respect for other practitioners and healthcare professionals at all times.

Guidelines

1.4.1 Members must work in a spirit of cooperation and foster good relations with other therapists and healthcare professionals.

1.4.1.1 Members must never countermand instructions given by the client's doctor or other healthcare professional responsible for the client's care.

1.4.1.2 Members must never discourage clients from continuing with orthodox medical treatment or care, or suggest the treatments they provide are an alternative to orthodox medical treatment.

1.4.1.3 Clients must be advised to tell their doctor or other healthcare professional what complementary treatments they are having as an adjunct to their orthodox medical care.

1.4.2 Any commercial competition between a member and other therapist/healthcare professional must be conducted in a fair and open manner.

1.4.3 Members must not solicit the clients of another therapist, healthcare professional or previous employer (soliciting can be defined as directly or indirectly requesting, persuading or encouraging clients to transfer their business). When entering a joint working arrangement with another – be this on an employed or self-employed basis – it must be agreed from the

start, and put into a written contract, what will happen when the joint working arrangement comes to a close.

1.4.4 Members must not criticise other therapists or healthcare professionals to clients or other third parties. Where a member has due cause for concern about the professional conduct of another therapist or healthcare professional, the FHT and any other appropriate professional bodies must be informed.

Other relevant sections

- Conduct and behaviour > Professional conduct > 1.2.2 > p6

Useful information

- Employment matters: The Acas Helpline helps employers and employees who are seeking information on employment rights and rules. The helpline provides clear, confidential, independent and impartial advice to assist the caller in resolving issues in the workplace.
T. 0300 123 1100 www.acas.org.uk

2. Assessing the client's needs

2.1 Consultations and contraindications to treatment

Standard

Members must carry out a full consultation, which covers contraindications to treatment, to ensure that treatment is safe and appropriate for the client.

Guidelines

2.1.1 A full, written consultation must be carried out for all clients prior to treatment. This will enable the therapist to establish whether the client is pregnant, has a medical condition or is undergoing medical treatment that may be a contraindication to treatment.

2.1.1.1 The completed consultation form must be signed and dated, by both the member and the client, or an appropriate individual on behalf of the client, if the client is a child or vulnerable adult.

2.1.1.2 When providing taster treatments, a written consultation form must still be completed, however an approved, shorter consultation may be used.

2.1.2 Only information relevant to treatment should be covered in the consultation.

2.1.3 A consultation must take place prior to ALL treatments, to ensure that the most appropriate treatment is being given to the client and that no new contraindications or contra-actions have occurred between treatments. Any changes to the client's details or health status must be noted and dated on their records, and taken into consideration when providing further treatments. Even if there are no changes to the client's details or health status between treatments, the FHT recommends that the client signs the consultation form at each appointment, to demonstrate that the information has been reviewed and remains current.

2.1.4 Contraindications to treatment should be identified as part of the consultation. These can vary in severity, as well as according to the type of therapy/treatment. Where contraindications apply, the therapist must:

- ask the client to obtain consent from their doctor or other healthcare professional to go ahead with treatment, where appropriate;
- modify treatment, or avoid treating the affected body area, if a local contraindication applies (for example, a verruca);
- suggest an alternative treatment (if safe and appropriate to do so) if the intended treatment is not appropriate.

2.1.5 Following a consultation, if the member has any concern regarding the client's health and safety, the member must decline, defer or stop treatment.

2.1.6 If there is any concern regarding the client's health, members must refer the client to their doctor or another healthcare professional to seek a diagnosis and medical advice, and a note made on the client's records.

Other relevant sections

- Assessing the client's needs > Informed consent > 2.2 > p10
- Assessing the client's needs > Refusing or discontinuing client care > 2.5 > p15
- Respecting the clients privacy, dignity and cultural differences > Record keeping and data protection > 3.2 > p18
- Competency and accountability > Insurance requirements > 4.3 > p23

2. Assessing the client's needs

Useful information

- To download a taster treatment consultation form (only for use by those therapists who hold Medical Malpractice insurance through the FHT): www.fht.org.uk/tastertreatments

2.2 Informed consent

Standard

The member must obtain informed and voluntary consent to assess and treat a client.

Guidelines

2.2.1 Prior to any physical assessment or treatment, the member must ensure that the client has given consent to be assessed and treated.

2.2.1.1 Consent must be 'informed', ie. the member must explain clearly to the client what the treatment involves, its purpose, limitations, potential benefits and any contra-actions before the client can make a decision and give consent to that treatment. In addition, the member needs to be confident that the client can understand, remember and 'weigh up' the information they have been given in order to make a decision and provide informed consent.

2.2.1.2 Consent must be 'voluntary', ie. the client must not be under any undue pressure or influence from the member, other healthcare professionals, family, friends or carers to have treatment.

2.2.1.3 If consent is given verbally or non-verbally (ie. if the client is unable to write or speak due to a medical condition) then this must be recorded on the client's records.

2.2.2 Consent is a continuous process and not a one-off event. The member must ensure that the client is happy and comfortable before and during every treatment.

2.2.3 If a client lacks capacity and is unable

to provide informed consent, this must be obtained from someone who the member is satisfied has the authority to give consent on behalf of the client.

2.2.4 Consent from the client's doctor or another medical professional responsible for their care (ie. a midwife) must always be sought before treating a client who has a medical contraindication to treatment.

2.2.4.1 Consent from the client's doctor or other medical professional responsible for the client's care can be written or verbal. If consent is verbal, the client must sign and date a statement on their records, confirming that they have obtained verbal consent from their doctor. Written consent must be attached or kept with the client's records. Alternatively, with the client's approval, a member can write to the client's doctor or other medical professional, outlining the treatments to be carried out, their competency to carry out these treatments, and requesting a response.

2.2.4.2 Where consent is required from the client's doctor or another medical professional, and this has been refused or not given, members must discontinue treatment or decline to treat the client. This applies even if the client indicates they would like to go ahead with treatment, without their doctor's or other medical professional's consent.

2.2.4.3 Where a contraindication is minor and can be avoided during treatment, consent from the client's doctor or other medical professional may not be necessary. For example, if the client has a verruca and is receiving a full body massage, the affected foot can remain covered and not be treated.

2.2.5 Members must inform clients and seek their consent before introducing or incorporating any new or additional treatments/techniques into the client's existing treatment programme. Similarly, members should not introduce new or additional treatments/techniques part way through a treatment, without the client's consent.

Other relevant sections

- Conduct and behaviour > Relationship with other professionals > 1.4 > p7
- Assessing the client's needs > Consultations and contraindications > 2.1 > p9
- Assessing the client's needs > Treating children and vulnerable adults > 2.4.4 > p14
- Respecting the client's privacy, dignity and cultural differences > Record keeping and data protection > 3.2 > p18

Useful information

Client consent:

- Reference guide to consent for examination or treatment, published by the Department of Health (2009): www.fht.org.uk/doharchive/consentforexaminationortreatment
- 12 Key points on consent: the law in England, published by the Department of Health: www.fht.org.uk/doharchive/12keypointsonconsent
- NHS Choices – consent to treatment: http://www.nhs.uk/Conditions/Consent-to-treatment/Pages/Introduction.aspx
- A good practice guide on consent for health professionals in NHS Scotland, published by NHS Scotland: http://www.sehd.scot.nhs.uk/mels/

HDL2006_34.pdf
- NSPCC information regarding the legal definition of a child: http://www.nspcc.org.uk/Inform/research/questions/definition_of_a_child_wda59396.html
- Information regarding dementia, capacity and decision making: http://www.rcn.org.uk/development/practice/dementia/supporting_people_with_dementia/decision_making_and_capacity

2.3 Client-centred care

Standard

Members must take a client-centred approach when forming and implementing a treatment plan, taking into account the client's individual needs and preferences.

Guidelines

2.3.1 The client's individual needs, best interests and personal preferences must be at the centre of any treatment plan.

2.3.2 Based on a full consultation and their professional knowledge, the member is best placed to advise the client which (or whether) treatment will be suitable and potentially beneficial, according to the client's individual needs. However, the client must be fully engaged in all decisions regarding their treatment plan and their personal preferences taken into account where it is safe and appropriate to do so.

2.3.3 If various treatment options are available to address a client's needs, the member must explain in layman's terms the differences between these treatments, and the advantages and disadvantages of each option. This will help the member and client to decide together which treatment is best for the client.

2.3.4 The choice of treatment remains with the client, but the member has the right to refuse their choice of treatment, if they consider this to be inappropriate or potentially unsafe for the client. An alternative treatment may be offered, if the member is suitably qualified and the treatment is likely to bring similar benefits to the client.

2.3.5 Aftercare advice - appropriate to the client and their treatment, and in accordance to the requirements of the member's insurance providers - must be given to the client by the member.

2.3.6 If a client is receiving regular treatments, especially for remedial or preventative purposes, this must be reviewed on a periodical basis, to determine whether the treatments are effective and the client is happy with the results. If treatments are no longer having the desired effect, the treatment plan must be reviewed and alternative treatments discussed with the client, where appropriate. Alternatively, the treatment plan must be discontinued.

2.3.7 If the member is unable to provide a treatment that meets the specific needs of the client due to a change in their own circumstances – for example, if the member is pregnant or has developed an allergy that would require avoiding the use of certain essential oils or products that would be most appropriate for the client's needs - the client must be advised to seek the services of another therapist, temporarily or long-term.

Other relevant sections

- Assessing the client's needs > Informed consent > 2.2 > p10
- Assessing the client's needs > Refusing or discontinuing client care > 2.5 > p15
- Respecting the client's privacy, dignity and cultural differences > Equality and diversity > 3.4 > p21
- Competency and accountability > Scope of practice > 4.1.5 > p22

2.4 Treating children and vulnerable adults

Standard

Members who treat children (persons aged under 16) and vulnerable adults must ensure treatments are safe and appropriate, and have a duty to safeguard and promote their welfare.

Guidelines

2.4.1 Members must consider whether a given therapy/treatment is safe and appropriate for the child or vulnerable adult.

2.4.1.1 Some therapies/treatments may not be safe or appropriate for certain children or vulnerable adults, such as bikini or intimate waxing, which are intimate by nature, or thermal auricular therapy, which requires the client to remain still for some time. Members must determine whether the therapy/treatment is safe and appropriate for the individual and, where necessary, treatment must be declined or an alternative suggested.

2.4.2 When working with children and vulnerable adults, members must have knowledge of relevant legislation relating to their welfare and safeguarding and apply this to their practice. Such legislation would include the Children's Act 1989, the Protection of Children Act 1999, and the Safeguarding Vulnerable Groups Act 2006.

2.4.3 When treating a child or vulnerable adult, it is advisable to have a parent or guardian present for the consultation and treatment, and their details recorded on the client's consultation form. This is to safeguard the member against any allegations of inappropriate behaviour.

2. Assessing the client's needs

However, members can base their decision to have a parent or guardian present on a common sense/case-by-case basis, taking into account the age or vulnerability of the client, and the type of treatment being given. Members should make a note on the client's record, explaining their decision to treat without a parent or guardian present.

2.4.4 Members must not treat a child or vulnerable adult without that individual's consent, where the individual has capacity to give consent.

2.4.5 Members must have written permission from a parent or legal guardian before treating a child.

2.4.6 Depending on the context of where the member works, a criminal records check may be required when working with children or vulnerable adults, under the Disclosure and Barring Service.

2.4.7 If a member has reason to be concerned about the welfare of a child or vulnerable adult, they must contact a relevant charity, such as the NSPCC, or social services for advice.

Other relevant sections

- Assessing the client's needs > Consultations and contraindications > 2.1 > p9
- Assessing the client's needs > Informed consent > 2.2 > p10
- Respecting the client's privacy, dignity and cultural differences > Confidentiality > 3.1.3 > p17
- Respecting the client's privacy, dignity and cultural differences > Record keeping and data protection > 3.2.7 > p18

Useful information:

- The Children's Act 1989: http://www.legislation.gov.uk/ukpga/1989/41/contents
- The Protection of Children Act 1999: http://www.legislation.gov.uk/ukpga/1999/14/contents
- Safeguarding Vulnerable Groups Act 2006: http://www.legislation.gov.uk/ukpga/2006/47/contents
- Disclosure and Barring Service https://www.gov.uk/government/organisations/disclosure-and-barring-service
- NSPCC information regarding the legal definition of a child http://www.nspcc.org.uk/Inform/research/questions/definition_of_a_child_wda59396.html
- "No Secrets – Guidance on developing and implementing multi agency policies and procedures to protect vulnerable adults from abuse" (Department of Health/Home Office, 2000.) http://www.elderabuse.org.uk/Documents/Other%20Orgs/No%20Secrets.pdf
- NSPPC: www.nspcc.org.uk/services-and-resources

2. Assessing the client's needs

2.5 Refusing or discontinuing client care

Standard

Where appropriate and justifiable, members can refuse, discontinue or defer treatment.

Guidelines

2.5.1 Members can refuse, discontinue or defer treatment, providing this is not on grounds of discrimination and their decision not to treat can be justified.

2.5.1.1 Examples of when a member may be justified in refusing to treat a client include:

- If the client is under the influence of alcohol or recreational drugs at the time of treatment;
- If the client's health status has changed and treatment is no longer appropriate;
- If the client's health and safety may be put at risk by treatment;
- If the client has withheld or not provided information relevant to treatment;
- If the client's actions, words or behaviour indicate that they are sexually attracted to the member;
- If the member feels sexually attracted to the client and believes this will impact their professional relationship;
- If the client is aggressive or violent, or poses a risk to the member or their staff;
- If the client is having a detrimental impact on the member's professional reputation, business or client base;
- If the client is not benefiting from treatment;
- If the client is not carrying out appropriate aftercare advice and potentially putting their own health and safety at risk;
- If the treatment is beyond the scope of the member;
- If the member is unable to provide a treatment that meets the specific needs of the client due to poor health or a change in personal or professional circumstances.

2.5.1.2 When refusing, discontinuing or deferring treatment, the member must communicate this in a sensitive and professional manner and, where appropriate, advise the client how they might be able to find another therapist or healthcare professional to assist them.

2.5.2 Where therapy treatments involve physical contact, members may choose to treat only clients of the same sex.

Other relevant sections

- Conduct and behaviour > Professional conduct > 1.1.3 > p5
- Conduct and behaviour > Professional boundaries > 1.3.5 > p7
- Respecting the client's privacy, dignity and cultural differences > Equality and diversity > 3.4 > p21

Useful information

- Equality Act 2010 Code of Practice: Services, public functions and associations - Statutory Code of Practice [Page 197] http://www.equalityhumanrights.com/uploaded_files/EqualityAct/servicescode.pdf
- The Equality Act: Guidance for small businesses - Your role as a service provider under the Equality Act www.fht.org.uk/ehrc-guidance-for-businesses

[cont...]

2. Assessing the client's needs

- Equality Act 2010 http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

3. Respecting the client's privacy, dignity and cultural differences

3.1 Confidentiality

Standard

The therapist/client relationship is based on trust. Members must protect the client's personal information against improper disclosure or use.

Guidelines

3.1.1 The member must treat all information regarding the client as confidential and must only use this information for the purpose for which it was given.

3.1.2 If working with others who need access to the client's records for professional purposes, it is important that appropriate procedures are in place and that everyone who has access to personal and sensitive data about a client understands the need for, and importance of, confidentiality.

3.1.3 Members must not discuss or share any details regarding the client with any third party, except with the express permission of the client.

3.1.3.1 If a member believes the client may be at significant risk of death or serious harm (for example, if the client is in real danger of suicide, or there are concerns for the welfare of a client who is a child or vulnerable adult), or if the client may cause death or serious harm to others, relevant personal details should only be shared with the proper authorities, such as social services or the emergency services.

Other relevant sections

- Respecting the client's privacy, dignity and cultural differences > Record keeping and data protection > 3.2 > p18
- Assessing the client's needs > Treating children and vulnerable adults > 2.4.7 > p14

Useful information

- To read the Department of Health's 'Confidentiality: NHS Code of Practice', visit http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253

Resources and support for clients who are depressed or who reveal suicidal intentions:

- Samaritans: T. 116 123 www.samaritan.org
- Mind (mental health charity): T. 0300 123 3393 www.mind.org.uk
- Depression Alliance (charity offering information and support for people who suffer with depression and their relatives): www.depressionalliance.org
- British Association for Behavioural and Cognitive Psychotherapies: (BABCP) T. 0161 705 4304 www.babcp.com
- British Association for Counselling and Psychotherapy (BACP): T. 01455 883 300 (general enquiries) www.bacp.co.uk

3.2 Record keeping and data protection

Standard

Client records must be clear, relevant, up to date and kept secure.

Guidelines

3.2.1 Client records must be legible, professional and in the English language, or in the official language of the country where the member practises.

3.2.2 It is essential to keep full and accurate records for all clients, including details regarding every treatment they have had and any products or equipment used as part of these treatments. As well as being good practice, in the event of a dispute or potential insurance claim, the member may have to rely on these records in court to justify their actions/decisions.

3.2.3 Client records must be reviewed and updated where necessary, at every treatment. When changes or additions are made to a client's records, these must be dated and initialled by the member and/or client, where appropriate. Even if there are no changes to the client's details or health status between treatments, the FHT recommends that the client signs the consultation form at each appointment, to demonstrate that the information has been reviewed and remains current.

3.2.4 Recognised treatment outcomes and any possible risks associated with treatment must be discussed with the client, prior to the treatment taking place, and a note of this made on their records. Recognised treatment outcomes may be defined as 'normal' responses to treatment and might include, for example, erythema or increased urination following a massage.

3.2.4.1. In the event that an adverse reaction is reported by the client, during or after treatment, this must be noted on their records, along with relevant advice given by the member, and detailed information regarding the type and length of treatment and products used. If the reaction was severe or allergic in nature, it must also be noted on the client's records that these treatments/products must not be used again in the future.

3.2.5 If the client makes any comments regarding their treatment a note of this must be made on their records.

3.2.6 Suitable aftercare advice must be given to the client, based on the consultation and treatment, and a note made of this on their records.

3.2.7 All client records must be held for a minimum of 10 years. In cases where there is any cause for concern - for instance, if the client had an adverse reaction during or after treatment - the records must be kept indefinitely.

3.2.7.1 If the client is a child, records must be kept for at least 10 years after they reach adulthood.

3.2.7.2 Old client records must be disposed of securely and in a way that maintains client confidentiality.

3.2.8 When sharing records that contain personal or sensitive data about a client with other staff, practitioners and/or health

professionals for the purposes of administration or treatment, it must be made clear that this data is confidential and must be treated as such.

3.2.9 Records must not be disclosed to any other third party without the written permission of the client. (Some exceptions are outlined in Sections 3.1.3.1; 3.2.8; and 3.2.14.)

3.2.10 All clients have the right to access any personal data about them held on record.

3.2.11 Members must comply with data protection law and legislation. The Data Protection Act 1998 sets out the requirements for handling personal data and sensitive personal data.

3.2.12 All records containing personal and sensitive data must be kept secure. Any person or organisation processing personal data on a computer (which includes holding, obtaining, recording, using and disclosing information) must notify the Information Commissioner's Office (ICO) and have a registered data controller.

3.2.13 Personal data obtained and kept on record about clients must be relevant to treatment and not excessive. Clients must be made aware of why this information is being obtained (known as 'specified purpose') and how this information will be used. The member cannot use a client's personal information beyond any agreed specified purpose.

3.2.14 Under certain circumstances, non-identifiable data about clients can be used, ie. for auditing and planning healthcare services.

3.2.15 Where a member is working with or for another individual, organisation or business, it must be made absolutely clear who has access to client records and to whom they belong in the event of the working arrangement coming to a close.

3.2.16 When selling a business, client records must be passed on to the new owner for safe keeping on the understanding that they will obtain consent for access to the personal data held from each previous client who contacts the clinic.

Other relevant sections

- Assessing the client's needs > Consultations and contraindications > 2.1 > p9
- Respecting the client's privacy, dignity and cultural differences > Confidentiality > 3.1 > p17
- Safe practice > Skin sensitivity tests (patch tests and thermal tests) > 5.4 > p28

Useful information

Data protection and processing/storing personal data:

- The Data Protection Act 1998 can be found at http://www.legislation.gov.uk/ukpga/1998/29/contents
- For general, user-friendly information about data protection, visit the ICO website at https://ico.org.uk
- Aftercare leaflets for waxing, red vein and electrolysis can be downloaded from the FHT website at www.fht.org.uk/aftercare

3.3 Client modesty and dignity

Standard

Members must always protect their client's modesty and sense of dignity.

Guidelines

3.3.1 Items of clothing must only be removed where appropriate to treatment.

3.3.1.1 Where treatment requires the removal of clothing, these items must be removed by the client. If the client is physically unable to remove items of clothing for themselves (for instance, due to poor mobility or a chronic health condition), then the member must obtain permission to do this on behalf of the client and ensure that they are comfortable once the clothing has been removed. Alternatively, a relative or carer may remove the clothing on behalf of the client, with the client's consent.

3.3.1.2 No pressure must ever be placed on the client to remove items of clothing if it is against their wishes.

3.3.1.3 Clients must be advised during the consultation which items of clothing, if any, they are required to remove for treatment.

3.3.1.4 Should a client not wish to remove certain items of clothing, the member must respect their wishes and make the client aware of the limitations this may place on treatment efficacy and outcomes. A full and thorough consultation should help to identify and resolve any issues in this area.

3.3.1.5 If it is necessary to adjust the client's underwear or other garments for treatment, and it would be impractical for the client to make the necessary adjustment themselves, the member must obtain permission to do this on behalf of the client and ensure that they are comfortable with the adjustment.

3.3.2 Modesty towels must be used as appropriate to the treatment undertaken.

3.3.2.1 When removing items of clothing (or getting dressed after treatment), clients must be given a level of privacy appropriate to the level of disrobing required. Where possible, the member must leave the room if the client is getting undressed, providing them with ample time to remove their clothing and clear guidance as to how to position and cover themselves on the treatment couch with the modesty towels/garments provided.

3.3.2.2 During treatment, it is recommended that all areas of the client's body remain covered, other than the area being treated.

3.3.2.3 The client's hands must be tucked inside a towel or positioned in such a way that personal contact with the therapist is avoided during treatment.

Other relevant sections
- Conduct and behaviour > Professional boundaries > 1.3.4 > p6

3.4 Equality and diversity

Standard

Clients must be treated fairly and without discrimination.

Guidelines

3.4.1 Members must promote equality in line with relevant equality, human rights and anti-discrimination legislation.

3.4.2 Members must not refuse a service to clients, or provide a lower standard of service, on discriminatory grounds.

3.4.3 Members must never allow their personal views about gender, age, ethnicity, disability, sexuality, social or economic status, lifestyle, cultural or religious beliefs affect how they treat or advise a client.

3.4.4 Where relevant, it is acceptable for a member to take into account lifestyle and other factors when assessing, selecting, providing and modifying treatments appropriate to the needs of that individual client.

3.4.5 Members must ensure clients with disabilities have access to treatment, where practicable, and have a written policy in place regarding the treatment of people with a disability.

Other relevant sections

- Assessing the client's needs > Refusing or discontinuing treatment > 2.5.2 > p15
- Competency and accountability > Scope of practice > 4.1.6 > p22
- Safe practice > Hygienic practice > 5.3.2.6 > p27

Useful information

- Equality: For general information and advice, contact the Equality and Human Rights Commission www.equalityhumanrights.com
- Equality Act 2010 Code of Practice: Services, public functions and associations - Statutory Code of Practice [Page 197] http://www.equalityhumanrights.com/uploaded_files/EqualityAct/servicescode.pdf
- The Equality Act: Guidance for small businesses - Your role as a service provider under the Equality Act www.fht.org.uk/ehrc-guidance-for-businesses
- Equality: For information about working from home and making 'reasonable' adjustments to allow disabled people access to therapy services: www.fht.org.uk/access-disability
- For general information about working with clients who have a long-term condition affecting their mobility: www.fht.org.uk/touch-of-equality
- Equality Act 2010: http://www.legislation.gov.uk/ukpga/2010/15/contents
- Human Rights Act 1998: http://www.legislation.gov.uk/ukpga/1998/42/contents
- Sex Discrimination Act 1975: http://www.legislation.gov.uk/ukpga/1975/65/contents

4. Competency and accountability

4.1 Scope of practice

Standard

Members must recognise and work within their limits of knowledge, skills and competence.

Guidelines

4.1.1 Members must only carry out treatments and give advice within their area of competence, ie. for those treatments/therapies in which they have received the proper training and are duly qualified to perform.

4.1.2 Members are only permitted to offer therapies/treatments approved by the FHT, for which they hold relevant qualifications and insurance.

4.1.3 Members must only use products and equipment for which they have received appropriate training.

4.1.4 Members must not claim to diagnose, treat, heal or cure medical conditions, unless they are medically qualified to do so.

4.1.5 Members must advise clients to seek the services of another professional who is suitably qualified and insured, if it is in the client's best interests to have a treatment that is beyond the scope of the member.

4.1.6 Members may refuse to treat a client if they do not feel competent to do so. The member should advise the client how to find a more suitably experienced or qualified therapist or health professional, or to contact their doctor for further help and referral.

Other relevant sections

- Assessing the client's needs > Refusing and discontinuing client care > 2.5.1.1 > p15
- Responsible marketing > Advertising and promoting therapy services > 6.2 > p30

4. Competency and accountability

4.2 Continuing Professional Development (CPD)

Standard

FHT Members must maintain and improve their professional skills, knowledge and performance, in keeping with FHT membership and insurance requirements and industry standards.

CPD is defined by the Health and Care Professions Council as: 'a range of learning activities through which health and care professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice'.

Guidelines

4.2.1 The mark of a professional therapist is that they are willing to continually update and expand their knowledge and skills to give the best possible service and care to their clients.

Useful information

- For more information about the FHT's CPD requirements: www.fht.org.uk/cpd

4.3 Insurance requirements

Standard

Members must hold insurance cover appropriate to their business practice.

Guidelines

4.3.1 All practising members must hold relevant insurance cover for Medical Malpractice Treatment Liability (including Public and Product Liability, where required).

4.3.2 It is the member's responsibility to understand the extent and conditions of their insurance cover. If in doubt they must contact their insurance provider for clarification.

4.3.3 When employing therapists, it is the responsibility of both the employer and the employee to ensure that appropriate insurance cover is in place for the employee. It is a legal requirement for members who are employers to hold Employers' Liability insurance cover.

4.3.4 Members must advise their insurance provider of any changes to their circumstances that may affect their policy cover or insurance needs.

4.3.5 Members are strongly advised not to embark on any therapy training courses without checking with their insurance provider and the FHT that these qualifications will be accepted.

4.3.6 Members must keep their insurance documents in an accessible and secure place so that proof of insurance can be provided if requested by a client.

4.3.7 If a client threatens to make a claim or take legal action against a member, or if the

member believes a client may make a claim or take legal action in the future, the member must advise their insurance provider and the FHT as soon as possible as this could affect any future claim made.

Useful information

- A 'frequently asked questions' document relating to the Medical Malpractice Insurance available through the FHT can be found at: www.fht.org.uk/important-insurance-information

4.4 Complaints

Standard

Members must have a complaints procedure in place.

Guidelines

4.4.1 Members must have a written complaints procedure in place that clients can readily access if they are unhappy with the service received.

4.4.2 Members must deal promptly and fairly with any complaint made by a client.

4.4.3 Members must advise clients that they have the right to refer any complaints to the FHT and provide the client with FHT's contact details.

4.4.4 In the event that a complaint leads to an insurance claim or legal action, the member must advise the FHT and their insurance provider as soon as possible.

Other relevant sections

- Competency and accountability > Insurance requirements > 4.3.7 > p24

Useful information

- For information and forms for clients wishing to make a complaint about an FHT member, visit www.fht.org.uk/raise-a-concern

5. Safe practice

5.1 Health and Safety

Standard

Members must manage health and safety in their work environment and follow all relevant health and safety legislation.

Guidelines

5.1.1 Members have a responsibility to ensure the health and safety of themselves and the people they work with, at all times.

5.1.2 Members must abide by current national health and safety regulations and local by-laws regarding practice and implement these accordingly.

5.1.3 Members must carry out a risk assessment to identify any potential hazards their therapy practice presents, in line with HSE (Health and Safety Executive) requirements.

5.1.3.1 The HSE offers five steps to risk assessment:

- Identify the hazards;
- Decide who might be harmed and how;
- Evaluate the risks and decide on precautions;
- Record any findings and implement these;
- Review the assessment and update if necessary.

5.1.4 Members must comply with COSHH (control of substances hazardous to health) regulations if working with substances that may be hazardous to health and dispose of all waste materials appropriately.

5.1.5 Any equipment or products used by the member must be clean, well maintained, and safety checked as appropriate (such as PAT tests carried out regularly for electrical equipment). Manufacturer instructions and guidelines must be adhered to regarding use, maintenance, relevant safety testing, storage and disposal.

Other relevant sections

- Safe practice > First aid > 5.2 > p26
- Safe practice > Hygienic practice > 5.3 > p26

Useful information

- Health and Safety at Work Act 1974 www.hse.gov.uk/legislation/hswa.htm and http://www.legislation.gov.uk/ukpga/1974/37
- Risk assessment - a brief guide www.hse.gov.uk/pubns/indg163.pdf
- Control of substances hazardous to health (HSE) www.hse.gov.uk/coshh
- COSHH and beauticians: www.hse.gov.uk/coshh/industry/beauty.htm
- Electrolysis, piercing, tattooing and micro-pigmentation (HSE guidance): www.hse.gov.uk/pubns/guidance/sr12.pdf
- Storing chemical products (small scale) (HSE guidance): www.coshh-essentials.org.uk/assets/live/sr24.pdf
- Nail bars (HSE guidance): www.hse.gov.uk/pubns/guidance/sr13.pdf
- Maintaining portable and transportable electrical equipment [e.g. stone heaters] (HSE) www.hse.gov.uk/pubns/priced/hsg107.pdf

5.2 First Aid

Standard

Members are required to have first aid training and first aid kits appropriate to their business needs.

Guidelines

5.2.1 The Health and Safety (First Aid) Regulations 1981 requires individuals to provide adequate and appropriate first aid equipment, facilities and people so that employees - which includes sole proprietors - can be given immediate help following injury or illness at work.

> **5.2.1.1** While it is not a legal requirement, it is recommended that self-employed members hold first aid training relevant to their clientele.

5.2.2 The Health and Safety Executive (HSE) advises carrying out a first-aid needs assessment, taking into consideration workplace hazards and risks, practice size, and other relevant factors, and to select the contents to a first aid box based on the results of this assessment.

5.2.3 Employers are responsible for ensuring that employees receive immediate attention if they are taken ill or are injured at work. An employer's arrangements will depend on the workplace and the outcomes of a first-aid needs assessment. As a minimum, employers must have: a suitably stocked first-aid box; an appointed person or first aider to take charge of first-aid arrangements; and information for all employees giving details of first-aid arrangements.

5.2.4 The Health and Safety (First Aid) Regulations 1981 does not place a legal duty on employers to make first-aid provision for non-employees, such as the public. However, HSE strongly recommends that non-employees are included in an assessment of first-aid needs and that provision is made for them.

5.2.5 Under health and safety law, all members must report and keep a record of certain injuries, incidents and cases of work-related disease, in accordance with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995).

Useful information

- First aid requirements, assessments and general guidance: www.hse.gov.uk/firstaid
- First aid at work booklet (HSE) http://www.hse.gov.uk/pubns/priced/l74.pdf
- Reporting injuries, diseases and dangerous incidents: www.hse.gov.uk/riddor/index.htm

5. Safe practice

5.3 Hygienic practice

Standard

Members must adhere to high standards of practice in relation to hygiene.

Guidelines

5.3.1 Members must maintain high levels of hygiene at all times in order to protect themselves, clients and others from infectious agents, including bacteria, viruses, infestations and fungal infections.

5.3.2 Members must ensure high standards of personal hygiene, to prevent cross-contamination and convey a professional image.

5.3.2.1 Hands must be appropriately cleaned between clients.
5.3.2.2 Therapy clothing must be smart, clean, safe and practical. Tops must have short sleeves (above the elbow) and shoes enclosed, where cross-contamination presents a health risk.
5.3.2.3 Where treatment may involve contact with mucous membrane, blood, or other bodily fluids that may present a risk of cross-infection, disposable gloves must be worn.
5.3.2.4 Any cuts or abrasions must be covered with a waterproof dressing.
5.3.2.5 Nails must be trimmed and clean, and hair tied back and worn neatly in a style that does not require frequent re-adjustment.
5.3.2.6 Jewellery must be kept to a minimum, and be appropriate to the treatment and context in which the treatment is given. Jewellery must in no way create a risk of cross-infection, or impact the comfort or health and safety of the client. Members working in health and social care environments must adhere to policies in place regarding jewellery, which will take into account religious, cultural and infection control needs.

5.3.3 The client's personal hygiene must be taken into account and dealt with sensitively, in order to reduce the risk of infection or cross-infection. For instance, any cuts or abrasions must be covered with a suitable dressing and avoided, and skin cleansed prior to treatment, where appropriate.

5.3.4 Members must adhere to the necessary cleansing, disinfecting and sterilising procedures expected of their respective therapies/treatment, to ensure their working environment, products and equipment are hygienic and do not present a risk to health.

5.3.4.1 Members must not have pets or animals within, or passing through, the treatment area. This is particularly important for individuals who work from home, for reasons of hygiene and potential allergy in clients. Exceptions may be made for clients with guide or hearing dogs, however appropriate rigorous cleaning routines must be followed when the client has left the premises.

Other relevant sections

- Conduct and behaviour > Personal appearance and behaviour > 1.2 > p6
- Safe practice > Health and safety > 5.1 > p25

Useful information

- Royal College of Nursing: Wipe it out – guidance on uniforms and work wear http://www.rcn.org.uk/__data/assets/pdf_file/0010/78652/002724.pdf
- Habia – Hygiene in beauty therapy www.salford.gov.uk/d/hygiene-in-beauty-therapy-Habia.pdf

5.4 Skin sensitivity tests (patch tests and thermal tests)

Standard

Where appropriate, members must carry out patch tests and thermal tests on clients prior to treatment in order to minimise the risk of an adverse reaction.

Guideline

5.4.1 Members must establish at the consultation stage whether the client has a history of allergies or sensitivity, particularly in relation to the products to be used as part of their treatment.

5.4.1.1 If the client indicates that they have had an allergic response to any of the products to be used during treatment, members must not carry out a patch test or treatment using these products, due to the increased risk of an allergic reaction. Patch tests would be advisable for any alternative products the member intends to use for that client in the future.

5.4.2 If a patch/skin sensitivity test is appropriate, this must be noted on the client's records and treatment must only go ahead if no adverse reaction is evident 24 hours later (48 hours for essential oil blends).

5.4.3 Patch/skin sensitivity tests must be carried out for hair dying, eyelash or eyebrow tinting, eyelash perming, false eyelashes, and laser and IPL.

5.4.3.1 The FHT strongly recommends carrying out patch tests for waxing and if applying mendhi henna (please note:

black mendhi henna should never be patch tested or applied to clients).

5.4.4 Thermal tests must be carried out prior to any cooled or heated product being applied to the client's skin.

5.4.5 Members must check whether their insurance provider has specific patch test and thermal test requirements as a condition of insurance.

Other useful sections

- Assessing the client's needs > Consultations and contraindications > 2.1 > p9
- Respecting the client's privacy, dignity and cultural differences > Record keeping and data protection > 3.2.4 > p18

Useful information

- For more guidance, download the FHT Member Guidelines: Skin sensitivity tests (patch tests and thermal tests) at www.fht.org.uk/guidelines-skin-sensitivity-tests

6. Responsible marketing

Advertising and promoting therapy services

Standard

All promotional material, regardless of format, must be legal, decent, honest and truthful and must not be misleading.

Guidelines

6.1 Members must not claim in their promotional material that they can treat, heal or cure a medical condition, or make a medical diagnosis.

6.2 Members who offer therapies/treatments that are not recognised by the FHT must not imply in their marketing materials – directly or indirectly – that these therapies are recognised by the FHT.

6.3 All costing of treatments must be made clear to the client prior to treatment, and limitations of treatment explained.

6.4 Pyramid selling or high-pressure selling techniques are not approved by the FHT.

6.5 It is recommended that FHT members use the relevant FHT suffix after their name, as shown on their membership certificates.

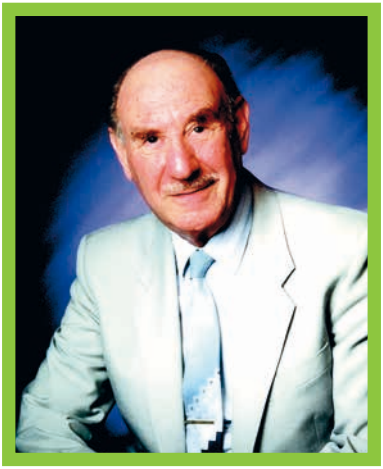
6.6 FHT members may only use third-party logos on their marketing materials if they are eligible and/or have the relevant permissions to do so, and agree to the terms and conditions of use.

Other relevant sections

- Competency and accountability > Scope of practice > 4.1.4 > p22

Useful information

- The Cancer Act 1939 (Section 4: Prohibition of certain advertisements) http://www.legislation.gov.uk/ukpga/Geo6/2-3/13/section/4
- Information about the FHT's Accredited Register, the FHT Complementary Healthcare Therapist Register: www.fht.org.uk/register
- Information/guidelines for members on advertising their business: www.fht.org.uk/article/advertising-and-the-cap-code
- CAP Code and advertising guidelines http://www.cap.org.uk/Advertising-Codes.aspx
- Information about using the FHT logo www.fht.org.uk/logo



Acknowledgements

This publication is dedicated to the memory of the Founder and President of FHT, Wallace S. Sharps (1962-2005) whose lifelong dedication to the promotion of high standards of professionalism in our industry is the inspiration behind this Code.
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