



College of Practitioners  
of Phytotherapy

**CODE OF ETHICS  
2020**

Professional Conduct  
And Discipline

Medical Ethics

Advertising and Promotion Code

Fitness to Practise

# THE COLLEGE OF PRACTITIONERS OF PHYTOTHERAPY

Code of Ethics  
2020

'MCPP'  
Only Members of the  
College of Practitioners of Phytotherapy  
are entitled to use this designation

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Registered No: 2864218

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# PROFESSIONAL CONDUCT AND DISCIPLINE

## PART I

### FORMS OF PROFESSIONAL OR ETHICAL MISCONDUCT WHICH MAY LEAD TO DISCIPLINARY PROCEEDINGS

The question whether any particular course of conduct amounts to serious professional misconduct is a matter which will be determined by the Professional Ethics Committee of the CPP Council after considering the evidence in each individual case. Any abuse of the privileges and the opportunities afforded to them, or any dereliction of professional duty or breach of medical ethics, may give rise to a charge of serious professional misconduct. If in any doubt the Council should be consulted.

In the following paragraphs areas of professional conduct and personal behaviour that need to be considered have been grouped under six main headings:

- Neglect or disregard of personal responsibilities to patients for their care and treatment
- Abuse of professional privileges or skills conferred by law
- Abuse of privileges or skills conferred by custom
- Personal behaviour: Conduct derogatory to the reputation of the profession
- The advertising of Members' services
- Comment about professional colleagues.

#### **I Responsibility for standards of medical care**

1. The public are entitled to expect that a Member will afford and maintain a good standard of medical care. This includes:

- a) conscientious assessment of the history, symptoms and signs of a patient's condition
- b) sufficiently thorough professional attention, examination and, where necessary, diagnostic investigation
- c) competent and considerate professional management
- d) appropriate and prompt action upon evidence suggesting the existence of a condition requiring urgent medical intervention

e) readiness, where the circumstances so warrant, to consult with appropriate professional colleagues.

2. Treatment of a patient is legally permitted only with a patient's express consent and Members must recognise the patient's right to refuse treatment or ignore advice.

3. It is the duty of the Member if they are away from their practice for any length of time to ensure that adequate arrangements are made to enable patients to receive treatment by suitably qualified professional and competent colleagues.

4. Members are required to conduct the initial consultation with a patient face-to-face, with periodic in-person consultations thereafter. Repeat prescriptions may be supplied following communication other than via in-person contact for a limited period, depending on the severity of the condition seen. Some complex conditions will need regular reviewing and some chronic conditions will need less face-to-face patient contact. It is good practice to aim for a review at least every 6 months.

## **II Personal behaviour: conduct derogatory to the reputation of the Profession**

5. A Member's conviction of a criminal offence may lead to disciplinary proceedings whether directly connected with the Member's profession or not, including:

Personal misuse or abuse of alcohol or other drugs, dishonest behaviour, indecent or violent behaviour, criminal deception (obtaining money or goods by false pretences), forgery, fraud, theft or any other offence involving dishonesty, or other offences arising from misuse of alcohol (such as driving when under the influence of alcohol).

6. Members must not treat patients or perform other professional duties while under the influence of alcohol or drugs.

7. Members must be very careful when expressing views on social or electronic media that could breach patient confidentiality, damage their professional persona or bring the profession into disrepute.

Any confidential information about a patient must not be shared with

others without the patient's permission unless legally obliged. See Part II. VI General Data Protection Regulation (GDPR).

Members should be aware that although information might be shared privately on social and electronic media at the time of writing, it can become public later by circumstances outside the practitioner's control. This could particularly be an issue in 'closed groups' where patient cases are shared such as practitioner forums. The policy of only including in emails what could later be ethically shared is recommended.

### **III Certificates**

8. Members must not certify statements or sign any certificate or similar document containing statements that are untrue, misleading or otherwise improper.

### **IV Termination of pregnancy**

9. It is illegal for anyone who is not a registered Medical Practitioner to attempt to procure an abortion. A Member must not knowingly administer an abortifacient or known uterine stimulant to a pregnant patient.

### **V Treatments offered instead of vaccination**

10. Vaccines have been through rigorous testing and are offered for health protection reasons. Where a patient seeks advice regarding e.g. MMR or pertussis vaccines, Members do not have jurisdiction to advise on this. To do so would be in contravention of our insurance and training. Giving this advice should be avoided.

### **VI Treatment of sexually transmitted infections (STIs)**

11. A Member must not treat nor prescribe any remedy for sexually transmitted infections including (but not limited to) gonorrhoea, syphilis, HIV or Chlamydia, or urinary infections of a venereal nature.

### **VII Professional confidence**

12. Members must maintain trust between themselves and their patients and their families and must exercise great care and discretion in order not to damage this crucial relationship.

## **VIII Undue influence**

13. Members must not improperly exert influence upon a patient to lend them money or to alter wills in their favour.

## **IX Personal relationships between Members and patients**

14. Members must not improperly disclose information obtained in confidence from or about a patient.

15. Members must not enter into an emotional or sexual relationship with a patient (or with a member of the patient's family). Breaches of sexual boundaries by healthcare professionals are unacceptable because:

- they can cause the patient significant and enduring harm.
- they damage the trust between the Member and patient.
- they may influence a Member's decisions about care and treatment to the patient's detriment.

The CPP subscribes to the General Medical Council's guidelines "Maintaining a professional boundary between you and your patient" which the Member must be familiar with:

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/maintaining-a-professional-boundary-between-you-and-your-patient/maintaining-a-professional-boundary-between-you-and-your-patient>

Any breach or potential breach of these guidelines must be immediately reported to the CPP Council. For more guidance see the Professional Standards for Health and Social Care's document regarding "Clear sexual boundaries between healthcare professionals and patients":

<https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/clear-sexual-boundaries-information-for-patients-and-carers.pdf>

Please also refer to Part III | Personal relationships between Members and patients.

## **X Intimate examinations**

16. It is required that any intimate examinations of a patient of the opposite sex be conducted in the presence of a relative of the patient or a suitable assistant/chaperone.

17. It is now mandatory for regulated healthcare professionals in England and Wales to report cases of female genital mutilation (FGM) to the police. While medical herbalists are not currently regulated or classed as healthcare professionals, the CPP Council has agreed that it is necessary for CPP Members to follow the same guidelines and to report suspected cases of FGM to the police by dialling 101 (the non-emergency number for the police) by the end of the next working day at the latest, if:

- A girl under 18 years old tells you directly that an act of FGM has been carried out on her.
- You observe physical signs on a girl under 18 years old which appear to show that an act of FGM has been carried out.

## **XI Parental supervision**

18. A parent or supervising adult must be present during any examination or treatment of a child under the age of 16.

## **XII Indecency and violence**

19. Assaults on a patient, violent or indecent, will be regarded as serious professional misconduct.

## **XIII Advertising and promotion**

20. Whilst Members may provide factual information about their professional qualifications and services, such advertising must be 'legal, decent, honest and truthful' and conform with the other requirements of the College of Practitioners of Phytotherapy Code of Advertising Practice (See Part IV). For non-medical doctors, the title Doctor, or Dr, should not be used on any literature or media of any type that is designed for patients. This includes but is not limited to: business cards, promotional leaflets, letterheads and websites.

## **XIV Comments about professional colleagues**

21. Whilst honest comment about another Member offered in good faith and intended to promote the best interest of the patient may be acceptable, gratuitous and unsustainable comment which, whether directly or by implication sets out to undermine trust in a professional colleague's knowledge or skills, is unethical conduct. It is, however, a Member's duty, where the circumstances so warrant, to inform the Council about a colleague whose professional conduct or fitness to practise may be called into question or whose professional performance appears to be in some way deficient.

## **XV Inappropriate statements & claims**

22. Members must not by any means:

- Make claims that may be construed as guaranteeing cure (e.g. statements such as "herbal medicine can treat" are generally to be avoided in favour of statements such as "herbal medicine may be helpful in treating").
- Make claims that underrate the complexities of practice (e.g. stating that a condition may be treated "easily").
- Imply competence in a discipline in which they are not adequately trained and appropriately qualified.
- Imply equivalence of training with medical doctors (e.g. Members may not make statements such as "I am trained just like your General Practitioner").
- Make derogatory statements about other practitioners or groups of practitioners (NB: this stipulation does not prohibit a legitimate critique of a particular modality of practice, e.g. criticism should not be made of Medical Practitioners, but an informed critique of aspects of conventional medicine is permissible).

## PART II

### NOTES

Members must be familiar with, and comply with, the following legislative provisions:

#### **I The Human Medicines Regulations 2012**

The full Regulations can be found at: <http://www.legislation.gov.uk/uksi/2012/1916/contents/made>.

The herbalist exemption is in Chapter 3, Regulation 241: <http://www.legislation.gov.uk/uksi/2012/1916/regulation/241/made> which sets out maximum doses for Schedule 20 Part 2 remedies (see below) and for the storage, dispensing and the supply of remedies from premises occupied by the practitioner which can be closed so as to exclude the public.

It should be noted that Regulation 241 refers to restricted herbal medicines (substances) listed in Schedule 20 Parts 1 and 2:

Part 1: to be prescribed and dispensed **only** by qualified medical practitioners and pharmacists (**not by medical herbalists**): <http://www.legislation.gov.uk/uksi/2012/1916/schedule/20/part/1>

Part 2: to be prescribed and dispensed only by qualified medical practitioners, pharmacists and by medical herbalists (but medical herbalists must fully comply with all parts of Regulation 241): <http://www.legislation.gov.uk/uksi/2012/1916/schedule/20/part/2>

**II Medicines (Labelling and Advertising to the Public) Regulations 1978** which specifically controls advertising for remedies and cures

#### **III Notifiable diseases**

A Member must notify the District Medical Officer regarding any disease on the current list of notifiable diseases. In cases of industrial poisoning or accident, the Health and Safety Executive should be notified.

Current notifiable diseases include:

*smallpox, cholera, diphtheria, scarlet fever, typhus, typhoid, paratyphoid, plague, tuberculosis, acute poliomyelitis, acute encephalitis, acute meningitis, ophthalmia neonatorum, malaria, dysentery, measles (exc. Rubella), whooping cough, infective jaundice, tetanus, leptospirosis, food poisoning, yellow fever, anthrax, relapsing fever, rabies, Lassa fever, viral haemorrhagic fever, Marburg disease, COVID-19, HIV/AIDS.*

Members must keep up to date with the current list of notifiable diseases and causative organisms, and report any such disease if identified or suspected. Please see: <https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report> for more details.

#### **IV Environmental Protection Act 1990**

This deals with the safe disposal of clinical waste:

<http://www.legislation.gov.uk/ukpga/1990/43/contents>.

#### **V Health and Safety at Work Act 1974**

This seeks to protect both staff and patients from accidents and injuries in the workplace:

<http://www.legislation.gov.uk/ukpga/1974/37/contents>.

#### **VI The General Data Protection Regulation (GDPR)**

GDPR came in to force in 2018 and outlines new guidelines on the legal requirements to obtain permission to store patients' data and disclosure of how Members store and process their personal data. Members must comply with the GDPR guidelines, regardless of the size of their practice, if they process personal data (which all Members will do).

Members using name, address, dob etc. on word processing documents (e.g. letter to patient, doctor etc.), on electronic prescription labels that are printed, receive emails, phone numbers, phone calls or voice mails on electronic media (computers, laptops, smart phone, phones, tablets etc.) need to register with the Information Commissioners Office (ICO) to comply with GDPR.

Due to the sheer volume of paper data held (initial consultation notes,

follow-up notes, prescription details) for a large number of patients, and due to the sensitivity of the data being held, registration with the ICO for GDPR is recommended by the CPP. If there were a breach of records (e.g. burglary) that could cause legal ramifications for the Member, so registration would be useful in this scenario.

Patients have the right to be informed about why the practitioner is collecting their personal data and what they are going to do with it. It is recommended that all new patients sign and date a sheet that informs them that the data will be stored securely and not shared with third parties unless required (e.g. to write to their General Practitioner, consultant, other health practitioners) or to send items to them from a third-party supplier (e.g. sending herbal prescriptions or products from a supplier directly to a patient). This consent form should be stored at the front of the patient's notes.

For more information please see the separate CPP documents regarding consent and consent forms, which includes an example form.

Under GDPR data subjects have the right to ask for all personal information to be deleted. However, it is recommended by the CPP that the BMA guidelines are followed. These state that patient notes are kept until at least 10 years after the death or after the patient has left the country (unless in the EU). Ideally, notes should be kept for as long as practically possible to avoid any issues with historical legal action.

Electronic notes and information can be deleted if a patient has requested that this be done, as long as paper copies are kept and stored. The paper copies would not be allowed to be destroyed on request of the patient. For more information see the BMA's guidance of the retention of health records.

NB. A condition of insurance through Balens is that records shall be kept by Members for at least 7 years following the last occasion on which treatment was given. In the case of treatment to minors, it is advisable that records should be kept or at least 7 years after they reach the age of majority (18).

Under GDPR Members are not allowed to charge for copies of patient notes if they are requested by the patient.

For more information on GDPR see CPP Member Guidance of GDPR and the below links offer practical information:

<https://ico.org.uk/for-organisations/resources-and-support/data-protection-self-assessment/>

<https://ico.org.uk/media/for-organisations/documents/2258293/eight-practical-steps-for-micro-business-owners.pdf>.

## **VII Adverse reaction reporting**

Members must immediately report any suspected adverse reaction to the CPP Council and complete and return a yellow card to the MHRA:

<https://yellowcard.mhra.gov.uk/>

<https://bnf.nice.org.uk/guidance/adverse-reactions-to-drugs.html>

## **PART III**

### **ADVICE ON STANDARDS OF PROFESSIONAL CONDUCT AND ON MEDICAL ETHICS**

The Council has approved the following paragraphs giving general advice on: personal relationships between Members and patients; professional confidence; the reference of patients to and acceptance of patients by specialists; circumstances in which difficulties in relation to self-promotion most commonly arise; and relationships between Members and the phytopharmaceutical and allied industries.

#### **I Personal relationships between Members and patients**

Members must not enter into an emotional or sexual relationship with a patient (or with a member of the patient's family). Breaches of sexual and emotional boundaries by healthcare professionals are abusive and unacceptable. They constitute professional and ethical misconduct which may lead to disciplinary proceedings as described in Part I. Such abuse may be committed in a number of ways. For example, the use of the pretext of a professional visit to a patient's home to disguise the pursuit of the personal relationship with the patient. Or the use of knowledge, obtained in professional confidence, of the patient's marital difficulties to take advantage of the situation.

The trust that should exist between Members and patients can be severely damaged when as a result of an inappropriate relationship between a Member and a patient, the family life of the patient is disrupted. This may occur without sexual misconduct between the Member and the patient.

Innocent Members are sometimes caused anxiety by unsolicited declarations of affection by patients or threats that a complaint will be made on the grounds of a relationship which existed only in the patient's imagination. In such a case the Member is encouraged to confide with a trusted colleague or third party as soon as concerns arise, so as to establish an independent record and reduce risk should the situation deteriorate.

## **II Professional confidence**

### **1. Principles**

Patients are entitled to expect that the information about themselves or others which a Member learns during the course of a consultation will remain confidential. Members therefore have a duty not to disclose to any third-party information about an individual that they have learned in their professional capacity, directly from a patient or indirectly, except in the cases discussed below.

Members carry prime responsibility for the protection of information given to them by patients or obtained in confidence about patients. They must therefore take steps to ensure, as far as lies in their control, that the records, manual or computerised, which they keep, to which they have access, or which they transmit, are protected by effective security systems with adequate procedures to prevent improper disclosure. See Part II VI The General Data Protection Regulation (GDPR).

Members who work as part of a team, for example in a training clinic, must judge when it is appropriate for information to be disclosed. They must leave those whom they authorise to receive such information in no doubt that it is given to them in professional confidence. The Member also has the responsibility to ensure that arrangements exist to inform patients of the circumstances in which information about them is likely to be shared and to give patients the opportunity to state any objection to this.

A Member who decides to disclose confidential information about an individual must be prepared to explain and justify that decision, whatever the circumstances of the disclosure.

### **2. Disclosure without the consent of the patient**

Members who are faced with the difficult decision whether to disclose information without a patient's consent must weigh carefully the arguments for and against disclosure. If in doubt, they would be wise to discuss the matter with an experienced colleague. The following paragraphs discuss circumstances of this kind.

### **3. Disclosure in relation to the clinical management of the patient**

In exceptional circumstances a Member may consider it undesirable, for medical reasons, to seek a patient's consent to the disclosure of confidential information. In such cases information may be disclosed to a relative or some other person but only when a Member is satisfied that it is necessary in the patient's best medical interests to do so.

When a Member suspects a patient may be a victim of abuse or neglect, in such circumstances a patient's interests are paramount and will usually require the Member to inform an officer of a statutory agency.

Similar problems may arise where a patient lacks understanding because of illness or mental incapacity. In such cases the Member should attempt to persuade the patient to allow an appropriate person to be involved in the consultation. If the patient cannot understand or be persuaded, but the Member is convinced that the disclosure of information would be essential to the patient's best medical interests, the Member may disclose to an appropriate person or authority the fact of the consultation and the information learned from it.

### **4. Mental health, risk of suicide, cessation of conventional medication for mental health issues.**

Members must be aware of the circumstances that require them to contact a patient's General Practitioner. These include situations where the patient's capacity to make informed judgments appears to be compromised, especially where hospital or consultant referral appears necessary, where there is a risk of harm to self or others, where the wellbeing of others (e.g. children and family Members) appear to be jeopardised, or where there are social care or other statutory referral questions. Notwithstanding the foregoing circumstances, wherever possible such approaches should be made with the agreement of the patient.

**5.Safeguarding child welfare** (adapted from NSPCC website (<https://learning.nspcc.org.uk/safeguarding-child-protection/>) (accessed 17/11/19)

Safeguarding is the action that is taken to promote the welfare of children and protect them from any possible harm.

Safeguarding means:

- Protecting children from abuse and maltreatment.
- Preventing harm to children's health or development.
- Ensuring children grow up with the provision of safe and effective care.
- Taking action to enable all children and young people to have the best outcomes.

Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child.

It is the responsibility of the practitioner to ensure the safeguarding of any children that they treat as patients, or that they see in clinic for any other reason. For more information please visit the NSPCC's website:

<https://learning.nspcc.org.uk/health-safeguarding-child-protection/>

for more information on: identifying and reporting potential evidence of Harmful Sexual Behaviour; how to mitigate risks; and how to prioritise children's safety. If the practitioner believes a child is in immediate danger then they must urgently call the police on 999. If the practitioner is in any doubt about a child's safety, but does not feel that there is any immediate risk, then they must contact the NSPCC Helpline (08088 005000) and then the CPP Council. If the practitioner is in any doubt whatsoever, they should call the police on 999 who will be able to offer immediate assistance. The practitioner must direct children and young people to the NSPCC's Childline (0800 1111) if they feel the child or young person would benefit from confidential advice and support.

## **6. Disclosure required by statute**

Information may be disclosed in order to satisfy a specific statutory requirement, such as notification of an infectious disease or of attendance upon a person known or suspected to be addicted to controlled drugs.

## **7. Disclosure to third parties**

Members must not disclose any information about a patient to a third party without consent unless:

- The failure to disclose appropriate information would expose the patient, or someone else, to harm.
- They have a communicable disease (see 6 above).
- The patient is physically or mentally unable to give consent and failing to do so may cause harm either to them or someone else.
- There is a legal obligation to disclose.
- It is necessary to satisfy a specific statutory requirement.

Where possible, the patient should be made aware of the disclosure by the Member and why the information has been disclosed, unless it is not practicable to do so, e.g. if the patient cannot be contacted quickly enough or if informing the patient would defeat the purpose of the disclosure. In all cases the Member must fully document the decisions about the information disclosed. The Member should try to ensure that the information disclosed is anonymised, if practicable, and that they only disclose information relevant to the purpose of the disclosure. Only in exceptional circumstances should non-anonymised data be disclosed.

Members should refer to the GMC's document "Disclosures for the protection of patients and others" for more information:

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality/disclosures-for-the-protection-of-patients-and-others>.

## **8. Disclosure in connection with judicial proceedings**

Please see point 7 above.

## **9. Disclosure for the purpose of teaching and research**

Information about a patient may be needed for research or teaching purposes. In all cases, the Member must obtain written permission from the patient before using any information. Any information disclosed by the Member must be fully anonymised, as listed in point 7 above.

## **10. Disclosure to employers and insurance companies**

Information about a patient may be requested by employers and by insurance companies (regarding the setting up of new insurance policies). In all cases, Members must obtain written permission from the patient before disclosing any information to employers or insurance companies. It is essential that only relevant information is disclosed.

## **III Principles governing the reference of patients to, and their acceptance by, other Members**

### **1. Transfer of patients**

Where a patient transfers to another practitioner for any reason, all possible help should be afforded to the second practitioner if requested by the patient, although the new practitioner must assess the patient fully and prescribe according to their own observations and experience.

## **IV Principles governing decisions about access to medical care**

A Member should always seek to give priority to the investigation and treatment of patients solely on the basis of clinical need.

## **V Financial relationships between Members and independent organisations providing clinical, diagnostic or medical advisory services**

A Member who recommends that a patient should attend at, or be admitted to, any private clinic, organisation or similar institution, must do so in such a way as will best serve, and will be seen best to serve, the medical interests of the patient. Members should therefore avoid accepting any financial or other inducement from such an institution which might compromise, or be regarded by others as likely to compromise, the independent exercise of their professional judgement.

Where Members have a financial interest in an organisation to which they propose to refer a patient for treatment they should always disclose that they have such an interest at the time of referral.

## **VI Relationships between Members and phytopharmaceutical and allied industries**

Phytotherapists and the phytopharmaceutical industry have common interests in the research and development of new products. Advertising and other forms of sales promotion by individual firms are necessary for their commercial viability and can provide information which is useful to the profession. Nevertheless, Members should avoid accepting any pecuniary or material inducement which might compromise, or be regarded by others as likely to compromise, the independent exercise of their professional judgement.

### **1. Clinical trials of herbal medicines**

It may be improper for a Member to accept per capita or other payments from a phytopharmaceutical company in relation to a research project such as clinical trials, unless the payments have been specified in a protocol for the project which has been approved by the relevant committee. It is improper for Members to accept payment in money or kind which could influence their professional assessment of the therapeutic value of a new product.

### **2. Gifts and loans**

The seeking or acceptance by Members of unreasonable sums of money or gifts from commercial firms which manufacture or market herbal products or diagnostic agents or appliances may be regarded as improper. It may be improper for Members to accept monetary gifts or loans or equipment for their personal use.

## **PART IV**

### **ADVERTISING AND PROMOTION CODE**

#### **The advertising of Members' services**

##### **I The need for good communication**

Good communication between Members and patients, and between one Member and another, is fundamental to the provision of good patient care, and those who need information about the services of Members should have ready access to it. Patients need information in order to make an informed choice.

People seeking medical attention for themselves or their families can nevertheless be particularly vulnerable to persuasive influence, and patients are entitled to protection from misleading advertisements. The promotion of Members' services as if the provision of medical care were no more than a commercial activity is likely both to undermine public trust in the profession and, over time, to diminish the standards of medical care which patients have a right to expect.

##### **II Information about general services**

Patients are best able to make an informed choice of practitioner if they have ready access to comprehensive, up-to-date, well-presented and easily understood information. The circulation of literature intended to educate the public about the work of the Member, the scope of their services, etc., is perfectly acceptable.

The literature offered should be of a strictly professional style and format.

Essential practice information consisting of names and qualifications of Members practising, address and telephone numbers, hours of business, facilities on offer such as parking arrangements and information on the subject of herbal medicine, may be distributed to medical and bona fide paramedical practitioners, dispensing chemists and non-commercial points of contact such as libraries, information centres and Citizens Advice:

<https://www.citizensadvice.org.uk/>.

### **III Lists of Members**

Lists including factual information, presented in an objective and unbiased manner, about the Members and their professional qualifications, the facilities available and the practice arrangements should be distributed widely to the public. As far as practicable, material published in this way should provide the same items of information about each Member and practice.

### **IV Notices about individual Members or practices**

Members are strongly advised to provide the public with practice leaflets giving factual information about their professional qualifications, services and practice arrangements and including, if they wish, a statement about their approach in their practice. Up to-date information of the kind should be available in Members' practices. Members may, if they so decide, distribute such information on an unsolicited basis within the areas which they serve, provided that the distribution is not targeted in such a way as to put the recipients under pressure. Members may also publish factual information in the press, directories or other media.

Members should be fully aware of the British Code of Advertising Practice (CAP) and Advertising Standards Authority (ASA) guidance for advertisements containing health claims, and to note that this applies to advertisements by Members in addition to the general principles of the Code:

<https://www.asa.org.uk/news/health-claims.html>

### **V Information to companies, shops and similar organisations**

Members who wish to offer their services to a company or shop, or association, may send factual information about their qualifications and services to a suitable person, and may where appropriate place a factual advertisement in a relevant trade journal, provided that the same principles are observed as in the guidance given above. Members must not however use the provision of such services as a means to put pressure upon individuals to become their patients.

## **VI The use of professional directories**

Factual information about a Member who is appropriately qualified may be published in a professional directory of persons offering particular services, provided that it is open to all Members practising. Members should not however cause, sanction or acquiesce in the publication of their names or practice details in any professional directory or book which supports to make recommendations as to the quality of particular Members or their services.

## **VII Publicity material**

There are no recognised specialist qualifications in herbal medicine, hence none shall be claimed in advertisements.

Advertising which expressly or implicitly claims to cure conditions, as distinct from relieving symptoms, is prohibited unless the condition is listed in the allowed ASA list (see appendix).

## **VIII Articles, books and broadcasting by Members**

Books or articles written by Members may include their name, qualifications, appointments and details of other qualifications. Similar information may be given where Members participate in the broadcast presentation and discussion of herbal medicine and related topics. Difficulties in this area arise chiefly when material included in articles, books or broadcasts is likely to imply that the Member is especially recommended for patients to consult. Members should see to it that no such implication is given.

Where a Member writes articles or columns which offer advice on medical conditions or problems, or offers telephone or other recorded advice on such subjects, or broadcasts about them, it should be realised that Members may have little or no control over the published form and content and thus be the cause of misleading information reaching the public.

## **PART V**

### **RETURNING TO WORK AFTER ABSENCE**

- Illness
- Maternity leave
- Time out of practice

The CPP broadly follows the guidelines set out by the Health & Care Professions Council (HCPC):

<https://www.hcpc-uk.org/registration/returning-to-practice/>.

For absence of less than 2 years there are no additional requirements that need to be met before returning to practise. When a Practitioner has been out of practice for more than 2 years there are additional requirements that must be met. Please see the CPP document - return to practice after absence – for more information (available on request from the CPP Council).

### **FITNESS TO PRACTISE**

The practitioner must always be aware of and assess their own fitness to practise - particularly if they practise alone. The practitioner has an obligation to ensure that they are capable of being able to carry out their duties to a patient on a day-to-day basis in a professional manner.

At no time must the practitioner potentially put the patient at any possible risk if they feel in any way that they are unfit to carry out a consultation, examine the patient or dispense medicine to the patient. If the practitioner has any doubts about their own fitness to practise, they must contact the CPP Council immediately, who will be to offer them advice and support.

### **PROCEDURES FOR MEMBERS IMPAIRED BY PHYSICAL OR MENTAL ILLNESS**

#### **I Introduction**

In 1993 the Council introduced procedures, known as the health procedures, for rehabilitating sick Members, that is, Members whose

fitness to practise is seriously impaired by a physical or mental condition.

## **II Principles of the health procedures**

The health procedures are designed:

- a) to protect patients from Members whose ill-health impairs their ability to practise medicine.
- b) to provide continuing monitoring and care of sick Members, in their own and patients' interests, with the aim of returning them to unrestricted practice where possible.
- c) to treat the cases of sick Members with the same confidentiality that is owed to any patient.

## **III Consideration of evidence**

Evidence suggesting that a Member's fitness to practise is seriously impaired by an illness usually comes to the Council from a concerned colleague.

Under the rules, the evidence must be considered by the President and the Council Members that a Member may be unfit by reasons of ill-health properly to carry out his or her practice. If the President and the Council are satisfied from the evidence that a question does arise that the Member's fitness to practise is seriously impaired, the Member is then informed of this and invited to agree within fourteen days to submit to an interview by at least two Members of the Council. The Council will appoint appropriate Members of the Council to interview the Member.

The two Members will arrange to meet the Member for an interview. Following the interview the two Council Members may require the Member in question to submit to a medical examination or fitness to practise examination by two examiners, to be selected jointly by the two appointed Council Members and the Member in question, or in the absence of agreement to be nominated by the President of the Council.

The medical examiners are asked to report on whether the Member is fit to practise without restriction or, if not, what nature of medical management and supervision and limitations upon practice are recommended. The examiners' reports are sent to the Member. If the examiners find that the Member's fitness to practise is seriously

impaired, the Member is asked to undertake to accept medical care and supervision.

If following the examination(s) such medical examiners pass the Member as fit, or the Member agrees to comply and complies with any conditions imposed by such medical examiners, no further action shall be taken, provided that the two Council Members may from time to time interview the Member in order to monitor his or her progress (to start with every three months, followed by every 6 months) and may at any time require the Member to submit to further medical examination.

If the Member shall fail to agree a date and time for the interview, shall refuse to attend such interview, or shall fail to submit to the medical examination, or to comply with any conditions imposed by the medical examiners, the two Council Members shall so inform the Council, and the Council after considering the matter may direct the President to serve, and the President shall serve on the Member notice in writing requiring them to attend such interview and/or comply with such conditions and informing them that if they fail to do so within fourteen days after service of such notice, the President of the Council will terminate their Membership to the College.

#### **IV Conclusion**

Although the Council's duty to protect patients is paramount, it is also the aim of the health procedures to secure the complete rehabilitation of the Member. As with any patient suffering from a serious illness, it is not a kindness to a colleague, or to the colleague's patients, to help to conceal or to ignore a developing illness. It is every Member's duty to inform an appropriate person or Council when doubt arises about a colleague's fitness to practise safely and effectively.

## **PART VI**

### **APPROACH TO PRACTICE**

#### **HOLISTIC, TRADITIONAL AND EVIDENCE-BASED MEDICINE**

##### **I Holistic Practice**

Members are required to practise holistically, exercising a critical appreciation of both traditional herbal practice and current research, and paying due regard to the tenets of evidence-based medicine.

The holistic approach is defined as:

"an attitudinal approach to health care rather than a particular set of techniques. It addresses the psychological, familial, societal, ethical and spiritual as well as biological dimensions of health and illness. The holistic approach emphasises the uniqueness of each patient, the mutuality of the practitioner-patient relationship, each person's responsibility for his or her health care and society's responsibility for the promotion of health". (Gordon, 1982)

##### **II Evidence-based and up to date practice**

Evidence-based medicine is defined as "the integration of best research evidence with clinical expertise and patient values" (Sackett, et al 2000), where:

"By *best research evidence* we mean clinically relevant research...but especially from patient-centred clinical research..."

"By *clinical expertise* we mean the ability to use our clinical skills and past experience to rapidly identify each patient's unique health state and diagnosis, their individual risks and benefits of potential interventions and their personal values and expectations."

"By *patient values* we mean the unique preferences, concerns and expectations each patient brings to a clinical encounter and which must be integrated into clinical decisions if they are to serve the patient."

Gordon, J.S. Holistic Medicine: advances and shortcomings (special essay). *Western Journal of Medicine* 1982; 135: 546-551.

Sackett, D.L.; Strauss, S.E.; Richardson, W.S.; Rosenberg, W; Haynes, R.B. 2000. *Evidence-Based Medicine: how to practice and teach EBM*. Churchill Livingstone.

Members must keep up to date with any new information relevant to safe practice, including information published in orthodox medical journals. While members are not expected to (though they are encouraged to) read orthodox journals, Council will circulate details of any new information, and Members must ensure that they are familiar with it.

### **III Quality of Medicines**

Members are expected to take suitable measures to ensure that all herbs and herbal extracts supplied to patients are of the highest possible quality and safety. They are expected to source products from suppliers that have a good level of manufacturing process such as those that are members of the BHMA's Herbal Practitioner Suppliers Section (HPSS): (<https://bhma.info/hpss/>).

Where products are manufactured by individual practitioners, similar care must be taken to ensure the quality and safety of the finished product.