

# CODE OF PRACTICE & ETHICS



For members of the Association of  
Reflexologists



## Introduction

The Association of Reflexologists (AoR) is committed to the highest possible standards of professional conduct and as such has adopted a Code of Practice and Ethics (shown in this document) and a disciplinary framework for non-compliance.

All Members of the AoR, by joining the Association, undertake to abide by the Code of Professional Practice and Ethics. Unless otherwise stated, each part of this code applies to all categories of membership.

This Code of Practice and Ethics is designed to encourage integrity and responsibility as a complementary therapy practitioner, as well as to uphold and further the standing of both our profession and the Association of Reflexologists. It can form the basis for discussion in the event of a complaint against you as a member.

The AoR will publicise any changes to the Code; however, it is your responsibility to ensure that you are familiar with the current AoR Code of Practice and Ethics.

## General Principles

The AoR Code of Practice and Ethics defines the expectations of you, as an AoR member, to behave professionally and ethically.

The AoR communicates in English and therefore any Full member is expected to have a level of competency in English sufficient to understand AoR materials and information. The list of topics below is not exhaustive, but forms the basis on which decisions should be made.

As a member of the AoR, you must at all times:

- 1. Act in the best interests of your clients and treat them with respect**
- 2. Maintain client confidentiality**
- 3. Take responsibility for your own actions**
- 4. Practise only within the limits of your competence, maintaining and developing your knowledge and skills**
- 5. Protect your own and the reputation of your profession**
- 6. Respect and maintain good relationships with other practitioners and health professionals**
- 7. Practise within the law, both personally and professionally**

## 1. Act in the best interests of your clients

- a) You must always act in the best interests of your client; the safety, comfort, confidentiality and welfare of the client must take priority at all times (some suggestions may be found in Guideline 10).
- b) You must be aware of the client relationship and develop listening skills and a caring attitude.
- c) You must never allow your views about the sex, age, colour, race, disability, sexuality, social or economic status, lifestyle, culture or religious beliefs of your client to affect how you treat, or the advice you give. As far as practical you should ensure that any advice given should match the economic status, lifestyle, culture and religious beliefs of your client.
- d) You must not abuse the trust of existing or potential clients, nor exploit their lack of knowledge.
- e) All practising AoR members must ensure that their professional practice is fully covered by professional indemnity insurance against public liability and malpractice at all times and - on request - provide the AoR with their insurance details (see Guideline 1).
- f) As a practitioner working in your own environment, you should:
  - i. Ensure a private treatment area with easy access to bathroom facilities is provided
  - ii. Ensure that you comply with the terms of the disability discrimination legislation and ensure disabled access for your clients, where practicable
  - iii. Ensure that premises and equipment are clean and hygienic
  - iv. Ensure that your own health and hygiene are not such as to put the client at risk
  - v. Ensure that local constraints are adhered to (see Guideline 2)
- g) When treating a client, you should not share with them any unnecessary personal information about yourself, and you should not encourage, or allow, them to offer you their support in relation to your own personal circumstances.
- h) You must recognise the responsibility you have towards your client at all times.
  - i. Before an initial consultation with a client, an accurate description of reflexology in laymans terms should be available (see Guideline 3)
  - ii. A statement of fees should be made before commencement of treatment
  - iii. You must obtain a signed consent form before commencing the initial treatment (see Guideline 4 on obtaining informed consent and the

obligations towards minors and adults at risk). Some clients because of age, illness or mental capacity may not be able to give consent to treatment. In these circumstances you must obtain clear consent from somebody that you are satisfied is authorised to give consent on behalf of the client. This may in some circumstances be a team of health professionals or care providers. This consent must be gained in writing

- iv. You must obtain a full medical history before commencing the initial treatment (see Guideline 6)
- v. When working with children, young people and adults at risk, you may require either a basic or an enhanced DBS check (see Guideline 4, section on child safeguarding)
- vi. Full and accurate contemporaneous (ie at the time of consultation) records of treatments given should be kept (see Guideline 6)
- vii. If you practise or offer other therapies it should be made clear to the client that they form no part of the reflexology treatment. Some therapies are inappropriate for use with children and adults at risk. Others may be suitable; however, members who offer such treatments should have knowledge of the relevant requirements of the Children Act 2004, the Protection of Children Act 1999, the Safeguarding Vulnerable Groups Act 2006, The Care Act 2014 and other pertinent legislation, and apply it to their work. For information on these acts, see [www.opsi.gov.uk](http://www.opsi.gov.uk). Clients must give signed consent to having any other therapy alongside their reflexology treatment

## Relationships with Clients

As an AoR member, you must act ethically in all relationships with clients. Specifically:

### i) **Personal Relationships**

You must deal with clients in a professional manner which is not open to misunderstanding or misinterpretation. Non-physical behaviour, gesture, unnecessary physical contact, verbal suggestion or innuendo may be construed as abusive or harassing. When treating a relative or a friend, clear boundaries must be maintained between social and professional relationships.

### j) **Inappropriate Relationships**

An inappropriate personal relationship means either a sexual relationship, or any inappropriate emotional involvement with a client.

You should not use your professional position to pursue any inappropriate personal relationship with a client, or with anyone having a close relationship with a client.

If you find that you are becoming involved in an inappropriate relationship with a client, you should end the professional relationship and should, if appropriate, recommend an alternative reflexologist for any future treatments.

If a client shows signs of becoming involved in such an inappropriate relationship, you should discourage the client, and if necessary end the professional relationship.

- k) It is recommended that you retain a contemporaneous note of the situation, the actions taken, the reasoning for choice of actions and any outcomes, in case of any future claim of alleged misconduct.

## **2. Maintain client confidentiality**

The therapist/client relationship is one of trust. You must treat all information about your clients as confidential, and only use such information for the purposes for which it was given.

- a) You should not disclose, or allow to be disclosed, to third parties any information gained (whether about a client or about any other person), except where such disclosure is authorised by the client and/or other person concerned, or is required by legal or regulatory process, or where such information is already in the public domain. Similarly, confidential information acquired as a result of professional and business relationships should not be used to the personal advantage of you or third parties.
- b) The client has responsibility for their own health. However, if you have concerns about their symptoms, you should suggest that the client consults their Medical Practitioner or Practice Nurse. Unless the client specifically requests that confidentiality be broken, you are advised not to contact anyone on his or her behalf in order for help to be obtained.
- c) You must also comply with any relevant data protection legislation and follow best practice for handling confidential information relating to individuals at all times. Best practice is likely to change over time and you must stay up to date. You must be particularly careful not to reveal, deliberately or accidentally, confidential information that is stored on computers.

All records must be kept secure. Paper records must be kept under lock and key and computer records should be password protected. Where a member is working with or for another business, a legally binding document should be

signed by both parties making absolutely clear who has access to client records and to whom they belong in the event of the arrangement ceasing.

If you keep client records on an electronic device, you should check if you are required to register with the Office of the Information Commissioner ([http://www.ico.org.uk/for\\_organisations/data\\_protection/registration/](http://www.ico.org.uk/for_organisations/data_protection/registration/)).

Further guidance for AoR members is available at <https://members.aor.org.uk/gdpr-home>.

- d) Confidentiality can be a particular challenge when treating minors. You must have an adult (either a legal parent or guardian, or someone holding signed consent from a legal parent or guardian) present at the consultation if the child is under 16.
- e) If case histories are used (for example in connection with research or the furtherance of knowledge), they must be used anonymously to protect client identity and confidentiality.

### **3. Take responsibility for your own actions**

You are personally accountable for your actions and must be able to explain and justify your decisions.

### **4. Limits of competence & refusal to treat**

- a) As an AoR member, you should carry out treatments and give advice only within the limits of your professional training and competence - ie having received the proper training and be duly qualified to perform the treatment. No unqualified advice should be given.
- b) You should inform your clients and seek their consent before introducing new treatments into their existing treatment programme.
- c) A consultation must be undertaken before each treatment to ensure that the most appropriate treatment is being given to the client and that no new contraindications have occurred between treatment sessions.
- d) You have the right to refuse to treat a client, providing the refusal is carried out in a professional manner.
- e) You should refuse to treat a client if:

- i. You do not feel competent to do so, for example if they are suffering from mental health problems, an addiction, or are suicidal, etc. In such circumstances, you should suggest that they contact their GP for further help and referral
  - ii. You are unable to converse with the client in a manner fully understandable by both parties
  - iii. You feel your client is becoming reliant on reflexology and neglecting other aspects of their health and wellbeing
- f) It is permissible under the Equality Act 2010 for a therapist to choose to treat only clients of the same gender in treatments where physical contact is involved. [https://www.equalityhumanrights.com/.../what\\_equality\\_law...](https://www.equalityhumanrights.com/.../what_equality_law...)
- g) In the event of you being unable to treat, if you wish to refer the client to another therapist, the client must:
- i. Be offered an equivalently qualified and experienced reflexologist or an alternative appointment
  - ii. Be given enough information about the suggested therapist to make an informed choice
- h) You should not:
- i. Diagnose a medical condition
  - ii. Prescribe
  - iii. Claim to cure or treat specific conditions

## Continuing Professional Development (CPD)

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

- i) It is compulsory for all Full, Fellow and Honorary members to undertake CPD in accordance with the AoR Continuing Professional Development policy. Each year, the AoR run random checks on members to ensure compliance with the CPD policy, so members should be prepared at all times to present their CPD records and files upon request.
- j) First Aid: The AoR strongly recommends that you have a current First Aid certificate. If a medical event does occur you must assess each situation thoroughly and decide if it is suitable to offer care and act accordingly. Depending on the level of the incident the best action may be to dial 999 immediately.

If you have a client with a specific illness that may reoccur during treatment (for example epilepsy), then at the very first treatment you should have a discussion of their requirements and produce a written plan of what to do should that eventuality take place.

## Health & Fitness to Practice

- k) You must be aware of your own health and fitness to practice and adjust your treatments accordingly.

You must limit your work or stop practising if you or another person has any reason to believe that your performance or judgement is affected by your physical, emotional or mental health. You must also take appropriate precautions to protect your clients, anyone accompanying them, your staff and yourself against infection, and against the risks that you might infect someone else.

## Treatment of animals

- l) All forms of complementary therapy that involve acts or the practise of veterinary surgery must be undertaken by a veterinary surgeon, subject to any exemption in the Veterinary Surgeons Act 1966. At the same time, it is incumbent on veterinary surgeons offering any complementary therapy to ensure that they are adequately trained in its application.

<http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/treatment-of-animals-by-unqualified-persons/>

It is permissible to treat, as long as you have full insurance cover (our recommended insurer, Alan Boswell Group, does provide this cover) provided that the animals to be treated are:

- a) Not tethered and are able to walk away should they so desire
- b) Not stud/breeding or racing animals

AND

- 1) That there is no provision or supply of:
  - a. Diagnosis
  - b. Veterinary advice
  - c. Medical or surgical treatment
  - d. Veterinary medicines
- 2) There is no pretence of being a Vet or Veterinary nurse



## 5. Protect your own reputation and that of your profession

You should conduct yourself with honesty, integrity and dignity, and act in a way which maintains the reputation of your profession, maintaining high standards of personal and professional conduct. You should avoid any behaviour or activity that is likely to damage the reputation of your profession, or undermine public confidence in your profession.

Appropriate professional boundaries must be maintained between you and your client. Development of a personal relationship must result in the cessation of the therapeutic relationship.

You should not speak or write disrespectfully of fellow reflexologists or the Association of Reflexologists, either in a private or a work capacity, at any time. This includes both private and work related communications of any nature. If you are representing the AoR in any capacity, you should abide by the following:

- a) Act in a responsible and professional manner.
- b) Use your knowledge and experience to contribute to the development of the profession and the specific area you represent. Take care that any information you post on social media on topics for which you are deemed to be knowledgeable is factual and not misleading. If you have a personal opinion which negates currently understood information, either do not post it, or make it clear that this is only your own personal opinion, and not a professional statement of fact.
- c) Promote policies and procedures which uphold human rights and which seek to ensure access, equality and participation for all.
- d) Ensure that you do not act out of prejudice against any person or group, on any grounds, including origin, ethnicity, class, status, sex, sexual orientation, age, disability, beliefs or contribution to society.
- e) It is your responsibility to make the AoR aware, in writing, of any relevant changes in your situation which might impact your professional status, reputation or membership of the AoR.
- f) If, during your period of membership, you are convicted of any offence, apart from traffic related offences, it is your duty to inform us immediately in writing. Each case will be assessed individually.

Any breach of the above may result in the AoR taking disciplinary action.

## 6. Relationships with other practitioners and health professionals

- a) You should not claim to 'cure' or 'heal' medical ailments or to diagnose medical conditions.
- b) You should endeavour to foster good relations with those working in orthodox medicine.
- c) You should not contradict medical treatment instructions given by a doctor or medical professional. It is possible to complete a treatment:
  - i. Where there is no reason to believe that reflexology would cause harm AND
  - ii. Where the client choice overrides medical opinion of the efficacy of a treatment AND
  - iii. Where you are confident treating.
- d) Always ascertain at the consultation stage whether the client has any medical conditions or is undergoing medical treatment likely to be affected by reflexology.

In the event of a current or recent contraindication, you should **not** carry out any treatment until you have the consent of the doctor or other medical professional treating your client. The client can obtain such consent either verbally or in writing from the doctor.

- i. If verbal consent is received, the client must then sign his or her client record that such consent has been given. The written consent from the client must be attached to your client records.
  - ii. Alternatively, with the signed approval of your client, you can write to the doctor directly giving full information on the treatment to be carried out, your competence to do so, and requesting a response.
- e) When working in a multi-disciplinary team, you remain accountable for your professional conduct, any care or professional advice you provide, or any failure to act. You must protect patients and clients if you believe that they are actually or potentially at risk from the conduct, performance or health of a colleague. The safety of patients, clients and users must come before any personal or professional loyalties at all times. As soon as you become aware of any situation that puts a patient, client, user or colleague at risk, you should discuss the matter with an appropriate professional colleague.
- f) The AoR Code of Practice and Ethics forms a basis for standards of professional behaviour expected of a practitioner. In a multi-disciplinary environment, additional standards and Codes may also apply. For example:

- i. Local clinical governance
- ii. Communications with other healthcare professionals
- iii. Local licensing

It is your responsibility as a therapist to decide which Code of Conduct you believe takes precedence; however, the AoR expects the AoR Code of Practice and Ethics as a minimum standard for practice.

- g) Members must act with respect for fellow reflexologists, practitioners, and all other healthcare professionals. Any activities of a competitive nature must be conducted in a fair and open manner. Activities to be avoided include, but are not exclusive to:
- Inappropriate comments
  - Personal slights
  - False claims
  - Breaching of copyright and any form of plagiarism (see guidelines for further information).

## **7. Practise within the law**

You must comply with all relevant laws and regulations and shall avoid any action that may discredit the profession.

### **Access for disabled clients**

- a) You should make sure that you comply with the terms of disability discrimination legislation and ensure disabled access for your clients, where practicable.

### **Publicity**

- a) You must not seek to attract business unfairly or unprofessionally or in any way which would discredit the reputation of reflexology.
- b) In all cases, advertising materials for reflexology should be in accordance with the Committee for Advertising Practice (CAP) guidelines, and as far as possible adhere to the Advertising Standards Authority guidelines and any other body with jurisdiction over advertising related materials.

More information may be found at:

<https://members.aor.org.uk/business-a-marketing>

c) In any promotional material, members should use the MAR suffixes (MAR, HMAR, FMAR as entitled) after their name as shown on their Membership Certificates.

d) Use of the title 'doctor'

The AoR strongly recommend that members do not use the title Dr to precede their name when referring to their reflexology practice, but instead use the suffix PhD to denote their advanced level of knowledge. This is to avoid any confusion amongst members of the public, who may assume that the prefix 'Dr' only refers to people who are registered with the General Medical Council.

e) Your promotional material must not breach copyright or contain material plagiarised or copied from others. This includes, but is not exclusive to, your website and printed material. You must not copy text or images from other published sources without seeking and receiving written permission from the author who holds the intellectual property for the material. When using text or images that you have written permission to use, these must be attributed to the original author.

## Research

If you are involved in a research project, you must:

- a) Abide by the local guidelines, methodological and ethical requirements as stated in the research protocol.
- b) Report all research findings with honesty.
- c) Accept payments only as stated in the research protocol.
- d) Provide help where required to obtain the publication of a research paper whatever the outcome.

## Complaints Procedure

- a) The purpose of the Complaints Procedure is to ensure the impartial examination of a concern or complaint against a member (of any category).
- b) The AoR Complaints Procedure can be obtained from the Taunton Office or from the Members' Area of the AoR website.

## **Important**

This Code may be altered at any time by the AoR Board.

This Code is not a substitute for those of other professional bodies to which a member may belong. Members are encouraged to join professional bodies, particularly those concerned with other disciplines that they may practice. It is expected that all members of the AoR conduct themselves as professional therapists and abide by the AoR Code of Practice and Ethics, regardless of the type of therapy practised. You may belong to other professional bodies for other therapies, but as a member it would be expected that the AoR Code of Practice and Ethics be used as a minimum standard for all professional conduct.

## **Appendix: Document History**

These procedures relate to all Members of the AoR who have agreed to abide by the AoR Code of Practice and Ethics.

### **Document Change history (since July 2008)**

**Sept 2011:** Change to Code & Ethics 2.6 to add "Members should not speak or write disrespectfully of fellow Reflexologists, or the Association of Reflexologists either publicly or to clients."

Some rewording of the text for clarification.

Introduction of Advertising Standards Agency [section 6].

Clarification on what happens if the Member does not submit evidence as requested by the Disciplinary Assessment Team (see Disciplinary procedure document).

**2012:** Communication with clients, and the ability to understand AoR information in English [Sections 5 & 8].

Introduction of text concerning immoral conduct.

Responsibility of a member to notify AoR of any relevant change of circumstances which might impact full membership.

**2013 - 2014:** Complete revision (effective 1st July 2014).

**2015:** Minor changes in line with the requirements of London Borough licencing to emphasise that members of the AoR are expected abide by this Code of Practice regardless of which therapy they are practising at the time.

**2016:** Changes to sections 5, 6 and 7 regarding respectful communications and copyright.

**2017:** Change to section 5f regarding notification of criminal convictions.

**2018:** Changes to section 1e (insurance).

Change reference to Sex Discrimination Act 1975 to Equality Act 2010.

**2019:** March 2019: Changes to 7c to remove the repeat of the ASA guidelines.

August 2019: change to reflect insurance cover for treatment of animals.

Clarification of section 1h and 1i on relationships with clients.

Guideline 1: Update to the Alan Boswell Insurance Group insurance cover details.

October 2019: Changes regarding DBS checking in section 1gv (and subsequent sections renumbered), Guideline 4 section on Child Safeguarding, Guideline 1 additions regarding Duty of Candour (in line with CNHC Code changes).

**2020:** reformatting, and updating the Acts listed

**2021:** Change to section 5b regarding Social Media and clarification that breaches of section 5 may result in the AoR taking disciplinary action.

**Jan 2022:** accessibility changes for screen readers used by visually impaired users

**May 2022:** changes to wording concerning accompanying children under 16 (Guideline 4): – remove the requirement to have a parent or legal guardian present in the room (except for the first appointment) in line with CNHC changes.

# Code of Practice and Ethics – The Guidelines

## Guideline 1: Insurance and Duty of Candour

You must be fully insured for any therapy offered to a client. The AoR insurance will cover you for the list of therapies you specify and it is your responsibility to ensure that any additional therapies in which you become qualified to practise are added onto your insurance.

The insurance must be either from the AoR recommended insurance provider or give cover at least equivalent to the AoR recommended insurance.

The AoR recommendations (April 2019) are:

1. Cover of £6 million, for medical malpractice and professional indemnity.
2. The policy should be “claims occurring” to cover you if you cease to practice and cancel your insurance, so if a claim arises later for an event which occurred while you were insured, you would still be able to claim from your old insurer (as opposed to “claims made” which only covers you if the claim is made is during your period of insurance cover).

We also recommend your cover includes:

- Public/Products Liability
- Legal Defence Costs
- Personal Accidents
- Commercial ‘All Risks’ Property Insured – Business Equipment
- Business Interruption
- Employers’ Liability (if necessary)

## Record keeping in case of a future claim

The AoR insurance brokers, Alan Boswell, state the following:

*At all times you should maintain accurate descriptive records*

*of all professional services and equipment used in procedures insofar as they pertain to any claim, and these should be retained for a period of at least 7 years from the date of treatment, and in the case of a minor, for a period of 7 years after that minor attains majority.*

If your insurance is not through Alan Boswell, you will need to check and adhere to their record keeping policy.

At the time of issue, if your records are kept within the health service, your records must be kept for 8 years from the last appointment for adults, in line with The Record Management Code of Practice for Health and Social Care 2016.

Note: you should check the specific requirements applicable to any organisation for which you work.

## **Guideline 2: Local Constraints and byelaws**

There may be further local laws and constraints so far not mentioned in this Code of Practice. These may change and so it is required that you are aware of, and remain current with, local legislation which might affect you.

The Code of Practice must be adhered to at all times unless:

- Local requirements necessitate a higher level of practice. For example, working under clinical governance in a hospital may require you to attach your records to the clinical notes for the client, to share with their multi-disciplinary team (MDT)
- It is overruled by required adherence to a Code of Practice from a statutorily recognised profession. For example, if you are registered with the Nursing and Midwifery Council (NMC) as a nurse, the NMC Code of Conduct will generally take priority
- A legal framework takes precedence, for example the requirement of disclosure to the Law

## **Guideline 3: Reflexology description**

Reflexology is a non-invasive complementary therapy which is based on the theory that the different organs and systems of the body can be mapped to different points or areas on the feet, hands, face, lower leg or ears. Reflexologists believe that working these points or areas may have an energetic effect on the corresponding organs or systems within the body, encouraging the body towards a state of homeostasis and self-healing.

All reflexology treatments start with a discussion and note taking of medical history to tailor the treatment to the individual and ensure safe practice.



## Guideline 4: Consent

Definitions for therapy purposes:

A **child** is someone under the age of 16.

A **young person** is aged 16 or 17.

An **adult at risk** for therapy purposes is someone who is over the age of 16, who has additional care and support needs. Some contexts in which you may encounter an adult at risk include:

- Lives in residential housing including sheltered housing
- Receives domiciliary care
- Receives support, assistance or advice to help them live
- Requires assistance in the conduct of their own affairs
- Is detained in lawful custody
- Is on probation

**Safeguarding duties** apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or is at risk of, abuse or neglect; and;
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Members who offer treatments should have knowledge of the relevant requirements of the following legislation and apply it to their work:

- The Children Act 2004
- The Protection of Children Act 1999
- The Safeguarding Vulnerable Groups Act 2006
- The Care Act 2014
- The Mental Capacity Act 2005: *in summary this states that everyone has capacity to consent unless it has been proved otherwise.*
- And other pertinent legislation

For information on these acts see [www.opsi.gov.uk](http://www.opsi.gov.uk).

Most insurance companies will require you to have written and signed consent for all treatments regardless of whether you're treating an adult or a child, but in the case of children it is more complicated.

Before you treat a child (a person under 16) or young person (aged 16 or 17) you should ensure that you have valid consent.

## Children (under 16)

As the issue of consent is so complicated and to remove any difficulties where there is debate about whether a child is deemed competent to give consent, the AoR Code of Practice states:

- You should obtain written permission from the parent(s) or legal guardian. If the child or another adult (other than guardian) produces written permission, he or she must also include his or her own signature on the document, confirming that they are holding signed consent from either a legal parent or guardian
- The parent or legal guardian, or someone holding signed consent from a legal parent or guardian should be present at the first appointment, unless you are working in a place that has alternative safeguarding procedures. For subsequent treatments, the parent/legal guardian could sit outside of the room, if this is deemed safe by the parent/legal guardian and therapist.
- At all times you should maintain accurate descriptive records of all professional services and equipment used in procedures insofar as they pertain to any possible, future claim. These should be retained for a period of at least 7 years from the date of treatment, and in the case of a minor, for a period of 7 years after that minor attains majority (i.e. 25 years of age)

## Adults at risk

Some clients may not be able to give consent to treatment because of age, illness or reduced mental capacity. In these circumstances, you must obtain clear consent from somebody that you are satisfied is authorised to give consent on behalf of the client. This may in some circumstances be a team of health professionals or care providers. This consent must be gained in writing.

If the child or adult at risk is treated in the context of a Care Home or other institution, the written agreement of the Care Team should also be sought. A parent, guardian or a suitable chaperone should be present during the treatment.

For consent to be valid, it must be given:

- Voluntarily

- By an appropriately informed person with the capacity and authority to consent to the intervention in question

However, you should also involve children and adults at risk as much as possible in discussions about their care, even if they are not able to make decisions or consent to treatment themselves.

## Young person (aged 16 or 17)

If a young person with capacity gives their consent to treatment, a parent cannot override that consent. A young person can be treated as an adult and can be presumed to have the ability to make decisions about their own care.

Nevertheless, you will need to use your professional judgement to assess whether the young person in fact has the maturity and ability to understand what is involved in the treatment you are proposing for them because, as with adults, consent must be valid. If a young person with capacity gives consent to treatment, that consent cannot be overridden by parents.

***When treating a young person, the offer of a chaperone should be made and the young person allowed to make the choice whether to have one present or not.***

Useful information:

<http://www.patient.co.uk/doctor/consent-to-treatment-in-children-mental-capacity-and-mental-health-legislation>

## Working with children: further information and guidelines

Consent is always a complex area, and this is particularly true with children as there are no black and white rules regarding consent for children.

Here we will cover some of the legalities around consent and also give you clear pointers that we believe AoR members should follow to ensure you are practising safely, abiding by our Code of Practice and within the Law.

## What the law says about consent

There are several Acts of Parliament setting out rules, but it boils down to what the child understands and which adults are responsible, in law, for the child. It can be complex and differs with the child's age, maturity, intelligence and the severity of the condition/treatment.

For example, legally three-year-olds may well be able to consent to reflexology – they could understand you want to ‘rub and stroke their feet to help them sleep’. It would be a surprise if the same child could understand their pre-school immunisation; they may understand they were going to have a needle (or two) in their arm, which would hurt for a moment - but they would not comprehend the purpose of this. A few years later, a child would understand the need for a plaster cast on a broken arm or leg, and later still understand the purpose of a booster vaccine and be able to consent; however, they may not understand the need for, and ramifications of, open heart surgery.

In 1969, the Family Law Reform Act lowered the age of majority (adulthood) from twenty one to eighteen and the age of consent from eighteen to sixteen in England and Wales.

### Young people aged 16 or 17

- i. Either the young person OR a person with Parental Responsibility may give consent. Only one consent is necessary
- ii. If a young person of 16 marries, the parents/guardians of the young people have parental responsibility until the first of the married couple reaches 18 – then he or she becomes guardian of the other
- iii. Young persons may also consent for any child for whom they have parental responsibility

Legally, children from 0-15 have no automatic right to consent; however, if a practitioner decides (on an individual basis) that a child under 16 is competent to consent, in Law they may do so without parental involvement (though please note that the AoR Code of Practice does require you get consent from a parent or guardian to avoid any debate as to whether the child is capable of consent).

The Fraser Guidelines were initially set up in connection to consent for contraception; however, these guidelines now relate to all areas of medical care and they suggest that professionals:

- i. Seek to involve the parents
- ii. Must be satisfied that the child has sufficient maturity to understand and assess the nature, purpose and likely outcome of the treatment
- iii. Must be satisfied that the treatment is in the best interests of the child
- iv. Only treat if the child is able to communicate their consent and does so

Lord Fraser was a Judge on the 1982 case of Mrs Gillick, who brought a court action when a doctor prescribed contraception for her daughter – then aged 15 – without her knowledge. She ultimately lost the case and the Fraser Guidelines were later established. In Law, the Guidelines relate only to contraception, but were later broadened to include all medical care and to include both genders.

The Children Act 1989 and 2004, Fraser Guidelines 1986, Adoption of Children Act 2002 and the Parental Responsibility Regulations 2002 individually and collectively set out the conditions for valid consent relating to persons under eighteen. The Children Act reminds us that 'the views of the child shall be taken into account', and that their welfare is paramount.

The Department of Health and the various medical and nursing organisations' guidelines are all very similar and expand on the Fraser Guidelines. For example, the recommendations of the General Medical Council regarding involving children and young people in making decisions states:

*"You should involve children and young people as much as possible in discussions about their care, even if they are not able to make decisions on their own..."*

The capacity to consent depends more on the ability of the young person to understand and weigh up options than on age, but bear in mind that:

- At 16 a young person can be presumed to have the capacity to consent to treatment
- A young person under 16 may have the capacity to consent to treatment, depending on their maturity and ability to understand what is involved

The Law states that it is important to assess maturity and understanding on an individual basis and with regard to the complexity and importance of the decision to be made: "The capacity to consent can also be affected by their physical and emotional development and by changes in their health and treatment."

The Parental Responsibility Regulations 2002 recognised the changing nature of society and the numbers of unwed couples with children. The Regulations came into force at different times: in England and Wales on 1st December 2003; in Northern Ireland on 15th April 2002 and in Scotland on 4th May 2006. These regulations state:

- Mothers automatically have parental responsibility for their children
- Fathers have equal rights if they:
  - i. Were married at the time of the birth
  - ii. Are named on the birth certificate – after the 'relevant dates' above
  - iii. Have a voluntary agreement with the mother
  - iv. Have been granted parental rights by the court
- On adoption, all rights transfer to the adoptive parents
- The above points also apply to same sex partners, whether married or in a civil partnership
- These responsibilities remain after a divorce

- The Local Authority has responsibility if a child is subject to any Care Order and has joint responsibility with prospective adoptive parents during the transition phase

## Child safeguarding

Individual therapists are now able to obtain a Disclosure and Barring Service (DBS) check. A basic DBS check may be obtained online, and the AoR offers access to an enhanced DBS check in England and Wales. See the Members' Area of the AoR website for details.

It is equally important that you feel safe in the environment in which you are working, and are happy with the location and personnel present.

Remember that family members, eg grandparents, may give consent if authorised to do so by the parents; they may also accompany children and young persons for whom consent is already in place. With a young child, a parent is likely to remain throughout the session/s.

With older children or young persons it is preferable to have a third person in the room or on the premises during their treatment.

## References:

1. Adoption of Children Act 2002
2. Children Act 1989 and 2004
3. Family Law Reform Act 1969
4. Parental Responsibility Regulations 2002
5. Anon, Parental Responsibility, Family Rights Group 2014 at [http://www.frg.org.uk/images/Advice\\_sheets/2-parental-responsibility.pdf](http://www.frg.org.uk/images/Advice_sheets/2-parental-responsibility.pdf)
6. Balens Insurance Brokers, 'Consent for Minors' in Balens Bugle, 2011
7. General Medical Council, *0-18; Guidance for all Doctors*, 2007, GMC
8. MPS, *Parental Responsibility Regulations*, 2012, Medical Protection Society factsheet at <http://www.medicalprotection.org/mps-factsheet-parental-responsibility.pdf>
9. Medical Protection Society limited, *Parental Responsibility – England factsheets*, 2012 available at [www.medicalprotection.org/uk/england.../parentalresponsibility](http://www.medicalprotection.org/uk/england.../parentalresponsibility)
10. Medical Protection Society, *Consent, Children and Young People*, 2012 at <http://www.medicalprotection.org/uk/england-factsheets/consent-children-and-young-people>
11. Royal College of Nursing, *Caring for Children and Young People; A Guide for Nurses Working in the Independent Sector*, 2014, RCN

## Treating adults at risk

Consent has been a pre-requisite to medical treatment for almost 250 years, when it was determined that doctors should tell the client what was going to be done and obtain permission. Nowadays clients expect information on what is to be done, why (sometimes how) and the expected outcomes – including 'what if it goes wrong'.

Our clients are no different; they need to understand what we offer, why we offer it and its likely after effects – good and not-so-good - and then they can accept or reject treatment.

Subsequent phrases in italics relate directly to the AoR Code of Practice and Ethics and its Guidelines, specifically principles 1 h) i. and iii. 4 e) ii. and Guideline 4.

Principle 1 states that your responsibility towards your client before the first treatment includes providing an *"accurate description of reflexology in laymans terms"* and to *"obtain a signed consent form"*

A description of reflexology is only one criterion for consent. The Law requires that:

1. The person has the capacity to consent (as defined by the Mental Capacity Act 2005, which assumes all adults have capacity unless it is proven otherwise), which means that they:
  - a) Understand the treatment and its effects - good and not-so-good; **and**
  - b) Have the ability to retain and process the information; **and**
  - c) Can make a decision regarding the information; **and**
  - d) Are able to communicate their decision – in writing, verbally or otherwise
2. Consent must be voluntarily given, ie without coercion, manipulation or other persuasion;
3. The person giving consent, if not the client, must hold the legal power to do so.

A signed consent form is not required by Law, but for an AoR member the Code of Practice and Ethics takes precedence. If your client is unable to provide signed consent then get a witness signature to consent provided by alternative means.

Principle 1 h) iii. says that where clients are unable to give consent you must obtain this *"from somebody that you are satisfied is authorised to give consent on behalf of the client"*. Again, this must be in writing. Note that if you are

unable to "*converse with the client in a manner fully understandable by both parties*" (see Principle 4 e ii), you should refuse to treat them.

The Mental Capacity Act 2005 (MCA 2005) is very clear on who may consent and in what circumstances. It states that an adult may only consent for:

- i. Himself or herself
- ii. Another adult for whom they have a valid Lasting Power of Attorney (LPA) for 'personal welfare'. Any decision made must be in the best interests of the client
- iii. A child for whom they have legal responsibility

Elderly or terminally ill clients are not automatically either at risk or lacking capacity; many are as mentally sharp as they have always been; clients in mental health facilities or with learning difficulties may also retain competency to consent in some circumstances. Each event must be judged on its merits, and clients given every opportunity to make their own decisions. An unwise decision does not make it an invalid one.

From the above, it must be realised that carers, health care professionals, family members, next-of-kin, etc CANNOT give consent without a Lasting Power of Attourney (LPA), but they may give permission for you to work with the person in their care.

It is for you to determine whether a reflexology treatment is of any benefit to an unconscious or terminally ill person at that time. A sleeping or terminally ill client may rouse sufficiently to accept treatment.

In a residential setting, it is wise to check whether the client wants a third party present. You should also ensure you have permission to be there from the Manager on duty and that you sign in and out of the building (usually required for safety in the event of an evacuation).

## Summary

This advice is based on best practice to keep you safe in a difficult situation.

- Consent to treatment can only be given by the client themselves or a specifically designated person
- Under the Mental Capacity Act, no one can make a decision for another adult unless they hold a Lasting Power of Attourney specifically for the welfare of a client lacking capacity; they may then provide consent
- If you are asked to treat a client who is unable to consent to treatment, you should:



- Be aware that consent, once given, is valid for a course of treatments or until it is withdrawn; therefore, a course of treatments may continue if a client loses capacity. Ensure the details of a course of treatments were documented initially
- Ask if someone has Power of Attorney for welfare of that person, and if so ask for their consent
- Complete the mental capacity assessment form and keep with the client records. If the family, medical care team and you all decide that the treatment is in the best interests of the client then you may continue. If the family object in any way then do not treat

Mental capacity can fluctuate; reassess at every requested appointment.

## References:

Mental Capacity Act 2005

Office of the Public Guardian Mental Capacity Act 2005 Code of Practice, 2016.

## Guideline 5: criminal convictions

If, during your period of membership, you are convicted of any offence (apart from traffic related offences) it is your duty to inform us immediately in writing. Each case will be assessed individually against the AoR policy, but please note that this might result in a temporary or permanent suspension of AoR membership.

## Guideline 6: record keeping & data protection

1. Making and keeping records is an essential part of care. You must keep records for everyone you treat. All records must be complete, unaltered and legible; you should also sign and date your records after each treatment.
2. Client notes must be written up at the time of the consultation, and should include the following details:

Before the initial treatment:

- a) Name, address, telephone number
- b) Name and Address of GP
- c) Medical history
- d) Dates and details of other relevant treatments

- e) A signature to indicate consent to treatment (see Guideline 4 on obtaining informed consent and the obligations towards minors).

Before every subsequent treatment:

- a) Any reactions after the last treatment
- b) Any changes to presenting condition
- c) Any other changes to general health eg medical conditions, medication, etc
- d) Any changes to lifestyle

After treatment:

- a) Notes of any reactions during the treatment
- b) Any information or lifestyle advice given and state why.

If you update a record, you should not erase any information or make it hard to read. However, you can make additional comments or notes.

3. You are legally required to keep client records for a minimum of seven years. In the case of minors, records must be kept until the client reaches the age of twenty-five (seven years after reaching eighteen). This applies even when you have referred the client on, or you have left the practice where you administered the treatment.
4. Client records must be kept secure and confidential at all times. Handwritten records must be stored in a locked cabinet to protect against loss, damage or use by someone else who is not authorised. You must also make appropriate arrangements for the safe-keeping and transfer of client notes in the event of your death or serious injury.
5. The new Data Protection Act of 2018 ('GDPR') increased the scope of what is covered by Data Protection legislation and changed the way that data is handled. Detailed information on this together with a Privacy Notice template for AoR members to use for their clients is available in the Members' Area of the AoR website at <https://members.aor.org.uk/gdpr-home>
6. In most circumstances, it is your responsibility to store your client information securely; however, if you are employed, are treating in a multi-disciplinary practice, or acting as a consultant, you must agree who is the Data Controller (ie who has overall responsibility for the storage of the notes). You must ensure that you have access to the notes in the event of disciplinary action being taken against you, any insurance claims being made, or in case of any civil or criminal proceedings involving you. Although a client has no right to receive copies of any documents you keep, they can request to see the content.

Further information on this is available in the Members' Area of the AoR website at: <https://members.aor.org.uk/gdpr-home>.

7. After 7 years (or after the age of 25 for a minor), you may destroy old records, although the method of disposal is not regulated. Shredding and burning are the most appropriate methods.
8. The requirement to retain original records particularly applies in the buying and selling of a practice; even with the consent of the client, you must only pass on copies of the records, not the original notes. You must also ensure that clients are kept fully informed and offered appropriate choices about their continuing care and the safe-keeping and location of their original records.
9. You must not use knowledge gained from clients or from their records in any other context for personal or professional gain.

## Guideline 7: AoR advertising guidelines

This is a pocket guide to keeping your advertising safe.

It is important to understand that the ASA do not want to restrict your advertising per se but aim to make it legal, honest and truthful. They dislike any implication that reflexology can treat medical conditions because this might prevent people from seeking medical help when they need it.

### Do

- Remember you treat people not conditions
- Say you can treat for: relaxation, release of tension, improved sleep, improved mood and increased wellbeing
- Remember that you support people living with illnesses; you don't treat their illness itself
- Emphasise and explain the importance of wellbeing (see March 2013 edition of Reflexions at <https://members.aor.org.uk/members-area/download.php?file=Reflexions-Magazine-March-2013.pdf>)
- Explain how you treat whole people not symptoms
- Explain the effects of stress and tension on the body (see *Stress: A Reflexologist's Guide*, available from the AoR sales shop)
- Use a separate page to discuss research and/or include links to newspaper articles
- Have a password protected user generated content area bolted onto your website (for more details, see:

<https://members.aor.org.uk/members-area/download.php?file=Advertising-update-March-2012.pdf>)

- Use sensorial testimonials (those about how the client felt about your treatment and about you)
- Use your AoR membership seal and interactive reflexology explorer widgets on your website (see electronic downloads in the Members' Area)

### **Don't**

- List medical conditions that reflexology has 'been shown to be effective in' - this is probably the most likely cause of complaints
- Use 'effectiveness' testimonials from clients (those that claim effects on medical problems)
- Claim to treat conditions
- Underestimate the importance of what we can do as reflexologists in terms of 'the whole person'

More details may be found in the Members' Area of the AoR website at <https://members.aor.org.uk/business-a-marketing>.

## **Guideline 8: First Aid**

If you are self-employed, you are required to ensure you have such equipment as may be adequate and appropriate in the circumstances to provide first aid to yourself while at work. As a self-employed person, you need to appoint a person (who does not necessarily have to be trained in First Aid) to be in charge of First Aid arrangements. This person can be yourself if you wish. However, this person should not attempt to give any First Aid for which they have not been trained.

<http://www.hse.gov.uk/firstaid/legislation.htm>

<http://www.hse.gov.uk/firstaid/faqs.htm#appointed-persons>

More information on First Aid: [www.hse.gov.uk/firstaid/review/firstaid174.pdf](http://www.hse.gov.uk/firstaid/review/firstaid174.pdf)

## **Planning for an emergency during treatments**

If you're treating a client who either has a condition or is taking medication which might involve medical attention during a treatment (for example, a client with epilepsy, or using medication which has a risk of inducing seizures), it is important that you as a practitioner are prepared for this.

- Read up on the condition of your client, and medication being taken, and be aware of any warning signs to look out for
- Talk to your client about their condition and medication – whether they have any unusual warning signs or symptoms
- Before treating, it is important to assess the health and safety aspects of where you treat your client. If the client did faint or start to have a seizure, for example, it is worth thinking of how you would lie them flat or put them in the recovery position
- Draw up a plan with your client as to what the client wishes you to do should a medical emergency associated with these warning signs or symptoms present itself. All clients are different and you should ensure that the wishes of your client regarding such medical emergencies are recorded and kept to.

It may be that they just want to be left in a safe place (with a cushion under their head) and allowed to come around in their own time, or that they prefer medical help after an attack, or they may want you to call a relative.

Regardless of how they wish to be treated, if the emergency is a seizure, you should remove any objects likely to harm, and cushion the head. You should also time the seizure, as if it is over 5 minutes long, you need to call an ambulance

- To ensure that you as a practitioner are prepared, you may wish to use a form such as the one available for download in the Members' Area of the AoR website. If you do not use the form on the Members' Area, please be aware that the wishes of the client should be clearly recorded in full, in writing and both signed and dated by the client

## **Guideline 9: Guidelines for protecting yourself against plagiarism**

Although you automatically get copyright protection when you create original work such as text or images (please note that website images are particularly open to abuse) it is worth thinking about how best to protect yourself in case your work is copied or replicated. If the person copying your work is an AoR member and you have not been able to get a resolution, you can make a formal complaint and you will also need to produce evidence that you hold the intellectual property on the work.

We therefore suggest you try and protect yourself as far as possible:

1. You can mark your work with a copyright notice which needs to include:
  - The symbol (©)
  - The year of creation.
  - Your name E.g. Copyright © 2016 Joe Brown

The Berne Convention states that copyright is automatic, whether you have a notice on your work or not. However, placing a copyright notice on your work will make it clear that copyright exists, and should help to deter infringement:

- a. Leaflets and other documents should have 1 notice on each item.
  - b. Your website should have a notice on every page.
  - c. Incorporate a notice onto any image that you create.
2. Keep a record of the text/image that you have created with a record of the date, and there are several options for doing this:
- a. Take a screen shot of your computer screen; have 2 windows open, one showing your website and the other showing the BBC news website with the date visible and save as a jpeg.
  - b. There are also web archive companies that will register your website – but there may be a charge for this.
  - c. If you use a reputable website designer such as WebHealer, they should archive your website content, so it is worth checking that this a service that is included in your package.
3. If you believe your work has been copied, take screen shots of the copied material and again save as an image as described above. In the first instance, contact the other party and ask them to stop using your intellectual property. Specify a time period for the material to be removed e.g. 28 days. It is worth noting that you can be sued for making unjustified threats, so if you are in any doubt it may be worth seeking legal advice before making contact.

### **Useful organisations and websites:**

<https://www.gov.uk/defend-your-intellectual-property/overview>

<https://www.gov.uk/defend-your-intellectual-property/get-help-and-advice>

### **Guideline 10: Client personal ethics**

At the AoR, we believe that respect for our clients and their ethical views should be at the core of our interactions with them. Below we cover some of the most common ethical concerns you might need to consider as a practitioner.

- **Veganism:** This is becoming ever more popular, and is now a protected characteristic in terms of discrimination. Therefore it is best to at least have a vegan-friendly alternative to all products used in your treatments and – if you normally use woollen blankets - an alternative covering that is not derived from

animals.

- **Alcohol:** This can cross through the skin barrier and into the bloodstream, even if it is in small amounts from the products we use. As such, this may have implications for certain groups of clients that take pains to avoid alcohol consumption, eg Muslims, recovering alcoholics, etc. It is best to check this before the client enters the room if you use alcohol based room sprays, hand sanitisers or foot cleansers
- **Animal testing:** As an organisation, the AoR is against animal testing, and we know many clients will be too. Research the reputation of the people who make your products (you can check this on the PETA website at: <https://features.peta.org/cruelty-free-company-search/index.aspx>) so that you know if asked whether your products and other products produced by your suppliers are tested on animals
- **Controversial substances:** From time to time some substances become controversial for one reason or another. One example of this is palm oil, which is controversial due to some providers using unsustainable production (eg deforestation of rainforest) to obtain it. If your products contain a controversial substance like palm oil, check where it came from to ensure the products you use only come from sustainable production
- **Plastics:** One of the key issues that attracts a lot of attention is the level of plastics going into our oceans – particularly plastic microbeads from beauty and cleaning products. Your clients may be boycotting products made by companies that use plastic microbeads in their products, so it is worth researching to see if the companies that provide your products also make products containing microplastics. You can check many mainstream companies using the handy traffic light checker on [www.beatthemicrobead.org](http://www.beatthemicrobead.org) (the best companies on here are the 'Zero' ones who have pledged not to have microplastics in any of their products; for all the others you'd need to check both the red and orange list to see if the company you're using appears on it)
- **'Toxic' chemicals:** There is much debate about the use of 'toxic' chemicals in beauty products, and your client may feel strongly about their inclusion in your products. Some to look out for are parabens, triclosan, triclocarban, phthalates, synthetic fragrances, sodium lauryl sulphate (SLS) and sodium laureth sulphate (SLES)