

Code of Ethics and Practice for the  
Pacific Association of Craniosacral Therapists.

P.A.C.T.

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## 1. Introduction

Patients rely upon and trust their health practitioners. In return, practitioners are expected to maintain high standards of care, competence and conduct.

This Code summarizes the standards set by PACT. It offers guidance on their observance, and indicates areas where particular challenges may arise. Whilst such a Code cannot be all-inclusive, it does set out the principles by which the needs of patients are given primacy at all times through consideration of ethical professional conduct.

It is the nature of professional practice that many decisions fall into areas where there is no absolute right or wrong, where a series of conflicting obligations may have to be considered.

A Registered member's ability to follow these principles demonstrates their competence and fitness to practice and ensures continued registration.

This Code forms the basis of assessing the professional conduct of any member against whom a complaint has been made.

## 2. Basic Principles

These are the basic principles a professional Craniosacral therapist adheres to:

### 2.1 Clarity of Contract

In order to ensure the patient is always able to make informed choices with regards to their healthcare, Craniosacral therapists give clear information about duration and frequency of appointments, charges, availability for advice, locum coverage, emergency contact, confidentiality, security of records and the place supervision plays in their practice as appropriate.

2.2 Practices other than Craniosacral therapy,  
Craniosacral therapists may practice with integrity and competence any therapies other than Craniosacral therapy, as they may think appropriate, in a course of treatment.

It should be clear to the patient concerned the natures of the treatment offered and members indicate their relevant qualifications, membership of Registering body and adherence to a separate Code of Conduct for the practice of such therapies.

### 2.3 Referrals

Patients may refer themselves directly for Craniosacral therapy. They should be encouraged to inform their GP or health care practitioner that they are receiving Craniosacral therapy, and with the patient's consent the practitioner may also write to the GP informing them of this.

A GP who formally delegates the care of a patient within the National Health System retains overall clinical responsibility for that patient.

Details of all recommended referrals to other Craniosacral therapists or health care practitioners are to be recorded at the time of the recommendation being made.

In all these matters if at any point the patient declines to give consent for the Craniosacral therapists to make this contact, their wishes are respected at all times and recorded in their notes.

### 2.4 Hospital Treatment

Where a patient requests Craniosacral therapy to be initiated or continued within a clinical setting (i.e. hospital, hospice) both nursing staff and the

person with overall clinical responsibility are to be notified of this request by the patient or their representative.

## 2.5 Informed Consent

In order to ensure the patient is always able to give informed consent with regard to their healthcare, Craniosacral therapists give full and clear information about the nature of Craniosacral therapy, before that treatment begins, and as appropriate during that treatment.

## 2.6 Accuracy of Records

All case notes will be clear, legible, and contain all the relevant information relating to the progress of the case. They will enable a third party to have an understanding of the patient's state at the time of a consultation; whether the patient has improved, maintained or deteriorated in their condition since they were last seen. This is particularly important should the Craniosacral therapist at any time be involved in legal proceedings.

To ensure continuity of care, with access to previous treatment information, the treatment of a patient known to be under the care of a fellow Craniosacral therapist should not be undertaken without informing them. If the patient does not agree to this, a note of this fact should be recorded, and that continuity of care cannot be achieved.

Where a patient requests the record of their treatment, or asks that they be forwarded to another Craniosacral therapist or other practitioner, it is important to send a copy of all information from that patient's case notes as quickly as possible. The full original notes are to be retained by the Craniosacral therapist.

## 2.7 Records access – what happens if practitioners die/disabled?

Arrangements are made to ensure that patients are notified in the event of the death or incapacitating illness of their Craniosacral therapist.

## 2.8 Competence & Continued Professional Development

Craniosacral therapists are aware of the extent and limits of their clinical skills, monitoring them as necessary and actively extending their knowledge base through continued professional development which includes supervision, conferring with colleagues, and acquiring knowledge of new theory and practice through further training and study (e.g. attending appropriate seminars and post-graduate training courses)

They are able to appropriately refer to other practitioners.

Failure to engage periodically in a reasonable amount of post-graduate education may be taken into account when hearing allegations, which call a member's professional competence into question.

#### 2.9 Confidentiality & Disclosure

Craniosacral therapists ensure that patient information is kept secure and confidential, access being restricted to the Craniosacral therapist and their assistants or agents, unless the patient agrees otherwise in writing, or unless requested through due process of law.

#### 2.10 Storage

Full and clear records of all treatments of patients are taken, kept, and stored for at least seven years from the date of the last appointment (complying with the requirements of the Data Protection Act), whereupon they can be destroyed, with care taken to preserve complete confidentiality.

#### 2.11 Disclosure without consent

Disclosures without consent may be necessary in the public interest- when the duty to society overrides the Craniosacral therapists duty to their patients. For example, when patients put themselves or others at serious risk, or disclose an act of a violent or criminal nature.

Even then, the Craniosacral therapist first makes every reasonable effort to persuade the patients to change their behavior and to disclose information themselves. If the Craniosacral therapist cannot persuade them to do this, disclose the essential minimum information to an appropriate person or authority, taking professional advice first. The Craniosacral therapist must be able to justify these actions.

In exceptional circumstances, the Craniosacral therapist may do this without consent, if the patient is incapable of giving consent, or refuses, or if it is undesirable, on medical grounds, to seek consent. The Craniosacral therapist should later record carefully in the notes the information disclosed and the reasons for this decision.

A court may order you to disclose information without the consent of the patient.

#### 2.12 Clarity of Service

Craniosacral therapists establish and monitor clear boundaries between all parties to the therapeutic relationship in order to maintain the impartial professional position that needs to exist.

Any form of intimate or sexual encounter (however the participants may regard it) is abusive: of the person, of power, and of trust. It is improper, unprofessional conduct and is not be acceptable in any circumstances. It is never appropriate to enter into an intimate relationship with a patient, student, or supervisee.

It is a professional duty not only to avoid putting oneself in such a situation, but also to avoid any form of behavior, which might be adversely misconstrued.

The onus is on the Craniosacral therapist to consider the boundaries to be observed. Appropriate action to uphold the Code of Ethics and Practice is by taking concerns to colleagues, to supervision, or to PACT's Professional Conduct Department.

Where patient, student or supervisee shows signs of becoming involved with the Craniosacral therapist, and it is not possible to resolve the situation in a professional manner, the professional relationship is to be ended.

### 3. Legal Obligations

#### 3.1 Practitioners.

Practitioners have a duty to be aware of those ways in which the Law of the country affects their practice. If these requirements are overlooked, practitioners may become involved in difficulties with the general law, or with other professional or institutional organisations. Craniosacral therapists are required:

To comply with the law of the state, territory or country where they are practicing.

To be aware, if a member of another professional Register, of any statutory requirement imposed by it's Code of Ethics.

To inform patients about the nature of Craniosacral therapy, before that treatment begins.

Not to use the title 'Doctor' in order to avoid creating a false impression (by referring to oneself or having others address one as such) of being a registered medical practitioner, when this is not the case.

Not to make a physical examination of a child under 16 unless in the presence of a parent or legal guardian, and with that child's clear consent.

To act responsibly, where not under statutory legal obligation, when there is clear evidence of a child being at risk, of sexual abuse or other harm, whether that evidence is obtained from the child, the perpetrator, or other adult or child; and to contact the Child Protection Officer at the local Social Services Department so that action may be considered

To provide patients, on request, access to their case notes. Statutory right of access to any written health records exists under a number of pieces of legislation – Health Information Code 1994 (enacted under Privacy Act 1993)

To be careful not to draw up or sign any false or misleading documents, reports or certificates.

To obtain patient's active consent to sensitive personal data being recorded in their case notes.

Not to record on film or through digital imagery any material concerning a patient which might be regarded as explicit, indecent or pornographic.

Not to make claims (whether explicit or implied; orally or in writing) implying cure of any named disease.

Not to give any treatment with the intention of terminating a pregnancy.

### 3.2 Premises

To comply with Local Council Regulations and advice of the Environmental Health Officer regarding adequate facilities such as heating, lighting, ventilation, toilets, electrical installations, smoke alarms and fire extinguishers.

To protect the safety of the public and those people working on the premises by establishing suitable working conditions.

To make a first Aid Kit available at all times (Shops and Offices Act 1963)

To regularly review facilities and working practices in order to ensure they comply with current standards. Members should be aware of their responsibilities under Health and Disability Consumers Rights, whether employer, employee or self employed.

#### 4. Advertising & Media

- All advertising must be decent, legal, honest and truthful and must conform to relevant guidance.
- Professional advertising may indicate special interests but must not make claims of superiority or disparage professional colleagues or other professionals.
- It must not be designed to mislead or deceive, or make unrealistic or extravagant claims.
- Neither its content nor the way it is distributed must put prospective patients under pressure.
- No member shall use the title Doctor or Physician in their Craniosacral therapy advertising unless registered with the GMC.
- If the title of Dr is used then it must be stated clearly what the qualification refers to (e.g. PHD)

## 5. Where Things Go Wrong

### 5.1 Problems with Health

If health is impaired for any reason, whether mental, emotional, or physical, so those patients are put at risk, Craniosacral therapists follow professional advice on whether, and how, they modify their practice. The interests of patients come first at all times. It may be necessary to stop practicing altogether and place oneself under clinical supervision in order to establish fitness to practice.

In the event of death or an incapacitating illness of the therapist, arrangements are required to ensure that patients are notified.

### 5.2 Where Trust breaks down

Where, for whatever reason, trust breaks down so that practitioners can no longer offer care of an appropriate standard, either the Craniosacral therapist or the patient may end the relationship. If this happens make sure the patient has an alternative source of Craniosacral therapy care if they want it. With the patient's permission, provide the new practitioner with sufficient information to take over responsibility for their care without delay.

### 5.3 Complaints

Patients, members of the public, other professionals and members of PACT have the right to complain if they perceive that a member of PACT has not treated them or conducted himself/herself in accordance with the Code of Ethics and Practice.

Practitioners trained as Craniosacral therapists to PACT standards following the guidance in this Code are able to practice Craniosacral therapy safely, competently and ethically. However, from time to time something may go wrong.

Practitioners ensure patients have clear information on how to express any concern they may have about their treatment. In handling any complaint directly, act promptly and constructively, putting the interest of the patient first, and co-operating fully with any external investigation.

Patients bringing an apparent failure in care to the Craniosacral therapist are entitled to proper investigation and a sensitive explanation of what has occurred. Practitioners take the initiative in putting things right, and, where appropriate offer suitable apology and assurance that steps have been taken to prevent recurrence.

Because questions of compensation may arise, ensure any steps are taken in conjunction with your Professional Conduct Department and professional indemnity provider.

Members act promptly if they believe a colleague's conduct, health or professional performance – or their own – poses a threat to patient care by bringing their concern to the attention of their colleague, supervisor, or Professional Conduct Department.

Members have the right to expect support from PACT in the event of any unwarranted and unsubstantiated allegations made against them whilst carrying out their professional duties.

The procedures and powers set out in accordance with the Constitution, Aims, Objects and Code of Ethics & Practice of PACT provide a mechanism for patients, members of the public, other professionals, fellow members of PACT, or PACT itself to raise allegations of professional misconduct and for a member accused of misconduct to have the right to respond to any such allegations.

Significant lapses can lead to disciplinary proceedings by PACT. For example, acts of dishonesty, indecency or violence, drunkenness or drug abuse may have serious consequences, even if not directly connected with your professional practice.