



SPIRIT RELEASE FOUNDATION

CODE OF CONDUCT

Introduction

Throughout this Document, the term 'practitioner' refers to a member of the SRF and includes anyone undertaking spirit release, whether as a therapist, trainer, workshop facilitator, supervisor, or engaged in research.

- 1) References in this document to the singular shall include the plural and vice versa.
- 2) 'Registered Medical Practitioner' is the description recognised in law for the individual usually called the 'Doctor'. For the purpose of this Code the titles are interchangeable.
- 3) Accredited members of the SRF are expected to conduct themselves professionally with integrity, sincerity and ability.
- 4) The role of the SRF and its individual members, in this regard, is to ensure that practitioners achieve the highest standards of competence and performance and to help establish spirit release as a standard available to the NHS and/or private medicine.
- 5) Complementary medicine is legal in Great Britain.
- 6) Where a Registered Medical Practitioner has made the referral, he/she must remain in charge of the patient's treatment and clinically accountable for the care offered by the SRF practitioner. The GMC's rules for doctors published in Professional Conduct and discipline: Fitness to Practice dated February 1991 (paragraphs 42 and 43) allow a doctor to delegate to persons trained to perform specialist functions, treatment or procedures, provided that he/she (the doctor) retains ultimate responsibility for the management of the patient. Where the SRF practitioner is a doctor, those constraints that relate to non-medical practitioners in clauses 1.11, 1.13, 1.14, 1.15, 1.16, need not apply.
- 7) Although Government and orthodox medical policy often use the words alternative and complementary medicine it is clear that under their rules any practitioner who abides by the SRF Code of Conduct and accepts delegation from a Registered Medical Practitioner is 'complementary'. The term 'complementary medicine' makes no pretensions of replacing conventional medicine and taking its place. The term 'alternative medicine' is misleading.
- 8) Contrary to this, the term 'complementary medicine' informs the public that these therapies cannot and do not ever exclude conventional medicine and the Registered Medical Doctor from patient care and treatment.
- 9) The SRF regards Spirit Release Therapy (SRT) as practised by an accredited SRF member to be an instrument of healing and, as such, is therefore understood to be a complementary therapy.
- 10) This Code of Conduct refers specifically to the practice of Spirit Release Therapy, and shall not be understood to prevent practitioners from practising other forms of therapy where appropriate, providing they are qualified to do so and in accordance with the Code of Conduct of the relevant professional body.

1. Code of Conduct

This Code of Conduct is obligatory for all accredited members of the SRF, including those who also hold membership of other professional bodies. It is, however, open to those constituent bodies to have additional provisions without in any way detracting from the clarity, force or intent of this Code.

1.1 Practitioners shall have respect for the religious, spiritual, political and social views of individuals irrespective of race, colour, creed or sex.

1.2 Practitioners shall at all times conduct themselves in an honourable and courteous manner and with due diligence in their relations with their patients/clients and the public. They should seek a good relationship and shall work in a co-operative manner with other healthcare professionals and recognise and respect their particular contribution within the healthcare team, irrespective of whether they perform from an allopathic or complementary base.

1.3 The relationship between a practitioner and his/her patient/client is that of a professional with a patient/client. The patient/client places trust in a practitioner's care, skill and integrity and it is the practitioner's duty to act with due diligence at all times and not to abuse this trust in any way.

1.4 Proper moral conduct must always be paramount in practitioners' relations with patients/clients. They must behave with courtesy, respect, dignity, discretion and tact. Their attitude must be competent and sympathetic, hopeful and positive, thus encouraging an uplift in the patient's/client's mental outlook and belief in a progression towards good health.

1.5 In those cases where physical contact is indicated between the practitioner and the patient/client, the patient/client will be expected to remain clothed and any such touch will require his/her consent.

1.6 All practitioners visiting hospitals will comply with the guidelines laid down by the SRF and included with this Code.

1.7 Practitioners must never claim to 'cure'. The possible therapeutic benefits may be described; 'recovery' must never be guaranteed.

1.8 Practitioners should ensure that they themselves are medically, physically and psychologically fit to practise.

1.9 Discretion must be used by the practitioner when carrying out treatment with patients/clients who are mentally unstable, addicted to drugs or alcohol, or severely depressed. Such patients/clients must be treated only by a practitioner with relevant competencies. A practitioner must not treat a patient/client in any case which exceeds his/her capability, training and competence. Where appropriate, the practitioner must seek referral to a more suitably qualified person.

1.10 Registered medical practitioners and members of other health care professions remain subject to the general ethical codes and disciplinary procedures of their respective accrediting professions.

1.11 The aim of the SRF practitioner is to offer a service to patients/clients as well as a service and therapeutic modality to, and with, the medical profession. Practitioners must recognise that where a patient/client is delegated to them by a Registered Medical Practitioner, that Medical Practitioner remains clinically accountable.

1.12 Practitioners must guard against the danger that a patient/client, without previously consulting a doctor, may come for therapy and subsequently be found to be suffering from another serious disorder. To this end, new patients/clients must be asked what medical advice they have received. If they have not seen a doctor, they must, where appropriate, be advised to do so. Since it is legal to refuse medical treatment, no patient/client can be forced to consult a doctor. **The advice must be recorded for the practitioner's protection.**

1.13 Practitioners must not countermand instructions or prescriptions given by a doctor.

1.14 Practitioners must not advise a particular course of medical treatment, such as to undergo an operation or to take specific drugs. It must be left to the patient/client to make his/her own decision in the light of medical advice.

1.15 Practitioners must never give a medical diagnosis to a patient/client in any circumstances; this is the responsibility of a Registered Medical Practitioner.

1.16 Practitioners must not use titles or descriptions to give the impression of medical or other qualifications, unless they possess them, and must make it clear to their patients/clients that they are not doctors and do not purport to have their knowledge or skills.

1.17 Practitioners must not attend women in childbirth or treat them for ten days thereafter unless they hold an appropriate qualification in midwifery or with the agreement of the Registered Medical Practitioner.

1.18 Practitioners must not treat venereal disease as defined in the 1917 ACT (i.e. syphilis, gonorrhoea, soft chancre). If the practitioner becomes aware that a patient may be suffering from a **Notifiable Disease**, the patient must not be allowed to come into contact with other people, but be given a note to take to their doctor explaining the need for medical attention. A list of Notifiable Diseases is at Addendum 1 to this Code.

1.19 Patients/clients suffering from AIDS may be treated at the discretion of the practitioner, but should always be encouraged to seek medical advice.

1.20 Practitioners must not use physical methods of treatment in the course of their work as SRF practitioners unless they also possess an appropriate professional qualification.

1.21 Practitioners must not prescribe remedies, herbs, supplements, oils etc. unless their training and qualifications entitle them to do so.

1.22 At the present time Spirit Release Therapy is not approved as 'medical aid' under the law. It is a criminal offence for a parent or guardian not to seek 'medical aid' where appropriate. The practitioner should secure a signed **statement** from a parent or guardian who refuses to seek medical aid as defined under the law in the following format:

I have been warned by that according to law I should consult a doctor concerning the health of my child:

(Name of child) (Age)

Signed (Parent or Guardian)

Where the parents or guardians of a person under 18 seek help from an SRF practitioner, the SRF practitioner will require that the presenting problem has been brought to the attention of a Registered Medical Practitioner

1.23 Advertising must be dignified in tone and shall not contain testimonials or claim a cure or mention any disease. It shall be confined to drawing attention to the therapy available, the qualifications of the practitioner and offer a general service together with necessary details.

1.24 All practitioners of the SRF, whose status as practitioner of another association was a necessary element in the requirements for SRF accreditation, must ensure that their name appears on an approved public register of practitioners of that association. Their membership of the SRF and its address should be accessible to the patient/client on request.

1.25 Before treatment, practitioners must explain fully, either in writing or verbally, as far as can be foreseen, the likely form and content of the treatment, including the anticipated number of consultations, fees etc.

1.26 Practitioners must act with consideration concerning fees and justification for treatment. Practitioners should ensure that treatment is confined to what is necessary. Practitioners should not be judgemental and they should recognise the patient's/client's right to refuse treatment or ignore advice. It is the patient's/client's prerogative to make their own choices with regard to their health, lifestyle and finances.

1.27 Practitioners must ensure they keep clear and comprehensive records of their treatments including the dates and advice given. This is especially important for the defence of any negligence actions as well as for efficient and careful practice.

1.28 In determining whether or not any record of the nature of any treatment administered is reasonable, it shall be for the practitioner compiling the record to show that on the basis of his notes he can demonstrate what treatment was undertaken and whether that treatment was competently and reasonably undertaken.

Confidentiality

1.29 Practitioners, their assistants and receptionists have an implicit duty to keep attendances, all information, records and views formed about patients/clients entirely confidential. No disclosure may be made to any third party, including any member of the patient's/client's own family, without the patient's/client's consent unless it is required by due process of the law, whether that be by Statute, statutory instrument, order of any court of competent jurisdiction, or unless, in the practitioner's judgement, there is serious risk of harm to self or others.

1.30 Practitioners must ensure that they comply with the Data Protection Act.

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

Insurance and Premises

1.32 All SRF practitioners must be adequately insured to practise. The insurance policy must state provision for the public and employee (if personnel are employed) liability and indemnity as well as the provision for professional treatments. Where practicable, all SRF practitioners must be adequately insured to practice. Where practitioners are able to obtain insurance for their practice, they should hold public and employee (if personnel are employed) liability as well as provision for professional treatments. Where a practitioner is unable to obtain insurance for professional treatments, they should obtain public liability insurance as a minimum.

1.33 All practitioners shall ensure that their working conditions are suitable for the practice of their work/therapy.

Discipline

1.34 Practitioners will follow and abide by decisions made under the disciplinary procedures determined by the Council of the SRF.

2. Guidance for Practitioners visiting Hospitals to provide Treatments

2.1 The hospital is responsible for the patient.

2.2 Practitioners may only treat patients in hospital with permission from the hospital authority including the ward charge nurse.

2.3 Practitioners should not wear clothing (e.g. white coats) which give the impression that they are a staff member of the hospital. They may need some form of identification.

2.4 Where permission is given to provide treatment on the ward, this must be carried out without fuss or interruption to other patients and ward staff. Other patients should not be made aware of the treatment being offered.

2.5 Practitioners must never undermine the patient's faith in hospital treatment or regime.

2.6 Where credentials are requested, practitioners must produce their association's current membership card or other proof of membership and permission to visit.

Addendum1: Diseases notifiable* under the Public Health (Infectious Diseases) Regulations 1988

Acute encephalitis

Acute poliomyelitis

Anthrax

Cholera

Diphtheria

Dysentery

Food poisoning

Leptospirosis

Malaria Measles

Meningitis meningococcal *pneumococcal haemophilus influenzae*

viral other specified unspecified Meningococcal septicaemia

(without meningitis)

Mumps

Ophthalmia neonatorum

Paratyphoid fever

Plague

Rabies

Relapsing fever

Rubella

Scarlet fever

Smallpox

Tetanus

Tuberculosis

Typhoid fever

Typhus fever

Viral haemorrhagic fever
Viral hepatitis *Hepatitis A Hepatitis B Hepatitis C other* Whooping
cough
Yellow fever
*also Leprosy ***
* by the attending medical practitioner to the local authority Proper Officer
** *by the attending medical practitioner to the Director, CDSC*
PHLS Communicable Disease Surveillance Centre (CDSC)

PROFESSIONAL CONDUCT PROCEDURE

1. INTRODUCTION

Aim

It is the policy of the Spirit Release Foundation (SRF) to attach great importance to the principle of fair and consistent treatment by all its members. The aim of the Professional Conduct Procedure is to do this to afford protection to the public and to protect the good name of the SRF and the profession of spirit release as conducted by members.

The SRF recognises the need for the highest standard of conduct from its members and it must ensure that fair and effective arrangements exist for dealing with any disciplinary matters and to ensure that consistent standards are adhered to at all times.

Bringing a complaint

A complaint can be brought by either:

- a) A member of the public seeking or using a service provided by a member of the SRF, or
- b) A member against another member

Complaints against non-members cannot be dealt with.

Timescale

A complaint must be lodged within one year of the alleged breach.

Resolution

Before making the complaint, the complainant is expected to attempt to resolve the issue with the individual complained against. The complainant must demonstrate that all informal channels have been exhausted. If local resolution is impossible or inappropriate, an explanation as to why this is the case will be required.

2. MAKING A COMPLAINT

The Complaint

The complaint must satisfy the following conditions:

- a) The allegation is of a breach of a specific clause or clauses of the relevant Code of Conduct of the SRF in force at the time that the alleged breach occurred;
- b) It is brought either by a member of the public seeking or using a service provided by the member or by a current member of the SRF;
- c) The individual complained against is named AND is a current member of the SRF, AND was a member of the SRF at the time the alleged breach occurred;
- d) It is in writing, signed and received by the Head of Professional Conduct.

2.1 Notification

The member complained against will be notified that a complaint has been received and given a copy of that complaint and details of the procedure to be followed. The member is not required to respond at this stage, but will be given an opportunity at a later stage if the complaint is accepted under the formal Procedure.

2.2 Receipt of a complaint

- a) The complaint will be submitted to an Assessment Panel who will decide whether to accept the complaint, refer it back for further clarification or reject it.
- b) If further information is requested and received, the complaint will be reconsidered by the Panel who will decide to forward it to a Professional Conduct Hearing or reject it.
- c) Once the complaint is accepted the Head of Professional Conduct will start the formal

3. THE FORMAL PROFESSIONAL CONDUCT PROCEDURE

3.1 Acceptance of complaint

The complainant and practitioner complained against will be notified in writing that the complaint will proceed to a Professional Conduct Hearing.

3.2 Responding to a formal complaint

At the time of notification of an acceptance of complaint, a full copy of the formal complaint will be submitted to the practitioner complained against, who will have 28 days to respond to the complaint. Any response must be forwarded to the Head of Professional Conduct.

3.3 Evidence

All evidence submitted shall be available to the parties involved.

3.4 Lapsed membership

Failure to renew membership or resignation of membership by a practitioner complained against during the course of a complaint will not normally terminate the Professional Conduct Procedure.

4. THE PROFESSIONAL CONDUCT HEARING

4.1 Professional Conduct Panel

The Head of Professional Conduct will appoint a panel of not less than three persons to hear the complaint.

4.2 Purpose

The purpose of the Professional Conduct Hearing is to examine the complaint and decide whether the complaint is proved or not. If proved, the panel will decide whether or not any sanction should be imposed.

4.3 Presence of a representative/support person

When appearing at the Professional Conduct Hearing, the complainant and practitioner complained against may each be accompanied by a representative who may speak on behalf of the party concerned.

4.4 Written evidence

Written evidence and/or submissions and witness statements must be submitted in advance by the complainant and the practitioner complained against. Such papers must be received by the Head of Professional Conduct not less than 28 days prior to the date fixed for the Hearing. Such papers will be circulated to the Panel, the complainant and the practitioner complained against.

4.5 Attendance by witnesses

Parties wishing to call witnesses must notify the Head of Professional Conduct of the names and details of such witnesses not less than 28 days prior to the date of the Hearing. Attendance will be permitted only if the witness has supplied a written statement that needs clarification. The Panel has discretion to refuse attendance by a witness if it reasonably believes that such attendance is not relevant.

4.6 Failure to attend the Professional Conduct hearing

Where a complainant or practitioner complained against fails, or refuses without good reason or notice to attend a Professional Conduct Hearing, the Chair of the Panel has the power:

- a) to proceed in the absence of one of the parties
- b) to adjourn to a date not less than 28 days in advance
- c) to terminate the proceedings

4.7 Notification of Findings

- a) The decision of the Professional Conduct Panel will be notified in writing to the parties within 28 days of the Hearing.
- b) The decision of the Panel, together with details of any sanction will be published in the SRF Newsletter in such details as deemed appropriate.

5. SANCTIONS

Where sanctions are deemed to be appropriate by the Panel, such sanctions may be:

- a) Permanent suspension of accreditation.
- b) Temporary suspension of accreditation until the practitioner can show that appropriate remedial action has been taken.

It may be necessary for the practitioner to receive remedial counselling or further training.

6. FORMAL APPEALS PROCEDURE

6.1 The practitioner complained against may appeal in writing if:

- a) There is new evidence that was not available at the time of the Hearing.
- b) The sanction is felt to be disproportionate to the finding of the Panel and is unjust in all the circumstances.

6.2 The practitioner will be offered the opportunity to present their case to a full Council meeting, and may bring a representative/support person. An appeal must be in writing and received by the Head of Professional Conduct within 28 days of notification of the decision and/or sanction.

REASONS FOR COMPLAINT

Professional misconduct

A finding of professional misconduct signifies that the practitioner has contravened the ethical and behavioural standards that should reasonably be expected of an accredited member of the SRF. 'Misconduct' is defined as acting in contravention of the written and unwritten guidance of the healing professions.

Professional malpractice

A finding of professional malpractice signifies that the services for which the practitioner is responsible have fallen below the standards that would reasonably be expected of a practitioner exercising reasonable care and skill. Examples of 'malpractice' include: Incompetence; Negligence; Recklessness; Inadequate professional services.

Bringing Spirit Release into disrepute

A finding of 'bringing spirit release into disrepute' signifies that the practitioner has acted in such an infamous or disgraceful way that the public's trust in spirit release might reasonably be undermined if they were accurately informed about all the circumstances of the case.

2/11/2006

Those members wishing to be accredited or included on the Practitioners' Listing on the website must confirm that they have read the Spirit Release Foundation's Code of Conduct and Professional Conduct Procedure and agree to abide by its terms and conditions.

Please sign below and send the signed page to Jean Ransome, 38 Bournemouth Road, Poole Dorset, BH14 0ES. If you wish to be included on the website please remember to enclose your completed application and the appropriate fee.

Confirmation

I (Print your first and last name)
Confirm that I have read the Spirit Release Foundation's Code of Conduct and Professional Conduct Procedure and agree to abide by its terms and conditions.

Signed.....Date: