



Institute of Clinically Applied
Hijama Therapy

Code of Conduct & Standard of Proficiency

First Edition 2013



Introduction

Purpose

The Code of Practice and the Standard of Proficiency set out for patients the quality of care they are entitled to receive from hijama practitioners. For hijama practitioners, they are the benchmarks of conduct and practice they will be measured against if a complaint is made to the Institute of Clinically Applied Hijama Therapy (ICAHT).

The Code of Practice

All hijama practitioners are personally accountable for their actions and must be able to explain and justify their decisions. All hijama practitioners have a duty to protect and promote the health and wellbeing of their patients. To do this they must act in accordance with the following principles.

They must:

- A** respect patients' dignity, individuality and privacy
- B** respect patients' rights to be involved in decisions about their treatment and healthcare
- C** justify public trust and confidence by being honest and trustworthy
- D** provide a good standard of practice and care
- E** protect patients and colleagues from risk of harm
- F** cooperate with colleagues from their own and other professions.

These principles are common to all healthcare professions in the UK. Their application to hijama practitioners is set out in more detail in the sections that follow.



A1. Respecting privacy and dignity

You must respect patients' privacy, dignity and cultural differences.

1 Patients will have different views on what it means to respect their privacy and dignity. For example, patients have different views on what they think is an 'intimate' contact, and they may be modest about showing parts of their body that you may or may not normally consider to be intimate.

2 To avoid misunderstandings, you might consider:

- a) confirming with patients that they are happy with the environment in which you are working with them
- b) explaining to patients why they may need to remove clothing
- c) establishing at the outset if a patient has any sensitivities about removing their clothing, and acting accordingly
- d) offering gowns to patients and having them available for patients to use
- e) encouraging patients to only partially undress if this is appropriate to their assessment or care
- f) not asking patients to remain undressed for longer than needed for their assessment or care
- g) offering patients a chaperone when their assessment or care might be considered to be intimate



A2. Chaperones

You must identify when there is a need for another person to be present when you are assessing or caring for a patient, and make appropriate arrangements for this to happen.

1 Unless parental consent has been given for a child to be seen without someone else there or the child is competent to make his or her own decisions, then another person (who may be a parent) should always be present if the patient is a child. This might also be appropriate if the patient is a vulnerable adult. Patients might also ask to have someone to accompany them when they are being assessed or cared for.

A3. A legal duty to promote equality

You must promote equality consistent with human rights and anti-discrimination legislation. This includes a duty to tackle discrimination when it occurs.

1 As you provide services to the public, you have a legal duty to promote equality and tackle discrimination within your services.

2 Discrimination when providing services means:

- a) refusing to provide a service on discriminatory grounds
- b) providing a lower standard of service
- c) offering a service on different terms from those offered to other people.

3 You should consider how you can provide services to everyone who may want to use your service. For example, by making buildings accessible, changing the way you communicate with service users and giving extra help for disabled users.

4 If you are an employer you have the same duties to your employees as to your patients. You are also legally responsible for any discriminatory actions of your employees if these actions are committed in the course of their employment.

5 If you supply services to public sector organisations (for example, the NHS), you may have other legal responsibilities related to positively promoting equality.

6 The laws covering anti-discriminatory practices include those relating to age, disability, political beliefs, race and ethnicity, religion, sex and sexuality.



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Links

Equality and Human Rights Commission www.equalityhumanrights.com

Advice for service providers: www.equalityhumanrights.com

Human Rights in Healthcare: A framework for Local Action, DH, October 2008
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088970

Human Rights Act 1998 www.justice.gov.uk/whatwedo/humanrights.htm or www.dca.gov.uk/peoples-rights/human-rights/faqs.htm

Principles of Good Complaint Handling www.ombudsman.org.uk/improving_services/principles/complaint_handling/index.html

Children Act 2004 www.opsi.gov.uk/acts/acts2004/ukpga_20040031_en_1



A4. Avoiding unfair discrimination

You must make sure your own beliefs and values do not prejudice your patients' care.

1 'Prejudicing your patients' care' means allowing your views on a patient's lifestyle, age, culture, beliefs, race, gender, sexuality, disability, or social or economic status to inappropriately affect your assessment or care. You may bring factors such as a patient's lifestyle that are relevant to their clinical condition into your clinical decision making and the care you give.

A5. Confidentiality You must keep information about patients confidential.

1 Confidentiality is central to the relationship between hijama practitioners and patients.

2 You gather information about patients and those close to them that is personal and may be highly sensitive. The information might be about health matters, family or lifestyle. Patients have a right to expect that the information you obtain, directly or indirectly in the course of your work, will be held in confidence.

3 If you work with others, such as other hijama practitioners and practice staff, it is important that you have proper procedures in place and that everyone who has access to personal data understands the need for confidentiality.

4 Breaking confidentiality may have significant implications, such as:

a) patients may not seek or may turn down further care, and this will affect their health

b) public confidence in hijama practitioners and other health professionals may be lost.

A6. Data protection legislation

You must keep to the requirements of data protection law.

1 The Data Protection Act 1998 sets out the requirements for handling personal data and sensitive personal data.

2 Personal data is data that identifies living individuals. Sensitive personal data is information about racial or ethnic origin, political opinions, religious beliefs or other beliefs of a similar nature, membership of a trade union, physical or mental health or condition, sexual life, and the commission or alleged commission of any offence and any related proceedings.



- 3 Processing data includes holding, obtaining, recording, using and disclosing information.
- 4 The Act applies to all forms of media, including paper and images. It applies to confidential patient information but is far wider in its scope (for example, it also covers personnel records).
- 5 Under the Act, every organisation that processes personal information must notify the Information Commissioner's Office (ICO) and have a registered data controller.

Links

Data Protection Act 1998 www.opsi.gov.uk/Acts/Acts1998/ukpga_19980029_en_1

Information Commissioner's Office www.ico.gov.uk

Confidentiality: NHS Code of Practice, DH, November 2003 www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Patientconfidentialityandcaldicottguardians/DH_4100550

A7. Protecting confidential information

You must effectively protect personal information against improper disclosure. You must not disclose information about a patient, including the identity of the patient, either during or after the lifetime of the patient, without the consent of the patient or the patient's legal representative.

1 Most improper disclosures are unintentional. The most common disclosures are:

- a) discussing information about patients with people who are not entitled to the information or where the discussions can be overheard
- b) leaving patients' records (paper or electronic) where they can be seen by others who do not have a right to see them.

It is good practice to make sure that:

- a) patient records are handled in a way that means they cannot be seen by others
- b) electronic recording systems are safe from access



from outside the practice, the security and integrity of data is maintained and the system is safely backed-up at regular intervals

- c) paper-based record systems are secure and cannot be accessed inappropriately, whether you are on or off the premises
- d) records are disposed of securely and in a manner that maintains patient confidentiality.

2 The Data Protection Act (DPA) has some specific implications for hijama practitioners.

The main ones that directly relate to this standard are:

- a) if you employ a bookkeeper or an accountant, they must be able to see the financial information on payments separately from patients' clinical records
- b) if you want to pursue a patient for overdue payments, you must give only the minimum information for the specific situation to outside bodies (for example, for legal action or for debt collection)
- c) if you plan to sell your business you will need to get patients' consent to the transfer of their records (DPA Section 55).

3 Selling a business

There are some practical steps you can take to make it easier to keep to this data protection requirement, such as:

- a) when patients first join the practice, getting their consent for appropriate people who work on the premises or in the practice having access to their records
- b) being realistic about the size of the 'live' patient base (rather than the number of patients ever seen) and only contacting patients who have been seen in the recent past
- c) passing patient records to the new practice owner for safe keeping, on the understanding that they will get consent for access to their personal health records from each previous patient who contacts the practice.



A8. Sharing confidential information with colleagues

You must make sure that anyone you disclose personal information to understands that it is given to them in confidence and that they must respect this.

- 1 Any members of staff working with or for you need to understand that they are also bound by a duty of confidence, whether or not they have professional or contractual obligations to protect confidentiality.
- 2 If a patient consents to your disclosing confidential information to a statutorily regulated healthcare professional, you may assume that the professional will safeguard the information.

A9. Obtaining patients' consent to disclosure of confidential information You must:

- a) obtain patients' express consent before providing personal information about them to others
- b) also explain your own responsibilities beforehand.

1 Seeking patients' consent for the disclosure of information is an essential aspect of good communication with patients.

2 'Express consent' is specific permission given orally or in writing.

3 Seeking patients' consent to disclose information would include situations such as sharing information with another healthcare professional and disclosing information for clinical audit or research purposes.

4 It is good practice to:

a) disclose only the information you need to

b) anonymise data if this will still serve the purpose of the person asking for the information. That is, remove all identifiable information about patients from it, such as names, addresses, pictures, videos or anything else, that might identify patients

c) satisfy yourself that patients know about disclosures necessary for their care, or for evaluating and auditing care, so they can object to such disclosures if they want to.



A1.0. Disclosing confidential information in the public interest You must disclose personal information in the public interest only when:

- a) you are satisfied that identifiable data is necessary for the purpose or
- b) it is not practicable to anonymise the data.

If you make the exceptional decision to disclose confidential information, you must, in each case:

- a) tell the patient beforehand as far as reasonably practical
- b) make clear to the patient what information is to be disclosed, the reason for the disclosure and the likely consequence of the disclosure
- c) disclose only the information that is relevant
- d) make sure that the person you give the information to holds it on the same terms as those you are subject to.

Recording your decision

When you decide to disclose confidential information, you must:

- a) record in writing the reasons for the disclosure and to whom it was made
- b) record in writing the information disclosed and the justification for the disclosure
- c) if the patient is not told before the disclosure takes place, record in writing the reasons why it was not reasonably practical to do so.

1 'Public interest' means those 'exceptional circumstances that justify overruling the right of an individual to confidentiality in order to serve a broader societal interest. Decisions about the public interest are complex and must take account of both the potential harm that disclosure may cause and the interest of society in the continued provision of confidential health services.' (Department of Health, 1993, *Confidentiality: NHS Code of Practice*, DH, London.)

2 You may make exceptions to the general rule of confidentiality and disclose information to a third party if:

- a) you believe it to be in the patient's best interests to disclose information to another health professional or relevant agency



b) you believe that disclosure to someone other than another health professional is essential for the sake of the patient's health and wellbeing (for example, the patient is at risk of death or serious harm) – see Code of Practice section E8 for guidance on child protection

c) disclosure is required by law

d) you are directed to disclose the information by an official having a legal power to order disclosure

or

e) having sought appropriate advice, you are advised that disclosure should be made in the public interest (for example, because the patient might cause harm to others).

3 In certain circumstances you will not be able to tell the patient before disclosure takes place – for example, when the likelihood of a violent response is significant, or when informing a potential suspect in a criminal investigation might allow them to evade custody, destroy evidence or disrupt an investigation. (Department of Health, 1993, *Confidentiality: NHS Code of Practice*, DH, London.)



You must respect patients' rights to be involved in decisions about their healthcare

B1. Establishing effective communication with patients

You must show respect for patients by listening to them and acknowledging their views.

1 Effective care is a partnership based on openness, trust and good communication. Talking to your patients about their assessment and care, and encouraging them to talk to you, will enable each patient to play a full part in their own assessment and care.

B2. Politeness and consideration

You must be polite and considerate to patients.

B3. Accurate, relevant and clear information: essential components of consent

You must share with patients the information they want or need to make decisions about their health and wellbeing, their health needs and related care options.

1 Patients have a right to receive information about the assessment and care that is available to them presented in a way that is easy for them to follow and use. This places a considerable responsibility on you, but without this information patients cannot play a full part in their care or make the decisions that are appropriate for them.

2 The information that is usually shared with patients includes:

a) the diagnosis or prognosis of their condition (that is, what their condition is, and the likely course it will take) and any related uncertainties

b) options for care



- c) the purpose of any proposed assessment and methods of care
 - d) the likely outcomes with or without care
 - e) any foreseeable risks and likely benefits
 - f) the people who will be involved in and responsible for the assessment and care
 - g) any reasons for referring the patient to another healthcare professional or for your working with another healthcare professional to treat them
 - h) whether the care is linked to a research programme
 - i) their right to refuse care or get a second opinion
 - j) the financial implications of the recommended care.
- 3** Exactly what you decide to share with a patient on any single occasion will depend on:
- a) the patient's wishes, needs and priorities
 - b) the patient's level of knowledge and ability to understand the nature of their condition, its prognosis and the care options
 - c) the complexity of the assessment or care offered and any associated risks.
- 4** Effective communication of information involves:
- a) exploring care options with patients
 - b) listening to their concerns
 - c) asking for and respecting their views
 - d) encouraging them to ask questions
 - e) answering any questions as fully and honestly as possible



- f) checking that patients have understood the information they have been given and whether they want more information before making a decision
- g) telling patients that they can change their mind at any time
- h) involving other healthcare professionals in the discussion if appropriate
- i) finding out if patients need any other form of support to make decisions – for example, interpreters, or involving friends or family
- j) providing other supporting material if appropriate.

B4. Obtaining consent

You must obtain consent from the patient or someone able to act on their behalf, before you assess or care for them. Patients' consent must be voluntary. That is, they must not be under any form of pressure or undue influence from you, other health professionals, family or friends.

Consent of adults – weighing up capacity to understand

1 Consent is not a 'one-off' exercise. It is a continuing process and needs effective communication with patients.

2 No-one else can make a decision on behalf of an adult who has the capacity to do so.

3 A person has capacity if they can understand, remember, use and weigh up the information needed to make a decision, and can communicate their wishes.

4 It should always be assumed that adults have the capacity to make a decision unless it is shown to be otherwise. If you have any doubts, ask yourself: 'Can this patient understand and weigh up the information needed to make this decision?'

5 Unexpected decisions do not prove the patient is incompetent, but may mean there is a need for more information or explanation.

6 If a patient with capacity does not make a decision, then their consent is not valid. If a patient refuses to receive information, it is good practice to record this. You should not withhold information for any reason.

7 Capacity is 'decision specific'. A patient may lack capacity to take a particular complex decision but be quite able to make more straightforward decisions.



Deciding a patient lacks capacity

8 Before making a judgment that a patient lacks capacity, all reasonable steps should have been taken to help the patient to make their own decisions, using the help of people close to the patient if appropriate.

9 A patient will lack capacity to consent to a particular intervention (as defined in the DH guidance) if he or she is unable to:

a) understand and remember information relevant to the decision, especially about the consequences of having or not having the intervention in question

b) use and weigh up this information in coming to a decision.

Children and young people

10 The ability to give consent is based on a person's capacity to understand, not their age.

16 to 17 year olds

11 At age 16 a young person can be treated as an adult and can be presumed to have the capacity to give consent for themselves. (This is the position in England, Northern Ireland, Scotland and Wales.) Under Section 8 of the Family Law Reform Act 1969, people aged 16 or 17 are entitled to consent to their own treatment and any related procedures involved in that treatment.

12 As with adults, consent is valid only if an appropriately informed person capable of consenting to the particular treatment gives it voluntarily. However, unlike with adults, the refusal of a competent person aged 16–17 may in certain circumstances be overridden by either a person with parental responsibility or a court.

Patients who are under 16

13 You should apply your professional judgment in assessing the capacity of each patient under 16.

Young people and children with capacity

14 Children under 16 may have the capacity to decide for

themselves if they have the ability to understand what is involved (although those with parental responsibility will ideally be involved).



15 If a competent child consents to assessment or care, a parent cannot override that consent. Legally, a parent can consent if a competent child refuses, but such a serious step will be rare.

Note: following the case of *Gillick v West Norfolk and Wisbech AHA* (1986) AC 112, the courts have held that children who have enough understanding and intelligence to understand fully what is involved in a proposed treatment have the capacity to consent to that treatment.

Young people and children without capacity, and those who can give consent on their behalf

16 Someone with parental responsibility should give consent on behalf of a child who does not have the capacity to decide, unless it is impossible to reach them and it is an emergency.

17 The Children Act 1989 (as amended) lists the people who may have parental responsibility.

These include:

- a) the child's parents, if they were married at the time of conception or birth
- b) the child's mother, but not the father if they were not married, or even if they later marry, unless the father has acquired parental responsibility through one of the following: becoming registered as the child's father; a court order; a parental responsibility agreement
- c) the child's legally appointed guardian
- d) a person in whose favour the court has made a residence order concerning the child
- e) a Local Authority named in a care order for a child
- f) a Local Authority or an authorised person who holds an emergency protection order for the child.

Form and time of consent

18 Before accepting a patient's consent, consideration

should be given to whether the patient has been given the information they want or need and their understanding of what is proposed. This is more important than how they give their consent and how it is recorded.

19 Patients can give consent orally, in writing or might imply consent by accepting or getting ready for the assessment or care.



20 If you are an employee, your employer might have their own organisational policies on getting consent so you should check that what you do is consistent with these policies.

Responsibility for getting consent

21 If you are assessing or caring for a patient, it is your responsibility to discuss the assessment and care with the patient and get their consent.

22 You may delegate the task of getting consent if it is not practical to do it yourself, as long as you make sure that the person this is delegated to:

a) is suitably trained and qualified

b) has sufficient knowledge of the particular forms of assessment and care that are intended to be used and the risks involved

c) understands the Code of Practice and keeps to it.

Links

The first three publications listed below can be read on: www.dh.gov.uk/consent

12 key points on consent: the law in England, DH, March 2001

Reference Guide to Consent for Examination or Treatment, DH, April 2001

Good practice in consent implementation guide: consent to examination or treatment, DH, November 2001

A Good Practice Guide on Consent for Health Professionals in NHS Scotland, Scottish Executive Health Department, June 2006 www.sehd.scot.nhs.uk/mels/HDL2006_34.pdf

Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals, CHRE, January 2008 www.chre.org.uk

Consent: patients and doctors making decisions together, General Medical Council, 2008 www.gmc-uk.org/guidance/ethical_guidance/consent_guidance/index.asp

B5. Respecting patients' decisions



Hijama practitioners must respect patients' decisions.

If you disagree with a patient's decision

- 1 Patients have the right to make their own decisions, even if you think they are wrong. There may be times when you think a patient's decision is irrational or wrong. If this happens, you can explain your concerns clearly to the patient and outline the possible consequences of their decision. You must not, however, put any pressure on a patient to accept your advice – see B4.
- 2 Competent adult patients are entitled to refuse assessment and care, even where the care would clearly benefit their health.
- 3 Patients have the right to refuse to be involved in teaching and research. If this happens it should not adversely affect the care you provide.

Mental incapacity

- 4 Only when the circumstances defined in legislation occur can someone make a decision on behalf of an adult.
- 5 England and Wales – Section 1 of the Mental Capacity Act 2005 sets out five statutory principles that apply to any action taken and decisions made under the Act. The Adults with Incapacity (Scotland) Act 2000 provides ways to help safeguard the welfare of people aged 16 and over who lack the capacity to take some or all decisions for themselves, because of a mental disorder or inability to communicate. It also allows other people to make decisions on their behalf. In Northern Ireland there is no primary legislation covering capacity, so decisions need to be made following 'common law'.
- 6 If a previously competent patient has refused certain methods of assessment and care while they were competent, these decisions should be respected if that patient then becomes incompetent.

Links

Mental Capacity Act Code of Practice, Department of Constitutional Affairs, 2007
www.dca.gov.uk/menincap/legis.htm#codeofpractice

Adults with Incapacity (Scotland) Act 2000 www.opsi.gov.uk/legislation/scotland/acts2000/pdf/asp_20000004_en.pdf or www.scotland.gov.uk/Topics/Justice/Civil/awi



B6. Providing access to patient health records

You must give patients access to their personal health records consistent with legislation.

I The Data Protection Act sets down the right of access that individuals have to personal records that are held about them. This includes the time limits for responding to a request for access.

Links

Data Protection Act 1998 www.opsi.gov.uk/Acts/Acts1998/ukpga_19980029_en_1

B7. Maintaining patient records

You must keep patient records which are legible, attributable and truly represent your interaction with the patient.

I Patient records include such information as:

- a) the patient's personal data
- b) the case history of the patient
- c) the patient's consent to assessment and care
- d) the assessment and reassessment of the patient's health and health needs (including the outcomes of further investigations)
- e) the diagnosis or rationale for care (or both)
- f) the initial and reviewed plans of care for the patient
- g) the care provided to the patient (including any advice given face to face or over the phone)
- h) any referrals
- i) clinical images
- j) copies of correspondence.



B8. Safe keeping of patient records

You must keep patient records safely and in good condition for eight years from the date of the patient's last visit to you or, if the patient is a child, until his or her 25th birthday, or 26th birthday if the patient was 17 at the conclusion of treatment.

You must:

- a) arrange for patient records to be stored safely when you close down your practice or in the event of your death

Storage of patient records – while you are practising

1 This requirement of eight years is in line with the requirements that cover general NHS hospital records and other forms of health records. The purpose of this requirement is to make sure that the patient can have access to their recent health records and to provide protection for you if any complaints are made.

Storage of patient records – when you have finished practising

2 You are responsible for making sure that patient records are kept safe when you finish practising or in the event of your death, unless you have entered into a contract that states an organisation or other healthcare professional holds this responsibility. If the responsibility is yours, it is recommended that:

- a) you make provision in your will for the safe storage of patients' records. These can then be released to a patient or their legal representative on production of the written authority of the patient
- b) when you close your practice, you publicise the arrangements that you have made to keep the records safe so that patients know how to obtain their records if they want to.

Links

Records Management: NHS Code of Practice,

DH, 5 April 2006 www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131747



You must justify public trust and confidence by being honest and trustworthy

The relationship between hijama practitioners and their patients is based on trust and on the principle that the welfare of the patient comes first.

C1. Acting with honesty and integrity

You must act with honesty and integrity and never abuse your professional standing by rousing people's fears or imposing your views on them.

C2. Refusing to continue patient care

You must have a clear justification for refusing to continue a patient's care and you must explain to the patient how they might find out about other healthcare professionals who may be able to care for them.

- 1 You are free to decide which individuals you accept as patients.
- 2 Justification for refusing to continue a patient's care includes, for example:
 - a) if the patient is aggressive or violent
 - b) if the patient is putting you or your practice staff at risk
 - c) if the patient is constantly questioning your clinical judgment or acting against your clinical advice
 - d) if the patient is affecting your overall patient base or other patients
 - e) if the patient has an ulterior motive for seeing you
 - f) if the patient has become reliant on specific forms of care that are not promoting their health and wellbeing.



C3. Establishing sexual boundaries

You must establish and maintain clear sexual boundaries with patients and their carers.

I The Council for Healthcare Regulatory Excellence (CHRE) guidance on Sexual Boundaries emphasises:

- a) the professional relationship between a health practitioner and a patient depends on confidence and trust. A healthcare professional who displays sexualised behaviour towards a patient breaks that trust, acts unprofessionally and may also be committing a criminal act. Breaches of sexual boundaries by health professionals can damage confidence in healthcare professionals generally and lessen the trust between patients, their families and healthcare professionals
- b) sexualised behaviour is defined as: 'acts, words or behaviour designed or intended to arouse or gratify sexual impulses or desires'
- c) if you find yourself sexually attracted to patients or their carers, it is your responsibility not to act on these feelings and to recognise the harm that any such actions can cause. If you are sexually attracted to a patient and are concerned that it may affect your professional relationship with the patient (or you believe that a patient is sexually attracted to you), you should ask for help and advice from a colleague or appropriate professional body in order to decide on the most suitable course of action to take. If, having sought advice, you do not believe you can remain objective and professional, you should find alternative care for the patient and ensure a proper handover to another healthcare professional.

Links

Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals, CHRE, January 2008 www.chre.org.uk



C4 Publicising your work or practice

You or anyone acting on your behalf must use only factual and verifiable information when publicising your work or practice. The information must not:

- a) mislead
- b) be inaccurate
- c) abuse the trust of members of the public
- d) exploit their lack of experience or knowledge about either health or religious matters
- e) instil fear of future ill-health
- f) put pressure on people to use hijama
- g) bring the practice of hijama or ICAHT into disrepute.

1 It is recommended that, wherever possible, you ask to see any media article, statement or interview that you are involved in before publication or broadcast so that you can try to ensure that it does not break the Code of Practice.

2 You may approach representatives of organisations, such as firms, companies, clubs or other health professionals, to publicise your services.

C5 Use of titles and qualifications

You must not use any title or qualification in a way that may mislead the public as to its meaning or significance, or to claim you are better than other ICAHT registered hijama practitioners.

1 Specifically, do not use the title 'Doctor' in writing (such as on business stationery, on practice nameplates or in advertising) or when talking to patients, unless you are qualified to use this title under a different qualification. If so you should make clear that you are not practising as a medical practitioner (or other justified doctor practitioner) but as a hijama practitioner (in order to make a clear distinction between the context of its practice).



2 If you refer to qualifications that you hold in addition to your original ICAHT qualification, do not say or imply that they are recognised by the ICAHT as specialist qualifications.

C6. Conflicts of interest

You must act in your patients' best interests when assessing them, making referrals, or providing or arranging care. You must not ask for or accept any inducement, gift or hospitality which may affect, or be seen to affect, the way you treat or refer patients. You must not offer such inducements to colleagues.

1 Acting in the best interests of patients includes:

- a) the amount and timing of assessment and care you recommend patients should have
- b) any products that you recommend patients should use and, if you sell the products yourself, the amount you charge for them
- c) the options that you give to patients for paying for their care.

2 You should tell patients about your involvement or interest in:

- a) an organisation you plan to refer them to for assessment or treatment
- b) an organisation that sells the products you are recommending
- c) research that might affect them as a patient.

C7. Financial records

You must keep sound financial records and keep to relevant legislation.



You must provide a good standard of practice and care

The Standard of Proficiency sets out detailed requirements for the competent and safe practice of hijama.

D.1. Knowing your own limits

You must recognise and work within the limits of your own knowledge, skills and competence.

I You should consider your knowledge, skills and competence, and use your professional judgment to assess your own limits. You might consider:

- a) getting advice and support from an appropriate source when the needs of the patient or the complexity of a case are beyond your own knowledge and skills
- b) identifying where it might be appropriate to consider co-managing the patient with another healthcare practitioner
- c) referring patients to other healthcare practitioners when their needs are beyond your own knowledge, skills and competence.

D.2. Fitness to practise

You must maintain and improve your professional knowledge, skills and performance.



You must protect patients and colleagues from risk of harm

E.1. Managing complaints

You must have a written complaints procedure in place in your practice, which is easily accessible to patients. You must deal promptly and fairly with any complaint or claim made by a patient. You must tell patients about their right to refer any unresolved complaint to the ICAHT and give them the ICAHT's contact details.

E.2. Raising concerns

You must protect patients when you believe that the conduct, competence or health of a healthcare practitioner (including a hijama practitioner) puts patients at risk.

I It is recommended that you:

- a) make all staff in the practice aware of the complaints procedure and make sure that they know what they should do if a patient wants to make a complaint
- b) try to resolve promptly and professionally within the practice any issues raised by a patient so the issues do not become more serious.

ICAHT Hijama practitioners

I Before taking any action in relation to a hijama practitioner, you should try and establish the facts and make sure your concerns are justified. If you still have concerns, you should then:

- a) try to discuss your concerns with the practitioner themselves



b) report your concerns to the practice principal or work colleagues of the other hijama practitioner (if he or she works with others) if the individual is not prepared to discuss this with you.

2 If your concerns are about a sole practitioner who is not willing to discuss this with you, or the practice principal or work colleagues of a hijama practitioner refuse to take action, you should report your concerns to the ICAHT.

Practitioners who do not have voluntary self regulation

3 If you have concerns about healthcare practitioners who are not regulated, you should do your best to establish the facts and make sure your concerns are justified. If necessary & in the case of gross misconduct, you should report your concerns in writing to ICAHT who may if deemed appropriate contact the individuals and take relevant action.

Links

Complementary & Natural Healthcare Council www.cnhc.org.uk

Regulation and complementary healthcare, the Prince's Foundation for Integrated Health
www.fih.org.uk/what_we_do/regulation/index.html

UK Public Health Register www.publichealthregister.org.uk

E.3. Professional behaviour

You must avoid acting in a way that may undermine public confidence in hijama or bring the profession into disrepute.

1 It is possible to undermine public confidence by your conduct in professional practice or in your personal life more generally.

2 Areas of your professional practice that might undermine public confidence or bring the profession into disrepute would include:

a) arguments between you and other hijama practitioners or other healthcare professionals that are shared with or involve patients



b) **intentionally** soliciting the patients of other hijama practitioners.

3 When you enter into joint working arrangements with other hijama practitioners, you are recommended to agree at the start a contract about the arrangements. The contract should include what will happen when the joint working arrangements come to an end. This should help minimise the possibility of arguments and misunderstandings at a later date.

4 Areas of your personal life that might undermine public confidence or bring the profession into disrepute include, for example, misuse of drugs and alcohol, anti social behaviour, convictions for fraud or dishonesty or immoral conduct.

5 Complaints about the misuse of drugs or alcohol may lead to a charge of unacceptable professional conduct, whether or not:

a) the complaint is the subject of criminal proceedings

b) the conduct directly affects your practice.

6 If your ability to practise is impaired due to the misuse of alcohol or other drugs, this may lead to a question of your fitness to practise being referred to the ICAHT Complaints Committee.

E.4. Practitioner health and wellbeing

You must seek and follow proper advice about whether or how you should modify your own practice when patients may be at risk due to your own mental or physical health.

1 You are encouraged to monitor your own health and wellbeing to reduce the risks to patients. If possible, you should use your professional insight to identify when your ill health may put patients at risk. It is recommended that you seek the help, support and advice of an appropriate health professional in this.



E.5. Health and safety

You must manage and deal with risks to health and safety in your work environment and follow health and safety legislation.

1 The laws covering health, safety and security include those on:

- a) health and safety at work
- b) control of substances hazardous to health
- c) moving and handling
- d) environmental protection.

2 Risks arise from a number of sources such as:

- a) from you as a person
- b) in the practice environment – for example, lack of ventilation, poor or faulty equipment and electrical fittings, pests
- c) social risks – for example, bullying, harassment, oppression, verbal abuse
- d) physical risks – for example, violence, theft.

3 The Health and Safety Executive sets out five steps to risk assessment:

- a) identify the hazards
- b) decide who might be harmed and how
- c) evaluate the risks and decide on precautions
- d) record your findings and implement them
- e) review your assessment and update if necessary.



- 4 The sort of systems that might be relevant to your work include those to manage:
- a) health emergencies
 - b) environmental emergencies occurring in the practice

Links

Health and Safety at Work Act 1974 www.hse.gov.uk/legislation/hswa.htm

Five steps to risk assessment, Health & Safety Executive (HSE), June 2006 www.hse.gov.uk/pubns/indgl63.pdf

Control of Substances Hazardous to Health, HSE www.hse.gov.uk/coshh

Be safe! An introductory guide to health and safety, Learning & Skills Council, June 2005
www.hse.gov.uk/campaigns/euroweek2006/pdfs/lscbesafeguidance.pdf

Environmental Protection Act 1990 www.opsi.gov.uk/acts/acts1990/Ukpga_19900043_en_1.htm

Guidance on risk management, DH, February 2007 www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/NationalTaskForceonViolence/Selfaudittool/DH_4073974



E.6. Controlling infection

You must employ high levels of infection control constantly assessing and managing infection risk

- 1 The risks of infection are relatively high in hijama therapy. Bodily fluids of members of the public who will be visiting your practice can pose a large risk to you, staff members and other patients.
- 2 The measures that will help you to reduce the risk of infection include hand washing, using and disposing of gloves, cups, blades and aprons, using and disposing of 'sharps' & clinical waste safely. It is compulsory that an infection control policy is in place and strictly adhered to.
- 3 The Health Protection Agency (or similar body in Scotland, Wales and Northern Ireland) and Environmental Health Officers (EHOs) are the appropriate bodies to contact about communicable diseases and infection control. Depending on the situation and local circumstances, they may advise you to use specific control measures to prevent or check the spread of disease or infection.
- 4 Communicable diseases are diseases that can be passed (transmitted) from one person to another. Infection control is the different methods and strategies used to reduce or prevent infections and their transmission.

Links

Guidance on Infection Control, National Institute for Health & Clinical Excellence (NICE), June 2003
www.nice.org.uk/guidance/index.jsp?action=byID&o=10922 Health Protection Agency www.hpa.org.uk

E.7. Safeguarding the welfare of children and vulnerable adults

If you come into contact professionally with children and vulnerable adults, you must safeguard and promote their welfare. You must find out about local procedures in your area and follow them if you suspect a child or a vulnerable adult is at risk because of abuse or neglect.

- 1 You have a duty to safeguard and promote the welfare of children and vulnerable adults if you work with them. The Independent Safeguarding Authority has been set up by the Government to help prevent unsuitable people from working with children and vulnerable adults. The Authority works in partnership with the Criminal Records Bureau. The Vetting and Barring Scheme starts coming into effect from 2010. If you employ people you will need to make sure you have used the appropriate vetting systems.



Acting on concerns about a child or vulnerable adult

2 If you have concerns about the welfare of a child or a vulnerable adult, you should discuss your concerns with a colleague in your practice (if you work with others) or with colleagues in other agencies. If, after these discussions, you consider that the person is or may be in need (including those who may be at risk of suffering significant harm), then you should contact social services. In general, you should try to discuss your concerns with the child or vulnerable adult, as far as their age and understanding allow, and with their parents or guardians. You should try to get their agreement to make a referral to social services, unless you consider such a discussion would place the child, or you or your practice staff, at risk of significant harm.

Links

Independent Safeguarding Authority www.isa.gov.org.uk

Protection of Vulnerable Groups (Scotland) Act 2007 (analysis of consultation), The Scottish Government, 2008 www.scotland.gov.uk/Resource/Doc/229909/0062266.pdf

Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004, HM Government, 2007 www.everychildmatters.gov.uk/_files/CB6A73D97A171A201EF5ED4F26B0B55D.pdf

Guidance for professionals working with children, HM Government, April 2006 www.everychildmatters.gov.uk/resources-and-practice/IG00060

Guidance on information sharing, HM Government, October 2008
www.everychildmatters.gov.uk/informationsharing

Protecting Children and Young People: Framework for Standards, The Scottish Government, 22 March 2004
www.scotland.gov.uk/Publications/2004/03/19102/34603

Co-operating to Safeguard Children, Northern Ireland Government, May 2003
www.dhsspsni.gov.uk/show_publications?txtid=14022



E.8. Professional indemnity insurance

You must, while in practice, secure and maintain the necessary professional indemnity insurance and any other insurance.

Liability

- 1** You are personally liable to individual patients for any assessment or care you provide.
- 2** Personal liability applies to all hijama practitioners, including those working as a locum, those working in a practice run by a principal, and those working for a limited company.
- 3** You will need to:
 - a)** tell your insurance company about any changes in your circumstances that affect your policy
 - b)** make sure that your insurance has enough 'run-off' cover to protect you when you finish practising.



You must cooperate with colleagues from your own and other professions

Standards

F.1. Respecting the skills and contributions of others You must respect the skills and contributions that others bring to the care of patients. You must not discriminate against or unjustly criticise another health professional.

F.2. Delegation You must not require anyone else to take on responsibilities for patient assessment and care that are beyond their level of knowledge, skills or experience.

F.3. Employees You must ensure that any health professionals that you employ are properly qualified and insured and, where appropriate, registered with the appropriate regulatory body.

F.4. Agreeing responsibilities If you work jointly with others, you must agree and record who holds responsibilities for patients.



The Standard of Proficiency

The Standard of Proficiency sets out what is required for the competent and safe practice of Hijama. All ICAHT practitioners must work to this standard, and patients can expect ICAHT hijama practitioners to do this.

The basis for the Standard of Proficiency is the principle that every ICAHT practitioner must at all times follow the current, sound practice of a reasonable practitioner. There is no legal definition of 'a reasonable practitioner'. However, the concept is used in the discussions of the Investigating Committee and the Professional Conduct Committee when a complaint is made.

Achieving the requirements set out in the Standard will deliver a standard of hijama care that will promote patient health and wellbeing and protect patients from harm.

The Standard of Proficiency is set out in three sections:

S1 Practice arrangements

S2 Assessing the health and health needs of patients

S3 Provision of care.



Practice arrangements

S1

1. Information on practice matters

You must ensure that patients can readily get hold of information on:

- a) fees and any related structures
- b) the type of information that will be entered in their records and who is allowed to have access to their records
- c) the procedures for making a complaint if the patient wants to do this
- d) the arrangements that are in place when you are unavailable.

S1

2. Information on joint working arrangements

If you work with other healthcare professionals, you must make clear information readily available to patients on:

- a) the healthcare professional who is responsible for their day-to-day care
- b) the hijama practitioner accountable for their overall care if this is different (than for day-to-day care), and the parts of their care that have been delegated
- c) who will be responsible for their patient records
- d) who to approach if there is any problem with their care.



Assessing the health and health needs of patients

Standards

S2.1. Information about assessment and care

You must explain clearly to patients:

- a) what will happen during assessments
- b) the care to be provided, the foreseeable risks and proposed benefits, and when the care will be reviewed
- c) the findings from assessments and reassessments
- d) any need to refer the patient to another healthcare professional to meet their health needs.

S2.2. Obtaining case histories

You must obtain and document the case history of the patient, using appropriate methods to draw out the necessary information.

I You might need to explain to patients that their ideas about risk are not necessarily borne out by research evidence. You might find it useful to explain the evidence there is about different forms of assessment and care, and the risks attached to these – although you will need to recognise that some of this information is rather complicated.

S2.3. Physical examination If you want to gain more information on the patient's health and health needs by physically examining the patient, you must use appropriate methods and give due regard to the patient's health.

S2.4. Obtaining further information and carrying out further investigations on patients



You must:

- a) be able to identify when further investigations are needed and act on this need in the patient's best interests and without delay
- b) use further investigations only when the information gained from the investigations will benefit the management of the patient

S2..5. Ceasing assessment

You must halt assessments when:

- a) a patient asks you to

or
- b) the information obtained means that it is inadvisable to proceed.

S2..6. Clinical decision making

You must:

- a) evaluate the patient's health and health needs
- b) arrive at and document a rationale for care, based on the evaluation of the information.

You must consider:

- a) relevant information about the natural history and prognosis of any complaint the patient has
- b) the potential benefits and risks of care, including contraindications
- c) the likelihood of recurrence or need for long-term management.

You must keep the working diagnosis or rationale for care under review while you care for the patient.

S2.7. Meeting the patient's health needs You must involve other healthcare practitioners in the patient's care if this means that the patient's health needs will be met more effectively, either by referral or by arranging co-management of the patient.

S2.8. Advice on other forms of care and treatment



You must not act in isolation and advise a patient to stop medication that has been prescribed by another healthcare professional.

1 You may give patients information on:

- a)** the possible effects of the prescriptions on their health
- b)** how the prescriptions might be affecting the care you plan to give
- c)** the use of medication they can buy 'over the counter'.

2 If you have concerns about the effects of treatment prescribed by another health professional on a patient's health, you should:

- a)** advise the patient to discuss the issue with the health professional who recommended or prescribed it
- b)** contact the patient's general medical practitioner (GP) if the patient consents to you doing this.



Provision of care

S3.1. Planning care

You must develop and record a plan of care for the patient and do this in discussion with the patient.

You must continually review a patient's state of health and health needs as you provide care for the patient, and modify the plan of care accordingly.

S3.2. Applying appropriate care

The care you select and provide must:

- a) be informed by the best available evidence, the preferences of the patient and the expertise of practitioners
- b) be appropriate to the patient's current state of health and health needs *and*
- c) minimise risks to that patient.

You must be knowledgeable about the particular forms of care that you select for a patient and be competent to apply those forms in practice.

The patient must have consented to the form of care.

S3.3. Review

You must:

- a) evaluate the benefit of care to the patient and identify whether the original diagnosis or rationale for care, or the plan of care,

should be modified b) review with patients the effectiveness of the plan of care

in meeting its agreed aims

- c) reach agreement with patients on any changes that need to be made
- d) make a record of these agreements.



S3.4. Working with other healthcare professionals – provision of care

If you receive a formal referral from another healthcare professional to provide assessment or care for a patient, you must report back to the professional who referred the patient once you have gained the patient's consent for this to happen.

S3.5. Reports for third parties

You must:

- a) gain the consent of the patient before providing any information
- b) reply to requests for information from other health professionals and third parties.

S3.6. Public health interventions

If you are engaged in public health interventions, you must ensure that your interventions:

- a) are based on the best available evidence
- b) are appropriate for the populations concerned
- c) do not undermine the efforts of other health professionals who specialise in this area.

S3.6. Public health interventions

2 The 'public health interventions' carried out by hijama practitioners might include:

- a) supporting individuals to change their behaviour to improve their health and wellbeing – for example, physical activity, eating
- b) supporting people to stay at work with the necessary changes to, for example, their behaviour and immediate workplace
- c) participating in public health programmes run by others.



Institute of
Clinically Applied
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Abbreviations

ASA Advertising Standards Authority **CHRE** Council for Healthcare Regulatory Excellence **CRB** Criminal Records Bureau **CPD** Continuing Professional Development **DH** Department of Health
EHR Equality and Human Rights Commission **ICAHT** Institute of Clinically Applied hijama therapy
GMC General Medical Council **HMRC** Her Majesty's Revenue and Customs **HSE** Health and Safety Executive **ICO** Information Commissioner's Office **ISA** Independent Safeguarding Authority
NICE National Institute for Health and Clinical Excellence

This is the 1st edition of the ICAHT's *Code of Practice and Standard of Proficiency*. It was published on 17 May 2013 and it will come into effect on 10 June 2013.

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