



Kinesiology Federation

The Strength Behind Kinesiologists

Kinesiology Federation

Code of Conduct 2014

Introduction

- The Kinesiology Federation (KF) was formed in 1991 to provide a voice for all kinesiologies in the United Kingdom. To do this, it is essential that the KF is seen to represent an effectively regulated, demonstrably well trained and significant body of kinesiologists. This Code encompasses practitioner/client and Instructor/student interactions as well as conduct between KF members and other therapists.
- Compliance with this Code of Conduct is mandatory for all members of the Kinesiology Federation from student up to and including IKFRP.
- Members are also subject to the 'Complaint Investigation and Disciplinary Procedures' of the Kinesiology Federation.
- Breaches of this code and formal complaints that are made to the Kinesiology Federation concerning the behaviour of members, will be handled by the Kinesiology Federation in accordance with the Complaint Investigation and Disciplinary Procedures.

Duty of Care

Duty of Care (public)

- Members may only offer services that they are qualified to provide and for which they are fully insured.
- Rules of confidentiality must be observed.
- In their dealings, members will demonstrate integrity, establishing codes of practice at the outset and maintaining them throughout.
- Under no circumstances shall a member exploit a client and/or student or any other professional or member of the public financially, sexually, emotionally or in any other manner.
- Members shall not use their professional position either as a practitioner and/or as an Instructor as a means of pursuing a personal relationship with a client and/or student.
- All members are required to keep up to date with the latest professional developments in their field of practice.

Duty of Care (Professional)

- Members will uphold the dignity of their profession and may not denigrate other professional disciplines.
- Should a member's ability to carry out their services be impaired for any reason, they must restrict their activities accordingly.
- Any member receiving a complaint against them must report this, including the details of the complaint, to the Kinesiology Federation Administrator and their insurance company.

Duty of Care (Kinesiology Federation)

- All members are bound by the Kinesiology Federation's Code of Conduct and are subject to its Disciplinary procedures.
- Only those who are fully paid up members may publish their membership.
- It is expected that all members will support the organisation by supporting each other.
- All members of the KF will recognise that it is desirable that they take an active part in its running either by attending AGMs or other meetings, or by helping out where the member has a specialist skill, or by taking part in surveys or discussions, or by becoming Policy Board members

A. Standards for Members

A1. Relationship with client

A1.1 Practitioners shall respect the religious, spiritual, political and social views of any individual, irrespective of race, colour, creed, sex or sexual orientation and must never seek to impose their beliefs on a client.

A1.2 Practitioners shall at all times conduct themselves in an honourable and courteous manner and with due diligence in their relations with their clients, other therapists and the public.

A1.3 The relationship between the practitioner and the client is that of a professional and a client. The client places trust in the 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.

A1.4 This is equally true of the relationship between Instructor and student and it is the Instructor's responsibility to act with due diligence towards their students at all times and not abuse this trust in any way.

A1.5 Members must not develop personal or sexual relationships with clients and/or students. Should such a relationship develop best practice is that this must result in the cessation of the therapeutic relationship or, if the relationship is between Instructor and student, that the student transfers to another Instructor. It is also desirable that a period of time, *generally three months*, elapses before the commencement of any relationship.

A1.6 Proper moral conduct must always be paramount in practitioners' relations with their clients. They must behave with courtesy, respect, dignity, discretion and tact. Practitioners must act with consideration concerning fees and justification for therapy sessions. Clients are entitled to exercise free will and refuse treatment, ignore recommendations and make their own decisions on health, lifestyle and money.

A1.7 Practitioners must never claim to 'cure'. 'Recovery' must not be guaranteed.

A1.8 On each occasion that a client consults a practitioner for the first time about a particular problem, the practitioner must ask if a doctor has been consulted and, if it is appropriate, a recommendation to do so must be given and recorded in the client's records. If a consultation has taken place with a doctor, information on the diagnosis and medical treatment must be asked for and recorded in the client's records. If the practitioner later concludes that another disorder could be present the recommendation to consult a medical professional must be repeated and recorded. As it is legal for adults to refuse medical treatment, no client can be forced to consult a doctor. The recommendation must be recorded for the practitioner's own protection.

A1.9 Practitioners and all those who work with them must not disclose or allow to be disclosed any information about a client, including the fact of their attendance, to any third party including members of the client's own family without the client's written consent. The only exclusions to this non-disclosure are if it is required by due process of law or for the immediate protection of, or avoidance of identifiable real risk to, a third party. In this case the practitioner is advised to seek legal advice – www.lawsociety.org.uk www.lawscot.org.uk - and inform their insurance company. Where a service is to be provided members shall take appropriate steps to assess the needs of the client and their own competence to meet the needs identified. Members should establish eligibility for service by undertaking a case history. Physical and mental health needs of clients should be assessed and their consent should be recorded. The level of assessment should be commensurate with the level of service provided. An example of a professional case history format can be found here <http://www.handspringpublishing.com/wp-content/uploads/2013/01/KREBS-extract1.pdf>

A1.10 Generally, adult clients will be seen privately and assistants, members of the client's family and friends should only be present with the client's explicit consent. When working with minors, a responsible adult must be present. As stated at point B3 'Working with children' below, it is a criminal offence for a parent or guardian not to seek medical aid for a child under 16. The practitioner must secure a signed and dated statement as detailed below to cover her/himself in law in this circumstance.

A1.11 Where distant or surrogate healing is concerned the practitioner can do this only with the express consent of the subject/client. If the distant or surrogate healing is for a very ill or frail person the next of kin/carer/guardian or medical practitioner must give consent. The consent of a parent or guardian must be given if the subject is under 16.

A2 Practitioner Awareness

A2.1 Practitioners must ensure that they themselves are medically, physically and psychologically fit to practise.

A2.2 All practitioners must ensure that their working conditions are suitable for the practice of kinesiology.

A2.3 For their own protection, practitioners must use discretion and discernment when carrying out sessions on clients who are mentally unstable, addicted to drugs or alcohol, severely depressed, suicidal or hallucinating. Only a practitioner with relevant competency should work with such clients and, where possible, the practitioner should have a responsible person present.

A2.4 A practitioner must not work with clients whose issues and problems are beyond their capacity, training and competency.

A2.5 Practitioners are forbidden to diagnose or perform tests on animals in any way or countermand the instructions of Veterinary Surgeons or Veterinary Practitioners. For further information concerning working with animals please see point B9 Prohibited Functions/Veterinary.

A2.6 Practitioners must not attend women in childbirth, without medical supervision, or for 10 days thereafter, unless they hold an appropriate qualification in midwifery.

A2.7 Practitioners must not practise dentistry unless they hold an appropriate qualification.

A2.8 Practitioners must not claim to be able to heal venereal disease as defined by the 1917 Act.

A2.9 Practitioners must not use manipulation or vigorous massage unless they possess an appropriate professional qualification.

A2.10 Practitioners must not allow people to believe that they prescribe herbs, remedies, supplements, oils etc unless their training and qualifications entitle them to do so. Kinesiologists do not prescribe but recommend and it is the client's choice whether they choose to act on the recommendation.

A2.11 Notifiable Diseases. Certain infectious diseases must be notified to the Medical Officer of Health for the district where the client resides or in which they are living when the disease is found to be present. The person responsible for notifying the MOH is the GP in charge of the case. If a practitioner discovers a notifiable case that they believe may be clinically identifiable as such, they must insist that a doctor is called in.

Each local authority decides which diseases shall be notifiable in its area. However, it is assumed that the following diseases are notifiable in all areas of the U.K.:

Acute Encephalitis

Acute Meningitis

Acute Poliomyelitis

Anthrax
Cholera
Diphtheria
Food Poisoning
Infective Jaundice
Leprosy
Leptospirosis Malaria
Measles
Ophthalmia Neopatorum
Paratyphoid Fever Plague
Relapsing Fever
Scarlet Fever
Tetanus Tuberculosis
Typhoid Fever
Typhus Dysentery
Whooping Cough
Yellow Fever

A3 Administration/Publicity

A3.1 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 clients that they are not doctors and do not claim to have a doctor's knowledge or skills.

A3.2 Practitioners must hold adequate Public Liability and Professional Indemnity Insurance cover when they practise. This can be arranged through the KF. When not arranged through the KF they must provide evidence of their insurance cover to the KF. The Insurance policy must provide for employee liability if personnel are employed.

A3.3 Practitioners must ensure they keep clear, comprehensive and dated records of their therapy sessions and recommendations given. This is especially important for the defence of any negligence actions as well as for efficient and careful practice.

A3.4 In determining whether or not any record of the nature of the session is reasonable, it shall be for the practitioner compiling the record to ensure that, on the basis of the patient notes alone, the nature of the session given can be determined by another qualified kinesiologist and also whether it was competently and reasonably undertaken.

A3.5 Advertising must be dignified in tone and never claim to cure, nor guarantee any particular outcome.

A3.6 Members of the KF are required to comply with all national and local legislation and to ensure that they are fully aware of laws such as Data Protection Act, the Veterinary Surgeons Act (1966) etc. Information on Acts of Parliament can be found at www.hmsso.gov.uk/acts.htm

A3.7 Members of the KF are bound by the KF Complaint Investigation and Disciplinary Procedure. They should provide clients with a contact name for use in the event of a complaint.

A4 Guidelines for working with other Healthcare Professionals.

A4.1 Practitioners should seek a good relationship and work in a co-operative manner with other healthcare professionals, wherever they have contact with them e.g. in clinics, care homes, medical practices, health fairs etc. It is important that all practitioners recognise and respect everyone's particular contribution within the healthcare team, irrespective of whether they offer allopathic or alternative/complementary care.

A4.2 Registered Medical Practitioners and members of other healthcare professions are subject to the ethical codes and disciplinary procedures of their respective professions.

A4.3 Practitioners must recognise that other healthcare professionals are likely to follow different ethical traditions and may have different priorities in the treating of cases.

A4.4 When a Registered Medical Practitioner refers a client to a KF member, the GP remains clinically accountable for the client and the care offered by the practitioner member.

A4.5 It is unethical for a practitioner to countermand instructions or prescriptions given by a Registered Medical Practitioner.

A4.6 Practitioners must not advise a particular course of medical treatment, e.g. to undergo an operation or to take specific drugs. It is up to the client to make a decision about this, in the light of medical advice.

A4.7 Practitioners must never give a medical diagnosis to the client in any circumstances, as this is the responsibility of a Registered Medical Practitioner. However, some practitioners have a 'gift' for sensing energetic imbalances in the physical, emotional, mental and spiritual aspects of a person. In this case, the practitioner may mention the disorder they have been aware of and recommend that the client to see a medical professional for a medical diagnosis, clearly recording this action in their case notes.

A5 Guidelines for working in hospitals.

A5.1 The hospital is responsible for the client.

A5.2 Practitioners are advised to avoid wearing clothing (e.g. white coats), which gives the impression that they are members of the hospital staff, unless they are requested to do so by the hospital establishment. They are advised to have some form of identification such as a lapel badge.

A5.3 Practitioners may see clients in hospital only at the client's request and with the permission of the hospital authority including the Charge Nurse.

A5.4 Where permission is given to provide a session on a ward, the session must be carried out without interference to other patients or ward staff.

A5.5 If other hospital patients request a therapy session they must obtain permission from the Charge Nurse, Nursing Officer and their doctor before the session can take place.

A5.6 Practitioners must never show disrespect for the client's faith in the hospital's treatment or regime.

B. Guidance Notes on Law and Ethics

B1. Law and Ethics.

The fields of law and ethics to some extent overlap.

The law of the U.K. is divided into 2 main categories – Criminal Law and Civil Law. Criminal Law governs the conduct of members of the community vis-à-vis the State. Civil Law governs the rights and liabilities of citizens vis-à-vis each other. A person contravening Criminal Law is prosecuted by the authorities and, if found guilty, fined or imprisoned for the offence. A person contravening Civil Law is sued by the injured party and, if the claim succeeds, is ordered to pay damages as monetary redress for the injury sustained by the plaintiff.

The principle statutory restrictions, infringement of which would constitute a criminal offence, to which practitioners are subject are contained in Acts of Parliament that have been passed with the objective of protecting the public against the unscrupulous activities of some people in the fields of human and animal medicine.

www.hmsos.gov.uk/acts.htm

The only risk, as far as Civil Law is concerned, apart from that which arises under the Apothecaries Act, is the one incurred by all professional people alike i.e. an action for damages for professional negligence.

B2. Professional Negligence.

Very broadly the meaning of the doctrine of negligence in law is that, in his/her contact with other citizens, a person must have certain regard for the other person's interests and that, if, through some act of commission or omission without sufficient regard for another person's interest, that other person sustains injury then he/she is liable to pay damages as monetary redress for the injury received. The nature and extent of the regard that one person is required to have for another (or, the duty of care he/she owes to another) depends on the nature of the contact or relationship between them.

The relationship of practitioner and client automatically imposes on the practitioner a duty to observe a certain standard of care and skill in the work they do or recommendations they give. Failure to keep to that standard exposes the practitioner to the risk of an action for damages.

Professional negligence can take 2 forms – either lack of requisite knowledge and skill to undertake the case at all or, while possessing the knowledge and skill, failure to apply them properly. A professional person is one who professes to have certain skill or knowledge not possessed by the layman and, in general, a practitioner of any profession is bound to possess and exercise the knowledge, skill and care of an ordinarily competent practitioner of that profession. A person cannot be held responsible for failing to exercise skill that they did not claim to possess.

So, where medical treatment is concerned, the standard required of a registered medical practitioner in general practice is that of an ordinarily competent doctor, whereas a more exacting standard is imposed on a specialist. Anyone who, although not a registered doctor, claimed or implied the same skills as a doctor would be judged by reference to the standards that apply to doctors. It is the skill and knowledge that practitioners profess to have that is of crucial importance in the context of professional negligence. It is important that practitioners make it

abundantly clear that they are not doctors, that they do not have a qualification recognised in law and that they do not claim to possess the same knowledge, or purport to exercise the same skill, as doctors.

The principle is that, when the circumstances are such that the practitioner knows, or should know, that a case is beyond the scope of their particular skills, it is their duty to either call in a more skilful person or take steps to ensure that the patient no longer relies implicitly on their skill alone.

B3. Working with Children.

It is an offence under the law for the parent or guardian of a child under 16 to fail to provide adequate medical aid for the child. At this time no complementary therapy is approved as medical aid under the law. The law does not prohibit a practitioner from helping or working with children.

The importance of this matter for practitioners arises by reason of what is known in Criminal Law as 'aiding and abetting'. Under this, if A is guilty of an offence at which B connives or assists, then B is said to have aided and abetted in the offence and so is guilty of that offence. If the practitioner clearly explains to the parent or guardian of a child under 16 the nature of the obligation imposed by the law on the parent or guardian, then it is unlikely that a successful prosecution could be brought against the practitioner for aiding and abetting the statutory offence by agreeing to work with the child.

The practitioner should secure a signed and dated statement from a parent or guardian who refuses to seek medical aid, as defined in the law. The following format could be used:

I have been advised by _____ that according to law I should consult a medical practitioner concerning the health of my child

Signed

(parent/guardian)

Signed

(practitioner)

Date

B4. Insurance

Any individual wishing to practise as a complementary practitioner must ensure that they are adequately insured. Such insurance should cover public liability and professional indemnity against malpractice.

B5. Advertising

At all times advertising, including the content of websites, should comply with the standards laid down by the British Code of Advertising Practice and meet the requirements of the Advertising Standards Authority.

www.asa.org.uk

It is an offence to publish an advertisement that offers to give treatment, prescribe a remedy or give advice in relation to cancer, or refers to any article in terms calculated to lead to its use in the healing of cancer.

It is also an offence to publish an advertisement referring to any item or therapy of any description in terms that are calculated to lead to the use of that item or therapy for the purpose of helping people with any of the following diseases – Bright's Disease, glaucoma, cataract, locomotor ataxy, diabetes, paralysis, epilepsy or fits, tuberculosis.

There is no prohibition on helping people with the above conditions – the offence is in advertising 'treatment' of specific illnesses. It is not possible to give an exhaustive list of what the word 'advertisement' would include in these contexts. It is not exclusively confined to advertisements in the press or the content of websites, as a circular letter (issued in response to a request prompted by a press advertisement offering details on application) that stated that a certain product could cure cancer or tuberculosis has been held to constitute an advertisement. It is the responsibility of members to familiarise themselves with the existing codes and ensure that they check for any updates which might affect them.

B6. Misleading Statements

The law in this area is greatly expanded by the Misrepresentations Act 1967 and the Trade descriptions Act 1968.

Under the Misrepresentations Act 1967 a client, who engages the services of a practitioner and pays fees for therapy, which proves unsuccessful, could recover these fees (and any other expenses incurred as a result of the lack of success of the therapy) as damages for breach of contract, if they could show that they were induced to engage the practitioner's services by means of a misrepresentation made by the practitioner about the efficacy of the therapy. Similarly a client, who was induced, could, if sued by the practitioner for non payment of fees, successfully resist the practitioner's claim. A client confronted by such a claim might be tempted to raise the defence of misrepresentation and such a defence could be damaging to the reputation of the practitioner and complementary medicine.

Under the Trade Descriptions Act 1968 any statement about the properties of goods or the nature of services offered which is false, misleading or inaccurate can give rise to prosecution. For practitioners who do not normally sell or supply goods the importance of this Act lies in its provisions concerning false statements as to services. It is an offence for a person to make a statement about any aspect of a service offered which is false to a material degree, if they know it is false, or is reckless to its truth or falsity. In relation to any services consisting of, or including, the application of any therapy, a false statement about the nature of the service shall be taken to include false statements about the effect of the therapy.

Although these provisions occur in a Statute relating to Trade, professional services are not expressly excluded and unless and until the Courts hold otherwise, it must be assumed they apply to persons who offer professional services as well as to those who offer commercial services. It is therefore unwise for a practitioner to make any statement about themselves, their qualifications, their experience, their ability to balance or identify illnesses, or the beneficial effect of therapies in general, unless they know positively that such statements are true and can be proven to be true. Practitioners are advised to exercise restraint in the terms they use to describe their own abilities and the power of complementary therapy in general. Therapists must also be careful not to over sell and under deliver.

This aspect was further strengthened in 2008 when the Department of Business, Enterprise and Regulatory Reform introduced new regulations to clamp down on unfair sales and marketing practices. They were primarily designed to stop aggressive selling techniques but

also mean that complementary therapists have to ensure that they do not inadvertently mislead people about their services. Especial mention is made of not faking or distorting qualifications or credentials. Members should be aware that, if they choose at any point to not renew their KF membership, continuing to advertise themselves as KF members could be considered an attempt to mislead the public.

It is the responsibility of each member to ensure that they are aware of any changes in the law that might affect this aspect of their business.

B7. Legal Advice

Members, who find themselves faced with the possibility of legal proceedings, whether criminal or civil and no matter how remote, must immediately inform the Administrator of the KF and their insurance company. If necessary, the KF will inform any umbrella organisation to which it holds affiliation.

B8. Prohibited Appellation.

So that the public can distinguish between those who are professionally qualified and those who are not, the law makes it a criminal offence for anyone, who does not hold the relevant qualification, to use any of the titles listed below, or to use any other title or designation, which suggests or implies that he/she is on the statutory register of persons, who hold these qualifications.

The titles are: *Chemist, Chiropodist, Dental Practitioner, Dental Surgeon, Dentist, Dietician, Doctor, Druggist, General Practitioner, Medical Laboratory Technician, Midwife, Nurse, Occupational Therapist, Optician, Orthoptist, Pharmacist, Physiotherapist, radiographer, Remedial Gymnast, Surgeon, Veterinary Practitioner, Veterinary Surgeon.*

This list is liable to amendment and updating periodically and because of this, it is the responsibility of practitioners to ensure that they do not inadvertently use a protected title.

A practitioner must scrupulously avoid the foregoing titles unless he/she is additionally qualified in any of these fields. It is not only illegal but also unethical for an unqualified person to use a title, such as Doctor, which in the medical context is well known as denoting a Registered Medical Practitioner.

B9. Prohibited Functions.

In addition to prohibiting unqualified persons from using the titles and descriptions specified above, the law also precludes them from performing certain specified functions in the field of medicine. These are: the practice of dentistry; the practice of midwifery; the treatment of venereal disease; the practice of veterinary surgery.

Dentistry

The relevant Act of Parliament defines dentistry as including the giving of any treatment, advice or attendance or the performance of any operation usually performed by dentists. A Practitioner who is not qualified as a Dentist is unlikely to seek to give or suggest that they could give dental treatment such as extractions or fillings. However, he/she might want to help a client with toothache or help a dental patient with e.g. pain following an extraction. It is

impossible to say with any certainty whether such treatment could be held to constitute an infringement of the Act, but it is unlikely that it would lead to prosecution.

Midwifery

Except in cases of sudden or urgent necessity, it is an offence for anyone other than a certified midwife to attend a woman in childbirth without medical supervision or for anyone other than a registered nurse to attend, for reward, as nurse on a woman in childbirth or during a period of 10 days thereafter.

Venereal Disease.

It is an offence for anyone other than a Registered General Practitioner to do any of the following for direct or indirect reward – treat for venereal disease; give any recommendations about helping venereal disease, whether such recommendations are given to the client or another person. Venereal disease is defined by the relevant Act of Parliament of 1917 as meaning – syphilis, gonorrhoea and soft chancre. These prohibitions are strict. If, therefore, a client informs the practitioner that he/she is suffering from a venereal disease, or where the client has physical symptoms that are clearly identifiable as venereal disease, the practitioner must refuse to address that disease in the session.

Veterinary.

As stated previously it is illegal for an unregistered person to use the title 'Veterinary Surgeon' or 'Veterinary Practitioner'. The law also makes it an offence for an unregistered person to practise, or hold him/herself out as practising, or be prepared to practise, veterinary surgery. The Veterinary Surgeons Act of 1966 defines veterinary surgery as 'the art and science of veterinary surgery and medicine' and states that, without prejudice to the generality of the definition, it shall be taken to include the diagnosis of disease in, and injuries to, animals, including tests performed on animals for diagnostic purposes; the giving of advice based on such diagnosis; the medical or surgical treatment of animals; the performance of surgical operations on animals.' The rendering of first aid in an emergency to animals for the purpose of saving life or relieving pain is permissible. What constitutes an emergency must be a question for the judgement of the individual practitioner.

With the movement of Complementary Therapies into working on animals there was an exemption order passed to take such therapies into account. As far as complementary therapies are concerned the order considers 4 categories.

1. *Manipulative Therapies*

This covers only Physiotherapy, Osteopathy and Chiropractic and allows these therapies, where a vet has diagnosed the condition and decided that this treatment would be appropriate.

2. *Animal Behaviourism*

Behavioural treatment is exempt, unless medication is used, where permission must again be sought from the vet.

3. *Faith Healing*

According to the RCVS Guide to Professional Conduct, Faith Healers have their own Code of Practice which indicates that permission must be sought from a vet before healing is given by the "laying on of hands"

4. *Other complementary Therapies*

"It is illegal, in terms of the Veterinary Surgeons Act 1966, for lay practitioners, however qualified in the human field, to treat animals. At the same time it is incumbent on veterinary surgeons offering any complementary therapy to ensure that they are adequately trained in its application." ([RCVS Guide to Professional Conduct 2000](#) - treatment of animals by non-veterinary surgeons)

The Royal College of Veterinary Surgeon's advice is that any person providing a complementary therapy (even involving non-invasive activities which appear to fall outside of 'veterinary surgery') to an animal when the animal has not been seen first by a veterinary surgeon, and had the provision of complementary therapy agreed by the veterinary surgeon, runs the risk of breaching the Veterinary Surgeons Act. This is because only a veterinary surgeon can diagnose what is wrong with an animal. If an animal is not seen in the first instance by a veterinary surgeon, the practitioner and the owner could be considered to be diagnosing what is wrong with the animal.

Therefore, by ensuring that the animal is first seen by a veterinary surgeon, who is content for a complementary therapy (not involving veterinary surgery) to be given, the risk that the complementary therapist's actions may constitute diagnosis is removed and any matter requiring work or medication by a veterinary surgeon can be resolved. Practitioners are advised to get written agreement from the veterinary surgeon to the animal having kinesiology.

If the animal's owner does not want to take the animal to a veterinary surgeon the practitioner must decide whether they wish to work on the animal. If they do wish to work on the animal, even although they run the potential risk of being considered to be diagnosing, the KF recommends that they ask the owner to sign and date a statement that they, (the owner), has been advised by the practitioner that they should have their animal seen by a veterinary surgeon before commencing the complementary therapy. For example:

I have been advised by _____ that I should have my animal
- _____ seen by a veterinary surgeon before any complementary
therapy can be given to this animal. As I am the animal's owner I am exercising my right of
choice to authorise _____ to proceed with the therapy before my animal
is seen by a veterinary surgeon.

Signed _____ (owner)

Signed _____ (practitioner)

Date _____

Members must ensure that, if they wish to work on animals, they inform their insurance company that they intend to work on animals.

It should also be noted that DEFRA acknowledge that the Veterinary Surgeons Act is due to be updated and when this happens it might impact on this section of the Code of Conduct.

B10. Premises

When carrying on a business or a profession from any premises an individual must ensure that the working conditions and facilities to which members of the public have access are suitable and comply with all legislation. In the case of practitioners using their own home as a base for their practice, in addition to complying with national legislation, they are advised to check on any local authority bye-laws covering their practice as these vary throughout the country.

Practitioners working from home should give particular attention to insurance, the terms of their lease or other title deeds and any local government regulations limiting such practice or under which they may be liable for business rates. If staff are employed on the premises, practitioners must pay equal attention to employee law.

B11. Oral Remedies

Members should be aware that oral remedies of any kind are only indicated and recommended within the context of a kinesiology session. Only those members who have other appropriate recognised professional training, are professionally accountable, and have the relevant insurance, can consider that they are able to in any way prescribe herbal remedies, homoeopathics, flower essences/remedies or any other oral remedy.

The Medicines and Healthcare products Regulatory Agency (MHRA) determines what is and what is not a medicinal product. At present, flower essences are classified as foods.

Where herbal remedies are concerned the MHRA takes the view that they should either

- (a) be dispensed by practitioners who have undertaken a professional training in herbal medicine and who are subject to professional accountability or
- (b) be available over the counter as a product that has been made to an assured standard and comes with information so that the consumer can use the product safely.

As for homoeopathic remedies, these remedies are only indicated by KF members within the context of a kinesiology session and members must ensure that clients are aware of this and must not be led to believe that the practitioner is a practising homoeopath unless they have completed that professional training.

If a member wishes to supply oral remedies they should be aware of the following:

The position as regards the supply of oral remedies depends on the Medicines Act 1988 and regulations made, or to be made, thereunder. This legislation has two main purposes. Firstly, it requires anyone other than doctors, vets, midwives, nurses and pharmacists who sell or supply medicines of any kind to other people to hold a licence. Secondly, it imposes control on the circumstances in which medicines can be supplied to the public.

Medicines are termed 'medicinal products' in the Act and a medicinal product is defined as meaning 'any substance supplied for use by administration to a human being for medicinal purposes'. It includes, not only allopathic medicines, but also homoeopathic and naturopathic remedies, vitamins, bio-chemic tissue salts and even unadulterated sac lac when administered as a placebo.

Under current legislation practitioners who supply oral remedies need a licence unless they merely pass on to their clients remedies they obtain from their suppliers in the unopened containers in which they are supplied. No licence is required provided the supplier holds a product licence covering the remedy in question. If there is any doubt the onus is on the practitioner to check with the supplier whether they hold a product licence.

A practitioner who wishes to obtain remedies in bulk containers and distribute small quantities to different clients will need a licence authorising the 'assembly' of medical products. The current annual fee for such a licence is £100.00 or 0.5% of the turnover of the medical products sold by retail provided that the turnover figure is less than £20,000.

To obtain a licence apply to The Medicines and Healthcare products Regulatory Agency, Market Towers, 1 Nine Elms Lane, London SW8 5NQ for form MAC24B. www.mca.gov.uk