CNHC

Complementary & Natural Healthcare Council

Code of Conduct, Ethics and Performance

Effective from 1 June 2014
Updated 1 June 2018

Conduct Ethics Performance

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Introduction

The Complementary and Natural Healthcare Council (CNHC)

The CNHC is the voluntary regulator for a wide range of complementary therapies. We were established with the support of the government to set up and maintain a register of practitioners who meet national standards, are of good character and are fit to practise.

Once someone is registered they must:

1 act in keeping with the spirit as well as the specific wording of this Code of Conduct, Ethics and Performance – these are binding requirements on registrants

2 maintain and update their knowledge and skills by undertaking Continuing Professional Development (CPD) every year. We monitor this, and a registrant who does not meet this requirement can be removed from the register

3 co-operate if they are asked to give us information that we need to be able to perform our functions.

You can check that a practitioner is registered by phoning us on 020 3668 0406. Or you can look on our website at www.cnhc.org.uk, where you can search for a registrant by name or location.

The purpose of the Code of Conduct, Ethics and Performance

The Code of Conduct, Ethics and Performance ('the Code') sets out for clients the quality of care they are entitled to receive from registrants. For registrants the Code sets out the standards they will be measured against if we receive a complaint about them.

The standards set out in this document apply to all CNHC registrants, whatever:

> their employment status (this includes registrants running their own clinic, working in a partnership, working as an associate or an employee, or working as a locum)

> the setting in which they practise (this includes providing services to a local community, providing care to NHS patients, multi-disciplinary working, or acting as a volunteer).

All registrants are personally accountable for their actions and must be able to explain and justify their decisions when asked to do so. All registrants have a duty to protect the health and wellbeing of their clients. To do this they must engage in 'Evidence Based Practice'. There are three elements to this:

> best available research evidence

> clinical expertise

> patient values

(Sackett D et al 'Evidence Based Medicine: How to Practise and Teach EBM', 2000).

They must also keep to the following principles. They must:

- respect clients' dignity, individuality and privacy
- respect clients' rights to be involved in decisions about their care
- justify public trust and confidence by being honest and trustworthy
- provide a good standard of practice and care
- protect clients and colleagues from risk of harm
- co-operate with colleagues from their own and other professions.

These principles, and how they apply to registrants, are explained in more detail in the sections that follow. There is guidance and advice to help registrants meet the requirements and there are links to more information. This includes details on where to find the content of relevant law. The guidance is not exhaustive.

The Code aims to be a day-to-day resource for all registrants, no matter the context in which they practise, so the document is inevitably lengthy. In some sections there may be details that apply to only some registrants at any one time. Examples include: F2, P1.2, P2.4, P3.4 and P3.5.

On the other hand, there are important areas of law that apply at all times to all registrants. Here we have included specific details of the law in the relevant section, to help practitioners understand how the law affects them. Examples include: data protection and safeguarding children, young people and vulnerable adults.

The law does not define the scope of practice for complementary therapists. Nor is it the purpose of this document to do so. If practitioners meet the requirements set out in the Code they will deliver a standard of care that will promote client health and wellbeing and protect clients from harm. Registrants must keep to all the standards within the Code, and all the related laws.

A You must respect clients' dignity, individuality and privacy

A1 Respecting privacy and dignity

You must respect clients' dignity and privacy, and be sensitive to cultural differences. If clients need to remove any clothing, to avoid misunderstandings you must consider:

a confirming with clients that they are happy with the environment in which you are working with them

b explaining to clients why they may need to remove clothing

c finding out at the outset if a client has any sensitivities about removing their clothing, and acting accordingly

d offering gowns to clients and having them available for clients to use

e asking clients to only partially undress if this is appropriate to their assessment or care

f not asking clients to remain undressed for longer than needed for their assessment or care

g offering clients the chance to have a third person ('chaperone') present during their assessment and care. See paragraph A2 'Chaperones'.

Guidance

Clients will have different views on what it means to respect their privacy and dignity. For example some clients have different views on what they think is an 'intimate' examination, and they may be modest about showing parts of their body that you might not normally consider 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 client, and make appropriate arrangements for this to happen.

Guidance

1 If the client is a child under the age of 16, another person should always be present. This may be someone with parental responsibility (see section B4). This might also be appropriate if the client is a vulnerable adult. Clients might also ask to have someone to be with them when they are being assessed or cared for.

2 You also have the right to decide whether, in the best interests of yourself and the client, another person should be present, even if the client has not asked for this.

A3 A legal duty to promote equality

You must promote equality in line with human rights and anti-discrimination law. This includes a duty to tackle discrimination when it happens.

Guidance

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 for reasons that are discriminatory

   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 changing the way you communicate with clients and giving extra help for clients with disabilities.

4 If you are an employer you have the same duties to your employees as to your clients. You are also legally responsible for any discriminatory actions by your employees 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 about positively promoting equality.

6 The law on equality and anti-discriminatory practices covers the following 'protected characteristics': age, disability, gender reassignment, marriage or civil partnership, race, religion and belief, sex and sexuality.

Useful information

> *Section 3 of the Equality Act 2010*
http://www.legislation.gov.uk/ukpga/2010/15/part/3

> You can find guidance on promoting equality and diversity in Great Britain on the Equality and Human Rights Commission (EHRC) website http://www.equalityhumanrights.com/advice-and-guidance/

> The EHRC website also has links to the separate Commissions in Scotland and Wales – use the links at the bottom of their page.

> Northern Ireland does not have a single equality act but separate pieces of anti-discrimination legislation and other relevant laws. This means that the legislation that applies in Northern Ireland is different from that in Great Britain. You can find more information on the Equality Commission for Northern Ireland website – https://www.equalityni.org/Home

A4 Avoiding unfair discrimination

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

Guidance

'Prejudicing your clients' care' means allowing your views on any aspects of a client's lifestyle, age, culture, beliefs, race, gender, sexuality, disability or social or economic status to inappropriately affect your assessment or care. However, you may take account of factors – such as a client's lifestyle – that are relevant to their state of health in your decision making and in the care you give.

A5 Confidentiality

You must keep information about clients confidential.

Guidance

1 Confidentiality is central to the relationship between registrants and clients.

2 You gather information about clients and those close to them that is personal and may be highly sensitive. The information might be about health matters, family or lifestyle. Clients 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 registrants 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 clients may not ask for, or may turn down, further care from you or other practitioners

b public confidence in registrants and other health professionals may be lost.

A6 Data protection laws

You must comply with all applicable data protection laws.

Guidance

1 The General Data Protection Regulation 2016 and the Data Protection Act 2018 set out the requirements for handling and processing personal data and 'special category' data. (Special category data used to be known as 'sensitive personal data'.)

2 Personal data is any data that relates to an individual who can be directly or indirectly identified, in particular by referring to an 'identifier' (for example, a name or identification number). Special category data includes information about racial or ethnic origin, political opinions, religious beliefs

or philosophical beliefs, membership of a trade union, physical or mental health or condition, sexual life or sexual orientation, and genetic and biometric data processed for the purpose of identifying a person. Personal data that relates to criminal convictions and offences is no longer included within the definition of sensitive personal data, but similar additional safeguards apply to its processing.

3 Processing personal data includes, but is not limited to: holding, obtaining, recording, using and disclosing information.

4 The General Data Protection Regulation 2016 and the Data Protection Act 2018 apply to all forms of media, including paper and images. They apply to confidential client information but are far wider in their scope. For example, they also cover personnel records and opinions about an individual.

5 The General Data Protection Regulation 2016 introduces more detailed transparency and information-giving requirements, as well as data subject rights. The data subject rights include, for example, the right to be forgotten, the right to access personal data, and the right to have data corrected and erased. You should have privacy policies in place to communicate these effectively to clients.

6 Under the Data Protection (Charges and Information) Regulations 2018, every organisation or sole trader that processes personal information must pay a data protection fee to the Information Commissioner's Office (ICO). They do not have to do this if all the processing of personal data they do is exempt under the Regulations.

7 The Privacy and Electronic Communications (EC Directive) Regulations 2003 set rules about sending marketing and advertising electronically (for example, by fax, email, instant message or text). You will need to make sure you comply with these rules when you contact clients by electronic means for marketing purposes (for example, when sending a newsletter). Any electronic marketing communications should only be sent to a client if the client:

   a has consented to this (and this consent needs to meet the General Data Protection Regulation 2016 consent requirements), or

   b was given the opportunity to opt out from receiving the communications at the time the client's data was collected, and is given the opportunity to opt out each time a communication is sent.

It is important that the consent is freely given, which means you cannot rely on pre-ticked opt-in boxes. You will also need to make sure this is covered in your privacy policy and that you have systems and processes in place which allow you to record the consent and any opt-out requests.

Useful information

- *General Data Protection Regulation 2016*
  https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0679&from=EN
- *Data Protection Act 2018*
  http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted
- *The Data Protection (Charges and Information) Regulations 2018*
  http://www.legislation.gov.uk/ukdsi/2018/9780111165782/contents
- Information Commissioner's Office
  www.ico.org.uk

A7 Protecting confidential information

You must effectively protect personal information against improper disclosure.

You must not disclose information about a client – including the identity of the client – either during or after the lifetime of the client, without the consent of the client or the client's legal representative.

Guidance

1 Most improper disclosures are not deliberate. The most common types of disclosures are:

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

2 You must make sure that:

- a client records are handled in a way that means they cannot be seen by other people
- b electronic recording systems are safe from access by anyone outside the practice, that 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 way that maintains client confidentiality.

3 It is essential that:

- a if you employ a bookkeeper or an accountant, they must be able to see the financial information on payments separately from clients' health records; that is, they must not be able to see clients' health records
- b if you want to pursue a client for overdue payments you must give only the minimum information to outside bodies that they need for the specific situation (for example, for legal action or for debt collection)
- c if you plan to sell your business you will need to get clients' consent to the transfer of their records.

4 There are some practical steps you can take to make it easier to keep to the data protection requirement if you plan to sell your business, such as:

- a when clients first come to see you, getting their consent for appropriate people who work on the premises or in the practice to have access to their records
- b being realistic about the size of the 'live' client base (rather than it being all the clients you have ever seen) and only contacting clients who have been seen in the recent past
- c passing client records to the new practice owner for safekeeping on the understanding that, when a previous client contacts the practice, they will get their consent to access their personal health records.

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.

Guidance

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 client consents to your disclosing confidential information to a statutorily regulated healthcare professional you may assume that the professional will safeguard the information.

A9 Getting clients' consent to disclose confidential information

You must:

a get clients' express consent before providing personal information about them to any third parties

b explain to any third party your own responsibilities to the client before providing personal information to them.

Guidance

1 Getting clients' consent for the disclosure of information is an essential part of good communication with clients.

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

3 Getting clients' consent to disclose information includes (but is not limited to) situations such as:

- a providing information to the client's GP because they are the keeper of the complete patient record
- b discussing client cases with other healthcare practitioners during supervision or in peer support groups
- c disclosing information for clinical audit or research purposes
- d developing case studies for publication.

4 It is good practice to:

- a disclose only the information you need to
- b anonymise data if this will serve the purpose of the person asking for the information. That is, remove all identifiable information about clients from it, such as names, addresses, or anything else that might identify clients
- c satisfy yourself that clients know about disclosures necessary for their care, or for evaluating and auditing care, so they can object to these disclosures if they want to.

A10 Disclosing confidential information in the public interest

A10.1 You must disclose personal information in the public interest only when:

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

A10.2 If you do make the decision to disclose personal information you must, in each case:

- a tell the client beforehand, if it is reasonably practical
- b make clear to the client what information you will disclose, the reason for the disclosure and the likely consequences of the disclosure
- c disclose only what is relevant
- d make sure that the person or organisation you give the information to holds it on the same terms as those that you are subject to.

A10.3 When you disclose confidential information you must:

- a record in writing the reasons for the disclosure, to whom it was made, the date of disclosure and the way in which it was made (for example, written, oral)
- b record in writing the information disclosed and the justification for the disclosure
- c if the client is not told before the disclosure takes place, record in writing the reasons why it was not reasonably practical to do so.

Guidance

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, 2010, *Confidentiality: NHS Code of Practice: Supplementary Guidance: Public interest disclosures,* DH, London – go to: https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice-supplementary-guidance-public-interest-disclosures

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 client'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 client's health and wellbeing (for example, the client is at risk of death or serious harm) – see section E7 for guidance on child protection
- c the law says you have to disclose the information
- 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 client might cause harm to others).

3 In some circumstances you will not be able to tell the client 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.

B You must respect clients' rights to be involved in decisions about their care

B1 Establishing effective communication with clients

You must show respect for clients by listening to them, and acknowledging and taking account of their views.

Guidance

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

B2 Politeness and consideration

You must be polite and considerate to clients.

B3 Accurate, relevant and clear information: an essential part of consent

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

Guidance

1 Clients have a right to receive information about the assessment and care that is available to them, which is presented in a way that is easy for them to follow and use. This places a considerable responsibility on you, but without this information clients 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 clients includes:

- a the purpose of any proposed assessment and methods of care
- b the likely outcomes with or without care
- c any foreseeable risks and likely benefits
- d the people who will be involved in and responsible for the assessment and care
- e any reasons for referring the client to another healthcare professional, or for your working with another healthcare professional to provide care for them

f whether the care is to be provided in a group setting

g whether the care is linked to a research programme

h their right to get a second opinion or to refuse care

i the financial implications of the recommended care.

3 Effective communication of information involves:

a exploring care options with clients

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 clients have understood the information they have been given and whether they want more information before making a decision

g telling clients that they can change their mind at any time

h involving other healthcare practitioners in the discussion if appropriate

i finding out if clients 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 Getting consent

You must get consent from the client, or someone able to act on their behalf, before you assess or care for them. Clients' consent must be voluntary. That is, they must not be under any form of pressure or undue influence from you, other healthcare practitioners, family or friends.

Guidance

1 Consent and communication.

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

2 Consent of adults – weighing up capacity to understand.

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

b 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.

c 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 client understand and weigh up the information needed to make this decision?'

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

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

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

3 Deciding a client lacks capacity

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

4 A client will lack capacity to consent to a particular intervention 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

or

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

5 Someone with parental responsibility should give written consent on behalf of a child under the age of 16. 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 at the time of conception or birth (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 about the child

e a local authority named in a care order for the child

f a local authority or authorised person that holds an emergency protection order for the child.

6 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.

7 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 to 17 may in certain circumstances be overridden by either a person with parental responsibility or a court.

8 Form and time of consent

a Before accepting a client's consent, you should consider whether the client has been given the information they want or need and how well they understand what is proposed. This is more important than how they give their consent and how it is recorded.

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

c 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.

9 Responsibility for getting consent

a If you are assessing or caring for a client, it is your responsibility to discuss the assessment and care with the client and get their consent (or in the case of a child under 16, the written consent of someone with parental responsibility).

Useful information

> *Reference guide to consent for examination or treatment, 2nd edition 2009 England* https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition
Wales
http://www.wales.nhs.uk/sitesplus/documents/1064/Welsh%20Government%20Guide%20to%20Consent%20for%20Examination%20or%20Treatment%20%28July%202017%29.pdf

> *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

> *Reference guide to consent for examination, treatment or care & 12 key points on consent: the law in Northern Ireland* https://www.health-ni.gov.uk/

B5 Respecting clients' decisions

You must respect clients' decisions.

Guidance

1 If you disagree with a client's decision

a Clients have the right to make their own decisions, even if you think they are wrong. There may be times when you think a client's decision is irrational or wrong. If this happens, you can explain your concerns clearly to the client and outline the possible consequences of their decision. You must not, however, put any pressure on a client to accept your advice – see B4.

b Competent adult clients are entitled to refuse assessment and care, even where the care could benefit their health and wellbeing.

c Clients have the right to refuse to be involved in teaching and research. If this happens it should not adversely affect the care you provide.

2 Mental incapacity

a Someone can make a decision on behalf of an adult only under the circumstances defined by law.

b England and Wales – Section 1 of the Mental Capacity Act 2005 sets out five statutory principles that apply to any action taken and to 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 make 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 law covering capacity, so decisions need to be made following 'common law'.

c If a previously competent client has refused certain methods of assessment and care while they were competent, these decisions should be respected if that client then becomes incompetent.

Useful information

> *Mental Capacity Act 2005 Code of Practice*
https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice

> *Adults with Incapacity (Scotland) Act 2000*
http://www.legislation.gov.uk/asp/2000/4/contents or
http://www.gov.scot/Topics/Justice/law/awi

B6 Providing access to client records

You must give clients access to their personal records according to the rights the law gives them.

Guidance

The General Data Protection Regulation 2016 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.

Useful information

> The General Data Protection Regulation 2016 (Article 15)
https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0679&from=EN

B7 Maintaining client records

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

Guidance

1 Client records include information such as:

a the client's personal data

b the case history of the client

c the client's consent to assessment and care, or in the case of a child under 16 the consent of someone with parental responsibility

d the assessment and reassessment of the client's care needs (including the outcomes of further investigations)

e the rationale for care

f the initial and reviewed plans of care for the client

g the care provided to the client (including any advice given face to face or over the phone)

h copies of correspondence.

2 'Attributable' means that it should be clear who has created, updated or amended a particular record.

B8 Safekeeping of client records

You must keep client records safely and in good condition for eight years from the date of the client's last visit to you or, if the client is a child, until his or her 25th birthday, or 26th birthday if the client was 17 when the treatment ended. You must arrange for client records to be stored safely when you close down your practice, or in case you were to die before this.

Guidance

1 Storage of client records – while you are practising

a The 'eight years' requirement is in line with those that cover general NHS hospital records and other forms of health records. The reason for this is to make sure that the client can have access to their recent health records and to protect you if any complaints are made.

2 Storage of client records – when you have finished practising

a You are responsible for making sure that client records are kept safe when you finish practising or in case you were to die before this, unless you have entered into a contract that gives an organisation or another healthcare professional this responsibility. If the responsibility is yours, it is recommended that:

> you make provision in your will for the safe storage of clients' records. These can then be released to a client or their legal representative on production of the written authority of the client

> when you close your practice, you publicise the arrangements that you have made to keep the records safe so that clients know how to obtain their records if they want to.

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

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 client care

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

Guidance

1 You are free to decide who you accept as clients.

2 Acceptable reasons for refusing to continue a client's care include, for example:

- a if the client is aggressive or violent
- b if the client is putting you or your colleagues at risk
- c if the client is constantly questioning your professional judgment or acting against your advice
- d if the client is affecting your overall client base or other clients
- e if the client has an ulterior motive for seeing you
- f if the client 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 clients and their carers.

Guidance

The Council for Healthcare Regulatory Excellence (CHRE) guidance on sexual boundaries emphasises:

1 the professional relationship between a health practitioner and a client depends on confidence and trust. A healthcare professional who displays sexualised behaviour towards a client 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 clients, their families and healthcare professionals

2 sexualised behaviour is defined as: 'acts, words or behaviour designed or intended to arouse or gratify sexual impulses or desires'

3 if you find yourself sexually attracted to clients 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 client and are concerned that it may affect your professional relationship with the client (or if you believe that a client is sexually attracted to you), you should ask for help and advice from a colleague or an appropriate professional body so you can decide on the most suitable course of action to take. If, having received advice, you do not believe you can remain objective and professional, you should find alternative care for the client and make sure there is a proper handover to another healthcare practitioner.

Useful information

> Clear sexual boundaries between healthcare professionals and clients: responsibilities of healthcare professionals, CHRE (now PSA), January 2008
http://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/clear-sexual-boundaries-information-for-patients-and-carers.pdf

C4 Advertising your work or practice

You or anyone acting on your behalf must use only factual and verifiable information when advertising your work or practice. You must keep in mind that the best available research evidence, while appropriate for Evidence Based Practice, may not be of a sufficient standard to substantiate claims you may make in your advertising. Advertising must not:

a break the law, including Section 4 of the Cancer Act 1939

b make unsubstantiated claims

c abuse the trust of members of the public

d exploit their lack of experience or knowledge about health matters

e instil fear of future ill-health

f mislead

g put pressure on people to use your services

h bring the profession into disrepute.

Useful information

> *The Cancer Act 1939*
http://www.legislation.gov.uk/ukpga/Geo6/2-3/13/section/4

> *CNHC Guidance on the Cancer Act 1939*
https://www.cnhc.org.uk/sites/default/files/Downloads/GuidanceonCancerAct.pdf

> *Consumer Protection from Unfair Trading Regulations 2008*
http://www.legislation.gov.uk/ukdsi/2008/9780110811574/contents

> *CNHC Advertising Guidance 2011*
https://www.cnhc.org.uk/sites/default/files/Downloads/Advertising-guidance.pdf

> *Committee of Advertising Practice Code*
https://www.asa.org.uk/codes-and-rulings/advertising-codes/non-broadcast-code.html

> *Committee of Advertising Practice Help Notes*
http://www.rebhp.org/articles/CAP_therapiesandmedicalconditions.pdf
https://www.asa.org.uk/advice-and-resources/resource-library/advertising-guidance.html

C5 Use of titles and qualifications

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

Guidance

1 Specifically, if you use the title 'Doctor' in writing (such as on business stationery, on practice nameplates or in advertising) or when talking to clients, you should make it clear that you are not a registered medical practitioner (unless you hold dual registration with the General Medical Council).

2 If you refer to qualifications that you hold in addition to your original qualification in the therapy or therapies for which you are registered with CNHC, do not say or imply that they are recognised by the CNHC as specialist qualifications.

Useful information

> Committee of Advertising Practice Advice on use of title 'Dr'
https://www.asa.org.uk/advice-online/use-of-the-term-dr.html

C6 Conflicts of interest

You must act in your clients' 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 clients. You must not offer such inducements to colleagues.

Guidance

1 Acting in the best interests of clients includes:

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

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

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

C7 Financial records

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

Guidance

Law will include that covering income tax and value added tax (VAT).

Useful information

> Advice on income tax and VAT, HM Revenue & Customs
https://www.gov.uk/government/organisations/hm-revenue-customs

D You must provide a good standard of practice and care

D1 Knowing your own limits

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

Guidance

1 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 client 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 client with another healthcare practitioner
- c referring clients to other healthcare practitioners when their needs are beyond your own knowledge, skills and competence.

D2 Fitness to practise

You must maintain and improve your professional knowledge, skills and performance in keeping with the requirements set out by the CNHC.

Guidance

You have to meet the Continuing Professional Development (CPD) requirements set down by the CNHC to maintain your registration.

Useful information

> CNHC's mandatory CPD scheme
https://www.cnhc.org.uk/sites/default/files/Downloads/CPD-policy.pdf

E You must protect clients and colleagues from risk of harm

E1 Managing complaints

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

Guidance

1 It is recommended that you:

a make sure all staff in the practice know about the complaints procedure and what they should do if a client wants to make a complaint

b try to resolve promptly and professionally within the practice any issues raised by a client so the issues do not become more serious.

Useful information

> How CNHC Deals with Complaints
https://www.cnhc.org.uk/sites/default/files/Downloads/Complaints-leaflet.pdf

E2 Raising concerns

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

Guidance

1 Before taking any action about a statutorily regulated healthcare professional or CNHC registrant, 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 the work colleagues of the other healthcare 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 healthcare professional refuse to take action, you should report your concerns to the relevant statutory regulatory body or the CNHC.

3 If you have concerns about healthcare practitioners who are not statutorily regulated and are not registered with the CNHC, you should do your best to establish the facts and make sure your concerns are justified. If necessary, you should report your concerns to any relevant voluntary regulator or organisation that holds a register accredited by the Professional Standards Authority for Health and Social Care (PSA).

Useful information

> Professional Standards Authority
https://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/find-a-regulator
http://www.professionalstandards.org.uk/what-we-do/accredited-registers/find-a-register

E3 Professional behaviour

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

Guidance

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

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

   a involving clients in, or telling them about, arguments between you and other registrants or other healthcare professionals

   b soliciting the clients of other healthcare professionals.

3 As soon as you enter into joint working arrangements with other registrants, you are recommended to agree 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 or alcohol, convictions for fraud or dishonesty, and convictions related to violence, sexual abuse or the use of pornography.

5 Complaints about violence, sexual abuse or 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, or

   b the conduct directly affects your practice.

6 If your ability to practise is impaired because of your misuse of alcohol or other drugs, this may lead to a question of your fitness to practise being referred to the CNHC Health Panel.

E4 Your own health and wellbeing

You must get and follow proper advice about whether or how you should modify your own practice when clients may be at risk because of your own mental or physical health.

Guidance

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

E5 Health and safety

You must manage and deal with risks to health and safety in your work environment and keep to health and safety laws.

Guidance

1 The laws covering health and safety 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.

Useful information

> *Health and Safety at Work etc Act 1974 – applies to Great Britain* http://www.legislation.gov.uk/ukpga/1974/37/contents or www.hse.gov.uk/legislation/hswa.htm

> *The Health and Safety at Work (Northern Ireland) Order 1978* and *The Management of Health and Safety at Work Regulations (Northern Ireland) 2000 – applies to Northern Ireland* http://www.legislation.gov.uk/nisi/1978/1039/contents http://www.legislation.gov.uk/nisr/2000/388/contents/made Health and Safety Executive for Northern Ireland (HSENI)

- *Five steps to risk assessment*, Health & Safety Executive (HSE), 2011
  https://www.hseni.gov.uk/articles/risk-assessment
- *Control of Substances Hazardous to Health Regulations 2002*, HSE applies in Great Britain and *Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003* in Northern Ireland
  www.hse.gov.uk/coshh and http://www.hseni.gov.uk/guidance/topics/coshh.htm

E6 Controlling infection

You must assess and manage infection risk.

Guidance

1 The risks of infection are relatively low in the practice of complementary therapies. However, they do exist because of the different members of the public who will be visiting your practice and being cared for by you.

2 The measures that will help you to reduce the risk of infection include: hand washing; providing fresh towels and paper bench covers for each client; using and disposing of 'sharps' safely.

3 Public Health England (similar bodies 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.

Useful information

- Healthcare-associated infections: prevention and control in primary and community care
  https://www.nice.org.uk/guidance/cg139
- *National Model Policies for Infection Prevention and Control*, Public Health Wales, October 2012 – Wales
  http://www.wales.nhs.uk/sites3/page.cfm?orgid=379&pid=38960
- *National Infection Prevention and Control Manual*, Health Protection Scotland (HPS) and NHS National Services Scotland, January 2013 – Scotland
  http://www.nipcm.scot.nhs.uk/
- *The Northern Ireland Regional Infection Prevention and Control Manual: Infection Control Guidelines*, Department of Health, Social Services and Public Safety (DHSPSS) October 2008
  https://www.niinfectioncontrolmanual.net/

E7 Safeguarding the welfare of children, young people and vulnerable adults

If you come into contact professionally with children, young people or 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.

Guidance

1 If you have concerns about the welfare of a child, young person or 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 you should contact your statutory social services department. This includes cases when you think someone may be at risk of suffering significant harm.

2 In general, you should try to discuss your concerns with the child, young person 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 statutory social services, unless you consider that such a discussion would place the child, or you or your practice staff, at risk of significant harm.

Useful information

> *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children*, March 2013, HM Government – England
http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf

> *Safeguarding Children: Working Together Under the Children Act 2004*, Welsh Assembly Government, 2006 – Wales
http://www.wales.nhs.uk/sitesplus/documents/863/Safeguarding%20Children%20Working%20Together%20under%20the%20Children%20Act%202004%20%282006%29.pdf

> *National Guidance for Child Protection in Scotland 2010,* The Scottish Government – Scotland
http://www.scotland.gov.uk/Resource/Doc/334290/0109279.pdf

> *Cooperating to safeguard children, 2003*, DHSPSS – Northern Ireland
https://www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland

E8 Professional indemnity insurance

You must take out and maintain the necessary professional indemnity insurance and any other insurance the law says you must have.

Guidance

Liability

1 You are personally liable to individual clients for any assessment or care you provide.

2 Personal liability applies to all registrants, 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.

F You must co-operate with colleagues from your own and other professions

F1 Respecting the skills and contributions of others

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

F2 Agreeing responsibilities

You must agree and record who holds responsibilities for clients if you work jointly with others.

Guidance

1 Joint working:

- a working jointly with others might be in your own practice, working in a multidisciplinary practice or working in the NHS or other clinics
- b because of responsibilities under the Data Protection Act 1998, there is a particular need to be clear who is responsible for the safekeeping of client records.

Performance

The Standard of Performance sets out what is required for competent and safe practice. All registrants must work to this standard, and clients can expect registrants to do so.

The basis for the Standard of Performance is the principle that every registrant 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 when a complaint is being considered by the CNHC Investigating Committee or a CNHC Professional Conduct or Health Panel. If you achieve the requirements set out in this section of the Code you will deliver a standard of care that will promote client health and wellbeing and protect clients from harm.

The Standard of Performance is set out in three sections:

P1 Practice arrangements

P2 Assessing the health and health needs of clients

P3 Provision of care.

P1 Practice arrangements

P1.1 Information on practice matters

You must make sure that clients can easily get hold of information on:

a fees and any related fee 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 client wants to do this

d the arrangements that are in place when you are unavailable.

Guidance

1 People who are allowed to have access to the client's records are:

   a the client

   b someone with parental responsibility (see section B4) if the client is a child under 16

   c any practitioner other than yourself when client consent has been given

   d administrative staff – for example, practice manager or receptionist.

2 Arrangements for when you are not available might cover what will happen when you are on holiday or ill, or if you are not available for an appointment. These arrangements might include care by another member of the practice, locums, or arrangements with a nearby practice.

P1.2 Information on joint working arrangements

If you work with other healthcare practitioners you must make clear information easily available to clients about:

a the healthcare practitioner who is accountable for their care

b who will be responsible for their client records

c who to approach if there is any problem with their care.

Guidance

1 Whether you work with others or on your own, it is recommended that you monitor the services you provide to identify what is working well and where improvements need to be made.

2 If you work in a team (for example, with other CNHC registrants, other healthcare practitioners, practice managers or support staff), you should discuss and agree with other team members any changes you can make to improve the services you offer to clients.

3 If you plan to make changes to your services, it is good practice to tell people who use your services about the changes before they take place.

P2 Assessing the health and health needs of clients

P2.1 Information about assessment and care

You must explain clearly to clients:

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 client to another healthcare professional to meet their health needs.

Guidance

You might need to explain to clients the types of research evidence that support your practice of evidence based care. You might find it useful to explain what evidence there is about different forms of assessment and care, although you will need to bear in mind that some of this information is rather complicated.

Useful information

> *The Oxford Centre for Evidence Based Medicine Levels of Evidence (March 2009)* http://www.cebm.net/?o=1025

P2.2 Obtaining case histories

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

Guidance

1 The case history is a vital part of assessing clients' health and health needs, and a vital part of the client record. The case history would normally include:

   a the client's reason for wanting care

   b the characteristics of any health condition the client has

   c the client's medical history.

2 The extent of the case history will vary depending on the situation in which you are providing care. For example, if you are working with a sports team in your capacity as a registrant and they are on the playing field, you will be getting the information from the individual more quickly than if you were seeing them in your own consulting room. However, in both cases you should still take and record a case history.

P2.3 Physical examination

If you want to gain more information on the client's health and health needs by physically examining the client, you must use methods that are appropriate for the type of care you are providing.

P2.4 Obtaining further information and carrying out further investigations on clients

You must:

a be able to identify when further investigations are needed and act on this need in the client's best interests and without delay

b use further investigations only when the information gained from the investigations will benefit the management of the client

c be competent to carry out the investigations and/or interpret the results

d carry out further investigations in keeping with the relevant law and existing good practice guidelines for those investigations

e record the outcomes of investigations.

Guidance

You may need to obtain further information and carry out further investigations on clients to understand more about the condition they are consulting you about and other pre-existing health conditions.

P2.5 Ceasing assessment

You must stop assessments when:

a a client asks you to

or

b the information you have obtained means that it is inadvisable to carry on.

P2.6 Making decisions about care

You must:

a evaluate the client's health and wellbeing and their care needs

b involve the client when making a decision about their care

c arrive at and document a rationale for care, based on the evaluation of the information.

When drawing up the rationale for care, you must consider:

d relevant information about the natural history and prognosis of any complaint the client has

e the potential benefits and risks of care, including contraindications

f the likelihood of recurrence or need for long-term management.

You must keep the rationale for care under review while you care for the client.

Guidance

1 If you are working as a locum, you may rely at first on the rationale for care developed by the registrant for whom you are acting.

2 A contraindication is any clinical symptom or circumstance indicating that an otherwise advisable form of treatment is undesirable or inappropriate.

P2.7 Meeting the client's health needs

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

Guidance

A decision to involve other healthcare practitioners in the care of the client should be based on your professional judgment on how to achieve the best outcomes for the client. Referrals should be made when there are clinical reasons to do so, or if the client asks for a second opinion.

P2.8 Advice on other forms of care and treatment

You must not advise a client to stop medication or treatment that has been prescribed or recommended by a statutorily regulated healthcare professional.

Guidance

1 You may give clients accurate 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 well-founded concerns about the effects on a client's health of treatment prescribed or recommended by another health professional:

   a advise the client to discuss the issue with the health professional who recommended or prescribed it

   b contact the client's general medical practitioner (GP) if the client consents to your doing this.

P3 Providing care

P3.1 Planning care

You must develop and record a plan of care for the client and do this in discussion with the client. You must continually review the client's state of health and health needs as you provide care for the client, and modify the plan of care if you need to.

Guidance

It is good practice for the plan of care to help the client to improve their own state of health and to actively participate in their own care.

P3.2 Applying appropriate care

The care you select and provide must:

a be based on the best available research evidence, the values of the client and your own clinical expertise

b be appropriate to the client's current state of health and health needs

and

c minimise risks to that client.

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

The client must have consented to the form of care.

P3.3 Review

You must:

a evaluate the benefit of care to the client and identify whether the original rationale for care, or the plan of care, should be modified

b review with clients the effectiveness of the plan of care in meeting its agreed aims

c reach agreement with clients on any changes that need to be made to the plan of care

d make a record of these agreements.

Guidance

Every client is an individual person with their own health needs. The plan of care that you develop for individual clients needs to reflect their own health needs and their interests in having care.

P3.4 Working with other healthcare professionals – providing care

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

Guidance

When a client has been referred to you by another healthcare professional

1 'Referral' means that another healthcare professional (such as a GP, medical consultant, physiotherapist, another CNHC registrant or any other healthcare practitioner) has passed accountability and responsibility for the client's care to you.

2 The report back to the person who referred the client might include information on:

   a the rationale for care

   b the number of times that care has been provided and the form of that care

   c changes in a client's state of health, wellbeing and health needs

   d the client's satisfaction with the care provided

   e a review of assessment and care plans following care, including any arrangements for further contact with the client

   f any requests for the referring party or other healthcare practitioners to be involved again.

3 It is good practice to report this in writing so that the information can be held in the client's records, and to provide a copy to the client.

4 The only exception to the requirement to report back to another healthcare professional is when the referral has been made only to meet the reimbursement requirements of a health insurance provider.

Providing information to other healthcare professionals so they can keep complete client records

5 It is also good practice, when clients consent to this, to produce reports for GPs as they are the people who usually have responsibility for clients' complete health records. It is good practice for these reports to use terminology appropriate for the GP, be in an appropriate format and be provided when specific phases of care have ended. It is also good practice to provide a copy of the report to the client.

6 It is helpful for the reports to show:

   a the reason for the information being provided

   b the rationale for care

   c the care that has been provided

   d the client's consent to the information being sent.

Useful information

> *GMC Delegation and Referral 2013*
https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/delegation-and-referral

P3.5 Reports for third parties

You must:

a get the consent of the client before providing any information

b reply to requests for information from other health professionals and third parties.

Guidance

1 It is good practice to produce clear, concise reports for third parties using their standard format if they have one. You may make a reasonable charge for providing this information.

2 It is also good practice to provide a copy of any reports to the client.

Glossary

In this document specific meanings have been given to the following terms:

Assessment	Obtaining information on a client about their health (that is, their physical, psychological and social wellbeing) and their health needs, and using that information to make decisions about the appropriate actions to take.
Care	The work that registrants do to improve clients' health and wellbeing.
Health	A state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity (World Health Organisation, 1980). (World Health Organisation, 1980, International Classification of Impairments, Disabilities and Handicaps, WHO, Geneva.)
Investigations	Activities carried out to provide more information on a client's health and health needs. For example, the use of laboratory testing.
Locum	A locum is a registrant who does the work of another registrant while that person is unavailable: for example, when they are on holiday or ill.
May	When the term 'may' is used, this means that registrants have a choice as to whether to carry out certain actions or not. The term 'may' is most often used to introduce the range of approaches from which a registrant might choose.
Must	When the term 'must' is used, this means that the registrant has to comply. To comply, registrants will need to exercise their professional judgment.
Client	A person who has been given advice, assessment and/or care by a registrant. This definition does not include other registrants and people who volunteer to allow colleagues to demonstrate or practise techniques on them, if there is no provision of care. The term 'client' is intended to cover all related terms that might be used, such as 'service user'.
Products	Items that might be sold or loaned to clients – for example: supports, pillows, gym balls, Transcutaneous Electrical Nerve Stimulation (TENS) pain-relief equipment, nutritional supplements, ointments and creams.
Should	We use the term 'should' when offering guidance on how to meet an overriding duty (that is, a statement containing 'must'). It is also used when the duty does not apply in all circumstances or where there are factors outside your control that affect whether or how you can comply with the guidance.

Abbreviations

CHRE	Council for Healthcare Regulatory Excellence (now the Professional Standards Authority for Health and Social Care)
CPD	Continuing Professional Development
CNHC	Complementary & Natural Healthcare Council
HMRC	Her Majesty's Revenue and Customs
HPS	Health Protection Scotland
HSE	Health and Safety Executive
HSENI	Health and Safety Executive Northern Ireland
ICO	Information Commissioner's Office
NICE	National Institute for Health and Clinical Excellence
PSA	Professional Standards Authority for Health and Social Care

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CNHC
Complementary & Natural Healthcare Council

plain English approved by the word centre

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