

THE MASSAGE THERAPISTS SOCIETY.

Code of Conduct, Ethics and Practice.

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SECTION 1: INTRODUCTION

1.1. Requirements of Conduct, Ethics and Practice.

Member massage therapists must meet high standards of conduct, ethics and practice.

1.2. The Code of Practice

The Code of Practice contained in this document (“the Code”) lays down the standards of conduct, ethics and practice, which are expected of all therapists, and gives advice in relation to the practice of massage therapy.

1.3. Scope of the Code

The Code sets expected standards. It is not an exhaustive set of rules. The Code deals with conduct, ethics and practice.

SECTION 2: CONDUCT OF MASSAGE THERAPISTS IN THEIR DEALINGS WITH CLIENTS/PATIENTS

2.1 The welfare of the client/patient is paramount.

The relationship between therapists and their clients/patients is based on trust and on the principle that the welfare of the client/patient is paramount. Therapists must take care to observe this trust and principle.

2.2 Treating patients with respect and consideration.

Therapists shall treat clients/patients politely and considerately. In particular Therapists shall listen to clients/patients and respect their views; ensure that the Therapists' own beliefs and prejudices do not affect adversely the treatment or advice which they give to clients/patients; respect clients/patients' privacy and dignity, and their right to refuse to be subjects for teaching or research; inform clients/patients about any matters relating to their condition, or treatment, in a way which they can understand; and where appropriate or on request refer clients/patients promptly to a competent health professional for a second opinion.

2.3 Honesty with regard to investigations, treatment and advice.

Therapists shall be honest with their clients/patients. In particular, Therapists shall not misrepresent the gravity of a clients/patient's condition or the therapeutic value of a massage treatment, nor promote undue dependence on their care, nor act or fail to act with regard to giving advice, recommending investigations or carrying out treatment in any way which is to the detriment of a client/patient.

2.4 Acceptance of responsibility for the care of clients/patients.

Therapists shall be free to choose whom they shall accept as clients/patients.

On accepting a client/patient, therapists who work together in any capacity in the same practice or premises, are advised to provide the client/patient with written confirmation of:

- *The name and status of the person responsible for the clients/patient's day to day care;
- *The person to whom the practice belongs, who will be responsible for the clients/patient's records (see 3.3.2);
- *The person to approach in the event of any problem with any treatment.

It shall also give written notification of any change, whenever practicable before it occurs, or if that is not possible, so soon as reasonably practicable afterwards.

2.5 Termination of responsibility for the care of clients/patients.

Therapists shall not give up responsibility for the care of a client/patient without good cause, nor, where appropriate, without making a genuine attempt to ensure that the responsibility for the future care of the client/patient is assumed by a competent health professional.

2.6 Personal relationships

2.6.1 Therapists shall not use their professional position as a means of pursuing an improper personal relationship with a client/patient or with a close relative or personal companion of a client/patient.

2.6.2 Therapists who find that they are becoming involved in such an improper personal relationship with a client/patient should end the professional relationship and arrange alternative care for the client/patient.

2.6.3 Where it appears that a client/patient is becoming involved in such an improper personal relationship with the therapist, the therapist should take care not to encourage the client/patient, and may well be advised to arrange alternative care.

2.7 Undue influence.

Therapists shall not attempt unduly to influence clients/patients to do anything against their will or for the financial or other benefit of the massage therapist or anyone associated with them.

2.8 Informed consent.

2.8.1. Need for informed consent

Before instituting any examination or treatment, a therapist shall ensure that informed consent to such treatment or examination has been given. Failure to obtain informed consent may lead to criminal or civil proceedings.

2.8.2 Meaning of informed consent

Informed consent means consent that is given by a person who has been supplied with all the necessary relevant information.

2.8.3 Capacity to give informed consent.

A person from whom informed consent to examination or treatment is sought must possess the necessary intellectual and legal capacity to give such consent.

A person will have the intellectual capacity to give consent if able to

- *Understand in simple language what the examination or treatment is, its purposes and nature, and why it is being proposed;
- *Understand its principal benefits, risks and alternatives;
- *Understand in broad terms what will be the consequences of not undergoing the proposed examination or treatment;
- *Retain the information for long enough to make an effective decision; and
- *Make a free choice.

A person will have legal capacity to give consent to examination or treatment if that person has attained the age specified by the relevant law for giving such consent.

The relevant law specifying the age for giving such consent is different in different parts of the United Kingdom, and is complicated. Thus, in some parts of the UK, clients/patients under the age of 16 may have the legal capacity to give consent to certain examinations or treatments while in other parts of the UK, such clients/patients may not have such capacity.

2.8.4 Advice on action to be taken by therapists

Because of the practical difficulties involved in determining how the relevant law applies in a particular case, therapists are advised to act as follows.

Patients under the age of 16

In the case of clients/patients under the age of 16, therapists are advised not to institute any examination or treatment unless they are satisfied that the clients/patient's parent or other legal guardian has given informed consent.

Clients/patients over the age of 16 who do not have intellectual capacity

In the case of clients/patients over the age of 16 who do not have intellectual capacity to give consent (see 1.8.3) therapists are advised not to institute any examination or treatment unless they are satisfied that the examination or treatment is in the best interests of the client/patient, in the sense that the action is taken to preserve the life, health or well-being of the patient.

The therapist cannot normally decide alone whether this test is satisfied in a particular case. The decision will be reached in different ways, depending on the nature of the examination or treatment.

Where the proposed examination or treatment is simple and uncontroversial, the therapist should seek agreement that it is in the clients/patient's best interests from other health professionals, those close to the client/patient, and also the patient in so far as the client/patient can give an opinion.

Clients/patients over the age of 16 who do have intellectual capacity

In the case of clients/patients over the age of 16 who do have intellectual capacity, therapists are advised not to institute any examination or treatment unless they are satisfied that:

The client/patient has been given sufficient relevant information to allow informed consent to be given; and,

The client/patient has given informed consent.

(*Note – Therapists should be aware of the special position concerning patients in England and Wales who are over the age of 16 but under 18. Consent to the examination or treatment of such a client/patient may be given to by the client/patient; or the clients/patient's parent or other legal guardian. All these people have an equal right to give consent, but it is not necessary to obtain consent from more than one of them. In the event of conflict between the client/patient and a parent or guardian, or between parents, therapists should seek legal advice.)

2.9 Having a third party present

Where a therapist intends to examine or treat a child under the age of 16 years, or to treat a client/patient in the clients/patient's home, or where a client/patient so requests, the therapist shall arrange for a third party (such as a suitable member of staff, or a relative or friend of the client/patient) to be present, unless this is impractical in the circumstances.

2.10 Dealing with medical emergencies

Therapists shall establish within their practices, and make known to staff (where applicable), proper procedures for dealing with any medical emergency occurring on their premises.

2.11 Guidance when unable to help

In any case where a therapist discovers that the client/patient is suffering from a condition, which is outside the therapists's scope of practice, the therapist shall advise the client/patient to consult a registered medical practitioner or an appropriate, other person.

2.12 Reports on behalf of third Parties

Before a therapist prepares a report on behalf of a third party, such as an employer or insurance company, the therapist shall obtain the clients/patient's consent in writing to the release of information to the third party and shall ensure at the outset that the client/patient is aware of the purpose of the report and of the obligation which the therapist has towards the third party.

2.13 Notification of fees

Therapists shall ensure that details of their fees are made known to clients/patients either by way of notice or by personal communication before liability for payment is incurred.

2.14 Commercial transactions

Therapists who supply to a client/patient goods of any description shall ensure that such goods are likely to be beneficial to the client/patient.

2.15 Complaints and claims by clients/patients

Therapists shall deal promptly and fairly with any complaint or claim made against them by a client/patient. In particular, they shall establish within their practices and make known to clients/patients a formal complaints procedure, and shall notify clients/patients of their right to refer any unresolved complaint to the aromatherapists association, the address of which they shall supply.

Where a client/patient wishes to make a complaint against another health professional, the therapist shall give to the client/patient such assistance as is reasonable in the circumstances.

(The Massage Therapists Society Complaints and Disciplinary procedures are contained in a separate document.)

SECTION 3 ; PATIENT RECORDS AND CONFIDENTIALITY

3.1 Confidentiality – the general rule

Subject to the exceptions mentioned below aromatherapists shall not disclose to a third party any information about a client/patient, including the identity of the client/patient, either during or after the lifetime of the client/patient, without the consent of client/patient or the clients/patient's legal representative. Massage therapists are responsible for taking all reasonable steps to ensure that any employee or agent adheres to this general principle and that any information relating to a client/patient is protected from improper use when it is received, stored, transmitted or disposed of. If in doubt a massage therapist should take legal advice on the question of disclosure of information. Failure to observe confidentiality may be regarded as unacceptable professional conduct.

3.2 Exceptions to the general rule of confidentiality

3.2.1 The exceptions to the general rule of confidentiality are that a massage therapist may disclose to a third party information relating to a client/patient

- *If the aromatherapist believes it to be in the clients/patient's interest to disclose information to another health professional;
- *If the therapist believes that disclosure to someone other than another health professional is essential for the sake of the clients/patient's health;
- *If disclosure is required by statute;
- *If the therapist is directed to disclose the information by any official having a legal power to order disclosure; or
- *If upon seeking the advice of the Statutory or Regulatory body, the therapist is advised that disclosure should be made in the public interest.

3.2.2 In each case where disclosure is made by a massage therapist in accordance with an exception to the general rule of confidentiality, the therapist shall:

- *Inform the client/patient before disclosure takes place;
- *So far as is reasonably practicable make clear to the client/patient the extent of the information to be disclosed, the reason for the disclosure, and the likely consequence of disclosure, where to do so is appropriate;
- *Disclose only such information as is relevant; ensure so far as possible that the person to whom disclosure is made undertakes to hold the information on the same terms as those to which the therapist is subject; and,
- *Record in writing the reasons for such disclosure.

3.3 Ownership of and responsibility for records as between therapists

- 3.3.1 Where therapists work together, in any capacity, in the same practice or premises, they are advised to enter into a specific agreement as to the ownership of, and hence the responsibility for, the records of clients/patients whom they treat in that practice or those premises.
- 3.3.2 In the absence of a legal rule or such specific agreement as is mentioned in 3.3.1 to the contrary, clients/patients' records (including any case history, treatment chart, reports, correspondence, and other records of a similar nature) shall be deemed for the purposes of the provisions of the Code to be the property and responsibility of the therapist or therapists (if any) to whom the practice belongs.
- 3.3.3 Therapists who are deemed to own and have responsibility for clients/patient's records (see 3.3.2) are also responsible for ensuring that clients/patients have the written confirmation as required by Section 2.4. Records must be returned to the client/patient where practicable or destroyed in accordance with section 3.5.
- 3.4.1. Therapists shall ensure that when ceasing to practice as a massage therapist or on the closure of a practice that the clients/patients records are returned to the client/patient (where practicable) or destroyed in accordance with section 3.5.

3.5 Disposal 3.4. Retention of records

Client/patient records (as defined in 3.3.2 above) provide valuable information. Such records shall be retained in safe custody by the therapist to whom they belong for a period of two years from the date of the last treatment.

In view of the confidentiality to be observed with regard to clients/patients' records, records must be disposed of securely, usually by incineration or shredding.

3.6 Access to records by clients/patients

If so requested by a client/patient in writing, a massage therapist shall make available to the client/patient without delay copies of any records, in accordance with any legislative provisions relating to data protection or access to health reports or records. Where an aromatherapist releases original records to a client/patient for purposes other than their transmission to another health professional, the therapist is advised to obtain from the client/patient an undertaking for their return.

SECTION 4: CONDUCT IN RELATION TO COLLEAGUES AND OTHERS

4.1 Criticism and discrimination

Therapists shall not unjustly criticise or discriminate against a colleague or other health professional.

4.2 Complaints against other therapists

Therapists shall report in the first instance any concern that they may have about the conduct, competence or health of another therapist to their Association having first made an honest attempt to verify the facts upon which their concern is based. The safety of clients/patients must come first at all times and override personal and professional loyalties.

4.3 Approaching clients/patients of other therapists

- 4.3.1 Where therapists work together, in any capacity, in the same practice or premises, they are advised to enter into a specific agreement governing their respective responsibilities for the clients/patients whom they treat in that practice or those premises.
- 4.3.2 In the absence of any legal rule or such specific agreement as is mentioned in 3.3.1 to the contrary a client/patient who has been treated by one or more of the therapists shall be deemed for the purposes of the provisions of the Code to be the client/patient of the therapist or therapists (if any) to whom the practice belongs, whose identity has been notified to the client/patient in accordance with section 2.4.
- 4.3.3 Therapists shall not approach someone who is the client/patient of another therapist with the intention of persuading that person to become their client/patient.

4.4. Commission and split fees

Therapists shall not offer or accept any form of commission or split fee relating to referred cases.

4.5 Provision of information contained in records: Health Professionals

- 4.5.1. Therapists shall make available to another health professional, with the clients/patient's written consent, and without delay, full information relating to a clients/patient's condition (including the originals or copies of any case history forms and treatment notes) where such information is required for the proper care of the client/patient.

4.5.2 Therapists who receive on loan records belonging to another health professional shall return them promptly.

4.6 Provision of information contained in health records: Evidence

Therapists who are required or requested to give evidence or information to legal bodies should do so with care. Where the evidence is given as an expert witness, the aromatherapist must be independent and impartial.

4.7 Employing other health professionals

4.7.1. Therapists who employ health professionals of any description shall ensure that they are:

*Properly qualified, and registered with the appropriate statutory or regulatory body if any; and

*Properly insured against any liability to, or in relation to clients/patients. The nature and amount of such insurance relating to each health professional, and the conditions of cover, shall be those prescribed by the appropriate statutory or regulatory body.

4.7.2. Unqualified persons

Therapists shall not practise in circumstances in which a person who is not a qualified massage therapist takes decisions with regard to the treatment of the client/patient, unless that person is the medical practitioner for that client/patient.

4.7.3 Teaching and training

Therapists who undertake to teach or train therapy students shall ensure that they have the necessary skills and knowledge, and that those students whom they teach or train are properly supervised, and, where necessary, insured. Subject to these provisions, the therapist may allow therapy students to treat consenting clients/patients provided that any such treatment is carried out under the qualified therapists' supervision.

SECTION5: EDUCATION AND PROFICIENCY

5.1 Statutory Requirements

Massage therapists must comply with all standards laid down by the Statutory body concerning education and proficiency and, in particular, with the Statement of the Standard of Proficiency required for the competent and safe practice of massage therapy, which may be published by the body, and with any subsequent rules governing post registration training made by the body.

SECTION6: RESEARCH

6.1 taking part in clinical trials or other research, massage therapists shall ensure that, in appropriate cases, they:

- *adhere strictly to a research protocol which has been approved in accordance with rules made by an appropriate ethics committee;
- *accept when only such payments as are specified in the protocol;
- *conduct the research uninfluenced by payments or gifts;
- *maintain adequate records;
- *record results truthfully;
- *make no unauthorised claims to authorship; and
- *make no attempt to prevent publication of any criticism of the research.

SECTION 7: MATTERS RELATING TO THE PERSONAL CONDUCT OF MASSAGE THERAPISTS

7.1 Personal behaviour generally

Therapists shall at all times avoid conduct which may undermine public confidence in the massage therapy profession or bring the profession into disrepute, whether or not such conduct is directly concerned with professional practice.

7.2 Alcohol or other drugs

Complaints of the misuse of alcohol or other drugs may lead to a charge of unacceptable professional conduct, whether or not the complaint is the subject of criminal proceedings. Impairment of an therapists ability to practise as a result of the misuse of alcohol or other drugs may lead to the question of the therapists fitness to practise being referred to the Statutory or Regulatory body.

7.3 Dealing with ill health

Therapists who have reason to believe that patients may be at risk because of the therapists' ill health, whether mental or physical, must seek and follow proper advice as to whether or how they should modify their practice. Failure to do so may be regarded as unacceptable professional conduct.

7.4 Use of qualifications

Therapists shall not use any title or qualification in such a way that the public may be misled as to its meaning or significance. In particular, therapists who use the title "doctor" and who are not registered medical practitioners shall ensure that, where appropriate (for example, in any advertisements and in their dealings with patients and other health professionals) they make it clear that they are registered therapists and not registered medical practitioners.

SECTION8: PUBLICITY AND THE PROMOTION OF A PRACTICE

8.1 Generally

Massage therapists may publicise their practices, or permit another person to do so, subject to the provisions of the principles of the British Code of Advertising Practice and Sales Promotion for the time being in force, and to the following provisions.

8.2 Legality

The publicity of an therapist shall comply with the general law, and shall not encourage or condone breaches of the law by others.

8.3 Decency

The publicity of an therapist shall contain nothing nor be in a form nor be published or circulated in any way, which would be likely, in the light of generally prevailing standards of decency and propriety, either to cause serious or widespread offence or to bring the therapy profession into disrepute.

8.4 Honesty

The publicity of a therapist shall be worded in such a way that it does not abuse the trust of members of the public nor exploit their lack of experience or knowledge, either of matters of health or of therapy services.

8.5 Truthfulness

Publicity of a therapist shall not be misleading or inaccurate in any way.

8.6 Frequency of Publicity

Publicity shall not be generated so frequently or in such a manner as to put those to whom it is directed under pressure to respond.

8.7 Physical details of publicity

The design, size, lettering, colouring, degree of illumination, material, and other physical details of the publicity used by a massage therapist (for example but not by way of limitation, name plates, signs identifying professional premises, professional stationery, directory entries, professional announcements, and advertising for staff) shall be consistent with a professional approach towards the provision of information to members of the public.

8.8 Identity of a Massage therapist

The publicity of a therapist shall contain sufficient information to enable the therapist to be contacted.

8.9 Claims to specialisation or expertise

Unless reference to a specialist qualification has been entered on the register held by an association, a massage therapist shall make no claim that the therapist is a specialist, or an expert in a particular field of therapy. Nevertheless, a therapist may indicate that a practice is wholly or mainly devoted to particular types of treatment.

8.10 Published material and broadcasts

The publicity of therapists may refer to clinical or research material published by them or others in a professional journal, and to their authorship of books and articles relating to professional matters, in either the publicity or the published material or the broadcasts that they should be consulted in preference to any other therapist.

8.11 Interactions with the media

Publicity about a therapist or a practice which arises through, or from interviews with representatives of the media, and which may be regarded as likely to bring the profession into disrepute, should be avoided. A therapist should wherever possible request access to the article, statement or interview before publication or broadcast in an attempt to ensure that it does not contravene the provisions of the Code.

8.12 Claims to superiority

No claim shall be made by a therapist that the services that they are able to offer, or their personal qualities or skills, are in any way superior to that of any other.

8.13 Criticism of services or charges

No publicity may, in relation to any other aromatherapist or other health professional, whether identifiable or not, criticise the quality or cost of services provided.

8.14 Guarantees of successful treatment

No publicity shall employ any words, phrases or illustrations which suggest a guarantee that any condition will be cured.

8.15 Statements relating to fees

Any publicity relating to fees shall be clearly expressed. In particular, a therapist shall state what services will be provided for each fee.

8.16 Personal approaches

therapists shall not publicise their services by making any unsolicited and direct approach to a private individual who is not a client/patient, whether in person, or by mail, telephone, facsimile or other form of communication. Therapists may approach representatives of organisations such as firms, companies, schools, clubs or other health professionals to publicise their services.

No publicity shall employ any words, phrases or illustrations that suggest a guarantee that any condition will be cured.

8.17 Business names

Therapists shall not use a name for a practice that may be misleading or cause confusion with similar names for the practices of other health professionals.

8.18 Personal names

Therapists shall not practise under any family or given names other than those, which are entered on the register of The Massage Therapists Society or held by another therapy association.

SECTION9; PRACTICE ARRANGEMENTS, PREMISES AND ADMINISTRATION

9.1 Registration with the Statutory or Regulatory body

9.1.1. it is the responsibility of a therapist who intends to practise, to register with an therapy association before beginning to practise, and thereafter to renew registration annually.

9.1.2 those who supervise students undertaking the therapy treatment of patients must be registered with an association.

9.2 Agreements of partnership, association or employment

Therapists who enter into any contract of partnership, association or employment shall abide by the terms of such contract, and ensure that such terms are recorded without delay in a formal, written document.

9.3 Limited companies

Therapists who work in a practice, which is run by a limited company, are reminded that they will remain personally liable to individual patients in respect of any treatment or advice, which they provide.

9.4 Health and safety legislation

Therapists shall ensure that they are aware of and comply with all relevant legislative provisions relating to health and safety applying to practice premises, whether such provisions apply to them as employers or as employees.

9.5 Appearance and maintenance of Premises

Therapists shall ensure that the premises in which they practise reflect the professional nature of the practice; are well maintained and orderly; and are hygienic, suitably lit, heated and ventilated.

9.6 Privacy of changing and treatment areas

Therapists shall ensure that the privacy of changing and treatment areas is secured so far as is reasonably possible.

9.7 Insurance

9.7.1 Therapists who are involved in advising or treating clients/patients must be indemnified against claims for professional negligence. This is in the interest both of clients/patients, who may have a right to compensation, and of therapists themselves who may require professional and legal advice in connection with claims made against them.

9.7.2 Failure to arrange adequate indemnity cover, which includes the cost of obtaining professional and legal advice, may lead to a charge of unacceptable professional conduct.

9.7.3 Therapists should also maintain at all times adequate public liability insurance and, where appropriate, employers' liability insurance.

9.8 Debt Collection

Therapists shall not use debt collecting agencies, or institute legal proceedings to recover sums due, until all other reasonable measures to obtain payment have been taken, and shall ensure that, if such methods are used, only such information relating to the patient is disclosed as is necessary.

9.9 Separation of funds and financial information

9.9.1 in cases where therapists hold money on behalf of another person or body they shall do so in such a way that it is kept separately from their own money, and that they account to the other party for any interest earned by such money.

9.9.2 So far as is practical, financial information relating to a patient should be kept separately from clinical notes.

10 Ingestion of substances.

It is the policy of The Massage Therapists Society that the internal ingestion or administration of essential oils should not at any time be suggested or condoned under any circumstances.