



Irish Society of Bioregulatory Medicine.

Code of Practice and Conduct for Members.

December 2012

Contents.

- 1. INTRODUCTION**
- 2. RELATIONSHIP WITH CLIENT**
- 3. PERSONAL CONDUCT**
- 4. RECORD KEEPING**
- 5. MEDICAL DIAGNOSIS**
- 6. MEDICAL CARE OR TREATMENT**
- 7. MEDICAL INTERVENTIONS OR TREATMENTS**
- 8. SUPPLY OR RECOMMENDATION OF MEDICINES, HERBS OR SUPPLEMENTS**
- 9. TREATMENT OF CHILDREN.**
- 10. MEDICAL CLAIMS**
- 11. ADVERTISING**
- 12. PREMISES AND CLINICAL SETTING**
- 13. CONFIDENTIALITY**
- 14. QUALIFICATIONS AND DESIGNATIONS**
- 15. PROFESSIONAL INDEMNITY INSURANCE**
- 16. CONTINUING PROFESSIONAL EDUCATION (CPE)**
- 17. COMPLIANCE WITH CIVIL LAW**
- 18. COMPLIANCE WITH CODE OF PRACTICE AND CONDUCT**

1. INTRODUCTION

This **Code of Practice and Conduct (CPC)** is drawn up by the Society for the guidance of members (hereinafter referred to as **Bioregulatory Practitioners**). In addition to the provision of guidance and services to members, its purpose is to act as a Charter by which Bioregulatory Practitioners interact with their patients or clients and with the community as a whole. Membership of the Society is contingent on members abiding by the Constitution of the Society and the CPC and by adoption of best practices at all times in the exercise of their professional work. It is the responsibility of Members to be aware of the contents and details of this CPC and any modifications thereof. Members recognise that with the evolution of society this CPC may need amendment from time to time. All such changes will be made in accordance with the Constitution of the Society.

2. RELATIONSHIP WITH CLIENT

The relationship between a Bioregulatory Practitioner and his/her patient or client is that of a professional with a patient or client. The patient or client engages the services of the Bioregulatory Practitioner for the skills and knowledge which the Bioregulatory Practitioner possesses, and this knowledge and skill must be administered with a **duty of care** to the patient or client at all times.

Good communication is an essential element in successful practice. Listening skills, the creation of trust and the development of mutual respect are objectives which members should strive to attain.

3. PERSONAL CONDUCT

Bioregulatory Practitioners shall at all times conduct themselves in an honourable and courteous manner and shall work in a co-operative manner with other healthcare professionals and shall recognise and respect the role of different therapies and treatments and the role of different therapists in the provision of healthcare services. Bioregulatory Practitioners shall behave with courtesy and respect for the patient or client and shall recognise the individuality and the individual needs of each patient or client. Members shall observe proper moral conduct at all times in their treatment of their patient or client and will not engage in any relationship of a personal, sexual or commercial relationship with the patient or client whilst providing a professional service to that patient or client.

4. RECORD KEEPING

As part of Good Practising Services (GPS) members must keep clear and comprehensive records of all treatments provided to the patient or client. This should include the date the service was provided, the advice given and the recommendations made. If a repeat consultation is recommended the interval should be specified. If the patient or client makes a repeat visit the diagnosis/analysis must be recorded and progress or otherwise linked to the records of the earlier consultation. Members shall have due regard to all statutory requirements in relation to the maintenance of individual or personalised records. Members must make adequate arrangements to ensure that all patient and client records are kept safely and securely.

5. MEDICAL DIAGNOSIS

Bioregulatory Practitioners, who are not medical doctors must avoid giving a medical diagnosis and acknowledge that this is the responsibility of a registered Medical Bioregulatory Practitioner. However, the underlining principles of Bioenergetics are the skills and diagnostic capabilities of the Bioregulatory Practitioner and it is for those skills that the consultation takes place. The onus is therefore on the Bioregulatory Practitioner to discharge those skills in a professional manner to the patient or client.

6. MEDICAL CARE OR TREATMENT

Bioregulatory Practitioners must not at anytime countermand advice given or advise or recommend that prescriptions given by a doctor be set a side, or in any way undermine the advice of the clients doctor or the course of treatment recommended by the doctor. Neither must Bioregulatory Practitioners advise a particular course of medical treatment such as an surgery, the refusal of surgery or the use of or refusal of specific drugs.

7. MEDICAL INTERVENTIONS OR TREATMENTS

Bioregulatory Practitioners who are not medical doctors must refrain at all times from providing services of a surgical, operative or similar nature. Bioregulatory Practitioners should not assist in childbirth unless they are qualified nurses with appropriate experience in Midwifery. Members should avoid treatments such as injections unless they have the necessary training and qualification and approval to engage in such treatments.

8. SUPPLY OR RECOMMENDATION OF MEDICINES, HERBS OR SUPPLEMENTS

Members will refrain from the supply or the recommendation of medicinal products such as herbs, homoeopathic medicines or formulated supplements unless they have training and expertise in the particular products, their therapeutic merits and effects and their potential interaction with other medications. In the event that medicines, herbs or supplements are prescribed or recommended in any particular case members shall ensure that the patient or client is provided with all clinical or technical explanations required. Members shall ensure that any such supplies are properly and adequately labelled and come from an authentic source where quality and safety can be assured.

9. TREATMENT OF CHILDREN.

Members shall take all necessary precautions in the treatment of children. Members should ensure that a Parent or Guardian is present during interviews or examinations and shall ensure that the child has consented both to the interview or examination and/ or the presence of a Parent or Guardian.

10. MEDICAL CLAIMS

Members must at all times avoid making claims of a medical nature. In particular, they must not claim to be able to, or to have cured any disease. Members must confine themselves to advice on the possible therapeutic effects of any particular treatment which they are recommending, or the different therapeutic responses to any particular treatment. Members must not at anytime overly create confidence in the mind of any patient or client or use such words or phrases as “guarantee” or “guaranteed recovery” from any particular condition or disease.

11. ADVERTISING

Members shall observe appropriate standards in the promotion and advertising of their particular branch of energetic medicine. In particular members shall avoid making unsubstantiated claims for particular therapies, interventions or procedures. Members shall have due regards to the law in relation to the advertising of medicines and medical devices.

12. PREMISES AND CLINICAL SETTING

Members shall take all necessary precautions to ensure that premises from which they conduct their practices are suitable for the purpose intended and comply with all Health and Safety Regulations in the interest of Patients, Clients and Employees.

13. CONFIDENTIALITY

Total confidentiality must be observed by the members, in relation to the patient or client. No disclosure may be made to any third party, including any member of the patient's own family, without the patient's or client's consent. Members will have regard to the due process of law, when called upon in a professional capacity whether by Statute, Statutory Instrument or Court Order.

14. QUALIFICATIONS AND DESIGNATIONS

Members may use the designatory letters BioP together with any other designatory letters applicable to recognised professional or vocational qualifications which they possess. Members will refrain from using titles, such as professor or doctor, or other designations or titles, not duly accredited to them and which could mislead or be misinterpreted by the patient or client. Members will refrain from displaying, by certificate, poster or any other form the possession of qualifications, degrees or diplomas which have not been issued or validated by a duly recognised educational establishment or authority and which could be misled or be misinterpreted by the patients or clients. In particular, Members who are not medical doctors will ensure that they are not understood by a client to be a medical doctor.

15. PROFESSIONAL INDEMNITY INSURANCE

Members will at all times maintain adequate Professional Indemnity Insurance issued by a reputable underwriter covering all aspects of the professional services provided to patients or clients.

16. CONTINUING PROFESSIONAL EDUCATION (CPE)

Members commit themselves to continuous education, training and development, and to keeping up-to-date with developments in Bioenergetics. In pursuance of this Members agree to participate in the number of hours of study per annum as maybe set down from time to time by the Executive Council of the Society for the particular branch of professional work in which they engage. Members agree to keep detailed and accurate records of all such study undertaken.

17. COMPLIANCE WITH CIVIL LAW

Members acknowledge that in the discharge of their professional work they will at all times comply with the Law of the State. This CPC in no way interferes with or supersedes the Statute Law.

18. COMPLIANCE WITH CODE OF PRACTICE AND CONDUCT

Members acknowledge that the Society is a voluntary body, established for the benefit of members and further acknowledge that this CPC is drawn up for their guidance and as a means of assisting them in the discharge of their professional work in a competent manner. Members are asked therefore to abide by CPC. Members agree to co-operate with the Executive Council of the Society and/or any Sub-committee set-up by the Council or any Agent appointed by the Council to investigate any complaints made against a Member of the Society.

5th December 2012

End.