



Crystal Therapy Council

Code of Conduct & Ethics

Revised 2018, Ratified 6th September 2018

Introduction

This Code of Conduct and Ethics is intended to:

- Inform Registered Practitioners of the high standards of professional conduct and practice they are required to adhere to, relating to the treatment of humans only.
- Inform Registered Schools of the professional standards they are required to adhere to and convey to their students in the teaching of accredited courses.
- Inform students on accredited courses of the professional standards they should adhere to.
- Inform the public, other health professionals, and employers, of the standard of professional conduct and practice they can expect of a practitioner.

This code may be reviewed annually to reflect best practice, changes in legislation, and advice from GRCCT.

Where the Code of Conduct refers to Practitioners it should be taken that the guidance also applies to students and Registered Schools as applicable.

Section One: Professional Responsibility

1. Practitioners must follow the Code of Conduct and abide by decisions made under the Disciplinary Rules and Complaints Procedure.
2. Practitioners must be adequately insured to practise and be able to provide evidence of this if required. Practitioners living or working abroad must take personal responsibility for meeting the professional requirements of that country.
3. Registration with any Professional body such as GRCCT should be regarded as a guarantee by clients and medical professionals of the practitioner's integrity, training and competence. Therefore:
 - a. Practitioners must conduct themselves in an honourable, moral, ethical, courteous and professional manner in their relations with their clients and the public.
 - b. Practitioners must not discriminate on grounds of gender, race, religion, political persuasion, sexual preference, age or disability.
 - c. Practitioners must ensure that they are medically, physically and psychologically fit to practise. They should maintain adequate personal hygiene, and not work under the influence of alcohol or other drugs.
 - d. Practitioners must ensure that their working conditions are suitable for their therapy.

- e. Practitioners must be professional in their communication both to each other and to the general public, and should not state or imply that their own opinion represents the view of the organisation, unless this is, in fact, the case.
4. Practitioners must have achieved the minimum requirements for their therapy according to standards laid down by GRCCT, to account for certificate holders who are insured to practice.
5. Practitioners must continue their professional development through CPD activities.

Section Two: Professional Conduct with Clients

The welfare of the client is paramount, and the focus of the practitioner's behaviour must be on the client's healing process. The client should be able to put complete trust in the practitioner's integrity, and it is the duty of the practitioner not to abuse this trust in any way.

1. Social Interaction

- a. Professional conduct, including client confidentiality and boundaries, should be maintained in all therapy situations, including those which involve friends or family members.
- b. Practitioners who find they are becoming involved in a romantic or sexual relationship with a client should end the professional relationship and arrange alternative care for the client.

2. Physical Contact

- a. Practitioners must not use manipulation or vigorous massage, unless they have appropriate professional qualification and insurance. This does not preclude gentle massage (such as crystal massage), and healing passes.
- b. Practitioners must not ask clients to remove their clothing (except heavy outer layers, such as coats or thick jumpers, and footwear), unless qualified and insured in another therapy, such as massage, which he/she is integrating into the treatment.
- c. Practitioners must avoid physical contact with sensitive areas of the body, such as groin and breasts. If crystals are to be placed in a sensitive area, cover the client with a towel or blanket first, or alternatively, ask the client to place and remove crystals in these areas.

3. Practitioner Safety

- a. Practitioners must not treat any client whose condition exceeds their capacity, training and competence. If necessary, the client should be referred to a more experienced practitioner or medical professional.

- b. Discretion must be used for the protection and safety of the practitioner when carrying out treatments with clients who are mentally unstable, addicted to drugs or alcohol, severely depressed, suicidal or suffering from hallucinations.
- c. Practitioners should recognise when it is not appropriate to work in isolation, for example when treating a member of the opposite sex who is either not previously known to them or referred by a trusted colleague. The practitioner is legally permitted to refuse treatment to a client of the opposite sex under the Sex Discriminations Act 1975, S 35.2, which gives exception to circumstances in which physical contact is involved.

4. Good Practice

- a. Practitioners must never claim to 'cure' (Medicines Act 1968, S 12.1), or claim the ability to treat specific medical conditions. The possible therapeutic benefits may be described, but 'recovery' must never be guaranteed. Remember that in some cases practitioners are aiding the management of chronic conditions, or easing the transition to death, rather than restoring physical health.
- b. Practitioners must recognise the client's right to refuse treatment or ignore advice.
- c. If another form of therapy appears to be more appropriate than that offered by the practitioner, the client should be given advice in this regard.
- d. Practitioners should be aware of potential contraindicated conditions. and if necessary, refer the client to an appropriate practitioner.
- e. Practitioners must not imply they are medically trained unless this is, in fact, the case. This includes the use of the title "doctor" if they are not medical practitioners.
- f. Practitioners must not offer counselling, unless suitably qualified to do so.
- g. Practitioners must not misrepresent the gravity of a client's condition, the therapeutic value of any treatment, or promote undue dependence on their care.
- h. Practitioners must not approach a client of another practitioner with the intention of persuading them to become their client.
- i. Practitioners should remain conscious and present during treatments and should not give psychic readings as part of the session.

5. Consent

- a. Treatment of a client is legally permitted only with his or her informed consent, the law regarding as an assault even the touching of one person by another without the former's consent. Before treatment, practitioners must ensure that informed consent has been given. This

can be in writing, orally, or by co-operation. Practitioners should not conduct energy healing (in person or remotely) on people who have not given their express conscious permission beforehand.

- b. If a client is incapable of giving consent, by reason of age or mental impairment (e.g. a child, in a coma, or does not have intellectual capacity), the practitioner should gain written consent from the person responsible for the care of the client. This should be kept with the client's records.
- c. Prior to consent, all the procedures involved in the treatment, including such matters as questionnaires, likely content and length of consultation, other integrated modalities, probable number of consultations, fees, terms and conditions, etc., should be explained fully, either in writing or verbally.
- d. Practitioners must never have a third-party present (i.e. a trainee healer or member of the client's family) without the client's and the practitioner's specific consent. The exception is the presence of a parent or guardian when the client is under 16.

6. Client Records

- a. Practitioners must keep detailed records of clients and treatments, including dates of attendance, types of treatment, advice given, and feedback from the client.
- b. Practitioners must never falsify documents or clients' notes. It is an offence to do so.
- c. When a client is shared between two or more practitioners, the client must give written permission for records to be shared. If permission is given, then one practitioner must take responsibility for the client's records.
- d. Practitioners must comply with the Data Protection Act:
 - i. Records must be kept safely, either in a locked cabinet, or in a password-protected file on the computer.
 - ii. Records must be kept for the period specified by the practitioner's insurers (usually 6-9 years, although some insurers recommend that records are kept indefinitely). In the case of children, records should be kept for the same specified period once they have reached their 18th birthday. After this period, records must be safely destroyed.
 - iii. Practitioners keeping client records and other data on a computer are obliged to notify and register with the Information Commissioner's Office (ICO). This also applies to schools and organisations keeping student or member details. Failure to do so is a criminal offence. <http://www.ico.gov.uk>
 - iv. Under the General Data Protection Regulation (GDPR), as of May 2018, practitioners, schools and organisations must have

written permission from the client, student or member to keep personal data on computer file or share it with others. This includes sharing data via email, social media, or displaying details on a website. The document should be kept with the person's records.

7. Confidentiality

Practitioners and their assistants must respect the confidentiality of the therapeutic relationship, and not divulge any information about a client to any third party. When an exception is made, where practicable, the client must be informed before disclosure takes place (see exceptions below). Client permission for disclosure must be given in writing. The extent of information disclosed and the likely consequences should be explained, and a written record kept of the nature of the disclosure. Exceptions are:

- a. When the practitioner believes it to be in the best interest of the client to disclose information to another health professional, i.e. when transferring a client to another practitioner, or when a notifiable disease is suspected.
- b. When required by law to do so.
- c. When it is contrary to public interest, i.e. if there is a risk the client may cause harm to him/herself or others, or have harm caused to them. This includes suspected abuse or domestic violence. Guidance for reporting abuse in the UK differs between counties.
- d. When requested by an employer or insurance company, in which case it must be with the client's written consent.
- e. The use of case histories in teaching or publication. In both cases the client's anonymity must be rigorously preserved.
- f. The use of case histories submitted by the student to the school as part of accredited training or in research, in which case prior written consent must be obtained.

8. Health and Safety, and First Aid

- a. Practitioners must be aware of current Health and Safety guidelines regarding public spaces, business premises, and working privately from home. This includes fire regulations and emergency procedures. If necessary for their work, practitioners must hold a current Health and Safety certificate.
- b. Although not obligatory, practitioners working privately are advised to hold a valid Emergency First Aid at Work Certificate.

Section Three: Practitioners and the Medical Profession

1. Complementary medicine is legal in the United Kingdom. Government policy permits a doctor registered with the General Medical Council (GMC) to use or

prescribe therapies. In this case, the Registered Medical Practitioner must remain in charge of the client's treatment, and clinically accountable for the care offered by the practitioner.

2. The practitioner should strive for a good relationship and full co-operation with the medical authorities.
3. Crystal Therapy must not be offered as an *alternative* to orthodox medicine, but as *complementary*.
4. The practitioner must ask a new client what medical advice they have received. Although it is legal to refuse medical treatment, if a medical condition exists, and the client has not seen a doctor, they must be advised to do so. This advice must be recorded for the practitioner's protection.
5. The practitioner must not countermand instruction or prescriptions given by a doctor or other medical practitioner, or advise a particular course of medical treatment, unless qualified to do so. It must be left to the client to make his/her own decision in the light of medical advice.
6. The practitioner must not give a medical diagnosis, unless qualified to do so. However, if the practitioner believes that he/she has identified some aspect of a disorder which is not covered by a doctor's diagnosis, the client should be advised to draw this to the attention of the doctor and a record should be made of this advice.
7. Visiting Hospitals – Some General Guidelines:
 - c. Be as accommodating, sensitive and unobtrusive as possible.
 - d. Ask permission of the Nursing Officer or other hospital authority beforehand.
 - e. Support your client's choice of treatment.
 - f. Practitioners must not wear clothing which implies they are a hospital staff member.
 - g. Practitioners should be prepared to produce a current copy of qualifications, insurance and professional registration if requested.

Section Four: Practitioners and the Law

1. Children:

- a. A parent or legal guardian must be present when treating a child under the age of 16. This may vary in some parts of the UK.
- b. Practitioners who treat children must undertake a standard police check through the Disclosure and Barring Service.
<https://www.gov.uk/disclosure-barring-service-check/overview>
- c. Since crystal therapy is not medical aid as defined in law, a practitioner who treats a child who is unwell and whose parents refuse medical aid runs the risk of being considered as aiding and abetting that offence.

Where it is known that the parents are not facilitating the provision of medical attention for the child, practitioners are strongly advised to secure the signature of the parent or guardian to the following statement:

I have been warned by (name of practitioner) that according to law I should consult a doctor concerning the health of my child, (name of child).

Signed (Parent or guardian)

Date

Witnessed by (signature of person witnessing)

This statement should be kept with the client's records.

2. **Animals**

- a. The Veterinary Surgeons Act 1966 prohibits anyone other than a qualified veterinary surgeon from treating animals, including diagnosis of ailments and the giving of advice based on such diagnosis. However, the healing of animals by contact healing through the laying on of hands, crystal therapy, or by distant healing is legal and acceptable to the Royal College of Veterinary Surgeons.
 - b. The rendering of emergency first aid to animals is permissible for the purpose of saving life or relieving pain. What constitutes an emergency must be a question for the judgment of the individual practitioner.
 - c. Under the Protection of Animals Act 1911, the owner of an animal needing treatment by a veterinary surgeon is obliged to seek such treatment, and the owner should be so advised.
3. **Herbs:** The law relating to the sale and prescription of herbs is obscure, but practitioners must not advise the use of particular herbal prescriptions unless qualified to do so.
 4. **Childbirth:** It is illegal to attend women in actual childbirth, or within 10 days thereafter, unless qualified as a midwife or other appropriate medical practitioner, attending as the husband, partner or birth partner, or in cases of sudden urgent necessity.
 5. **Dentistry:** The Dentists Act of 1984 prohibits the practice of dentistry, unless the practitioner holds an appropriate qualification.
 6. **Notifiable Diseases:** Registered medical practitioners are required to notify a 'Proper Officer' of the local authority of suspected cases of certain infectious diseases. If an undiagnosed notifiable disease is suspected, the client must be immediately referred to his/her GP. In cases where the practitioner is a registered Public Health Practitioner, they should notify the local authority directly. Diseases notifiable to Local Authority Proper Officers under the Health Protection (Notification) Regulations 2010 are:
 - a. Acute encephalitis

- b. Acute infectious hepatitis
- c. Acute meningitis
- d. Acute poliomyelitis
- e. Anthrax
- f. Botulism
- g. Brucellosis
- h. Cholera
- i. Diphtheria
- j. Enteric fever (typhoid or paratyphoid fever)
- k. Food poisoning
- l. Haemolytic uraemic syndrome (HUS)
- m. Infectious bloody diarrhoea
- n. Invasive group A streptococcal disease
- o. Legionnaires' Disease
- p. Leprosy
- q. Malaria
- r. Measles
- s. Meningococcal septicaemia
- t. Mumps
- u. Plague
- v. Rabies
- w. Rubella
- x. Severe Acute Respiratory Syndrome (SARS)
- y. Scarlet fever
- z. Smallpox
- aa. Tetanus
- bb. Tuberculosis
- cc. Typhus
- dd. Viral haemorrhagic fever (VHF)
- ee. Whooping cough
- ff. Yellow fever

Section Five: Advertising

1. Advertising must meet the requirements of the 2010 CAP and BCAP new UK Advertising Codes.
2. Advertising and publicity must be dignified in tone and not contain testimonials or claim a cure or mention any disease.
3. Advertising and publicity must be confined to drawing attention to the therapy available, the qualifications of the practitioner and offer a general service together with necessary details.