

The Bowen Association of the United Kingdom



Bowtech ®

Constitution & Rules

The Objectives, Constitution & Rules of the Bowen Association of the United Kingdom

Founded November 1997 in the United Kingdom

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1. NAME

- 1.1. The name The Bowen Association UK shall be the registered name of the Association and is herein referred to as the Bowen Association or BAUK.
- 1.2. The name of the BAUK, its symbols and such written material as may be published in its name, may not be used or reproduced in any manner whatsoever without due authorisation of its Executive Committee operating through its duly appointed officers.

2. DEFINITIONS

- 2.1. For the purposes of this document a number of terms used herein have been specifically defined, the said definitions being detailed in **Appendix 1 Definitions** which shall be considered to form an integral part of this Document and the Constitution Objectives and Rules detailed therein.

3. OBJECTIVES

- 3.1. To establish, encourage and foster the highest standards of professional training and practice of the Bowen Technique.
- 3.2. To establish standards of professional training and qualifications in the Bowen Technique that will serve as the minimum requirement for full Membership of the Association . To maintain a list of those registered instructors offering professional qualification courses in the Bowen Technique where they are recognised by The Bowen Therapy Academy of Australia (BTAA) as providing training of a standard that meets the requirements laid down for individual membership of the BAUK.
- 3.3. To maintain a register of practising members whose services are available to the public and other professional organisations . The existence of this register will be made known to the public through announcements and advertisements in leading health journals and through information provided on the Bowen Association UK official website.
- 3.4. To ensure a high standard of professional practice among the membership of the Association through its adherence to the **Bowen Association UK Code of Conduct and Guidance to Practitioners (refer to Appendix 4)**.
- 3.5. To make provision for disciplinary procedures in cases of serious professional misconduct.
- 3.6. To provide a forum for the exchange of knowledge, experience and research between the practitioner members of the Association.
- 3.7. To provide insurance cover for the Association's practising membership.

- 3.8. To make available to the general public, the media, government bodies and other organisations in complementary and alternative medicine, information and scientific data concerning the efficacy and safety of the Bowen Technique when practised by competent therapists.

4. MEMBERSHIP

- 4.1. Membership of the Bowen Association UK shall consist of the following categories:
- a) Full Membership
 - b) Associate Membership
 - c) Retired Membership
 - d) Overseas Membership
 - e) Honorary Membership
 - f) Student Membership
- 4.2. Membership of the BAUK shall be open to all individuals who meet the requirements for the various categories of membership as determined by the Association. *The Executive Committee of the BAUK reserves the right to alter or update these requirements subject to approval by the membership as and when it sees fit.*

The said requirements for all levels of membership are detailed in **Appendix 2**.

- 4.3. Upon receipt by the BAUK of the written notice of withdrawal from Membership. In such instances resigning members shall be asked to sign a declaration stating that they undertake to cease using or referring to the name of the BAUK in any of their professional documentation and to immediately return to the BAUK their invalid Certificate of Membership if they have not already done so.
- 4.4. If the member be in default of payment of the annual membership fee in which case the member in question shall be sent by recorded delivery a communication that requires them either to submit their overdue annual membership fee within a period of seven (7) days or to sign and return a declaration stating their intent to withdraw from membership and in addition to cease using or referring to the name of the BAUK in any of their professional documentation enclosing with the declaration their invalid Certificate of Membership as the result of expulsion (refer to **Section 9 Disciplinary Procedures**).
- 4.5. As long as they remain a member that is until such time as they either resign in writing or are formally expelled (by default of payment or disciplinary procedure) each BAUK member shall observe the Constitution and Rules of the Bowen Association UK and abide by the British Complementary Medicine Associations Code of Conduct and Guidance to Practitioners (refer to **Appendix 4**)

5. VOTING RIGHTS

- 5.1. Only Full Members shall have the right to vote at the Annual General Meeting.

6. THE ADMINISTRATION OF THE AFFAIRS OF THE BOWEN ASSOCIATION UK

- 6.1. The final authority for all matters concerned with the administration of the affairs of the BAUK and its government rests with the membership in formal session. A quorum for the Bowen Association's purposes shall consist of at least one-tenth (1/10th) of all Full Members which shall include one signatory Officer and two other members of the Executive Committee.

The Association shall at its Annual General Meeting democratically elect from its Full Members a number of persons to serve for the coming year as an Executive Committee. The criteria for election to the Executive Committee is that candidates should be full members of BAUK, and are eligible *one* year from the date that their full membership is confirmed.

The elected members of the Executive Committee shall consist of a Chairperson a Treasurer a Secretary three (3) officers together with six (6) general members.

The role of the Chairperson shall be that of principal representative of the BAUK with overall responsibility for the formulation and implementation of its professional and financial policy subject to the approval of the Membership. It is the Chairperson's direct responsibility to call and chair at all BAUK General and Executive Committee meetings, report to the membership on all matters of professional and financial concern, and to oversee the administration of the BAUK through regular liaison with the paid BAUK Administrator and staff.

The role of the Treasurer shall be to oversee the financial administration of the Association through liaison with the paid BAUK Administrator and book-keeping staff. While the responsibility of the Treasurer shall not extend to the daily management of the Association income and expenditure nor the on-going maintenance of its accounts, the role of the Treasurer shall nevertheless require them to report to the membership on all matters of financial concern. They shall be expected to recommend to the Executive Committee general policies with respect to the management of the Bowen Association's income and expenditure.

The role of the Secretary shall be to oversee the professional administration of the Association through liaison with the Chairperson, the Treasurer, the other Executive Committee members and the paid BAUK Administrator and staff. While the responsibility of the Secretary shall not extend to the daily management of Association administrative matters nor the on-going maintenance of its register of members, the role of the Secretary shall nevertheless require them to report to the Membership on all matters of professional concern. It is the Secretary's direct responsibility to assist the

Chairperson in calling all BAUK General and Executive Committee meetings as well as to record and disseminate the minutes of those Meetings.

- 6.2. The six (6) *general* members of the Executive Committee referred to in item above shall in addition, take responsibility for the following designated areas of professional concern and activity (This list may be amended from time to time at the discretion of the Executive):
 - a) Arbitration and Complaints
 - b) Public Relations
 - c) Bowen Forum and representation on other outside groups as necessary
 - d) Legal matters
 - e) Newsletter Editor
 - f) Local Group Co-ordinator
- 6.3. The Chairperson shall nominate one of the Executive Committee members to serve as Vice-Chairperson, subject to approval by the full Executive Committee.
- 6.4. The Executive Committee shall have the power to co-opt from time to time as it sees fit *any* member who is deemed to possess specialist knowledge, skills and/or experience that may be of value to its efficient and effective operation. Any such co-opted member shall have the same voting rights as any other Executive Committee member. Such co-opted members term may last no longer than the remaining term of the Executive Committee in question.
- 6.5. There shall be a person engaged by the Association to serve as an Accountant whose responsibility it shall be to prepare and submit the annual accounts of the BAUK. The person in question shall be selected by the Chairperson subject to the full approval of the Executive Committee. The said Accountant shall be accountable to the Executive Committee.
- 6.6. The Executive Committee shall have the power to establish sub-committees and working parties from time to time as it deems necessary . Each sub-committee shall consist of at least three (3) Executive Committee members at least one of which should be an officer together with any number of co-opted members selected by the Executive Committee.
- 6.7. The Executive Committee shall meet as frequently as is required for the proper discharge of their duties but this shall not be less than two (2) times annually. A quorum of the Executive Committee shall comprise at least one signatory officer and five (5) other members.
- 6.8. Sub-committees shall meet as frequently as is required for the proper discharge of their duties.
- 6.9. The Executive Committee and its associated sub-committees shall keep a proper record of its meetings.

- 6.10. The Executive Committee shall ensure that the BAUK is properly and adequately insured against such liabilities as it may encounter in the conduct of its business.

7. ACCOUNTING AND AUDITING

- 7.1. The membership through its Executive Committee shall cause a proper record to be kept of all financial, legal and other matters appertaining to the operation of the BAUK and shall appoint auditors to examine and report annually upon the Financial records of the Association for presentation to the Members at the Annual General Meeting.
- 7.2. The funds of the Bowen Association shall be kept with a recognised reputable Banking organisation and the signatories to such accounts shall be the Chairperson and the Treasurer or one other officer appointed by the Executive Committee. Transactions up to two hundred pounds (£200) requiring one of the said signatures and amounts exceeding this requiring both of the said signatures.

8. GENERAL MEETINGS

- 8.1. The Annual General Meeting of the BAUK shall take place between the months of April and August every year, with preference given to the month of June where possible. Two months written notice of date and venue being given to all members.
- 8.2. The current Chairperson of the BAUK shall preside over the meeting until the incoming Chairperson has been elected who shall then take over his/her office immediately.
- 8.3. Notice of motions affecting the Constitution shall be given in writing to the Secretary no later than five (5) weeks prior to the date of the AGM as circulated and details of the same shall be circulated to all members as part of the notification of the Agenda of the AGM as under section 8.4 below.
- 8.4. The Agenda of, and confirmation of the date and venue of the AGM shall be sent to all members one (1) month prior to the date arranged and the said Agenda shall include notice of all motions affecting the Constitution.
- 8.5. The Agenda and business of the AGM shall include but not be limited to the hearing of the reports of the Officers, the election of a new Executive Committee, discussion and voting on Resolutions and Any Other Business.
- 8.6. Executive Committee members may offer themselves for re-election to the same or a different office.
- 8.7. Nomination/proxy voting forms will be enclosed with Agenda forwarded to members one (1) month prior to the date of the AGM together with details of its completion and return. Nomination/proxy voting forms must be returned to the BAUK office not less than seven (7) days prior to the date of the AGM.

- 8.8. Except for motions affecting the Constitution for which a two-thirds (2/3) majority shall be required, a simple majority of paid-up Full Members shall be sufficient to carry a motion.
- 8.9. An Extraordinary General Meeting (EGM) may be called by the Executive Committee or by not less than fifty (50) paid-up members giving notice in writing to the Chairperson and identifying the precise reasons for the EGM.
- 8.10. Notice of any Extraordinary General Meeting, its date, venue and agenda shall be given in writing to the membership no less than one (1) month prior to the date of the EGM.
- 8.11. No business shall be transacted at the Annual or an Extraordinary General Meeting unless a quorum be present. If within one (1) hour of the appointed time for the commencement of the meeting a quorum is not present, the meeting shall be dissolved and adjourned to a day and time to be determined by those members present, which day shall be within one (1) calendar month of the original date. The date and time of the reconvened meeting shall be circulated to all members by the Secretary or the Administrator and if at the adjourned meeting a quorum is still not present at the end of (1) hour from the time appointed, the members present shall constitute a quorum.

9. DISCIPLINARY PROCEDURES

- 9.1. In the event of a BAUK member being allegedly in breach of one or more of their obligations as a member of the Association, the Executive Committee shall inform the said member in writing giving the nature of the perceived breach and shall require the member to provide the Executive Committee with a written reply within a defined period of time. The Executive Committee shall in addition have the power to require the member to provide further details and/or explanation relevant to the alleged breach as is considered necessary.
- 9.2. In the event that having duly requested a member allegedly in breach as in **Section 9.1** above the said member fails to respond to the Executive Committee's communications, or as the result of the member's response the Committee is of the view that a breach has been committed, the Executive Committee shall commence disciplinary proceedings against the member as laid down in **Appendix 5 Disciplinary Procedures-Extended**. This Appendix forms an integral part of this document.
- 9.3. In the event that the Executive Committee shall be made aware that a member has acted in a way likely to be detrimental to the BAUK or the practise of the Bowen Technique or has brought the Bowen Association UK into disrepute, the Executive Committee shall make an investigation through a disciplinary subcommittee which shall be constituted and act according to the procedures and rules laid down in **Appendix 5 Disciplinary Procedures-Extended**. If the nature of the alleged offence is a public safety issue, or the alleged offence is considered to be of such serious concern, the Executive Committee may suspend a practitioner's membership during the course of the investigation.

- 9.4. In the event of the Executive Committee deciding that a member has been in breach of their obligations or has acted in a detrimental manner or improperly it shall have the power to suspend the member in question for a period of time, expel the member from BAUK or take whatever other action is deemed appropriate which may include re-training.

10. ALTERATION TO THE CONSTITUTION

- 10.1. No amendment addition or deletion may be made to this Constitution that would put the BAUK at variance with the law of the land, or which would in the event of the BAUK being granted charitable status, cause the BAUK at any time to cease to be a “charity in Law”.

11. DISSOLUTION

- 11.1. The BAUK may be dissolved by the passing of a special resolution framed to that end at an Extraordinary General Meeting convened for that purpose. Any assets remaining on dissolution of the BAUK after satisfying outstanding debts and liabilities shall be distributed amongst the members of the BAUK.

APPENDICES

Appendix 1	Definitions
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APPENDIX 1

DEFINITIONS

The purpose of this Appendix is to provide clear definitions of the meanings applied by the Association to certain words or terms appearing within the main body of this Constitution and Objectives of the BAUK which might otherwise be misrepresented or have an alternative even though similar meaning applied to them by some parties.

1. BOWEN TECHNIQUE

- 1.1. For the purposes of the Bowen Association the term Bowen Technique shall be taken to mean the use of non-invasive Bowen moves as used in therapy by Tom Bowen and as taught by the Bowen Association in a professional context for the holistic improvement of physical and psychological well-being.
- 1.2. For the purposes of the BAUK the term Bowen Technique shall be taken to mean all forms of non-invasive Bowen moves excluding those techniques which involve the use of neuromuscular or energetic soft tissue manipulation which do not follow the prescribed description of a typical Bowen move and any techniques that involve direct adjustment or manipulation of the spine or joints. Bowen Technique cannot be described or adjusted to follow the discipline of acupuncture points, acupressure lymphatic drainage techniques, kinesiology or any other soft tissue massage therapies.

2. BOWEN THERAPIST

- 2.1. The term Bowen therapist is used to describe a person who has been trained to a specific standard as defined by the Bowen Association from time to time in the practice of the Bowen Technique for therapeutic purposes.

APPENDIX 2

REQUIREMENTS OF MEMBERSHIP

1. ALL CATEGORIES

No individual shall be considered to be a member of the BAUK if they have failed to pay within the period as may be defined by the BAUK, or as laid down within the Constitution, such annual or other membership fee as may be set from time to time as required for its category of membership.

2. FULL MEMBERSHIP

You are a *Working practitioner*.

You have successfully completed *Modules 1 – 7*

You have a *current First Aid Certificate*

You have passed the required Examinations in *Anatomy and Physiology* to comprise a minimum of **sixty (60) hours** of in-class theoretical and practical tuition in the field of Anatomy and Physiology and basic clinical science.

You have completed your *annual/2 yearly CPDs* (16 hours p.a. or 32 hours over 2 years) - more details below).

You can produce *full professional liability insurance cover*

(Note: If you are a student who has just passed Module 7 and you already have your Anatomy and Physiology and your First Aid Certificate you may immediately become a Full Member as your Module Training counts towards your annual/biannual CPD requirement)

3. ASSOCIATE MEMBERSHIP

You have successfully *completed Modules 1 – 7*

You are a *Non-working* practitioner.

(perhaps ill, taking a break, trained but not wishing to work i.e. only for family/friends use and *students still working towards their A & P and First Aid Certificates*). You are not required to produce insurance cover to renew your membership unless the special transitional arrangements contained in the letter to Associates (August 2007) apply to you.

4. STUDENT MEMBERSHIP

You are *studying Modules 1 – 7* (and perhaps A & P and First Aid, to enable you to progress to Full Member status). You are required to become a student member at Module 2 – your tutor will verify your eligibility.

5. RETIRED MEMBERSHIP

You are *permanently retired* (i.e. non-working) You successfully *completed Bowen Training* to Module 7 inclusive.

6. HONORARY (FREE) LIFE MEMBERSHIP

Offered at the sole discretion of the EXECUTIVE COMMITTEE to individuals whose exceptional contribution to Bowen warrants recognition. If you are still practising, and therefore a Full Member of BAuk, you are *still required to comply with the CPD and insurance requirements*.

7. OVERSEAS MEMBERSHIP

As for above categories. Plus – if a Full Member you must have professional liability insurance permitting you to practice in your country of residence as well as the standard Full Member requirements.

8. C.P.D. REQUIREMENTS EXPLAINED – what do you need?

Only Full Members are required to undertake C.P.D. hours.

CPD training during the three years after becoming a Full Member should be pure Bowtech, provided by BAuk Tutors. *Each full day of training counts as 8 hours*. Examples of courses are:

AFTER three years you can choose to continue to study 100% pure Bowen as above, OR take the opportunity to undertake 50% pure Bowen and 50% Bowen Enhancing skills. Please check with the Executive Committee or the Administration Office for the up to date **approved** list of courses. *Each full day of training counts as 8 hours unless stated otherwise.*

CPD hours will be awarded to new courses when they are approved by the Executive Committee. The number of CPD hours allocated to such courses is at the discretion of the Executive Committee. Details of any changes/additions will be in your newsletter.

CPD allocations are also awarded for the following:

Attendance at the AGM (Meeting) 4 hours

Attendance at the AGM Training Seminars 4 – 8 hours dependant on duration

Practitioners serving on BAuk Committee - 8 hours per annum (in arrears). The Chairman or Vice-Chairman of the Executive, or course tutor in the case of a seminar, will be required to sign your Course Record Card for any of the above.

APPENDIX 3

REQUIREMENTS AND GUIDELINES FOR ACCREDITED TRAINING INSTRUCTORS

1. STANDARDS OF TRAINING

- 1.1. **Overall Training:** Bowen Technique Accredited Training Instructors must provide educational training that comprises a minimum of Two hundred (200) hours of in-class practical and theoretical tuition in the field of the Bowen Technique, anatomy, physiology and basic clinical science.

The overall training should comprise no less than twenty (20) days of in-class attendance held over a minimum period of twelve (12) months. Course days should not exceed a study period of eight (8) hours.

- 1.2. **Bowen Technique Studies:** This aspect of the training should comprise a minimum of one hundred and twenty (120) hours of in-class practical and theoretical tuition in Bowen Technique, together with related topics pertinent to maintaining a professional practice as a qualified practitioner in complementary medicine. Graduating students should be proficient in the knowledge and therapeutic application of the Bowen Technique.

According to the standards laid down by the Bowen Association of the United Kingdom of Great Britain such training should include:

- a) The history and development of the Bowen Technique as founded by Thomas Ambrose Bowen and documented and taught by Oswald Rentsch MBT., DO., ARMT., (Bach) and Elaine Rentsch MBT., Dip.Hom.Ion.
- b) **Knowledge of contra-indications of the Coccyx Procedure on pregnant women and women who may be pregnant; the Breast Procedure on women who have had breast implants; the TMJ Procedure on patients who have had surgery on the temporomandibular joint.**
- c) Bowen Technique within the complementary sector as an holistic therapy.
- d) Codes of conduct and ethical considerations.
- e) Legal considerations and business organisation.
- f) Consultation procedures.
- g) Knowledge of basic pharmacology.

It should be stressed that the Bowen Association considers this curriculum the minimum requirement for studies in theoretical and practical Bowen Technique.

- 1.3. **Anatomy, Physiology and Basic Clinical Science:** This aspect of the training should comprise a minimum of sixty (60) hours of in-class theoretical and practical tuition in the field of anatomy, physiology and basic clinical science.

Graduating students should be knowledgeable in the structure and functioning of all the major systems of the human body, together with the clinical science of at least five (5) common disease conditions of each.

All anatomy and physiology tuition should be conducted in-house by a specialist qualified tutor who provides the required minimum of sixty (60) hours of in-class training.

Where the Bowen Association does allow exemption from classes and examinations in anatomy and physiology or any other subject, they must make certain that any accredited prior learning (APL) awarded is done so on the basis of the actual in-class hours undertaken by the applicant. In addition, any exemptions allowed should only be done on the basis that the APL is fully supported by relevant documentation.

- 1.4. **Case Study Work:** Students should be required to carry out a minimum of thirty (30) hours treatments outside the classroom during their training period. The required thirty (30) hours should be carried out on a minimum of 10 and a maximum of 15 different individuals.

The initial consultation sheet and subsequent case notes for these treatments should be clearly documented and include information on:

- a) The patient's health complaints and medication they are taking.
- b) The precise Bowen moves given at each treatment, together with any reaction experienced by the patient.
- c) Information as to why the particular moves were chosen.
- d) The on-going progress of the patient and results of the treatment given, together with advice offered and information on any follow up treatment.

Continuing Professional Development: On graduation each student must be made aware that it is compulsory to complete two days Continuing Professional Development each year in order to qualify for membership as a Full Member of the Bowen Association. These CPD's should be seminars run by Bowen Therapy Academy of Australia instructors and take the form of revision and updating Bowen Technique palpatory skills.

2. SPECIFIC REQUIREMENTS FOR BOWEN TECHNIQUE QUALIFIED INSTRUCTORS

- 2.1. **Application Procedure:** A Bowen Association member wishing to submit themselves for consideration to become an Accredited Instructor should in the first instance formally notify the Education Committee and the Bowen Therapy Academy of Australia in writing.
- 2.2. **Qualifications of Applicant:** The qualification requirements established by the Bowen Association in its Core Curriculum state that as far as the qualifications of

instructors are concerned the applicant must be able to give evidence of three years experience as a full-time practitioner as a Bowen Therapist.

- 2.3. Comprehensive Insurance Cover to practice and teach.
- 2.4. Fully qualified and insured by the Bowen Association in full-time practice with a minimum of two hundred (200) hours in-class training in the form of basic training modules (minimum 120 hours) and post-graduate studies in the form of Continuing Professional Development (CPD) minimum eighty (80) hours.
- 2.5. City and Guilds D7307 Parts One and Two Education Teacher's Certificate.
- 2.6. Qualified medical practitioners with qualifications covering a period of more than three years will also be taken into account providing that the applicant also fulfils the criteria stated for training in the Bowen Technique.
- 2.7. Qualifications and the practice of other therapies in complementary medicine as fully insured practitioners will be taken into account providing that the applicant fulfils the criteria stated for training in the Bowen Technique.
- 2.8. Instructors are required to attend two days Continuing Professional Development each year with Oswald and Elaine Rentsch for regular assessment and fine tuning of the technique. Constant correction is a necessary part of ensuring accurate application of the Bowen Technique. Moves and procedures as developed by Thomas Bowen must never stray from the original form. This ensures that Bowen Therapy Academy of Australia Instructors are continuing to teach the pure technique. Instructors who do not attend the two day CPD seminars will be asked to resign. If an Instructor does not attend one Instructor Training Seminar a request will be made for an explanation in writing to be addressed to the Education Committee. The Committee will consider the reasons given and make their decision as to whether the Instructor can continue. If an Instructor does not attend two full training seminars the Committee will refer the matter to the Bowen Therapy Academy of Australia for the formal request for their resignation.
- 2.9. **Qualifications of Assessors:** Instructors wishing to submit themselves for consideration to become an assessor in the Bowen Technique should in the first instance notify the Education Committee in writing.
- 2.10. The qualification requirements set down by the Bowen Association in its Core Curriculum state that as far as qualifications of assessors are concerned the applicant must satisfy the Education Committee that they have fulfilled the criteria set down for all fully qualified practitioners and instructors of the Bowen Technique. They must be able to prove that they have completed the compulsory two day CPD with Oswald and Elaine Rentsch on an annual basis as laid down as essential training in order to maintain status as a fully qualified registered instructor with the Bowen Association. The House of Lords Report on Complementary Medicine states that

instructors and assessors will be required to obtain City and Guilds D7307 Part One and Part Two Further Education Teachers Certificate.

APPENDIX 4

Code of Conduct & Guidance to Practitioners

The Bowen Association UK

1. INTRODUCTION

1.1. The Bowen Association UK (BAUK) was formed to give practitioners and students of the Bowen Technique a professional body to represent them in a coherent, effectively regulated manner.

1.2. **Compliance** with this Code of Conduct is mandatory for all members of the Bowen Association UK. Members also are subject to the Bowen Association's Complaint Investigation and Disciplinary Procedure.

1.3. **Definitions of Alternative and Complementary Medicine:**
Practitioners of genuinely 'Alternative' Medicine are trained with the same rigour as Registered Medical Practitioners. This enables them to diagnose and take full clinical charge of the patient, e.g. Osteopaths and Chiropractors.

'Complementary' Practitioners work with Registered Medical or Alternative Medicine practitioners wherever possible. They do not take responsibility for medical diagnosis, and accept that the doctor remains in clinical charge of a patient.

N.B. Clarity of these definitions and their applications in practice are crucial to patient safety.

1.4. **Regulations governing Doctors:** Doctors are required to comply with the General Medical Council's ethical rules. Since 1991, they have been allowed to delegate patient care to therapists such as BCMA's only if two conditions are met:

The Doctor remains in charge of the case, and
The Doctor is satisfied as to the competence of the practitioner.

1.5. **Need for Regulation of Complementary Therapies:** The legality of the practice of orthodox medicine in the UK is well established and Osteopaths and Chiropractors are licensed by Parliament.
Other Complementary therapists who offer treatment should be able to convince the Medical Profession, the Government and the Courts of Justice if sued of the efficacy and safety of their treatment.

- 1.6. **Breaches** of provisions of this Code and formal complaints directed at any BAUK member, at any level, must be handled in accordance with the BAUK's Complaint Investigation and Disciplinary Procedure.

2. STANDARDS FOR MEMBERS AND THEIR PRACTITIONERS

(a) Relationship with the Client.

- 2.1. Practitioners shall have respect for the religious, spiritual, political and social views of any individual irrespective of race, colour, creed or sex and must never seek to impose their beliefs on a client.
- 2.2. Practitioners shall at all times conduct themselves in an honourable and courteous manner and with due diligence in their relations with their clients and the public.
- 2.3. The relationship between a practitioner and his client is that of a professional with a client. The client places trust in a practitioner's care, skill and integrity and it is the practitioner's duty to act with due diligence at all times and not to abuse this trust in any way.
- 2.4. Proper moral conduct must always be paramount in practitioners' relations with clients. They must behave with courtesy, respect, dignity, discretion and tact. Their attitude must be competent and sympathetic, hopeful and positive, thus encouraging an uplift in the client's mental outlook and belief in a progression towards good health practices.
- 2.5. Practitioners must never claim to 'cure'.
- 2.6. On each occasion that a client consults a practitioner for the first time about a particular problem, the client must be asked if a doctor has been consulted and if not, advice to do so must be given and documented in client's records. If a consultation has taken place, information on the diagnosis and treatment received must be asked for. If a practitioner later concludes that a client has another disorder the advice to consult a doctor must be repeated. (Since it is legal to refuse medical treatment, no client can be forced to consult a doctor).

The advice must be recorded for the practitioner's protection.

- 2.7. Before treatment practitioners must explain fully either in writing or verbally all the procedures involved in the treatment including such matters as questionnaires, likely content and length of consultation, number of consultations, fees etc.
- 2.8. Practitioners must act with consideration concerning fees and justification for treatment. Practitioners should not be judgemental. Clients are entitled to refuse treatment, ignore advice and make their own decisions on health, lifestyle and money.
- 2.9. Practitioners, and all those who work with them, must not disclose (or allow to be disclosed) any information about a client (including the fact of his/her attendance) to any third party, including members of the patient's own family, without the patient's consent unless it is required by due process of the law or for the immediate protection

of or avoidance of identifiable real risk to a third party, in which case the practitioner is advised to obtain legal advice.

2.10. No third party, including assistants and members of the client's family, may be present during the course of a consultation with an adult client without his/her express consent. Practitioners working with severely disturbed clients, minors or those of the opposite sex must consider the need to safeguard themselves by having a third party present during a consultation.

2.11. At the present time no complementary therapy is approved as medical aid under the law. It is a criminal offence for a parent or guardian not to seek medical aid for a child under the age of sixteen. The practitioner should secure a *signed and dated statement* from a parent or guardian who refuses to seek medical aid, as defined in the law. The following format should be used:

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

----- (name of child)

Signed-----(parent or guardian)

Signed by witness----- (signature of person witnessing)

Date:

(b) Practitioner Awareness

2.12. Practitioners should ensure that they themselves are medically, physically and psychologically fit to practise.

2.13. Discretion must be used for the protection of the practitioner when carrying out private treatment with patients/clients who are mentally unstable, addicted to drugs or alcohol, severely depressed, suicidal or hallucinating. Such clients must be treated only by a practitioner with the relevant competency. A practitioner must not treat a client in any case which exceeds his/her capacity, training and competence. Where appropriate, the practitioner must seek referral to a more qualified person.

2.14. Practitioners are forbidden to diagnose, perform tests on animals in any way or give advice following diagnosis by a registered veterinary surgeon or to countermand his instructions.

2.15. Practitioners must not attend women in childbirth or treat them for ten (10) days thereafter unless they hold an appropriate qualification in midwifery.

- 2.16. Practitioners must not practise dentistry unless they hold an appropriate qualification.
- 2.17. Practitioners must not treat venereal disease as defined in the 1917 Act.
- 2.18. Patients suffering from AIDS may be treated at the discretion of the practitioner.
- 2.19. Practitioners must not use manipulation or vigorous massage unless they possess an appropriate qualification.
- 2.20. Practitioners must not prescribe remedies, herbs, supplements, oils etc unless their training and qualifications entitle them to do so.
- 2.21. Members of the BAUK are required to comply with all national and local legislation and to ensure that their therapists are fully aware of laws such as the Data Protection Act, the Veterinary Surgeons Act 1966, etc.
- 2.22. Notifiable Diseases** It is a statutory requirement that certain infectious diseases are notified to the Medical Officer of Health (MOH) of the district in which the client resides or in which he/she is living when the disease is diagnosed. The person responsible for notifying the MOH is the GP in charge of the case. If, therefore, a practitioner discovers a notifiable disease which was clinically identifiable as such, he/she should insist that a doctor is called in. Each local authority decides which diseases shall be notifiable in its area. There may therefore be local variations, but it is assumed that the following diseases are notifiable in all areas of the UK:

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

(c) Administration / Publicity

- 2.23. Practitioners must not use titles or descriptions to give the impression of medical, or other qualifications unless they possess them and must make it clear to their patients/clients that they are not doctors and do not purport to have their knowledge or skills.
- 2.24. Advertising must be dignified in tone and shall not contain testimonials or claim a cure or mention any disease. It shall be confined to drawing attention to the therapy

available, the qualifications of the practitioner and the offer of a general service together with necessary details.

- 2.25. All practitioners of member organisations of the BAUK must ensure that their names appear on an approved public register of practitioners of their therapy held by the Association to which they belong. This confirms that they are fully qualified to practise and that the organisation to which they belong abides by the BCMA Code of Conduct and Disciplinary Procedure. Their membership of such organisation, and its address, should be displayed in their place of practise.
- 2.26. Practitioners must ensure they keep clear, comprehensive and dated records of their treatments and advice given. This is especially important for the defence of any negligence actions as well as for efficient and careful practise.
- 2.27. In determining whether or not any record of the nature of any treatment administered is reasonable, it shall be for the practitioner compiling the record to ensure that, on the basis of the Patient Notes alone, the nature of the treatment given can be determined and also whether it was competently and reasonably undertaken.
- 2.28. Practitioners must hold adequate Public Liability and Professional Indemnity cover when they practise. Normally this will be through their therapy Association. Private Insurance is permitted but practitioners must provide evidence of this to their Association. The insurance policy must include provision for employee liability if personnel are employed.
- 2.29. All practitioners shall ensure that their working conditions are suitable for the practise of their therapies.
- 2.30. BAUK Member Association practitioners are bound by the BAUK Complaint Investigation and Disciplinary Procedure and they should provide clients with a contact name for use in the event of a complaint.

(d) Guidelines for working with other Healthcare Professionals

- 2.31. Practitioners should seek a good relationship and work in a co-operative manner with other healthcare professionals and recognise and respect their particular contribution within the healthcare team, irrespective of whether they perform from an allopathic or alternative/complimentary base.
- 2.32. Registered medical practitioners and members of other health care professions remain subject to the general ethical codes and disciplinary procedures of their respective professions.
- 2.33. Practitioners must recognise that where a client is delegated to them by a Registered Medical Practitioner, the GP remains clinically accountable for the client and for the care offered by the practitioner.

- 2.34. Practitioners must not countermand instructions or prescriptions given by a doctor.
- 2.35. Practitioners must not advise a particular course of medical treatment, such as to undergo an operation or to take specific drugs. It must be left to the client to make his own decision in the light of medical advice.
- 2.36. Practitioners must never give a *medical diagnosis* to a client in any circumstances as this is the responsibility of a registered medical practitioner. However, many practitioners have a 'gift' of diagnosis and of discovering dysfunctions in the physical, emotional, mental and spiritual aspects. In this case the practitioner may make mention of any disorder which he may discover, and advise the client to see the doctor for a medical diagnosis *clearly recording this action*.

(e) Guidelines for Working in Hospitals

- 2.37. The hospital is responsible for the client.
- 2.38. Practitioners may only treat clients in hospital at their request and with the permission of the hospital authority including the ward charge nurse.
- 2.39. Practitioners should not wear clothing (e.g. white coats) which give the impression that they are a staff member of the hospital. They must have some form of identification such as a lapel badge.
- 2.40. Where permission is given to provide treatment on a ward, this must be carried out without interference to other patients and ward staff.
- 2.41. If other hospital patients request treatment, the permission of the ward charge nurse, nursing officer (and if relevant, the patient's doctor) must first be obtained.
- 2.42. Practitioners must never undermine the client's faith in a hospital's treatment or regime.
- 2.43. Where credentials are requested, practitioners must produce their Association's current membership card (or other proof of membership) and evidence of permission to visit.

APPENDIX 5

DISCIPLINARY PROCEDURES - EXTENDED

1. Any member knowing, or having good reason to believe that another member is, or has been and is likely to be so again in the future, in technical or ethical breach of their obligation as a member of the Bowen Association, then the said member shall draw the attention of the Executive Committee to the matter by submitting a written report to the Chairman.
2. In the event that the Executive Committee receive an allegation that a Bowen Association member is allegedly in breach of one or more of their obligations as a member of the Association, the Arbitration and Complaints Committee will be instructed to investigate. The Arbitration and Complaints Committee shall inform the said member in writing of the full details of the perceived breach and shall require the said member to provide them with a written reply within a pre-defined period of time (14 days). They will advise the Member to immediately notify their insurers and to request their advice. The Arbitration and Complaints Committee shall in addition have the power to require that member to furnish such further details and/or explanation relevant to the alleged breach as considered necessary. The complaint will be acknowledged in writing and the investigative process outlined to the complainant.
3. In the event that, having duly requested a member allegedly in breach as per Section 1 and 2 above, the said member fails to respond within a period of fourteen (14) days to the Arbitration and Complaints Committee's communications, or has provided an incomplete response, the following action shall be taken:
 4. The allegedly offending member shall again be requested to respond in writing within fourteen (14) days, accepting or denying the offence, and in the case where a previous reply was considered unsatisfactory, the member shall be given the reasons why this was considered to be so and requested to respond further.
 5. On receipt of the member's subsequent reply to (4), or lack of it, the Arbitration and Complaints Committee shall convene to consider the same and to determine whether it would be appropriate to request one or both parties to attend a further meeting, or whether sufficient information is available to make a decision, or whether further information is required in writing. The Committee shall be empowered to require the member, or any other member they consider may be of help in determining a proper course of action, to provide copies of records or other documentation they consider pertinent to their deliberations, or to appear before the Arbitration and Complaints Committee to give direct evidence when they may be accompanied by a colleague or professional representative.
6. Having considered the complaint and any rebuttal, the Arbitration and Complaints Committee shall submit a full written report with recommendations to the Executive Committee of BAuk. Should a member have failed to respond after the second period of 14 days without an acceptable

reason, then his/her membership of BAuk is automatically suspended pending the conclusion of the investigation and any final decision.

7. On receipt of a recommendation from the Arbitration and Complaints Committee, the Executive Committee shall decide what action is appropriate and the member will be informed of the details in writing as soon as possible. Such action may include: dismissal of the complaint, suggestions to members as to future conduct if appropriate, further training required of the member, suspension of member for a period of time, permanent exclusion of the member. All parties will be notified in writing of the outcome and action taken in all cases.

Where a member feels that disciplinary action taken against them is wrong or unjust they should appeal against the decision. Appeals should be heard without unreasonable delay and ideally at an agreed time and place. Members should let the Chair of the Association know the grounds for their appeal in writing within 7 days of receipt of the final notification above.

The appeal should be dealt with impartially and wherever possible, by a Sub-committee or individual that have not previously been involved in the case.

Members have a right to be accompanied at appeal hearings and should be informed in writing of the results of the appeal hearing as soon as possible.

APPENDIX 6

GUIDANCE FOR PRACTITIONERS VISITING HOSPITALS TO PROVIDE TREATMENTS

- 1.1. The hospital is responsible for the patient.
- 1.2. Practitioners may only treat patients in hospital with permission from the authority including the ward charge nurse.
- 1.3. Practitioners should not wear clothing (e.g. white coats) which give the impression that they are a staff member of the hospital. They must have some form of identification such as a lapel badge.
- 1.4. Where permission is given to provide treatment on the ward, this must be carried out without full or interruption to other patients and ward staff.
- 1.5. If other patients request treatment, the permission of the ward charge nurse, nursing officer (and if relevant, the patient's doctor) must first be obtained.
- 1.6. Practitioners must never undermine the patient's faith in hospital treatment or regime.
- 1.7. Where credentials are requested, practitioners must produce their association's current membership card or other proof of membership and permission to visit.