



# Code of Ethics and Professional Conduct for The Irish Register of Herbalists

## Preamble

It is a condition of membership of the IRH that all members must comply with the code of Ethics and Professional Conduct, as well as the IRH Constitution.

- The role of the IRH and its individual members is to promote and disseminate the knowledge and understanding of traditional herbal medicine and to encourage the highest standards of competence and performance by practitioners.
- The IRH acknowledges this role and position of responsibility in setting the standard of ethical behaviour expected of professional herbalists. The Code of Ethics provides a set of fundamental principles that should guide members in their professional conduct, and adherence to the Code is obligatory for practitioners belonging to the IRH.
- Herbalists have been guided over the centuries by the principles of the Hippocratic Oath which encourages members of the profession to promote the health and well being of their patients and prohibits practitioners from behaving solely in their own interests.
- The IRH acknowledge that they have a duty of care to their patients to improve and maintain health. This duty is extended to those patients who entrust themselves to care because of illness; to those who seek advice for the maintenance of health; and to those whose aim is to prevent disease.
- All practitioners are entrusted with the continuance of the practice of traditional herbalism along with the pursuit of rigorous standards of evaluation of those herbs newly introduced to the Western Materia Medica.

## Definition

A herbalist who is recognised by the Irish Register of Herbalists as a fully qualified practitioner in western herbal medicine is defined as a traditional herbalist trained in the philosophies, principles and practice of western herbal medicine and medical science, able to access the condition of a patient and to consequently prescribe and dispense plant medicines in a safe and effective manner. The philosophical approach of a practising herbalist is to seek to treat underlying causes of disease from a holistic perspective, acknowledging and embracing centuries of empirical knowledge and traditional principles of the usage of plant medicine, whilst continuing to evaluate both herbs and human disease in a modern scientific context.



## **1. Legal Requirements**

1. The practitioner must practise within the limits of any laws that pertain to the practice of herbal medicine, or any other therapy that he/she practises, within the country in which he/she practises.
2. The practitioner should not treat animals without the permission or supervision of a veterinary surgeon.
3. Notifiable diseases **MUST** be reported in accordance to applicable laws.
4. The practitioner may not prescribe any herbal treatment that is prohibited by law.

## **2. The Profession**

1. It is a requirement that the practitioner attends seminars and other training events and must acquire 100 CPD points per annum as a prerequisite of membership.
2. The practitioner should show integrity, honourable conduct and professionalism; should not speak disrespectfully of any IRH member or members of any other professional organisation and not commit any acts which bring herbal medicine or the Register into disrepute.
3. The practitioner must not claim to be able to cure a specific illness, any life-threatening or serious diseases, nor misrepresent the effectiveness of the practice of herbal medicine.
4. The practitioner must not deliberately persuade a patient to see them who is already seeing a professional colleague; however the patient has the right to see whom he/she chooses to consult.
5. Should a member of IRH fail to abide by The Code of Ethics the IRH Constitution, a disciplinary procedure may be invoked.
6. The practitioner should notify the IRH immediately if he/she is subject to any dispute or to any investigation into their practice by the Authorities, or any circumstance that may lead to an insurance claim.

## **3. Insurance**

Each member must carry professional indemnity insurance in all of the countries in which he/she practices herbal medicine as well as any other therapy which he/she practices in respect of patient, practice, public and product liabilities.



#### **4. Premises**

1. The practitioner must practise from premises that are appropriate to the professionalism of herbal medicine. Signs and nameplates used should be within the boundaries of professional discretion.
2. The premises must comply with all relevant and current health and safety regulations to ensure that there is adequate lighting, heating, ventilation, toilets, electrical installations, smoke alarms and fire extinguishers.
3. The clinic premises shall be of high standard in order to reflect favourably on herbal medicine and the profession.
4. The clinic environs must be well maintained and appropriately clean.
5. Access to all records, whether written or computerised, shall be restricted to those personnel who are authorised to view this material only.
6. Medicines prepared for a patient's use shall be prepared in accordance with the strictest standards of hygiene and shall be properly labelled.
7. Should the practitioner retire or move premises, he/she should ensure that adequate arrangements are made to enable patients to receive treatment.
8. Only certificates and diplomas from bona fide educational establishments and professional registers should be displayed. The practitioner is obliged to display their insurance certificate.
9. A first aid kit must be available on the premises at all times.

#### **5. Practice Management and Dispensing**

- 1 All staff employed by IRH members must have the relevant qualifications for which they are employed. All herbal medicines must be dispensed by a qualified herbalist. The practitioner is responsible for any mistakes in dispensing.
- 2 The ultimate responsibility lies with the practitioner for the quality and shelf life of all herbal medicines dispensed from their clinic.
- 3 Practitioners must take a full past medical history and record all medications and dosages the patient is taking and note drug-herb interactions.
- 4 All prescriptions should carry clear instructions to the patient as to how and when it should be taken and dosage requirements. The prescription should be clearly labelled with the date, the ingredients if requested (unless given on an accompanying sheet), the patient's name as well as the practitioner's name and contact details.
- 5 Each practice must have a clear complaints procedure in place. (See 10)
- 6 The practitioner should outline the costs of treatment and medicine to the patient, the policies of confidentiality and possible duration of treatment. If a treatment other than herbal medicine is or could be offered, then this should be made clear to the patient.
- 7 It is the duty of all persons involved in producing waste to dispose of it safely and effectively. Items such as tongue depressors, swabs, surgical gloves should be incinerated in special containers. It is important that they are disposed of in a way which presents the least risk to the public.



- 8 Practitioners should follow a sustainable ethic as best practice and recycle where possible.
- 9 Practitioners shall not neglect or abandon a patient or discontinue treatment without due notice to the patient or until another practitioner has assumed responsibility.
- 10 Practitioners are entitled to use the letters 'MIRH' (or in the case of Honorary members 'HIRH' or in the case of Fellowship members 'FIRH') after their name and to incorporate the IRH logo in printed matter or in the advertising of their practice provided:
  - The material does not contravene any of the points in the Code of Ethics or IRH Constitution.
  - The material does not make false or misleading claims about the Register or the practice of herbalism.
  - The material is not biased toward or critical of a company, person or association.
- 11 Practitioners shall not use advertising material that may bring the profession into disrepute by identifying past or present patients; or use material that is ethically or professionally unsuitable.
- 12 Practitioners may use testimonials in their advertising only if they have received signed permission in advance from the relevant patient.
- 13 Practitioners shall not use titles or descriptions that give the impression of medical or other qualifications to which they are not entitled.
- 14 A practitioner shall not advertise secret or exclusive methods of treatment or claim to be able to achieve unexpected cures.
- 15 Any initial consultation must be face to face. Where in exceptional circumstances this is not practical the practitioner:
  - must ensure that the patient is assessed by an appropriately qualified practitioner before any course of treatment is recommended;
  - has the responsibility to cite any relevant reports generated from a consultation conducted by another appropriately qualified practitioner prior to the email or telephone consultation;
  - conduct follow up consultations in absentia provided that the practitioner evaluates the progress of the patient competently;
  - conduct a face to face follow up consultation at least every 12 months.

## **6. The Practitioner**

1. The practitioner must practice within the limits of his/her professional qualifications; where necessary the patient should be referred to the appropriate health professional.
2. The practitioner must not advise the patient to reduce, alter or stop taking their prescribed medication without first consulting the practitioner who had prescribed it. The practitioner must make this point clearly to the patient.
3. In the examination of intimate areas – the breast, internal or external genitalia, anus and perineum – written consent must be obtained from the patient and it is recommended



that a chaperone be present. Patients must be covered as much as possible during the examination and the practitioner must wear medical gloves as a protection for both the patient and themselves. Some internal examinations may require medical lubrication. The patient must be advised of the procedure and of the reason and method of the examination. This should be recorded in the notes.

4. When the practitioner becomes aware of any mental, emotional or physical health problems that interfere with his/her ability to practice competently, she/he should seek advice at the earliest possible opportunity.
5. The religious, spiritual, political and social views of any individual irrespective of race, colour, creed, gender, sexual orientation, physical or intellectual disability, age, economic or social status shall be respected by the practitioner at all times. When personal or religious belief impairs the practitioner's ability to treat a patient in a professional manner, the practitioner must inform the patient and suggest an alternative practitioner.
6. Practitioners are engaged in the treatment of patients in a clinical setting, the teaching and dissemination of herbal practice and principles, and research. In all three of these areas, the practitioner should adopt an appropriate code of personal and professional conduct and appropriate behaviour in relation to contractual arrangements, publishing and advertising.
7. The practitioner will agree to maintain the highest standards of personal presentation and behaviour.
8. The practitioner will agree to behave in a manner that enhances the integrity and status of the herbal tradition and promotes public confidence.
9. The practitioner will remain aware at all times that their personal conduct may reflect upon their professional reputation, the herbal tradition, and the IRH.
10. The practitioner must behave with courtesy, respect, dignity, discretion, tact and empathy in their associations with patients.
11. The practitioner must recognise that patients have individual needs and should respect the rights of patients to make informed choices in relation to their care.
12. The practitioner shall not knowingly undertake any action or treatment that might adversely affect the health of a patient or fellow human being.
13. The practitioner shall ensure that other therapists who are asked to assist in the care of the patient are qualified and competent.
14. A practitioner shall not treat a patient or offer herbal advice while under the influence of drugs or alcohol; or while their reasoning and/or decision-making is impaired in any way.
15. Practitioners shall carry appropriate levels of professional indemnity insurance.
16. A practitioner shall not enter into any contracts, multi-level marketing or any other arrangement with a colleague, patient or organisation that may diminish a patient's autonomy, result in a conflict of interest, or impair the practitioner's impartiality or professional integrity in any other way.
17. A practitioner may advertise in a proper and professional manner in order to inform members of the general public of their location and details of their practice.



## **7. The Patient**

1. The patient has the right to have any medical language that he/she does not understand clearly explained to them.
2. If a patient who is in hospital requests treatment the physician and hospital staff responsible for the patient's care must be informed either by the patient; his/her parents, guardian or close family member; or the practitioner themselves.
3. If the patient is under the age of 18, it is always advisable to obtain the consent of the parent or guardian.
4. A parent or supervising adult must be present during any treatment or examination of a child under the age of sixteen, or of a mentally handicapped patient.
5. Patients should be advised appropriately of the possible risks and benefits of a particular herbal treatment and encouraged to make an informed choice about the treatment.

## **8. Confidentiality and Record Keeping**

1. The practitioner is personally responsible for maintaining patient confidentiality at all times and if there is more than one practitioner working together in a group practice, it must be made clear by written agreement who is responsible for the confidentiality of patient notes.
2. If the practitioner needs to reveal patient details to a third party this must only be done with the written consent of the patient - the reason, the information to be discussed and to whom it will be divulged must all be made clear. The nature of any discussions, which subsequently take place, must be recorded in the patient's notes.
3. The practitioner may disclose confidential information to another medical practitioner for the purpose of gaining a second opinion, but must not in any way reveal the patient's identity.
4. The practitioner may disclose confidential information including patient identity to another herbalist who is acting as a locum, during the period of such employment and with the patient's permission.
5. A thorough case history should be taken sufficient for any other practitioner to be able to work from, and the prescription recorded in a manner that can be understood by a professional colleague.
6. Accurate, clear and comprehensive records shall be kept of each consultation. These should include but not be limited to name, address, DOB, contact details and occupation of the patient; date of consultation; GP's name and address; presenting complaint including onset and duration; personal and familial history; relevant diet and lifestyle history, details of previous treatments and current medications and name of prescriber; known allergic reactions; any diagnosis of the client's condition by a competent authority; notes of all recommended referrals to a GP, hospital or other health care provider and findings from pathology tests or other investigations.
7. Records must be kept for at least seven years, and if destroyed after this period should be done so in a way that guarantees confidentiality.



## **9.A - Conservation and Ethical Considerations**

- i. It is the responsibility of herbal practitioners to have some awareness of the geographic and cultural origins of the main herbs prescribed in his/her practice.
- ii. Practitioners should not utilise herbs or herbal products derived from any wild species known to be threatened or endangered in their natural habitat.
- iii. Practitioners have a duty to support products whose manufacturers demonstrate commitment to the sustainability of wild medicinal plants.
- iv. Wherever possible practitioners should maintain communication with those responsible for supplying medicinal herbs i.e. growers, wildcrafters and industry representatives.
- v. It is the duty of all practitioners to remain cognizant with those herbs that are endangered and threatened and adopt appropriate practices in the harvest and use of these herbs.
- vi. Practitioners have a responsibility to train the next generation of herbalists not to promote the use of wildcrafted herbs whose survival is threatened or endangered.
- vii. IRH members have a duty not to prescribe or recommend plant medicines, supplements or foods derived from Genetically Engineered technology.

## **9.B Conservation, Ethics and the Register**

1. The IRH believes that practitioners should be aware of and respect international treaties and national laws relating to medicinal plant conservation, especially the 1993 Convention on Biological Diversity (CBD) and the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES).
2. The Register aims to work with industry and government authorities to bring an awareness of medicinal plant conservation issues to all concerned.
3. The Register aims to keep all members informed of the 'at risk' herb species for the purpose of restricting their use.
4. The IRH is opposed to Genetic Engineering (GE) and believes that the use of genetically engineered medicinal plants does not conform to traditional usage of herbal medicines.

## **10. Complaints Resolution**

### **10.1 Responsibilities Relating to Complaints and Complaints Resolution**

The IRH has developed policies and procedures for its members for the management of complaints. Providing an opportunity to deal with complaints to the satisfaction of patients is an important aspect of improving the standard of the health care services provided.

The IRH encourages practitioners to resolve complaints directly with patients wherever possible.

A complaint may be made in writing or may be made by the patient verbally to either the practitioner or his/her staff and may be defined as:



1. A communication from a patient regarding a practitioner's services where concerns are raised about the treatment provided.
2. A communication expressing concern about the adequacy or appropriateness of the verbal or actual conduct between the practitioner and the patient.

When dealing with a complaint a practitioner should observe the following principles:

1. It is the right of patients to make a complaint.
2. Complaints should be accepted politely and with due regard for the patient.
3. The procedures through which a complaint can be made should be accessible and open. The patient should be given the name of the appropriate person in the clinic who will handle the complaint.
4. The patient shall be given the contact details of the IRH and any appropriate health care body if the complaint cannot be dealt with satisfactorily in the first instance.
5. The facts relating to the complaint should be evaluated
6. The principles of natural justice must be observed.
7. Patients should be protected against any adverse consequences of exercising their rights to complain and should continue to receive quality care by the practitioner if this is their choice.
8. Complaints should be treated confidentially.
9. Complaints made by patients may result in disciplinary action by the Register or in legal action of some kind.

## **10.2 Procedures for Complaints Resolution**

When a complaint is received from a patient, the following procedures should be adopted:

1. Complaints should be received and recorded and an attempt made to resolve the complaint immediately.
2. Complaints should be dealt with promptly and the patient should be given feedback of the outcome of their complaint.
3. Adequate information should be collected and recorded relating to the complaint, the details of which should include the name/s of the individuals involved; the time and date the incident is said to have occurred; whether there was an attempt to resolve the problem immediately and if so, how this was undertaken. Any developments subsequent to the initial incident including dates, times and personnel involved should also be recorded.
4. When the complaint cannot be resolved within the clinical setting, the patient should be referred to the IRH and the matter to be resolved in accordance with the Disciplinary Procedure as defined by the IRH Constitution (Article 6:1)
5. An apology should be tendered and/or appropriate action taken where a complaint has been substantiated.





## **11. The Herbalist and Members of the Register and the Profession**

1. A practitioner shall at no time take part in or promote any activity, verbal or otherwise, which will reflect improperly or denigrate the standing of herbalism or the IRH within the general community or in any professional circles.
2. A practitioner shall not use his/her professional connections or affiliation with the Register for personal gain.
3. When establishing a new practice or relocating, a practitioner shall observe the courtesy of contacting all existing practitioners/members in the nearby locality.
4. If a practitioner forms the opinion that a fellow practitioner/member is behaving in an unethical manner, they may first discuss this with that practitioner before reporting their concerns to the Register.
5. Should a consultation or investigation find a condition in a patient that requires treatment outside the practitioner's area of qualification, expertise or knowledge, that practitioner bears a duty of care to the patient to make a referral for specialised treatment.

## **12. The Practitioner and Other Professions**

1. Practitioners shall at all times show due respect to practitioners of other disciplines.
2. A herbalist should not criticise, condemn or otherwise denigrate another practitioner or any recommendation made by that practitioner.
3. A practitioner should consider it a privilege to treat another practitioner/member or member of an associated profession.
4. A practitioner should always obtain a patient's prior consent before releasing information to another practitioner.
5. A practitioner shall not denigrate or otherwise cause disrepute to a member of any other medical or complementary health modality.
6. A member may not give or receive commissions, bonuses, fees or gifts for the referral of patients to any other health care professional.
7. A practitioner shall not repeat any confidential communications from members of other professions or associations without permission.
8. Any interdisciplinary dispute should be attended to in an honourable, respectful and professional manner.
9. Any complaints of conduct of associated professionals must first be discussed with the associated professional, and then reported to their professional association as well as the IRH.

### **13.1 Referrals to Other Herbalists or Other Health Professionals**

1. It is the practitioner's responsibility to know their own educational and professional limitations and to refer when specialist treatment is required to serve the best interests of the patient.



2. Where an opinion is required in a court of law or before the media, a practitioner shall not in any way denigrate another practitioner or the profession or practice of herbal medicine.
3. When speaking in public, a practitioner shall clearly indicate which statements are opinions that are in conflict with or contrary to those generally held by the profession or the Register.
4. When a practitioner is consulted by a patient through referral or because the practitioner whom the patient usually consults is unable to see them for any reason, the practitioner should treat that person, and refer the patient back to the referring practitioner, outlining assessments and treatment if requested. The current professional relationship shall not be interfered with unless and until the patient or referring practitioner clearly indicates that the new practitioner is to assume the continued care.
5. Where a patient is referred to another practitioner for a second opinion, that opinion shall be granted to the referring practitioner without prejudice.
6. Practitioners shall arrange consultation with a colleague whenever the patient so desires or requires, provided the best interests of the patient are served. The practitioner bears a responsibility to ensure that the colleague assisting in their patient's health care is suitably qualified and competent.

#### **14. The Herbalist and the Community**

The herbalist will adopt a sense of community by providing information through the media, public speaking and written material to assist the general public in making informed health choices in relation to traditional herbal medicine.

1. The herbalist will not mislead the community with claims of herbal cure alls, magic bullets and wonder herbs.
2. A herbalist will endeavour at all times to behave in an appropriate manner in a public place, recognising that failure to do so will reflect badly on the Register and on the profession of herbal medicine.

#### **15. Education, Teaching and Research in Herbal Medicine**

##### **15.1 Education**

The Register provides the public, members, and the Government with professional assurance that the IRH is a reliable and recognised authority monitoring the quality of entrants into the profession.

In accepting the role of herbalist, a practitioner must be educated and show continuing competence in:

1. The ability to conduct a comprehensive assessment
2. An understanding of the individual, the family and the community



3. The ability to practise disease prevention and health promotion.
4. Analysing and defining health problems.
5. Managing health problems [planning and implementation of herbal care, referrals]
6. Establishing appropriate conditions for patient or patient care by creating a favourable practice milieu.
7. Ensuring patient safety and avoiding complications in practice by referring patients to the appropriate professionals for investigations such as laboratory, radiological or other specialised physical tests or examinations.
8. Managing a practice.

#### **15.1.1 Continuing Professional Development (CPD)**

1. A commitment to CPD is mandatory for continuing membership of IRH.
2. CPD books are issued annually with membership renewal.
3. The IRH requires all members to meet CPD criteria and CPD books are to be submitted to the Register for assessment annually.
4. Members should keep their previous CPD books for a period of 5 years.
5. The IRH Committee may from time to time increase the number of CPD points as deemed necessary.

#### **15.1.2 First Aid**

1. It is recommended for all practicing members to hold a current First Aid certificate
2. All practitioners should be able to demonstrate competence in First Aid skills both functionally and theoretically.

#### **15.2 Teaching**

1. Membership of the IRH is encouraged of lecturers who are teaching IRH accredited courses.
2. The aim of teaching is to provide solid foundations in the theory and practice of herbal medicine from which the student acquires an enquiring mind and knows where to seek out the required information.
3. IRH members who are lecturers will not enter into sexual relations with their students or behave in a manner which is unbecoming to the profession or victimise any student who resists such an advance.
4. Lecturers must be mindful that students are future members of the profession and therefore must be assessed on their competence as a practitioner. If a student is found lacking or only obtaining partial competence in a particular area, this must be drawn to the attention of the student and remedial efforts put in place.
5. Members of the IRH teaching in institutions shall obtain permission from their patients to present a case study in the classroom and preserve and respect the anonymity, privacy and dignity of their patients at all times.



6. It is considered mandatory that all those involved in teaching herbal medicine actively pursue continuing professional education seminars and conferences and seek out medical and herbal journals to substantiate their knowledge where appropriate.
7. Those teaching in any educational institution shall not use their influence over students to promote or denigrate a particular company, product or individual.

### **15.3 Research**

1. The IRH encourages its members to undertake research/clinical trials to further the knowledge base and practical application of herbal medicine.
2. Members undertaking research, and their staff, should keep as paramount the health, dignity, privacy and freedom of choice of the research subjects. An opportunity to debrief at the conclusion of the clinical trial and to receive information as to the risks/benefits of the treatment should be made available to all participants.
3. The member must obtain the subject's written consent to enter the investigation/trial after informing the patient of any risks or invasive procedures involved.
4. A member must not exert undue pressure on potential subjects by using a position of authority or a current patient/practitioner relationship for the purpose of securing their participation in a particular research project.
5. Members undertaking private research must submit research proposals to the approved appropriate body.
6. The research will be conducted in an ethical manner with the emphasis on human trials rather than animal studies.
7. Any clinical research involving human subjects shall conform to the guidelines of the Declaration of Helsinki.
8. While the randomised double-blind placebo controlled clinical trial is seen as the gold standard for the scientific community, the IRH seeks to extend these parameters to truly reflect the individualized treatment and holistic patient assessment that is at the basis of herbal medicine.
9. To this end, the Register supports the notion of evidence-based medicine, believing that traditional prescribing is based on these precepts.
10. The IRH is involved in actively lobbying the appropriate government authorities to earmark research monies for herbal medicine clinical evaluations and trials.

### **16. Pledge**

All applicants must sign the following pledge:

I declare that as a member of the Irish Register of Herbalists I will conduct myself honourably and behave with integrity in the practice of my profession. I will apply my knowledge and skills for the maximum benefit of the patient, observe a conscientious and caring attitude towards all patients, and maintain a high standard of confidentiality. I declare that I will do my utmost to maintain the dignity and reputation of the Register. I will obey the rules and guidelines as set by the Register and will abide by all decisions of the IRH Committee. I will keep appropriate patient



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records, dispense with care and conform to legal requirements. I will not advertise in such a way as to promote either myself, or the practice of herbal medicine in an unprofessional manner.

Signed and Dated \_\_\_\_\_