



Member Terms and Conditions

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INTRODUCTION

The IFA is an educational charity established in 1985. Since our inception we have been accrediting and regulating standards in aromatherapy and maintain a register of practitioners who have met the national occupational standards in order to practice. To maintain these standards the IFA have established Codes of Professional Practice and Conduct, which are binding on all members. The Codes of Professional Practice detail the quality of care that clients can expect from an IFA member and all relevant law practitioners abide by. The Codes of Professional Conduct detail the minimum standards of professional behaviour practitioners are required to uphold when interacting with the public in their professional capacity.

For members, this document is a useful resource, which sets out the standards they are measured by should a complaint be made against them. All members are personally accountable for their actions and must be able to explain and justify their decisions. In applying for membership, practitioners are voluntarily agreeing to be bound by these bylaws and any such future alterations upon reasonable notice. The IFA will publish these bylaws on its website and ultimately it is members responsibility to familiarise themselves with this document. Any member who fails to adhere to the member bylaws will be subject to the IFA's disciplinary procedure. The rules outlined herein apply to all IFA members universally.

MEMBERSHIP CATEGORIES

The IFA have the following categories of membership:

- FULL:** For those who have successfully graduated from an IFA Registered Diploma Course or have undertaken training consistent with IFA diploma standards.
- ASSOCIATE:** For those who have a qualification in Aromatherapy to a level 3 standard and have met National Occupational Standards.
- CARER:** For those who have completed the IFA Carer Course 'Aromatouch'
- FRIEND:** For those who are interested in Aromatherapy - no prerequisites required
- STUDENT:** For those undertaking training at an IFA Registered Course it is mandatory to be registered as an IFA student
- PEOT:** For those who have successfully graduated from an IFA registered Professional Essential Oil Therapy Diploma Course.
- CORPORATE:** Companies engaged in the aromatherapy and complementary health profession who are committed to supporting the ethos of the IFA
- FELLOW:** Those selected from the IFA's full membership category and awarded on assessment of individual merits and by vote of the Council
- HONORARY** Awarded to people distinguished within their own field, who have demonstrated support for the IFA, its principles and aromatherapy.

VOTING RIGHTS

Voting rights at AGM's and EGM's are extended to FULL and FELLOW members; please see 'The Articles of Association' for more details of how you can cast your vote.

ENTRY ONTO THERAPIST DIRECTORY

To be entered onto the IFA's directory of therapists, you must be either a FULL, PEOT, ASSOCIATE or CAREER member. FRIEND and STUDENT members must complete their training before being eligible to be listed. All members must have a current email address to be entered on the website.

CRITERIA FOR MEMBERSHIP

As an accrediting body the IFA set, maintain and review the entry requirements to membership. The minimum requirements for entry are as follows:

TRAINING

Met the minimum requirements in training as stated under membership categories

INSURANCE

Therapists are personally liable to their clients for any assessment or care they provide.

- a) All practicing members must hold adequate public malpractice insurance (including public and product liability insurance where appropriate) to practise in the UK or in keeping within the rules of their country. Proof will be required for inspection and members must state their insurance provider on the membership application form.
- b) Members should either display their insurance certificate or make it easily accessible should a client request to view a copy
- c) Members will need to inform their insurance company of any changes in circumstances that may affect their policy and ensure they are covered until they finish practicing.
- d) If members are unsure of the full extent of cover under their insurance package they must direct all questions to their insurance provider
- e) Members who receive a complaint or are threatened with a claim must contact their insurance provider immediately and the IFA

FIRST AID

- a) Under the Health and Safety Regulations Act 1981 all employees must have access to first aid provisions and have a person on the premises that can perform first aid when required (or in keeping within the rules of a member's country).
- b) Although it is not a legal requirement, self-employed therapists must hold a first aid certificate and have a first aid kit available whilst working should an injury/illness occur.
- c) A first aid emergency person or appointed person training course is the minimum requirement; qualified nurses, GP's etc are exempted.
- d) All employers should conduct a risk assessment and have a certain amount of first aid providers and provisions per employee.
- e) All members should keep their own record of any events such as injuries or incidents that occur at work in accordance with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995).
- f) For more information please see link <http://www.hse.gov.uk/firstaid/legislation.htm>.

CONTINUAL PROFESSIONAL DEVELOPMENT

Continual Professional Development (CPD) is a standard requirement of many professionals to ensure that; practitioners are up-to-date with knowledge relating to their professional practice, they regularly re-assess or improve their skills, and most importantly, they attend to their own personal development. For Aromatherapy professionals CPD serves two purposes – first, it helps

maintain a high standard of practice as well as give quality assurances to the general public and second, as most therapists work by themselves, it helps them maintain a professional supportive network and helps remind them to also take care of themselves.

WHAT CONSTITUTES AS CPD

Provided that it directly relates to the practice of aromatherapy, 1 CPD point is awarded per hour for the following:

- a) Attending or holding a seminar, workshop, course, conference, regional meeting
- b) Voluntary work in hospices, hospitals, care homes, exhibitions or serving as a board member
- c) Self study by completing or authoring reflective journals, books, book reviews, research, published articles

Evidence can be submitted in the form of certification, written confirmation from the provider, signed attendance form or a copy of written material.

Members are required to complete 12 hours of CPD each year after initially joining in order to maintain their membership. Members are not required to send evidence of this with their renewal of membership as the IFA undertake spot checks throughout the year through random selection to ensure compliance. All members should ensure they keep their CPD record up to date and all evidence relating to it for inspection when requested; a CPD record table can be downloaded from the IFA website.

DECLARATION

- a) Members must be committed to the ethos of the IFA and promotion of aromatherapy
- b) Members must be in good standing as a practitioner and must not have been subject to a disciplinary or civil proceedings brought against them in relation to their practice
- c) Members must declare any health issues that may impact their ability to practice

DATA RETENTION

In order for the IFA to complete an applicant's registration, there is certain data we must obtain from you. This includes address, contact details, qualifications, first aid certification and insurance. If an applicant does not allow us to process their personal information then they will not be entitled to register as a member. The IFA treat personal information in accordance with the Data Protection Act 1998 and is registered with the Information Commissioner's Office (ICO) as a registered data controller.

HOW WE USE YOUR PERSONAL DATA

We will use your data for the following purposes on our system and remove once those purposes have been met:

- a) To provide information requested by you
- b) To update and maintain your details to answer your enquiries
- c) To decide eligibility for membership
- d) To decide eligibility for entry onto the IFA directory of therapists
- e) To keep you up to date with all IFA activities, news and events
- f) For audit purposes

MITIGATING CIRCUMSTANCES

The IFA will only share your information if the following circumstances arise:

- a) Required by law
- b) If you have given the IFA permission to do so

THERAPIST REGISTER

The following details are shown on the IFA directory of therapists

MANDATORY

- 1) Full Name (Forename and Surname)
- 2) City/District
- 3) County
- 4) Country
- 5) Category of membership

N.B This is so the public can check that a person is a registered member

OPTIONAL

- | | |
|-------------|------------------|
| 1) Town | 4) Website |
| 2) Postcode | 5) Home Number |
| 3) Email | 6) Mobile Number |

Members' details are imported from our database into our website. Once imported members can edit the details they wish to be displayed in the Members' Area, for example if your place of work is different from your home address. This will not affect our database so any changes of address or contact details, you will also need to inform the office. You only need to do this once a year at renewal. All other data held on our database is not available to the public unless consent is given, specifically by you.

SECURITY AND STORAGE OF YOUR PERSONAL DATA

The IFA ensure that all its staff are trained to handle personal data and are aware of the responsibilities it entails. The IFA take all necessary measures to limit the opportunity for unauthorized access to personal data, accidental loss or damage. The IFA hold data for a minimum of 8 years on its system. If you have any concerns regarding how your data is being protected or believe there to have been a breach of data protection obligations, please put this in writing to the IFA head office.

ACCESS TO YOUR PERSONAL INFORMATION

Members retain the right to request the personal information the IFA holds about you. To do so you must send a letter to the IFA head office accompanied by a payment of £10 for administration.

CODES OF PROFESSIONAL PRACTICE

The following codes set out standards of safe practice and to ensure members deliver a standard of care that will not only promote client health and well-being but also safeguard members from complaints.

CLIENT WELFARE

The comfort and welfare of the client must take priority over any other requirement.

- a) Members must practise their skills to the best of their ability and assess the most appropriate care plan for each client.
- b) Members must appreciate that each client is individual and care plans need to reflect the client's individuality and requirements.
- c) Part of showing respect for your clients is by talking to them and listening to their views, which will enable clients to play a part in their own care. It is good practice when creating a care plan to guide the client how to improve their own state of health at home.
- d) Members must identify and evaluate when a client's care plan needs to be modified, explain the rationale for doing so and gain consent from the client before proceeding.

- e) Members must identify when further investigations are required, action and record these in keeping with the relevant laws and practice guidelines.
- f) Members should not knowingly treat any person needing medical treatment without the approval of the clients' doctor.
- g) Members must treat clients on a 'complementary' or 'alternative health' basis and not attempt to replace medicinal use as prescribed by a doctor.
- h) Members can never claim to cure ailments only assist in bringing about good health.

SCOPE OF PRACTICE

Members must never work outside the scope of their knowledge or skills.

- a) Members can only provide care in the area that they are competent and hold a relevant qualification.
- b) Members who practice multi-discipline techniques must direct all complaints in relation to practices other than aromatherapy to their specific accrediting body of that discipline.
- c) Members must only use such products and equipment in which they have received training and have the relevant knowledge to use.

ACCEPTING CLIENTS

Members may choose who they accept as clients but cannot refuse a client on the grounds of discrimination.

EQUALITY AND DISCRIMINATION

All clients must be treated fairly and equally in keeping with the relevant Equality and Human Rights Acts (<http://www.legislation.gov.uk/ukpga/2010/15/contents>)

- a) Members must not refuse a client or lower their standard of care on discriminatory grounds against; disability, gender, race, age, sexual orientation, or religion.
- b) Members must put aside their personal beliefs and values and not prejudice against a client's wellbeing, however may take into account factors of a client's lifestyle when formulating a treatment plan.
- c) Members should consider how to make their services accessible to everyone i.e. clients with disabilities.

REFUSING A CLIENT

Members must clearly justify their reasons for refusing a client or discontinuing their care, communicate this sensitively and professionally and defer clients to other healthcare professionals who may be able to care for them.

Justifiable reasons for refusing a client include:

- a) If you feel at risk
- b) If you believe the client has an ulterior motive
- c) If the client is aggressive or violent
- d) If the client is under influence of alcohol or recreational drugs
- e) If the client shows sexualised behaviour towards you
- f) If the member is attracted to the client and believes this may affect their professional relationship
- g) If the client constantly questions your professional judgement
- h) If a client acts against your professional advice
- i) If the client affects your overall client base
- j) If you obtain information that it is inadvisable to care or continue to provide care for a client i.e. contraindications
- k) If a client has withheld information that may affect the safety of the treatment
- l) If the treatment required by the client is beyond your scope of skills

CLIENT INFORMATION

Client's questions must be answered clearly and honestly to enable them to make informed decisions about their health and include any other related care options you think appropriate. We recommend from the outset members inform clients of the following and ask the following questions:

INFORM

- a) The likely outcomes with or without care and any limitations
- b) The likely benefits and rationale for care
- c) Any foreseeable risks, including contraindications
- d) Likelihood of recurrence or need for long term management
- e) When their care will be reviewed
- f) Findings from assessments and reassessments
- g) The financial implications of the recommended care
- h) Inform clients of arrangements in place should you be unavailable
- i) Allow clients time to think about their options and inform them they can change their mind
- j) Give clients the option of having a third party present
- k) Make clients aware of the type of information entered into their records and the necessity of retaining this information

If a client refuses to receive information then members should note this in their records.

ASK

- l) Reasons for visit
- m) Reasons for referrals in part or full
- n) Hopes and expectations from treatment
- o) Confirm they have understood the advice given

CONSULTATION

Members must undertake a written consultation with each client before commencing treatment to ensure a safe and effective treatment. The following is a guideline of information to collate:

- a) Full Name
- b) Date of Birth
- c) Contact details
- d) Marital Status
- e) Occupation
- f) Gender
- g) Number of Dependents
- h) Weight
- i) Height
- j) GP's contact name and address
- k) Contraindications:
 - 1) Contagious or infectious skin diseases
 - 2) Feverish conditions or raised temperature
 - 3) Recent serious illness
 - 4) High or low blood pressure
 - 5) Serious heart disease
 - 6) Circulatory problems
 - 7) Epilepsy
 - 8) Diabetes
 - 9) Eczema or Psoriasis
 - 10) Allergies

- 11) Recent vaccinations or inoculations
 - 12) Recent operations
 - 13) Serious injuries to the head, neck or shoulder
 - 14) Are they or might they become pregnant
- l) Prescribed medication
 - m) Medical history
 - n) Medical conditions that run in the family
 - o) Any factors that make symptoms worse or better
 - p) Diet
 - q) Alcohol consumption
 - r) Smoking habits
 - s) Sleeping patterns
 - t) General emotional state
 - u) Menstrual problems
 - v) Have they ever used essential oils on the skin before
 - w) If members want to gain more information by physically examining the client then they should do so.

The consultation form must be signed and dated by the member and client or an appropriate adult. When providing taster treatments a consultation must still take place but is not required in as much detail, and again, must be signed. Members must instruct clients to inform them if they have any new contraindications during treatment or when returning after a break from treatment.

CONTRAINDICATIONS

Where contraindications are identified, dependant on the severity, members should:

- a) Ask the client to gain consent from their GP before commencing treatment or gain consent from the client to write to the GP on their behalf
- b) Modify the care plan and avoid treating the specific area i.e. a verruca
- c) Suggest an alternative treatment or practitioner
- d) Stop or decline further treatment and tell the client to seek medical advice
- e) In any case if a GP or any other medical professional refuses to give consent you must stop treating the client immediately, even if the client wishes to continue
- f) If you are concerned regarding any medication a client is taking you should advise your client to speak to their doctor before commencing treatment.

SKIN SENSITIVITY PATCH TESTING

When presented with a client who has skin sensitivity, allergies or if they have not applied essential oils to their skin before, members should conduct a skin patch test to minimize the risk of an adverse reaction.

- a) If a client indicates that they are allergic to a specific product which is included in their treatment plan then members must not do a patch test using that specific product or use it in any future treatments.
- b) The member may proceed with the treatment 24 hours after the patch test has shown to have had no adverse reaction.
- c) We recommend that anyone carrying out a treatment with heated or cooled products conduct a thermal test also prior to treatment.
- d) At all times members must note in their records that such tests have been conducted.
- e) Members should always check with their insurance provider if there are specific requirements for conducting skin sensitivity tests

CONSENT

Consent should only be sought after the client is in a position to make an informed decision (based on the client information and consultation).

- a) Members must gain consent from the client before providing a treatment and at each stage of the process.
- b) If members change techniques throughout the course of treatment then you must gain consent from the client to do so.
- c) Consent should be given in writing and kept with the client's record, signed and dated.
- d) Members must ensure clients consent is given voluntarily and that they are not under any form of pressure or undue influence i.e. family, friends.
- e) When treating someone with special requirements, members should always ascertain if the client can understand what is being said to them and explain further if necessary.
- f) Members must identify if clients need a third party or support to make decisions and give them the option of having a third party present i.e. an interpreter
- g) If for any reason a client is unable to communicate consent in writing then this should be noted in the client's record.
- h) If consent from a client's doctor for example is given verbally then members must ensure the client signs a statement confirming this.
- i) Please see link for further information regarding consent
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh_103653_1.pdf

TREATING MINORS (UNDER 16)

- a) At the age of 16 a young person can be treated as an adult and give consent themselves as per the Family Law Reform Act 1969
- b) Members may only treat minors under the age of 16 in the presence of an appropriate adult or guardian.
- c) Depending on your employers requirements a CRB check may also be required when working with children or vulnerable adults
- d) Members must gain written consent from an appropriate adult or relative of the child before commencing treatment. Please see link to the Children's Act 1989 which lists people who may have parental responsibility <http://www.legislation.gov.uk/ukpga/1989/41/contents>
- e) If you suspect a child or vulnerable adult is at risk of abuse or neglect you should discuss your concerns with a colleague or other agencies and contact the statutory social services department, for more information please see <http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf>
- f) If you identify that a client is a vulnerable adult then this may also be appropriate.
- g) In all instances if you feel a third person should be present to safeguard yourself you should request it.

SELECTING A TREATMENT

After the consultation members can then draw on their professional knowledge and select the safest and most suitable treatment for their client.

- a) Members must take into account the clients personal preferences as long as it safe to do so and explain to clients the various treatments available and the advantages and disadvantages of each treatment.
- b) If a client is coming to you especially for preventative or remedial purposes, treatments must be reviewed periodically.
- c) If a treatment is no longer achieving the desired effect members must review the treatment plan and discuss this with their client at the relevant stage.

CLIENT DECISIONS

- a) Members must respect client's decisions regardless if they are irrational or wrong. If this happens explain your concerns to the client and outline the possible consequences to them, however do not pressure a client to accept your advice
- b) Someone can make a decision on behalf of an adult under the Mental Capacity Act 2005 please see link <http://www.legislation.gov.uk/ukpga/2005/9/contents>

RESEARCH

Members may be asked by clients about the efficacy of aromatherapy and the research relating to it. Members should explain to clients the different types of research evidence that support aromatherapy (downloadable in the member's area). Please see link for a useful source of published aromatherapy research and clinical trials <http://www.ncbi.nlm.nih.gov/pubmed>

PREMISES

Member's premises or clinic should be maintained in such condition as to reflect credit on the profession of aromatherapy.

- a) Members must ensure clients are happy with the environment they are receiving the treatment.
- b) Consultation and treatment rooms must be clean, adequately lit, properly ventilated and in a good state of general repair.
- c) A sign indicating "consultation / treatment room in use" may be placed in the relevant position if necessary.
- d) All entrance ways to consultation / treatment rooms must be adequately lit.
- e) Toilet facilities must be clean and easily accessible.

EQUIPMENT

Members must ensure their equipment is maintained at an adequate level of hygiene and made of quality material i.e. massage couches, trolleys and chairs must be sturdy, safe and disinfected.

- a) Trolleys, table tops and work surfaces must have an impermeable surface.
- b) All manufacturer instructions and guidelines must be adhered to regarding maintenance, safety and storage.
- c) Towels and gowns should be cleaned and a new set of towels used for each client.
- d) All products and equipment should be systematically disinfected and sterilised
- e) Essential oils should be kept in dark coloured glass to filter out the sun's ultra-violet rays
- f) Essential oil bottles must be stored in a dark, cool, dry position to avoid accelerating oxidation
- g) We recommend that all essential oils are stored in a box to reduce exposure to fluctuations in temperature
- h) Essential oils should be stored safely and out of reach of children
- i) Essential oils are flammable so keep away from any heat generating electricals, naked flames or spirits

HEALTH AND SAFETY

- a) Members must ensure they manage their working environment to be respectful of health and safety laws please see link for details <http://www.legislation.gov.uk/ukpga/1974/37/contents>
- b) Members must carry out a risk assessment to identify any potential hazards and how a client may be harmed and implement the necessary precautions (a template can be downloaded in the members' area). This includes but is not limited to hazardous substances, handling and controlling infection, environmental issues i.e. ventilation, equipment, social risks i.e. bullying and physical risk i.e. violence.
- c) Members must assess and manage infection. Although relatively low you should reduce infection by washing your hands, providing clean towels, and applying fresh couch rolls

between clients etc. Please visit <http://www.nice.org.uk/guidance/cg139/chapter/key-priorities-for-implementation> for more details.

HYGIENE

Members must have a high standard of personal hygiene at all times so as to not cause harm to their client.

- a) Members must not eat, drink or smoke whilst working.
- b) Members must clean their hands between clients
- c) Nails must be trimmed and hair tied back
- d) Members must cover any cuts or abrasions with a waterproof dressing
- e) If a client has a cut or abrasion this must be covered also and avoided during the treatment
- f) Members should not wear jewellery or the very minimum
- g) Members must not have a pet in the treatment or consultation room with the exception of guide dogs, in that circumstance the area must be disinfected after the client has left the premises

PERSONAL APPEARANCE

Members must dress professionally and appropriately at all times.

- a) Uniforms should be professional and practical with tops coming above the elbow
- b) Adaptations to uniforms may be made for religious and cultural purposes

CLIENT MODESTY AND DIGNITY

Members must be sensitive to client's modesty by:

- a) Explaining to clients why they need to remove clothing during the consultation, and offer a gown when changing
- b) Only the client may remove their clothing, if the client is unable due to a condition, members must ask permission before removal or if they have brought a companion ask their companion to assist them undress
- c) If a client does not want to remove clothing then members must respect their wishes. Members may of course bring to the client's attention the limitations of this but ultimately it is the client's decision.
- d) When clients are removing clothing the member must either leave the room for an appropriate time and knock before re-entering or put up a suitable partition/screen so the client is not exposed
- e) Members should advise clients how to position towels in a modest way when laying on the couch
- f) If members need to adjust a client's underwear during the treatment, the member must ask permission to do this before doing so
- g) Members must ensure the client is covered as much as possible during the treatment with a towel to respect the clients dignity and only expose the areas that are being treated
- h) Members should also ensure that clients hands are positioned under the towel when working on other areas to avoid contact during the treatment.

AFTERCARE INFORMATION

Suitable aftercare advice must be given to clients after treatment; the following is a general guide to be included:

- a) Drink plenty of water to help eliminate the toxins from your body.
- b) Avoid washing or bathing for approximately 4-8 hours after treatment to gain maximum benefit from the essential oils on the skin and through inhalation of the vapours.
- c) Avoid direct exposure to sunlight as some oils can make the skin photosensitive.
- d) As Aromatherapy is a detoxifying treatment, avoid alcohol, smoking and excessive tea or coffee drinking for 24 hours after treatment.

- e) Some oils will enhance the effect of alcohol so care must be taken if driving or working
- f) Sometimes the detoxifying process can cause some light nausea, if this is the case, drink plenty of water.
- g) Eat light meals for the rest of the day to allow the body to concentrate on natural healing.
- h) You may feel relaxed and tired after massage. Take care if driving or working and allow your body to rest to enable the full therapeutic benefit of the essential oils to take effect.
- i) Do not use any other skin preparations until 8 hours after treatment.
- j) If you feel any skin irritation after treatment, wash the affected area immediately.
- k) Your therapist may have given you some preparations and instructions for your own home use. Make sure that you follow the advice carefully.

Members should also include any details in accordance with their insurance policy.

TREATMENT DISCLAIMERS

It is good practice that members ask clients to sign a disclaimer after a treatment. The following can be used as a guideline:

- a) I have read and discussed the consultation with the Aromatherapist and have made him/her aware of any known medical conditions prior to treatment commencing.
- b) I warrant that I do not suffer from any disability, disease or other infirmity that may affect the safety of the treatment given.
- c) I have been given an aftercare advice leaflet and a contact number of which it is my responsibility to read and follow the advice recommended.

INTERACTION WITH OTHER PROFESSIONAL BODIES AND PROFESSIONALS

Members must be respectful of the care that other healthcare professionals and multi-disciplines can provide

- a) Members must involve other healthcare practitioners if it is in the client's best interest to do so or if the client asks for a second opinion
- b) Members must agree and record who holds responsibility for clients when working jointly with others
- c) Members should liaise with medical doctors and practitioners where they see fit and must never contradict a doctor's instructions.
- d) Commercial competition between healthcare professionals must be conducted in a fair and reasonable manner
- e) Members may not purposefully entice clients away from another therapist.
- f) When therapists enter into contracts with others they should always include arrangements for the possibility of the contract ending to avoid problems.

REFERRALS

Once referred accountability for the clients care has been transferred to you and you will be responsible for the clients care from that point.

- a) In cases of referral no form of commission or split fee may be paid or accepted, as this would be deemed a conflict of interest.
- b) If members receive a formal referral from another healthcare professional i.e a doctor, osteopath or another member to provide an assessment or care, you must firstly gain consent from the client and then report back to the professional that you received the referral from.
- c) All referrals should be received and reported back in writing for the purpose of records after appropriate stages of care have ended. This is so that both parties can keep sound and complete records for clients. The client should also receive a copy of the report.

- d) It is good practice for reports to use appropriate terminology and presented in an appropriate format when corresponding with GPs. (a template can be downloaded in the members area)
- e) The report should include: rationale for care, the client's satisfaction of the care previously provided, number of times of treatment where applicable, assessment review and follow up plans and any additional third party referrals you think would be appropriate.
- f) If the referral is only for the sake of meeting reimbursement requirements for health insurance provider purposes, therapists would not be required to supply a report back
- g) Please see link for further information regarding referrals http://www.gmc-uk.org/guidance/ethical_guidance/21187.asp

RECORD KEEPING

Good record keeping protects members should a complaint be raised. Members must install a system of recording client information including:

- 1) Name, address, telephone number, dates of attendance
- 2) Information on client's medical history must be recorded and dated. It is good practice to get clients to sign and confirm their medical history at each appointment so members have a record that the information is current and correct.
- 3) Consultation form
- 4) Client's initialled consent form at each treatment
- 5) Any adverse reactions during or after treatment
- 6) Reports and records of any referrals or assessments with the client
- 7) Visits to other practitioners
- 8) Equipment and products used
- 9) Aftercare advice given
- 10) Members should make a note of client feedback and write down any distinctive comments they make during or after treatment

Always remember that your records are there to support you if a claim is brought against you.

- a) Records should be legible and be a true representation of your interaction with a client
- b) Members must keep a client's record for a minimum of 8 years from the date of their last treatment in keeping with NHS guidance.
- c) Hard copy records should be stored safely and securely. If records are stored electronically you should ensure these are backed up safely and regularly.
- d) Records should be dispensed with safely and securely to protect the clients confidentiality and where possible use a shredder
- e) You must give clients access to their records when requested within the timescale permitted by the Data Protection Act <http://www.legislation.gov.uk/ukpga/1998/29/part/II>
- f) If you close your practice you must still retain these records, or your employer (depending on the contract). On closure you should publicise these arrangements to your client so they know how to obtain their records.

FINANCIAL RECORDS

Members must keep good financial records in keeping with the relevant law of a member's country. Please see link for more details www.hmrc.gov.uk/index.htm (business plans and cash flow forms can be downloaded in the member's area).

DATA PROTECTION

All members are required to act in keeping with the data protection law when handling personal and sensitive data (<http://www.legislation.gov.uk/ukpga/1998/29/contents>)

- a) The Data Protection Act 1998 applies to all forms of paper retention, images and media.

- b) Personal data is data that identifies individuals. Sensitive personal data includes information about racial or ethnic origin, political opinions, religious beliefs or other beliefs of a similar nature, physical or mental health condition, sexual orientation etc.
- c) To safeguard yourself, gain consent from your clients at their first appointment for appropriate persons who work on the premises to access their records.
- d) Handling personal data includes obtaining, recording, using and disclosing information. For example, if you employ a book keeper the bookkeeper must see all financial transactions but must not be able to view the client's health records. If pursuing late payments minimum information must be specified, especially if given to a third party to pursue on your behalf.
- e) If members are winding down their practice you will need clients consent to transfer their records.

CONFIDENTIALITY

Confidentiality is essential to the relationship between a therapist and a client. Members must keep all records including the identity of the client confidential and only use the information for the purpose in which it was intended.

- a) Members must never disclose the confidential information of a client, including all third parties and family members without the written consent of the client or the client's legal representative.
- b) Members using their clients details as a case study or for research purposes must have retained the expressed consent of the client
- c) Members may not use information gained from another member and share the information or present it as their own unless given expressed written consent.
- d) If members work with others who are able to access personal data it is important that they are also informed of the requirements of confidentiality, regardless if it is in their employment obligations.
- e) To avoid improper disclosure, refrain from discussing clients where you could be overheard and refrain from leaving client records where they could be seen by others including in electronic form.
- f) If clients consent to you giving details to a regulated healthcare professional you may assume that the individual will treat the information as confidential.

DISCLOSING PERSONAL INFORMATION

- a) Members must get express written consent from clients before providing their personal details to any third parties. Examples of such third parties include: GPs, discussion with other practitioners during supervision, research purposes or case studies for publication.
- b) Always reassure your client about the necessity of disclosure and inform them they may object and or seek a second opinion.
- c) When writing to third parties explain your responsibilities towards your client before providing their personal details to them and only disclose the information required. For example for case studies, remove identifiable information i.e. names and addresses.
- d) In exceptional circumstances members may need to disclose information in the 'public interest', which supersedes the right of the individual to confidentiality. As a general rule the exceptional circumstances for disclosure to third parties in the best interests of the client, are if members suspect a client may be suicidal or at risk of death or serious harm to themselves or to others. Members should in this instance, share the relevant information with the proper authorities. In such instances as these you may not be able to inform the client before disclosure takes place to avoid disrupting an investigation. Please see link to public interest disclosure <http://www.legislation.gov.uk/ukpga/1998/23/contents> for more details.

ADVERTISING YOUR PRACTICE

When members advertise their practice the contents must be:

- a) Accurate, factual, legal and responsible
- b) Any claims must be backed by evidence – case studies, research etc.
- c) Does not undermine another's practice or discipline
- d) Does not support or condone a product that cannot be justified
- e) Members may advertise testimonials (provided you have the consent of your client) and put the contacts details of the client for example Laura Smith – Healthcare Naturals
- f) Must not claim to cure or treat a patient from a medical condition or make a medical diagnosis i.e. Cancer Act 1939 for more information on the Cancer Act please visit <http://www.legislation.gov.uk/ukpga/Geo6/2-3/13/contents>
- g) Members must not use any title or qualification in a way that would mislead the public or claim that they are better than other practitioners
- h) If members refer to qualifications that they hold in addition to IFA membership they must not imply they are recognised by the IFA.
- i) If members use the title 'Doctor' they should make it clear to clients that they are not a registered medical practitioner unless they hold dual registration with the General Medical Council.

These principles are not limited to just adverts but in all dealings with the public whether orally or otherwise. All adverts are required to comply with the Advertising Standards Authority (ASA) www.asa.org.uk and the Committee of Advertising Practice (CAP) www.cap.org.uk. If you are in any doubt you should check your adverts with these organisations before going to print.

ADVERTISING YOUR QUALIFICATIONS

Members should state their qualifications after their name. Only full members may use the prefix MIFA after their name and PEOT members may use the prefix MIFA-EOT after their name. Other categories of membership may state 'Associate member of the International Federation of Aromatherapists' etc. Professional standard information provided should be name, qualifications, relevant professional activities, address, telephone number and practice hours.

CODES OF PROFESSIONAL CONDUCT

These are moral principles that govern a person's behaviour and the way they conduct themselves in their professional capacity.

CONSIDERATION

Members must be polite and considerate and treat their clients with respect at all times.

HONESTY AND INTEGRITY

Members must act with honesty and integrity and never impose their views on other people.

PROFESSIONAL BOUNDARIES

Members must set clear professional boundaries between themselves and their clients.

- a) A professional distance must be maintained at all times to avoid potential misunderstandings.
- b) Inappropriate attire, touch or conversation must be avoided.
- c) Members should be cautious when massaging near intimate areas of the body and explain this to clients before commencing the treatment.
- d) Members must not pressurise clients to treat a part of the body they do not feel comfortable with. If this impedes the effectiveness of the treatment then members must explain this to the client to enable them to make an informed decision. Ultimately, however, it is the client's decision and members should modify the treatment according to the client's needs.

ESTABLISHING SEXUAL BOUNDARIES

Professional relationships between a therapist and their client is based on confidence and trust. A member who displays sexualised behaviour breaks that trust between clients and their families, acts unprofessionally and may also be committing a criminal act. Members must establish and maintain clear sexual boundaries with clients. Please see link for guidance on sexual boundaries: <http://www.professionalstandards.org.uk/docs/psa-library/guidance-for-patients---clear-sexual-boundaries-with-health-professionals.pdf?sfvrsn=0> If you are attracted to a client it is your responsibility not to act on these feelings, if you become concerned that it will affect your professional relationship you should take suitable action i.e. finding an alternative therapist for the client.

PROFESSIONAL BEHAVIOUR

Members must avoid acting in a way that would undermine public confidence in the profession or bring the IFA into disrepute. Members should be mindful that the way they conduct themselves in their personal life can also undermine public confidence. Actions that undermine public confidence include:

- a) Involving/informing clients and or members of the public about arguments between you and other professionals or members
- b) Taking other healthcare professionals clients or attempting to entice them
- c) Misuse of recreational drugs and alcohol
- d) Abusive and threatening behaviour
- e) Violence
- f) Sexual Misconduct
- g) Discrimination against age, gender, sexuality, religious or cultural grounds or enforcing personal beliefs on an individual.
- h) Fraud
- i) Dishonesty
- j) Negligence (even a single error where the actual or potential consequences are extremely serious), which causes unacceptable loss, damage or injury.
- k) Misleading the public to gain clients or mislead clients seeking advice or treatment
- l) Falsification of qualifications, documentation, information
- m) Failure to comply with the Care Standards Act, Adult Protection Policy or Child Protection Policy
- n) Criminal acts
- o) Breach of duty regarding non-disclosure of confidential information
- p) And any such other acts that would impact adversely on the reputation of the profession and IFA.

SELF EVALUATION

Members should identify when their own mental and physical health may put their clients at risk and suspend or limit their practice during this time and seek proper advice.

INTERACTIONS IN YOUR PROFESSIONAL CAPACITY

Criticisms that undermine other professionals by members are damaging to both the individuals and to the profession because, in spite of Aromatherapy being widely accepted as a supportive therapy for the enhancement of health and wellbeing, there is still a distance to go before it is fully accepted by the medical profession. This is why our members are expected to take extra care in the way they conduct themselves if they want to be taken seriously by other healthcare professionals, which is part of being a professional. Members must comply with the following, which governs a member's general attitude and behavior towards any such persons they interact with in their professional capacity.

- a) Members must present a united front to the public and should not imply criticism of colleagues either in writing or verbally, before clients or any such persons they interact with in their professional capacity.
- b) Members must treat colleagues and the general public with respect and in a dignified manner in all dealings in their professional capacity.
- c) Members must be respectful in all correspondence with the Federation's office staff and trustees.
- d) Conjectural statements regarding other members or staff members may require the Federation to take action against the individual making the claims.
- e) The IFA has zero tolerance for impertinent behaviour

MEMBERS RESPONSIBILITY

Members have a responsibility to inform the IFA if they have information about their own or another IFA member's conduct that may potentially bring the IFA into disrepute. This includes:

- a) If a member is disciplined by another professional verifying organisation in the field
- b) If a member is suspended by their employer in relation to their practice
- c) or committed a criminal offence.

TERMS OF USE OF IFA LOGO'S

By using one (or more) of the IFA quality marks, members are demonstrating to the public and healthcare providers that they conform to the IFA's standard of practice in their work. This enables members of the public to choose confidently and validate the standard of a practitioner.

CHARITY LOGO

No member may use the IFA Charity logo (as seen on the IFA's website), which is trade marked as the intellectual property of the IFA, without the expressed written consent of the IFA.

MEMBER LOGOS

The IFA have various grades of membership dependant on accredited prior learning. To assist the public in identifying between the different grades of membership, each of these categories has an individual logo. The following logos are granted to each category of membership. These logos may be used by members provided they have paid the relevant annual fee and are current registrants.

- 1) Full members may use the IFA MEMBER logo
- 2) PEOT members may use the IFA PEOT MEMBER logo
- 3) Associate members may use the IFA ASSOCIATE MEMBER logo
- 4) Carer members may use the IFA CARER MEMBER logo
- 5) Corporate members may use the IFA CORPORATE MEMBER logo

Please note **Student** and **Friend** members **may not** use any of the IFA member logos as they are not qualified Aromatherapists. If you have successfully completed both the Aromatherapy Diploma Course (Full Member) and the Professional Essential Oil Therapy Diploma Course (PEOT Member) for example and are a current registrant of the IFA, you may use both logos etc.

CONDITIONS OF USE OF THE IFA LOGOS

Use of any of the IFA's logos signifies that the user has met and continues to meet IFA standards.

- a) The right to use any of the IFA logos are awarded at the sole discretion of the IFA and may be withdrawn at any time for breach of the conditions outlined herein.
- b) The logo awarded to the member may be used on the registrant's website and promotional material. For example leaflets, printed matter, publications, promotional advertising

material, flyers; magazine supplements for newspapers; magazine periodicals, posters; and pamphlets provided that;

- 1) The logo is used as a secondary logo to your own logo
 - 2) The logo may not be displayed next to any material unconnected to your qualification, courses, on websites that offers different services other than aromatherapy or next to other practitioners that are not registered with the IFA.
 - 3) The logo may be changed in size but not adapted or changed from its original form. The IFA pantone colour is PMS 286 and must always be published in the same colour.
 - 4) Use of any of the IFA logos cannot bring or threaten to bring the IFA into disrepute.
- c) To prevent any misrepresentation - the IFA logo may not be:
- 1) Used to produce merchandise in the name of the IFA
 - 2) Placed on any products as the IFA do not endorse products of any kind
 - 3) Used or incorporated in any way into letterheads
- d) On termination or expiry of registration with the IFA, the IFA logo must be removed immediately from all promotional material.
- e) The IFA will monitor the use of the IFA's Logo to ensure compliance with its conditions of use.
- 1) The IFA may request at any time without notice for registrants to show how they are using the IFA logo and name.
 - 2) The IFA encourages registrants that, in any doubt how to use any of its logos, to contact the IFA before publishing

LOGOS



FULL members may use the **IFA MEMBER** logo



PEOT members may use the **IFA PEOT MEMBER** logo



ASSOCIATE members may use the **IFA ASSOCIATE MEMBER** logo



CARER members may use the **IFA CARER MEMBER** logo



CORPORATE members may use the **IFA CORPORATE MEMBER** logo

COMPLAINTS

Members must have a written complaints procedure in place, which should be made easily available to clients should they wish to raise concerns. Members must inform clients; who is accountable for their care, who is responsible for their client records and who to approach should they wish to question or complain about their care. Complaints should be addressed promptly and professionally by the member. Clients should always try and resolve any problems with the member before reporting it to the IFA, as complaints can usually be resolved at this stage. If members are unable to resolve a complaint then they must refer clients to the IFA's complaints procedure below. As a general rule members should monitor the services they provide to identify areas of weakness and areas that require improvement.

WHAT COMPLAINTS WE DEAL WITH

- 1) Care or advice received from one of our members
- 2) The physical or mental health of one of our members
- 3) A member's professional or personal behaviour

COMPLAINTS WE CANNOT DEAL WITH

- 1) Complaints regarding Aromatherapists that are not a current member of the IFA.
- 2) Claims for compensation – all practising members have insurance to cover claims
- 3) Complaints regarding companies/persons/organisations unconnected to the IFA, as an impartial organisation we cannot give an opinion or take action against third parties.
- 4) Complaints made a year after the problem occurred or when the complainant was made aware
- 5) Complaints on third parties behalf (unless the IFA receives authorisation for someone to act on behalf of the client)
- 6) Employment disputes and or contracts

When a complaint is submitted using the 'complaints form' on the IFA website the IFA will acknowledge receipt of a complaint within 48 hours.

HOW IT WILL BE DEALT WITH

The IFA has a responsibility to the public to investigate complaints and ensure its members are delivering a standard of care and professionalism to the IFA's standard when carrying the IFA's quality mark. This policy applies to all IFA members and is aimed at members who fail to adhere to the IFA's member bylaws. This policy will be reviewed on an annual basis.

Firstly the IFA will assess how it will deal with the complaint

- a) Informally
- b) Mediation
- c) Formally

INFORMALLY

If there is no suggestion that the client is at risk or has been harmed it is likely to be dealt with informally. The IFA may ask the complainant what they want the member to do to resolve the situation i.e. apologise and the IFA will ask the member if they agree to do it. The IFA will make the complainant aware when it would be appropriate to deal with the complaint informally; unless as progress is made the nature of the complaint changes, which would require the IFA to deal with the complaint formally. When complaints are dealt with informally we ask that both the complainant and the member inform the IFA that a solution has been reached within 4 weeks of the complaint

being brought to the member's attention. At any stage of the complaint being made the council may offer informal advice to the member about their future conduct.

MEDIATION

In some cases the IFA will refer a case to mediation, only when a dispute is between a practitioner and a member. This is to try and help both parties to find a way to resolve the problem before the complaint is upheld at a formal level. Complaints addressed through mediation cannot be related to client care or anything to do with clients being at risk. If a member refuses to enter into mediation then the IFA will action the complaint to be dealt with formally. When complaints are addressed through mediation we ask that the member inform the IFA of the outcome of mediation within 6 weeks of the complaint being brought to the member's attention.

FORMALLY

Complaints which cannot be dealt with informally or by mediation include, but are not limited to:

- a) Abuse of trust – stepping outside professional boundaries
- b) Conduct that fails to meet IFA standards
- c) Unprofessional behaviour
- d) Dishonesty
- e) Fraud
- f) Alcohol or substance abuse
- g) Violence
- h) Members who receive more than two complaints initially addressed informally

Complaints dealt with formally will follow the disciplinary procedure.

DISCIPLINARY PROCEDURE

This policy sets out the sanctions the IFA may impose to prevent a problem progressing and the process the IFA will follow.

INVESTIGATION

Members will be sent a copy of the complaint made against them and asked for a response. The member's response will then be sent to the complainant. If a copy of your health records is required for the investigation then we will ask permission to receive a copy of these.

Investigations will be conducted in a fair and reasonable manner ensuring that all evidence is considered without bias. In broad terms the IFA will:

- a) Establish the facts and identify irregularities
- b) Identify the risk to individuals and profession
- c) Establish if/how the member has tried to resolve the problem and all relevant documentation
- d) Assess if remedial action (suspension) is required to preserve the integrity of the IFA's name
- e) To obtain clear evidence to support any sanctions to be applied to the member.

NB. The council may decide upon evidence or lack thereof to dismiss the complaint at any stage. The emphasis of supplying evidence rests on the complainant.

INTERIM MEASURES

In serious cases of suspected non-compliance or continuous non-compliance the member will be suspended and removed from the IFA register of therapists for 42 days. This is to enable the council to meet, consider and evaluate all the evidence. After the 42 days the member will be informed if a further 'interim measure' is needed to cover the additional time needed to deal with the complaint.

WHAT HAPPENS NEXT?

- a) When there is sufficient evidence that a breach has occurred the IFA will write to the member and inform them of the breach with clear reference to its rules and evidence to support the IFA's judgment.
- b) The member will then have 31 days to respond with a 'statement of truth' (limited to 4 sides of A4). The response should include:
 - 1) A timeline of events
 - 2) Any third party involvement i.e police, social services
 - 3) Any mitigating factors
 - 4) How you have tried to resolve the problem
 - 5) Statements which rely on documentary evidence should be attached as appendices to their statement and referred to in their statement where appropriate, for example "I wrote to the complainant with the attached letter see appendix 1"

NB. Although we understand it will be a stressful experience for you please keep statements factual rather than emotional and allocate the necessary time needed to respond in full; including all the points you wish to make.
- c) If a member is on holiday when they receive the complaint and are not able to respond within the 31 days, they must contact us immediately in order to obtain a revised timescale. If the IFA does not feel that the reasons for delay in response are adequate then the member will be suspended until they are able to address the complaint and will not be able to renew their membership within this period.
- d) For members whose first language is not English we ask that you either have your 'statement of truth' translated into English for expediency or the IFA can make arrangements to have this translated for you, but please be aware this will add additional time to resolving the complaint and depending on length a cost for translation may apply.
- e) The IFA council will discuss the member's response as follows:
 - 1) Confirm the facts of the case (and any mitigating factors if relevant)
 - 2) Identify who is responsible for the breach
 - 3) Ask for supporting evidence where appropriate
 - 4) Ask for any additional information they may require
- f) The member will be written to within 60 days confirming the sanction that will be applied, or that they are satisfied with your response and no further action will be required. The IFA will inform the member of the reasons for coming to that decision with clear reference to its rules. All decisions take into account the protection of the public and profession.

SANCTIONS

The IFA will assess which of its sanctions it will apply depending on the seriousness of the breach, and assess the risk the breach has in undermining public confidence in the IFA's quality mark.

There are three possible sanctions that can be applied:

- a) If the member has proved their case then the member will be reinstated

- b) Remain suspended (up to one year) until the member has undergone further training/assessment
- c) Membership terminated

DISCLAIMER

Membership of the IFA is a voluntary process and membership is granted to individuals in good faith. IFA membership promotes practitioners' services but does not necessarily guarantee work. By joining the IFA membership, members are voluntarily agreeing to act in accordance with its rules. The International Federation of Aromatherapists shall not be liable for any claims arising from damage or loss caused by termination of membership. In completing the membership application form the member has indemnified the IFA in respect of each and every such claim and all actions, claims, costs, proceedings and demands in respect thereof. Please note the exclusion policy is unlikely to be something you can rely on if death or injury occurs. It is important that if that situation occurs a member gets their own legal advice.

APPEALS POLICY

This appeals policy applies to those who are not happy with the sanction applied to them in conclusion of the disciplinary procedure. It sets out the process you should follow when raising an appeal and how your appeal will be dealt with by IFA staff. This appeals policy will be reviewed on an annual basis.

CRITERIA FOR APPEALS

Appeals can only be made on the basis that IFA protocol has not been adhered to.

PROCESS FOR MAKING AN APPEAL

- a) Appeals must be received within 31 days of being notified of the IFA's decision and headed 'Appeal against sanction' so it can be easily identified and addressed expediently
- b) Appeals will only be accepted once the 'Appeals Application Form' has been completed downloadable from the IFA website.
- c) The IFA will arrange for an independent reviewer to reassess the documentation
- d) The member will be informed of a timescale in which they can expect the independent review to take place.

INDEPENDENT REVIEW

The independent review will be carried out by someone who is not an employee of the IFA or such persons involved in the disciplinary procedure and will not have a personal interest in the final outcome.

- a) The appellant will be informed of who the independent reviewer will be with a brief profile of their background.
- b) The appellant may raise objections to the independent reviewer but must explain their reasons.
- c) In this instance the IFA will allocate another independent reviewer
- d) Members are not permitted to put forward their own independent reviewer
- e) The independent reviewer will review all paperwork relating to procedures being carried out fairly and consistently and in keeping with IFA protocol.
- f) The appellant is not permitted to contact the independent reviewer whilst the review is underway or after the event. All correspondence will be issued through the IFA.
- g) Failure to adhere to reasonable instruction and interference with the investigation by contacting the independent reviewer will result in the member's appeal being struck out and they will not be able to appeal again for 6 months.

- h) The independent reviewer may ask for additional documentation if appropriate but as a general rule the review will be based on the documentation already provided at the disciplinary stage.
- i) The independent reviewer's decision is final and decisions will be communicated to the appellant within the specified timescale.

SUCCESSFUL APPEALS

In the event that an appeal is successful the member will be reinstated in good standing.

UNSUCCESSFUL APPEALS

In the event that the appeal is unsuccessful the IFA's decision will be final.

HELP AND SUPPORT

If you require any assistance during your membership with the IFA please do not hesitate to contact us. Your feedback is invaluable to us, if you have an idea of how we can improve your experience with us please send your suggestions to the office.

BENEFITS OF MEMBERSHIP

The IFA are constantly working on behalf of its members to bring you more benefits, a full list can be found in the members area of the website and are updated on a continual basis.

MEMBERS AREA

Members should make full use of the information and downloads available in the Members Area to support their practice and login regularly.

WEBSITE

- a) The IFA cannot take responsibility for how the public use members' information published on the IFA website. If members receive unwanted calls or emails then they should take the appropriate action by contacting the police. Members' details published under 'find a therapist' are for members of the public seeking a treatment. These details must not be used for commercial use i.e. sending out news letters of latest products - this is to protect all our members from unwanted mail.
- b) Members who wish to contact council members (who are subsequently selected from the membership and published on the website as a therapist) should not be contacted individually from the website. All enquiries directed towards council members should follow the correct procedure and be directed via the IFA Head Office
- c) If you wish to contact a member who perhaps you previously trained with but their details are not displayed on the website you may contact the office, who will forward your email, but ultimately it will be up to the member if they wish to respond. Thank you in advance for respecting other members' privacy.

REGIONAL GROUPS

We encourage members to join a regional group in their area and interact with other members to discuss various topics, listen to speakers and share ideas with multi-discipline professionals. Although similar to supervision regional groups are more informal and less personal, for example regional group meetings can discuss recently published research, articles etc. A full list of regional groups operating in various regions can be found in the Members Area of the website. If you would like to start your own regional group in your area, please download the application form in the Members Area.

REPRESENTATIVES

Regional representatives are members who assist the council in their location with updates and developments in their area and are duty bound to act in the best interests of the IFA. All representatives sign the terms and conditions of a representative, which is downloadable from the IFA website.

FURTHERING YOUR CAREER

Members who wish to further their career and enter the rewarding field of teaching Aromatherapy, should contact the office to discuss the right course for you, the qualifications required and procedure.

CONTACT

The IFA has a small team of staff who carry out the day-to-day running of the office. If you would like to talk to one of our staff regarding any questions please contact us:

Email: office@ifaroma.org

Members Line: 0208 567 2243 Ext 303