



MEMBERSHIP AND PROFESSIONAL CONDUCT

Code of ethics, professional practice, consent and public communication

APPROVED PROFESSIONAL STANDARD

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PART A | STATUS, PURPOSE AND INTERPRETATION

1. This Code sets out the ethical principles, professional standards, membership conditions and procedural requirements applicable to members of the International Federation of Reflexologists (IFR).
2. Compliance with this Code is a condition of membership. A member must also comply with all applicable legislation, regulatory requirements, local licensing provisions and the requirements of any other professional body to which the member belongs.
3. Where this Code imposes a higher professional standard than the minimum required by law, members are expected to comply with the higher standard so far as it is lawful and reasonable to do so.
4. For the purposes of this Code:
 - 4.1. 'client' means any person receiving, considering or enquiring about a reflexology service;
 - 4.2. 'member' means any person admitted to a current category of IFR membership;
 - 4.3. 'professional practice' includes in-person, mobile, remote administrative and promotional activity connected with the provision of reflexology; and
 - 4.4. 'informed consent' means a voluntary agreement given by a person with capacity and authority after receiving information sufficient to understand the nature, purpose, material risks, expected effects and reasonable alternatives;
 - 4.5. 'safeguarding concern' means information suggesting that a child or adult at risk is experiencing, or may be at risk of, abuse, neglect, exploitation or avoidable harm;
 - 4.6. 'fitness to practise' means the member's ability to practise safely, competently, ethically and without an unmanaged health, conduct or capability concern;
 - 4.7. 'conflict of interest' means any personal, professional, financial or other interest that could improperly influence, or reasonably be perceived to influence, professional judgement;
 - 4.8. 'working day' means a day other than a Saturday, Sunday or public holiday applicable to the IFR office handling the matter; and
 - 4.9. 'must' denotes a mandatory requirement; 'should' denotes expected good practice from which departure requires a sound and recorded professional reason.

CORE PROFESSIONAL PRINCIPLES Put clients first; obtain informed consent; practise within competence; communicate honestly; maintain confidentiality and records; preserve boundaries; act fairly; be candid when things go wrong; and remain accountable for every professional decision.



PART B | AIMS AND OBJECTIVES

5. IFR exists to promote high standards of reflexology education and practice, to support professional communication and development, and to advance public understanding of reflexology.
6. In furtherance of that purpose, IFR aims to:
 - 6.1. establish and maintain appropriate standards for professional education, training, assessment and qualification;
 - 6.2. recognise or accredit education provision that meets IFR requirements;
 - 6.3. maintain an accurate register or directory of eligible professional members for public use;
 - 6.4. communicate clear and responsible information about reflexology through government, public, professional and media channels;
 - 6.5. publish professional information and member communications;
 - 6.6. provide fair complaints and disciplinary procedures where professional conduct is called into question;
 - 6.7. support members' adherence to this Code and their continuing professional development;
 - 6.8. support students, practitioners, tutors and education providers through appropriate communication channels; and
 - 6.9. provide proportionate routes by which suitably trained practitioners may demonstrate eligibility for membership.

PART C | CODE OF ETHICS AND PROFESSIONAL CONDUCT

7. The welfare, dignity, autonomy and legitimate interests of the client must be the member's primary professional concern.
8. Members must practise lawfully, honestly, safely and within the limits of their education, competence, experience and insurance.
9. Members must treat every person fairly and respectfully, without unlawful discrimination, harassment or victimisation on any ground, including age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.
10. Members must communicate clearly and accurately about reflexology, their qualifications, experience, membership status, fees and the nature and limits of the service offered.
11. Members must obtain the client's informed and voluntary consent before treatment and whenever there is a material change to the agreed treatment plan.



12. Consent must be specific to the proposed service. A member must not introduce another therapy, technique or practitioner into a reflexology appointment without first explaining the change and obtaining the client's consent.
13. Members must maintain appropriate professional boundaries and must not exploit a client financially, emotionally, sexually, commercially or in any other way.
14. Members must preserve client confidentiality except where disclosure is authorised by the client, required by law, necessary to prevent a serious and imminent risk of harm, or otherwise justified under a recognised legal or safeguarding duty.
15. Where disclosure without consent is being considered, the member should obtain appropriate legal, safeguarding or professional advice where practicable and record the reasons for the decision.
16. Members must cooperate honestly and promptly with lawful requests made by IFR in connection with membership, professional standards, complaints or disciplinary proceedings.
17. Members must identify, disclose and appropriately manage any conflict of interest. Where a conflict cannot be managed without compromising the client's interests or public confidence, the member must decline or end the professional engagement.
18. A member must not offer, request or accept a gift, benefit, commission, referral payment or other inducement that could influence, or reasonably appear to influence, professional judgement. Any permitted referral or commercial arrangement must be transparent, lawful and in the client's interests.
19. Members must act with candour. Where an act, omission or unexpected incident has caused, or may have caused, material harm, the member must respond promptly, prioritise safety, communicate known facts honestly, offer an appropriate apology, keep an accurate record and make any notification required by law, contract, insurance or IFR policy.

PART D | STANDARDS OF REFLEXOLOGY PRACTICE

20. Before providing treatment, the member must undertake and record an appropriate consultation. The information obtained should be relevant, proportionate and sufficient to support safe professional decision-making.
21. Client records must be accurate, legible, contemporaneous and sufficiently detailed to record:
 - 21.1. the client's identity and appropriate contact information;
 - 21.2. relevant health, medication, lifestyle and presenting information;
 - 21.3. consent, agreed aims and any material cautions or modifications;
 - 21.4. the date, nature and duration of each treatment;
 - 21.5. advice, aftercare, referrals and significant communications; and
 - 21.6. any incident, concern or change relevant to future care.
22. Diagrams may support a treatment record but do not replace an adequate written account.



- 23.** Records must be created, stored, retained, accessed and disposed of in accordance with applicable data protection law and IFR policy. Access must be restricted to persons with a legitimate and lawful need.
- 24.** A correction or later addition to a client record must be dated, attributable and made without deleting or obscuring the original entry. Members must have arrangements for responding lawfully to requests for access, correction, restriction, erasure or transfer of personal information.
- 25.** Where records are created within a shared practice, employment, consultancy or multidisciplinary arrangement, responsibility for data control, access, retention, transfer and secure disposal must be agreed and documented.
- 26.** Every practising member must maintain a written continuity arrangement for client records in the event of retirement, practice closure, sale, incapacity or death. Clients must receive appropriate privacy information and lawful choices about any proposed transfer.
- 27.** A member must explain reflexology and the proposed approach before treatment begins, answer reasonable questions and give the client an opportunity to decline or withdraw consent.
- 28.** A member must not:
 - 28.1.** claim to diagnose a medical condition unless separately qualified and legally authorised to do so;
 - 28.2.** claim or guarantee that reflexology cures a disease or condition;
 - 28.3.** give advice outside the member's competence or professional scope;
 - 28.4.** use invasive, unsafe or unapproved equipment or techniques; or
 - 28.5.** continue treatment where the member reasonably believes that doing so would be unsafe or contrary to the client's interests.
- 29.** Where symptoms, history or changes in the client's condition indicate that medical assessment may be appropriate, the member must advise the client clearly to seek advice from a suitably qualified healthcare professional. Urgent or emergency concerns must be handled accordingly.
- 30.** A member may refuse, pause or end treatment where it would be unsafe, unlawful, outside competence, inconsistent with professional boundaries, affected by an unmanageable conflict, or made impracticable by abusive conduct or a serious breakdown of trust. The decision must be non-discriminatory, communicated professionally, documented and accompanied by reasonable signposting where appropriate.
- 31.** Members must maintain emergency arrangements proportionate to their work setting and client group. These should include access to emergency contact information, suitable first-aid provision, location-specific risk assessment and a process for recording and reporting adverse incidents. A member must not undertake emergency care beyond their competence, except for reasonable action necessary to preserve life or prevent serious harm while appropriate help is obtained.
- 32.** A member practising more than one therapy must distinguish each service clearly. Any combined treatment must be explained in advance, supported by appropriate competence and insurance, and recorded with the client's consent.



33. Members must not improperly solicit a client of another practitioner or make disparaging, misleading or unsubstantiated statements about another practitioner.
34. Members must foster respectful relationships with reflexologists, healthcare professionals and other practitioners. They must not contradict or advise a client to disregard prescribed care unless separately qualified and lawfully authorised to do so.
35. When working in a team, a member remains accountable for their own decisions and must raise a concern through an appropriate channel where they reasonably believe that another person's conduct, competence or health presents a material risk to a client.
36. Members must take all reasonable precautions to protect the health and safety of clients, colleagues and themselves. A member must not practise when their own health or impairment creates an unacceptable risk.
37. The practice environment and all equipment must be clean, safe, fit for purpose, appropriately maintained, adequately lit and ventilated, and compliant with applicable health, safety, accessibility and local licensing requirements.
38. Suitable hand-washing, toilet and drying facilities must be available where required. Any foot-washing bowl or similar equipment must be stable, hygienic and appropriate for the client.
39. Members must maintain appropriate professional indemnity, treatment risk and public liability insurance, obtained from a suitable independent provider, for every service and location in which they practise.
40. Members must undertake continuing professional development in accordance with current IFR requirements and keep evidence sufficient to demonstrate completion.
41. Members may practise reflexology of the feet and hands and any additional reflexology modality for which they hold appropriate training, competence, insurance and any approval required by IFR. Ear or facial reflexology must not be represented as IFR-recognised practice unless the relevant education and assessment requirements have been accepted by IFR.

PART E | CONDITIONS OF MEMBERSHIP

42. An applicant or member must provide complete, accurate and not misleading information to IFR and must notify IFR promptly of any material change affecting eligibility, fitness to practise, insurance or professional status.
43. A practising member must have completed an education and assessment route accepted by IFR, or have otherwise demonstrated competence through an IFR-approved process.
44. Members must conduct themselves in a manner consistent with the standing of a professional reflexologist and must not undertake work beyond their competence.
45. Members must comply with this Code, current IFR policies and any lawful and reasonable condition attached to membership.
46. Fees and material terms must be explained before treatment. Cancellation and non-attendance charges must be fair, transparent and communicated before they are applied.



- 47.** A member may use only the membership title, postnominal letters, logo or designation expressly authorised for that member's current category and only while membership remains valid.
- 48.** Membership certificates, cards and digital credentials remain subject to IFR's control and must not be altered, transferred, misused or displayed after membership has ended. Physical certificates must be returned where IFR reasonably requires this.
- 49.** Membership may lapse or be terminated where fees remain unpaid after the period stated in current renewal terms, subject to any applicable notice and reinstatement arrangements.
- 50.** A member must notify IFR promptly of any criminal, civil, regulatory, employment, insurance or professional matter that may reasonably call into question the member's honesty, safety, fitness to practise or eligibility for membership. Notification does not of itself establish misconduct and each matter must be assessed fairly and proportionately.
- 51.** IFR may accept, defer or refuse an application, impose proportionate conditions, or terminate membership only in accordance with its governing documents, published criteria and applicable procedure.



PART F | THE PROFESSIONAL RELATIONSHIP WITH CLIENTS

- 52.** A client is entitled to expect a professional, respectful and compassionate approach; an appropriate initial consultation; review at subsequent appointments; clear information about treatment, fees and aftercare; and safe, hygienic premises and equipment.
- 53.** A client is entitled to see reasonable evidence of the member's current IFR status and appropriate professional insurance.
- 54.** A member should invite clients to provide information honestly, including relevant health and medication details, and to advise promptly of changes that may affect treatment.
- 55.** Clients should be asked to arrive at the agreed time, observe reasonable hygiene and safety expectations, provide appropriate notice of cancellation and pay charges that were clearly agreed in advance.
- 56.** The member remains responsible for professional decisions. A client's request, preference or failure to follow advice does not justify unsafe, unlawful or unethical practice.

PART G | CONSENT, CAPACITY AND SAFEGUARDING

Respecting autonomy while providing additional protection where it is needed.

- 57.** Consent is a continuing process rather than a single signature. It must be obtained before the initial treatment, confirmed where appropriate at later appointments, and renewed whenever there is a material change in the treatment, practitioner, setting, purpose, expected effect or risk.
- 58.** Information must be provided in a form the person can understand. The member must make reasonable communication adjustments and allow sufficient time for questions and decision-making. A person may withdraw consent at any time, and withdrawal must be respected immediately.
- 59.** Capacity must be presumed unless there is a reasonable basis to doubt it. Capacity is specific to the decision and time in question. A person must not be treated as lacking capacity merely because of age, disability, diagnosis, communication difference or a decision that others consider unwise.
- 60.** Where capacity is in doubt, the member must take reasonable steps to support the person to decide, including using accessible language, communication aids, a suitable environment or an appropriately independent interpreter.
- 61.** If a person lacks capacity to consent to the proposed service, treatment may proceed only where lawful authority exists and the decision is made in the person's best interests or otherwise in accordance with the applicable law. The member must verify the representative's authority, involve the person as fully as possible and record the decision and reasons.
- 62.** Family relationship, friendship, residence in a care setting or membership of a care team does not by itself confer authority to consent for another adult.



- 63.**When working with a child or young person, the member must comply with the law of the relevant jurisdiction concerning capacity, parental responsibility and consent. The child's or young person's views, willingness and welfare must be considered according to their age and understanding, even where another person has legal authority to consent.
- 64.**A parent, guardian, supporter, interpreter or chaperone must not be permitted to override the competent person's decision or compromise confidential communication, except where lawful safeguarding action is required.
- 65.**The member must agree and record appropriate arrangements for chaperones, privacy and the presence of another person where the client's age, vulnerability, communication needs, treatment setting or expressed preference makes this appropriate.
- 66.**A member who identifies a safeguarding concern must prioritise immediate safety, listen without conducting an improper investigation, make an accurate contemporaneous record and share information through an appropriate safeguarding or emergency channel where lawful and necessary.
- 67.**The client should normally be told about a safeguarding disclosure unless doing so would increase risk, prejudice an investigation, breach a legal restriction or otherwise be unsafe. The reasons for sharing, delaying notice or not informing the client must be recorded.
- 68.**Members working outside the United Kingdom must follow the capacity, child-protection, adult-safeguarding and reporting law applicable where the client receives the service.

PART H | PUBLIC COMMUNICATIONS, RESEARCH AND DIGITAL PRACTICE

- 69.**All advertising, websites, directory entries, social-media content, interviews, presentations, testimonials and other public communications must be legal, decent, honest, truthful and capable of substantiation.
- 70.**A member must not make or imply an objective claim that reflexology diagnoses, treats, prevents or cures a medical condition unless the claim is lawful and supported by robust evidence of the standard required by the authority having jurisdiction over the communication.
- 71.**Communications must not discourage, delay or replace essential medical assessment or prescribed care. A disclaimer does not remedy an otherwise misleading overall impression.
- 72.**Testimonials, case studies, images, before-and-after material and user-generated content must be used only with appropriate permission and must not communicate a claim that the member could not lawfully make directly.
- 73.**A member discussing research must distinguish clearly between hypothesis, preliminary evidence, personal observation and established knowledge; cite sources accurately; represent limitations and uncertainty fairly; and correct a material error when identified.
- 74.**A member participating in research must comply with the approved protocol, applicable ethical review, consent and data-protection requirements; protect participants; disclose funding and conflicts; report findings honestly; and refrain from fabrication, falsification, plagiarism or selective suppression of material results.



- 75.** Intellectual property, copyright, authorship and attribution must be respected. Members must not copy, publish or present another person's work as their own.
- 76.** Professional standards apply equally to digital and in-person activity. Electronic messages, online booking, video communication, photography, audio or video recording, cloud services and social media must be used with appropriate consent, security, boundaries and record keeping.
- 77.** A member using artificial intelligence or automated tools remains fully accountable for the output and decision. Confidential client information must not be entered into a system without a lawful basis, appropriate safeguards and transparent information for the client. Automated output must be checked for accuracy, bias, scope and suitability before use.
- 78.** A member must not use digital targeting, fabricated reviews, concealed sponsorship, manipulative design or automated communication in a manner that exploits vulnerability or misleads a client about professional availability, evidence, urgency or likely outcome.

SCHEDULE 1 | WHAT CLIENTS MAY EXPECT FROM AN IFR MEMBER

- Professional, respectful and non-discriminatory conduct.
- Clear information about reflexology, fees, appointment arrangements and the member's qualifications.
- An appropriate consultation, informed consent and review of relevant changes.
- Confidential handling of personal information and secure professional records.
- Treatment within the member's competence, with appropriate caution, modification or referral where necessary.
- Safe, clean and suitable premises and equipment.
- Appropriate aftercare information and an opportunity to ask questions.
- Evidence of current IFR membership and suitable professional insurance on reasonable request.
- Access to clear information about raising a concern.

SCHEDULE 2 | WHAT MEMBERS MAY REASONABLY ASK OF CLIENTS

- Attend at the agreed time or give reasonable notice of cancellation.
- Provide honest and relevant information about health, medication and material changes.
- Observe reasonable hygiene, safety and respectful-behaviour requirements.
- Ask questions where information is unclear and communicate any discomfort or wish to stop treatment.
- Pay fees and any fair cancellation charge that was clearly agreed in advance.
- Seek appropriate medical advice where recommended or where urgent symptoms arise.



SCHEDULE 3 | CONSENT AND CAPACITY DECISION RECORD

RECORD THE DECISION, NOT MERELY THE SIGNATURE This checklist supports professional reasoning. It does not replace applicable capacity, consent, safeguarding or child-protection law.

- What service or change was proposed, by whom, for what purpose and on what date?
- What information was provided about nature, expected effects, material risks, alternatives and the right to refuse or stop?
- What communication adjustments, interpreter or decision support were offered?
- What demonstrated that the person understood, retained, weighed and communicated the decision?
- Was consent voluntary and free from pressure or conflict?
- If another person acted, what lawful authority was verified and what was its scope?
- How were the person's wishes, feelings, values and least restrictive option considered?
- What chaperone, privacy or safeguarding arrangements were agreed?
- What decision was reached, by whom, for what reasons and when must it be reviewed?

SCHEDULE 4 | PUBLIC COMMUNICATION REVIEW

- Is every objective claim accurate, current and supported by evidence suitable for the jurisdiction and medium?
- Could the overall impression imply diagnosis, treatment, prevention or cure of a medical condition?
- Could the communication discourage or delay essential medical care?
- Do testimonials, images, links, hashtags or user comments create an implied claim that would be unacceptable if stated directly?
- Are qualifications, IFR status, fees, sponsorship, referral interests and material limitations presented transparently?
- Is client consent sufficient for every identifiable story, image, recording or quotation?
- Are research findings cited accurately and are limitations and uncertainty made clear?
- Has automated or AI-assisted content been checked by the member for accuracy, bias, confidentiality and professional tone?

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Professional community since 1983

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