

THE NZAMH CONSTITUTION

1. NAME

The name shall be the New Zealand Association of Medical Herbalists (1983) Incorporated.

2. INTERPRETATION

In this Constitution except where a contrary indication appears:

‘Practise’ shall mean the provision of advice regarding treatment with Western herbal medicine.

‘A.G.M’ shall mean ‘Annual General Meeting’ of the Association.

‘Association’ shall mean ‘New Zealand Association of Medical Herbalists (1983) Incorporated’.

‘Committee’ shall mean ‘governing body of the Association’ as defined in Rule 12.

‘N.Z.A.M.H.’ shall mean New Zealand Association of Medical Herbalists (1983) Incorporated.

‘President’, ‘Secretary’, etc. shall mean ‘President of the Association’, ‘Secretary of the Association’, etc.

‘Year’ shall mean ‘financial year of the Association, as defined in Rule 23.

3. OBJECTS AND PURPOSE

- (a) To maintain a Register of Medical Herbalists.
- (b) To ensure that every person registered and given professional membership meets the following standards:
 - (i) They practise according to the Ethical Standards of the Association;
 - (ii) They have a proper understanding and knowledge of Herbal Materia Medica;
 - (iii) They have been adequately trained in the essential medical sciences and have had suitable clinical training and experience.
- (c) To monitor the standard and quality of the teaching of Herbal Medicine (see Schedule 4).
- (d) To promote Herbal Medicine to the public and other health professionals.
- (e) To represent members of the Association (and the cause of Herbal Medicine) in respect of any legislation concerning Herbal Medicine, and make submissions to the appropriate authorities on their behalf.
- (f) To encourage/ provide ongoing professional education for members of the Association.
- (g) To publish and circulate a newsletter and any other material of interest to members.

4. TRAINING STANDARDS

- (a) The Committee shall monitor the standard and quality of the teaching of Herbal Medicine theory and practice as carried out by the Educational Institutions that teach Herbal Medicine, and are accredited by the Association.
- (b) The Committee shall at its own discretion formally recognise the qualification conferred by those Educational Institutions, which teach the theory and practice of Herbal Medicine to a level which meets the Association’s standards.

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- (c) If the standard and quality of the teaching carried out by any Educational Institution does not meet the Association's standards then the Association shall at its own discretion not recognise the qualifications conferred by any such Educational Institution.

5. AFFILIATIONS

- (a) In keeping with the objects and purpose of the Association, N.Z.A.M.H. may affiliate with any other body or bodies that the membership sees fit.
- (b) Branches of the N.Z.A.M.H. may be formed. The N.Z.A.M.H will represent these branches.

6. MEMBERSHIP

Members of the Association shall be divided into 4 classes:

- (a) Professional members - members practicing herbal medicine, including:
 - (i) Full or part time practitioners giving advice to clients, whether the client is paying or not
 - (ii) Those involved in the formulation or manufacture of medicinal herbal products for public consumption.
 - (iii) Those involved in the training or supervision of students in the practice of herbal medicine.
- (b) Associate Members – members who do not practise but have an interest in herbal medicine, including:
 - (i) Educational Institutions.
 - (ii) Owners and/or employees of business retailing or wholesaling herbal medicine, who do not provide herbal advice or recommend medicinal herbal product to customers.
 - (iii) Other Individuals
- (c) Student members – members who are studying toward a herbal medicine qualification at an NZAMH recognized college.
- (d) Fellow members – members of long-term standing who have distinguished themselves in any branch of the profession OR rendered any conspicuous service to the Association OR retired from professional practice after long service to the profession

A Professional Member shall:

- (a) Do nothing to bring Herbal medicine, or the Association, into disrepute.
- (b) Shall have complied with a curriculum of training and passed examinations that the Committee accept or prescribes;
OR
Fulfilled the education standards as set by the Committee
- (c) When renewing accreditation / practice certificates each year, each member must:
 - (i) furnish proof of having completed professional education relating to the clinical practice and professional development of herbal medicine, as specified by the current Continuing Professional Education standards;
 - (ii) have paid the current annual subscription;
 - (iii) provide evidence of a current first aid certificate (in case of disability, provide evidence of current training to instruct others in first aid) from an NZQA provider.

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An Associate Member:

- (a) Must do nothing to bring Herbal Medicine, or the Association in disrepute.
- (b) Must not practice herbal medicine.

A Student Member:

- (a) Must do nothing to bring Herbal Medicine, or the Association, into disrepute.
- (b) Will be in the process of completing a course at an NZAMH recognised institution.

A Fellow Member:

- (a) Must do nothing to bring Herbal Medicine, or the Association, into disrepute.
- (b) The Association may elect as Fellow members of the Association anyone who has distinguished themselves in any branch of the profession **OR** rendered any conspicuous service to the Association **OR** retired from professional practice after long service to the profession.
- (c) If practicing herbal medicine, when renewing accreditation/practice certificates each year must –
 - (i) Provide evidence of a current first aid certificate (in case of disability, provide evidence of current training to instruct others in first aid) from an NZQA provider.

7. REGISTRATION PROCEDURES FOR MEMBERS

Candidates for Professional Membership must:

- (a) enclose the annual membership fee and a one-time only application fee with a completed application form.
- (b) attach photocopies of diplomas/ degrees in Herbal Medicine from their College of Herbal Training and photocopies of other relevant qualifications. The said photocopies must be certified as true copies of the original documents by a Justice of the Peace, Public Notary or Barrister or Solicitor of the High Court of New Zealand.
- (c) If the application is declined the Committee may give an explanation as to why it has been declined and the Committee will give an explanation as to the reasons for declining an application if the applicant requests an explanation. The committee may suggest further training or other appropriate action.
- (d) If the Application is successful the applicant's name is then put on the Association's Official Register. A properly signed and sealed certificate is issued and may be displayed as evidence of Registration with the Association.
- (e) The decision of the Committee is final and there is no right of appeal.

Candidates for Associate and Student Membership must:

- (a) enclose both the annual membership fee and a one-time only application fee with a completed application form.

8. ASSOCIATION REGULATIONS

- (a) No member other than a Professional Member shall utilise the name, goodwill or facilities of the Association for monetary gain, to enhance personal reputation, to solicit patients, or to obtain personal benefits.
- (b) Only those on the 'PROFESSIONAL' Register may use the title 'Registered Medical Herbalist' and 'Registered with the New Zealand Association of Medical Herbalists'. Approved abbreviation is MNZAMH.

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- (c) Members not on the 'PROFESSIONAL' Register may not use their membership nor the name 'Member of the New Zealand Association of Medical Herbalists' or any other variations of it for any purpose.

9. SUBSCRIPTIONS

- (a) The annual subscription for individual members shall be fixed at the AGM.
- (b) Any member whose membership subscriptions are in arrears for more than 3 months will have their names removed from the membership roll and may be required to make a new application for membership should they wish to rejoin.
- (c) If a member wishes to suspend membership they may apply for an exemption for up to 3 years. They will not be issued with a practising certificate during this time.
- (d) To enable membership to be maintained (including receiving the NZAMH journal) the subscription for a Professional Member granted an exemption shall be the same as that set for an Associate member.

10. COMPLAINTS, DISPUTES, DISCIPLINE

- (a) If any member shall willfully refuse or neglect to comply with the provisions of the Constitution/Code of Ethics or shall be guilty of any conduct which in the opinion of the committee is unbecoming of a member or prejudicial to the interest of the Association, the committee shall have the power by resolution to censure, suspend or expel the member from the Association.
- (b) The Association's Committee will establish a complaints committee and if necessary a disciplinary committee to carry out these procedures. (See Appendix - Code of Ethics).

11. RESIGNATION

Any member may resign from membership by giving to the Secretary of the Association notice in writing to that effect.

12. OFFICERS/COMMITTEE OF THE ASSOCIATION

- (a) The Officers of the Association shall be the President, Vice President, Membership Secretary, Correspondence/Minutes Secretary, Treasurer, Student Representative and up to six others.
- (b) The Officers of the Association shall be appointed at the AGM of the Association each year. In the event of resignation of an officers(s), an acting officer(s) to fill the position(s) until the AGM, shall be appointed by vote at a general meeting of the Association.
- (c) The entire management of the Association and its property shall be deputed to the Committee. The Committee must inform all members of the Association regarding proposed changes to its management of the Association and its property in order that proper discussion and if necessary voting can be held regarding important decisions.
- (d) The Editor of the newsletter may be an ex officio member of the Committee if she/he so desires.
- (e) The Immediate Past-President may be an ex officio member of the Committee.
- (f) Members of the Association may be nominated, seconded and elected to the Committee at a General meeting of the Association, should a quorum of members be present and voting, if deemed necessary.
- (g) The Committee has the right to co-opt additional members of the Association to attend its meetings or help in its functions, should the need arise. Such appointments should however be on a temporary basis, and only after a majority of Committee members deem it necessary to do so.

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- (h) Members may resign from membership of the Committee by giving to the Secretary of the Association notice in writing to that effect at least fourteen days prior to the date the resignation is to become effective.
- (i) Members may be expelled from membership of the Committee by resolution passed at a General Meeting of the Association excepting that this resolution must have been specified in the meeting agenda and reasonable effort must have been made at least twenty one days before the meeting to notify the member or members to be expelled.

13. ELECTION OF COMMITTEE

- (a) Nominations shall be called from all financial members within all branches of the Association.
- (b) Nominations may be only for Professional members excepting for the Student Representative.
- (c) Exceptions can be made when there is no professional member available for the position and a student/ associate member, who may have special skills and who is competent enough to undertake a particular duty, is available.
- (d) Nomination for Executive positions and Committee members must be received in writing at least forty eight days before the AGM. Nominations must include the name of the nominator as well as a seconder and should be accompanied by a profile of the nominee. Except in case of 12(f).
- (e) Ballot papers will be sent no less than 30 days prior to the AGM. These will include a brief profile of each proposed nominee.
- (f) Voting will be finalised at the AGM after a final and definitive count of all votes.
- (g) The Student Representative on Committee shall have been elected by the student members.
- (h) Appointment of the Committee shall be made at the AGM. Members may be elected to vacant positions on the Committee at any General Meeting of the Association.
- (i) If there is no more than one nomination for each position on the Committee there is no need to hold a postal ballot.

14. COMMITTEE MEETINGS

- (a) A Committee Meeting may be called at any time by an Officer of the Association.
- (b) Notice of any Committee meeting shall be given to every member of the Committee at least 48 hours before the meeting.
- (c) At each meeting five (5) shall constitute a quorum.

15. COMMITTEE VACANCY

The position of a member of the committee shall become vacant if the member:

- (a) Becomes of unsound mind or person whose person or estate is liable to be dealt with in any way under the law relating to mental health.
- (b) Resigns the office by notice of writing to the Association.
- (c) For more than six months is absent without permission of the Association from meetings of the Association held during that period.
- (d) Ceases to be a member of the Association.

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16. PERSONAL LIABILITY OF OFFICERS OF THE ASSOCIATION AND OF COMMITTEE MEMBERS

- (a) No Officer of the Association shall be personally liable for any act or omission (including negligence). The liability of such Officer of the Association shall be limited to the assets of the Association.
- (b) No member of the Committee shall be personally liable for any act or omission (including negligence) concerning the management of the association. The liability of such Officer of the Association shall be limited to the assets of the Association.
- (c) The preceding clauses shall not absolve any officer of the Association or member of the Committee from taking proper care in paying full attention to their duties in acting responsibly and with due diligence and where necessary obtaining proper knowledge in seeking competent advice pursuant to the carrying out of their respective office.

17. PROFESSIONAL INDEMNITY INSURANCE

The Committee may effect professional indemnity cover in such amount as the Committee in its discretion deems appropriate for the Association and for all of the members of the Committee against any liability (including statutory liability) which may arise out of any act or omission in the course of the Committee's conduct of the business of the Association.

18. GENERAL MEETINGS OF THE ASSOCIATION

- (a) General Meetings of the Association shall be called by the Committee:
 - (i) upon its own initiative; or
 - (ii) within sixty (60) days of receiving a request to do so, in writing signed by 50% or more of the members of the Association.
- (b) Items to be included on the agenda shall be given to the Secretary of the Association not less than seven (7) days before the meeting.
- (c) The Secretary of the Association, not less than seven (7) days before any General Meeting of the Association, shall notify or make reasonable effort to notify all members of the time, place, and date of the meeting. An agenda shall also be available seven (7) days before the meeting.
- (d) The quorum at any General Meeting of the Association shall be seven (7) members.
- (e) The chairperson at any general meeting of the Association shall be the President or if he/she is not present the Vice President, followed by the Secretary, followed by a nominated member of the Committee or if none are present some financial member chosen by the meeting.
- (f) Only Professional and Fellow members have the right to vote. If any issue arises, directly pertaining to students, a motion may be formed at a General Meeting to enable students to vote on this issue.
- (g) Every Professional and Fellow member shall have one vote, and in the case of equality of votes, the chairperson shall have a second or deciding vote. Voting will be by ballot. Two or more persons shall be appointed as scrutineers. The scrutineers shall not have a vote and should preferably be non-members.

19. ANNUAL GENERAL MEETING OF THE ASSOCIATION

- (a) The A.G.M shall be held within the first 60 days following the end of the financial year (31st March) on a date determined by the Committee.
- (b) A statement of Accounts and Balance Sheet shall be prepared and a copy shall be given to each member of the Association at or prior to the A.G.M.

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20. BANK ACCOUNTS

The Funds of the Association shall be lodged with a Trading Bank or Savings Bank. The bank books, cheque books, together with the Association's Books of Accounts shall be produced by the treasurer at each Committee Meeting.

21. INVESTMENTS

If the Committee so determines, any part of the funds of the Association may be invested in the manner provided by the Trustee Act 1908 or any Act amending or replacing the same.

22. CONTROL OF FUNDS

- (a) The Association's bank account shall be operated upon the signature of any two Officers of the Association.
- (b) All accounts shall be passed for payment by the Committee, payments under \$1,000 to be approved by two members of the committee, payments over \$1,000 to be approved to two members plus the President.
- (c) The Committee shall have power to borrow such amounts and on such terms as it thinks fit, and to give security therefore and interests thereon such security as the Committee may determine (in accordance with Rule 12(c)).

23. FINANCIAL YEAR

The financial year of the Association shall end on the 31st March each year, to which date the accounts shall be balanced.

24. ALTERATION OF THE CONSTITUTION

These rules may be rescinded, altered or added to by an ordinary resolution passed at a General Meeting of the Association, excepting that the proposed repeal, alteration or addition must have been specified in the agenda and that all financial voting members have been notified twenty one (21) days prior to the meeting.

25. WINDING UP

- (a) The Association shall be wound up in accordance with the Incorporated Societies Act 1908 or any Act amending or replacing the same.
- (b) Upon winding up, any Association assets remaining after payment of all Association liabilities shall be disposed of in such a manner as passed by resolution at the General Meeting convened for the purpose of winding up the Association.

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APPENDIX: CODE OF ETHICS

(CODE OF CONDUCT, COMPLAINTS AND DISCIPLINE)

Preamble

Medical Herbalism involves a relationship between practitioners and patients that is based on principles of integrity, trust and beneficence. Medical Herbalism supports and enables individuals, families, groups and communities to restore, maintain or improve their health.

This code of ethics has been developed for Medical Herbalism within the New Zealand context, and shares many aspects with the ethical practice of Medical Herbalism in the western world.

This code of ethics is a set of principles that serves to guide good professional conduct for Medical Herbalism. These principles delineate the nature of a contractual basis, which is made between a Medical Herbalist and patients, colleagues, professional acquaintances and the public at large. It does not serve as a statute but may be used as a benchmark for professional conduct within the profession of Medical Herbalism.

This code cannot resolve all ethical issues but does provide a framework for addressing ethical and Medical Herbalism practice-related issues.

This code of ethics expresses the general principles applicable to all Medical Herbalists and then identifies the specific areas of ethical practice along with annotations. The general principles are addressed and blended within the sum of these specific areas.

Due to the changing nature of Medical Herbalism practise; alongside the ever-changing face of health care, this code of ethics will be reviewed every three years or, if deemed necessary, at short notice.

General Principles

The general principles of the code of ethics are as follows:

Respect for Autonomy
Non-maleficance
Beneficence
Justice

Specific Areas of Ethical Practice

The specific areas of ethical practice of the code of ethics are as follows:

- 1: Compliance with the Code of Ethics
- 2: Relations with Patients
- 3: Relations with Colleagues
- 4: Relations with the Public
- 5: Competence
- 6: Practice Management
- 7: Infringement of the Code of Ethics
- 8: Complaints Procedures
- 9: Disciplinary Procedures

1: Compliance with the Code of Ethics

- 1.1: Members and practitioners of NZAMH shall at all times comply with the code of ethics.

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- 1.2: Compliance to the code of ethics will be considered when a complaint is made against a member or practitioner of NZAMH. Practitioners failing to meet the requirements of the code of ethics may be subject to disciplinary measure on the grounds of unacceptable professional conduct (see section 7).
- 1.3: Members and practitioners are reminded that this code of ethics is no substitute for either medical or civil law.
- 1.4: Members, particularly practitioners, are encouraged to be covered by professional and public liability insurance.

2: Relations with Patients

- 2.1: Practitioners shall recognize an obligation towards the patient at all times, and shall practise their profession to the best of their ability for the benefit of the patient. The patient's comfort, welfare and future health must always have priority.
- 2.2: No discrimination will be made against patients on any grounds including age, race, colour, gender, religion, education, sexual orientation, social class, political belief, philosophical persuasion or disability.
- 2.3: All actions and treatment applied to a patient must be carried out with the informed consent of that patient or the caregiver of that patient. A person from whom informed consent for examination or treatment is sought must possess the necessary intellectual and legal capacity to give consent. A patient will have the intellectual capacity if able to understand in simple language what the examination or treatment is, its purpose and why it is being proposed, to understand its principle benefits, risk and alternatives, and to retain the information long enough to make an effective decision with free choice.
- 2.4: Written or spoken consent must be obtained from the parent or caregiver of patients under the age of sixteen (16) years who seek treatment. Physical examination of a child under the age of sixteen (16) years requires the presence of a third party, usually the parent or caregiver.
- 2.5: Examination or treatment of any intimate area of any patient regardless of age or gender requires the presence of a third party unless explicitly agreed to by the patient. Consent for examination or treatment without the presence of a third party should be recorded in writing.
- 2.6: In an emergency situation where the patient, or the patient's caregiver, is unable to give consent, treatment may be given if it is deemed to be in the patient's best health interests.
- 2.7: The confidence of the patient, and diagnostic findings acquired during consultation, or in the course of treatment, shall not be divulged to anyone without the patient's consent except where required to by law or where failure to take action would constitute a menace or danger to the patient or another member of the community.
- 2.8: Practitioners shall not give guarantees regarding the results of any treatment nor exploit a patient for financial gain through inferences or misrepresentations of any sort.
- 2.9: Practitioners must act with consideration with regard to fees and the justification for any treatment.
- 2.10: Practitioners shall not use their professional position to instigate nor pursue an improper relationship with a patient, personal companion or relative of that patient. This includes personal, professional, political, financial or sexual gain.
- 2.11: Where deemed necessary the practitioner should refer patients promptly to another competent health professional.

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- 2.12 Practitioners shall provide, to the satisfaction of the patient, details of the herbal medicines prescribed, if requested by the patient to do so.

3: Relations with Colleagues

- 3.1: Members and practitioners must at all times conduct themselves in an honourable manner towards other health care professionals
- 3.2: Members and practitioners should be respectful towards the treatment philosophy of other health care providers.
- 3.3: Members and practitioners must not speak publicly in a derogatory fashion of other health care providers.
- 3.4: Practitioners having patients referred to them by another practitioner shall return such patients to the original practitioner when the specified treatment is completed.
- 3.5: Members and practitioners shall not denigrate another practitioner's treatment plan.
- 3.6: A practitioner shall not knowingly interfere with any ongoing treatment instigated by another practitioner whilst the patient is under that other practitioner's care.
- 3.7: Practitioners concerned with regard to a patient's treatment in any way whatsoever must proceed to address these issues in a discreet and professional manner through the appropriate channels.
- 3.8: When patients request a health care service outside the scope of practice of the Medical Herbalist it is the responsibility of the practitioner to assist with that request.
- 3.9: Practitioners shall respect the intellectual property of other practitioners and use it only with explicit consent.

4: Relations with the Public

- 4.1: Members and practitioners must at all times conduct themselves in an honourable manner towards the public, irrespective of the medium used (direct communication, newspaper, television, radio, internet, any media avenue)
- 4.2: Members and practitioners will never make misleading claims regarding the ability to treat or cure illness, nor imply abilities beyond their competence.
- 4.3: Advertising must be in compliance with legal requirements.
- 4.4: Advertising must be compatible and congruent with the standards of the profession of Medical Herbalism and must not contravene any of the points of the code of ethics.
- 4.5: Members and practitioners are permitted to lecture to the public on the topic of Medical Herbalism where the purpose is to promote and further the understanding of Medical Herbalism.
- 4.6: Practitioners shall not use titles or descriptions that give the impression of medical or other qualifications to which they are not entitled.

5: Competence

- 5.1: Individuals are entitled to be members of NZAMH on the completion of adequate training, as approved by the committee.

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- 5.2: Members are responsible for undertaking continuing professional development.
- 5.3: Practitioners must be aware of the current information regarding the healing techniques they practise.
- 5.4: Practitioners shall not claim competence that they do not possess.
- 5.5: Practitioners shall diligently monitor their fitness to practise with respect to their physical, mental, emotional and spiritual health.
- 6: Practice Management**
- 6.1: Practitioners shall share the responsibility of upholding the integrity of the profession of Medical Herbalism.
- 6.2: Practitioners shall act with honesty and integrity.
- 6.3: Practitioners are obliged to manage their practices with due diligence.
- 6.4: All external notices and name plates advertising any professional practice should conform to legal and professional requirements.
- 6.5: Any persons employed within a clinical practice are required to be suitably trained for their position.
- 6.6: The practitioner is responsible for any actions undertaken by an employee or assistant working within their practice who is not registered as a member of NZAMH.
- 6.7: Practitioners must provide a practice complaints procedure within their practice that is clearly visible to patients in accordance with the NZ Health & Disability Consumer Code of Rights. A standard complaints procedure notice for practitioners to display is available from the NZAMH.
- 6.8: Practitioners shall display current practicing certificates and this code of ethics in a prominent position in their premises within easy viewing of the patient.
- 6.9: Practitioners premises must be maintained in a safe and hygienic condition.
- 6.10: Practitioner's are responsible for the safe and effective disposal of items deemed unsafe.
- 6.11: Telephone email and internet (including web cam) consultations with unknown persons are to be strongly discouraged. Where in exceptional circumstances a face-to-face consultation is not practical, the practitioner:
 - a) must ensure that the patient is assessed by an appropriately qualified practitioner before any course of treatment is recommended;
 - b) has the responsibility to sight any relevant reports generated from a consultation conducted by another appropriately qualified practitioner;
 - c) should conduct a face-to-face follow-up consultation at least once every twelve (12) months if treatment of the patient is ongoing.
- 6.12: Patient confidentiality is a legitimate expectation of patients and must be adhered to at all times. Practice personnel must maintain this same level of confidentiality

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- 6.13: Patient records are the responsibility of the practitioner.
- 6.14: Patient records must be kept in a safe and secure place for no less than seven (7) years from the date of last appointment.
- 6.15: The transfer of patient records is to be carried out only with the consent of the patient.
- 6.16: Patients or registered caregivers are allowed access to patient records at all times.
- 6.17: Patient records can be disclosed without patient or caregiver consent in situations of legal requirement or where failure to disclose would constitute a menace or danger to the patient or another member of the community.
- 6.18: Patient records and the information contained therein may be used in instances of clinical trial, clinical audit, case-history reporting, qualitative research or any other method of research only with the informed consent of the patient or caregiver concerned. This must be accompanied by an assurance of maintenance of confidentiality
- 6.19: Whenever acting as a *locum tenens* practitioners shall not attempt to secure the future care of any patients.
- 6.20: Practitioners in private practice are expected to prescribe herbal medicines in combinations that are individualised to the needs of the patient that they are treating at that time.
- 6.21: Practitioners should not use herbal medicines derived from any wild species that are known to be threatened or endangered in their natural habitat. Practitioners have a responsibility to ensure that they are aware of the population status of herbal medicines. Practitioners should be aware of and respect any treaties and national laws relating to medicinal plant conservation, especially the 1993 Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES). Information is available from the NZAMH.
- 6.22: Practitioners should respect Article 24 of the 2007 United Nations Declaration on the Rights of Indigenous Peoples, namely that "Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants...".
- 6.23: NZAMH is opposed to genetic engineering and/or modification of medicinal plants as being contrary to and not conforming with traditional usage. Members therefore have a duty not to prescribe or recommend plant medicines or foods derived from this technology.
- 6.23: Practitioners shall continue to develop their professional knowledge and share this knowledge with colleagues, other relevant health professionals and the public.

7: Infringement of the Code of Ethics

- 7.1: Infringement of this code of ethics may render members liable to disciplinary action with subsequent loss of privileges and benefits of registration with NZAMH.
- 7.2: Any complaint against any member can only be upheld if there is shown to be a breach of the code of ethics.
- 7.3: The interpretation of infringement of the code of ethics cannot be exhaustive and is intended as guidance only.

8: Complaints Procedures

- 8.1: A Convenor of the Complaints Committee will be appointed at the first Committee Meeting of

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the Association in each financial year.

- 8.2: At least two other members will be recommended as potential Complaints Committee members at this same committee meeting. They will then be available if called on.
- 8.3: A complaint may be presented to the President of the Association if it is believed that any member has wilfully refused or neglected to comply with the provisions of the Constitution/Code of Ethics, or is guilty of any conduct unbecoming to that member, or prejudicial to the interest of the Association.
- 8.4: The complaint shall be in writing.
- 8.5: Any written complaint received by the President of the Association must be passed to the Convenor of the Complaints Committee immediately.
- 8.6: The Convenor of the Complaints Committee must begin action within fourteen (14) working days of the complaint being received by the President of the Association.
- 8.7: Said Convenor will then appoint at least two other members to the Complaints Committee to deal with this specific complaint, one of whom may be a non-member of the Association. At least one person on this committee must have knowledge and experience of the area under consideration. None of the Complaints Committee members should be involved already in this particular case. It is recommended that both genders be represented on this committee. This committee has the power to co-opt, and, if deemed necessary, to consult a lawyer.
- 8.8: Any complaint received will be processed in a fair, open and transparent manner with prompt information disseminated to the parties involved. Full details of the complaint will be sent to the defendant by the Convenor of the Complaints Committee within fourteen (14) working days of the receipt of the complaint.
- 8.9: If the Complaints Committee decides that the complaint is not one with which it is empowered to deal with, a report will be made to the Committee of the Association and the complainant will then be informed of this in writing by an officer representing the Association Committee.
- 8.10: The first objective of the Complaints Committee is a resolution of the dispute.
- 8.11: It is recommended that a meeting with both parties be held as soon as possible. It may be that the Complaints Committee deems it appropriate to meet with each of the parties separately first.
- 8.12: A mediation process is to be considered a priority.
- 8.13: If the defendant is shown to be not in breach of the Code of Ethics/Constitution and is deemed not guilty of conduct unbecoming of a member or prejudicial to the interests of the Association, then it is to be recommended to the Committee of the Association that the complaint be dismissed.
- 8.14: If the defendant is deemed in breach of the above, then a full report is to be made to the Committee of the Association, with recommendations of the disciplinary action to be taken.
- 8.15: If the involved parties are dissatisfied with any part of the complaints process the matter can be referred to the Health and Disability Commissioner.

9: Disciplinary Procedures

- 9.1: If the Complaints Committee recommends disciplinary action, either the President of the Association or a member appointed as Convenor of the Disciplinary Committee shall appoint at least two more members to the Disciplinary Committee.

NEW ZEALAND ASSOCIATION OF MEDICAL HERBALISTS (1983) INC.

- 9.2: It is recommended that these include one person of each gender. The two appointed members can, but do not need to be members of the Association.
- 9.3: Disciplinary action may take the form of censure, suspension from the Association, expulsion from the Association, a fine of up to \$1,000 or a recovery of costs to the Association from one or both parties. There could be a combination of some of these actions.
- 9.4: It could be recommended that the matter be referred to the Health and Disability Commissioner.
- 9.5: The Convenor of the Disciplinary Committee shall inform the complainant, the defendant and the NZAMH Committee of the disciplinary action to be taken within fourteen (14) working days of the decision being made.
- 9.6: The defendant shall also be given the date of the next scheduled committee meeting of the Association.
- 9.7: The defendant may then give notice that she/he will be appealing this disciplinary action at this committee meeting. The defendant may at this committee meeting give orally or in writing any defence that she/he sees fit. The full committee will then decide whether to uphold or to change the disciplinary action.
- 9.8: No member, except for the purpose of pleading her/his case, shall take part in the determination of any dispute in which she he is personally involved.
- 9.9: If a member is fined, or expected to pay costs, and has not paid, that member is not entitled to voting rights, receipt of the Association magazine or meeting attendance. The Association retains the right to follow standard debt recovery procedures if necessary.
- 9.10: No member, who has been suspended or expelled or chosen to resign as a result of a complaints process, is entitled to any refund of subscription or other sum.
- 9.11: Readmission to NZAMH once struck off is entirely at the discretion of the Officers of the Association.

NEW ZEALAND ASSOCIATION OF MEDICAL HERBALISTS (1983) INC.

SIGNED BY THREE OFFICERS OF THE NEW ZEALAND ASSOCIATION OF MEDICAL HERBALISTS (1983) INC.

1. PRESIDENT:

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Name Date:

Occupation

Address

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2. OFFICE HOLDER

Position:

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Name Date:

Occupation

Address

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3. OFFICE HOLDER

Position :

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Name Date:

Occupation

Address

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