

*BAAAP*



**THE BRITISH ASSOCIATION OF ACCREDITED  
AYURVEDIC PRACTITIONERS**

**CODE OF ETHICS  
Including Code of Conduct & Disciplinary Procedures**



## Salutations to Lord Ganesha



## Invocation to Dhanwantari

भिषग्द्रव्याण्युपस्थाता रोगी पादचतुष्टयम् ।  
गुणवत् कारणं ज्ञेयं विकारव्युपशान्तये ॥ ३ ॥

*The four aspects of therapeutics are the physician, the medication, the attendant and the patient. They are responsible for the cure of diseases, provided they have the requisite qualities.*

Charaka Samhita/SU; IX:3

विद्या वितर्को विज्ञानं स्मृतिस्तत्परता क्रिया ।  
यस्यैते षड्गुणास्तस्य न साध्यमतिवर्तते ॥ २१ ॥  
विद्या मतिः कर्मदृष्टिरभ्यासः सिद्धिराश्रयः ।  
वैद्यशब्दाभिनिष्पत्तावलमेकैकमप्यतः ॥ २२ ॥  
यस्य त्वेते गुणाः सर्वे सन्ति विद्यादयः शुभाः ।  
स वैद्यशब्दं सद्भूतमर्हन् प्राणिसुखप्रदः ॥ २३ ॥

*The physician who possesses the six qualities: knowledge, critical approach, insight into allied sciences, good memory, ability to act promptly and perseverance, can never miss the target, that is curing disease. Any one of these, viz; knowledge, intellect, practical experience, continued practice, success in treatment and dependence on an experienced preceptor, is enough to justify the use of the term 'vaidya'. The one who combines in himself all these good qualities deserves to be called "an excellent physician" who can give comfort to all living beings.*

Charaka Samhita/SU;IX:21-23

## **CODE OF ETHICS**

An Ayurvedic practitioner shall always

1. Show the utmost respect for human life and will use knowledge of Ayurveda to serve humanity
2. Make the health of the patient their first consideration
3. Maintain the highest standards of professional conduct
4. Be dedicated to providing competent health care services, with compassion and respect for human dignity
5. Show sensitivity and attention to patients' needs and respect the rights of patients to be fully involved in decisions about their care
6. Act only in the patient's interest and not permit motives of profit or self-interest to influence professional judgement
7. Respect and protect confidential information
8. Work with colleagues in ways that best serve the patient's interests
9. Recognise the limits of professional competence and refer patients on to other professionals as appropriate
10. Strive to expose those practitioners deficient in character or competence, or who engage in fraud or deception

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**CODE OF PROFESSIONAL CONDUCT  
FOR  
AYURVEDIC PRACTITIONERS**

## **Introduction**

1.1 The purpose of the Code of Professional Conduct is to:

- Inform Ayurvedic practitioners of the standard of professional conduct required of them in the exercise of their professional accountability and practice
- Inform the public and other stake holders of the standard of professional conduct that they can expect of a registered Ayurvedic practitioner.

1.2 As a registered Ayurvedic practitioner, you must:

- Protect the health of individual patients and clients
- Act in a way that justifies the trust and confidence of patients and their families
- Uphold the good name of Ayurveda

1.3 You are personally accountable for your practice, regardless of advice or directions from another professional.

1.4 You have a duty of care to your patients/clients, who are entitled to receive safe and competent care.

1.5 You must practice within the limits of your own competence, existing legislation, resources and the goals of the therapeutic relationship.

### **2. As a registered Ayurvedic practitioner, you must respect the patient/client as an individual**

You must show sensitivity and attention to patients' needs and recognise and respect their role as partners in their care.

You are personally accountable for ensuring that you promote and protect the interests and dignity of patients/clients, irrespective of gender, age, race, sexuality, economic status, lifestyle, culture or political beliefs.

You must, at all times, maintain appropriate professional boundaries in the relationships you have with patients/clients.

### **3. As a registered Ayurvedic practitioner, you must obtain consent before you give any treatment or medication**

All patients/clients have a right to receive information about their condition and to discuss the benefits and risks of recommended treatment options.

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Information should be accurate and presented in a way as to make it easily understood.

You must respect patients'/clients' right to decide whether or not to undergo any Ayurvedic health care intervention.

Patient consent must be voluntary, free from pressure and arise from a competence to decide. Consent is an evolving matter and it is important that there is continuing discussion with the patient/client.

Those who are legally competent may give consent in writing, orally or by co-operation. You must ensure that all discussions and associated decisions relating to obtaining consent are documented in the patient's/client's health care records.

The principles of obtaining consent apply equally to those people who have a mental illness or learning difficulties. In such cases, it will also be necessary to involve other professionals who have been involved in providing care services to them.

In relation to obtaining consent for a child, the involvement of those with parental responsibility in the consent procedure is usually necessary, but will depend on the age and understanding of the child. If the child is under the age of 16 in England and Wales, 12 in Scotland and 17 in Northern Ireland, you must be aware of legislation and local regulations relating to consent.

In the case of patients/clients aged under 18, where there may be conflict between the wishes of the patient/client and parent(s)/guardian, the practitioner is advised to seek the advice of the Professional Conduct Officer of the BAAAP before providing any treatment or advice.

### **4. As a registered Ayurvedic practitioner, you must protect confidential information**

Information about patients/clients must be treated as confidential and used only for the purposes for which it was given. You must guard against breaches of confidentiality by protecting information from improper disclosure at all times.

You should seek patient'/clients' consent regarding the sharing of information with their family and others, including their GP.

If the patient/client withholds consent, or if consent cannot be obtained for whatever reason, disclosures may be made only where:

- They can be justified in the public interest (where disclosure is essential to protect the patient/client or someone else from the risk of significant harm)
- They are required by law or by order of a court.

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- 4.4. In any circumstance when disclosure of confidential information takes place, the patient/client should be informed of the extent of the information to be disclosed and the reason for it
- 4.5. The practitioner should record in writing both the information disclosed and the reasons for doing so
- 4.6. Where there is an issue of child protection, you must act at all times in accordance with national and local policies.
- 4.7. Patient/client records must be retained in safe custody. In a group practice, the partners are advised to enter into clear, unambiguous agreements as to the ownership and responsibility for the records of patients registered with the practice.
- 4.8. You should make clear arrangements for health care records /notes to be available to the patient/client if they wish to transfer to another practitioner.
- 4.9. When conducting clinical trials or any form of research which involves patients, you must ensure that
  - The patient's interests come first
  - Informed consent is obtained from the participants in the research
  - The research protocol has been subject to a full ethical review by the Research Committee of the BAMC
  - Participants' consent is sought before the release of identifiable information for research purposes
  - Confidentiality of the participant is protected
- 4.10. You must ensure that patient/client-identifiable photographs and video taped material, taken for diagnostic or teaching purposes, are subject to strict arrangements as to their confidentiality. You must
  - Be sure of the purposes for which videos or photographs are taken
  - Valid patient/client consent is sought
  - Consent is specifically sought for each and every purpose to which the illustrative record is put

## **5. As a registered Ayurvedic practitioner, you must maintain your professional knowledge and competence**

- 5.1. You must keep your knowledge and skills up to date throughout your working life. In particular, you should take part regularly in educational and training activities that develop your competence and performance.
- 5.2. You must acknowledge the limits of your professional competence and must refrain from measures which may expose patients/clients to risk because of your lack of experience or confidence.



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- 5.3 You have a responsibility to deliver care based on best practice and validated research when it is available.
- 5.4 When offering a treatment which is not accepted as traditional Ayurveda, you must ensure that you have the required training and that you are registered with the relevant professional association.
- 5.5 You must be aware of current legislation with regard to the prescribing and supply of Ayurvedic medicines. It is your responsibility to read and retain relevant documents received from the BAMC/BAAAP.

### **6. As a registered Ayurvedic practitioner, you must be trustworthy**

- 6.1 You must behave in a way that upholds the reputation of the profession. Behaviour that compromises this reputation may call your registration into question even if it was not directly connected to your professional practice.
- 6.2 You must ensure that your professional judgement is not influenced by any commercial considerations.
- 6.3 Promotion of your practice should be in accordance with legal requirements and with the British Code of Advertising Practice.
- 6.4 You must neither ask for nor accept loans from patients/clients or their relatives
- 6.5 If you find that you are becoming involved in a sexual or non-professional relationship with a patient/client, you should end the professional relationship and arrange alternative care for the patient/client.

### **7. As a registered Ayurvedic practitioner, you must act to identify and minimise the risk to patients and clients**

- 7.1 You must ensure that the health care environment in which you work is conducive to safe, therapeutic and ethical practice.
- 7.2 You are responsible for the actions of the staff you employ and must ensure that they are suitably trained in their function.
- 7.3 Delegation of any professional duty, including the preparation and dispensing of medicines or administration of Ayurvedic treatments such as Pancha karma, shirodhara or abhyanga, are only made in favour of those qualified to undertake these tasks.

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- 7.4 You should ensure that disposable examination and treatment equipment and clinical waste are dealt with safely and in accordance with local authority regulations.
- 7.5 You must inform the patient/client of the BAMC Complaints and Disciplinary procedures, if requested to do so by the patient or the person legally responsible for the patient's/client's interests.
- 7.6 You must act quickly to protect patients and clients from risk if you have good reason to believe that you or a colleague may not be fit to practise for reasons of conduct, health or competence.
- 7.7 You must be aware of those diseases which are notifiable and take appropriate action in such cases.
- 7.8 When facing professional dilemmas, your first consideration in all circumstances must be the interests and safety of patients and clients.

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### **8. As a registered Ayurvedic practitioner, you must cooperate with others in delivering patient/client centred care**

- 8.1 You must communicate effectively with patient/clients, their families and other health professionals
- 8.2 You must participate effectively in inter-professional and multi-agency approaches to health care
- 8.3 You must record professional judgements and decisions taken.
- 8.4 You remain accountable for your professional conduct, any treatment or advice you provide and any omission on your part.

### **9. INFRINGEMENT OF THE CODE**

Infringement of this Code of Conduct may render registered Ayurvedic practitioners liable to disciplinary action with subsequent loss of the privileges and benefits of registration.

### **Further Information**

Printed Copies of the Code of Professional Conduct may be obtained by writing to the *British Association of Accredited Ayurvedic Practitioners, 5 Blenheim Rd North Harrow, Middx HA2 7AQ.*

Enquiries about the issues addressed in the Code of Professional Conduct should be directed to BAAAP's *Professional Advice Service* at the address above or by telephone on *020 88301434.*

BAAAP will keep this Code of Professional Conduct under review and any comments, suggestions or requests for further clarification are welcome from practitioners and members of the public.

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**THE BRITISH ASSOCIATION OF ACCREDITED  
AYURVEDIC PRACTITIONERS**

**COMPLAINTS AND DISCIPLINARY PROCEDURES**

**CODE OF ETHICS  
(CODE OF CONDUCT & DISCIPLINARY PRODCEDURES)**

**Definition of terms used throughout this document**

<b><i>The Practitioner:</i></b>	The person with a minimum BAMS qualification registered as a qualified Ayurvedic practitioner.
<b><i>The BAAAP:</i></b>	The British Association of Accredited Ayurvedic Practitioners.
<b><i>The Patient:</i></b>	The person requesting treatment or the person being treated in the case where a third party has legal responsibility for the patient.
<b><i>The Practice:</i></b>	The business and/or the place of business of the practitioner.
<b><i>Unacceptable professional conduct:</i></b>	Dishonourable or ethical misconduct which falls short of the standard required of a registered Ayurvedic practitioner.
<b><i>Official Complaint:</i></b>	A written complaint regarding a practitioner addressed to the BAAAP Exec Com

**Abbreviations**

<b>BEDC</b>	BAAAP Ethics and Disciplinary Committee
<b>PCO</b>	Professional Conduct Officer
<b>PEAC</b>	Professional Ethics Appeal Committee

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The BAAAP are committed to promoting the authentic and ethical practice of Ayurveda throughout the UK and Europe. The role of the BAAAP Ethics & Disciplinary Committee (BEDC) is to promote high standards of professional conduct. To this end, it will continually review the practice of Ayurvedic medicine in the light of current best practice in health care professions, broader social values and the classical tenets of Ayurveda.

### **1. The BEDC:**

- Is responsible for the effective implementation of the Code of Conduct, Complaints Procedure and Disciplinary Procedure.
- Ensures that a system for monitoring and audit of procedures is in place and maintained.
- Ensures that the strictest confidentiality is maintained at all stages of the procedure.
- Ensures that the time taken to make decisions is reasonable.
- Ensures that written or oral evidence is provided by any other relevant BAMC Committee

#### **1.2 Membership of BEDC**

Membership of the BEDC comprises the Chairperson of BAAAP, the legal advisers to the BAAAP and two elected representatives from the BAAAP EC and a patient representative. The appointment procedure is transparent, fixed term, with formal declaration of interests.

#### **1.3 Professional Conduct Officer**

The BEDC's a Professional Conduct Officer (PCO) is responsible to the BEDC for implementation of the Complaints Procedure and Disciplinary Procedure. The PCO is responsible for ensuring the progress of cases and reports to the Chairman of the BEDC.

The PCO is responsible for advising practitioners concerning the code of ethics and code of conduct and complaints procedures.

### **2. Verbal Complaints**

Where a verbal complaint is received by any officer of the BEDC, this should be passed immediately to the Professional Conduct Officer (PCO). The name, address and telephone number of the complainant should be noted. The PCO should call the complainant within 48 hours.

The PCO may:

- Record the complaint in writing and contact the practitioner verbally in an effort to resolve the complaint. A system where some complaints can be dealt with informally and verbally can be supportive to all parties.
- Request that the complaint be submitted in writing and send relevant information, including a summary of the BAMC complaints procedure

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and, where necessary, code of conduct, a form on which to give a statement and a form giving permission for an investigation.

- Where the complainant insists on remaining anonymous, enquire whether s/he would like to speak to a mediator appointed by the BEDC.
- Where the practitioner is not on the register of the BAAAP, advise the complainant how to pursue the matter directly with the practitioner.

### **3. Written Complaints**

Where a written complaint is received by any officer of the BAMC, it must be passed immediately to the PCO and a reply sent within 4 days

The PCO may:

- Record the complaint on an Action Log and contact the patient and the practitioner by telephone in an effort to resolve the complaint.
- Request further details and send relevant information including a summary of the BAAAP complaints procedure and where necessary, code of conduct, a form on which to give a statement and a form giving permission for an investigation.
- Refer the complaint directly to the BEDC to refer to the disciplinary procedure. The Professional Conduct Officer will need to be able to refer immediately the specialised legal advice where it appears that the complaint may have to be passed straight to the Disciplinary Procedure.

### **4. Progress of Complaints**

The PCO, with reference to the BAAAP Code of Conduct and related documents will be able to resolve some complaints. The PCO must submit a written report to the BEDC of all complaints dealt with during the preceding period. The BEDC reviews the decisions and recommendations of the PCO.

When the complaint is resolved, whether verbally or by correspondence, the Action Log and any relevant documents must be kept on file for seven years.

### **5. Referral to BEDC**

Where the PCO refers the complaint to the BEDC, the complainant must be kept informed of progress and informed of the next meeting date of the BEDC.

The BEDC reviews all written complaints and has the authority to:

- Consider the evidence and decide no further action is needed.
- Investigate whether the health of the practitioner is such that there is a risk to patients.
- Complete the complaints procedure and send a letter of advice or warning to the practitioner
- Refer any complaint to be dealt with according to the disciplinary procedure.
- Advise the BAMC to make an interim order suspending registration for a specified period, while the disciplinary procedure is completed.

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- Advise that, where any practitioner against whom a complaint has been made which is under investigation, tenders his/her resignation or allows his/her registration to lapse by not renewing their subscriptions The resignation will be received and placed on file but not accepted until the Complaints and Disciplinary Procedure is completed.

It is the duty of the PCO, acting on behalf of the BEDC, to ensure that the practitioner complies with any advice. Non-compliance with advice may result in a further allegation of unacceptable professional conduct.

## **6. DISCIPLINARY PROCEDURE**

Any person about whose conduct a complaint has been made or who has lodged a complaint against a member or is likely to be called upon to give evidence in relation to any such complaint or who is directly interested in its outcome shall not be eligible to sit on the BEDC at which any such complaint is considered.

### **6.1 Notice to Practitioner**

The BEDC shall, within 7 days of the decision to refer the complaint to the disciplinary procedure, serve on the practitioner concerned written notice of the allegation made against him/her including:

- Full details of the complaint made against him/her.
- The date, time and place of the first hearing of the BEDC which shall be not less than 15 days after the date of service of the notice.
- Notification of his/her right to submit a full written statement of evidence
- A written request to submit oral evidence on his/her own behalf
- Notification that such statement and/or request must be served on the BEDC not more than 12 days after service on the practitioner concerned of the notice specified in this clause.
- Notification of the practitioner's right to seek legal representation.

### **6.2 Postponement of Hearing and Request for further Evidence**

The member concerned may, not less than 7 days before the date for the hearing notified to him/her (but not an adjourned or postponed hearing), serve on the BEDC a request for further time in which to prepare his/her case. The BEDC shall, on receipt of such a request, adjourn or postpone the hearing for a period of at least 15 days from the date of the request for further time.

The BEDC may call for such further evidence as it may require to be submitted before the first or subsequent hearings (or any adjournment or postponement), provided that it serves on the practitioner concerned a written notice including reasonable full details of such further evidence and notifying his/her right to submit:

- A written reply to such further evidence.
- A written request to give oral evidence in reply to such further evidence.



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Such reply and/or request is to be served on the BEDC not more than 14 days after service on the practitioner concerned of such notice of further evidence. If there are less than 14 clear days between the service of such a notice of further evidence and the date (or adjourned or postponed date) of the first or subsequent hearing, the BEDC shall postpone or adjourn such hearing and give notice thereof at the same time as it serves the notice of further evidence specified in this section.

### **6.3 Conduct of the Enquiry**

The decision whether to accept oral evidence at the first hearing shall be at the absolute discretion of the BEDC who shall, before the date of the first hearing, or any adjourned or postponed date, serve on the practitioner notice of such decision.

If the practitioner concerned shall fail to serve a statement and/or reply and/or notice in accordance with 6.2 or 6.3 the BEDC may, after expiry of the time for service permitted by such clause, proceed to the first hearing without considering any written evidence which would have been included in such statement and/or reply and/or notice and in the absence of the practitioner concerned.

The BEDC may adjourn or postpone (more than once, if necessary) any hearing for such period as it thinks fit, provided that at least 15 day before the new date fixed for such hearing, it serves written notice of the new date, time and place for such hearing on the practitioner concerned.

### **6.4 Decision of Professional Ethics Sub-Committee**

The BEDC shall, at the time place and on the date notified for the first hearing, or of any duly notified postponement or adjournment thereof, meet to decide whether a case of unacceptable professional conduct has been made out against the practitioner concerned.

If it finds that a case has not been made out against the practitioner concerned, the BEDC shall dismiss the case.

If it finds that a case has been made out, then it shall hear the matter and, if it finds the case proved, it may advise the BAMC:

- Verbally reprimand the practitioner.
- Verbally reprimand and fine the practitioner concerned a sum not exceeding £2,000 requiring him/her to pay such sum within 28 days.
- Make the practitioner subject to a conditions of practice order for up to three years, or a suspension order for up to one year and refer the case to the Professional Ethics Appeal Committee.

### **6.5 Decision of BAMC Ethics & Disciplinary Committee**

The BEDC shall, not more than 28 days after completing the above formalities, submit a written report to the BAMC and serve written notice on the practitioner concerned of the decision of the BEDC and of his right to

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appeal to the Professional Ethics Appeal Committee and details of the appeal procedure.

### **6.6 Appeal by Practitioner**

If the practitioner concerned intends to appeal to the BEDC against either its findings or the penalty imposed or a fine imposed, he/she shall appeal not more than 28 days after service on him/her of written notice of the decision of the BEDC. If the practitioner concerned fails to serve such notice within such time, his right to appeal shall be lost.

If the BEDC shall have received notice of appeal in accordance with the above, it shall, within 14 days, notify the practitioner of the date that the appeal procedure will begin.

### **6.7 Service of Notices**

Notices to be served in connection with any procedure relating to unacceptable professional conduct shall be served in accordance with the following procedure:

- A notice may be served by the BAMC, BEDC or PEAC upon any practitioner either personally or by letter, sending it by first class recorded delivery post addressed to the practitioner at his/her last registered address.
- A notice so sent through the post shall be deemed to have been served two days following that on which the letter containing the same was posted.
- Any notice, requisition or other document which is to be served on the BEDC, BAMC or any officer thereof may be served by sending it by first class postal delivery to the Registered Office.

## **7. Professional Ethics Appeal Committee**

The appeal will be heard by the Professional Ethics Appeal Committee. The PEAC shall have vested in it all the powers and discretions conferred upon the BAMC by the Memorandum of Association or by these clauses so far as they relate to any disciplinary action to be taken against a practitioner or the reason therefore.

### **7.1 Composition of Professional Ethics Appeal Committee**

The PEAC shall consist of 4 to 6 persons, including at least two lay members, who will be assisted by a Legal Assessor who shall be a barrister or solicitor. The PEAC is appointed by the BAMC with advice of the BEDC, using appropriate procedures. If sufficient members of the PEAC are not available or eligible to form a quorum, sufficient additional persons may be appointed by the BAMC as members of the PEAC to constitute such quorum.

A minimum of three members of the PEAC must be Ayurvedic practitioners. No more than two members of the PEAC should be a member of the BEDC, the BAMC or of the Board of any of its associated professional bodies.

### **7.2 Notice to Practitioner**

The PEAC shall serve on the member concerned written notice information him/her of the hearing which shall be not less than 15 days after the date of service of such notice, and notifying the member concerned of his/her right to submit:

- Notice of his intention to be heard in person or by his/her counsel, solicitor or lay representative.

Such notice or statement to be served on the PEAC not more than 14 days after service on the practitioner concerned of the notice specified in this clause.

The practitioner concerned may, not less than 7 days before the date for the hearing (but not an adjourned or postponed hearing) notified to him, serve on the PEAC a request for further time in which to prepare his/her case. The PEAC shall, on receipt of such a request, adjourn or postpone the hearing for a period of at least 15 days from the date of the request for further time.

### **7.3 Decision of Professional Ethics Appeal Committee**

The PEAC shall at the time and place and on the date notified for the hearing or any duly notified postponement or adjournment thereof meet to determine the case. In considering the case, a conviction of any offence or any finding of fact by a court of competent jurisdiction or of any other relevant professional tribunal shall be binding on the PEAC. After hearing all the evidence presented for and against the member concerned, the PEAC shall determine whether he/she has been guilty of unacceptable professional conduct.

If it finds that he/she has not been guilty of unacceptable professional conduct, the PEAC shall dismiss the case.

If it finds that he/she has been guilty of unacceptable professional conduct it shall:

- Verbally reprimand.
- Reprimand and fine the member concerned a sum not exceeding £1,000, requiring him to pay such sum within 28 days.
- Make the practitioner subject to conditions of practice order for up to three years or suspension order for one year.
- Remove the name of the practitioner from the register.

The PEAC shall, not more than 14 days after the final hearing, serve written notice on the member concerned of its decision which will be final and binding on all parties and shall submit a written report to the BAAAP EC.

The final decision to remove the name of the practitioner from the register must be ratified at a meeting of the BAAAP EC.

**8. Fines**

**8.1** No member who has been fined, shall so long as his fine remains unpaid, be entitled to attend or take part in the meetings of his/her Professional Association nor shall he/she be entitled to vote. If any member on whom a fine has been imposed shall fail to pay such fine in full within the period required for payment thereof, the BAAAP EC may resolve that name be removed from the register forthwith, and, if it thinks fit, the BAAAP EC may prescribe a period of time during which no application for reinstatement of the member concerned shall be considered.

**9.Reinstatement on Register**

A person who has been removed from the register, or whose membership has been terminated, may apply for re-admission to the register, provided that such application is made after any period which has been prescribed in accordance with such clauses and subject to the provisions of BEDC articles (reinstatement following termination of membership or expulsion from the register)

**10. Variation in Rules**

The BAAAP EC shall have power to make or vary rules for any matter or procedures relating to unacceptable professional conduct which are not covered by these clauses.

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