

**The Democratic Orthopathic Council (DOC)  
Code of Ethics & Conduct**

**The Association of Orthopathic Practitioners Ltd.**

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**Introduction**

*The aim of the Code of Ethics and Practice is to encourage integrity and responsibility in the practice orthopathy.*

*Orthopaths should conduct themselves with truthfulness and dignity at all times in relation to their dealings with patients, and colleagues.*

**The Code describes the standards of conduct and practice Democratic Orthopathic Council (DOC) expects of its registered members.**

An orthopath has, by becoming a registered member of DOC, agreed to observe and be bound by and observe the Code of Ethics and Practice; to abide by the regulations of DOC and to secure and maintain professional indemnity insurance in respect of their professional practice.

This Code will form the basis upon which the conduct of any registered member will be assessed in the event of a complaint, although it cannot be regarded as exhaustive.

The purpose of DOC's professional conduct procedures is to ensure that any complaint made against a registered member of DOC is processed in a fair, transparent and impartial manner.

The Code is intended to act as guidance and assistance to its registered members and to protect the interests of the public. The first concern of registered members are the needs of the patient within the context of ethical professional conduct.

Patients are entitled to rely upon and trust their healthcare practitioners.

Registered members are expected to maintain high standards of care, competence and conduct.

Orthopaths should recognize that communication is a two-way process which is the basis of a good patient/practitioner relationship. It is misunderstandings in this relationship that form the basis of a significant number of complaints.

DOC encourages, where possible, the resolution of differences between registered members and potential complainants through informal mediation before entering into a formal complaint procedure. It is the nature of professional practice that many decisions fall into areas where there is no absolute right and wrong and where a series of conflicting obligations may have to be considered. The Code offers sound guidance on these issues and indicates areas where particular challenges may arise. When in doubt, registered members are encouraged to seek advice from DOC

It is the responsibility of every orthopath registered with DOC to be familiar with the content of this Code and to be able to explain its requirements satisfactorily to their patients.

Throughout this Code, references to specific legislation or laws shall include every modification, consolidation, and re-enactment, and extension of them for the time being in force. Where written, the singular also includes the plural.

## **Section 1 - Key principles for practice**

These principles are for guidance and are not intended to be exhaustive. It is expected that the relationship between practitioner and patient is one of mutual respect. Every orthopath registered with DOC is expected to:

**1.1 Put the individual needs of the patient first.**

**1.2 Respect the privacy and dignity of patients.**

**1.3 Treat everyone fairly, respectfully, sensitively and appropriately without discrimination.**

**1.4 Work to foster and maintain the trust of individual patients and the public.**

**1.5 Listen actively and respect the individual patient's views and their right to personal choice.**

**1.6 Encourage patients to take responsibility for their own health, through discussion and provision of information.**

**1.7 Comprehensively record any history the patient may give and the advice and treatment the registered member has provided.**

**1.8 Provide comprehensive clear and balanced information to allow patients to make informed choices.**

**1.9 Respect and protect patient confidentiality.**

**1.10 Disclose confidential information only in clearly defined circumstances.**

**1.11 Maintain and develop professional knowledge and skills.**

**1.12 Practise only within the boundaries of their own competence.**

**1.13 Respond promptly and constructively to concerns, criticisms and complaints.**

**1.14 Respect the skills of other health care professionals and where possible work in cooperation with them.**

**1.15 Comply with the current legislation of the country, state or territory where they are practising.**

## **Section 2 - The Patient/Practitioner Relationship**

### **Clarity of Contract**

**1 To ensure that the patient is always able to make informed choices with regard to their healthcare, registered members must give full and clear information about their services when commencing orthopathic treatment. This will include written information about the nature of the treatment, charges, availability for advice, confidentiality and security of records.**

### **Informed consent**

**2 To ensure that the patient or their authorized representative is able to give informed consent with regard to healthcare, registered members must give clear and sufficient information about the nature of orthopathic treatment, its scope and its limitations, before treatment begins and as appropriate during treatment.**

**3 Registered members may also be in a position to offer other complementary therapies. Where another therapy is offered, they must inform the patient prior to treatment about the other therapy and indicate their relevant qualifications, registration with any relevant registering body and adherence to a separate Code of Conduct. And gain informed consent prior to this treatment being commenced.**

### **Referrals**

**4 Referrals can only be made to other practitioners with the patient's consent. The practitioner should ensure that to the best of their knowledge, the practitioner to whom they refer is fully qualified and insured to practice.**

**5 Patients may refer themselves, in which case the orthopath should discuss with their patients the importance of informing their GP and other healthcare professionals if appropriate. The responsibility for altering any prescribed medication lies with the patient and the prescribing practitioner.**

**6 Patients may be referred by a GP, in which case the GP will retain overall clinical responsibility for that patient.**

**7 Patients may be referred by another orthopath or health care practitioner, in which case details of such referrals may be recorded in writing in the notes.**

**8 If at any time the patient declines to give consent for the registered member to make contact with their GP or other healthcare practitioner, their wishes are to be respected, and recorded in the notes. Confidentiality will be maintained at all times except where the practitioner has serious concerns that the patient may harm themselves or others in which case they should inform the appropriate authority, they are obliged by law to disclose information.**

**9 Continuity of care is important. If a new patient has received treatment within the last six months from another orthopath, the patient's permission should be sought to contact the previous orthopath to obtain details of that treatment. If the patient does not agree to this, a note of their refusal should be recorded and the patient should be made aware that this may adversely affect the continuity of their care.**

### **Hospital Treatment**

**10 Where a patient requests orthopathic treatment to be initiated or continued within a clinical setting, e.g. hospital or hospice, the registered will inform the patient or their**

representative of the need to notify the person with overall clinical responsibility. The orthopath may offer to write to this person on their behalf before commencing treatment.

### **Records and record keeping**

**11 All case notes must be clear, legible, current and kept up to date and contain all the relevant information relating to the progress of the case, for example, treatment and any advice that has been given, whether the patient's condition has improved, been maintained or deteriorated since they were last seen. This is important for patient care and essential should the registered member at any time be involved in complaints or legal proceedings. The notes should be kept for seven years after the patient was last treated and in the case of children, seven years from their eighteenth birthday.**

**12 For any advice given by telephone or electronic communication, written details should be recorded and included with the notes.**

**13 Where a patient requests the record of their treatment in writing, or asks that the record be forwarded to another orthopath or other practitioner, it is important to send relevant information from that patient's case notes as quickly as possible. The full original notes should be retained in accordance with requirements of the law.**

### **Confidentiality and Disclosure**

**14 Registered members must ensure that patient information is kept secure and confidential unless the patient agrees otherwise in writing or where required to disclose by law.**

**Confidentiality will be maintained at all times except where**

- **the practitioner has serious concerns that the patient may harm themselves or others in which case they should inform the appropriate authority,**
- **they are obliged by law to disclose information.**

**15 A registered member must be accurate and factual when writing reports, completing or signing forms or certificates or if required to give evidence in court or a tribunal.**

### **Section 3 - Professional obligations**

#### **Competence and Continuing Professional Development**

**16 Registered members will be aware of the limits of their professional competence and where appropriate, will refer to other practitioners ensuring that the practitioner to whom they refer is suitably qualified.**

**17 Registered members should regularly monitor and evaluate their clinical skills and actively extend their knowledge base and their own personal development through continuing professional development.**

**18 Evidence of continuing professional development will be taken into account when hearing allegations regarding a registered member's professional conduct or competence.**

#### **Professional practice**

**19 The patient has the right to know and the orthopath is obliged to offer, the name of any prescribed remedies.**

**20 Clear instructions for taking the medication must be given for each prescription made.**

**21 A physical examination of a child under 16 should not be undertaken other than in the presence of a parent or patient's representative and with the child's consent.**

**22 The practitioner is responsible for making clear arrangements for patient care if they are absent from practice for any length of time. If a locum is used then the registered member is responsible for ensuring that they are suitably qualified and insured.**

#### **Contact with relatives/other interested parties**

**23 Where a member of a patient's family or a friend or other person connected with a patient, initiates contact with the registered member, it is the responsibility of the registered member to**

listen carefully to their concerns without breaching confidentiality or contradicting the wishes of the patient. No instructions in relation to treatment should be taken on behalf of a patient unless that person has power of attorney.

#### **Child Protection**

**24** When there is evidence or strong suspicion of a young person being at risk, the registered member is required to contact the appropriate officer at the Social Services Department or relevant department.

#### **Inappropriate use of patient related materials**

**25** Registered members must obtain written permission for recording any part of the consultation. They should avoid recording on film, video or through digital techniques, any material or imagery concerning a patient which might be regarded as explicit, indecent or pornographic.

**26** Registered members will only use film, tape recording or digital imagery of material concerning a patient with that patient's clear, informed, written consent to the precise use of the material. The material may only be used in a confidential setting. The patient will be given explicit information as to the purpose the material is to be used for. Permission may be revoked at any time. The patient should not feel pressured to give consent. If the registered member wishes to use the material for a different purpose than the one given, a supplementary permission must be obtained.

#### **Professional boundaries**

**27** It is never appropriate for a registered member to pursue or enter into an intimate relationship with a patient, student or supervisee. Such a relationship is potentially abusive of the person concerned and undermines the relationship of trust. Registered members should ensure that a professional relationship is maintained at all times.

**28** Where a registered member needs support to manage a potentially difficult situation of this nature, guidance should be sought from supervision, or from the Professional Conduct Officer for DOC.

#### **Research**

**29** Registered members intending to undertake research must be familiar with and abide by current research ethics requirements, research governance and all relevant statutory obligations.

### **Section 4 - Legal Obligations**

#### **Criminal and civil law**

**30** Registered members are required to comply with the criminal and relevant civil law of the country, state or territory where they are practising.

**31** Registered members must observe and are responsible for keeping up to date with all legislation and regulations relating directly or indirectly relating to the practice of orthopathy.

**32** References to any legislation or regulations throughout this code shall include any amendments or other alterations, repeals or replacements made in law since the date they came into force. Any reference to the singular shall include the plural and references to the feminine shall include the masculine.

#### **Data Protection**

**33** Where any patient records are stored electronically registered members must comply with the Data Protection Act.

**34** In order to comply with the Data Protection Act and other relevant legislation, full and clear records of all treatments of patients are taken, kept and stored for at least seven years from the date of the last appointment and in the case of children, at least seven years from their eighteenth birthday.

**35** Patients have rights of access to their health records in accordance with the requirements of the law. Registered members are entitled to make an administrative charge if a patient wishes to have a copy of

their notes. The original notes are the property of the orthopath.

### **Advertising and Media**

**36 All advertising must be published in a way that conforms to the law and to (the guidance issued in the British Code of Advertising Practice).**

**37 Professional advertising must be factual and not seek to mislead or deceive, or make unrealistic or extravagant claims. Advertising may indicate special interests but must not make claims of superiority or disparage professional colleagues or other professionals. No promise of cure, either implicit or explicit, should be made of any named disease. All research should be presented clearly honestly and without distortion, all speculative theories will be stated as such and clearly distinguished.**

**38 Advertising content and the way it is distributed must not put prospective patients under pressure to consult or seek treatment from a registered member.**

### **Potential misrepresentation**

**39 The use of the title 'Doctor' should be avoided, when the use of that title may create a false impression that the individual concerned is a registered medical practitioner or entitled to be a registered medical practitioner in the United Kingdom.**

**40 Reference to assistants as 'Nurse' is not acceptable unless the individual concerned is registered with the Nursing and Midwifery Council (NMC).**

**41 Claims, whether explicit or implied, orally or in writing, implying cure of any named disease must be avoided.**

### **Notifiable diseases**

**42 Registered members should be aware of those diseases which are notifiable under the Public Health (Control of Disease) Act, and take appropriate action in these cases, referring the patient to their Primary Health Care Professional.**

### **Treatment of animals**

**43 Registered members should be aware of and observe the law with regard to the treatment of animals with orthopathy.**

## **Section 5 - Organizational Issues**

### **Premises**

**44 Registered members must comply with national and local legal obligations and regulations regarding premises and the safety of staff and patient facilities. Premises, equipment and medicines are to be kept in a serviceable, hygienic and secure condition.**

**45 A regular review of facilities and working practices must be undertaken to ensure they comply with current standards. Registered members should be aware of their responsibilities under Health and Safety legislation (Health & Safety Act 1974) and other relevant legislation whether employer, employee or self-employed.**

### **Insurance**

**46 Practising registered members shall have appropriate professional indemnity insurance cover at all times.**

## **Section 6 - Practice Issues**

### **Problems with health**

**47 If the mental, emotional or physical health of a registered member is impaired for any reason, and patients may be put at risk, the registered member must seek and follow professional advice on whether, and how, to modify their practice so as to safeguard the interests of their patients. It may be necessary to stop practising or to receive professional supervision in order to establish fitness to practise. The**

registered member should inform the registrar in confidence, if this is the case. If a registered member has any concerns about another registered member's mental, emotional or physical health, they should seek appropriate advice from the Professional Conduct Officer.

48 In the event of the retirement, illness or death of a registered member, arrangements must be made to ensure that patients are notified and their notes are, with their consent, passed to any successor practitioner.

#### **When trust is compromised**

49 Where, for whatever reason, the necessary relationship of mutual trust breaks down, either the registered member or the patient may terminate the professional relationship. If this happens, the registered member should ensure that the patient has an alternative source of orthopathic care if they want it. With the patient's permission, the new practitioner should be provided with sufficient information to take over responsibility for the patient's care without delay.

#### **Complaints**

50 Orthopaths trained to DOC standards and who follow the guidance in this Code are able to practise orthopathy safely, competently and ethically. However, if for whatever reason, their practice is brought into doubt and the matter cannot be resolved by mediation between the registered member and the complainant, the matter should be referred to DOC.

51 Patients, members of the public, other professionals and those registered with DOC have the right to complain to the Professional Conduct Department of DOC if they perceive that a registered member has not treated them, or conducted themselves, in accordance with this Code.

52 Registered members should ensure that a patient has clear information about how to express any concern they may have about their treatment. In handling any complaint directly, the registered member should act promptly and constructively, putting the interests of the patient first, and co-operating fully with any external investigation.

53 Any patient bringing an apparent failure in care, as described within this Code, to the registered member's attention is entitled to proper investigation and a sensitive explanation of what has occurred. The registered member will take the initiative to put things right, and, where appropriate, offer a suitable apology and assurance that steps have been taken to prevent re-occurrence.

54 Registered members are encouraged at an early stage to ensure that any steps taken are in conjunction with DOC's Professional Conduct processes.

55 The procedures and powers of DOC provide a mechanism for patients, members of the public, other professionals or registered members of DOC to raise allegations of professional misconduct and for registered members involved to have the right to respond to any such allegations.

56 The conduct of any registered member may have an impact on their reputation and the reputation of orthopathy. Such conduct may occur within or outside their professional practice and it may be necessary for such matters to be brought to the attention of DOC for consideration under the Professional Conduct Procedures. It may also be necessary in certain circumstances, including but not limited to criminal or other legal proceedings being implemented, to suspend or remove a registered member from the register.

#### **Section 7 Disciplinary Procedures**

57. The DOC's disciplinary powers and procedures are set out in the above Code of Ethics & Practice. Applicants for membership make a solemn affirmation to keep the DOC's rules and regulations. After election to membership Code of Ethics & Practice form a binding contract between the member and the DOC, and between the members themselves.. The procedures are summarized in the following paragraphs.

#### **The Democratic Orthopathic Council System of Committees**

58. Allegations of Professional Misconduct will be dealt with through a three-tier system of internal disciplinary committees. Complaints will be examined initially by the Investigation Committee primarily to establish whether or not there is a case to be answered; this Committee will have powers to take limited disciplinary action where it considers by a formal tribunal.

Serious matters will be referred to the Professional Conduct Committee. Representations against the findings of the Professional Conduct Committee may be made as of right to the Appeals Committee whose decision will be binding on all parties.

59. The aim of the committees is to decide whether or not alleged conduct by a specified member constitutes Professional Misconduct according to the standards of the day. Individuals who have a personal interest in a case, or who have sat on an earlier committee dealing with it, will not be eligible for membership of the relevant next tier

disciplinary committee. Each committee will be responsible to report its findings, and disciplinary action taken if any in a report to the registrar. The Registrar of the DOC. will maintain a register of complaints, and the actions taken on them, and will publish written reports of hearings by the Professional Conduct and Appeals Committees.

### **The Preliminary Investigation Committee**

#### Composition

60. The Investigation Committee will be elected annually by Council and will consist of four members, elected from the General council. The committee members will elect a chairman from among themselves. The investigating committee will consist of not less than the Chairman and three other members, who will investigate any individual case. The registrar of the DOC. will act as Secretary to the Committee.

#### Procedures

61. On the receipt by the Registrar of the DOC of a complaint, which may include notification of a criminal conviction, the Chairman of the Preliminary Investigation Committee will be informed. A letter will then be sent to the member against whom the complaint is made, identifying the nature of the complaint, requesting a written explanation and informing him that any information submitted may be used by any of the disciplinary committees in reaching a decision. The Chairman or the Registrar may make any further inquiries which they consider necessary to establish the facts, including carrying out an inspection of the member's premises. The Committee may consider the complaint in consultation out-of-committee on the basis of written evidence or it may convene in formal meeting, held in private, if the Chairman feels that this is in the best interests of justice.

#### Powers

62:1. Having considered the evidence the Committee may: a. adjourn its deliberations pending further inquiries, or

62:2. Dismiss the complaint and inform the member, and plaintiff, that no further action will be taken; or

62:3. Refer the matter to the Chairman of Council for investigation under the rules concerning failing health (see paragraphs 72-74); or

62:4. Refer the complaint to the Professional Conduct Committee for hearing; or

62:5. Issue a written warning to the member against whom the complaint has been made as to his future conduct. In this case the member will be told that a copy of the letter will be placed on his file, and that he may make a demand, which must be made within 21 working days, for a hearing before the Professional Conduct Committee if he wishes to clear his name.

#### Provisional Suspension of Registration

63. If the Committee considers it essential to the safety of patients or to the reputation of the DOC and the profession, that the registration of the member should be suspended immediately. It must give the member an opportunity of appearing before it in formal session. It may then advise the Registrar or the Chairman of the Council to suspend the member's registration for a period not exceeding three months and the Chairman shall have the power to do so. The Professional Conduct Committee must hear the case, before that period has expired or the suspension will lapse automatically. Whilst the suspension may lapse, the case to be heard may not be disregarded until the case has been resolved by the committee and a final decision made.

### **The DOC Professional Conduct Committee**

#### Composition

64:1 The Professional Conduct Committee (PCC) will consist of a Chairperson, who will be elected by the PCC committee members.

64:2 If the chairman of the general council is a member of the committee he/she shall be the chairman, if he /she is not a member of the committee the members shall elect a chairperson from among those members who are not co-opted members.

64:3 The PCC shall consist of at least 4 members of the general council.

64:4 The committee may co-opt up to 4 further members.

64:5 In the event of a tie in voting, the chairman shall have an additional casting vote.

64:6 The Chairman of Council may co-opt a lay member as well if the Chairman of the Professional Conduct Committee advises him that the nature of the complaint referred to the Committee makes this appropriate. The Registrar of the DOC will act as Secretary to the Committee. The member against whom the complaint is made will be notified of the names of the members and any legal assessor appointed to the Professional Conduct Committee to hear the complaint. The member has the right to object, not less than seven days before the hearing, to any member or members of the committee, giving the reasons for his objection. If the Chairman of the Committee upholds the objection the member will be replaced.

#### Procedures

65. A member will receive not less than twenty-eight days' written notice of the date upon which the hearing before the Professional Conduct Committee will take place together with a summary of his rights and any further details of the complaint not previously provided. The Chairman may adjourn the proceedings and call for additional evidence in which case the member will be given at least fourteen days' notice of the date when the proceedings will resume.

66. The Chairman of the Preliminary Investigation Committee, which enquired into the complaint, will present the case to the Professional Conduct Committee unless the latter committee agrees that some other person should do so. The Chairman of the Professional Conduct Committee may determine how the proceedings are to be conducted and may rule upon the admissibility of evidence. The Committee may hear witnesses and may consider documentary evidence before reaching a decision. The proceedings will normally be open to members of the DOC

and, at the discretion of the Chairman of the Committee, to members of the public. If he thinks fit the Chairman of the Committee may decide that the proceedings will take place in private.

67. A Legal Assessor, who must be a solicitor or barrister may assist the Committee. The Chairman has discretion to sit without the benefit of a Legal Assessor if he considers it appropriate to do so, and if the member does not have legal representation. The member against whom the complaint is made has the right to attend the hearing and to make representations either personally or through a barrister, a solicitor or some other representative, whether a member of the DOC or not. If the member intends to be represented he must notify the Registrar of the Democratic orthopathic council of the name and qualifications of the representative not less than fourteen days before the hearing takes place. Should a member wish to call witnesses or to produce documentary evidence the Registrar of the DOC must be informed of the names of the witnesses and must be supplied with copies of documents intended to be used at the hearing not less than three days before the hearing.

#### Powers

68. At the conclusion of the proceedings the Professional Conduct Committee may adjourn before giving its decision. If it finds that the complaint has not been proved it will dismiss it and notify the plaintiff and the osteopath concerned in writing, giving reasons for the decision. If it finds that the member concerned has been guilty of professional misconduct it will:

69:1 Impose no punishment; or

69:2 Censure the member, and/or

69:3 Fine the member a sum of money not exceeding the maximum level to be set annually by the Council; and/or

69:4 Direct that the member's name be removed from the Register unless he complies for a period not exceeding three years with such conditions as the Committee may reasonably impose; or

69:5 Direct that the member's name be erased from the Register. The Committee may specify a minimum time before the member may apply for re-admission to the Register.

69:6 The Committee may censure and fine a member and may erase his name from the Register in respect of the same complaint. The member will be informed in writing of the decision of the Professional Conduct Committee, and of his right to appeal, within twenty-eight days of the termination of the hearing.

69:7 Council has set the maximum level of fine, which may be imposed by the Professional Conduct Committee and varied by the Appeals Committee at One Thousand Pounds (£1,000) until further notice.

#### **The DOC Appeals Committee**

##### Composition

70. The Appeals Committee will consist of the Chairman of Council and two members of the DOC appointed by him, one of whom must be a member of Council but neither of whom must have been involved previously with the case under appeal. A further two Lay persons shall be appointed of suitable experience and qualification but neither of whom must have been involved previously with the case under appeal. The Registrar of the DOC. will act as Secretary to the Committee. A Legal Assessor, who must be a solicitor or barrister, must be present to assist the Appeals Committee.

##### Procedures

71. The member has a right to appeal to the Appeals Committee against a decision of the Professional Conduct Committee. He must serve notice of his intention to appeal, within twenty-eight days, of the serving on him, of the findings of the Professional Conduct Committee. He must state why he is appealing and whether the appeal is against the punishment imposed or is against the fact that the complaint was upheld or there was or may have been an error of procedure. If he wishes to produce any new evidence, oral or written, he must declare it at this stage, and it is up to the Appeals Committee whether or not to allow the evidence. If the Committee does allow new evidence it may permit witnesses, including those who have testified at the Professional Conduct Committee, to test it.

72. The Chairman of the Council will give not less than fourteen days' notice of the time and place of the hearing before the Appeals Committee. The Chairman of the Appeals Committee has the same discretion as to the conduct of the hearing and the admissibility of evidence as has the Chairman of the Professional Conduct Committee. The Chairman of the Professional Conduct Committee, which heard the case will normally attend the hearing and will give the reasons for his committee's decision. Any punishment imposed will be suspended pending the decision of the Appeals Committee.

##### Powers

73. The Appeals Committee may allow an appeal or dismiss it and in either case may vary the penalty imposed. The appellant will be informed in writing of the decision of the Committee within fourteen days of the termination of the hearing.

##### Failing Health

##### Advice and Procedures

74. There are occasions when a member's health may have fallen below the standard required to carry on practice satisfactorily but the member is reluctant to cease of his own accord to practice. On such occasions the disciplinary procedures are manifestly inappropriate. At the first sign of failing health a member's professional colleagues should try to persuade him to seek treatment, and if necessary to cease to practice, so that formal steps need not be taken. Only if this persuasion fails, is the mechanism provided set in train, which can, if all else fails, end in his membership being terminated.

75. The Code of Ethics & Practice empower the Chairman of Council to appoint two members of Council to

interview the practitioner. As a result of the interview these two Council members may require the practitioner to undergo a medical examination by two mutually agreed examiners. The examiners will either pass the practitioner as fit or will recommend that he should comply with certain conditions. The two Council members will then monitor his progress periodically.

76. If the practitioner refuses consistently to be interviewed, or to be examined, or to comply with the recommendations, the Chairman then has power to terminate his membership of the Register.