



ATCM Indicative Sanctions Guidance

Effective Date: March 2026

Next Review Date: October 2027

1. Purpose

The purpose of this guidance is to support the Professional Conduct Committee (PCC) in determining appropriate, fair, and proportionate sanctions where misconduct has been established.

Sanctions must:

- protect the public
- maintain confidence in the profession
- uphold professional standards

Sanctions are not intended to punish practitioners, but to manage risk and ensure safe, ethical, and professional practice.

2. Overarching Principles

In applying sanctions, the PCC must ensure that decisions are:

- **Proportionate** – the least restrictive sanction necessary to protect the public
- **Consistent** – aligned with outcomes in comparable cases
- **Transparent** – supported by clear reasoning
- **Fair and impartial** – based solely on evidence
- **Risk-focused** – addressing current and future risk

Sanctions should be applied progressively, starting with the least restrictive option capable of achieving public protection.

3. Structured Decision-Making Framework

Before determining sanction, the PCC should:

1. determine the facts based on the available evidence
2. determine whether those facts constitute misconduct and/or impairment of fitness to practise
3. assess whether the practitioner is currently fit to practise without restriction
4. determine what action, if any, is required to protect the public and maintain confidence in the profession

The PCC should ensure that both the complainant and the practitioner have had a fair opportunity to present their case.

4. Public Interest Considerations

In addition to individual risk, the PCC must consider the wider public interest, including:

- protection of patients and the public
- maintaining public confidence in the profession and regulatory system
- upholding proper standards of conduct and behaviour

A sanction may be required even where the risk of repetition is low, if necessary to maintain public confidence.

5. Factors Considered

When determining sanctions, the PCC may consider:

- **Seriousness of the misconduct**
Nature, gravity, and context of the breach
- **Harm caused**
Actual or potential harm to patients or the public
- **Insight and remediation**
Evidence of reflection, learning, and corrective action
- **Previous disciplinary history**
Any pattern of misconduct
- **Risk of repetition**
Likelihood of recurrence and current risk
- **Impact on public confidence**
Whether the conduct undermines trust in the profession

6. Aggravating Factors

Factors that may justify more serious sanctions include:

- dishonesty or misleading conduct
- deliberate or reckless behaviour
- lack of insight or refusal to accept responsibility
- repeated or persistent breaches
- actual harm to patients
- abuse of professional position or trust
- failure to comply with previous sanctions

ATCM may publish disciplinary outcomes where necessary to protect the public and maintain transparency.

When deciding whether to publish outcomes, ATCM may consider a practitioner's failure to engage with the regulatory process, particularly where this raises concerns about transparency, insight, or ongoing risk.

However, failure to engage alone will not determine whether publication is appropriate; each case will be assessed on its own merits.

7. Mitigating Factors

Mitigating factors may include:

(a) Insight and remediation

- acknowledgement of wrongdoing
- genuine remorse
- corrective actions taken

(b) Professional history

- previously good record
- positive professional references
- engagement in CPD or supervision

(c) Personal circumstances

- relevant health or personal difficulties
- level of experience at the time
- time elapsed since the incident

8. Sanctions Hierarchy

Sanctions should normally follow a progressive hierarchy:

I. No Further Action

Used where:

- the allegation is not proven, or
- the breach is minor and poses no ongoing risk

II. Advice

Used where:

- there is a low-level concern
- formal sanction is not required

III. Warning

Used where:

- misconduct is established
- the practitioner remains safe to practise
- standards need reinforcement

IV. Conditions on Practice

Used where:

- deficiencies are capable of remediation
- public protection can be achieved through restrictions

Conditions must be:

- clear
- measurable
- time-bound
- capable of monitoring

Examples include:

- further training
- supervision
- restriction of specific treatments

V. Suspension**Used where:**

- misconduct is serious
- temporary removal is necessary to protect the public
- public confidence would be undermined if practice continued

Suspension:

- must be for a defined period
- may include review requirements

VI. Removal from Membership**Used where:**

- conduct is fundamentally incompatible with continued membership
- there is serious risk to patient safety
- there is serious dishonesty or criminal behaviour

9. Selection of Sanction

When selecting a sanction, the PCC must:

- consider available sanctions in order of seriousness
- apply the least restrictive sanction that adequately protects the public
- provide clear reasons, including:
 - why the chosen sanction is appropriate
 - why lesser sanctions are insufficient
 - why more severe sanctions are not necessary

A combination of sanctions may be used where appropriate.

10. Nature of Sanctions

Sanctions are:

- protective, not punitive
- intended to manage risk and uphold standards
- where appropriate, aimed at supporting return to safe practice

However, in serious cases, removal may be necessary to protect the public and maintain confidence in the profession.

11. Compliance and Monitoring

Where sanctions impose requirements:

- the practitioner must comply within specified timeframes
- compliance must be capable of monitoring
- failure to comply may result in further action

Monitoring arrangements should be proportionate to the level of risk.

12. Review of Sanctions

Where applicable:

- sanctions may be reviewed at defined intervals or upon expiry
- the PCC should consider evidence of remediation and current risk
- sanctions may be continued, varied, or lifted with clear justification

13. Re-admission Following Removal

A practitioner who has been removed from membership may apply for re-admission in accordance with this guidance.

13.1 General Principles

Re-admission is not automatic and is a matter of discretion, not a right.

It will only be granted where the applicant can demonstrate that they are safe to return to practice.

The burden is on the applicant to provide sufficient evidence to satisfy the PCC that re-admission is appropriate.

In all cases, the PCC must prioritise:

- protection of the public
- maintenance of public confidence in the profession
- upholding proper professional standards

13.2 Minimum Waiting Periods

An application for re-admission will not normally be considered until the following minimum periods have elapsed:

- 12 months from the date of removal, in cases of serious but remediable misconduct
- 3 years from the date of removal, in cases involving particularly serious misconduct, including (but not limited to) dishonesty or significant breaches of professional standards

The PCC may determine that a longer period is required depending on the nature and seriousness of the case.

In the most serious cases, the PCC may determine that re-admission is not appropriate.

13.3 Criteria for Re-admission

In considering an application, the PCC will assess whether the applicant has demonstrated:

(a) Insight

- full acknowledgement of the misconduct
- understanding of its impact on patients, the public, and the profession

(b) Remediation

- evidence of corrective action taken
- relevant education, training, or supervision
- demonstrable change in behaviour

(c) Current Competence and Safety

- up-to-date professional knowledge and skills
- evidence of safe practice (where applicable)

(d) Risk of Repetition

- whether the concerns leading to removal have been adequately addressed
- whether there remains any ongoing risk to the public

(e) Public Interest

- whether re-admission would undermine public confidence in the profession or regulatory process

13.4 Circumstances Where Re-admission May Not Be Appropriate

Re-admission is unlikely to be appropriate in cases involving:

- serious dishonesty
- abuse of professional position or trust
- deliberate or reckless disregard for patient safety
- serious criminal conduct relevant to professional practice

In exceptional cases, the PCC may determine that re-admission should not be permitted.

13.5 Decision and Conditions

Where re-admission is granted, the PCC may:

- impose conditions on practice
- require a period of supervision
- require evidence of ongoing compliance

Any conditions must be:

- proportionate
- clear and measurable
- capable of monitoring

13.6 Refusal of Re-admission

Where re-admission is refused:

- clear reasons must be provided
- the applicant may reapply after a further specified period, unless otherwise determined

13.7 Relationship with Other Procedures

Applications for re-admission must be considered alongside:

- Membership Rules

- Fitness to Practise procedures

Applications for re-admission will be considered in the context of the ATCM regulatory framework, including the Complaints and Fitness to Practise Procedure and any applicable membership requirements.

14. Interim Measures

Where there is an immediate risk to the public:

- interim conditions or suspension may be imposed
- such measures are precautionary and not disciplinary
- they must be proportionate and subject to review

15. Clarity and Communication

All sanctions must be clearly communicated to the practitioner, including:

- the reasons for the decision
- the requirements imposed
- the timeframe for compliance
- consequences of non-compliance

16. Departure from Guidance

This guidance supports consistent decision-making. However:

- each case must be considered on its own facts
- the PCC may depart from this guidance where appropriate
- any departure must be clearly justified

17. Publication of Outcomes

ATCM may publish disciplinary outcomes where necessary to:

- protect the public
- maintain transparency

- uphold confidence in the profession

Publication decisions must be proportionate and comply with data protection obligations.

Appendix

PCC Sanctions Decision Template

1. Case Information

- Case reference:
- Practitioner name:
- Membership number:
- Date of decision:
- Panel members:

2. Allegation(s)

Set out clearly:

- The allegation(s) considered
- Any amendments made during proceedings

3. Findings of Fact

The PCC finds that:

- [Allegation 1 – Proven / Not Proven]
- [Allegation 2 – Proven / Not Proven]

Reasoning:

Provide a clear summary of the evidence relied upon and why the findings were reached.

4. Determination of Misconduct

The PCC determines that:

- the facts **do / do not** amount to misconduct

Reasoning:

Explain how the conduct falls below expected professional standards.

5. Impairment of Fitness to Practise

The PCC determines that the practitioner's fitness to practise is:

- **Impaired / Not impaired**

In reaching this decision, the PCC considered:

(a) Personal component

- insight
- remediation
- risk of repetition

(b) Public component

- need to protect the public
- need to maintain public confidence
- need to uphold professional standards

Conclusion:

Provide a clear statement explaining why impairment is or is not found.

6. Consideration of Sanction

The PCC has considered sanctions in ascending order of seriousness.

6.1 Aggravating Factors

- [List relevant factors]

6.2 Mitigating Factors

- [List relevant factors]

7. Sanction Decision

7.1 Sanctions Considered

Explain briefly why each of the following was not sufficient (where applicable):

- No Further Action
- Advice
- Warning
- Conditions
- Suspension

7.2 Final Sanction

The PCC determines that the appropriate sanction is:

[Insert Sanction]

7.3 Reasons for Sanction

The PCC considers that this sanction:

- is **proportionate**
- is the **least restrictive option** that protects the public
- maintains confidence in the profession

Explain clearly:

- why this sanction is appropriate
- how it addresses risk
- why lesser sanctions are insufficient

8. Conditions (if applicable)

Conditions imposed:

- must be **clear, measurable, and time-bound**

Example format:

- The practitioner must...
- Within [timeframe]...
- Evidence must be provided by...

9. Duration and Review

- Duration of sanction:
- Review date (if applicable):

Explain:

- what the practitioner must demonstrate for review
- what evidence will be required

10. Interim Measures (if applicable)

- Interim action imposed:
- Reasons:

11. Compliance Requirements

The practitioner must:

- comply with all requirements within specified timeframes
- provide evidence of compliance

Failure to comply may result in further regulatory action.

12. Publication

The PCC has decided that:

- the outcome **will / will not** be published

Reasoning:

Explain how this decision supports transparency and public protection.

13. Right of Appeal / Review

Set out:

- whether the practitioner has a right to appeal or review
- the timeframe and process

Approved by ATCM council