

Association of Traditional Chinese Medicine and Acupuncture UK

Code of Professional Conduct

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IMPORTANT NOTICE

This Code has been written and published in the English language. The Executive Council of ATCM is aware that many of its members use English as a second language, as will many patients. In order to ensure that the provision of this Code is understood and complied with by all of its members and that its requirements can be understood by all members of the general public, the Council has adopted the following two principles:

It is the responsibility of every member of the Association of Traditional Chinese Medicine and Acupuncture UK to read and familiarize themselves with the English language version of this Code, employing at their own expense translation services where necessary, and to be able to explain satisfactorily to their patients, if asked, the main requirements of the Code

The Council undertakes to identify a pool of practitioner members or independent translators, where necessary, as a resource to enable members of the public for whom English is not a first language to be given explanations of the main requirements of the Code in their native tongue.

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ABOUT THIS CODE

The Code of Professional Conduct is approved and published by the Association of Traditional Chinese Medicine and Acupuncture UK (ATCM) for guidance and for the protection of patients in relation to the practice of Traditional Chinese Medicine (TCM). It also serves to explain to people outside the TCM profession the high standards under which our members operate.

By becoming a member of the ATCM, you have agreed to be bound by this Code of Professional Conduct and submit to the jurisdiction of the ATCM Professional Conduct Committee. This committee has the power to judge as unethical any behaviour which breaches this Code and which reflects badly upon the practice of Traditional Chinese Medicine or the ATCM. Any allegations against a member will be examined and investigated by the committee in accordance with the procedures outlined in this Code.

It is impossible to list all the situations and eventualities that you may face in the practice of TCM in The Code of Professional Conduct. The ATCM will regularly update its members in order to keep them as informed as possible of any changes and developments in the professional conduct expected of an ATCM member.

If you need advice on a professional or an ethical matter on which this Code is not completely clear, you are strongly advised to consult the ATCM Professional Conduct Committee. The final explanation and interpretation of this Code belongs to the ATCM Council.

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Code of Professional Conduct

1. Code of Professional Conduct

1.1 Compliance with the Code of Professional Conduct

Members of The Association of Traditional Chinese Medicine and Acupuncture (UK) (ATCM) shall at all times comply with the Code of Professional Conduct.

The principle of the Code is to encourage honesty and responsibility in the practice of Traditional Chinese Medicine.

The Code of Professional Conduct will be used when considering any complaint made against a member. Members failing to meet the requirements outlined below may be subject to disciplinary measures on the grounds of unacceptable professional conduct.

Members are expected to seek advice from the ATCM if uncertain as to how to behave in any clinical or other situation.

Members are reminded that this Code of Professional Conduct represents minimally accepted standards of legal and ethical conduct in the United Kingdom at the present time. The primary reason for adhering to them is for the well-being of the patient, the public, and colleagues.

Members must be covered by professional and public liability insurance for Traditional Chinese Medicine and this insurance is compulsory for all members who practise Traditional Chinese Medicine.

It is the responsibility of a member who wishes to practice therapies additional to Traditional Chinese Medicine, to ensure that he or she has undertaken adequate and appropriate training for those therapies. It is also the member's responsibility to ensure that he or she has adequate insurance cover to practise such additional therapies.

1.2 Code of Professional Conduct and the Law

Members must familiarise themselves with the contents of the Code of Practice of ATCM and with all laws and bye-laws or regulations relevant to the practice of Traditional Chinese Medicine in the locality in which they practise. They must obey the provisions of all relevant legislation relating to medicines, health and safety, and employment, and be aware of any changes in such legislation. Any members who fail to meet the requirements of the legislations relevant to the practice of TCM in the UK, the local authority bye-laws or the Code of Practice,

may be held in breach of the Code of Professional Conduct, and may be subject to disciplinary measures on the ground of professional misconduct.

It is illegal for anyone who is not a registered medical doctor to attempt to procure an abortion. A member must not knowingly administer an abortifacient or known uterine muscle stimulant remedies to a pregnant patient, nor use any instruments for the purpose of procuring an abortion, nor assist in any illegal operation.

A member must ensure that patients with gonorrhoea, syphilis, or urinary infections of a venereal nature are referred to the appropriate medical professional.

A member should not claim verbally or in print to be able to guarantee a cure for disease. The Pharmacy and Medicine Act 1941, now repealed, specifically proscribed claims for remedies or cures for locomotor ataxia, paralysis, tuberculosis, glaucoma, epilepsy, fits, Bright's disease, cancer, cataract, and diabetes, but professional discretion should suggest even wider caution.

Members must abide by the legal restrictions on the importation and use of animal and plant products from endangered species. (Lists of such restricted substances will from time to time be issued to members of the ATCM).

It is the duty of ATCM members to notify the current list of notifiable diseases (Appendix A), as outlined in the Health Protection (Notification) Regulations 2010. These regulations mandate healthcare professionals to report specific infectious diseases and food poisoning incidents to the relevant authorities. Several local districts maintain an additional list that ATCM members must be aware of. It is important to note that the list of notifiable diseases may change over time in response to changes in the epidemiology of infectious diseases and emerging threats. For the most up-to-date information on notifiable diseases, members should refer to the relevant public health authorities and professional organisations.

No member may prescribe a product containing prescription-only medicines unless he or she is a medical doctor registered with the UK General Medical Council. Contravention of this rule constitutes the serious criminal offence of prescribing medicines without a licence.

In cases of industrial poisoning or accident the local district branch of the Health and Safety Executive should be notified.

2. Members' Obligations to Their Patients

2.1 Relationship of Trust

The relationship between an ATCM member and a patient is a professional relationship and is based on trust. An ATCM member must at all times exercise his/her moral judgement with regard to this relationship. In particular, an ATCM member should listen to and respect the views of the patient, and ensure that the ATCM member's own beliefs do not adversely affect the therapeutic relationship. Where necessary, an ATCM member should refer patients promptly to another competent health professional.

Members must act with consideration when considering fees and justification for treatment. Members must discuss in advance with the patient both the cost of the consultation and the prices of acupuncture treatments, the herbs and other materials and other treatments. Your fee structure must be prominently displayed in your clinic or treatment room. This notice, and any advertisement quoting fees, must quote charges for both initial and subsequent sessions and must make clear what each fee covers. This will help to eliminate any misunderstandings or complaints.

Even if a patient does not pay a fee, or where there is no explicit contractual relationship (e.g. in an emergency) you still have a duty to apply the standard of care expected of a professional TCM practitioner.

Members who have reason to believe that patients may be at risk because of ill-health of the member, whether mental or physical, have an obligation to seek and to follow professional advice. Failure to act with regard to the interests of patients in this case may be regarded as unacceptable professional conduct.

ATCM members must not enter a sexual relationship with a patient and they must not use their professional position as a means of pursuing a sexual or otherwise improper personal relationship.

ATCM members, who realise that they are becoming involved in an improper relationship with a patient emotionally or sexually, should end the professional relationship and arrange alternative care. If a patient shows signs of becoming inappropriately involved with you, you should discourage them and, if necessary, end the professional relationship.

ATCM members must ensure that past, present and anticipated relationships of any kind do not interfere with their professional duties, and they must avoid any behaviour which can be construed in this way.

ATCM members must ensure that their behaviour in dealing with patients is professional at all times and not open to misunderstanding or misinterpretation. Non-physical behaviour, gesture, unnecessary physical contact, verbal suggestion or innuendo can easily be construed as abusive or harassing.

If it appears that a non-professional relationship might develop and the ATCM member is unclear about how to deal with the situation, it is the duty of the ATCM member to take advice from the ATCM or from another professional. There is no harm in treating a relative or a friend, provided that clear boundaries are kept between social and professional relationship.

ATCM members must respect patients' modesty and allow them privacy. You should only ask patients to undress to the minimum level required to perform effective examinations and treatments. When a patient is required to dress and undress, you must allow him/her privacy, and clean gowns or blankets are adequately provided for his/her use. You should not leave the patient exposed for more time than is necessary. If examinations and treatments involve sensitive or intimate areas of the body, you should offer the patient opportunity to provide a chaperon. This can be a spouse, a relative or friend. Alternatively, you may provide a chaperon from your practice.

Members must make a clear distinction between TCM practice and any commercial or financial activity in which they may be involved. There must be no suspicion of any business affairs having an influence over your attitude towards patients and their care. To promote or recommend a product or service to patients for no good reasons other than profit is very unethical. If you have an interest in the product or service which you sell or recommend to your patients, you must declare such interest to the patients.

Members must not put pressure on patients or their families or friends to give, lend, bequeath or donate money or gifts which directly or indirectly benefit you, or to make donations to other people or organisations.

2.2 Examination and Treatment of Patients: Informed Consent

It is the ATCM member's duty to explain the procedure applied in treatment, and to obtain informed consent for any treatment administered. ATCM members should inform patients about any matters relating to their condition, treatment or prognosis in a way that can be understood. ATCM members must recognise the right of the patient to refuse treatment and to refuse to follow advice.

Any physical examination requires the patient's consent, or the consent of the person legally responsible for the interests of the patient.

Although consent may once have been taken as implied by a patient's actions in turning up and lying on the treatment couch, explicit consent, in writing if necessary, is now considered essential. This is particularly important when examination and treatment may involve sensitive and intimate areas. In the case of examination and treatment of any sensitive or intimate area, patients should be given the option of having a third party present. If the patient chooses that

option but it cannot immediately be met, the examination must be postponed until such time as it can be arranged.

A person from whom informed consent for examination or treatment is sought must possess the necessary intellectual and legal capacity to give consent. A person 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 the principal benefits, risks and alternatives, and to retain the information for long enough to make an effective decision and make a free choice.

2.3 Safety and Adverse Events

ATCM members should clearly explain to their patients, both verbally and in writing, that if they experience adverse symptoms after taking treatment, they should stop taking the treatment and consult the ATCM member. This explanation should include reference to symptoms which may be associated with an adverse liver, kidney or heart reaction, though there is no need to discuss pathology with the patient beyond enumerating relevant symptoms.

All patients must be seen in person for an initial consultation, and thereafter should be monitored carefully, ensuring that any negative changes in the patient's condition are acted upon. It is recommended that in the early stages of treatment patients be seen at least once a month.

Understanding of herb-drug interactions is currently being developed, and members must keep abreast of the latest information, which will from time to time be communicated to members of the ATCM. In an adverse event, the reporting procedures to ATCM or the MHRA using the Yellow Card system must be followed.

ATCM members should always enquire from suppliers if they have appropriate pharmacognosy measures in place in order to prevent misidentification of herbs and other materials, since serious poisonings have been caused by inadequate authentication. The use of poorly documented herbs and other materials should be avoided.

The labelling of Chinese medicine products in Chinese alone is not acceptable; ATCM members must ensure that any manufactured product dispensed to a patient contains a full list of ingredients in Pinyin and Latin, together with batch number and expiry date (for further details see the Code of Practice: Dispensary).

When performing Acupuncture, Cupping, and Tuina therapy, it is essential to strictly adhere to the principles of Traditional Chinese Medicine (TCM) theories and clinical guidelines, ensuring that the selected acupoints and treatment areas do not violate contraindications. Special caution should be exercised for children,

pregnant women, and other vulnerable populations. Treatment acupoints and areas should be carefully selected based on individual differences and specific conditions to ensure both safety and efficacy.

In the application of herbal medicine treatment, it is crucial to follow TCM theories and clinical guidelines rigorously, ensuring that the prescribed formulas and medicinal substances align with the principles of syndrome differentiation and treatment while avoiding contraindications. Particular caution should be taken for children, pregnant women, and other vulnerable populations. Treatment plans should be meticulously formulated based on individual conditions, with a rational selection of formulas and herbs to ensure both safety and efficacy.

2.4 Treatment of Minors, Pregnant Patients, and Vulnerable Adults

ATCM members must ensure that patients who are minors, pregnant, or have learning, cognitive, or physical disabilities receive appropriate care while respecting their rights and safeguarding their well-being.

2.4.1 Minors (Under 18 Years Old)

Patients Under 16:

- A child under 16 can make their own healthcare decisions if they fully understand the treatment, including its purpose, risks, and consequences.
- If the child does not have a full understanding, consent must be obtained from a parent or legal guardian.
- A third party should be present during the examination of a child under 16.

Patients Aged 16 to 17:

- Young people aged 16 and 17 are generally allowed to make their own medical decisions.
- However, if refusing treatment could cause serious harm, a parent or the court may have the authority to override their decision.

Consent Conflicts:

If a disagreement arises between the patient and their parent or guardian, or between parents, the ATCM member should seek guidance from ATCM before proceeding.

2.4.2 Pregnant Patients

- Pregnant individuals aged 18 and over are presumed to have the capacity to consent to medical treatment.
- For pregnant minors, follow the same guidelines as for minors under 18, ensuring they fully understand their treatment options.
- Ensure that all procedures are safe for both the patient and the unborn child, providing appropriate information to support informed decision-making.

2.4.3 Vulnerable Adults (Including Those with Disabilities or Cognitive Impairments)

- Patients aged 18 and over are presumed to have the ability to make their own medical decisions unless there is evidence they cannot.
- If a patient is unable to fully understand or make decisions about their treatment (due to a disability or cognitive impairment), a legally appointed guardian or decision-maker must provide consent. This follows the ***Mental Capacity Act 2005***, which ensures decisions are made in the patient's best interests.
- ATCM members should ensure that patients with disabilities receive fair, accessible, and respectful care.

2.5 Herbal Injections

Although the administration of injections by ATCM members of herbal medicine is not per se contrary to law, the use of herbal injections is fraught with risks. Members may not use herbal injections in the treatment of their patients.

2.6 The professional duty of candour

All members are required to uphold the highest standards of openness, honesty, and integrity in their professional practice, in line with current UK laws and regulatory requirements. Members must take prompt, transparent, and responsible action when a treatment or care incident occurs that has caused, or could potentially cause, harm or distress. In such circumstances, members must:

- Promptly inform the patient—or, where appropriate, their advocate, carer, or family—of what has occurred.
- Offer a full and sincere apology.
- Provide appropriate support and/or truthful information to help address the situation, where possible.
- Offer a clear and honest explanation of the known and potential short- and long-term consequences of the incident.

Members must also remain open and cooperative with colleagues, employers, and relevant organisations, and fully engage in any reviews or investigations when requested.

Transparency with the ATCM Council is also essential. Members are required to raise any concerns about unsafe, unethical, or inappropriate practice without delay. Equally, they must foster a professional environment in which openness and accountability are supported, and must never obstruct or discourage others from speaking up.

Failure to comply with these responsibilities may result in disciplinary action in line with ATCM's Code of Professional Conduct and applicable UK law.

2.7 Safeguarding Policy

ATCM members have a professional and ethical duty to safeguard patients, especially those who may be at risk of abuse, neglect, exploitation, or harm. This duty extends to children, vulnerable adults, and any individuals where concerns arise during the course of treatment.

Members must be familiar with the principles of safeguarding, including how to:

- Recognise signs of abuse or neglect;
- Respond appropriately to disclosures or concerns;
- Record and report concerns following legal and ATCM guidance;
- Work in cooperation with safeguarding authorities where required.

All safeguarding actions must prioritise the dignity, safety, and rights of the patient. For further guidance, refer to *Appendix B: Safeguarding Policy*.

3. Competence

Members are responsible for undertaking continuing professional development. Members are expected to improve their understanding of different social, cultural and environmental backgrounds by self-learning or attending courses in order to enhance their professional competence and safeguard patients.

Where offering another therapy apart from Traditional Chinese Medicine, members must ensure that their training is adequate, that they remain aware of current good practice in that therapy, and that, where possible, they remain registered with the relevant professional association.

ATCM members must remain aware of current information relevant to the medical care that he/she gives to the prescription of herbal medicines. It is the ATCM member's duty to read and retain relevant documents received from the ATCM or affiliated professional associations and to take note of any advice given.

4. Practice Management

4.1 Due Diligence in the Management of the Practice

ATCM members must take care to see that their practices are managed with due diligence. In particular, delegation of any professional duties, including preparation of medicines, should be made only in favour of those qualified to accept them. Where an ATCM member has people employed (paid or unpaid) to

carry out a function in the practice, e.g. receptionist, dispenser, it is the ATCM member's duty to ensure that they are suitably trained in their function, and are aware of the relevant parts of the Code of Professional Conduct that relate to their activity with the practice. The ATCM member is responsible for mistake in dispensing and should ensure that dispensers are competent (see the Code of Practice: Dispensary).

ATCM members are responsible for the actions of their assistants, including students or colleagues who are not members of the ATCM. ATCM members must ensure that patients are not misled, directly, indirectly or by default, so as to believe that any person giving treatment as an assistant is registered with ATCM when they are not.

It is the ATCM member's duty to ensure that adequate arrangements are made for patients to receive treatment if or when the ATCM member is away from their practice for any length of time and to make patients aware of these arrangements. Failure to do so could be construed as professional negligence.

It is the ATCM member's duty to provide adequate means of contacting him/her out of clinic hours.

Surgical appliances and examination equipment must be safely disposed of. The Environment Protection Act specifies that it is the duty of all persons involved in producing clinical waste to dispose of it safely and effectively.

It is the ATCM member's duty to inform the patient of ATCM's complaints and disciplinary procedures, if requested to do so by the patient or the person legally responsible for the patient's interests.

4.2 Patient Records

Patient records are the case notes. You must keep accurate, comprehensive, easily understood, contemporaneous and dated case notes. No matter what language is used, the handwriting must be clear and legible, and alteration should be avoided.

Case notes must record the following:

- Patient's personal details: full name, date of birth, marital status, address and telephone number
- The presenting complaint and symptoms reported by the patient
- Relevant medical and family history, including GP's name and address
- Clinical findings
- Treatment given and details of progress including reviews of treatment planning

- Information and advice given to the patient, especially when referral is made
- Decision made in conjunction with the patient
- Patient's consent to treatment or consent of their next of kin

In most circumstances, patient's case notes belong to, and thus are the responsibility of, the ATCM member, and you must retain them. You are legally required to keep patient's notes for minimum of seven years. In the case of minors, notes and records must be kept until the patient reaches the age of 25 years old (seven years after reaching 18). This applies even when you have referred the patient on, or you have left the practice where you administered the treatment. If you are employed or are treating in a multidisciplinary practice or acting as a consultant, you must agree the ownership of and the responsibility for the notes. You must ensure that you have access to the notes in the event of disciplinary action taken against you, any insurance claims or any civil or criminal proceedings.

Where ATCM members work together, in any capacity, in the same practice or premises, they are advised to enter into a specific agreement as to the ownership of, and thus responsibility for, the records of patients.

Patient's notes must on no account be transferred to another ATCM member without the authorisation of the patient.

Patient's notes should be retained in safe custody by the ATCM member to whom they belong. Where the ATCM member retires or otherwise ceases practice at any practice address, appropriate arrangements must be made for the safe custody of and access of patients to, the records.

Although a patient can seek access to notes, they have no legal rights of ownership. However, if a patient requests a copy of their notes in writing, you must follow the procedure laid out in the General Data Protection Regulation (GDPR), the Data Protection Act 2018 (DPA 2018) and Freedom of Information Act (2000) and keep a record of this on the file. ATCM members are advised to keep the original patient records in case of any future complaint or legal action.

Where the patient wishes to transfer to another ATCM member, a request for the transfer of patient records should be dealt with promptly.

ATCM members who retire or who sell practices must ensure the continuity of patient care by making clear arrangements for copies of the patient notes to be made available to the patient if they wish to transfer to another ATCM member or, with the consent of the patient, to the new ATCM member. It is important that the original notes are retained by the retiring or selling member for the legal length of

time, and only copies and not the originals are passed on. Patients should be informed of the intentions of the ATCM member, and where the original patients' notes are kept and located.

ATCM members must make appropriate arrangements for the safe-keeping and transfer of patients' notes in the event of death or serious injury.

If you write your case notes in any language other than English, it will be your responsibility to provide a full translation, if called upon to do so by the Council, in the event of a complaint or disciplinary action, insurance claim, civil or criminal proceedings or other records being required for official purposes, or a request being made by the patient under the terms of the General Data Protection Regulation (GDPR), the Data Protection Act 2018 (DPA 2018) and the Freedom of Information Act (2000).

ATCM members may destroy old records according to the legal length of time of retaining them. Currently, the method of disposal is not regulated. Shredding and burning are the most appropriate methods.

4.3 Confidentiality

The protection of confidentiality is a legitimate expectation of patients and failure to observe confidentiality may be regarded as unacceptable professional conduct.

ATCM members must abide by the law of the country including that relating to electronic recording of patient information such as the General Data Protection Regulation (GDPR), the Data Protection Act 2018 (DPA 2018) and Freedom of Information Act (2000).

ATCM members have an implicit duty, within the law, to keep all information concerning, and views formed about, patients entirely confidential between themselves and the patients concerned. Practice personnel, such as receptionists and assistants, must maintain the same level of confidence. This duty applies also to disclosure of information about a patient to a member of the patient's family, other than parent, guardian, or the person legally responsible for the patient's interests. Even that fact of a patient's attendance at a member's practice should be considered confidential, and should not be disclosed to a third party without the patient's consent.

Members are warned not to assume that details of a wife's or husband's case should be freely discussed with the other. The above ruling applies to all parties including next of kin and members should never allow a third person to be present unless it is with the express consent of the patient.

Disclosure of any confidential information to a third person is only in order when the following requirements are met:

- It is done with the patient's knowledge and consent, except when the patient is not in a condition to give this and a third person is in a position to be responsible for the patient's interest
- There is a real need for such information to be imparted, such as when a member believes it to be in the best interest of the patient to refer a case to a colleague or another health professional
- The ATCM member believes it to be essential for the sake of the person's health to disclose information to someone other than a health professional
- The advice of the ATCM Council is that disclosure should be made in the public interest.

In each of the cases referred to the ATCM member shall:

- Inform the patient, before disclosure takes place, of the extent of the information to be disclosed, the reason for the disclosure and, where possible, the likely consequences
- Disclose only such information as is relevant, and ensure that the information is held in an appropriate manner by the person to whom it is disclosed
- Record in writing both the information disclosed and the reasons for disclosure
- Be prepared to justify the decision.

The only exceptions to the above principle of confidentiality are:

- Disclosure is required by statute or law
- When for reasons relating to the condition or treatment of a patient it is undesirable to seek the patient's consent, but it is in the patient's own interest that confidentiality should be broken
- When the member reasonably considers that it is his/her duty to society at large takes precedence
- When it is in the interest of the professional training or research approved by the ATCM Council.

4.4 Court Proceedings

Patient records do not enjoy legal protection; police can apply to a Court for an order for access, and the Court may insist on disclosure.

If requested to provide a copy of patient records or to give evidence in court, the ATCM member should immediately refer the matter to the ATCM for advice. In a court of law, the ATCM member may request an exemption, so as to avoid divulging information between patient and ATCM member on the grounds of professional secrecy. If the court overrules this contention and requires disclosure, the ATCM member should be aware that further refusal may place the ATCM member in contempt of Court. In the case of a member refusing to

divulge information and found in contempt of court, the ATCM will not hold the member to be acting in breach of this Code of Professional Conduct.

Note: In cases where the ATCM member withholds information despite a Court decision, the Court may construe the action to be an attempt to obstruct the course of justice. In cases where sensitive information is given to an ATCM member, especially regarding activities of a possibly criminal nature, members are strongly advised to take legal advice and to consult the ATCM.

4.5 Research

When taking part in clinical trials, clinical audit, case-history reporting, qualitative research or any other method of research, ATCM members must ensure that:

- were appropriate, they adhere to a research protocol which has been approved by the appropriate ethics committee, adequate records are maintained and the true findings published
- informed consent is obtained from any patient
- the confidentiality of the patient is maintained
- current professional guidance is sought

5. Members' Obligations to Colleagues

5.1 Honourable Conduct

ATCM members must at all times conduct themselves in an honourable manner in their relations with other ATCM members and other healthcare professionals. It is not in the interest of ATCM to have distrust and dispute between our members or with other healthcare professionals.

ATCM members should be respectful of the treatment philosophy of other professional associations. Members are encouraged to establish an appropriate working relationship with other healthcare professionals and local doctors. It is considered good practice that members maintain contact with general practitioners and other healthcare professionals in a professional manner. When it is in the best interest of the patients, members may refer them to these professionals.

Action taken by a member to persuade the patient of another ATCM member to patronise him/her is in all circumstances considered unethical and contravenes this Code. It is advisable that members should apply a clear and proper procedure when exchanging of referring patients or dealing with the patients of other ATCM members. In all cases the decision rests solely with the patient to remain with the ATCM member.

ATCM members must not speak publicly (including any electronic social media) in a derogatory manner with reference to colleagues. Criticism of fellow ATCM member and other healthcare professional should be communicated in a discreet and professional manner through the appropriate channels. Critical views concerning a fellow ATCM member's competence and/or behaviour should be brought to the attention of the ATCM, where possible with necessary evidence and the consent of any patients concerned for information disclosure. Unsubstantiated rumours, unfounded allegations and unjustified criticisms, which create ill-will between colleagues and undermine the profession, have no place in the ATCM. Members are expected to act with integrity, discretion and respect for the views of other at all times when dealing with such matters.

Where an ATCM member wishes to pursue a complaint against another ATCM member, the principles and procedures of the ATCM Complaints and Disciplinary procedure apply.

5.2 Communication with Other Healthcare Professionals

ATCM members must always be aware of the necessity to communicate with other healthcare professionals, directly or indirectly, when the expertise of such professionals fits more properly the needs of a particular patient.

A member must consider very carefully the implications of recommending a course of treatment contrary to the advice of the patient's registered medical practitioner or of not recommending referral to a registered medical practitioner in the case of serious disease or uncertain diagnosis. Members must be aware of their vulnerability in law on this issue and must ensure in such a case that all available information is given to the patient and that the patient makes the final decision without coercion.

Subjects of communication may include a request that a particular medical investigation be conducted; a request to refer to other medical practitioners/services (e.g. consultant, speech therapist, counsellor, physiotherapist); to alert the prescribing practitioner to a possible adverse drug reaction; to discuss the possibility of a patient withdrawing from a conventional drug onto a TCM medication; to query the appropriateness of a specific investigative procedure, medication, treatment plan, or diagnosis; to alert the patient's doctor to a possible undiagnosed condition or other problem (e.g. suspected abuse); to inform of a traditional Chinese medicine being prescribed and to list its contents, actions and potential adverse drug interactions; to alert the patient's doctor to a possible case of a notifiable disease; to request further details of the patient's case e.g. test results, prescribing details, treatment plan, diagnosis, prognosis; to ask for a professional opinion or to seek guidance and advice; to give feedback on a particular intervention; to give evaluation, criticism and praise.

When dialogue with another healthcare professional is deemed desirable, the reasons for this should be explained to the patient. The patient should then have an opportunity to discuss these reasons. The patient's consent should be sought before contacting the other healthcare professional. A copy of all written communications should be kept on file and made available to the patient on request. There are circumstances when it may be appropriate to contact another healthcare professional without the patient's consents (e.g. in cases of threatened suicide) or indeed their knowledge (e.g. when abuse is suspected).

A number of avenues of communication are open. These include letter, telephone, fax, email, and discussion in person. The professional letter however still remains the major medium for formal correspondence. ATCM members are advised that all potentially important medico-legal issues should be documented in letter form and that copies of all originals should be kept on file. There may be times when a matter is of such urgency that a letter sent by post is an unsuitable first choice of communication.

If a fax or email is sent instead, a copy of this should be kept on file. It may also be necessary to speak directly with a fellow healthcare professional, making email or fax an unfeasible alternative to a posted letter. In such cases, a written account of the conversation should be made and saved. Such records will normally be stored appended to the patient's notes and/or in a file dedicated to professional case correspondence.

5.3 Membership of Other Professional Organisation

ATCM Members may simultaneously belong to other relevant professional organisations whose professional standards may differ from those of the ATCM. Such members must accept that their dual or multiple membership does not give them any immunity from the consequences of contravening the regulations of the ATCM, this Code of Conduct or any rules, memoranda, recommendations or advice issued by the ATCM Council.

5.4 Members of ATCM Practising with Non-Members

Any ATCM members who have a non-member of the ATCM practising with him/her, or allow a non-member to practice at the same premises, are warned of the risk of misleading patients directly, indirectly or by default, so as to believe that such an individual giving treatment is a member of the ATCM. Furthermore, the fact that such non-members are practicing with him/her, be they TCM practitioners or other healthcare professionals, does not in any way alter the application of this Code to the activities of the member concerned.

6. Members' Obligations to the Public

6.1 Honourable Conduct

ATCM members shall at all times conduct themselves in an honourable manner in their relations with the public.

Communication with the public may include advertising, contact through the media (newspapers and other publications, television, radio, world wide web), talks to public groups, and discussions with enquirers.

In all these instances ATCM members are required to conduct themselves in a manner congruent with this Code, to avoid misleading claims to cure disease or in any way imply abilities beyond their competence.

ATCM members must at all times uphold the high standard of the TCM profession, and must not bring the profession into disrepute by personal misbehaviour such as act of dishonesty, drunkenness and drug abuse.

6.2 Advertising and Promotion of ATCM Members' Practices

ATCM members must ensure that all advertising and promotional activities strictly comply with UK laws and regulations, including the guidance issued by **the Advertising Standards Authority (ASA)** and relevant legislation such as ***the Cancer Act 1939***, ***the Consumer Protection from Unfair Trading Regulations 2008***, and **the UK Code of Non-broadcast Advertising and Direct & Promotional Marketing (CAP Code)**.

6.2.1 General Advertising Standards

All advertising and promotional materials must be legal, decent, honest, and truthful, in full compliance with the ASA's advertising codes and ATCM guidelines. Advertising must not contain any content that is false, fraudulent, misleading, deceptive, self-laudatory, extravagant, or sensational.

ATCM members may include information regarding their medical and non-medical qualifications, titles, and areas of expertise, provided that these qualifications are from recognised academic institutions, statutory designations, or professional bodies with established credibility.

The use of the title 'Doctor' or its abbreviation must not mislead the public or falsely imply that the member is registered with the General Medical Council (GMC).

ATCM members must not, under any circumstances, claim to cure illnesses in any form of advertising.

Where no specific legal guidelines exist, advertising should conform to this Code and align with the ethical advertising standards of regulated healthcare professions.

6.2.2 Ethical Considerations in Advertising

All advertising must prioritise patient welfare and uphold the dignity and integrity of the profession.

Advertisements must not contain comparative claims suggesting superiority over other practitioners or professions.

ATCM members must not exploit vulnerable individuals, particularly those suffering from pain, chronic illness, or anxiety, by promoting treatments in a way that may create unrealistic expectations or undue pressure.

Advertising must be conducted in a manner that safeguards public trust and does not bring the profession into disrepute.

6.2.3 Presentation and Fee Transparency

Signage and professional nameplates should be of an appropriate size, design, and colour for the practice location and must clearly display the names and qualifications of attending practitioners. Information relating to former ATCM members must be removed within a reasonable timeframe.

Where advertising includes pricing information, it must:

- Clearly specify fees for initial consultations, follow-up treatments, and any additional costs, such as prescriptions.
- Indicate whether VAT applies and, if so, state the inclusive price.
- Ensure that any discounts or special pricing offers are strictly limited to specific patient groups and are not linked to specific conditions or treatment outcomes.
- Prohibit the use of vouchers, incentives, or similar promotional schemes tied to particular medical conditions.

6.2.4 Restrictions on Advertising Methods

Unsolicited direct marketing through door-to-door visits, postal mail, telephone calls, email, or personal solicitation is strictly prohibited.

Essential practice information—including names, qualifications, address, contact details, business hours, emergency care arrangements, and practice facilities—may be distributed only to:

- Medical professionals and bona fide para-medical practitioners.
- Pharmacies and dispensing chemists.
- Libraries, public health information centres, and Citizens Advice Bureaux.

Informational material on Traditional Chinese Medicine (TCM) and individual practices may be shared with medical and personnel officers of organisations within a reasonable geographic area, provided it is educational and non-promotional in nature.

6.2.5 Professionalism in Advertising Placement

ATCM members must ensure that all advertisements are placed in appropriate professional environments that uphold the reputation and credibility of the profession.

When advertising alongside practitioners of other therapies, members must take reasonable steps to verify that these practitioners are affiliated with recognised professional bodies that maintain ethical and professional standards equivalent to those of ATCM.

Professional advertisements must be clearly distinguished from commercial, retail, or leisure advertisements to prevent any misrepresentation of medical legitimacy.

ATCM members are strictly prohibited from using their qualifications or membership status for the promotion or commercialisation of products, remedies, or retail establishments.

By adhering to these advertising standards, ATCM members ensure compliance with UK laws and professional regulations, uphold ethical marketing practices, and protect public trust in Traditional Chinese Medicine.

6.3 Broadcasts, Lectures, Articles, etc

It is not possible to outline all the situations and eventualities that may arise in relations with the media. Members are advised to consult the ATCM before participating in any form of publicity in newspapers, magazines, journals, radio or television, since adverse publicity as a result of thoughtless, unedifying or sensational remarks damages the reputation of TCM.

Members may publish books, pamphlets and articles of an informative nature about Traditional Chinese Medicine and other subjects relevant to it. However, such publications must be of scientific or educational value, and must avoid matters that might be considered to be in the nature of excessive personal advertising.

Members should also ensure that any publications that they author do not contravene ATCM's general position which is to strongly encourage members of the public considering using Traditional Chinese Medicine to seek professional advice from a qualified practitioner of Traditional Chinese Medicine.

Members are encouraged to give lectures but shall not offer formal courses of instruction in TCM in any way that might be construed as being under the auspices of the ATCM without the consent of the ATCM Council. Such teaching activities shall not be driven by any motives other than for promoting the understanding of TCM, the professional standards and ultimately, for the benefit

of patients and the general public at large. Major teaching activities must be reported to the ATCM Council and have the consent of the Council before they take place. Members who have less than one year's clinical experience are discouraged to give lectures or seminars.

7. Infringement of the Code

Infringement of this Code of Professional Conduct may render ATCM members liable to disciplinary action with subsequent loss of privileges and benefits of registration.

A complaint can only be upheld when it is shown to be in breach of the Code of Professional Conduct. However, it is the principle of ethical professional conduct which informs discussion of allegations made against ATCM members. It is possible for patients to cause embarrassments and worries by forcing their attention on to a member. ATCM members must therefore always be prepared to explain and justify their actions and decisions. It is the duty of the Professional Conduct Committee to examine all allegations in the most careful manner.

The interpretation of “unacceptable professional conduct” provided in the Code of Professional Conduct cannot be exhaustive and is intended as guidance only. The following are examples of unacceptable professional conduct.

Any member who:

- Brings the profession into disrepute by his/her personal behaviour, e.g., by being convicted of drunkenness, drug abuse or an offence of dishonesty
- Conduct him/herself unethically in relation to another practitioner, e.g., in relation to transfer of patients, or by degenerating the reputation of other practitioner
- Infringe the guidelines in this Code as to advertising or otherwise conducts him/herself in an unprofessional manner
- Fails to care properly for a patient or neglects his/her practice, e.g., by failing to conform with the standards laid down by the Code of Practice, or local authority by-laws, or by infringing the guideline in this Code or statutory regulations relevant to the practice of Traditional Chinese Medicine as to, for example, delegation of duties
- Abuse his/her position of trust as a TCM practitioner by breaching a patient's confidence, or by using undue influence or obtain gifts or other benefits from a patient, shall render him/herself liable to disciplinary procedures as laid down in this Code.

If any member requires advice on professional or ethical matters, he/she is strongly advised to consult the Professional Conduct Committee.

Complaints and Disciplinary Procedures

8. Professional Conduct Committee

A permanent Professional Conduct Committee (PCC) is set up by the Council of ATCM, which has an effective role in promoting high standards of professional conduct. It will continue to review practice within traditional Chinese medicine in the light of current good practice in health professions and the wider society.

The PCC has the following functions:

- be responsible for the effective implementation of the Code of Professional Conduct and Complaints and & Disciplinary Procedures
- ensure that a system for monitoring and audit of procedures is in place and maintained
- ensure procedures such that the strictest confidentiality is maintained at all parts of the procedure
- ensure that the time taken to make decisions is reasonable.

9. Complaints and Disciplinary Procedure

In the event that a written complaint of professional misconduct is made against a member of the ATCM, the complaint is examined by the Professional Conduct Committee (PCC), which is appointed by the Council. The PCC shall include at least one lay member to ensure independent and balanced judgment.

The following procedure is adopted for managing such complaints in a fair, proportionate, and transparent manner.

For detailed policy guidance on complaint handling at the member level, see Appendix C: Procedures for Considering Complaints and Escalation to ATCM.

9.1 Notice to ATCM member

- The PCC shall serve on the member written notice of the complaint, which may include a copy of the letter of complaint, and shall inform the member that the case will be considered at the next appropriate meeting of PCC.
- The member shall be notified of his/her right to submit a full written statement on his/her behalf, to be submitted within 15 days of the date on the letter of notification. The member's statement should be supported by documentary evidence where appropriate.
- If the member fails to serve a written statement in the due time, the PCC may proceed to a hearing without considering evidence submitted by the member.

9.2 Further Evidence and Postponement

- The member may request postponement of the PCC meeting for further time to prepare the case, and the PCC shall postpone it for not less than 15 days from the day of the request.
- The PCC may call for further evidence to be submitted before the hearing, provided that it notifies the member of his/her right to submit a reply to such evidence.
- The PCC may postpone any hearing for such period as it thinks fit, provided that it gives at least 15 days notice of the new day to the member concerned.

9.3 The Decision

The PCC shall decide whether or not a case of unacceptable professional conduct is made.

If it finds that a case has not been made, it shall dismiss the case. A complaint against a member can only be upheld if the member is clearly shown to be in breach of this Code, and in all other matters it is up to the complainant, if still aggrieved, to seek redress through a civil action.

If it finds that a case has been made, it may:

- Admonish the member
- Admonish and fine the member a sum not exceeding £500, such payment to be made within 28 days of the submission of written notice of such decision
- Make the member subject to a conditions of practice order for up to three years
- Suspend the member pending further enquiries
- Remove the name of the member from the ATCM membership list, subject to a final decision by the ATCM Council.

If a member on whom a fine has been imposed fails to pay such fine in full within the period required, the Council may resolve forthwith to remove the name of the member from the ATCM membership list.

If, in the course of investigating a complaint, it is determined that the matter falls outside the remit of ATCM or is otherwise inappropriate for the ATCM to handle, the matter shall be referred to the relevant authorities, which may include the police, social services, or other competent regulatory bodies.

9.4 Appeals Procedure

9.4.1 Appeals by Members

- Following the conclusion of proceedings, the Professional Conduct Committee (PCC) shall prepare and submit a written report of its findings and determinations to the ATCM Council. A copy of the report, together with written notice of the decision and the member's right to appeal, shall be served upon the member concerned.

- Any appeal against the decision of the PCC must be lodged in writing with the Professional Conduct Appeal Committee (PCAC) within twenty-eight (28) days of the date on which the notice of the PCC's decision was served. Failure to lodge an appeal within this period shall result in forfeiture of the right to appeal.
- The PCAC shall be constituted in accordance with ATCM regulations and shall include at minimum:
 - One legally qualified assessor (a practising barrister or solicitor); and
 - At least one lay member with no professional affiliation to the ATCM.
- The PCAC shall serve the member with written notice of the date, time, and location of the appeal hearing. Such notice shall be provided no fewer than fifteen (15) days prior to the scheduled hearing and shall specify the member's right to attend the hearing in person or to be represented by either a legal representative or a lay advocate of their choosing.
- Applications for adjournment or submission of additional evidence shall be considered in accordance with the provisions set out under section 9.2 of this Code.

Upon hearing the appeal, the PCAC shall have the authority to:

- Dismiss the appeal;
- Issue a formal admonishment;
- Issue an admonishment and impose a fine not exceeding £1,000;
- Impose a conditions of practice order for a term not exceeding three (3) years;
- Suspend the member from practice pending further investigation; or
- Recommend to the ATCM Council that the member's name be removed from the ATCM membership register.

The decision of the PCAC shall be deemed final within the internal disciplinary procedures of ATCM. Notwithstanding, the member shall retain the right to seek independent legal advice or pursue external legal remedies should they remain dissatisfied with the outcome.

In the event that a member, upon whom a fine has been imposed, fails to remit payment in full within the specified timeframe, the ATCM Council may resolve to remove the name of the member from the ATCM membership register forthwith.

9.4.2 Appeals by Complainants

- Complainants shall be informed in writing of the outcome of the PCC's decision and have the right to request a review by the Professional Conduct Appeal Committee (PCAC) where there is a belief that the process was flawed or the outcome unjust.
- Requests for appeal must be made in writing within 28 days of the notification of the PCC's decision.
- The appeal process for complainants will follow the same principles of fairness, transparency, and timeliness as that for members.
- Complainants shall also receive notice of the appeal hearing and may submit further evidence, in accordance with the conditions set out under section 9.2.
- The PCAC's decision is final within ATCM procedures. However, the complainant retains the right to seek legal advice or take external legal action if dissatisfied with the decision.

If a member is removed from the membership of ATCM due to misconduct, the Council of ATCM shall, upon the adoption of a formal resolution, report the individual's name and the particulars of the misconduct to the appropriate professional bodies

9.5 Costs

The ATCM member will cover any costs incurred by him/her in the course of the above procedures.

9.6 Convictions

The Professional Conduct Committee, the Professional Conduct Appeals Committee and the ATCM Council are obliged to accept the finding of a court of law and are not able to re-open the investigation of facts which led to a conviction. The ATCM will consider only the seriousness of the conviction and any surrounding circumstances in mitigation. ATCM members should therefore treat with caution any encouragement to plea guilty to an offence and should take appropriate legal advice.

9.7 Publications Policy

Details regarding how the outcomes of complaints and disciplinary procedures may be published are outlined in Appendix D: Publications Policy on Complaints Outcomes.

9.8 Reporting Concerns to External Agencies

Where a complaint raises serious concerns—such as risks to public safety, safeguarding, or criminal conduct—ATCM may report the matter to appropriate external bodies, including regulators or law enforcement.

Such disclosures will only be made when legally or ethically required, and in line with data protection and safeguarding duties.

For further details, see Appendix E: Policy on Reporting Concerns to External Agencies.

10. Conclusion

It must be reiterated that no document can cover all eventualities. It must be emphasised that it is in a member's interest to consult the Professional Conduct Committee that if he/she is in doubt.

Appendix A: The list of notifiable diseases:

1. Acute encephalitis
2. Acute meningitis
3. Acute poliomyelitis
4. Anthrax
5. Botulism
6. Brucellosis
7. Cholera
8. Diphtheria
9. Enteric fever (typhoid or paratyphoid fever)
10. Food poisoning
11. Haemolytic uraemic syndrome
12. Hepatitis A
13. Hepatitis B
14. Hepatitis C
15. Legionnaires' disease
16. Leptospirosis
17. Malaria
18. Measles
19. Meningococcal septicaemia
20. Mumps
21. Plague
22. Rabies
23. Rubella
24. Scarlet fever
25. Smallpox
26. Tetanus
27. Tuberculosis
28. Typhus
29. Viral haemorrhagic fever
30. Whooping cough
31. Yellow fever

Appendix B: Safeguarding Policy

1. Introduction

The Association of Traditional Chinese Medicine and Acupuncture UK (ATCM) is committed to safeguarding and promoting the welfare of all individuals, including children, young people, and vulnerable adults who come into contact with its members. This policy outlines the responsibilities of ATCM and its members in ensuring the highest standards of safeguarding practice in the provision of Traditional Chinese Medicine (TCM) services, including acupuncture, Chinese herbal medicine, and Tui Na (Chinese remedial massage).

This policy forms part of ATCM's Code of Professional Conduct and is embedded in the Association's registration, training, and complaints procedures. All registrants are required to comply with the safeguarding standards as part of their professional obligations.

2. Scope

This policy applies to all ATCM members, including practitioners, staff, volunteers, and representatives involved in the delivery of TCM services. It provides guidance on recognizing and responding to safeguarding concerns, ensuring compliance with relevant legislation and best practices in the UK.

3. Legal and Regulatory Framework

This policy is aligned with the following key legislations and guidelines:

- Children Act 1989 and 2004
- Care Act 2014
- Safeguarding Vulnerable Groups Act 2006
- Working Together to Safeguard Children (HM Government, 2018)
- The Equality Act 2010
- General Data Protection Regulation (GDPR) and Data Protection Act 2018
- Local Safeguarding Board and Multi-Agency Safeguarding Procedures

4. Safeguarding Principles

ATCM is committed to the following safeguarding principles:

- **Prevention:** Promoting a culture of safety and awareness to prevent harm.
- **Protection:** Ensuring appropriate responses to safeguarding concerns and taking necessary steps to protect individuals.
- **Partnership:** Collaborating with statutory agencies and safeguarding organisations.

- **Accountability:** Ensuring transparency and responsibility in all safeguarding matters.

5. Roles and Responsibilities

5.1 ATCM Responsibilities

- Establish and maintain safeguarding policies and procedures.
- Provide training and guidance to members on safeguarding responsibilities.
- Ensure compliance with legal and regulatory safeguarding requirements.
- Investigate and take appropriate action regarding safeguarding concerns.

5.2 Practitioner Responsibilities

- Conduct professional practice with due regard to safeguarding principles.
- Identify and report concerns regarding the welfare of patients.
- Maintain patient confidentiality while adhering to safeguarding disclosure requirements.
- Cooperate with safeguarding authorities when necessary.

6. Identifying Safeguarding Concerns

ATCM members must remain vigilant to signs of abuse, neglect, or exploitation, including but not limited to:

- **Physical abuse:** Unexplained injuries or signs of harm.
- **Emotional abuse:** Excessive fear, distress, or withdrawal.
- **Sexual abuse:** Inappropriate or unexplained sexual behaviour.
- **Neglect:** Lack of necessary care, nutrition, or medical attention.
- **Financial abuse:** Unexplained loss of money or financial exploitation.

7. Responding to Safeguarding Concerns

- Listen to concerns with sensitivity and take them seriously.
- Record details of the concern accurately and factually.
- Report concerns to the appropriate safeguarding authority (Local Authority Safeguarding Board, NHS Safeguarding Teams, or the Police if necessary).
- Maintain confidentiality and only share information on a need-to-know basis.
- Follow up on reported concerns to ensure appropriate action has been taken.

Any failure by a member to adhere to this policy may be investigated under ATCM's Complaints and Disciplinary Procedures, in accordance with the Professional Conduct Code.

8. Training and Awareness

ATCM members are required to undertake and regularly update safeguarding training relevant to their practice. Completion of appropriate safeguarding training is a condition of continued registration. ATCM will provide guidance on available training and support members in fulfilling their safeguarding responsibilities.

9. Confidentiality and Information Sharing

All safeguarding concerns must be handled with the utmost confidentiality. However, information must be shared with relevant authorities if there is a safeguarding risk. ATCM members must comply with GDPR and data protection regulations when handling sensitive information.

10. Whistleblowing Policy

ATCM encourages members to report concerns about safeguarding breaches without fear of retaliation. Whistleblowing procedures will be in place to protect individuals who raise concerns in good faith.

11. Monitoring and Review

This policy will be reviewed annually and updated in line with changes in legislation, best practices, and feedback from members. Any amendments will be communicated to ATCM members to ensure continued compliance.

12. Expectations for Registrants

All ATCM registrants must:

- Understand and follow ATCM's safeguarding policy and related procedures.
- Complete safeguarding training appropriate to their role and update it regularly.
- Demonstrate safeguarding competence as part of their professional practice.
- Report any safeguarding concern promptly and appropriately.
- Cooperate with ATCM and statutory agencies during any safeguarding investigation.

Failure to meet these expectations may result in disciplinary action under ATCM's Complaints and Disciplinary Procedures.

Appendix C: Procedures for considering complaints and escalating to ATCM members

This document sets out the requirement for all ATCM members to establish, maintain, and implement clear procedures for the effective handling of complaints. These procedures must ensure that concerns raised by patients, colleagues, or members of the public are dealt with fairly, consistently, and in accordance with professional standards and applicable UK laws, including the principles of natural justice and regulatory best practice. Where appropriate, complaints must be escalated to ATCM for further consideration.

The ATCM is committed to upholding the highest standards of professional conduct and clinical care within the practice of Traditional Chinese Medicine in the UK. This includes ensuring that complaints are managed in a transparent, proportionate, and legally compliant manner. Effective complaint handling is essential to protect the public, support continuous improvement, and maintain public confidence in the profession.

The Professional Conduct Committee (PCC) of ATCM provides oversight of this process and ensures adherence to the Code of Professional Conduct and related regulatory procedures.

This policy applies to all practitioners who are the members of the ATCM, regardless of their professional setting, mode of practice (self-employed or employed), or geographic location within the UK.

All members must have in place a clear, fair, and accessible complaints procedure that complies with relevant UK legislation and guidance, including the Equality Act 2010 and the Consumer Rights Act 2015. The procedure should include:

- A system for receiving, recording, and acknowledging complaints in writing within a reasonable timeframe (e.g., 5 working days)
- An impartial investigation process, including opportunities for both the complainant and practitioner to present evidence or respond
- A clear timeline for responding to complaints and communicating outcomes
- A mechanism for reflection, review, and learning from complaints to improve future service delivery

If a complaint indicates serious concerns regarding patient safety, practitioner competence, ethics, or a breach of the ATCM Code of Professional Conduct, members must:

- Recognise when the issue exceeds their capacity for local resolution
- Inform the complainant of their right to escalate the matter to ATCM

- Report serious concerns to ATCM promptly, in accordance with the ATCM Complaints and Disciplinary Procedures, to enable independent review and safeguarding of the public
- Members must:
- Keep accurate, complete, and contemporaneous records of all complaints and how they were handled
- Ensure strict confidentiality is maintained throughout the process, in line with the UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018
- Retain records for a minimum of 7 years or as otherwise required by law or professional guidance

Members are individually responsible for implementing and adhering to complaints procedures that meet ATCM requirements and relevant legal obligations. Employers or clinic managers must ensure members are supported with the necessary tools and frameworks to comply. ATCM, through the PCC, will provide regulatory oversight, investigate escalated complaints, and enforce professional standards in accordance with its disciplinary procedures.

Failure to comply with this requirement may be considered a breach of the ATCM Code of Professional Conduct and could result in regulatory action. Compliance may be monitored through audits, complaint investigations, or other regulatory reviews.

This policy will be reviewed regularly by the Professional Conduct Committee to ensure it remains current, relevant, and aligned with best practice in professional healthcare regulation.

Appendix D: Publications Policy on Complaints Outcomes

1. Purpose

This policy outlines how the Association of Traditional Chinese Medicine (ATCM) publishes the outcomes of complaints in a fair, transparent, and responsible manner. The goal is to help the public make informed decisions while safeguarding the rights of practitioners and complainants.

2. Scope

This policy applies to all complaints handled by ATCM that result in:

- Disciplinary action
- Conditions on practice
- Suspension or removal from the Register

It applies to all registered members, whether full, student, or associate, and includes decisions made by ATCM's Professional Conduct Committee.

3. Guiding Principles

- **Transparency:** ATCM is committed to informing the public about regulatory decisions that impact patient safety and practitioner accountability.
- **Fairness:** Information will be published in a balanced way, reflecting the outcome accurately.
- **Privacy and Confidentiality:** Personal or sensitive details of complainants or third parties will not be disclosed.
- **Proportionality:** The level of detail published will be appropriate to the seriousness of the outcome.

4. What Will Be Published

The following information may be published when a complaint is upheld:

- Name of the practitioner
- Registration status and number
- Summary of the findings
- Sanctions imposed (e.g., warning, suspension, removal)
- Conditions or undertakings placed on registration
- Effective dates of any decisions

In cases where no breach is found, no identifying information will be published.

5. Where and How It Will Be Published

- Published on the ATCM Public Register of Practitioners
- In a dedicated section titled "Complaints Outcomes and Disciplinary Actions" on the ATCM website
- Included in the ATCM Annual Report
- In some cases, a notice may be issued to relevant stakeholders or professional bodies

6. Duration of Publication

- Warnings and minor sanctions: Published for 1 year from the date of the outcome
- Suspensions or serious conditions: Published for the duration of the sanction + 1 year
- Removals from the register: Remain permanently on record, unless appealed and overturned

7. Appeals

If a decision is under appeal, the publication will clearly state this. Outcomes will be updated based on the final appeal decision.

8. Review of Policy

This policy is reviewed biennially or after significant legal, regulatory, or procedural updates.

9. Contact

For questions about this policy or complaints publications, contact: info@atcm.co.uk

Appendix E: Policy on Reporting Concerns to External Agencies

Purpose:

To ensure that serious concerns involving registrants, particularly those relating to public safety, criminal activity, or safeguarding, are reported promptly and appropriately to relevant authorities.

1. Scope

This policy applies to:

- All ATCM staff
- Committee and panel members
- Anyone involved in the complaints or disciplinary process

2. When to Report

ATCM will report concerns to external agencies in situations including, but not limited to:

- Suspected or confirmed criminal offences (e.g., assault, fraud, sexual misconduct)
- Safeguarding concerns involving children or vulnerable adults
- Risks to patient or public safety
- Cases where there is immediate danger or harm

3. Agencies That May Be Notified

Depending on the nature of the concern, ATCM may report to:

- The Police
- Local Authority Safeguarding Teams
- Social Services
- Other professional regulators or oversight bodies

4. Reporting Process

- Concerns must be raised with the Registrar or a designated senior officer.
- The concern will be reviewed promptly to assess risk and urgency.
- Where appropriate, ATCM will notify the relevant agency without delay.
- All actions will be documented clearly, including the reason for referral and details of the agency contacted.

5. Confidentiality and Data Protection

- ATCM will handle all concerns sensitively and in line with GDPR and relevant data protection laws.
- Information will be shared only on a need-to-know basis, and only with appropriate authorities.

6. Follow-Up and Monitoring

- ATCM will keep a secure record of all referrals made.

- Any responses or outcomes from external agencies will be noted and considered in any ongoing disciplinary or fitness-to-practice proceedings.

7. Review of Policy

This policy will be reviewed annually, or sooner if required by changes in law, regulation, or ATCM procedures.