

CODE OF CONDUCT AND GOOD PRACTICE

The CMIR Code of Conduct and Good Practice defines the expected standards of competence and professionalism for CMIR members and hygiene and safety standards relating to the practice of Chinese acupuncture and herbal medicine, including the quality of herbs used in practice.

A registered CMIR member should always maintain good personal conduct and avoid damaging the reputation of the profession. They should discharge their duties and responsibilities to the patients, the profession, the members of other healthcare professional and the public in general with dedication and integrity. They should maintain a high standard of practice by exercising competent professional judgment and by continually striving to improve their knowledge and professional skills.

We promote safe practice and clinical excellence in Chinese medicine to members. Failure to comply with the Code of Good Practice criteria may be treated as a breach of the Code of Professional Conduct and subject to investigation under the disciplinary procedures.

Definitions

CMIR	Refers to the Chinese Medical Institute and Register
Chinese Medicine	Refers to mainstream Chinese medicine as practiced in China, which includes Chinese diagnosis, acupuncture, herbal medicine and Chinese orthopaedic medicine
Chinese Herbal Medicine	Refers to the treatment of a patient using Chinese herbs which have been produced according to recognised traditional Chinese herbal formulae
Acupuncture	Refers to the insertion of a solid needle into any part of the human body as a form of therapy. The injection of any substance into the body is not considered to be a form of acupuncture
The Patient	Refers to the person requesting treatment or the person being treated in the case where a third party has legal responsibility for the patient
The Practitioner	Refers to the person registered as a qualified Chinese medicine practitioner
The Practice	Refers to the business and/or the place of business of the member of the practitioner
The Member	Refers to the registered Chinese medicine practitioner who is a member of a professional organisation of CMIR

Misconduct

Refers to a registered Chinese Medicine practitioner who has breached the CMIR Code of Practice, or has done something which has fallen short of the standards of conduct, or does something which will be reasonably regarded as disgraceful, unethical or dishonourable

PART 1: PROFESSIONAL CONDUCT

As a qualified Chinese Medicine and Acupuncture Practitioner registered with CMIR, you must protect the health and wellbeing of the public who access your service in every circumstance. You must always keep high standards of professional duties as detailed below.

1. Standards of Practice

- 1.1 Members who are registered with the General Medical Council (GMC) are expected to follow the guidelines for professional conduct issued by the GMC. Members who are registered with other relative governing bodies like BMAS, BACC, ACP, ACMDS, AACP, General Osteopathic Council, Nursing and Midwife Council, etc., are expected to follow the guidelines for professional conduct issued by their respective bodies. Hence, matters such as patient confidentiality, ethical conduct and professional integrity should receive the level of attention from Members that would be expected from any doctor or members of other medical and health professions
- 1.2 All registered members are encouraged to regularly refresh and update your knowledge in the following aspects :
 - a) First Aid
 - b) Red Flags & Referrals
 - c) Safe Practice of acupuncture, cupping or other physical treatments
 - d) Good practice of record keeping
 - e) Informed consent
- 1.3 All registered members are required to carry out duties in a professional and ethical way, behave with integrity and honesty, and follow the guidelines of standard performance as stated below to ensure that your practice and behaviour does not put patients in danger, nor damage your profession's reputation:
 - a) Keep professional knowledge and skills up to date
 - b) Act within the limits of your knowledge and skills and, if necessary, refer to another professional
 - c) Ensure language proficiency to maintain proper and effective communications with patients
 - d) Get informed consent to give treatment (except in an emergency)
 - e) Maintain good health and fitness to practice, and limit or stop practising if your performance or judgement is affected by your health
- 1.4 As part of their duty of care to their patients, members should undertake only those methods of treatment and techniques in which they are competent
- 1.5 You and each of your premises must meet local authority guidelines and must be licensed by the local authority.

1.6 It is essential that all Members who treat patients maintain full professional indemnity insurance

2. Practitioner/Patient Relationship

- 1.1 All registered members must bear professional obligations to your patients and maintain high standards of care, competence and conduct. You must act in the best interests of your patients and respect the confidentiality of your patients
- 1.2 Patients must be given a clear explanation of what is involved in Acupuncture and Chinese Herbal treatment. Details should include treatment duration, number of planned sessions and expected results. Fees should also be explained clearly and be transparent on websites or other promotional materials.
- 1.3 Advertising of services should be truthful and transparent, without any false or misleading claims about the benefits of treatments.
- 1.4 Potential risks of, and reactions to the treatment should be discussed, as should the possibility that treatment may exacerbate some symptoms. Consent must be obtained in accordance with GMC guidelines or equivalent guidelines
- 1.5 It is wise to have a chaperone present when diagnosis or treatment involves an intimate examination of a member of the opposite sex
- 1.6 You must provide information about how and where you may be contacted during your working hours, and you should provide sufficient information on where to seek alternative treatment in case of your absence when you are away from your practice or when you retire.
- 1.7 You must not encourage your patients to give, lend or bequeath money or gifts which will directly or indirectly benefit you. You must also not put pressure on patients or their families to make donations to other people or organisations.
- 1.8 For any patient you treat because of locum cover, holiday, illness or any other reason that results in a referral, you must encourage the patient to return to their original practitioner so their treatment can be continued to conclusion. You must not attempt to solicit the patient to continue treatment with you.
- 1.9 If a patient decides to transfer to another practitioner from you, you should communicate about this transfer and forward any relevant information that is beneficial to the patient along with his/her consent.
- 1.10 You are permitted to have acupuncture students, potential acupuncture students, or other individuals present as observers in your practice. Observers may only be present with the explicit permission of the patient and may not carry out any part of the treatment. You must avoid 'coercive consent' where a patient feels that they are under pressure to allow an observer to be present.

- 1.11 You must not engage in any form of sexual relationship with a patient. If you find yourself becoming emotionally or sexually involved with a patient, you should terminate the professional relationship and refer the patient to another practitioner.
- 1.12 If the patient is incapable of making decisions about their healthcare and requires special needs/care, you should take appropriate measures such as seeking consent from their carer/family and record relevant information in detail.
- 1.13 Your consultation forms must confirm the age of the patient, and if the patient is under the age of 16, seek the consent of a parent or guardian. To determine requirements for working safely with minors, please refer to the document entitled "Guidelines for Treating Patients Under 18"
- 1.14 The refusal of treatment by a child under the age of 16 may carry legal force and override the consent, even though properly given, of a legally authorised adult. If you are in any doubt, you must stop treatment. A child who does not provide consent must not be treated regardless of any parental consent.

3. Practitioners in Practice

- 2.1 The practice of acupuncture and Chinese herbal medicine should be undertaken in appropriately equipped premises. It is recommended that there are facilities for hand washing, a private area for dressing and undressing, equipment for routine medical examinations and suitable arrangements for needle disposal. The premises should be clean, warm, well lit and covered by public liability insurance
- 2.2 It is advisable to keep comprehensive clinical records. These should be stored in a manner that will protect patient confidentiality. For notes stored on a computer, a backup copy must be kept.
- 2.3 The requirements of the Data Protection Act must be met
- 2.4 Patients are to be given access to their medical records under the Access to Health Records Act 1990, as long as this access is not detrimental to their care
- 2.5 The content of any medical records must not be disclosed to third parties without the written permission of the patient
- 2.6 If you practise other therapies, you must have undertaken an appropriate course of structured training and have up-to-date indemnity insurance to cover all of these other therapies. If you use other therapeutic modalities without appropriate training, you will be in breach of this Code and may not be covered by your professional insurance.
- 2.7 If you use techniques, supplements or equipment which are not within the normal scope of acupuncture practice, you must inform the patient of this and request consent. Patients should be aware of the modalities you intend to use in treatment. If you choose to use cupping or gua sha or moxa, you must explain what you

intend to do, how it may affect or feel for the patient and ask for permission. You are also responsible for ensuring that you are appropriately trained in and hold valid insurance for the use of the technique and all supplemental equipment, and to record in your notes your patient's consent to the treatment proposed.

4. Delegation of Responsibility

4.1 In some circumstances, it may be necessary for Members to delegate the insertion of needles to another person. The Member must ensure the following;

- a) That the practitioner to whom they delegate is appropriately qualified
- b) That they are aware of his or her limitations
- c) That they do not undertake diagnosis or treatment beyond his or her capacity
- d) The person receiving the delegation holds appropriate liability insurance
- e) The patient agrees to such a delegation

4.2 Members should be guided by recommendations from the General Medical Council or equivalent professional body regarding delegation: *'Delegation involves asking a nurse, doctor, medical student or any other healthcare worker to provide treatment or care on your behalf. When you delegate treatment or care, you must be sure that the person to whom you delegate is competent to carry out the procedure or provide the therapy involved. You must also pass on enough information about the patient and the treatment needed. You will still be responsible for the overall management of the patient.'*

4.3 Student acupuncturists may provide treatment to patients within the scope of their practice, provided that they have obtained informed consent from the patient and are covered by adequate professional indemnity insurance. The student must also be directly supervised by a qualified acupuncturist as part of their approved clinical training

4.4 You must not delegate the obtaining of consent to a receptionist or unqualified assistant. Informed consent requires that you (or an appropriately qualified colleague) must explain the procedure, be available to answer questions and be able to satisfy yourself that the patient understands what you have told them and is willing to proceed.

5. Practitioners and Their Peers

2.8 Members should cooperate as fully as possible with their patient's usual medical attendants. In practical terms, this means keeping other doctors or healthcare practitioners informed of treatment progress, preferably in writing

- 2.9 Some patients may not wish their usual medical attendant to be contacted. These patients should be advised of the benefits of keeping their medical attendant fully informed. Their continued request for confidentiality must be respected, except in the unusual circumstance that the patients' health will suffer by withholding information. In this event, the Member must decide whether it is advisable to undertake treatment at all
- 2.10 Acupuncture and Chinese Herbal treatment may reduce the requirement for prescribed medication, however, prescriptions issued by other doctors or healthcare practitioners should not be changed without consultation with the usual medical attendant
- 2.11 It is inappropriate to openly criticise treatment prescribed or administered by another healthcare professional. Differences of opinion are to be expected, and the member's opinion should be presented to the patient in an unambiguous, tactful manner. If matters of professional misconduct are suspected, the Member should raise his or her concerns with the practitioner or relevant professional body.
- 2.12 If you have evidence or are reliably informed that another practitioner's conduct, health or professional competence poses a threat to patients, you have a responsibility to take appropriate action to protect patients' safety and to report to your membership association.
- 2.13 It is good practice to maintain contact with GPs or other clinical professionals over patients that are shared. You should acknowledge and share referrals, treatments and other medical plans with them with the patient's consent.
- 2.14 You may teach acupuncture theory and techniques to other fully qualified practitioners. You must ensure that you have obtained appropriate additional insurance for teaching, if required, and indemnify those whom you have trained in the use of the techniques.
- 2.15 You may teach acupuncture techniques to fully qualified non-acupuncturist practitioners who are part of another professional body. However, before doing so, you must ensure that you have appropriate insurance and that those completing the course understand that it does not qualify them to use the title 'acupuncturist'. If you are teaching short courses to non-acupuncture practitioners, the course must be set up so as to include all required, acupuncture health and safety guidelines and warnings and the handling and disposal of all needles and clinical waste. The course material must be appropriate for the level of the learners and adhere to the National Occupational Standards (NOS) for that style of acupuncture.

6. Publicity

- 2.16 Members may advertise details of their practice. Accredited Members may apply to have their name, address and qualifications included within the corporate display box under the banner of CMIR and may also arrange to have these details included on the CMIR website
- 2.17 Members must not make any misleading claims about the benefits of Chinese Medicine. Unjustified expectations about the duration or type of treatment are not allowed.

- 2.18 Courtesy titles, doctorates in any other field, and postgraduate acupuncture qualifications are not acceptable as a basis for the use of the title 'doctor' as a prefix when being addressed as an acupuncturist unless you hold a Doctor of Medicine. If you have a doctorate in anything other than a Doctor of Medicine, then you should use your name and PhD and the subject or Dr NAME (Doctor of xxxxx) so it is clear that you are not a GP or medical doctor.
- 2.19 You must make a clear distinction between your acupuncture practice and any commercial activity in which you may be involved. There must be no suspicion of any business affairs having an influence over your attitude towards patients and their care.
- 2.20 To promote a product to patients for no good reason other than profit is highly unethical. If you sell or recommend any product or service to a patient, you must be satisfied this will be of benefit to the patient and that you are appropriately qualified to offer such products or advice. Any financial interest you have in doing so must not influence the care or treatment provided.
- 2.21 Members must not make claims of superiority over other practitioners
- 2.22 Any training or teaching which you give in the practical skills and theory of acupuncture should be done under the auspices of a reputable training establishment. The course should follow the National Occupational Standards (NOS) for acupuncture.
- 2.23 You are permitted to give lectures to medical and paramedical groups and the general public to promote a better understanding of the work of the professional acupuncturist and the range of your services. Such lectures must only be for information and must not be promoted or construed as training in acupuncture.

PART 2: TREATMENT WITH CHINESE HERBAL MEDICINE

Each member of CMIR is expected to make a proper assessment of each patient prior to recommending any form of treatment. This includes a conventional medical assessment based on history taking, relevant physical examination and further referral or investigation as necessary.

It is also necessary that a registered member makes an adequate Chinese syndrome differentiation before recommending treatment with Chinese herbal medicine.

The member should document and report any suspected interactions between Chinese herbs and Western drugs and bear any known interactions in mind before making a herbal prescription.

PART 3: CLINICAL STANDARDS

This section describes the clinical standards deemed by the Institute to constitute an acceptable minimum level of practice. Failure to meet these standards would leave the member to open criticism by his or her peers and may result in disciplinary action by the Council.

1. Consultation and Diagnosis

Adequate records of consultations should be kept by the practitioner.

The record of the clinical interview should include as a minimum the following information:

- a) Date of consultation;
- b) Patient's name, address and contact number (and patient's parent or guardian where applicable);
- c) Medical/health history (This would include the general medical history with more detail on aspects relevant to the presenting condition);
- d) Presenting conditions (i.e. the reason the person is consulting the practitioner);
- e) Symptoms and signs;
- f) Chinese Medicine Diagnosis and treatment principles;
- g) Medications and other treatments/therapies being used such as Acupuncture, Herbal formula

prescribed, cupping, massage/tuina, etc.

Diagnostic techniques: A registered Chinese Medicine practitioner can only use the relevant diagnostic techniques (including modern diagnostic techniques) after he/she has passed the professional assessment, has the appropriate medical apparatuses and is acting in accordance with the requirements of the relevant medical legislation.

2. Chinese Herbal Medicine

Prescription: Following the Chinese diagnosis, a prescription which conforms with professional standards and refrains from prescribing excessive medicines should be issued to patients. Issued prescriptions should include the following information:

- a) Name, address, contact telephone number and signature of the registered Chinese Medicine practitioner
- b) Name of patient
- c) Names of all Chinese herbal medicines
- d) Dosages of all Chinese herbal medicines
- e) Preparation method and route of administration for that prescription of Chinese herbal medicines
- f) Method of use of the proprietary Chinese medicines
- g) Number of times for re-dispensing, if any
- h) Issued date of the prescription

Methods of treatment: A registered Chinese Medicine practitioner should adopt treatment methods on the basis of Chinese Medicine in prescribing Chinese herbal medicines or proprietary Chinese Medicines and in the use of therapeutic apparatuses or other innovative therapeutic apparatuses that are developed with Chinese Medicine theory.

Providing instructions to the patient or the patient's parent or guardian, both verbally and in writing, regarding:

- a) How to use the herbal prescription
- b) How to prepare the herbal medicine
- c) How to consume or administer the herbal medicine

- d) The method of preparing a herbal decoction should be explained verbally and a written instruction sheet should also be provided.
- e) The patient, or the patient's parent or guardian, should be given verbal instructions on how often, when, and for how long the herbal medicine should be taken, and what to expect when taking the prescription. This should include the likely taste of the medicine as well as what effects the patient might experience.
- f) That adverse reactions to herbal medicines can occur and what to do in such an event and what to do once the prescribed number of doses of the medicine have been taken and whether repeats are required as well as when to stop taking the prescription, for example in the event of pregnancy, onset of a fever etc.

3. Needle and Equipment Care and Needle Insertion

Deal fairly and safely with the risks of infection. In view of the risk of transmission of blood-borne infections, it is recommended that only single-use sterile, disposable needles be used.

The area to be needled should be clean and free from infection. *(Most members do not attempt to sterilise the skin before needle insertion. The introduction of infection into the body of a healthy individual by insertion of an acupuncture needle with retention for up to 30 minutes is extremely rare, unlike potential problems from special indwelling needles (see below).*

If indwelling needles are to be inserted (for example, in a patient's ear) the following notes should be considered:

- a) Infection at the site of indwelling needles has been implicated in the aetiology of bacterial endocarditis in patients with valvular heart disease and septicaemia in debilitated patients.
- b) If an indwelling needle falls out unnoticed, there is a risk of needle stick injury and thus the potential for blood-borne infection.
- c) Local infection of the cartilage of the ear, known as perichondritis, can result from the use of indwelling needles. Perichondritis invariably causes deformity and sometimes requires surgical excision of the diseased cartilage.
- d) Particular care should be taken to clean any area of the skin where an indwelling needle is to be inserted. In view of the risks associated with infection of the external ear, it is suggested that the use of a pressure device, such as a small metal ball or seed attached to the skin by adhesive plaster, may be considered as an alternative to indwelling needles to this region.

4. Number of Treatments

Most people who benefit from acupuncture would be expected to show some signs of improvement after a course of 6 treatments, especially in the case of disorders of the musculoskeletal system. If a particularly long-standing condition is being treated, reaching the maximum improvement may take longer. The patient should always be informed in advance of the likely duration of the treatment.

It is unprofessional for a Member to offer an over-optimistic prognosis, especially if no improvement has been shown after several treatments.

The timing of treatment and treatment intervals is a matter of judgment for the individual Member.

It may be prudent practice on first treatment to administer gentle acupuncture since some individuals are particularly sensitive and can suffer a deterioration in their condition as a result of acupuncture. Patients should normally be treated while lying down in a comfortable position and be advised to remain still during treatment.

5. Limitations in the use of Acupuncture

There is little evidence to support the use of acupuncture in the curative treatment of cancer or serious infections such as HIV, hepatitis or tuberculosis. However, it would not be considered unethical to offer acupuncture for palliative care as an adjunct to conventional treatment. If the patient is unwilling to undertake or unable to tolerate conventional treatment, it would not be considered unethical to offer acupuncture, so long as it was made clear to the patient that acupuncture was given for palliation of symptoms and not as a curative treatment. Chinese herbal medicine may also be used as an addition to conventional treatment following consideration of the possibility of interaction with conventional drugs.

In order for acupuncture to have a therapeutic effect, some nerve function is required. Needling areas of the body which have an impaired nerve supply, either due to trauma or disease, is likely to result in a reduced or absent response to acupuncture, and the Member should be aware of this limitation.

6. Treatment of Patients with Infections

It is sensible practice to assume that every patient's blood is potentially infectious, so particular care must always be taken when blood is present on the skin (as may sometimes be the case after acupuncture) or when handling used needles.

Used needles must be disposed of in a 'Sharps' box clearly marked 'Danger Contaminated Sharps'.

If a Member sustains a needle stick injury, it is advisable to swab the puncture wound with alcohol immediately, encourage bleeding and record in the patient's notes that the Member received a needle stick injury. A sample of blood should be requested from the individual so that screening can be undertaken, but there is no compulsion

for patients to accede to this request. The advice of the local Public Health Laboratory Service (PHLS) should be sought if there is any doubt as to the correct procedure.

7. Prevention of Infection

Hand washing before and after physical contact with patients is recommended. Unnecessary handling of the shaft of the needle should be avoided, although when long needles are used, it may be safer to control the flexibility of the shaft by direct handling.

Particular care should be taken when needling in the proximity of joint spaces or when needling debilitated or immune-compromised patients.

It is a policy of the Council to encourage all of its members to be vaccinated against Hepatitis B with follow-up serology to confirm immunity. It is each Member's own responsibility to ensure that this has been completed. Members should be aware that such immunisation does not provide a complete guarantee of protection after needle stick injury.

8. Treatment of Pregnant Women

There is little evidence to suggest that acupuncture is a hazard to pregnant women. However, spontaneous pregnancy loss is common in the first trimester, and since acupuncture can be used to induce labour, the decision to use acupuncture in pregnancy must be considered carefully, and those points that are contra-indicated in pregnancy must be avoided.

As is the case with conventional drugs, Chinese herbal medicine should be avoided during pregnancy unless the herbs concerned are known to be safe to use during pregnancy or if the benefits of treatment clearly outweigh the possible risks.

Members should ensure as far as is possible that they do not needle into or through the wall of the uterus.

Members should ensure that nothing is done that might be detrimental to the viability of the pregnancy. Risk assessment should be applied as with any medical intervention. Acupuncture treatment can be considered appropriate if the benefits or the risks associated with not applying the therapy outweigh the risks of the procedure itself.

9. Treatment of Children

It is recommended that minors (children below the age of 16) should not be treated unless consent is obtained from a parent or guardian. It is also desirable that consent be obtained from the child. GMC guidelines on consent can be consulted for reference.

Even if a parent or guardian has given permission for treatment, the Member should not compel the child to have the treatment against their wishes. Doing so is unlikely to result in a useful clinical outcome and may cause injury to the child or Member.

Children may respond more strongly than adults, so treatment should be very gentle, using small gauge needles and minimal stimulation.

10. Other Conditions

Needle Phobia: Patients with a needle phobia or an aversion to needles should be considered carefully, and any treatments given with caution, since these characteristics generally prevent a good therapeutic response.

Bleeding: Tendency acupuncture should be performed with particular care in anyone with a tendency to bleed. Deep, vigorous needling within the enclosed fascial compartments of the lower limbs and forearms should be avoided. To reduce the potential for vascular trauma, electrical stimulation of fine needles can be used as an alternative to manual needling with standard diameter needles.

Epilepsy: Patients suffering from poorly controlled epilepsy must be treated with caution and should not be left unattended during treatment. Electro-acupuncture must be used with particular care as if a fit occurs during treatment, the electrical stimulus, no matter how weak, may be seen as the cause.

Fainting: People prone to fainting should ideally be treated by lying down. This is a sensible precaution when treating anyone for the first time. If a patient is treated in a seated position, the Member must be able to quickly and easily lay the patient down and remove retained needles.

11. Electro-acupuncture

Electro-acupuncture should not be used in patients with pacemakers or applied so that the current is likely to traverse the heart. It should be applied with caution in epileptics (see above), and its use should be avoided in the region of the carotid sinus in the anterior triangle of the neck.

12. Safety Considerations

Strong responders: Members should be aware that some people have a particularly strong response to acupuncture treatment and that this response is difficult to predict. Overenthusiastic treatment of such individuals may result in undesirable reactions, such as sedation and temporary exacerbation of the condition being treated. It is sensible practice to use gentle needling techniques when treating patients who are new to acupuncture.

Sedation: New patients should be advised of the possibility of sedation following acupuncture. If possible, they should be accompanied to their first one or two acupuncture sessions. It is preferable that they should not drive

or operate machinery following acupuncture. If this is unavoidable, they should be warned that their performance and reflexes may be less than optimal.

Alcohol and Sedative Drugs: It may be appropriate to advise certain individuals that in some circumstances, the effects of alcohol or sedative drugs could be enhanced.

Unattended Patients: If patients are left unattended during treatment, it is advisable that means is provided so that they can attract the attention of the Member or another appropriate individual, such as a bell or buzzer system.

Anatomical Considerations: It is important that the Member is familiar with the local anatomy of the region of the needle insertion. The most frequent serious complication of acupuncture relating to piercing an anatomical structure is pneumothorax. Needling over any part of the chest wall should be performed with this in mind. Due to the occasional presence of a defect in the sternum at CV17, deep needling at this point may result in damage to the heart, which can be fatal. This is easily avoided by using a shallow angle of needle insertion.

13. Treatment of Animals

It is illegal in the UK for practitioners to treat animals unless under the supervision of a veterinary surgeon. Veterinary surgeons may give written permission for treatment to be administered to animals under their care. However, the Council recommends that requests for acupuncture on animals be referred to the Association of British Veterinary Acupuncture (ABVA)

PART 4 CODE OF SAFE PRACTICE

The principles of good practice for CMIR members are:

1. Recognise individual needs in treatment according to diagnosis and syndromes
2. Negotiate and sustain informed consent from patients
3. Maintain confidentiality of information relating to patients
4. Keep patients informed at all steps of treatment
5. Explain the actions and possible side effects of any Chinese herbal medication prescribed to patients
6. Provide high-quality acupuncture, Chinese medicine and related clinical techniques to all patients
7. Use GMP-approved medicine, and in the case of raw herbs, only use GAP-grown products
8. Only use CE-approved single-use disposable needles
9. Safely dispose of all used medical materials. Single-use acupuncture needles must be disposed in a sharps container with UN3291 or BS7320 conformity
10. Only use electrical apparatus which have CE medical equipment marking

CMIR intends to propose and work with the Chinese Medicine Regulatory Working Group, Department of Health for National Professional Standards for Chinese Medicine.

COMPLAINTS AND DISCIPLINARY PROCEDURES

For a complaint to be upheld against a Member of CMIR, the member's actions must have been in breach of the Code of Conduct and Practice. The disciplinary procedures are closely related to the Code of Conduct and Practice to which each member must agree to obey. Disciplinary proceedings will occur when a consultant does not adhere to the conditions within the Code of Conduct and Practice. This will be drawn to the attention of CMIR Preliminary Investigation Committee when a complaint is received. The Preliminary Investigation Committee will take proactive steps to maintain quality and safety to patients.

1. Receipt of Complaints
2. Complaints Assessment
3. Complaints and the Disciplinary Procedure
4. Appeal

1. Receipt of Complaints

When a complaint is received concerning a member of CMIR, CMIR office Staff should enter notification of a written or verbal complaint into a complaint log and notify the Member that a complaint has been received within ten days.

If a verbal complaint is received, a written version of events should be requested. If the complainant is unwilling to put the complaint in writing, the senior member of staff at the CMIR office should take notes and obtain a verbal agreement from the complainant that the version of events in the notes is correct. If the complaint is made on behalf of a patient, the consent of the patient should be obtained in writing.

Consent for the complaint to be disclosed to the relevant member should be obtained from the complainant in writing. If the complainant is unwilling to provide written consent but gives consent verbally, a note that this consent has been obtained should be clearly entered in the complaints log.

Request the Members' response to the complaint to be submitted within 28 days.

Submit the initial complaint and response to the Preliminary Investigation Committee for further investigation.

The complaint may be settled at this stage, depending on the particulars of the complaint. This may be due to the minor nature of the complaint or if the facts of the complaint are not disputed. A decision will be reached within 14 days of receipt of the member's initial response. If the complaint is not settled at this stage, the Preliminary Investigation Committee will investigate the matter further.

2. Complaints Assessment

The preliminary investigation committee should assess each complaint submitted. The committee will then only address a complaint if:

- the member's actions must have been in breach of the CMIR Code of Conduct and Practice
- the complaint involves the use of acupuncture and/or Chinese Herbal Medicine as defined in the Code of Practice, and;
- the complaint has been brought within a 6-month (extended to one year in exceptional circumstances) period of the problem treatment episode.

If the complaint falls outside the above criteria, the committee should write to the complainant to explain that the matter is not within the remit of CMIR and that the complaint should be taken forward through either the existing NHS or GMC procedures, or both.

If there is evidence to suggest that serious professional misconduct, seriously deficient performance or that the member is suffering from a condition which seriously impairs fitness to practice, the member will be required to attend a disciplinary hearing to discuss the complaint within a further 28 days. A decision will be made within seven days, and both parties will be notified in writing of the disciplinary panel's decision.

If the complaint falls within the criteria covered in paragraph 2.1, the chairman of the committee should send a written reply within two weeks of receipt of the complainants consent, and considering the following courses of action: further mediation for unsettled matter; conclude the matter with appropriate correspondences; call for full meeting of the preliminary investigation committee for serious allegation; or immediate suspension of the member if the nature of complaint appears to endanger to the patients.

The complainant should be informed of any further steps that can be taken should they still be dissatisfied. These include the offer of further mediation by CMIR, as outlined below, or the existing GMC or NHS procedures.

3. Complaints and the Disciplinary Procedure

If the Preliminary Investigation Committee find against the member, appropriate action must be taken.

A disciplinary hearing is called, and both parties are permitted to bring with them one representative who will either support them or speak on their behalf. The Committee will consider the complaint in light of the oral evidence presented on the day and the submitted written evidence.

Following the hearing of the full Preliminary Investigation Committee, a written report of the complaint which outlines the investigations, any conclusions and recommendations prepared by the Committee. These are then passed back to the CMIR registrar for action. Such action may include but not necessarily be limited to the following:

There is no case to answer
No further action
A letter of censure be sent to the Member
An admonishment
Temporary suspension from registration (Period will be specified)
Removal from CMIR

The complainant will be informed of any action that CMIR has taken as a result of the complaint.

4. Appeal

There will be a right of appeal by the member to a full CMIR Committee meeting. The criteria for appeal are that new evidence has been produced or there are grounds to suggest that these disciplinary procedures have not been correctly implemented.

The appeal can be made in writing within 30 days of the date of the letter from the CMIR Preliminary Investigation Committee reporting the findings of their hearing.

Should a member fail to comply with the requests of the committee, the CMIR Registrar has the power to remove their CMIR membership. Such withdrawal will be documented.