



AYURVEDIC PRACTITIONERS ASSOCIATION OF SINGAPORE (APAS)

Code of Ethics and Practice Standards of Ayurveda Practitioners

1. Introduction

All patients are entitled to receive high standards of practice and conduct from their Ayurvedic practitioners. Essential elements of these standards are professional competence, good relationships with patients and colleagues, and observance of professional and ethical obligations.

In the light of the above, this Code of Ethics and Professional Conduct has been established and will be regularly reviewed and updated by Ayurvedic Practitioners Association Singapore (hereafter referred to as APAS) to provide guidance for Ayurvedic practitioners and protection for their patients. It also serves to explain to people outside the profession the high standards under which an Ayurvedic practitioner operates.

By becoming a member of APAS, the Ayurvedic practitioner agrees to be bound by this code. APAS has been entrusted with the task of monitoring any ethically unacceptable behaviour that breaches this code and reflects negatively upon the practice of Ayurveda or upon APAS. Any allegations against APAS professional members will be examined by the APAS Professional, which will issue a recommended course of action to the executive board members for final disposition.

This Code of Ethics and Professional Conduct cannot list every possible situation that an Ayurvedic practitioner may face in practice. It sets out the minimally accepted standards of ethical professional conduct that should be applied in professional practice to ensure public interest and that the needs of patients come first at all times. Beyond the well-being of the patient and the public, this code promotes the well-being of the Ayurvedic practitioner, colleagues, and the profession itself. An Ayurvedic practitioner's ability to follow these principles will demonstrate their level of competence and fitness to practice.

For additional guidance or clarity, members are advised to consult the APAS.

2. General Duties and Responsibilities of Ayurvedic practitioners

Patients expect that they can trust their well-being to their Ayurvedic practitioner. In order to justify that trust, Ayurvedic practitioners have a duty to maintain high standards of practice and care and to show utmost respect for life in all its aspects.

Members of APAS are therefore expected to:

- Always practice in compliance with the philosophy and principles of Ayurveda
- Put the well-being of the patient before all other considerations
- Cultivate and promote their own personal development, well-being and self-respect alongside the patients' welfare
- Be responsible for maintaining their own health and well-being.
- Be honest and trustworthy and never abuse their professional position
- Cause no harm to patients and protect them from any risk of harm
- Treat all patients equally; regardless of religion, nationality, race, culture, sex, politics, disability, sexual orientation or social standing
- Respect the dignity, individuality and privacy of the patient
- Listen attentively to the patient and respect his or her point of view
- Take time to explain their findings and treatment approach to the patient and answer any questions that arise.
- Respect the right of patients to take part in decisions about their care and actively involve them in designing their Ayurvedic treatment plan
- Respect the autonomy of the patient and encourage their freedom of choice
- Ensure that their personal beliefs do not interfere with the care of the patient

- Respect and protect confidential information
- Recognize and always work within the limits of their professional competence
- Refer every patient whose condition is beyond their expertise to an appropriate health care practitioner or to a primary care doctor
- Be willing to consult and cooperate with colleagues both within Ayurveda and other health care professions
- Respond promptly and constructively to any criticism or complaint from any source
- Continue to update their professional knowledge and skills in accordance with standards currently being developed
- The HSA guidelines will be followed in making any claims for the cure of any specific illness or disease
- Refrain from using any titles or descriptions suggesting medical, academic or educational qualifications that the professional has not officially acquired

Comply with all the applicable policies, laws and regulations of the Republic of Singapore, and with all conditions and requirements of any government departments and any relevant authorities (constituted under any written law for the time being in force).

Ayurvedic practitioners must be familiar with all laws or regulations relevant to the practice of Ayurveda (refer to Annex A) in the locality of their practice and to remain aware of any legal changes that may affect their practice.

3. Relationship with Patients

The relationship between an Ayurvedic practitioner and the patient is a professional relationship based on trust. To establish and maintain that trust, the professional must be polite, considerate and honest. Good communication is paramount and involves listening attentively to patients, respecting their point of view, and never allowing one's own beliefs and values to adversely influence the therapeutic relationship.

3.1 Consent

The Ayurvedic practitioner must respect the right of patients to be fully involved in decisions about their care. It is their entitlement to accept or refuse advice or treatment. Before providing treatment or investigating a patient's condition, it must be ensured, that the patient has understood what is proposed to be done and why.

Any physical examination, treatment, therapy and herbal medication requires the patient's consent, or the consent of the person legally responsible for the interests of the patient. For any examination of genitalia there must be an offer for the presence of a third party as a chaperone, whatever the sex of the patient or the professional. In case of treatment of a patient who is under the age of 16 or who is developmentally disabled, the informed consent of the parent or guardian or the person legally responsible is necessary. To attend to such a patient, a parent or the legally authorized

guardian must be present throughout the whole of the examination and treatment. No other person may perform this role without the explicit written consent of the parent or the legally authorized guardian.

3.2. Maintaining Trust

Trust in a patient-practitioner relationship is an essential part of the healing process. To establish and maintain trust you must:

- Be courteous and truthful

- Respect the privacy and dignity of your patients
- Respect the right of patients to a second opinion
- Respect your patients' right to decline to take part in teaching or research, and ensure that their refusal does not adversely affect your relationship with them
- Ensure that patients have clear information about your practice arrangements and how they can contact you.

Other important aspects of establishing and maintaining trust are ethical boundaries, confidentiality and good communication:

3.3. Ethical Boundaries

Professionals must not allow their personal relationships to undermine the trust that patients place in them. They may find themselves called upon to treat professionally someone who is a friend, or a client may become a friend. This is acceptable, provided both parties understand a clear distinction between the social and the professional relationship.

In particular, professionals must never use their professional position to establish or pursue a sexual or romantic relationship with a patient or someone close to the patient. If a professional realizes that he/she is becoming romantically or sexually involved with a patient, the professional relationship should be ended and the patient should be recommended to an alternative source of appropriate care.

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

If a patient shows signs of becoming inappropriately involved with his/her Ayurvedic practitioner, the professional should discourage him or her and, if necessary, end the professional relationship.

In the professional's own interest, he/she may wish to report such matters

to the APAS Professional Ethics Committee or seek advice from a colleague, whilst maintaining the anonymity of the patient.

Professionals must allow their patients privacy if patients are required to undress for examination or treatments, and the professional must also provide adequate clean gowns or blankets for every patient's use.

3.4. Patient Confidentiality

The relationship of trust that underlies all health care requires that professionals observe the rules of confidentiality in their dealings with patients. Unless professionals do this, patients will be reluctant to give them the information needed to provide good care.

All information, medical or otherwise, concerning a patient is confidential. Such information may only be released with the explicit consent of the patient. Confidential information must not be revealed even to members of the patient's family, except in the case of minors or the developmentally disabled, to parents or persons legally responsible for the patient's interests. This duty of confidentiality, which survives a patient's death, also extends to any one professionals' employee in their practice.

Disclosures without consent may be necessary in the public interest, i.e. when professional's duty to society overrides their duty to patients. This will usually happen when a patient puts themselves or others at serious risk, for example by the possibility of a violent or criminal act. Even then, professionals must first make every reasonable effort to persuade the patient to change their behaviour and to disclose the information themselves. If the professional cannot persuade them to do this, they should disclose the information to the appropriate person or authority, taking legal advice first. The professional must be able, if necessary, to justify their actions.

Ayurvedic practitioners may disclose confidential information without consent, according to the reporting laws of Singapore, if for example:

- Child abuse is involved, requiring notification of child protection services
- Patient clearly presents a danger to themselves or others.

Limits of confidentiality, according to the reporting laws of Singapore should be included in a professional's patient consent form. In the case of a minor, limits of confidentiality should be explained to the minor in language accessible to them.

In case professionals are required or requested to give evidence or disclose information to a court or other tribunal, they should do so with care. Whatever evidence is given, they must be independent and impartial.

Clinics to maintain computer-based software to maintain patient records, security should be implemented which will define the software functions, operational environment, along with a defined set of users.

Safety measures to ensure patient confidentiality:

- Access to records granted should be controlled, or adapted on a need-to-know (or function-related) basis of staff.
- Tracking of users in alteration of records should be available.
- Printing and transferring of should be restricted.

3.5. Good Communication

Good communication between professionals and patients is essential for effective care and

relationships of trust. Good communication involves:

- Listening attentively to patients and respecting their views and beliefs
- Giving patients all possible information about their condition and their treatment plan in language they can understand and offering a summary of other options.
- Sharing information with a patient's partner, close relatives or caregivers if the patient has given the professional consent. When a patient cannot give consent, professionals should share the information with those close to the patient that need or want to know, except when pro-

professionals have reason to believe that the patient would object if able to do so.

If a person under the professional's care has suffered harm as a result of their actions or recommendations, they should act immediately to take responsibility and provide an explanation in layman's terms.

If the patient is an adult who lacks understanding capacity, the explanation should be given to a person with responsibility for the patient, unless

professional has reason to believe the patient would have objected to the disclosure. In the case of children the situation should be explained honestly to those with parental responsibility and to the child, to the extent that the child has the maturity to understand the issues.

4. Relationship with Colleagues

4.1. Communication with other Health Care Professionals

Professionals should work in cooperation with other health care professionals such as the primary care physician, and specialists to obtain best results for each individual patient. At times this may simply be a matter of communication in the mutual care of the patient, or if the patient's condition is outside the professional's competence they may want to transfer the patient to another professional.

Although Ayurvedic treatment may at times reduce the requirement for conventional medication or its dosage, the prescriptions issued by medical doctors must never be changed without the patient consulting his or her provider.

When communication with another healthcare professional is indicated, professionals should inform their patient of the reasons for this and discuss the matter. Whatever the type of communication with other healthcare professionals (e.g. telephone, fax, letter etc.), a copy of all communication should be made and kept in the patient's file or a file dedicated to professional case correspondence. A copy of such correspondence should be made available to the patient on request.

If a patient decides to transfer from one professional to another, the first professional must share all records and details of treatment including herbs used with the professional taking over care, after the patient has given consent.

Professionals must never attempt to persuade the patient of another professional to seek treatment with them. If professionals treat the patient of another professional because of holiday, illness, referral for specific treatment, or any other reason, they must not attempt to solicit the patient, either directly or by default, to continue treatment with them.

4.2. Honourable Conduct

Professionals must at all times conduct themselves in an honourable manner in their relations with other colleagues and health care practitioners. It is inappropriate to openly criticize treatment prescribed or administered by another health care professional. Differences of opinion are to be expected, and opinions should always be presented in an unambiguous and tactful manner.

Professionals must not undermine a patient's trust in the care or treatment they receive, or in the judgment of those treating them, by making malicious or unfounded criticism of colleagues. If professionals hear such criticism voiced by patients or colleagues, they must act with the

utmost discretion and professionalism and be extremely cautious about voicing any critical opinion, even if you hold such views.

If professionals have evidence or are reliably informed that another practitioner's conduct, health or professional work pose a threat to patients, they have a responsibility to act to protect the patients' safety. Professionals are advised to report concerns to APAS or, if necessary, to a relevant legal authority.

5. Relationship with the Public

5.1. Honorable Conduct

Professionals must conduct themselves at all times in an honorable manner in their relationship with the public. Public communication may include advertising, contact through media (newspapers and other publications, television, radio, world-wide-web), talks to the public and discussions with enquirers. In all these instances professionals are required to conduct themselves in a manner congruent with this Code of Ethics and Professional Conduct and to avoid making misleading claims about curing disease or in any way implying abilities beyond their competence.

5.2. Advertising

Professionals should provide patients, colleagues and other professionals with good quality, factual information about their professional qualifications, the services they provide and their practice arrangements. Professionals should do this in a way that puts patients first and preserves their trust.

Professionals must not mislead a patient into believing that they are medical doctors, unless they are legally recognized as such within the country in which they practice. If professionals possess doctorates in other subjects, they must make it clear that, while being able to use the doctor title, they are not medical doctors.

We will follow the said guidelines by HSA and other governing body.

6. Problems with Your Health

The interests and safety of clients must come first at all times. If the Ayurvedic professionals know that they have a serious condition, which they could be transmitted to patients, or that their judgment or performance could be significantly affected by a condition or illness, or its treatment, then they must take and follow advice from a consultant in occupational health or another suitably qualified colleague on whether, and in what ways, they should modify their clinical practice. Ayurvedic practitioners should not rely

on their own assessment of the risk they pose to patients.

The above paragraph also applies, if the Ayurvedic practitioners have become dependent on alcohol or any other drug, prescribed or otherwise, to an extent that may affect their practice.

7. Practice Management

If an Ayurvedic practitioner work alone in their own home or other premises, they should be aware of the need for caution, particularly when seeing a patient for the first time. It may be necessary to take sensible precautions, such as asking another person to be on the premises during a session.

7.1. Staff

Ayurvedic practitioners must ensure that their staff are capable of performing the tasks for which they are employed. Ayurvedic practitioners are responsible for the actions of their staff, including students or colleagues. Staff should be aware of the relevant parts of this Code of Ethics and Professional Conduct that relate to their activity within the practice.

7.2. Treatment

At the outset of consultation ayurvedic practitioners need to be clear about the cost of consultation and the possible cost and duration of treatments. It is to be noted that all Ayurvedic professionals will ensure that the consultation fees will be regulated and maintained throughout all Ayurvedic centres. Consultation fees will be limited to basic consultation and no specialised consultation fees are to be imposed on patients.

All herbal remedies should have clear instructions for the patient as to how remedies are to be used and when they should be taken. Herbs should be clearly labelled with the content, the patient's name, and the professional's name and contact details.

Professionals must keep accurate, comprehensive, easily understood and legible case notes including the following details:

- Patient's name, address, date of birth and telephone number
- Date of each consultation
- Presenting symptoms
- Relevant medical and family history
- Clinical findings
- Record of the patient's consent to treatment
- Treatments and advice given on initial and subsequent visits
- Details of patient's progress.

Professionals serve as custodian of their patients' records. In practices where they work with other colleagues, they should enter into an agreement on the ownership and hence the responsibility for these records. On no account should records be transferred to another practice without the authorization of the patient. A request for such transfer should be dealt with promptly.

Patient records must be kept secure and confidential at all times.

If professionals retire or otherwise cease practice at any particular address, appropriate

arrangements must be made for the safe custody of records.

8. Financial and Commercial Dealings

8.1. Financial Dealings

When a patient consults a professional, this involves entering into a contractual relationship. Professionals must be honest and open in any financial arrangements with patients. In particular, they should charge fees responsibly and in a way that avoids bringing themselves or the profession into disrepute. Their fee structure must be clearly defined and available to review if requested and should be available to the patient prior to the appointment.

If a patient does not pay a fee, the ayurvedic practitioner still has a duty to apply the standard of care expected of an Ayurvedic practitioner.

Ayurvedic practitioners must not exploit patients' vulnerability or lack of medical knowledge when billing for treatment or services. Ayurvedic practitioners must not encourage their patients to give, lend or bequeath money or gifts that will directly or indirectly benefit them.

Ayurvedic practitioners must not put pressure on patients or their families to make donations to other people or organizations.

Ayurvedic practitioners must be honest in financial and commercial dealings with employers, insurers and other organizations or individuals. They must keep sound financial records and comply with all relevant legislation.

Ayurvedic practitioners may not engage in fee splitting or kickbacks for referrals.

8.2. Commercial Activities

Professionals must make a clear distinction between their practice and any commercial activity in which they may be involved. Professionals must ensure that none of their business affairs influence the care of their patients.

To promote a product to patients for no good reason other than profit is highly unethical. If professionals sell or recommend any product or service to a patient, they must be satisfied that this will be of benefit to the patient

and that they are appropriately qualified to offer such products or advice.

Before selling or recommending such a product or service, professionals must declare to the patient that they have such an interest. Ayurvedic practitioners must ensure that patients can differentiate between the prescribing of a product and the marketing of a product.

9. Information about Services provided by Ayurvedic Practitioners's

9.1 General principles

Both members of the Ayurvedic profession and the public require information about Ayurveda practitioners whom they can refer patients to or seek consultation from. Patients seeking such information are entitled to protection from misleading information, as they are particularly prone to persuasive influence. Information provided by Ayurvedic practitioners must not exploit patients' vulnerability, ill-founded fear for their future health or lack of medical knowledge.

Ayurvedic practitioners can validly provide information about the services they provide to both colleagues and members of the public. However, such provision of information shall not become blatant advertising in the commercial sense of the word as this could mislead patients, undermine trust and be demeaning to the profession.

9.2 Standards required of information

In general, Ayurvedic practitioners may provide information about their qualifications, areas of practice, practice arrangements and contact details. Such information, where permitted, shall have the following standards:

- Factual
- Accurate
- Verifiable
- No extravagant claims

- Not misleading
- Not sensational
- Not persuasive
- Not laudatory
- Not comparative
- Not disparaging

9.3 Information in the public domain

a) Public speaking, broadcasting and writing

All information, whether to fellow Ayurvedic practitioners or the public must conform to the above standards. This includes information given in the context of education for Ayurvedic practitioners or the public, in talks, broadcasts and seminars organised by professional bodies or healthcare institutions, or in professional journals.

However, unsolicited information that Ayurvedic practitioners put or allow to be put into the public domain must come with added responsibility not to be persuasive, laudatory or misleading.

Articles in the press and media that feature Ayurvedic practitioners shall also conform to the standards stated above. While it is laudable for Ayurvedic practitioners to educate the public on healthcare issues through speaking, writing and broadcasting to the public, they shall restrict their material content to the medical topic at hand. A Ayurvedic practitioner must ensure that he does not encroach into the area of encouraging the public to seek consultation or treatment from him or the organisation he is associated with by publishing or causing to be published detailed service or contact details. Only the Ayurvedic practitioner's name, registered area(s) of practice and place of practice may be mentioned in such instances.

Ayurvedic practitioners are responsible for their public statement and for taking reasonable steps to ensure that journalists do not breach these

standards in reporting about them. Ayurvedic practitioners must ensure that press and media reports based on interviews with them are primarily for public education.

In addition, images used to illustrate Ayurvedic treatment or their outcomes can legitimately be used in educational talks organised by professional bodies or healthcare institutions, or in professional journals. However such images must be used much more judiciously in the public media, where they could be deemed to be laudatory of the Ayurvedic practitioner named. Hence any images used in the general media must not be related to identifiable Ayurvedic practitioners or their patients either directly or by inference.

Where a Ayurvedic practitioner writes articles or columns or participates in broadcasts which offer advice in response to public queries on particular subjects, the guidelines herein shall be strictly complied with.

After public talks, if members of the public subsequently personally approach speakers for information about themselves and their services, such information may be provided only on request and must conform to the standards on information provision described above.

9.4 Use of websites

a) The unique power of the world-wide-web in information projection

Healthcare organisations and individual Ayurvedic practitioners nowadays use websites to provide information to the public. These websites may be about the organisation or a Ayurvedic practitioner, or about a medical topic. The world-wide-web is a very powerful tool for communication as it has great reach and there are many features, such as design and interactivity that could make the information content more attractive and alluring. However the standards of information as spelt out above (paras 10.2 and 10.3) also apply to websites and a Ayurvedic practitioner who appears in a website has the responsibility to ensure that information about him and his practice contained in the website and any hyperlinks from the website conform to these standards. In addition, individual Ayurvedic practitioners' or healthcare institutions' websites must not be sponsored by any pharma-

ceutical and other such commercial companies.

b) Guidelines on website content

As a wide variety of textual and visual information can be placed on websites, it is important that such information conforms with the guidelines set out herein. For example, the website may not have on its web pages or provide hyperlinks to, testimonies from satisfied patients or other Ayurvedic practitioners. Illustrations are frequently used in websites and where these are of a general nature, they are allowed. However photographs or video clips showing results of treatment or procedures being conducted when these are related to identifiable Ayurvedic practitioners or patients either directly or by inference, are not allowed.

c) Electronic communication with patients

Viewers of websites are often invited to ask for more information about their medical conditions through a general web-chat with a panel of Ayurvedic practitioners, or by email to a named Ayurvedic practitioner.

9.5 Personal name cards and stationery

An Ayurvedic practitioner may have name cards and stationery that contain information conforming to the prevailing ethical standards (para 10.2). Name cards are only to be given out personally by a Ayurvedic practitioner to business and social contacts and on request. Namecards shall not be disseminated by proxies, nor distributed unsolicited to the public.

Stationery containing information about a Ayurvedic practitioner and his practice shall only be used for purposes related to his practice.

9.6 Professional announcements

A Ayurvedic practitioner may notify his patients, other Ayurvedic practitioners and other persons with whom he has a professional or personal connection, of any commencement or removal of a practice, or any new practice arrangement. Such notifications may be made through any of the approved

means of dissemination of information about Ayurvedic practitioners (para 10.3b) as well as through letters, telephone calls, and professional publications and on websites of their place of practice or their personal websites. Such announcements must not be made through any other kinds of websites.

9.7 Signboards

The Ayurvedic practitioner shall adhere to the following guidelines on signboards:

- a) The signboards shall not advertise skills.
- b) The signboards placed at the front and rear entrance of the place of practice shall not be more than 6 square metres in surface area for each signboard.
- c) The signboards shall contain only the English names and the logo of the place of practice. No reference shall be made to any equipment, speciality or specific organ of the body.
- d) The signboards may be illuminated. Luminous paint, reflective material or flashing light shall not be used.
- e) The “Consultation Hours” signboard may be displayed separately and it shall not be more than 0.6 square metres at the front of the place of practice.

10. Financial and Commercial Conflicts Of Interest

10.1 Disclosure of interest

An Ayurvedic practitioner shall not exert undue influence upon a patient in relation to transactions in which he has an interest.

If an Ayurvedic practitioner has a financial interest in an organisation or service to which he intends to refer patients for admission, treatment, investigation, or for the purchase of any drugs, medicine or service in the course of treatment, he shall always disclose his interest to the patient before making a referral.

An Ayurvedic practitioner shall not let financial considerations imposed by his own practice, investments or financial arrangements influence the objectivity of his clinical judgement in the treatment of his patients.

10.2 Financial conflicts in clinical practice

An Ayurvedic practitioner shall refrain from:

- a) improperly obtaining money from patients;
- b) improperly prescribing drugs or appliances in which he has a financial interest.

Where a patient is referred to a Ayurvedic practitioner by another Ayurvedic practitioner, registered medical practitioner or other third party, as the case may be, the Ayurvedic practitioner shall

- a) not reward the referrer by the payment of commission or any other form of consideration (e.g. fee sharing); and
- b) maintain the independence and integrity of his practice as an Ayurvedic practitioner and not allow the referral to affect the treatment given by him to such patient in any way.

10.3 Inducements

An Ayurvedic practitioner shall not ask for or receive gifts, hospitality or other inducements that may affect or be seen to affect his judgement in making decisions about patients' treatment. An Ayurvedic practitioner can receive small, insubstantial (in value) gifts which cannot be regarded as inducement.

11. Infringement of the Code of Ethics and Professional Conduct

Infringement of this Code of Conduct may render ayurvedic practitioners liable to disciplinary action with subsequent loss of the privileges and benefits of APAS membership.

11.1 Seeking treatment

An Aryurvedic practitioner who is aware that he is suffering from a condition that might render him unfit to practise must seek appropriate treatment from another Ayurvedic practitioner or registered medical practitioner.

11.2 Declaration of medical unfitness to practise

An Ayurvedic practitioner is responsible, if he is of sound mind, to disclose to the Board if he has been diagnosed with any medical condition that might render him unfit to continue practice, either because he has a serious condition which he could transmit to his patients, or has a condition which would significantly impair his professional competence. This includes diagnoses of alcohol abuse or addiction to drugs.

An Ayurvedic practitioner may face disciplinary action if he treats a patient while under the influence of alcohol or drugs of abuse, or some other disability or condition that renders him unfit to practise.

11.3 Reporting Ayurvedic practitioners unfit to practise

Ayurvedic practitioners must protect patients from risk of potential harm posed by another Ayurvedic practitioner's conduct, performance or health. Where an Ayurvedic practitioner has grounds to believe that another Ayurvedic practitioner may be putting patients at risk, he must inform the regulating or governing body.

An Ayurvedic practitioner who treats another Ayurvedic practitioner for a condition that renders him unfit to practise has a special responsibility to alert the respective regulating or governing body.

All Ayurvedic Centres should ensure that patients are aware of the means to provide feedback to the regulating or governing body on any misconduct caused by an ayurvedic practitioner. The patient/ public can also directly report any misconduct or express their concerns regarding the practitioner/ ayurvedic centre to the regulating or governing body.

12. Professional Misconduct

APAS takes the view that a conviction of an offence in Singapore is final and conclusive evidence that the Ayurvedic practitioner is guilty of the offence of which he is convicted. If APAS is satisfied that the offence convicted of is one involving fraud or dishonesty or implies a defect in character which makes the Ayurvedic practitioner unfit for his profession, it is entitled to order that the Ayurvedic practitioner's name be removed from the APAS membership Register, and the said Ayurvedic Practitioner will be forbidden from practicing Ayurveda in Singapore.

Whether the conduct being complained amounts to professional misconduct is to be determined by the standards of the Ayurvedic profession.