



AYURVEDIC
PRACTITIONERS
ASSOCIATION
SINGAPORE

Self-Regulatory Framework

Ver 2.0



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ASSOCIATION OF
SINGAPORE**

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1. INTRODUCTION TO SELF-REGULATORY FRAMEWORK

Introduction and Foundation

Ayurveda is a five-thousand-year-old system of medicine rooted in the Indian subcontinent, viewing the mind as the origin of disease and focusing on bringing the body back into natural balance to promote self-healing. Having been practiced in Singapore for over 9 (nine) decades, the Ayurvedic community has come together under the Ayurvedic Practitioners Association of Singapore (APAS) to establish mandatory internal standards. APAS asserts that self-regulation is the core attribute of a learned profession, and this framework formalizes the authority to set and enforce practice standards for the safety and wellbeing of the public. The strategies outlined below are designed to function cohesively, forming a single standard of professional conduct and excellence for all practitioners.

The Eight Pillars of Professional Standards

1. Definition of Profession

The framework clearly defines the professional roles within the practice of Ayurveda in Singapore. Ayurvedic Physicians are practitioners who are responsible for diagnosis and treatment plans and must meet rigorous educational standards, including mandatory registration under the any of the Statutory Medical Council in India or Sri Lanka. Therapists must also meet specific educational and professional criteria, demonstrating requisite knowledge and experience in the required treatments. These criteria serve as the primary strategies to distinguish qualified professionals from unqualified individuals in the local practice environment.

2. Organizational and Financial Governance

The APAS governance structure, led by an Executive Committee (comprising the President, Vice President, Secretary, and Treasurers), is responsible for representing the Association, identifying and resolving internal professional issues, and periodically reviewing member compliance with the framework. To ensure complete autonomy and

impartiality, APAS operates on a self-sustaining model where all costs associated with the regulatory body are exclusively funded by member registration fees, thereby ensuring the integrity of the regulatory process.

3. Membership Requirements

The existence and credibility of APAS are entirely dependent upon the cohesiveness and commitment of its members. General Members are expected to actively participate by attending mandatory monthly meetings and APAS-organized events, talks, or functions and financially support the organization. All members are obligated to become familiar with, and adhere to, the requirements of this regulatory framework to maintain the unified and professional status of the Association.

4. Management of the Professional Register

APAS establishes comprehensive criteria for the evaluation and validation of the educational qualifications and experience of both physicians and therapists. The core goal of maintaining this professional register is the protection of the public through the precise demarcation of who is qualified to practice Ayurveda in Singapore. By validating accreditation, APAS ensures that only genuine practitioners are brought into various Ayurvedic establishments and that untrained or unregistered individuals are prevented from practicing within the profession.

5. Education and Training

The Ayurvedic Practitioners Association of Singapore (APAS) ensures its professionals maintain proper standards. To qualify, Ayurvedic Doctors must hold a Bachelor of Ayurvedic Medicine and Surgery (BAMS) or equivalent from a university in India or Sri Lanka, while Ayurvedic Therapists require a minimum of a one-year diploma from an institution following the WHO Curriculum. Maintaining professional currency is mandatory through the Continuing Professional Education (CPE) plan, which requires practitioners to acquire CPE points. These points are earned through various verifiable activities, such as instructing or speaking, with APAS providing clear guidance on point allocation.

6. Professional Behaviours and Code of Conduct

All members must uphold a strict code of ethical conduct and professional etiquette. Practitioners and therapists are expected to manage and maintain excellent customer relationships, ensuring they are always polite and professional. All APAS registered practitioners must refrain from any practice that may compromise patient safety. In clinical practice, the purity of traditional Ayurveda must be strictly followed, and clinics must ensure no cross-treatments between genders are allowed. Furthermore, high-pressure sales tactics are strictly prohibited, as therapists must abstain from hard selling during treatment sessions, and clinics must adopt fair and ethical business practices in all marketing communications. Staff are required to be well-groomed, wear uniforms, and prominently display name tags while on duty. All customer data handling must strictly adhere to PDPA rules, with secure storage and consent required for usage beyond billing.

7. Complaints and Appeal Management

A clear, transparent process for handling patient feedback is essential to public trust. Customer and patient concerns must be received in written form, and the clinic is responsible for documenting all proposed actions taken and generating a formal incident report depending on the type of feedback received. In line with the commitment to integrity, APAS guarantees it will always remain impartial, transparent, and professional when handling complaints lodged against any of its members or registered establishments.

8. Disciplinary Framework

The integrity of the entire self-regulation process is safeguarded by a proactive disciplinary framework. APAS is mandated to validate the accreditation of all personnel within Ayurvedic establishments and will not hesitate to take swift and decisive action against errant clinics that fail to adhere to the standards outlined in this framework. This includes ensuring that only qualified and registered professionals practice, thereby

protecting the patient community from potential harm caused by unauthorized or untrained individuals.

Conclusion

The eight strategies detailed within this document collectively ensure professionalism, integrity, and mandated standards across the Ayurvedic community in Singapore. This framework is intended to be the definitive yardstick for all existing and new establishments, and APAS will continue to uphold a firm commitment to the transparent and professional execution of its regulator

2. DEFINITION OF PROFESSION

“Profession” refers to the recognized and regulated practice of clinical Ayurveda carried out by duly qualified Ayurvedic Physicians who are registered under any of the Statutory Medical Council in India or Sri Lanka. Ayurvedic Physicians must have a minimum qualification of Bachelor of Ayurvedic Medicine and Surgery of five and half years from recognised universities of India or Sri Lanka. Ayurvedic physicians are accredited by The Ayurvedic Practitioners Association of Singapore (APAS) who provide diagnosis, treatment, preventive care, and lifestyle guidance in accordance with the principles of Ayurveda. Ayurvedic profession explicitly excludes the use of surgical procedures, and the prescription or use of western or controlled pharmaceuticals. This practice is governed by APAS’s Code of Ethics, standards of competency, and disciplinary framework, and requires its members to uphold integrity, accountability, patient welfare, and continuous professional development.

Scope of Practice

Ayurveda adopts a holistic approach to health, addressing both physical and mental well-being through personalized care and lifestyle guidance. Practitioners manage chronic conditions, including musculoskeletal disorders, respiratory ailments, and dermatological issues, using traditional diagnostic and therapeutic methods tailored to individual constitutions.

Preventive care is a central tenet of Ayurveda, with a strong emphasis on lifestyle modifications aimed at reducing the risk of chronic diseases. In addition, Ayurveda provides rehabilitative support for the elderly, focusing on mobility, vitality, and overall quality of life.

APAS has clearly defined the professional roles of Ayurvedic physicians and Panchakarma therapists. These roles are based on accredited curricula from India and Sri Lanka and aligned with WHO standards. This distinction ensures that clinical Ayurveda is delivered by qualified professionals, maintaining a clear separation from general wellness or massage services.

3. ORGANISATIONAL GOVERNANCE

1. MANAGEMENT COMMITTEE

- a) The administration of the Association shall be entrusted to a Committee consisting of not fewer than three (3) and not more than twenty (20) members elected at the Annual General Meeting. All Committee Members must be at least 21 years old. The key five (5) office bearers of the Management Committee (MC)—namely the President, Vice-President, Secretary, Deputy Secretary, and Treasurer—shall constitute the Executive Committee of the Association. These key office bearers must be qualified Ayurvedic Physicians who are Singapore Citizens or Singapore Permanent Residents. When immediate action is required, the Executive Committee may make decisions promptly, subject to reporting the decisions to the full Management Committee at the earliest opportunity. The composition of the committee to be elected at each Annual General Meeting will be as follows:
1. A President
 2. A Vice-President
 3. A Secretary
 4. A Deputy Secretary
 5. A Treasurer
 6. Ordinary Committee Members - 8
- b) A Committee Meeting shall be held at least once every TWO months after giving at least seven (7) days' notice to Committee Members. The President may call a Committee Meeting at any time by giving five (5) days' notice. A simple majority of the Committee Members must be present for its proceedings to be valid.
- c) Any member of the Committee absenting himself from three (3) meetings consecutively without satisfactory explanations shall be deemed to have withdrawn from the Committee and a successor may be co-opted by the Committee to serve until the next Annual General Meeting. Any changes in the Committee shall be notified to the Registrar of Societies within two (2) weeks of the change.
- d) The duty of the Committee is to organise and supervise the activities of the Association. The Committee may not act contrary to the expressed wishes of the

Annual General Meeting without prior reference to it and shall always remain subordinate to the Annual General Meetings.

- e) The Committee has the power to authorise the expenditure of sums not exceeding the Association's financial resources, as they may stand from time to time, for the Association's purposes.
- f) The Annual General Meeting of the Association shall take place by 30th of April of each year, at a time and place to be determined by the Committee.
- g) An Extraordinary General Meeting (EGM) of the Association may be convened to:-
 - 1. Hold an election to fill a vacancy on the committee, should one arise;
 - 2. Consider a proposal to amend this constitution or any other governing instrument of the Association ;
 - 3. Address any other circumstance not provided for in this constitution.
 - 4. No less than fourteen days of notice of an Extraordinary General Meeting shall be given. The date and time of the E.G.M. shall be notified to the members.

2. DUTIES OF OFFICE BEARERS

- a) The President shall chair all General and Committee meetings and together with the Secretary will manage the correspondence of the Association He/she shall also represent the Association in its dealings with outside persons.
- b) The Vice-President shall assist the President and deputize for him in his absence.
- c) The Secretary and Deputy Secretary shall keep all records, except financial, of the Association and shall be responsible for their correctness. He will keep minutes of all General and Committee meetings. He shall maintain an up-to-date Register of Members at all times.
- d) The Deputy Secretary shall assist the Secretary and deputise for him in his absence.
- e) The Treasurer will manage the financial affairs of the Association .
 - i. He/she will maintain, or cause to be maintained by a suitably qualified person, the financial records of the Association .

- ii. He/she shall manage all funds and collect and disburse all moneys on behalf of the Association and shall keep an account of all monetary transactions and shall be responsible for their correctness.
- iii. The Honorary Treasurer shall be responsible for the proper administration of all funds belonging to or under the control of APAS and shall include: -
 - 1. The issue of receipts for all funds received by the APAS.
 - 2. The collection of membership, subscription and entrance fees.
 - 3. The keeping and maintenance of bank accounts
 - 4. The drawing up and the presentation of the Statement of Accounts and Balance Sheet to the Annual General Meeting
 - 5. Report to the MC on the financial state of MC on a monthly basis or as and when required by the MC to do so.
 - 6. The payment of all bills and reasonable expenses properly incurred on behalf of APAS.
 - 7. The signing of cheques in conjunction with either the President or Honorary Secretary.
 - 8. Keeping all title deeds of immovable properties and valuable documents of APAS as directed by MC.
- iv. He/she will prepare, or cause to be prepared by a suitably qualified person, and present to the Association the end of year accounts and Treasurers Report for the Association .
- v. He/she is authorized to:-
 - 1. open a bank account in the name of the Association as more fully set out below;
 - 2. expend an amount per month set by the Committee from time to time for petty expenses on behalf of the Association ;
 - 3. Keep an amount in the form of cash that is practical to meet the immediate requirements of the Association. All other monies shall be deposited in a bank in Singapore.

- vi. In establishing and operating the bank account the following procedures shall be adhered to:-
1. The account will be opened by the Treasurer, the President and the Secretary acting together;
 2. The account will be either a non-chequing account with internet and mobile banking capabilities, or a chequing account with a cheque book with internet and mobile banking capabilities. Cheque book will be retained by the treasurer.
 3. The account may be operated via internet or mobile banking. The President, Secretary, and Treasurer shall have banking rights. The Treasurer may initiate a transaction, which must be approved by either the President or the Secretary.
 4. Cheques will be signed by the Treasurer and either the President or the Secretary.
 5. No indebtedness shall be incurred without the prior approval of the Committee which shall be ratified by an Annual General Meeting or an Extraordinary General Meeting.
 6. The bank account may only be closed by the Treasurer, the President and the Secretary acting together.
- f) Ordinary Committee Members shall assist in the general administration of the Association and perform duties assigned by the Committee from time to time.
- g) The Public Relations Officer shall be responsible for publicising the meetings and events of the Association.

3. AUDIT AND FINANCIAL YEAR

- a) Two (2) voting members, shall be elected as Honorary Auditors at each Annual General Meeting and will hold office for a term of two years only and may only be re-elected for a single consecutive term. The accounts of the Association shall be audited by a firm of Certified Public Accountants if the gross income or expenditure of the Association exceeds \$500,000 in that financial year, in accordance with Section 4 of the Societies Regulations.

- b) In the event that a firm of Certified Public Accountants is appointed as Auditors they shall be appointed at each Annual General Meeting for a term of one year and shall be eligible for reappointment.

They:

1. Will be required to audit each year's accounts and present a report upon them to the Annual General Meeting.
 2. May be required by the President to audit the Association 's accounts for any period within their tenure of office at any date and make a report to the Committee.
- c) The financial year shall be from 1st January to 31st December of each year.

4. ELECTION PROCESS OF MANAGEMENT COMMITTEE

- a) Names of candidates for the management committee shall be proposed and seconded on the prescribed forms by an eligible member each and such forms must be signed by the candidates as signifying willingness and eligibility to accept office and such candidates shall be elected if their written consents are obtained even if they are not present at the Annual General Meeting. All office-bearers, except the Treasurer may continue as long as they are reelected. A Treasurer can be reelected for one more consecutive term. The term of office of the Committee is two years.
- b) Election will be either by show of hands or, subject to the agreement of the majority of the voting members present, by a secret ballot. In the event of a tie, a re-vote shall be taken and if it still results in a tie, the Chairman of the meeting shall have a casting vote to determine who shall be the successful candidate unless the contesting candidate(s) withdrew in favour of one of themselves.
- c) Nomination must be received by the Honorary Secretary 10 clear days before the date of the General Meeting and names of those nominated shall be posted on the website of APAS not less than 3 days before the date of meeting.
- d) If insufficient nominations for each post are received, the members present at the General Meeting shall be entitled to propose, second and elect such further members of the MC as necessary to complete the required number for each post.

- e) The MC shall have the power to co-opt any ordinary member or life member to fill any casual vacancy on the MC. The member appointed to fill such vacancy shall hold office for the duration of the term of the member that he is replacing.
- f) The committee may co-opt up to five (5) members including honorary and associate members to sit on the MC, and such members shall hold office until the term of the office, following their co-option. Such co-opted members shall not have a vote at meetings of the MC , and shall not be deemed to be the members of the MC.
- g) Procedure at Management Committee Meetings:
 - i. 6 members of the MC shall form a quorum. If at the time fixed for the MC Meeting a quorum was not present, the chairman shall postpone the meeting for half an hour on the same day and the agenda at the postponed meeting shall be the same as that fixed for the original meeting, but no decision shall be taken for expenditure exceeding \$30,000.00. No quorum shall be required for such postponed meeting. If after the half an hour postponement of the meeting, a quorum is present, the meeting shall be considered as a normal meeting and not as a meeting without quorum.
 - ii. The President, or in the absence of the President, the Vice- President, shall chair at meetings of the MC. In the absence of both the President and the Vice-President, the MC members present shall elect one of their members to preside. After such an election to preside over the meeting, he/she will continue to preside over the meeting till its adjournment, even if the President or the Vice President makes his/her appearance, during the course of the meeting.
 - iii. If votes for and against a motion are equal the Chairperson of the Meeting shall have a second or casting vote.
 - iv. The MC shall meet at least once in two months and at such other times to examine the Accounts, pass the minutes of the previous meeting and discuss and to carry out decisions affecting the affairs of APAS. Minutes shall be kept by the Honorary Secretary of all proceedings of the MC

and they shall be open to inspection by any member of APAS on at least one week's written notice to the Honorary Secretary.

- v. The MC may elect to meet virtually by electronic means.
- vi. The Honorary Secretary shall give at least 5 days written notice of any MC meeting.
- vii. The MC shall also meet if so requested by the President or the Honorary Secretary to discuss any specific matter or if a resolution signed by any 5 or more members of the MC stating their reasons for the same is received by the Honorary Secretary and such meetings shall transact only such specific business for which it is convened. The notice of such meetings shall not be less than one day. Notwithstanding anything contained herein the President shall give the power to table any matter for discussion at any meeting of the MC with the consent of the MC. The member(s) who initiated the resolution shall be present at the meeting.
- viii. A verbal declaration by the Chairman at a meeting that a resolution or decision has been approved unanimously or by a particular majority or lost or not lost by a particular majority shall be conclusive evidence of the votes recorded in favour of or against such resolutions or decisions.

h) Attendance of MC Members at Meetings:

- i. Any member of the MC who is absent for three successive meetings of the MC without a written explanation to the Honorary Secretary shall automatically cease to be a member of the MC. If at the third meeting a written explanation for such absence is submitted, the MC shall consider such explanation and decide by a simple majority vote whether or not the absent member shall remain in the MC. Leave of absence for a period not exceeding three consecutive months may be granted on application.

i) Resignation and Removal of MC:

- ii. Any member of the MC may resign from the MC at any time by informing the Honorary Secretary in writing one month in advance.

- iii. The MC shall resign forthwith if members at a General Meeting pass a resolution of no confidence in the MC. Such meeting, immediately after passing such resolution, shall also elect a new MC who shall hold office for the remaining period of the term for which the out-going MC was elected.
 - iv. If more than half of the MC resign simultaneously and en bloc, a new MC shall be elected by the Members at a General Meeting within 30 days of such resignation in accordance with the rules governing the General Meeting. Such newly elected MC shall hold office for the remaining period of the term for which the out- going MC was elected. The Honorary Secretary of the outgoing MC shall call for General Meeting for this purpose.
 - v. The MC shall have the right to decide by a majority vote whether a MC member or office bearer is to be expelled from the MC. If any MC member is thus expelled he shall have the right of appeal at the next General Meeting.
 - vi. Before any such member is expelled, the MC shall convene a Disciplinary Committee comprising one MC Member and two other members who are either Ordinary, Life or Honorary Members. Disciplinary Committee shall inform the member of the complaints made against him/her and give the member a minimum of 7 days' written notice to attend a meeting of the Disciplinary Committee to give an explanation, after which the Disciplinary Committee shall consider all facts before recommending expulsion or otherwise.
- j) Miscellaneous Matters Concerning the MC:
- i. When a new MC is elected, the outgoing MC shall hand over charge as soon as practicable and in any case within seven days of such election, and shall not incur any expenditure or launch fresh activities of APAS in the meanwhile excepting the normal recurring expenditure and normal day to day activities of the APAS. Any other expenses incurred, if not approved by the new MC shall be made good by the outgoing MC either collectively or individually in accordance with the collective or

individual responsibility for incurring such expenses as the case may be.

- ii. The outgoing MC shall be responsible for the proper handing over of all funds and properties of APAS as at the end of the financial year. Any discrepancies, loss or damage due to wilful neglect or with deliberate intention shall be referred to the Honorary Legal Adviser and further action in the matter shall be in accordance with the advice of the Honorary Legal Adviser.

k) Powers of the MC:

- i. The MC may from time to time, raise or borrow, for the purposes of the Association , such sums of money as they think proper. They may raise or secure the payment of such monies in such manner and upon such terms and conditions in all respects as they think fit. Where any question arises involving either the raising or borrowing of money or the incurring of any capital expenditure of more than \$50,000.00 for any one project then that question and any other question arising out of the same or incidental thereto shall be decided by a majority vote of the members entitled to vote expressed in person at a General Meeting.
- ii. The MC shall have power to grant the use of designated areas of the APAS 'premises to any member or public for such time and upon such conditions as the MC thinks fit. The MC at its discretion may impose an extra charge to a member or public for such use of any part of APAS' premises.
- iii. The MC may appoint one or more members of APAS to form sub-committees and delegate to such sub-committees part of the MC's power and duties as deemed fit. Sub-Committees shall report their proceedings to the MC in a manner specified by the MC.
- iv. The President and the Honorary Secretary shall be ex-officio members in all sub-committees.
- v. The MC shall have power to appoint, control, pay and dismiss employees of the APAS, and shall also have such administrative powers as may be necessary for properly carrying out the objects of

APAS in accordance with this Constitution. The MC may authorize its members and employees to incur such expenditure as may be necessary from time to time accordance with this Constitution.

- vi. The MC may from time to time make such rules and regulations so as to permit the non-member spouse and children of members to enjoy the use of the premises and facilities of APAS or parts thereof and shall be empowered to debit the accounts of such members for such sums as it deems fit and may also require any additional deposits to be furnished by such members. Such spouses and children shall not be considered members of the APAS.
- vii. The MC may from time to time make such rules and regulations so as to permit other categories of persons including non-member spouses of deceased members to enjoy the use of the premises and facilities of the APAS or parts thereof at such time and such terms and conditions as it deems fit. Such persons shall not be considered members of APAS.
- viii. The MC shall have full power to make, amend or repeal rules and regulations for administering the day-to-day affairs of APAS.
- ix. Such rules and regulations so made, added to, altered or repealed, shall come into operation immediately or at such time as fixed by the MC.
- x. The MC shall further have full power to decide all questions relating to the management of APAS and all regulations and such decisions shall be final unless and until altered or reversed by a resolution of the members of APAS at a General Meeting.
- xi. The MC shall decide on matters that may not be specifically provided for in the Constitution and the rules and regulations of APAS. APAS' decision shall be in force unless rescinded by the MC or at a General Meeting.
- xii. The MC shall have the powers to establish branches of the APAS in Singapore as and when necessary subject to the approval of the Registrar of Societies.

xiii. The MC shall have the power to appoint a Disciplinary Committee to resolve or address the following issues:

1. Expel such member from the membership of APAS if such member has, in its opinion, acted or conducted in such manner rendering such member unfit for membership in APAS;
2. Suspend all or any of the privileges of such member for any period not more than one year from the date of such decision;
3. Impose on such member a cumulative fine not exceeding the amount of S\$1,000.00
4. Give written and/or oral warnings to such member in respect of such member's conduct or action in the complaint;
5. Dismiss the complaint made against such member on such terms as it deems fit; and
6. Make any other order as it deems just and equitable to do so in the circumstances.

I) APAS' Accounts

- I. APAS shall maintain such bank accounts with such banks as the MC may determine from time to time. All accounts shall be operated jointly by the President or Hon. General Secretary in conjunction with the Treasurer, or according to the signatories authorization to banks given.
- II. All payments, shall as far as possible, be made by cheque or electronic means or such modern banking means available and as approved by the MC from time to time.
- III. The President, or the Hon. General Secretary in conjunction with the Honorary Treasurer shall sign all cheques of APAS or authorise digital payment. They may also delegate such power to sign all cheques or authorise digital payment to the Honorary Secretary on their behalf according to an authorization letter to the banks, signed by all three officials.

- IV. No sum from the funds of APAS shall be expended without the prior sanction or approval of the MC or the General Meeting, but the President in consultation with the Honorary Secretary and Honorary Treasurer shall have the power to authorise an amount not exceeding a total of \$20,000.00 in any one month to meet contingent expenditure.

5. AMENDMENTS TO THE CONSTITUTION

- a) The Association shall not amend its Constitution without the prior approval in writing of the Registrar of Societies. No alteration or addition/deletion to this Constitution shall be passed except at a General Meeting and with the consent of at least two-thirds (2/3) of the voting members present at the General Meeting.
- b) Amendments to the Constitution shall only be made at General Meetings.
- c) The proposed amendments to the Constitution shall be made in writing to the Honorary Secretary at least 14 days before the General Meeting.
- d) The proposed amendments to the Constitution shall be circulated to members residing in Singapore at least 7 days before the General Meeting.
- e) Any resolution proposing the repeal of, addition to or amendment of the Constitution at any General Meeting shall be null and void unless two-thirds of the members present and eligible to vote at the General Meeting do vote in favour of such a resolution.
- f) The amendments to the Constitution shall not come into force without the sanction of the Registrar of Societies.

6. DISPUTES

In the event of any dispute arising amongst members, they shall attempt to resolve the matter by way of mediation first, and if it cannot be amicably resolved by way of mediation, then it shall be referred and decided at an Extraordinary General Meeting in accordance with this Constitution. Should the members fail to resolve the matter, they may bring the matter to a court of law for settlement.

7. DISSOLUTION OF THE ASSOCIATION

- a) The Association shall not be dissolved, except with the consent of not less than three-fifths ($\frac{3}{5}$) of the total voting membership of the Association for the time being resident in Singapore expressed, either in person or by proxy, at a General Meeting convened for the purpose.
- b) In the event of the Association being dissolved as provided above, all debts and liabilities legally incurred on behalf of the Association shall be fully discharged, and the remaining funds will be disposed of in such manner as the General Meeting of members may determine or donated to an approved charity or charities in Singapore.
- c) A Certificate of Dissolution shall be given within seven (7) days of the dissolution to the Registrar of Societies.

8. GENERAL

- a) The Financial Year of the Association shall begin on the first day of January of any given year and end on the thirty first day of December of such year.
- b) No members except for those being employed by APAS on a full- time or part-time basis or for professional services rendered at the request of the MC, receive any profit, salary or emolument from the funds or transactions of APAS except to be reimbursed any reasonable expenses incurred for and on behalf of APAS.
- c) Conflict of Interest:
 - i. Whenever a Member of the MC in any way, directly or indirectly, has an interest in a transaction or project or other matter to be discussed at a meeting, the Member shall disclose the nature of his interest before the discussion on the matter begins. The obligation to disclose any potential or actual conflict shall continue both during and after the discussion. The MC should decide after hearing explanation whether there is any actual or potential conflict of interest.
 - ii. The Member concerned should thereafter not participate in the discussion or vote on the matter and should also offer to withdraw from the meeting.

- iii. A member who is an employee of APAS shall have his rights and privileges suspended if the member is an employee of APAS.
- iv. Such a member need not pay any prescribed fee whilst employed by APAS.
- v. All members shall faithfully and fully abide by every decision made by the APAS or by the MC until such time as the decision is amended or revoked.
- vi. No social media, digital or physical press release in the name of APAS may be made without the prior sanction of the MC.
- vii. No member shall use the address of APAS in any advertisement or use the APAS' premises for any purpose unless permitted by the MC.
- viii. All complaints about employees of APAS or any member of APAS shall be made in writing to the Honorary Secretary who, if unable to deal with them, shall submit them to the MC whose decision shall be final unless reversed at a General Meeting of members.
- ix. In no instance shall an employee of APAS be reprimanded directly by a member, other than by the President and/ or an authorised member of the MC.
- x. The Constitution including all approved amendments to the same shall be made and kept in English, and shall be available for perusal by any member by prior arrangement.
- xi. Any member who willfully damages, destroys, removes, pawns, mortgages, sells or otherwise disposes of any movable or immovable property of APAS shall be liable to repair or replace the same or pay such compensation in cash to APAS and within such time as MC shall, in consultation with the Honorary Legal Adviser, decide.

9. TRUSTEES, LEGAL ADVISER AND AUDITOR

a) Trustees

- i. APAS shall have at least 3 and up to 5 Trustees to be elected at the Annual General Meeting and shall hold office for four (4) years.

They shall meet at least twice a year to discuss the matters relating to APAS.

- ii. Only Life or Ordinary Members are eligible to stand for election as Trustees.
- iii. The immovable assets of APAS shall be vested in the Trustees and the Trustees shall administer such assets according to the wishes of the general membership and in the paramount interests of APAS.
- iv. The President of APAS shall be invited to attend all meetings of the Trustees.
- v. The removal of any Trustee before his or her term ends, if found necessary, shall be by the General Meeting and in accordance with the Trustees Act, 1967.
- vi. If any vacancy arises amongst the Trustees through death or any other cause, the MC shall have the power to fill such vacancy temporarily and such new appointments shall be subject to the confirmation of the members at a General Meeting.
- vii. The names of Trustees, addresses of immovable properties and any subsequent changes shall be notified to the Registrar of Societies.
- viii. The Trustees shall not affect any sale or mortgage of such properties without the prior approval of the General Meeting of members.
- ix. The MC may initiate the removal of a Trustee under the following circumstances:
 - (a) if he is guilty of misconduct of such a kind as to render it undesirable that he continues serving as a Trustee
 - (b) has his membership suspended or revoked by APAS
 - (c) dies or becomes of unsound mind
 - (a) is made or becomes an undischarged bankrupt
 - (b) is convicted of a criminal offence involving offences involving moral turpitude, whether in Singapore or overseas

- (f) moves away permanently from the Republic of Singapore or is not primarily resident in Singapore for a cumulative period of more than one (1) year during the term of his trusteeship.

b) Honorary Legal Advisor

- i. The Honorary Legal Adviser of APAS shall be appointed or removed at a General Meeting. The Honorary Legal Advisor shall hold office for a period of 2 terms unless re-elected or otherwise decided by the General Meeting.

c) Internal Auditors

- i. 2 Internal Auditors of the APAS shall be appointed or removed at a General Meeting.
- ii. The accounts of the APAS shall be audited at the close of each financial year by the 2 Internal Auditors, who shall certify that the Statement of Accounts to be submitted to the Annual General Meeting is true and fair.
- iii. The Internal Auditors shall also audit the accounts and check the properties of APAS as and when required by the MC for special purpose. In the absence of the Internal Auditors, a Public Accountant appointed by the MC shall audit the accounts of APAS.
- iv. The accounts of APAS shall be audited by a firm of Certified Public Accountants if the gross income or expenditure of APAS exceeds \$500,000 in that financial year, in accordance with the Section 4 of the Societies Regulations.

d) Advisors

- i. The MC may appoint one or more Advisors for such period to be determined by the MC.
- ii. The Advisors shall advise the MC on whatever matters relating to the affairs of APAS that are referred to it by the MC.

10. GOVERNING COUNCIL

The APAS must abide by the governance under the GOVERNING COUNCIL once it is established.

Proposed Governing Council: Scope and Role

The Ayurveda Practitioners Association of Singapore (APAS) proposes the formation of an Independent Governing Council for Ayurveda, administered under the oversight of the Ministry of Health (MOH). This council would serve a critical function in advancing the professionalism, safety, and quality of Ayurveda practice in Singapore.

Core Responsibilities of the Governing Council

1. Practitioner Registration and Accreditation:

The council would be responsible for registering and accrediting qualified Ayurveda practitioners, ensuring that only competent and certified professionals are permitted to practise.

2. Issuance of Quality Assessment Marks for Accredited Clinical Ayurveda Centres:

To further enhance standards within the Ayurveda sector, the Independent Governing Council would be tasked with issuing quality assessment marks to accredited Ayurveda centres. By implementing a structured quality assessment process, the council would reinforce the credibility of accredited Ayurveda centres and strengthen their ability to engage constructively with various governmental bodies.

3. Other purposes:

- a) *Recognition of Excellence:* Accredited centres meeting established benchmarks for care, safety, and professionalism would be awarded quality assessment marks, signifying their commitment to high standards.
- b) *Facilitating Government Collaboration:* Centres with quality assessment marks would be better positioned to liaise with other government ministries and departments, supporting integration and cooperation across sectors.
- c) *Promoting Trust and Accountability:* The presence of a recognised quality mark would foster public confidence in Ayurveda services and streamline institutional interactions.

- d) *Setting Professional and Training Standards:* It would establish clear benchmarks for education, training, and professional conduct, promoting consistent standards across the sector.
- e) *Oversight of Continuing Education:* The council would supervise ongoing education for practitioners, supporting their professional development and keeping skills and knowledge current.
- f) *Management of Ethical and Disciplinary Matters:* Ensuring accountability, the council would address ethical concerns and disciplinary issues, thereby upholding integrity within Ayurveda practice.
- g) *Promotion of Research and Public Education:* The council would encourage research initiatives and public education efforts relating to traditional Indian medicine, fostering greater awareness and understanding within the community.

Through these functions, the Independent Governing Council would play a pivotal role in supporting APAS, enhancing the credibility of Ayurveda, and safeguarding public interest.

Structure of Governing Council:

The Governing council will be an appointed body including prominent community leaders, eminent personalities, Western medicine doctors and Ayurvedic Practitioners.

The number of members of the Governing Council shall be a minimum of 3 persons and a maximum of 7 persons.

4. MEMBERSHIP REQUIREMENTS

1. MEMBERSHIP: QUALIFICATIONS AND RIGHTS

- a) Membership shall be open to anyone residing in Singapore who is interested in helping APAS to achieve its aims and objectives, and willing to abide by the Constitution and rules of APAS.
- b) Persons who are below 21 years of age shall not be accepted as members without the written consent of their parent or guardian.
- c) A person wishing to be a member of the Association shall submit his particulars to the Honorary Secretary on a prescribed form along with the membership fee to be approved by the MC. The membership amount shall be reviewed annually by the MC , and may be varied from time to time.
- d) Any additional fund required for special purposes may only be raised from members with the consent of the general meeting of the members.
- e) The income and property of the Association whensoever and howsoever derived shall be applied towards the promotion of the objects of the Association as set forth in this Constitution and no portion thereof shall be paid or transferred directly or indirectly by way of dividend or bonus or otherwise howsoever by way of profit to the persons who at any time are or have been members of the Association or to any of them or to any person claiming through any of them.
- f) A copy of the Constitution shall be furnished to every approved member upon payment of the registration fee.
- g) Every member shall have one vote at general meetings.
- h) All members may participate in spreading the healing benefits of Ayurveda (e.g., *Seminars in Ayurveda* monthly webinars, access to online resources) in accordance with the principles of the Association and in coordination with the activities of the Association.
- i) The MC shall have the power to refuse membership to an applicant, where it is considered such membership would be detrimental to the aims, purposes or activities of the group.

- j) Registration and termination of membership: Any member of the Association may resign his/her membership, by giving to the secretary of the Association written notice to that effect and to seek approval from the MC.
- k) The MC may, by resolution passed at a meeting thereof, terminate or suspend the membership of any member, if in its opinion his/her conduct is prejudicial to the interests and objects of the Association.
- l) Upon termination of membership there shall be no refund of membership fees paid unless such termination is with 14 calendar days of first registration as a member.
- m) Member Physicians must achieve a minimum of 25 CPE points annually or a minimum of 50 CPE points biennially for membership certificate renewal. Ayurvedic Physicians who do not fulfil CPE Credits will be de-registered from APAS. Re-registration will only be permitted once they have met necessary criteria and following a review by the CPE Committee.
- n) All members are legally obligated to adhere to the Code of conduct, Self-regulatory framework of APAS and Personal Data Protection Act, for the data handling.

2. TYPES OF MEMBERSHIP

The Association shall consist of members of the following classes and acceptance of membership shall be at the discretion of the MC.

- (i) Honorary Members
- (ii) Ordinary Members
- (iii) Life Members
- (iv) Associate Ordinary Members
- (v) Associate Life Members
- (vi) Corporate Members

a) Honorary Members:

The MC may confer Honorary Membership for life, upon persons distinguished in public life in Singapore and/or by service to APAS and he shall not be required to pay any membership fee and shall not have any voting rights.

b) Ordinary Members

A Singapore Citizen, Permanent Resident, or resident of Singapore aged 21 years and above, who is residing in Singapore at the time of application and is an Ayurvedic Physician or an Allied Ayurvedic Professional (Ayurvedic Therapist or Ayurvedic Pharmacist), and who subscribes to the objects of APAS, is eligible to become an Ordinary Member.

c) Life Members

A Singapore Citizen, Permanent Resident, or resident of Singapore, who is residing in Singapore at the time of application and is an Ayurvedic Physician or an Allied Ayurvedic Professional (Ayurvedic Therapist or Ayurvedic Pharmacist), and who subscribes to the objects of APAS, is eligible to become a Life Member.

d) Associate Ordinary Members

Associate Ordinary Membership shall be open to any person residing in Singapore at the time of application, who subscribes to the objects of the Association but is not eligible to be an Ordinary Member, upon acceptance of membership by the MC and payment of the prescribed membership fees.

e) Associate Life Members:

Any person who is eligible to be an Associate Member is also eligible to become an Associate Life Member, subject to acceptance by the MC and payment of the prescribed fees as determined by the MC from time to time

f) Corporate Members:

The MC may grant Corporate Membership to suitable businesses, corporations and organisations that subscribe to the aims and objectives of APAS and upon payment of entrance fee decided to be decided by the MC from time to time.

g) Student Members:

Student Membership shall be open to any person who subscribes to the objects of APAS and is a full-time student in any one of the educational institutions recognised by the Singapore Government, upon acceptance as a Student Member by the MC and payment of the prescribed fees. Persons who are below 21 years of age shall not be accepted as members without the written consent of their parent or guardian.

Membership Fees:

The entrance/membership fees and subscriptions—fees for all categories of members shall be decided by the MC from time to time.

Application Form and Acceptance of Membership:

4. Once approved by the MC, the Honorary Treasurer shall accept the subscription and issue a receipt and thereafter the Honorary Secretary shall enter the name, address and other particulars of the applicant in the Membership Register and shall issue a receipt, membership card and a copy of the Constitution by post or electronic means. If the application is rejected by the MC, the applicant shall be so informed and the subscription fees refunded to him.
5. Any member whose subscription is in arrears for more than 3 months shall be so informed by post or by electronic means by the Honorary Secretary soon thereafter and if no payment is received within 14 days from the date the member is so informed, a second reminder shall be sent by post or by

electronic means. If payment is still not made within the prescribed deadline the Honorary Secretary shall bring this to the attention of the MC for the action of cancelling the membership of the defaulting member.

Member's Address:

All members of APAS shall inform the Honorary Secretary of any change with regards to their contact details. The last given contact details shall be used as the mode of communication until APAS is notified otherwise.

Resignation of a Member:

Any member may resign from APAS by giving two weeks' written notice to the Honorary Secretary. The member shall, before the expiry of the said two weeks, pay all arrears of membership due and/or other monies owing by the member to APAS. In the event of such resignation, APAS shall not refund any portion of the membership fees or other fees paid by the member to the APAS while he was a member of APAS

5. MANAGEMENT OF THE REGISTER

The Ayurvedic Practitioners Association of Singapore (APAS) currently maintains a robust and transparent system for managing its Professional Register, which is the cornerstone of accountability and public protection within the Ayurvedic profession. We confirm that all the essential functions outlined below are currently operational and strictly enforced to ensure the integrity of our accredited practitioners and establishments.

1. Register Structure and Data Integrity

APAS actively manages a Proper Register that accurately documents all accredited professionals and corporate entities operating under our Self-Regulation Framework.

- Individual and Corporate Registration: We maintain accurate information for all registered Ayurvedic Physicians and Therapists and enforce mandatory Clinic Registration with a Unique ID (Corporate Registration) for all operating establishments.
- Unique Identification System: To ensure unambiguous identification and regulatory tracking, a Unique ID is currently issued to each registered member (both individual practitioners and corporate clinics).

2. Public Accessibility and Transparency

APAS ensures critical professional credentials are transparent and readily available to the public to facilitate informed healthcare choices.

- Public Access Availability: Key professional details for both individual and corporate members are available and ensured public accessible to find registered practitioners and Ayurveda Therapists.
- Online Platform: This public register is officially hosted and maintained on the designated website: www.ayurvedicpractitioners.org

- **Data Points:** The register currently makes essential details available, including the member's Unique ID, Qualification, University Studied, Validity of the membership, and Practicing Location for both individual and corporate members.

3. Verification and Display Requirements

To provide visual confirmation of accreditation status, APAS mandates the physical display of official credentials.

- **Mandatory Display:** Both Individual and corporate certificates of registration and accreditation with APAS are currently required to be displayed at the individual's practicing centers. This serves as an immediate and verifiable public assurance of compliance.

Status Confirmation: *The operationalization of these management functions provides APAS with the necessary regulatory tools to fulfill its mandate of protecting the public and upholding the standards of the Ayurvedic profession in Singapore.*

6. EDUCATION AND TRAINING

1. Introduction

The Ayurvedic Practitioners Association of Singapore (APAS) ensures its professionals maintain proper standards. To qualify, Ayurvedic Physicians must have a minimum qualification of Bachelor of Ayurvedic Medicine and Surgery of five and half years from recognised universities of India or Sri Lanka and must be registered under statutory council in India or Sri Lanka, while Ayurvedic Therapists require a minimum of a one-year diploma from an institution following the WHO Curriculum. Maintaining professional currency is mandatory through the Continuing Professional Education (CPE) plan, which requires practitioners to acquire CPE points. These points are earned through various verifiable activities, such as instructing or speaking, with APAS providing clear guidance on point allocation

The Ayurveda Practitioners Association of Singapore (APAS) is committed to fostering academic excellence and advancing the professional standards of Ayurveda practice in Singapore. Recognizing the importance of structured training, international collaboration, and skill development, APAS has embarked on a series of initiatives designed to strengthen the competencies of Ayurveda physicians and therapists operating within the local ecosystem.

2. International Academic Collaboration

APAS is actively pursuing formal partnerships with leading overseas institutions to ensure high-quality academic foundations for local practitioners.

2.1. Memoranda of Understanding (MoUs)

APAS will formalize MoUs with leading Ayurveda universities in India and Sri Lanka.

Objectives of Collaboration:

- **Facilitate knowledge exchange** between Singaporean practitioners and international institutions.
- **Support joint research initiatives** in Ayurveda and integrative medicine.
- **Contribute to curriculum development** that benefits both local practitioners and future students.

2.2. Training and Scholarship Opportunities

Under these MoUs, Singaporean citizens will be able to pursue physician training at accredited overseas institutions.

- The Government of India, through the **AYUSH Scholarship Scheme**, will fund tuition fees for eligible Singaporean students, significantly reducing barriers to entry for physician training.

3. Exchange Programs with Singapore Institutions

APAS will actively explore partnerships with local institutions of higher learning (IHLs) in Singapore to foster interdisciplinary understanding.

- **Faculty Exchange:** Faculty from overseas Ayurveda universities will be invited to teach specialized Ayurveda modules in Singapore.
- **Interdisciplinary Learning:** These programs are intended to benefit practitioners and students across diverse medical specialties, fostering interdisciplinary learning and promoting the integration of Ayurveda knowledge within the broader healthcare community.

4. Local Partnerships and Skill-Based Training

APAS is focused on collaborating with local institutions to build competency frameworks and expand skill-based training pathways for therapists and career-switchers.

ITE East Collaboration

A key initiative is the partnership with ITE East to launch foundational training programs:

- **Certificate of Competency (CoC) Program:** Launching a CoC program in Ayurveda (Basic Level).

Target Participants:

1. New students interested in complementary therapy.
2. Career-switchers exploring elder care or wellness programs.
3. Retired healthcare professionals seeking part-time opportunities.

Progression: The CoC will be stackable to higher-level clinical Ayurveda programs, establishing a clear educational pathway.

Skill Assessment Program (Skill Evaluation Test): ITE will also conduct competency evaluations for foreign therapists recruited from India and Sri Lanka, ensuring they meet standardized local requirements.

5. Continuing Professional Education (CPE)

APAS will implement structured CPE programs tailored for all registered Ayurveda practitioners to maintain high professional standards.

5.1. Requirements

- **Mandatory Points:** Practitioners must achieve a minimum of 25 CPE points annually or a minimum of 50 CPE points biennially for Membership certificate renewal.
- **Objective:** CPE programs will ensure practitioners remain updated with evolving clinical standards, research findings, and best practices in the field of Ayurveda.

5.2. Continuing Professional Education (CPE) Framework

(Model aligned with Ministry of Ayush, India and WHO's Benchmark for Training in Ayurveda)

1. Introduction:

The APAS Continuing Professional Education (CPE) Framework ensures that Ayurvedic practitioners in Singapore maintain safe, ethical and clinically competent practice, aligned with -

- Singapore MOH professional regulatory expectations
- Ministry of Ayush, India (Ayurgyan Yojna)
- World Health Organization's *Benchmark for Training in Ayurveda* (WHO, 2022)

India's Ministry of Ayush operates a national CPE/Capacity-Building framework (Ayurgyan Yojna) that provides accredited, quality-assured training for Ayurveda professionals through subject-specific CPE program, orientation courses, and approved online learning modules. APAS proposes that such accredited AYUSH CPE activities be recognised as valid CPE for Ayurveda practitioners in Singapore due to their regulatory rigor and alignment with international CPE norms.

Practitioners have a 2-year qualifying period to obtain CPE points. This is compulsory for all registered Ayurvedic practitioners to renew their membership.

2. Continuing Professional Education framework

2.1 Compulsory CPE Requirements for membership renewal:

- Qualifying period: 2 years
- CPE point requirements: 50 CPE credits
- Maximum allowed from any category: 50% of total cycle credits
- At least 30 CPE points (60%) of the total CPE point must be from attending trainings and accredited courses on Ayurveda practice
- Excess credits cannot be carried forwards

2.2. CPE Event categories

At least 30 CPE points (60%) of the total CPE points must be from attending trainings and accredited courses or conferences or scientific meetings on Ayurvedic practices.

Category 1	Types of events
1A	Local pre-approved events - Short-term structured training, teaching session and case study discussion
1B	Other local pre-approved events – Conference / Seminar / Workshop
1C	Overseas events, events organised by other accredited medical/ para-medical/ healthcare establishments
1D	Local clinical mentorship program & structured program organised by accredited CPE event provider with appropriate clinical training base.
Category 2	
2A	Publication of books / original papers / editorial works / reviews
Category 3	
3A	Self-directed learning & self-study (without assessment) - Reading of Ayurvedic / medical books / recognised professional journals, self-study from audio-visual tapes & online education
3B	Self-directed learning - Online education (with assessment)

Each category will be awarded different CPE points. Please refer to Table A for more details

2.3 Submission of CPE Claims

i) For CPE Event Categories 1A and 1B:

Accredited CPE event providers are to submit event attendance on behalf of Ayurveda practitioners who attended the events within one month of the completion of each CPE event.

ii) For Case Study Discussion under Category 1A:

CPE points can be awarded to Ayurveda practitioners who participated in case study discussion approved by the Board. The participants need to complete assessment questionnaire at the end of each discussion. The accredited CPE event provider organising the case study discussion is responsible for submitting CPE attendance on behalf of Ayurveda practitioners, keeping records of the case discussion, setting the questionnaire and providing reports for audit purposes.

iii) For Local Clinical Mentorship Program under Category 1D:

Trainees under the approved clinical mentorship program shall fill in a logbook on the clinical mentorship containing the dates and time of clinical training, and the cases seen. Mentor must provide written assessment and sign on the logbook after each training session. The CPE providers must ensure that the training is properly administered and submit a copy of the logbook through the online CPE module. CPE points are awarded to mentors and trainees upon submission of attendance by CPE event provider.

iv) For Event Categories 1C, 2A, 3A or 3B:

Ayurveda practitioners shall submit online CPE claim applications personally for attending the following CPE events/activities:

- Category 1C: Lecture, conference, seminar or workshop held overseas or organised by other accredited medical/para-medical / healthcare establishments
- Category 2A: Publication of books / papers / editorial works / reviews
- Category 3A: Self-directed Learning (self-study without assessment)
- Category 3B: Self-directed Learning (online education with assessment)

v) List of Accredited CPE Events:

To search for list of accredited CPE events & CPE event providers, please refer to Table D. Ayurvedic practitioners should enquire directly with CPE event providers for details and accreditation. All claims of CPE points must be supported with relevant supporting documents. Please refer to Table B. Ayurvedic practitioner will be informed via email when the CPE claim application is approved.

2.4 Monitoring of CPE Points:

Ayurvedic practitioners are advised to monitor their CPE points and to ensure that they meet the CPE requirement before the end of QP. You would need to login to APAS website to check your CPE points attained.

CPE Event Categories and CPE Points

Table A showing CPE Event Categories and CPE Points

Event category	Types of Events	Participation Role	Role Criteria	CPE Points	Max. CPE Points
1A Local Pre-approved Events	Short-term structured training, teaching session conducted by APAS	Participant	1 to < 2 hour	1	No cap
			2 to 4 hours	2	
			1 day	4	
		Speaker / Trainer	< 2 hours	2	
			2 to 4 hours	4	
			1 day	6	
	Case study discussion conducted by APAS	Participant	2 to 4 hours	2	
1B Other Pre-approved Local Events	Conference/ seminar /workshop	Participant	1 to < 2 hour	1	No cap
			2 to 4 hours	2	
			1 day	4	
			1.5 days	6	
			2 days	8	
			2.5 days	10	
			3 days or more	12	
		Speaker / Trainer	< 2 hours	2	
			2 to 4 hours	4	
			1 day	6	
			1.5 days	8	
			2 days	10	
			2.5 days	12	
			3 days or more	14	
		Participant	1 to < 2 hours	1	No cap

1C Overseas Events Events organised by other accredited medical / paramedical / healthcare establishme nts	Lecture/conferen ce/seminar /workshop		2 to 4 hours	2	
			1 day	4	
			1.5 days	6	
			2 days	8	
			2.5 days	10	
			3 days or more	12	
		Speaker / Trainer*	< 2 hours	2	
			2 to 4 hours	4	
			1 day	6	
			1.5 days	8	
			2 days	10	
			2.5 days	12	
			3 days or more	14	
	Short-term training course	Participant	1 to < 2 hour	1	No cap
			2 to 4 hours	2	
			1 day	4	
			1.5 days	6	
			2 days	8	
			2.5 days	10	
			3 days or more	12	
	Post-graduate study in Ayurveda	Participant	Per 2 hours	1	
1D Local Clinical Mentorship Programme	Structured programme including teaching, supervision and / or mentoring junior practitioners, Ayurvedic therapists; must have appropriate clinical training base.	Mentee	Per 2 hours	1	
		Mentor	Per 2 hours	2	

Event category	Types of events	Participation Role	Role Criteria	CPE Points	Max. CPE Points
2A Publication of Books / Papers / Editorial Works / Reviews	Presentation of paper/ poster at local/ overseas conference/ seminar	Presenter	Per paper/ poster	2	No cap
	Publication of paper/ report in recognised professional journal	Main Author/ Subsidiary Author	Per article	2	
	Editorial work / review of Ayurveda professional book / textbook /reference book / recognised professional journals	Chief Editor	Per book/ journal	5	
		Subsidiary Editor	Per book/ journal	2	
		Reviewer	Per book/ journal	2	
	Author of Ayurveda professional book/ textbook/ reference book	Main Author	Per book	10	
		Subsidiary Author	Per book	2	
3A Self-directed Learning	Reading of Ayurvedic / medical books/ recognised professional journals	Document of self-claim application	Per article	1	Cap 30% (15 CPE points)
	Self-study from audio visual tapes				

	Online education (without assessment)				
3B Self- directed Learning (with assessment)	Publication of paper/ report in recognised professional journal	Main Author/ Subsidiary Author	Per article	2	No cap

Table B showing CPE Claim Submission by Ayurvedic Practitioners

Event Category	Types of Events	Documents for Self-claim Application	Attendance Submission
1C Overseas Events	Lecture/ conference/ seminar/ workshop	1) Event program details (including program details, date & time) 2) Certificate of attendance (including date, time, participant/speaker)	Submit documents within one month of event completion, together with the online CPE claim application.
1C Overseas Events	Short-term training course	1) Course programme details (including course details, date & time) 2) Certificate of attendance on completion (including date, time, participant/speaker)	
1C Overseas Events	Post-graduate study in Ayurveda	1) Admission notices 2) Transcript / course progress report 3) Certificate of completion 4) post-graduate degree (if applicable)	
2A Publication of Books/Papers	Presentation of paper/poster (local or overseas)	1) Paper/poster 2) Certificate issued by organiser	
2A Publication of Books/Papers	Publication of paper/report in recognised journal	1) Paper/report 2) Journal cover/contents page	

2A Publication of Books/Papers	Editorial work / review	1) Book/Journal cover 2) Contents page	
2A Publication of Books/Papers	Author of professional book	1) Book cover 2) Contents page	
3A Self-directed Learning (without assessment)	Reading of books/journals / Self-study from tapes / Online (no assessment)	1) Book cover/article/website link/certificate 2) Reflection/summary of article read	
3B Self-directed Learning (with assessment)	Online education (with assessment)	1) Certificate of completion 2) Screenshot of assessment results	

Table C showing Application of Event Accreditation by CPE Event Providers

Event Category	Types of Events	Documents for Event Application	Attendance Submission
1A Local Pre-approved Events	Short-term structured training / teaching / tutorial session	1) Event program details 2) Information on speakers (as per template)	Attendance records submitted online by provider within one month after event completion.
1A Local Pre-approved Events	Case study discussion	1) Pre-application 2) Records of discussion (slides/notes)	
1B Other Pre-approved Local Events	Conference / seminar / workshop	1) Event program details 2) Information on speakers	
1D Local Clinical Mentorship Program	Structured program with appropriate clinical training base	1) Pre-application 2) Logbook records of clinical training	

Table D showing some of the CPE Event Providers

NCISM	National Commission for Indian System of Medicine CME series
AYUSH	Ministry of Ayush, Govt. of India CME series
Ministry of Ayush	Ayurveda CME platform CME series
AIIA	All India Institute of Ayurveda CME series
DHA	Dubai Health Authority CME series
DOH	Department of Health – Abu Dhabi CME series
MOHAP	Ministry of Health and Prevention of the United Arab Emirates CME series

3. Documentation Requirements

- Certificates of completion
- Logbooks for teaching/supervision
- Attendance records

Summaries for self-study or journal learning

Retention period (by the practitioner): minimum 3 years. APAS may audit up to 10% of members annually.

4. Practice Interruption Rules:

If practitioner stops practicing for 3 years or more: Required 10 additional CPE credits (any category except self-study)

5. Annual Review:

APAS will review this framework annually based on:

- Changes in MOH / NCISM regulatory guidance
- AYUSH / Ayurgyan Yojana updates in India
- World Health Organization's *Benchmark for Training in Ayurveda* (WHO, 2022),
- Local sector growth and feedback

6. Strategic Outcomes

Through the successful implementation of these academic and training initiatives, APAS seeks to achieve the following:

- **Standardization:** Enhance and standardize the skillsets of Ayurveda physicians and therapists in Singapore.
- **Credibility:** Strengthen professional competencies and clinical credibility within the local medical landscape.
- **Governance:** Raise the overall standard of Ayurveda practice, ensuring it aligns rigorously with Singapore's healthcare governance and patient safety frameworks.

7. Conclusion

The training and academic collaborations spearheaded by APAS represent a significant, multi-faceted step toward integrating Ayurveda into Singapore's holistic healthcare ecosystem. By combining international academic expertise, local skill-based partnerships, and structured Continuing Professional Education, APAS aims to build a sustainable, credible framework for professional excellence in Ayurveda practice.

7. PROFESSIONAL BEHAVIOURS AND CODE OF CONDUCT

1. Introduction

All members must uphold a strict code of ethical conduct and professional etiquette. Practitioners and therapists are expected to manage and maintain excellent customer relationships, ensuring they are always polite and professional. All APAS registered practitioners must refrain from any practice that may compromise patient safety. In clinical practice, the purity of traditional Ayurveda must be strictly followed, and clinics must ensure no cross-treatments between genders are allowed. Furthermore, high-pressure sales tactics are strictly prohibited, as therapists must abstain from hard selling during treatment sessions, and clinics must adopt fair and ethical business practices in all marketing communications. Staff are required to be well-groomed, wear uniforms, and prominently display name tags while on duty. All customer data handling must strictly adhere to PDPA rules, with secure storage and consent required for usage beyond billing.

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 explains 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 always come first. 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. 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).
- All APAS members are required to prominently display their Educational Qualification certificates and APAS Membership certificates in their respective practice clinics.

Ayurvedic practitioners must be familiar with all laws or regulations relevant to the practice of Ayurveda in Singapore 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 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
- Respect the right of patients to a second opinion
- 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.

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 always professional 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 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 always 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 always conduct themselves 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. Physician's Physical and Mental Fitness

The interests and safety of clients must always come first. 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 can perform 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 specialized 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 always kept secure and confidential.

If professionals retire or otherwise cease practice at any 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 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

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:

- a. Factual
- b. Accurate
- c. Verifiable
- d. No extravagant claims
- e. Not misleading
- f. Not sensational
- g. Not persuasive
- h. Not laudatory
- i. Not comparative
- j. Not disparaging

9.3 Information in the public domain

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 confirm 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 confirm 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 pharmaceutical 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 webchat 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. Name cards 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 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:

1. The signboards shall not advertise skills.
2. The signboards placed at the front and rear entrance of the place of practice shall not be more than 6 square meters in surface area for each signboard.
3. The signboards shall contain only the English names and the logo of the place of practice. No reference shall be made to any equipment, specialty or specific organ of the body.
4. The signboards may be illuminated. Luminous paint, reflective material or flashing light shall not be used.
5. The “Consultation Hours” signboard may be displayed separately, and it shall not be more than 0.6 square meters 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 during 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:

1. Improperly obtaining money from patients.
2. Improperly prescribing drugs or appliances in which he has a financial interest.
3. Where a patient is referred to a Ayurvedic practitioner by another Ayurvedic practitioner, registered medical practitioner or other third party the Ayurvedic practitioner shall
4. Not reward the referrer by the payment of commission or any other form of consideration (e.g. fee sharing); and
5. 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 Ayurvedic practitioner who is aware that he is suffering from a condition that might render him unfit to practice must seek appropriate treatment from another Ayurvedic practitioner or registered medical practitioner.

11.2 Declaration of medical unfitness to practice

An Ayurvedic practitioner is responsible, if he is of sound mind, to disclose to APAS 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 practice.

11.3 Reporting Ayurvedic practitioners unfit to practice

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 practice 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, he will be disciplined by the disciplinary committee. It is entitled to order that the Ayurvedic practitioner's name be removed from the APAS membership Register.

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

8. COMPLAINTS AND APPEAL MANAGEMENT

Purpose & Scope

This procedure defines how a member of the public (or patient) may lodge a formal complaint against an APAS registered Ayurvedic practitioner in Singapore, how the complaint will be processed, and what possible outcomes and resolutions may follow.

It covers complaints relating to professional conduct, negligence, misconduct, unfitness to practice, misuse of credentials, or other serious breaches by registered practitioners.

1. Grounds for Complaint

A complaint may be submitted when a registered Ayurvedic practitioner is alleged to have committed any of the following (or analogous grounds):

- Obtained registration by fraudulent or incorrect statement.
- Had qualifications used for registration withdrawn or cancelled.
- Registration revoked, suspended or cancelled in another jurisdiction.
- Ceased to carry on the registered practice.
- Failed to comply with any condition of registration.
- Violated regulations, codes of ethics or conduct applicable to the profession.
- Been convicted of an offence involving fraud, dishonesty, or other offence implying unfitness to remain registered.
- Committed professional misconduct or negligence.
- Engaged in improper acts or conduct rendering him/her unfit to be registered.
- Become physically or mentally unfit to practice safely or effectively.

2. Submission of Complaint

- The complaint must be submitted in writing.
- A Complaint Form, a self-declaration form, and guidance notes for complainants are **available** from the APAS office or the website.

- The complainant must provide a clear, detailed account of the facts, events, and grounds for the complaint in a “Complaint Letter”.
- If the complaint relates to certain serious grounds (e.g., professional misconduct, negligence, unfitness, violation of ethical regulations), it must be supported by a self-declaration. The declaration must state: complainant’s name, address, occupation; grounds of complaint; and evidence supporting the complaint.
- The letter must include:
 1. Full name of the practitioner complained against
 2. Date(s), location(s) and context of treatment (clinic name, address, type of treatment).
 3. Detailed description of the incident(s), allegations, and supporting facts (e.g. what happened, when, who was involved). It’s recommended to break down each allegation under a clear header (e.g. “Negligence – failure to observe hygienic procedures”).
 4. Any relevant supporting documents: medical reports, photos (e.g. of injuries), discharge summaries, receipts, prescriptions. Provide a labelled list of attachments.
- The complaint package (Complaint Letter + self-declaration + supporting documents) should be submitted to the Association’s office or by email to apasingapore@gmail.com.

3. Initial Review & Screening

- Upon receipt, the Association’s Management Committee will acknowledge the receipt within 3 working days and conduct a preliminary review of the complaint to determine if it falls within the scope (i.e. valid practitioner, valid grounds).
- If complaint is frivolous, vexatious, misconceived or lacking in substance, the Association may reject/dismiss the complaint at this stage.
- If the complaint passes the screening, it will be referred to the Complaint Resolution Committee for formal inquiry within 5 to 10 working days.

4. Investigation / Inquiry

- The Complaint Resolution Committee will appoint 2 members as investigators to gather relevant facts, evidence, records, statements.
- The practitioner complained against will be notified in writing and given opportunity to provide a written response/explanation.
- The practitioner may also be allowed to appear before the Committee (in person or via representative/counsel) to be heard.
- The Committee should aim to conclude its investigation within 3 months from referral, unless an extension is granted.

5. Possible Outcomes.

Depending on findings, the Association may:

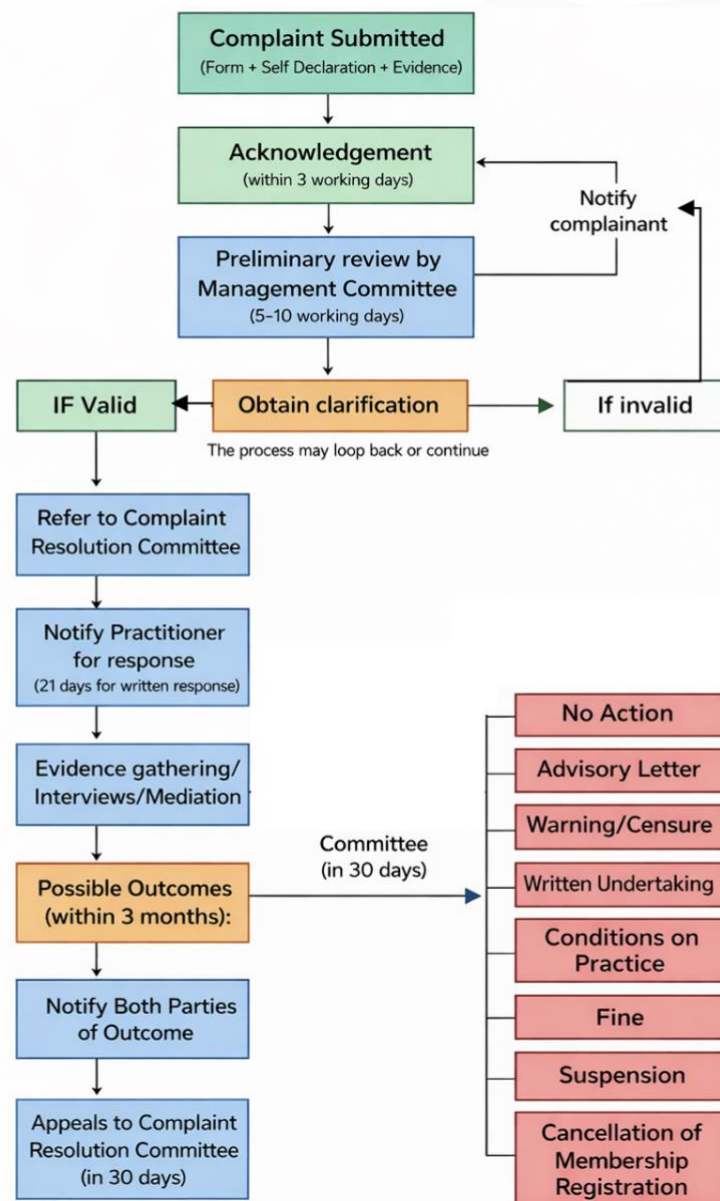
- Dismiss the complaint (no action).
- Issue a caution or censure to the practitioner.
- Issue a letter of advice (with recommendations for improvement or compliance).
- Order the practitioner to give a written undertaking to abstain from certain conduct.
- Impose monetary penalties / fines (for example up to a certain amount), if applicable under association's rules.
- Alter the practitioner's membership registration classification (e.g. downgrade) or modify conditions of registration (for a fixed period, e.g. up to 3 years).
- Order mediation between the complainant and practitioner: arrange a mediation session, with both parties meeting a mediator, and submit mediator's report.
- Suspend the practitioner's membership registration for a specified period.
- Cancel (revoke) the practitioner's membership registration.
- If the complainant or practitioner is unhappy with the decision, both the parties can appeal to the Management Committee within 30 days.
- Still if the complainant or practitioner is unhappy with the decision, both the parties can approach a higher authority or court.

6. Communication & Confidentiality

- The Management committee will acknowledge receipt of the complaint.
- The complainant and the practitioner will be informed of the outcome once the inquiry is completed.
- During investigation, confidentiality should be preserved: details of the investigation may not be disclosed publicly until conclusion (or subject to confidentiality rules).

Complaint resolution flowchart

(Public / Patient focus)



9. DISCIPLINARY FRAMEWORK

1. Introduction

The integrity of the entire self-regulation process is safeguarded by a proactive disciplinary framework. APAS is mandated to validate the accreditation of all personnel within Ayurvedic establishments and will not hesitate to take swift and decisive action against errant clinics that fail to adhere to the standards outlined in this framework. This includes ensuring that only qualified and registered professionals practice, thereby protecting the patient community from potential harm caused by unauthorized or untrained individuals.

2. Roles and responsibilities of the Disciplinary Committee

The primary responsibilities of the Disciplinary Committee are:

- To convene when there is a grievance concerning an APAS member or services provided by a member's centre.
- To conduct a thorough investigation of the complaint.
- To advise and recommend a resolution plan to ensure the complainant's concerns are addressed.

3. Disciplinary Sub-Committee Hearings

a) Referral and constitution

The Management Committee (MC), upon receipt of a complaint made against a member, may refer the complaint to a Disciplinary Sub-Committee. The Disciplinary Sub-Committee shall consist of at least five panel members (life or ordinary) appointed by the MC. For any hearing conducted by the Disciplinary Sub-Committee there must be at least three of its members present. The member or party involved has the right to representation and may engage legal counsel or a senior member to act on their behalf at the hearing.

b) Mediation

Upon receipt of a complaint referred by the MC, the Chairperson of the Disciplinary Sub-Committee, or in the Chairperson's absence APAS may appoint a member from APAS's management committee to attempt mediation between the parties. The appointed mediator may require the parties to attend the mediation. For the avoidance of doubt, no party is obliged to accept or participate in mediation. The mediator shall report the outcome of the mediation to the Chairperson of the Disciplinary Sub-Committee. If mediation is successful, the Chairperson will inform the MC. If mediation is unsuccessful, the Chairperson will proceed to convene a hearing in accordance with these provisions.

c) Interim suspension

The Disciplinary Sub-Committee may, at its discretion, suspend all or any privileges of a member who is the subject of the complaint for such period as it deems fit or until the hearing is held and decided, whichever is earlier.

d) Determination at hearing

At the conclusion of the hearing, the Disciplinary Sub-Committee shall determine whether the member has breached any provision of the Constitution, the Regulations of APAS, or has acted in a manner prejudicial to the interests or good name of APAS.

e) Powers and sanctions

The Disciplinary Sub-Committee has the power to make any of the following orders where it considers them appropriate:

- Expel the member from APAS where the member's conduct renders them unfit for membership.
- Suspend all or any privileges of the member for a period not exceeding one year from the date of the decision.
- Impose a fine on the member not exceeding S\$1,000.
- Issue written and/or oral warnings to the member regarding their conduct.
- Dismiss the complaint on such terms as it deems fit.
- Make any other order it considers just and equitable in the circumstances.

f) Notification and publication

As soon as the Disciplinary Sub-Committee reaches a decision it shall inform the MC. Subject to the relevant Articles of the Constitution, the MC shall instruct the Honorary Secretary to inform the parties involved of the decision in writing. For the avoidance of doubt, the MC may publish the outcome of the hearing to APAS members by any medium of communication.

g) MC review and alteration of decisions

Notwithstanding anything else in these provisions, the MC has the power to review and alter any decision of the Disciplinary Sub-Committee. For such review the MC may inspect all documents of the proceedings and require such further evidence as it deems fit. Upon completion of the review, the MC shall inform the Disciplinary Sub-Committee of its decision and notify the parties in writing.

h) Power of the MC to hear complaints directly

The MC may, at its discretion, hear and decide any complaint without referring it to the Disciplinary Sub-Committee. In such cases, the MC may exercise all or any of the powers conferred on the Disciplinary Sub-Committee.

i) Review and Appeal Against Decisions of the Disciplinary Sub-Committee

Right to appeal

Any member dissatisfied with the decision or penalty imposed by the Disciplinary Sub-Committee may, within 30 (Thirty) days of the posting of the decision, submit a written appeal to the MC requesting reconsideration. The MC may, at its discretion, give the appellant the opportunity to attend a review hearing (excluding any member of the Disciplinary Sub-Committee) to make oral representations in support of the appeal. The appellant may be represented by legal counsel.

Orders available on review

After reviewing and/or hearing representations, the MC may make any of the following orders:

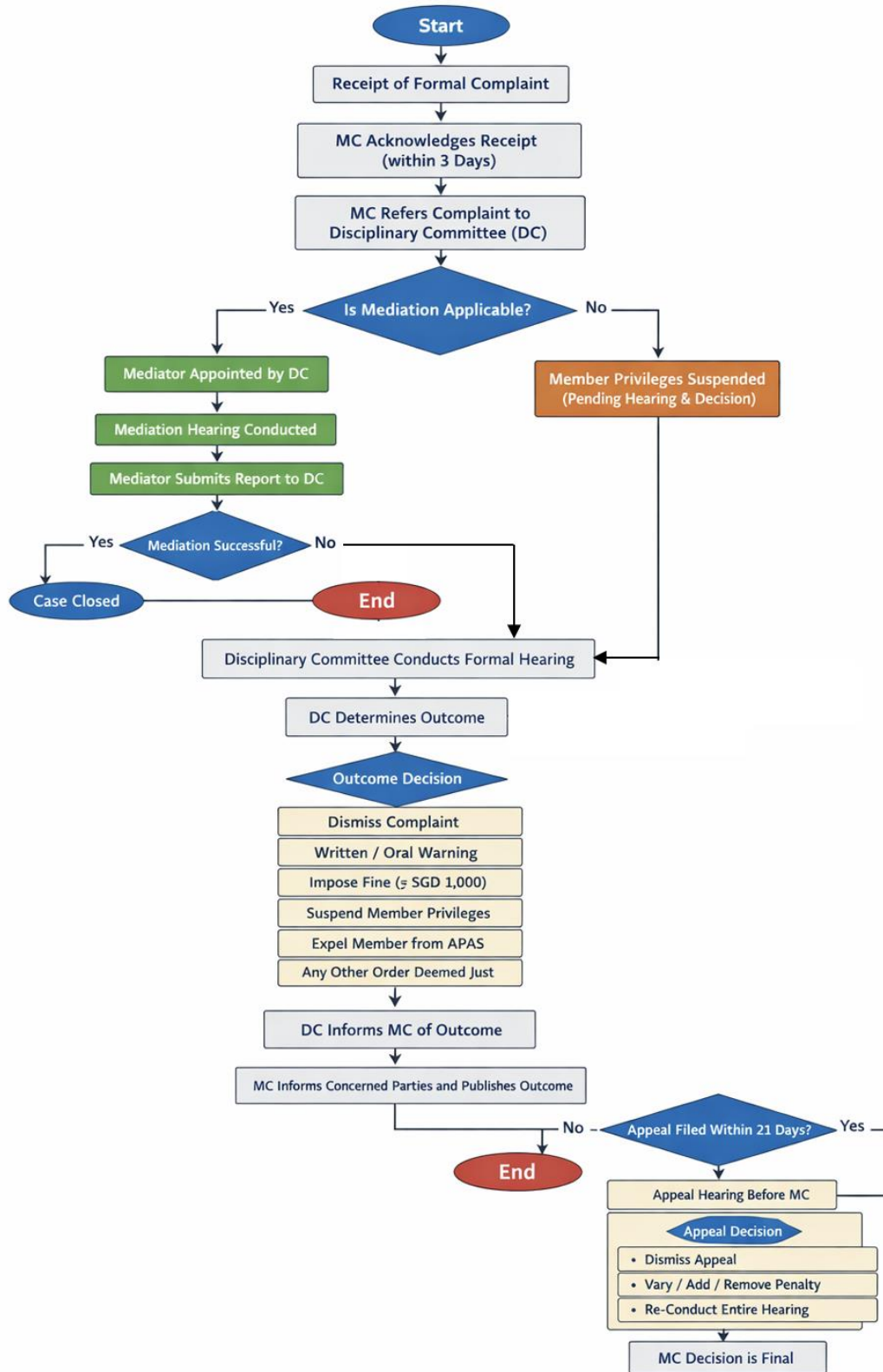
- Dismiss the appeal.
- Vary, add to, or remove any of the penalties imposed.
- Reconvene and conduct a full hearing of the complaint.
- Make any other order the MC considers just and equitable in the circumstances.

Appeals from decisions initially decided by the MC

If the initial hearing was conducted by the MC, a member dissatisfied with that decision or penalty may, within twenty-one days of posting of the decision, submit a written appeal to the MC to reconsider. After considering the appeal, the MC may make any of the orders set out above.

Disciplinary Process Flow Chart

(Internal/Member focus)



Finality

The decision of the MC on any review or appeal under these provisions shall be final and binding on all members.

----- End of Self-Regulatory Framework -----