CRANIOSACRAL THERAPY ASSOCIATION

Practice and disciplinary codes

COMPLAINT INVESTIGATION AND DISCIPLINARY PROCEDURES

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1. INTRODUCTION

1.1 Terms used in this document are to be interpreted as in the interpretation section of the accompanying 'Investigation of Complaints: Procedural Rules'. References to the masculine include the feminine.

1.2 The objects of these Rules are to protect the public, ensure high professional standards and uphold the reputation of the CSTA and its members.

1.3 Compliance with the Codes of Conduct, Standards of Practice and Disciplinary Procedures are mandatory for all members, as is compliance with the law. Ignorance is no excuse for failure to comply.

1.4 There shall be a distinction drawn between complaints against practitioners and against Accredited Colleges; the latter are dealt with under the provisions of the CSTA's Accreditation Guidelines.

1.5 The detailed procedural rules are contained in the Investigation of Complaints Procedural Rules.

1.6 The Trustees of the CSTA will be responsible for appointing suitable persons to form a Disciplinary Panel from which to draw when selecting a screener or constituting an Investigating Committee, a Professional Conduct Committee, a Health Committee, or an Appeals Panel. The Panel will be composed of Fellows and / or Full Members of the CSTA and such lay people as the trustees considers suitable.

1.7 The Trustees will also appoint a Complaints Officer who in each case will select from the Disciplinary Panel those who will serve as screener or as members of any of the committees required to deal with the case. The Complaints Officer will be responsible for guiding each case from stage to stage as expeditiously as possible, seeking legal advice where necessary and for appointing those who will present the case before any committee and legal assessors where necessary. The Complaints Officer will be responsible for any practical arrangements which have to be made. He will have regard to avoiding any conflict of interest which may arise.

1.8 The Complaints Officer shall not sit on any committee dealing with any case and shall not act as screener. But the screener and any committee may turn to the Complaints Officer for advice and guidance on procedures.

1.9 The Investigating Committee. Professional Conduct Committee, Health Committee and Appeals Panel will not be sub-committees of the Trustees. Their deliberations and decisions are not subject to the approval of the Trustees.

1.10 The Complaints Officer will appoint one member of each committee to be chair and where necessary also appoint a Clerk for each committee. The number of members of each committee shall be at the discretion of the Trustees. In normal circumstances the Investigating Committee, Professional Conduct Committee, Health Committee and Appeals Panel will be formed of three persons.

1.11 The Complaints Officer may appoint a person as a member of more than one committee, but in the course of dealing with any given case, no person may sit on more than one of these committees.

1.12 No person shall sit on any committee or Appeals Panel where it can be demonstrated that any professional or other relationships exists between him and any party to a case, or that he may not be able to adjudicate impartially for any other reason. Any such person shall declare such reasons for not sitting if he knows of them. It will be for the chair of that committee to decide if any member of the committee should not sit on the committee in any case.

2. CONSIDERATION OF ALLEGATIONS BY THE INVESTIGATING COMMITTEE

2.1 SCOPE OF RULES

2.1.1 These rules apply where any allegation is made against a practitioner to the effect that:

a. He has been guilty of conduct which falls short of the standard required of a practitioner.

b. He has been guilty of professional incompetence.

c. He has been convicted (at any time) of a criminal offence, or

d. His ability to practise as a therapist is seriously impaired because of his physical or mental condition

2.1.2 Such conduct which falls short of the standard required of a practitioner is referred to as "Unacceptable Professional Conduct".

2.1.3 In deciding whether any conduct falls short of the required standard or whether the member has been incompetent, regard will be had to the CSTA's Code of Ethics and Conduct, and Standards of Practice.

2.1.4 When an allegation is made to the CSTA, it shall be the duty of the person receiving the complaint, whether verbally or in writing, to refer the allegation to the Complaints Officer.

2.1.5 The Complaints Officer may at his discretion within seven days of being informed of the complaint appoint a person to be Complaints Adviser (known as the 'adviser') in the case. It shall be the duty of the adviser to:

- discuss with the complainant the reasons for his dissatisfaction,
- what outcome the complainant is seeking,
- whether the respondent's actions breached the code of ethics and / or standards of practice,
- to familiarise the complainant with all the steps of the complaints procedure
- discuss the possible outcomes of pursuing a complaint and ways in which the matter might be resolved without making a formal complaint, such as direct discussion between the parties or mediation,
- any other relevant matters.

2.1.6 The adviser will help the complainant decide whether to proceed to making a formal complaint. The complainant should have complete freedom to make a formal complaint or not.

2.1.7 The adviser is specifically debarred from giving any legal advice or advice that could reasonably be understood as legal advice.

2.1.8 The duty of the adviser is to work to the best of his ability in the complainant's best interests and he is given discretion in relation to amount of contact and type of contact i.e. face to face, Skype, phone or email. It will be presumed that face-to-face meetings between the adviser and the complainant will be preferable to contact by telephone etc unless the distance involved makes this impractical.

2.1.9 The complaints adviser will be chosen from a panel of suitable persons approved by the CSTA Trustees. Qualifications for this role will include: membership of the CSTA, qualification in a branch of psychotherapy, knowledge of the CSTA code of ethics and standards of practice, and preferably experience of conflict resolution, together with any other criteria adopted by the Trustees. The persons forming the advisers' panel will not take any other part in the complaints procedures in this or other cases.

2.1.10 What passes between the adviser and the complainant will be confidential to them, except that the adviser will report in due course to the Complaints Officer what the outcome of his contacts with the complainant have been. The content of this report will be agreed between the adviser and the complainant. The report will be brief and limited to whether the complainant wishes to make a formal complaint to the CSTA and whether he thinks that the complaint could be settled by mediation.

2.1.11 There will be a presumption that the Complaints Officer will appoint a complaints adviser in each case unless he is persuaded, after taking any advice he believes necessary, that this is inappropriate. No complaints adviser will be appointed where the prime mover in any complaint is the Association itself.

2.1.12 The adviser will have 28 days to complete his task. This may be extended with the permission of the chair of the investigating committee if the chair is persuaded that this is in the interests both of the complainant and the respondent.

2.1.13 If the outcome of the adviser's work is that the complainant writes a formal letter of complaint then the Complaints Officer shall, on receipt of this letter and without delay refer the complaint to a member of the disciplinary panel who will become the 'screener' for that case. (See section 2.2.)

2.1.14 If a formal letter of complaint is sent then the adviser ceases to be involved with the case.

2.1.15 There may be circumstances when the chair of the Investigating Committee, after receiving an interim or final report from the screener and any consultation he believes necessary with the Complaints Officer and the members of his committee, and after taking any legal advice he believes necessary, considers that because of the urgency of the case or the nature of the allegations or for any other good reason the case should be referred directly to the professional conduct or health committee. In such circumstances the chair of the Investigating Committee at his discretion may refer the

case to one of these committees even though the procedures laid down in this document for the screener and the Investigating Committee have only been carried out in part or not at all.

2.2 SCREENER

2.2.1 The 'screener' in any case may be a full member of the CSTA, but not the chair, secretary, treasurer, registrar or other officer of the Trustees. A suitably qualified person, who,is not a member of the CSTA, may be appointed as screener. The screener's role is to handle a complaint in its initial stages which in summary is as follows:

- Hear or read the initial complaint.
- Inform the complainant about the CSTA disciplinary procedure.
- See if the complaint can be settled by discussion between the complainant and the practitioner.
- If it cannot be so settled, and the complaint has been made verbally, to invite the complainant to put it in writing.
- To notify the practitioner who is the subject of the complaint, and to ask for his initial response in writing.
- To ask any questions necessary to make clear the nature of the complaint.
- It is not the screener's role to carry out a full investigation or to decide if there is a case to answer.

2.2.2 It is the screener's duty to act with all reasonable speed.

2.2.3 The screener will inform the complainant about the CSTA's disciplinary procedure. He will ask the complainant if he has discussed the matter with the practitioner concerned and inquire if he believes that the complaint can be settled in that way. However, he will not seek to persuade the complainant to meet the practitioner if he is unwilling to do so.

2.2.4 If the complainant still wishes to proceed with the complaint, or does not respond to the screener's initial contact, and no written complaint has been received, the screener will ask the complainant to put his complaint in writing within 28 days. If, without reasonable excuse, the complainant fails to do so within 28 days, then no further action shall be taken, and the complainant shall be informed of this. The screener has discretion to extend the period of 28 days if the complainant's circumstances warrant it, but only for compelling reasons and any such extension of time should be the minimum reasonable.

2.2.5 The screener shall inform the member complained against of the nature of the complaint as soon as possible after it has been made. The screener will advise the member to inform his insurer and/or take legal advice. He should in the normal course of events advise the member not to take the initiative in contacting the complainant, but to respond positively to any approach by the complainant with a view to settling the matter by discussion between the two of them.

2.2.6 When a written complaint has been received, the screener shall ask permission from the complainant to put the written complaint in full to the member who is the subject

of the complaint. If the complainant's permission is with-held then no further action shall be taken and the complainant and practitioner shall be informed accordingly.

2.2.7 If permission is forthcoming from the complainant, the screener will send the member complained against the full text of the complaint, and ask him to respond within 28 days. The screener has discretion to extend this period, but only for compelling reasons.

2.2.8 The screener may ask either party questions but only to clarify the basic facts of the case.

2.2.9 The screener shall have discretion to propose to the parties, before he submits his report to the Investigating Committee, that an attempt should be made to settle the complaint by mediation. While the screener has discretion in the matter, the presumption shall be that mediation will be proposed unless the nature of the complaint or other circumstances persuade the screener that this is inappropriate.

2.2.10 If the screener decides that mediation should be attempted, he will seek the consent of the parties. No mediation will be arranged unless both parties have given their consent in writing within 28 days of being asked to do so. It will be made clear to the parties that should the mediation fail then the right of the complainant to pursue the matter will not be prejudiced, but that if both parties are satisfied with the outcome then the case will proceed no further. If consent is forthcoming the screener will contact the CSTA Trustees' disciplinary procedures committee and seek consent to the cost of mediation by a professional mediator being borne by the Association. The presumption will be that the committee will sanction reasonable expenditure to this end.

2.2.11 If the screener believes that he needs the support and advice of another member of the disciplinary team in proposing mediation or in any other aspect of his work he will discuss this with the chair of the Investigating Committee who will appoint a suitable person to provide support and assistance. The screener retains ultimate responsibility for the handling of the case at this stage and will be the one to arrange mediation. The additional person appointed to assist the screener will play no other part in the case.

2.2.12 While mediation is being proposed and consent sought, no other steps will be taken by the screener in connection with the case. It is for the screener to decide the timing of the proposal to settle the matter by mediation.

2.2.13 Following the mediation, if it appears to have been successful, the screener will ask both parties to signify in writing within 28 days that they are satisfied with the outcome and that no further action should be taken. If both parties so signify, then the screener will inform them both and the chair of the Investigating Committee that the matter is closed.

2.2.14 Unless both parties write to the screener within 28 days as in paragraph 2.2.13 saying they are satisfied with the outcome, then the screener shall proceed to report to the Investigating Committee as in the following paragraph, having completed all the tasks specified in this section.

2.2.15 The screener will send to the Investigating Committee with the least possible delay a report for their consideration, including the full texts of the complaint and the response made to it, together with any additional information he sees fit to include. If the practitioner fails to respond within 28 days of the request made to him (paragraph 2.2.7) then the screener will refer the complaint to the Investigating Committee without the practitioner's response.

2.2.16 The screener will then play no further part in the case.

INVESTIGATING COMMITTEE PROCEDURE

2.3.1 If a report is given to the Investigating Committee, the Committee shall investigate the allegations.

2.3.2 Where the Investigating Committee is required to investigate any allegation, it shall:

a. Consider the papers from the screener and decide if further information is required.

b. Take such steps as are reasonably practical to obtain as much information as possible about the case. This may include asking further questions of the parties.

c. Consider in the light of the screener's report, any other information which it has been able to obtain and any further observations made by the complainant and the practitioner concerned, whether in its opinion the case should be heard by the Professional Conduct Committee or the Health Committee.

d. In the case of an allegation where a practitioner has been convicted of a criminal offence, the Investigating Committee may conclude that there is no case to answer if it considers that the criminal offence in question has no material relevance to the fitness of the practitioner concerned to practise craniosacral therapy or to the reputation of craniosacral therapy as a profession.

2.3.3 Where the Investigating Committee concludes that there is a case to answer, it shall have powers, specified in this and the following paragraphs, to dispose of a complaint without referring it to the Professional Conduct Committee or the Health Committee.

2.3.4 The committee shall in all circumstances and before making any reference to the Health Committee or the Professional Conduct Committee, first consider the following.

a. The presumption shall be that a case should be disposed of by the Investigating Committee unless the powers given to it are in its opinion inadequate (see sub-paragraph b and d).

b. Where the Committee is satisfied that, on the facts before it, the safety and wellbeing of the complainant and any clients of the practitioner against whom the allegation has been made can be properly protected by issuing advice to the practitioner, giving him a formal warning or seeking assurances from him, it may write to the practitioner to this effect.

c. The consent of the complainant is not required before disposing of a complaint in this way (but see paragraph 2.3.5).

d. The Committee before taking this step must satisfy itself that:

   i. the circumstances which led to the complaint are unlikely to be repeated if it gives advice or a warning or seeks proper assurances which are given and observed;

   ii. and that the allegation is not of such a serious nature that the interests of the complainant and the reputation of the Association require a full hearing by the Professional Conduct Committee or the Health Committee; and that the interests of justice would not be better served by such a hearing.

e. If the committee disposes of a case by means of advice or a warning, it shall take steps to ensure that this is received in writing by the practitioner. The committee shall make clear to the practitioner the likely or possible consequences of repeating the conduct which led to the complaint. The practitioner will be asked for confirmation that he has understood and accepts the advice or warning.

f. The Committee may in its discretion ask for one or more of the following assurances:

   i. That the practitioner will make an apology in writing to the complainant in a form to be approved by the Committee

   ii. That the practitioner will in future refrain from unacceptable conduct of the kind which led to the complaint

   iii. That the practitioner will undertake further training which will better fit him to avoid similar complaints.

   iv. That the practitioner will take medical advice about any health issue arising from the complaint.

   v. Any other assurance from the practitioner which can reasonably be requested in the light of the complaint.

g. The Committee in seeking such assurances will inform the practitioner that if he gives the required undertaking in writing and fulfils the terms of this undertaking, giving any reasonable proof that he has done so and avoiding any conduct of the kind which led to the complaint, then no further action will be taken, but that if he fails to give a written undertaking to the chair of the Committee within 28 days of dispatch of the letter by the Committee or gives an undertaking but fails to carry out its terms, or repeats the unacceptable professional conduct, then the Committee will refer the complaint to the Professional Conduct Committee or the Health Committee.

h. If the practitioner gives the required written assurance, or accepts the advice or warning given by the committee, the complainant will be informed in writing of the Committee's action, what if anything the practitioner has been requested to do and that the matter is closed subject to the practitioner observing the terms of the committee's decision.

i. The Committee may take all reasonable steps to ascertain that an undertaking given by the practitioner has been observed and may ask for documentary proof.

j. If the Committee is of the opinion that a practitioner has failed to honour an undertaking given to it, has unreasonably failed to provide proof of carrying out his undertaking, or has repeated conduct of the type which led to the complaint, then it may reconsider the matter and refer the complaint to the Professional Conduct Committee or the Health Committee. If such a reference is made the Committee may put before either of these committees all the papers relating to the complaint.

k. The Committee will ensure that a proper record is kept of how the complaint has been dealt with.

2.3.5 When the Investigating Committee is minded to dispose of a case under paragraphs 2.3.3 and 2.3.4, it shall first ask the complainant if he has any representations to make on the proposed course of action. The committee is not bound by such representations but shall take them into account.

2.3.6 Where the Investigating Committee concludes that there is a case to answer but finds that its powers under paragraph 2.3.3 and 2.3.4 are not appropriate in the circumstances or have failed to resolve the matter, it shall

a. Notify both the practitioner concerned and the person making the allegation of its conclusion, and

b. Refer the allegation as formulated by the Investigating Committee, together with all the papers in the case, to:-

i. The Health Committee in the case of an allegation relating to the ability of a practitioner being seriously impaired because of his physical or mental condition; or

ii. To the Professional Conduct Committee in the case of an allegation of any other kind.

2.3.7 Where a referral has been made to the Professional Conduct Committee or the Health Committee in accordance with the previous paragraph, and further investigation produces new evidence which in the opinion of the Complaints Officer might have led the Investigating Committee to a different conclusion, then the Complaints Officer may apply to the chair of the Professional Conduct Committee or the chair of the Health Committee as the case may be to refer the allegation back to the Investigating Committee for further consideration. In this event the committee may deal with the matter in any of the ways set out in the preceding paragraphs.

2.3.8 Where the Professional Conduct Committee, in giving the case preliminary consideration short of a full hearing, comes to the conclusion that the Investigating Committee could reasonably have dealt with the allegation itself by one of the means in the preceding paragraphs it may refer the case back to the Investigating Committee to dispose of.

2.3.9 Where the Investigating Committee concludes that there is no case to answer, it shall notify both the practitioner concerned and the person making the allegation. The case is then closed.

2.4 INTERIM SUSPENSION BY INVESTIGATING COMMITTEE.

2.4.1 This section applies where under the previous section, the Investigating Committee is investigating an allegation against a practitioner.

2.4.2 If the Committee is satisfied that it is necessary to do so in order to protect members of the public, it may order the Registrar of the CSTA to suspend the practitioner's registration.

2.4.3 The order shall specify the period of the suspension, which shall not exceed two months beginning with the date on which the order is made.

2.4.4 The Committee shall not:

a. Make an order in any case, after it has referred the allegation in question to the Professional Conduct Committee or the Health Committee.

b. Make more than one order in respect of the same allegation.

2.4.5 Before making an order, the Investigating Committee shall give the practitioner concerned an opportunity to appear before it and to argue the case against the making of the proposed order.

2.4.6 At any such hearing, the practitioner shall be entitled to be legally represented.

2.4.7 An Interim Suspension Order will automatically be revoked if the Investigating Committee decides that there is no case to answer, or the Professional Conduct Committee or the Health Committee decides that the allegation is not well founded.

2.4.8 On application made by the practitioner concerned in the case, an Interim Suspension Order may be revoked by the Investigating Committee before it has made a referral of the case to the Professional Conduct Committee or the Health Committee. This may be on the ground that a change in the circumstances of the case has made the order unnecessary.

2.4.9 The Professional Conduct Committee and the Health Committee have power to vary or revoke Interim Suspension Orders made by the Investigating Committee after cases have been referred to them.

2.4.10 Where a practitioner has made an application for revocation of an Interim Suspension Order, which has been refused, he may appeal against the refusal. See Section 8: Appeals. An appeal must be brought within 28 days of the date on which the notice of refusal was sent to the practitioner.

3. CONSIDERATION OF ALLEGATIONS BY THE PROFESSIONAL CONDUCT COMMITTEE

3.1 DUTY TO CONSIDER ALLEGATION

3.1.1 When an allegation has been referred to the Professional Conduct Committee, it shall be the duty of the Committee to consider the allegation with the least possible delay.

3.1.2 If the allegation concerns a conviction at any time of a criminal offence, the Committee may take no further action if it considers that the criminal offence in question has no relevance to the fitness of the practitioner to practise craniosacral therapy, or to the reputation of craniosacral therapy as a profession.

3.2 SANCTIONS

3.2.1 Where the Professional Conduct Committee is satisfied the allegation is well founded, it shall take one of the following steps:

a. Formally admonish the Practitioner.

b. Make an Order imposing conditions with which he must comply whilst practising craniosacral therapy. ("A Conditions of Practice Order")

c. Order the Registrar of the CSTA to suspend the practitioner's registration for such period as may be specified in the Order, ("A Suspension Order").

d. Order the Registrar of the CSTA to remove the practitioner's name from the register of the CSTA and if necessary, advise any other interested organisation for the purpose of protecting the public.

3.3 CONDITIONS OF PRACTICE AND SUSPENSION ORDERS.

3.3.1 A Conditions of Practice Order shall cease to have effect:

a. If a period specified within that order ends,

b. If no such period is specified but a test of competence is specified, when the practitioner concerned passes the test,

c. If both a period and a test are so specified, when the period ends, or when the practitioner concerned passes the test, whichever is the later to occur.

3.3.2 At any time whilst a Conditions of Practice Order or a Suspension Order is in force the Professional Conduct Committee may (whether or not of its own motion and whether or not on the application of the practitioner in respect of whom the order has been made):

a. Extend or further extend the period for which the order has effect.

b. Revoke or vary any of the conditions (in the case of a Conditions of Practice Order).

c. Require the practitioner concerned to pass a test of competence specified by the Committee (in the case of a Conditions of Practice Order).

d. Reduce the period for which the Order has effect.

e. Revoke the order.

3.3.3 Where the period for which a Condition of Practice Order is extended or reduced under paragraph 3.3.2 or a test of competence is specified under that section, a Condition of Practice order shall have effect as if:

a. The period specified in the Conditions of Practice Order were the extended or reduced period.

~~b.~~ The test of competence was specified in that order.

3.3.4 Where a practitioner has made an application under paragraph 3.3.2 for reconsideration of a Conditions of Practice Order or Suspension Order imposed by the Professional Conduct Committee ("previous application") the committee shall not entertain a further such application unless it is made at least 6 months after the date on which the previous application was received by the committee, or, if the practitioner has appealed to the Appeals Panel, 6 months after the date of the appeal being withdrawn or otherwise disposed of.

3.3.5 Periods specified in the Conditions of Practice Order or a Suspension Order and an extension for a specified period shall not exceed in each case, three years.

3.4 PROFESSIONAL CONDUCT COMMITTEE PROCEDURE

3.4.1 Before exercising its powers, the Committee shall give the practitioner concerned an opportunity to appear before it and to argue his case. At any such hearing, the practitioner shall be entitled to be legally represented

3.4.2 The Professional Conduct Committee shall ensure that conditions imposed on the practitioner concerned are, or the period of suspension imposed on him is, the minimum which it considers necessary for the protection of the members of public.

3.4.3 Any decision by the Professional Conduct Committee, whether to impose sanctions or a finding that the allegation is unfounded, shall be communicated in writing to the complainant, the member complained against and the Clerk of the Investigating Committee.

3.4.4 The committee shall issue a report annually, available to the members of the CSTA, detailing any cases it has dealt with during the previous 12 months and the action taken in those cases. The report shall contain no details which might identify the practitioners involved, unless such details are already in the public domain, e.g. through publication of the findings of a hearing of the Professional Conduct Committee by order of that committee or through newspaper reports of a court case.

3.5 HEARINGS IN PUBLIC UNLESS OTHERWISE ORDERED

3.5.1 Subject to the following provisions, all hearings of the Professional Conduct Committee shall be in public.

3.5.2 The Committee may direct that all or part of a hearing shall be in private-

a. upon the application of all the parties; or

b. upon the application of any party, if the Committee is satisfied that a hearing in private is necessary, having regard to –

i. the interests of morals, public order, national security or the protection of the private lives of the parties; or

ii. any unfairness to the respondent that might result from a hearing in public

if, in either case, the Committee is satisfied that a hearing in private would not prejudice the interests of justice.

3.5.3 Before determining an application under paragraph 3.5.2(b), the Committee shall give the other party an opportunity to make representations. Before giving a direction that the entire hearing should be in private, the Committee shall consider whether only part of the hearing should be heard in private. Where all or any of a hearing is held or is to be held in private, the Committee may direct that information about the whole or part of the proceedings before the Committee (including information that might help to identify any person) shall not be made public, and such a direction may provide for the information (if any) not to be made public.

3.5.4 The Committee may exclude from the whole or part of a hearing any person whose conduct, in the opinion of the Committee, has disrupted or is likely to disrupt the hearing.

3.6 PUBLICATION OF FINDINGS

3.6.1 If the Committee is of the view that it is in the public interest to publish the decision of the complaint on the Association's website, then the Committee shall hear representations from the relevant parties, before a final decision is made. These representations shall be heard after the Committee has announced its findings.

3.6.2 When considering whether it is in the public interest to publish the decision the Committee shall take into account, amongst other things, the following:

(i) The importance of transparency in the decision-making processes;

(ii) The importance of providing information about complaints against practitioners to enable prospective clients to make informed choices about whom to consult, to demonstrate that complaints are investigated, to help others decide whether behaviour of concern should be reported to the Association.

(iii) The need to maintain public confidence in the complaints system by demonstrating what action is being or has been taken and why.

(iv) Whether the publication discloses confidential or legally privileged information.

(v) Whether the publication discloses confidential medical conditions or treatment.

(vi) Whether the publication will prejudice civil or criminal proceedings.

(vii) Whether the publication breaches a person's rights under Article 8 of the European Convention on Human Rights.

3.6.3 When the Committee orders that its findings should be made public, that publication will in the normal course of events be on the website of the Craniosacral Therapy Association and will be arranged by the Clerk of the Committee.

3.6.4 When the Committee has found any allegation against a Respondent to be well founded no publication under this section of its findings shall take place until the expiry of the period of 28 days in which an appeal can be lodged. If an appeal is lodged then the findings shall not be published until the Appeals Panel has made its determination and it will be for the Appeals Panel to decide whether to permit publication, using the same criteria as in paragraph 3.6.2.

4. CONSIDERATION OF ALLEGATIONS BY THE HEALTH COMMITTEE.

4.1 HEALTH COMMITTEE'S POWERS AND PROCEDURES

4.1.1 When an allegation has been referred to the Health Committee, it shall be the duty of the Committee to consider the allegation. If having considered the allegation, the committee is satisfied that it is well founded it shall:

a. Make an order imposing conditions with which the practitioner concerned must comply whilst practising as a craniosacral therapist ("Conditions of Practice Order"); or

b. Order the Registrar of the CSTA to suspend the practitioner's registration for such period as may be specified within the Order. ("Suspension Order").

4.1.2 If a Conditions of Practice Order under this section shall be imposed it shall have effect for the period specified in the Order. At any time, while the Conditions of Practice order is in force, the Committee, whether or not of its own motion, may extend or further extend the period for which the order has effect, or make a Suspension Order with respect to the practitioner concerned.

4.1.3 At any time whilst a Suspension Order is in force with respect to a practitioner under paragraph 4.1.1, the Committee may extend, or further extend the period of suspension.

4.1.4 The Health Committee may replace the Suspension Order with a Conditions of Practice order having effect for the remainder of the period of suspension or make a Conditions of Practice Order with which the practitioner must comply if he resumes the practice of craniosacral therapy after the end of a period of suspension.

4.1.5 On the application of the practitioner with respect to whom a Conditions of Practice Order or Suspension Order is in force under this section or by virtue of a recommendation, the Committee may:

a. Revoke the Order.

b. Vary the Order by reducing the period for which it has effect.

c. In the case of a Conditions of Practice Order, vary the Order by removing or varying any of the conditions.

4.1.6 Where a practitioner has made an application under paragraph 4.1.5 which has been refused ("previous application") the committee shall not entertain a further such application unless it is made at least 6 months after the date on which the previous application was received by the committee, or, if the practitioner has appealed to the Appeals Panel, 6 months after the date of the appeal being withdrawn or otherwise disposed of. This requirement may be waived if the practitioner can demonstrate a significant improvement in his health.

4.1.7 The period specified in the Conditions of Practice Order and extension for a specified period shall not in each case exceed three years.

4.1.8 Before exercising its powers, the Committee shall give the practitioner concerned an opportunity to appear before it and to argue his case. At any such hearing, the practitioner shall be entitled to be legally represented.

4.1.9 In exercising any of its powers under this section, the Committee shall ensure that any conditions imposed on the practitioner concerned are, or any period of suspension imposed on him, is, the minimum which it considers necessary for the protection of the members of the public.

4.1.10 If the Health Committee, after considering the allegation, considers that the case properly falls under the jurisdiction of the Professional Conduct Committee it shall refer the case to the latter committee.

4.1.11 If the Health Committee considers that any allegation is not well-founded this shall be communicated in writing to the complainant, the member complained against and the Clerk of the Investigating Committee.

4.1.12 The Health Committee will meet in private.

5. LEGAL ASSESSORS

5.1 The CSTA shall appoint persons to be legal assessors. It shall be for the chairs of the committees concerned in any case, in consultation with the officers of the Trustees, to decide in which cases to call upon the services of such assessors, and whether the legal assessor should be present at any meeting or when his advice should be sought at other times.

5.2 The legal assessors should have the general function of giving advice to:

a. any person appointed in accordance with these Codes.

b. the Investigating Committee

c. the Professional Conduct Committee.

c. the Health Committee,

on questions of law arising in connection with any matter of which the Committee is considering.

5.3 To be qualified for appointment as a legal assessor the person must have:

a. 10 year general qualification within the meaning of Section 71 of the Courts and Legal Service Act 1990;

b. be an advocate of at least 10 years standing;

c. or be a member of the Northern Ireland Bar or a solicitor of the Supreme Court of Northern Ireland of at least 10 years standing.

5.4 The CSTA may pay such fees, allowance and expenses to persons appointed legal assessors as it may determine.

6. MEDICAL ASSESSORS

6.1 The CSTA may appoint registered medical practitioners to be medical assessors. They should have the general function of giving advice to

a. any person appointed in accordance of the Rules

b. the Investigating Committee

d. the Professional Conduct Committee

e. the Health Committee

on matters within their professional competence arising from the provisions of these Codes.

6.2 The CSTA may pay such fees, allowance and expenses to persons appointed as medical assessors as it may determine.

7. APPEALS

7.1 APPEALS PANEL

7.1.1 The Complaints Officer shall, as and when it is necessary, set up an Appeals Panel composed of a chair and two other members to hear appeals against any decision of the Professional Conduct Committee or the Health Committee; or of the Registrar in determining whether to accept an application for registration; or of the Investigating Committee in imposing an Interim Suspension Order, but not in respect of the exercise of any of its other powers. An appeal against an Interim Suspension Order shall be restricted to the question of whether to continue or revoke the Order.

7.1.2 Grounds for an appeal shall be limited to submissions that the CSTA's procedures have not been properly followed, that new evidence has been brought to light, that sanctions imposed by the Professional Conduct Committee or the Health Committee were disproportionate, or that the Investigating Committee acted disproportionately in imposing an Interim Suspension Order.

7.1.3 A person making a complaint shall have no right of appeal to the Appeals Panel.

7.1.4 The persons composing the Appeals Panel shall have played no part in previous investigations or hearings in relation to the case being heard.

7.1.5 The Trustees may appoint CSTA members or other suitable persons to the Appeals Panel.

7.1.6 The chair of the panel, in consultation with the officers of the CSTA trustees, shall decide whether the case should be presented by a solicitor engaged for that purpose by

the CSTA, by counsel instructed by that solicitor or by another person; whether a legal assessor should be engaged to advise the panel during any hearing; or what other legal advice should be sought.

7.1.7 The Trustees will make rules and procedures to be followed by an Appeals Panel hearing where these are not already laid down in these codes.

7.1.8 An Appeals Panel shall have the same power of Interim Suspension as that of the Investigating Committee.

7.1.9 No person shall be required by any rules made to give any evidence or to produce any document or other material at a hearing held by an Appeal Tribunal which he could not be compelled to give or produce in Civil Proceedings at any Court in that part of the United Kingdom in which that hearing takes place.

7.2 APPEALS AGAINST REGISTRAR'S DECISIONS

7.2.1 Where the Registrar refuses to register an applicant as a member, or refuses to renew any registration or removes the name of a registered member from the register on the ground that he has breached one or more of the conditions of membership, the person concerned may appeal to the Appeals Panel.

7.2.2 An appeal must be made within 28 days of the date on which notice of the registrar's decision is sent to the applicant.

7.3 APPEALS AGAINST DECISIONS OF THE PROFESSIONAL CONDUCT COMMITTEE AND THE HEALTH COMMITTEE.

7.3.1 Any person in respect of whom a decision by the Professional Conduct Committee or Health Committee is made may, within 28 days of the date on which notification of the decision is sent to him, appeal against it and an appeal shall lie to the CSTA Appeals Panel.

7.3.2 No such decision of the Professional Conduct Committee or the Health Committee shall have effect:

a. before the expiry of the period for an appeal being made;

c. where an appeal against a decision has been duly made, before the appeal is withdrawn or otherwise disposed of.

8. JURISDICTION

8.1 These Codes relating to Disciplinary Investigations and Proceedings, together with the CSTA's Code of Ethics and Conduct, apply to all members of the CSTA. If a complaint is made against a member, who subsequently resigns or ceases to be a member of the CSTA during the investigation of the complaint, the jurisdiction of the CSTA will continue and the practitioner will be adjudged by the appropriate Disciplinary Committee.

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