

BMHP5001

COMPLEMENTARY THERAPIES

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Evaluate upon the systems currently utilised for regulating the use of complementary therapies. Recommendations for improvement shall be included.

1. Students are required to evaluate upon the current systems utilised for regulating complementary alternative therapies
2. Students will evaluate the statutory self-regulation system and the voluntary self-regulation system (membership bodies)
3. Students will include their recommendations for improvement within the regulatory systems, including ethical choices, consent, GDPR and confidentiality

Complementary alternative therapies, also referred to as Complementary Alternative Medicine (CAM) are practiced and revered across the world. CAM was historically considered an 'irregular medicine' and throughout centuries developed through experience, its own therapies before being incorporated into theoretical frameworks which drew on contemporary scientific notions. It worked to recruit practitioners to work as professionals and grew to establish schools, training programs, writing articles and journals and developing societies. (Whorton, JC. (2006) pg 2). The term complementary medicine is a relative concept as knowledge and practices varies from country to country and is time specific to each country and culture.

It is interesting to learn that CAM, with the exception of chiropractic and osteopathy, is not regulated by law. This means that it is legal for an individual to practice CAM without developing essential skills through experience and formal training which would lead to recognised academic qualifications. According to NHS UK, CAM has no universally defined definition, unlike conventional medicine and chiropractic and osteopathy that are statutorily regulated (The General Osteopath Council and The General Chiropractic Council) and bound by codes of practice and certain standards in practice. The Kings Fund stipulates many practitioners are void of training or qualifications. This presented concerns to the World Health Organisation (WHO) who prefer international governments seek to create and develop policies that are legally binding and which incorporates education, accreditation and appropriate licences. This has been introduced and implemented in many countries which has either reinforced traditional and complementary workers within their country's health care, or at least established policies on medicine and training.

So, how is CAM managed? Is this possible? How can the general public be safeguarded against poor practice and harm? NHS UK explains individuals are responsible to identify a practitioner who is prepared to provide a service that is in line with their requirements. It appears to be conflicting when a government oversees

the health of its nation and accepts little or no training is required to practise CAM, yet it remains the responsibility of the individual to find a 'suitable' practitioner who has the potential to perform poorly with no recourse by law.

However, many specialists who practise CAM are practitioners in a number of therapies. Regulation may apply to a single field of treatment or collaborate a number of services. The UK had considered introducing a CAM Council in order to oversee practices which involves acupuncture, traditional Chinese and herbal medicines but this is yet to happen. The Kings Fund confirms that countries such as Ghana and South Africa have adopted a single license for all practitioners where complementary and traditional medicine far outweighs that of orthodox medicine. This is because the vast majority of treatment is based on CAM. It would present as a political risk to its citizens to try to regulate practice at the expense of the practitioner. By providing practitioners with a license, they are recognised by the government and accepted as a professional therapist from all angle. Such regulations have led to political variance surrounding complementary medicine which impacts the saturation of some or all aspects of complementary therapy.

Training

It is necessary for training to be regulated in order to ensure patients are treated safely through competent skills and knowledge. Training and accreditation consists of short courses, online studies or apprenticeships. This varies from each country. Unfortunately, there is no evidence to show countries have developed policies which could enhance standards relating to hygiene and physiology. Nevertheless, practitioners are known to study through higher learning for degrees and undertake training that are as intensive as an orthodox medical programme in order to successfully complete their clinical training in CAM. Such discrepancy in training standards are reliant on socio-economic means. In developing countries, it would not be economically viable to invest academically when the majority of citizens relies on CAM for treatment.

The Kings Fund states that some medical practitioners practice CAM having completed orthodox medical training. Some countries incorporates CAM into the medical training curriculum. This affords the practitioner insight into scientific evaluation on both sides which will lead them to respect patients' decisions. Overall, training is set by either outlining the duration of training or the context of the programme. Where the length is outlined, there is little to ensure the training quality, which is not overseen by a greater body. The training itself may be carried out by an association or independent professional body. Such training by an independent body is likely to carry greater validity as it provides consistency in standards.

As there is minimal regulations in the field, the Complementary Natural Healthcare Council (CNHC) is an independent regulator which aims to safeguard the public through the use of a voluntary register for practitioners. They were set up with the support of UK government to ensure those on its register are approved to practice by

the Professional Standards Authority for Health and Social Care. This will provide assurances to the general public who are keen to undertake CAM.

The National UK Therapist Register is another voluntary organisation, set up to develop standards in the practice of complementary health and therapy. It consists of a multidisciplinary body of professionals whose ethical codes strives to excel in good practice in all members. They aim to support ethical practices through the utilisation of therapies which is readily available to the general public as well as medical profession.

Another register is the Federation of Holistic Therapies, established in the 1960s, is the largest association for complementary, sports and beauty therapists in the UK, providing support to its members whilst protecting public health through quality and high standards. They manage the largest register of therapists accredited by the Professional Standards Authority for Health and Social Care.

On balance, the British Medical Journal (BMJ) is one of the world's oldest peer review journal for orthodox medicine. This is commonly referred to in the medical field, regardless whether it is NHS or privately managed. The BMJ describes pharmaceutical brands; medicinal dosage and consumption frequency and its benefits to symptoms. It also outlines counter-indicators as an effect of using the drug and reminds of reporting system in extreme allergic cases.

NICE Guidelines on Complimentary Therapies recognises the benefits of CAMs, having researched its benefits in areas such as labour stages in pregnancy; Parkinsons; relaxation and even to the extent of terminal illnesses. This has provided recognition of its value in public health and the psychological benefits provided by the practitioner. NICE is deeply respected in its field of research and ability to provide clinical excellence so it is reassuring they recognise the benefits of CAM besides scientific evidence found in orthodox treatments.

Registration and licensing

In some countries, practitioners are required to possess a license in order to practice. The King's Fund explains that in places such as Norway, the government certifies the association who in turn accredits its members. The WHO recognises that people depend on its government to support its health (Report 2002) and this is evident here. It is common practice for most practitioners to apply for individual licenses on condition of achieving academic qualifications and/or adequate clinical practice. Other countries permit automatic registration once qualified, whilst some require practitioners to have first passed specialist examinations. It is becoming increasingly common to apply for relicensing on completion of continuous personal and professional development. The condition for re-licensing varies from country to country and there is no consensus on a balance between the pressures to be compliant as a practitioner and the expectation to ensure public safety despite the efforts of the practitioner in some cases. Equally, the potential risk for some therapies are not considered adequate to warrant legal regulation, leading to the option of voluntary regulations instead. Not all voluntary regulations are overseen by government which could lead to inconsistencies in training and skills. On balance,

some countries introduce statutory regulations once the complementary practitioner organisation can evidence effective implementation of essential structures and comprehensive procedures. This may present a subjective view or decision from either perspective.

Ethics – Code of Conduct

Ethics (or moral philosophy) is a fundamental aspect of need in medical and complementary treatments. It is a way of thoughts that consists of being systematic in defending and recommending what is right and what is wrong behaviour. This involves:

- Working with integrity – being open and honest with the patient
- Objectivity – to address the issue at hand
- Professional competence – being qualified to undertake the task
- Confidentiality – maintaining if there is no risk of harm to self or others
- Professional behaviour – to uphold the reputation of the profession, self and client

There is the belief that voluntary bodies uphold an ethical code which is ultimately, in the interest of the general public.

Recommendations

It is clear that standards for CAMs varies from country to country. We recognise that systems do not always work and this is reliant on investment of resources which varies due to the political stance and traditions which is long established or relatively new to its society. In order to ensure a level of consistency in regulating CAM, it would require the input of a long-standing organisation, reputed to value public health and wellbeing.

The WHO is renowned for its ability to provide strategic direction for governments when identifying and developing policies. In 2002, in its quest to protect and reduce risks to people, the WHO recommended the development of policies to consist of legislation, practice regulation, education training and licensing (WHO 2002). Additionally, WHO publications described situations regarding policies worldwide (World Health Organization 2001; Bodeker et al 2005 and Ong et al 2005).

I would recommend consultation on an international level to create and implement fundamental standards with the CAM field which can be varied slightly in accordance to the culture and traditions of the population.

Countries would be encouraged to share their learning and development and seek to continually strive to good practice at an international level.

WHO would publish and share findings with governments highlight learning and consumers' perspectives.

Ethical codes of conduct and research would be prioritised to ensure probity and accuracy to details.

Countries such as Australia had conducted a review of regulations and CAM in other countries (Bensoussan and Myers 1996). Ireland had also commissioned a report on regulation in other countries (O'Sullivan 2002) and the European Union (EU) funded a regulatory study across Europe.

There is a cost element to such studies and this must be balanced between countries that can and can not sustain its costs.

Ensuring a valid and up to date register is maintained of practitioners for the public to be educated in knowing the therapist's qualifications and membership bodies.

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