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**A Report on the current systems and regulations in place for
Complimentary Therapies**



A Report on the current systems and regulations in place for Complementary and Alternative Therapies

Conventional/orthodox medicine is regulated by laws and statutory professional regulations which make sure that the practitioners are qualified and that they follow specific standards and follow codes of practice. These include medicine (The General Medical Council), nursing (the Nursing and Midwifery Council) and allied healthcare professionals. These regulatory bodies ensure that the practitioners provide a prominent level of care and are accountable for any mal practise or negligence.

Complementary and alternative medicines (CAMs) are treatments that are not part of the mainstream/conventional healthcare (Cassidy 2001). CAM's involve healing resources and practises which work alongside beliefs and traditions (Institute of Medicine, 2005; Snyder and Lindquist 2001). With complimentary therapies seen as treatments that can be used with the prescribed medication/treatment given by your doctor (mainstream treatment) (Uzun and Tan 2004). And alternative is the treatment that is recommended to replace the mainstream treatment which are usually seen as herbal medicine either traditional Chinese medicine or Ayurvedic medicine. Both complementary and alternative terms are used in conjunction with each other to describe treatments that are not seen as mainstream healthcare (Cassileth and Deng 2004). Which have also been defined in negative language such as "Quackery," to "unorthodox," "unconventional," "questionable," "unproven" and "alternative" (Cassileth and Deng 2004).

There are four streams of CAM's (NCCAM 2006)

Biological based	Supplements included in the diet, Herbal Medicine
Manipulative and body based	Reflexology, Massage, Chiropractic
Mind, Body intervention	Mindfulness, Meditation, Spiritual (yoga), Prayer
Energy therapies	Crystal therapy, Holistic, Disturbances in the body, Reiki, Qi gong

Because of the diversity in practises incorporated in CAM's this makes it harder to regulate.

Most complementary and alternative therapy (CAM) practitioner's do not follow professional statutory regulations and are not regulated. So, it is entirely the patient's responsibility to ensure that the practitioner's they use are professional and treat them in a manner which is acceptable to them. There are professional associations and voluntary registers that can be joined which ensure that the practitioners are qualified and practise to a certain standard and but its voluntary, so it is up to the practitioners themselves to follow through.

Regulations are there to ensure that patient safety and safeguarding of service users' interests are at the forefront. These regulations make sure that all practitioners are trained to the same standard and practise in alignment with all/same polies and procedures (Heller et al 2005).

There are two types of regulations in the field of Complementary and Alternative Therapies which are statutory legislation and voluntary self-regulation (Walker and Budd 2002). Statutory regulations are compulsory and needed to practise and it would be illegal to practise without being regulated. and voluntary self-regulation means that it is up to the practitioners to register if they choose to but is not mandatory or necessary to practise.

Two of the CAMs therapies Osteopathy and Chiropractic are regulated as they are one of the big 5 of CAMs, these have a better reputation of being equally effective when compared to conventional medicine (Heller et al, 2005).

Regulations and Professional Bodies of Complimentary Therapy

In 1993 the Osteopaths Act established the General Osteopathic Council (GOC) (Saks, 2003). All osteopaths must be registered with the GOC in order to practise which is easily done online where you just provide evidence of qualifications. It is illegal to practise without registering. The Osteopathic Council set standards which need to be followed in three areas which are:

Osteopathic Practise standards, where they promote and set the standards of conduct which is expected also guidance is given in how to meet these standards. The main purpose is to ensure that patient welfare is priority and they are protected from harm. These standards also are arranged under four categories which include professionalism, safety and quality practice, Knowledge, skills and performance and communication and patient partnership. Education and training, the council ensures that all practitioners are qualified. Professional development standards, in order to continue to practise Osteopathy there is a constant need to stay up to date with all skills and knowledge this is done through a scheme called Continuing professional development (GOsC). They are successful only by taking the opportunities to do courses, going to seminars, engaging with mentors and any other activities which will increase the progress of their practise. When joining the fee covers insurance for practising.

In 1994 the Chiropractors Act established the General Chiropractic Council (GCC) (Saks, 2003). All Chiropractors must be registered with the GCC and it is illegal to practise or treat patients without being registered (Copland-Griffths 1999). The General Chiropractic Council have a set 'Code' which sets out standards which need to be strictly followed to practise. The Code ensure that patients receive the best standard of care as it sets out what they can expect from a chiropractor and provides the reassurance that their protection and safety is at the forefront of care and the 'Code' is a means to demonstrate a high level of safety and professional conduct. The 'Code is a policy which came into effect 30th June 2016 and is reviewed occasionally by the council to ensure it still applies to the current systems. When joining the fee covers insurance for practising.

The Complementary and Natural Healthcare Council (CNHC) is a voluntary regulating body which was set up by the government for the sole purpose of patient and public protection. They have rules and principles that need to be adhered to for members to stay registered and all members are fully trained and insured to practise. The CNHC investigate all complaints and enforce disciplinary measures like statutory health care regulations. There is a fee involved which is small (£70). To improve the health and well-being of all the UK the CNHC raise awareness of complementary therapies and try to influence policy to elevate the disciplines of

therapies that can be offered nationally. The CNHC are also part of the Professional Standards Authority for Health and Social Care, which itself is accountable to UK parliament. This accreditation provides the public the quality assurance and the high standards which the organisation provides. CNHC follow The Data Protection Act 1998 to maintain the privacy of all members and patients and to ensure there are no breach in confidentiality and personal details.

An Accredited register is a sign of prestige amongst the regulatory bodies as they work alongside the Professional Standards Authority (PSA). This shows that the organisation that has the accreditation is about maintaining an extremely high standard in all areas including solving complaints, protecting the public and education and training. The practitioners that are on an Accredited Register tend to work in unregulated occupations however there are a few members that are registered and with statutory registers who choose to join an accredited register as well. Practitioners who are on the Accredited Register prove their commitment to their specialism and they belong a governing body that has ambitious standards.

Accredited registers give the public a guarantee that the practitioner is of high quality and that if they have had any major disciplinary issues that the practitioner cannot just join another accredited register. The key role of an Accredited Register is to protect the public.

In 1995 The British Acupuncture Council (BAC) became a self-regulatory body for the specialism of traditional acupuncture in the UK. They provide all members with valuable services to improve the way they practise by extensive awareness of all traditional acupuncture methods (Walker and Budd 2002). The BAC maintains the highest level of professional standards in the UK. They also supervise and accredit acupuncture education to provide excellent training opportunities. The BAC provides funding for evidence-based research and clinical research to highlight the benefits of traditional acupuncture they also encourage integrated healthcare to aid in the development of national healthcare policies. The BAC was amongst the first organisation that were on the PSA Accredited Register as The British Acupuncture Accreditation Board (BAAB) accredits all training courses which are mostly degree level (BAcC 1999).

The Federation of Holistic Therapy (FHT) was established in 1962 and is one of the largest organisations for regulating CAM's. The FHT provide a prominent level of support and training to ensure quality in the way the practitioners practise. They provide an Accredited Register which highlights their professionalism and high standards to public safety. They also provide an exclusive service of professional insurance as they are regulated and authorised by the Financial Conduct Authority. The FHT also provide seminars and workshops and have a data base so the practitioner can advertise their services. This all comes with a joining fee which is the same for all organisations.

The World Health Organisation (WHO) Is a multi-faceted organisation with an aim to improve public health on an international level they oversee public health risks and set international health standards. Their main purpose is to publicly recommend universal healthcare concerns and to coordinate the response and reaction to health emergencies.

In 1993, the European Herbal Practitioners Association (EHPA) was established. Both the department of Health and the Medical Control Agency have been working alongside EHPA to create legislation which will protect the public and protect the rights of the Herbalists which prescribe herbal Medicine (Walker and Budd 2002).

Studies and Patient feedback have proven that Complementary and Alternative Medicine (CAM) provide a valued service to patients which shows the rise in the popularity of CAM's (Heller et al 2005). And the main aim of regulation is to provide the safety to patients and customers and the government supports the notion of self-regulation for all CAM's practitioners (Heller et al 2005).

Regulations are there to provide all professions a much more refined professional status, with unified training, qualification, support and guidance network for all practitioners/members. This ensures that there is accountability for all actions and that the public's safety is supported. All CAMs service users have the reassurance that the practitioner they use that is registered with an organisation (statutory/voluntary) is subject to the same regulations and standard of training as any orthodox healthcare service.

This highlights patient safeguarding and unified ethical principles. Ethical code of practise described by Heller et al (2005) "a duty to tell the truth; a duty to act

honestly and fairly; a duty to respect peoples wishes and not to treat people as a means to an end, but as individuals with rights; a duty not to harm people;...[and the right] not to be harmed [and] not to be lied to.” (p 85). These are principles which underpin healthcare which includes a duty of care and to not cause harm and non-maleficence (Heller et al, 2005). Professional regulations serve this purpose because they professionalise the therapy.

The UK government has recognised the increase in the use of CAM's and has introduced a House of Lords Select committee (House of Lords Select committee, 2000). The committee is there to provide a better understanding of CAM's.

Currently there is an increase in use by the public accessing CAM's this is in line with the increased use by orthodox health care settings including the National Health Service (NHS) (Richardson 2001). In the UK Cancer patients tend to use CAMs the most with up to one third having received at least one form of CAM's (Wilkinson 2002).

This highlights the need for regulations to be compulsory and the practitioners should all be self-regulated. But only the therapies that can supply the evidence needed to get regulated (Stone, 1996). Herbal Medicine is one of the CAM's which is difficult to standardise as the environment and genetic factors can alter the plants bio-chemical components meaning that they will need to be genetically uniform in order to be standardised and mass produced and there is no guarantee of every crop being identical (Vandana, G et al., 2012).

The safety of consumers can be at the forefront, if all CAMs practitioners self-regulate as this ensures their accountability and that they provide a high standard of care with disciplinary procedures rather than the pursuit of a professional status (Stone, 1996 p 1493). These regulatory bodies and self-regulation are there to safeguard the interests of the patients. And most members subscribe to insurance schemes which include public liability and professional indemnity cover. This gives the public the reassurance that there are provisions in place to handle complaints and disciplinary actions.

General Data Protection Regulation (GDPR) is vital when it comes to the safeguarding of the service users personal information as without the appropriate practises in place the personal information can be accessed or lost when

practitioners join regulatory bodies they are covered and have the training to ensure that GDPR is maintained. It is important that the government addresses the concern about how all un-registered practitioners follow data protection guidelines for patients.

In the UK it is common law that every individual has the right to choose their own treatments without restrictions by law, which allows CAM's practitioners to practise without being registered. Which is not the same for other countries especially the united states of America. CAM's in the USA is vastly different to the UK, there is a bigger presence intertwined in their health care system with the College of Physicians and surgeons and Columbia University/Pittsburgh University who have committed and dedicated research into integrating CAMs into the USA's healthcare system. A national survey found 42% of adults in the USA had accessed at least one form of CAM's. In 1991 congress created the Office of Alternative Medicine within the National Institutes of Health this promoted more scientific research into the field of CAM's, which brought into effect The National Institutes of Health Revitalization Act of June 1993. With Certain fields of CAM's seen as equal to the orthodox healthcare systems. CAM's in the USA is also included in benefit packages within healthcare insurance which highlights that CAM's is more accepted and recognised by the public which is necessary in the UK in order for the UK public to take advantage of all the benefits of CAM's (WHO, 2001).

It is recognised that the rise in the use of CAM's has increased significantly in the UK however there is a high percentage of practitioners that are not regulated, There is a need for certain implementations necessary to protect the patients against these skilled practitioners (Mills, 2001).

In 1998 only 10% out of 22 million visits to CAM's were done through NHS contacts. Because of general standards of regulation, a limited amount of CAM's is recommended by the NHS (Nicholls in Lee-Treweek et al), which highlights the need for CAM's to be integrated more so withing the UK healthcare system (Thomas et al. 2001).

In conclusion there needs to be more emphasis on regulation and the importance of enforcing either self-regulation (voluntary) or statutory (mandatory) as a minimum needed to practise within the UK. As the regulations act as a reinforcement to the

public about the education and training and standard that needs to be adhered to when joining any regulatory organisation. Also the consumers have the reassurance that should they not be satisfied with the service they have rights and the means to complain and take further action (Stone, 1996). Also, more needs to be done to bring various regulatory bodies together to create a clear structure of professionalism.

Evidence based practise is fundamental to medical ethics and is vital for healthcare and in 2001 the House of Lords Committee suggested that evidence-based practise should be included in CAM's.

There have been suggestions/recommendations for herbal products to be regulated due to its many adversities (Dixon, 2008). Currently only herbal medicine made using plant material/extract is allowed in the UK and they are readily available without any regulations. This is the same for USA as there are no licensing or certification needed before a practitioner can sell Herbal Medicine (American herbalists guild 2020). The high risks that come from Herbal Medicine especially the side effects need to be addressed and quality controlled (Abdel-Azez et al., 2016). More needs to be done to safeguard the public and service users.

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