### Key messages

The objectives of the policy are to:

Ensure that CAM is delivered safely to people who use NHS Lothian’s services and conforms to the principles of clinical governance

Identify which therapies/disciplines may be considered for use in NHS Lothian based on the presence of published standards for education and clinical practice of CAM, as laid down by the CAM professional associations

This policy applies to:

all NHS Lothian staff who **currently provide CAM** within their remit

any member of NHS Lothian staff **intending to integrate CAM** into their remit

**any other providers of CAM to NHS Lothian** e.g. Independent, registered CAM practitioners, volunteers.

This policy does not cover matters relating to the clinical decision to use any or all of these therapies/disciplines or matters relating to funding or resource implications, all of which should be discussed and agreed at Directorate/Community Health Partnership/Head of Service level.
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1. INTRODUCTION

The use of Complementary and Alternative Medicine (CAM) has been gaining in popularity over the years (Thomas and Coleman 2004). It is recognised that patients and carers place value on CAM and there is public demand for it (Hollinghurst et al 2008). Health care professionals and other healthcare workers e.g. healthcare support workers are showing increasing levels of interest in integrating CAM into their clinical practice (Get Well UK 2005).

This policy neither promotes nor opposes the integration of CAM and acknowledges that scientific evidence in relation to CAM is limited. This policy seeks to ensure that, following discussion of evidence, clinical need, funding and resources, any integration of CAM into clinical practice within NHS Lothian is carried out safely.

Any service developments or current provision in relation to any therapies/medical treatment including CAM must always be in the best interests of patients and carers, have local management (i.e. Directorate/ Community Health Partnership/ Head of Service level) agreement and adhere to NHS Lothian clinical governance systems.

2. DEFINITIONS

The term **complementary and alternative medicine** (CAM) refers to a diverse group of health-related therapies and disciplines which fall beyond the scope of conventional Western medicine or may be viewed by their practitioners as a substitute for it.

The term **practitioner** includes any member of staff, volunteer or independent practitioner/contracted therapist employed by or under contract to NHS Lothian, and who has management approval and has undertaken appropriate training (see section 6) to administer CAM to patients/clients.

The term **patients** includes patients/clients receiving treatment within NHS Lothian, parents/carers of children, young people and adults receiving treatment within NHS Lothian and may also include members of staff within NHS Lothian, who may access CAM.

**Professional regulation** covers both regulation as a healthcare professional and regulation as a CAM practitioner.

Healthcare professionals work within a context set by the standards and guidelines of their relevant professional body and are regulated by the Statutory Regulatory Bodies e.g. General Dental Council, General Medical Council, Health Professions Council, Nursing and Midwifery
Council. These Statutory Bodies will regulate their education and Continuing Professional Development.

For further information:
http://www.gdc-uk.org/
http://www.gmc-uk.org/
http://www.hpc-uk.org/
http://www.nmc-uk.org/

CAM practitioners (whether healthcare professionals or not) must work within a context set by the standards and guidelines of the relevant CAM professional association/regulatory body, with which they are registered. This would include the successful completion of accredited education (see section 6).

3. POLICY AIM AND OBJECTIVES

3.1 The aim of the document is to provide a policy framework for staff who wish to consider integrating CAM into their clinical work or wish to procure CAM from an external provider, following local evaluation of the evidence, clinical need, funding and resources.

3.2 The objectives of the policy are to:
- ensure that CAM is delivered safely to people who use NHS Lothian’s services and conforms to the principles of clinical governance
- identify which therapies/disciplines may be considered for use in NHS Lothian based on the presence of published standards for education and clinical practice of CAM, as laid down by the CAM professional associations listed in Appendix 1.

4. SCOPE OF THE POLICY

4.1 This policy applies to:
- all NHS Lothian staff who currently provide CAM within their remit
- any member of NHS Lothian staff intending to integrate CAM into their remit
- any other providers of CAM to NHS Lothian e.g. Independent, registered CAM practitioners, volunteers.

4.2 The therapies/disciplines below have:
- professional associations/regulatory bodies (see appendix 1)
- published educational standards
- a code of practice/ethics
- ongoing research activity

and may be considered for use in NHS Lothian:
- Acupuncture
- Alexander Technique
- Aromatherapy
- *Ayurveda
- *Chinese herbal medicine
- Chiropractic
- Craniosacral therapy
- *Flower remedies
- *Herbal medicine
- *Homeopathy
- Hypnotherapy
- Kinesiology
- Massage
- *Naturopathy
- *Nutritional therapy
- Osteopathy
- Reflexology

* The use of any medicines in the practice of these therapies/disciplines should be in accordance with NHS Lothian Safe Use of Medicines Policy (2009).

**The use of other therapies/disciplines may be considered locally, in response to identified need. The responsibility for this decision would rest with the management team at Directorate/CHP/ Head of Service level, following discussion of evidence, clinical need, funding and resources.**

4.3 This policy does not necessarily endorse the standards laid down by the CAM professional associations. However, the presence of standards for education and clinical practice of CAM, along with other benchmarks have been used to justify the inclusion of the therapy/discipline in the above list.

This policy does not cover matters relating to the clinical decision to use any or all of these therapies/disciplines or matters relating to funding or resource implications, all of which should be discussed and agreed at Directorate/ Community Health Partnership/ Head of Service level.

4.4 This policy should be read in conjunction with:
- NHS Lothian Standing Financial Instructions (2007)
- NHS Lothian Quality Improvement Strategy 2008-11
- NHS Lothian Chaperoning Policy (2008)
- NHS Lothian Delegation of Nursing and Midwifery Care Policy (2008)
5. REGULATION OF CAM

Statutory regulation is in place for osteopathy and chiropractic. Acupuncture (including auricular acupuncture), herbal medicine and traditional Chinese medicine are currently discussing proposals for statutory regulation. However this does not apply to all CAM.

Since 2005, the Prince’s Foundation for Integrated Health has been working with the government and a wide range of complementary healthcare practitioners to establish self-regulatory frameworks for their professions.

As a result of that work, the Complementary and Natural Healthcare Council (CNHC) was established in April 2008. For further information on regulation access CNHC website http://www.cnhc.org.uk/

The Working Group for Hypnotherapy Regulation was formed in 2007 to progress voluntary self regulation in hypnotherapy and to create agreed standards in all aspects of the profession. This project is currently undergoing consultation.

For information access http://www.hypnotherapyregulation.co.uk/

6. EDUCATION

Education in CAM is available at various levels. It is now firmly embedded within the curricula of Further and Higher Educational Institutions throughout Scotland and the UK. Those qualifications recognised as appropriate for NHS employees and independent, registered CAM professionals are as follows:

6.1 Awareness Level
This level is identified as appropriate for individuals who want to understand a range of CAM, so that they can talk knowledgeably with patients and clients about choices for health. This is not a qualification to practice CAM.

6.2 Professionally Accredited Practitioner Level
This is the minimum recommended level of education required for staff or independent practitioners to practice CAM in NHS Lothian. i.e. The practitioner must be a member of a CAM Professional Association and hold a qualification accredited by that association. The level of
education should reflect local needs and circumstances e.g. level of expert supervision and advice available.

6.3 **Professionally Accredited Graduate Level**

This is a higher level of education which, whilst not essential, staff or independent practitioners may wish to achieve in order to further develop their CAM practice.

**For both Professionally Accredited Practitioner and Graduate Levels the following apply:**

If more than one therapy is used, education at practitioner level in each therapy is essential.

To work as a CAM practitioner within NHS Lothian, the member of staff, or CAM professional, must have successfully undertaken professionally accredited education at practitioner level in the specified therapy/discipline and be registered with an appropriate association/body (see appendix 1).

**N.B.** If elements of a particular therapy/discipline fall within the usual or wider scope of practice of a currently recognised healthcare professional within the NHS, these elements can be included in the clinical practice of that profession. For example, whilst massage, relaxation and exercise related interventions fall within the usual scope of practice of physiotherapist, acupuncture may fall within the wider scope of practice of a physiotherapist or a medical practitioner, following appropriate education.

6.4 **Continuing Professional Development (CPD)**

Each health professional is responsible for maintaining and improving their professional knowledge and competence and must undertake appropriate CAM CPD as well as CPD stipulated by their health care profession e.g. Nursing and Midwifery Council, General Medical Council, General Dental Council, Health Professions Council.

All independent CAM practitioners providing services for NHS Lothian must meet the requirements for CPD as laid down by the appropriate CAM professional association/regulatory body.

7. **INTEGRATING CAM INTO CLINICAL PRACTICE**

7.1 **Principles of integration**

It is important to be aware of the following key principles when considering the integration of CAM into clinical practice:

- Person-centred care
- Appropriate choice of therapeutic intervention
• Parameters of practice
• Evidence that supports the rationale for integration into practice
• Informed patient consent
• Development of appropriate integration model/plan with the health care professionals with clinical responsibility for the patient
• Identification of education and training needs of the CAM provider
• Effective evaluation strategy e.g. audit
• Ongoing development needs to support sustainable service

(Extracted from RCN guidance on integrating complementary therapies into clinical care)

7.2 Steps in the delivery
CAM may be used provided that:
• The therapy/discipline is included in this policy (see section 4).
• Management approval at Directorate/Community Health Partnership/Head of Service level has been given and decisions re funding and other resource requirements have been reached.
• Unless the patient/client has self referred, the person with clinical responsibility for the patient has been informed and has agreed.
• Informed consent has been obtained from the patient and documented (See NHS Lothian Consent Policy).
• The practitioner has received training that is accredited by a recognised professional association/regulatory body and is competent in the specific therapy/discipline (see section 6).
• The practitioner is registered with a recognised professional association/regulatory body (appendix 1).
• The practitioner carries professional indemnity insurance or is covered by vicarious liability.
• The practitioner can provide evidence of CPD and/or arrangements for supervision/reflective practice.
• The practitioner agrees to work in accordance with their professional and/or CAM registering body’s code of practice.
• Local protocols/procedures/guidelines, governing the use of the therapy/discipline within identified parameters have been developed and authorised at local management level. These may be specific to a profession and/or an identified clinical area.
• Health care providers and users have access to information on the range of therapies/disciplines available, potential risks and benefits so that informed choices can be made.

8. RESPONSIBILITY AND ACCOUNTABILITY

Care must be based on the best available evidence or best practice. All healthcare professionals must ensure that the use of CAM is safe and in the best interests of those in their care. They are accountable through their contract of employment and also to their respective
professional bodies e.g. Nursing and Midwifery Council (NMC), Health Professions Council, General Medical Council, General Dental Council.

8.1 Individual Practitioner Responsibility

The individual practitioner (member of staff, volunteer or independent practitioner) must:

- produce evidence of education and training undertaken along with details of training outcomes achieved
- agree to work closely with members of the multi professional team
- support research, evaluation and audit of CAM practice, particularly where evidence is limited
- produce evidence of CPD in the form of a professional profile, portfolio or similar record, which meets the requirements of the professional associations and NHS Lothian. This should be included in performance review discussions
- produce evidence of professional indemnity
- ensure CAM practice is reflected in individual job description
- access opportunities to reflect on practice/supervision at a level appropriate to their profession and experience, which reflects the requirements of the relevant CAM professional association
- independent practitioners must adhere to NHS Lothian contract specification.

8.2 Managerial Responsibility

Management must:

- assess the available evidence in relation to the proposed therapy/discipline and the clinical circumstances
- ensure any service development reflects local strategies and plans
- ensure any service development undergoes Equality Impact Assessment
- ensure an equitable process is in place for consideration of proposals/business cases relating to CAM
- verify and record qualification and registration with relevant bodies
- verify professional indemnity
- ensure CAM practice is reflected in individual job descriptions
- facilitate opportunities to reflect on practice/supervision arrangements appropriate to the therapist’s level of experience and expertise
- discuss CAM practice and opportunities for CPD as part of NHS Lothian Personal Development Planning and Review (PDPR)
- support research, evaluation and audit of CAM practice, particularly where evidence is limited
- ensure local guidelines, protocols and/or procedures for CAM are developed and approved by local management teams, prior to implementation
➢ collate data and provide patient/public information on available CAM services
➢ monitor uptake of CAM across the service.

N.B. If CAM is sourced from an independent practitioner, managers must contact Procurement to ensure that a contract specification is drawn up which adheres to NHS Lothian Standing Financial Instructions and includes reference to Validation of Qualifications, Professional Indemnity, Disclosure and any other relevant conditions of service.

8.3 Organisational Responsibility

NHS Lothian is responsible for:

➢ providing vicarious liability for NHS Lothian staff who are practising within agreed terms and conditions
➢ setting out the principles governing the involvement of volunteers and providing a set of procedures to ensure good working practice (see Volunteering in NHS Lothian Policy)
➢ agreeing a contract specification with non NHS Lothian employees/independent, registered CAM practitioners which includes reference to professional indemnity insurance and agreement to adhere relevant NHS Lothian policies and procedures
➢ collate data and provide patient/public information on available CAM services.
9. REFERENCES


Nursing and Midwifery Council (2008) *Complementary, alternative therapies and homeopathy* NMC London


O’Reagan, Patricia; Wills, Teresa; O’Leary, Anna; (2010) Complementary therapies: a challenge for nursing practice; *Nursing Standard; Vol 24, No. 21*

Royal College of Nursing (2003) *Complementary therapies in nursing, midwifery and health visiting practice RCN guidance on integrating complementary therapies into clinical care* RCN London


Complementary and Natural Healthcare Council  
http://www.cnhc.org.uk/

Hypnotherapy Regulation  
http://www.hypnotherapyregulation.co.uk/

Get Well UK http://www.getwelluk.com
A GUIDELINE FOR MANAGERS

This is a brief, but not exhaustive summary of some of the professional associations/regulatory bodies relating to the therapies/disciplines listed in Section 4.

There are many other professional associations and regulatory bodies. If a CAM therapist is not registered with any of the following, the therapist’s line manager must verify that the level of education achieved and the requirements for registration are adequate for the service that is to be provided. (See Appendix 2 On line sources of information)

<table>
<thead>
<tr>
<th>Name</th>
<th>Acronym</th>
<th>Type of body</th>
<th>Therapy(ies) /discipline(s) represented</th>
<th>Code of ethics/ conduct</th>
<th>Educational standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture Association of Chartered Physiotherapists</td>
<td>AACP</td>
<td>Professional Association</td>
<td>Chartered physiotherapists who practise acupuncture</td>
<td>Mission Statement</td>
<td>Yes</td>
</tr>
<tr>
<td>Alexander Technique International</td>
<td>ATI</td>
<td>Professional Association</td>
<td>Alexander Technique</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Association of Traditional Chinese Medicine (TCM)</td>
<td>ATCM</td>
<td>Professional and Regulatory Group</td>
<td>TCM practitioners and acupuncturists</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Ayurvedic Practitioners Association</td>
<td>APA</td>
<td>Professional Association</td>
<td>Ayurveda</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>British Association for Applied Nutrition and Nutritional Therapy</td>
<td>BANT</td>
<td>Professional Association</td>
<td>Nutritional therapists</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>British Medical Acupuncture Society</td>
<td>BMAS</td>
<td>Professional Association</td>
<td>Regulated healthcare practitioners who practise acupuncture</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>British Acupuncture Council</td>
<td>BAcC</td>
<td>Professional Association</td>
<td>Acupuncturists</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>British Flower and Vibrational Essences Association</td>
<td>BFVEA</td>
<td>Professional Association</td>
<td>Flower Essence Therapists</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>British Society of Clinical and Academic Hypnosis</td>
<td>BSCAH</td>
<td>Professional Association</td>
<td>Medical and dental practitioners, psychologists and other health professionals</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>British Society of Medical and Dental Hypnosis (Scotland)</td>
<td>BSMDH Scotland</td>
<td>Professional Association</td>
<td>Medical and Dental Hypnotists</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Complementary and Natural Healthcare Council</td>
<td>CNHC</td>
<td>Regulatory, backed by Govt &amp; DOH</td>
<td>Aromatherapy, Massage Therapy, Nutritional Therapy</td>
<td>Mission Statement</td>
<td>Agreed with professional organisations</td>
</tr>
<tr>
<td>Organization</td>
<td>Type</td>
<td>Association &amp; Code of Conduct</td>
<td>Yes or No</td>
<td></td>
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<td>-----------------------------------------------------------------------------------------------</td>
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<tr>
<td>European Council of Classical Homeopathy</td>
<td>ECCH</td>
<td>Group of professional associations, Classical homeopaths</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty of Homeopathy (All members are registered health professionals)</td>
<td>FoH</td>
<td>Professional Association, Homeopaths, Bound by their own Professional Code of Conduct and Ethics</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Chiropractic Council</td>
<td>GCC</td>
<td>Regulatory Body, Chiropractors</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Council for Massage Therapies</td>
<td>GCM</td>
<td>Professional Association, Massage therapists</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Council and Register of Naturopaths</td>
<td>GCRN</td>
<td>Professional Association, Naturopaths</td>
<td>Yes</td>
<td></td>
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</tr>
<tr>
<td>General Osteopathic Council</td>
<td>GOC</td>
<td>Regulatory Body, Osteopaths</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Homeopathic Medical Association</td>
<td>HMA</td>
<td>Professional Association, Medical Homeopaths</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institute for Complementary &amp; Natural Medicine</td>
<td>ICNM (BRCP)</td>
<td>Regulatory body and group of associations with practitioner register, All CAM therapists</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Federation of Aromatherapists</td>
<td>IFA</td>
<td>Professional Association, Aromatherapists</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Federation of Professional Aromatherapists</td>
<td>IFPA</td>
<td>Professional Association, Aromatherapists</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>International Federation of Reflexologists</td>
<td>IFR</td>
<td>Professional Association, Reflexologists</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kinesiology Federation</td>
<td>KF</td>
<td>Professional Association, Kinesiologists</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Institute for Medical Herbalism</td>
<td>NIMH</td>
<td>Professional Association, Herbalists</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Society of Auricular Acupuncturists</td>
<td>SAA</td>
<td>Professional Association, Acupuncturists</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Society of Homeopaths</td>
<td>SoH</td>
<td>Registration and Professional Association, All homeopaths; some without a medical or health professional background</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Society of Teachers of the Alexander Technique</td>
<td>STAT</td>
<td>Professional Association, Alexander Technique Teachers</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Craniosacral Therapy Association of the UK</td>
<td>CTA</td>
<td>Professional Association, Craniosacral Therapists</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2
ON LINE SOURCES OF INFORMATION

**Bandolier**, located at Oxford University, is a journal and website offering evidence based healthcare information. It specialises in putting information from a range of research sources (including systematic reviews, meta-analyses, randomised trials and observational studies) into simple bullet points. The website is free to search. [http://www.medicine.ox.ac.uk/bandolier/](http://www.medicine.ox.ac.uk/bandolier/)

**British Medical Journal** Collected resources on complementary medicine from the BMJ including the ABC of Complementary Medicine series are available for free.


**General Medical Council** [http://www.gmc-uk.org/](http://www.gmc-uk.org/)

**Health Professions Council** [http://www.hpc-uk.org/](http://www.hpc-uk.org/)

**Informed Health Online**, produced by the Health Research and Education Foundation Ltd., in Australia, has information for the public about research into complementary medicine. [http://www.informedhealthonline.org/index.en.html](http://www.informedhealthonline.org/index.en.html)

**MedlinePlus** is a website for the public giving health information. It is run by the American National Library of Medicine and National Institutes for Health and includes some information, including safety and research, about complementary medicine including acupuncture, herbal medicine, chiropractic and homeopathy. [http://medlineplus.gov/](http://medlineplus.gov/)

**NHS Evidence – complementary and alternative medicine (formerly The National Library for Health's Specialist Library for Complementary and Alternative Medicine)** currently has information on Acupuncture, Aromatherapy, Chiropractic, Dietary and Nutritional Therapies, Herbal Medicine, Homeopathy, Hypnosis, Massage, Meditation, Osteopathy, Reflexology and Yoga. [http://www.library.nhs.uk/CAM/](http://www.library.nhs.uk/CAM/)

**Nursing and Midwifery Council** [http://www.nmc-uk.org/](http://www.nmc-uk.org/)

**The Cochrane Collaboration: CAM** site includes a glossary of therapies and list of Cochrane reviews on CAM.  [http://cochrane.co.uk/en/collaboration.html](http://cochrane.co.uk/en/collaboration.html)

**The National Centre for Complementary and Alternative Medicine,** in the United States, is a government agency which provides information on its website about complementary medicine and research. The website includes a database, CAM on PubMed, of references to research into complementary medicine.  [http://nccam.nih.gov/](http://nccam.nih.gov/)

**The Prince's Foundation for Integrated Health**  [http://www.fih.org.uk](http://www.fih.org.uk)

**The Research Council for Complementary Medicine** site includes databases, information packs, education and training resources.  [http://www.rccm.org.uk/](http://www.rccm.org.uk/)