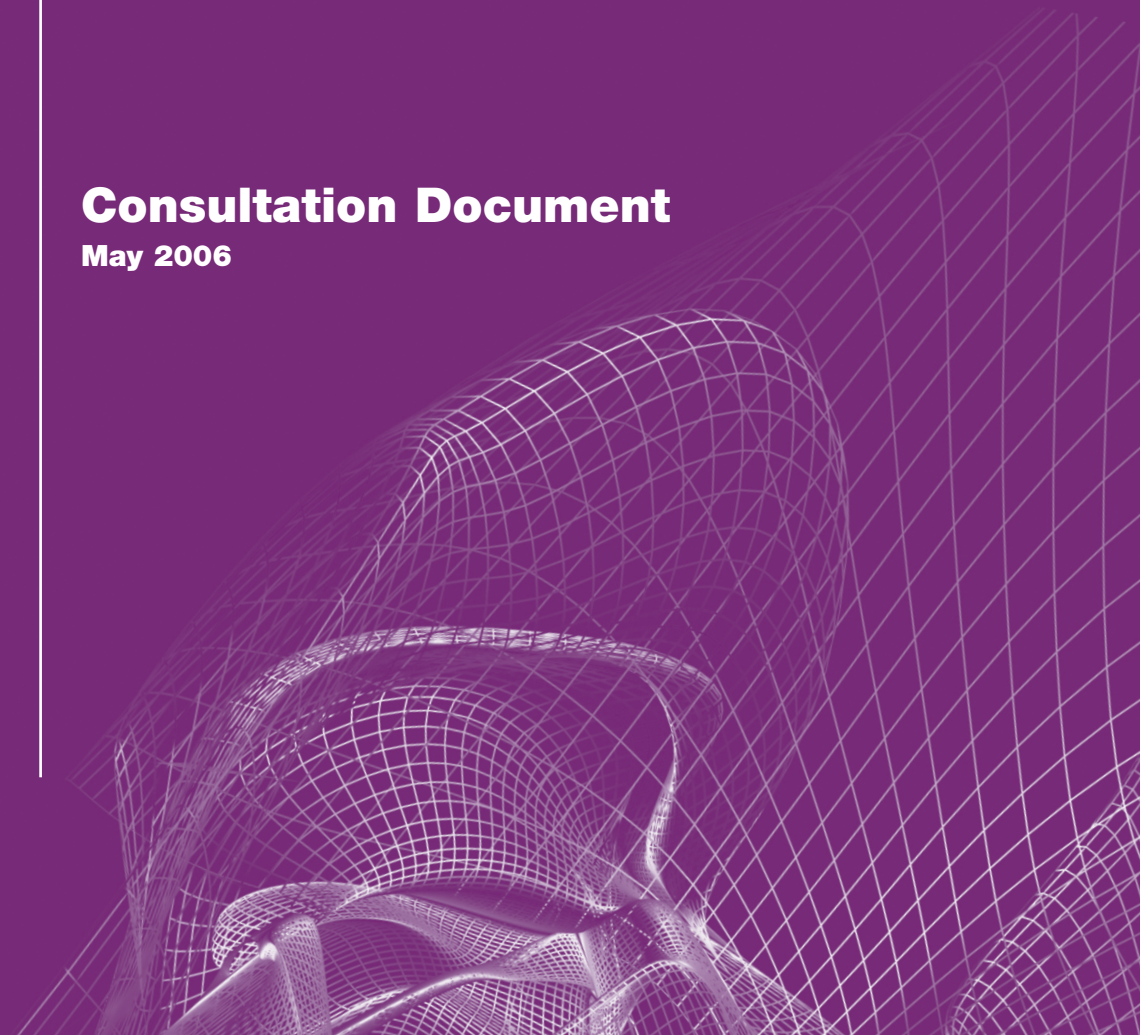
The Prince's Foundation for Integrated Health

# Exploring a Federal Approach to Voluntary Self Regulation of Complementary Healthcare

## Consultation Document

**May 2006**



# Exploring a Federal Approach to Voluntary Self Regulation of Complementary Healthcare

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First published 2006

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Designed by: INQ Design, 79 George Street, Croydon, Surrey CR0 1LD

Printed by: Wealden Printing, Cowden Close, Horns Road, Hawkhurst, Kent TN18 4QT

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## Acknowledgements

The Prince's Foundation for Integrated Health would like to thank the following for their help in developing this consultation document:

- Lorraine Williams
- Professor Julie Stone
- Independent Chairs' Network (Foundation's regulation programme)
- Groups participating in, or associated with, the regulation programme
- Members of the Foundation's standards team
- Speakers, workshop facilitators and participants at recent Foundation events
- Department of Health

# Foreword

This document has been prepared in response to a report commissioned by The Prince's Foundation for Integrated Health, *Development of Proposals for a Future Voluntary Regulatory Structure for Complementary Healthcare Professions*, Professor Julie Stone, University of Lincoln, September 2005 (Stone Report),[1] which examined three options for regulation of complementary healthcare and made a case in favour of a federal-type structure. The Foundation has accepted the conclusion reached in the report, that a single federal structure should be seriously considered as a way forward.

The Stone Report did not go into detail about how such a regulator would be configured or attempt to describe its possible roles and responsibilities. This consultation document, therefore, takes the proposal a stage further. It outlines the issues that would need to be considered in developing a federal-type regulatory body and provides a potential framework for any future regulator.

The document draws upon information from existing statutory healthcare regulators and takes account of recent and current developments in healthcare regulation generally. If these proposals are accepted, details will be developed by a joint working group made up of the professions that opt for a federal approach to regulation, which would then be subject to further consultation.

It is important that responses are received from a wide range of interested parties and individuals to ensure that all views are taken into consideration, so the consultation document is being circulated widely. It is also available on our website at www.fihealth.org.uk.

[1]Available from www.fihealth.org.uk

# 1. Introduction and background

## 1.1 The Prince's Foundation for Integrated Health

The Prince's Foundation for Integrated Health (originally the Foundation for Integrated Medicine) was formed at the personal initiative of HRH the Prince of Wales, who is now its President. The Foundation aims to facilitate the development of safe, effective and efficient forms of healthcare to patients and their families by supporting the development and delivery of integrated healthcare. This means encouraging conventional and complementary practitioners to work together to integrate their approaches.

## 1.2 Why regulate complementary healthcare practitioners?

The Foundation takes the view that in any form of healthcare, the quality of care, treatment and public safety must have the highest priority. Regulation of complementary healthcare practitioners will help to protect the public by ensuring that practitioners meet agreed standards of practice and competence. As complementary healthcare practices involve very different levels of intervention, the level and scope of regulation for each particular profession must reflect the potential risk to, and the needs of, patients.

The fundamental reason for regulation is the safeguarding of the public, but there are other benefits to individual practitioners and the profession as a whole. The status of practitioners is enhanced as a result of improved standards across the profession. Reputation is protected from the work of bogus practitioners who would be prevented from registering with a regulatory body. Practitioners are able to demonstrate that they are working to agreed codes for the profession as a whole, which can act as a protection against allegations. They can also demonstrate to statutory and private health providers that they are meeting the requirements of the regulatory body.

Social historian Walter Wardwell, says of regulation:

> "*In addition to the concern for the public's welfare and for the guild-type benefits which all professions seek for their members, a new profession primarily wants official recognition legitimising its work. This not only helps attract clients but it confers legal standing on the profession with all the rights and privileges pertaining thereto.*"
> (Wardwell, 1992)

On 14th May 1999, The Foundation held a conference entitled *Professional Competence – Public Confidence.* HRH the Prince of Wales, opened the conference and called for more effective regulation to help boost public confidence in complementary medicine. He said:

> "*People need to feel confident that the treatment they receive from any complementary practitioner will be safe. Like conventional medicine, complementary medicine is only safe if practised by a skilled, qualified practitioner and can be harmful in unskilled hands. The key component to increasing public confidence has to be effective regulation which includes mechanisms for redress for patients where necessary.*"

In May 2000, the Foundation received a major grant of £1m from the King's Fund to carry out a five-year programme of work. The objective was to encourage the establishment, with the different complementary professional bodies, of either statutory self regulation or voluntary self regulation for each major complementary health profession.

## 1.3 Acupuncture and herbal medicine

During 2002, the Department of Health, together with the Foundation and the professional associations for acupuncture and herbal medicine, established two independent regulatory working groups to develop recommendations for the statutory regulation of these two professions. The Foundation published the reports on behalf of the working groups in September 2003. A Department of Health consultation document, *Regulation of Herbal Medicine and Acupuncture – Proposals for Statutory Regulation*, followed this in March 2004 and a report on the consultation was published in February 2005. A working group will be set up by the Department of Health in 2006 to enable them to take the next steps towards statutory regulation.

## 1.4 Department of Health-funded programme

At the end of the five-year programme funded by the King's Fund, the Foundation was delighted to receive funding from the Department of Health to continue its work in supporting the regulation of complementary therapies for a further three years. As the acupuncture and herbal medicine professions had progressed sufficiently along the route to statutory regulation, the grant was awarded to work specifically with a number of complementary healthcare professions developing voluntary self regulatory structures. The three-year grant began in April 2005.

Following an application procedure, the groups listed below accepted a place on the Foundation's programme.

| Profession | Working Group Forum |
|---|---|
| Alexander Technique | Alexander Technique Voluntary Self Regulation Group |
| Aromatherapy | Aromatherapy Consortium |
| Bowen Technique | Bowen Forum |
| Cranial Therapy | Cranial Forum |
| Homeopathy | Council of Organisations Registering Homeopaths |
| Massage Therapy | General Council for Massage Therapy |
| Naturopathy | General Naturopathic Council |
| Nutritional Therapy | Nutritional Therapy Council |
| Reflexology | Reflexology Forum |
| Yoga Therapy | British Council for Yoga Therapists |

**Table 1:** *Groups currently participating in the Prince's Foundation for Integrated Health regulation programme.*

## 1.5 Recent developments

In recent months there have been a number of developments in statutory healthcare regulation, which have implications for systems of voluntary regulation. Regulatory policy at national level (Hampton Review) supports rationalisation and reduction in the numbers of separate regulators. A review of non-medical professional regulation, led by Andrew Foster (Director of Workforce at the Department of Health) in 2005, looked at the present regulatory structure in the context of this wider national policy. At the same time, the Chief Medical Officer has been carrying out a review of regulation of the medical profession. Ministers' decisions on the future direction of travel for statutory regulation are expected in 2006.

In addition, information provided by applicants to the Foundation's regulation programme raised questions about the establishment and financial sustainability of single regulatory structures over the longer term.

Given the changing regulatory landscape, and the concerns about financial sustainability, the Foundation commissioned Professor Julie Stone, School of Health and Social Care, University of Lincoln, to undertake a report. The purpose was to explore potential options for voluntary regulation of complementary healthcare professions. Professor Stone presented her initial findings to delegates at the Foundation's regulation seminar on 12th September 2005. Her report, *Proposals for a Future Voluntary Regulatory Structure for Complementary Healthcare Practitioners*, has since been published.[2]

The Stone Report examined the advantages and disadvantages of three possible options:

- continuing the development of single voluntary regulators for each profession;
- a composite, federal structure, in which a single voluntary council oversees a number of separate professions;
- statutory regulation.

The Stone Report concluded that the arguments were in favour of a federal structure and stated:

> "*The high levels of public protection enshrined in this model, and the legitimacy that can be achieved, will be its ultimate strength. This model would also allow complementary practitioners to make the transition to statutory regulation, should this be desired of them or demanded of them at any time in the future, and provides a framework within which a research base can be enhanced to further improve credibility and improve patient care. As complementary therapy becomes an accepted and integrated part of health care, the need for effective regulation is paramount. Public protection does, indeed, come at a price. But the reward is a model which places complementary practitioners at the forefront of regulatory excellence.*"
> (p38 para 79)

[2]Available from www.fihealth.org.uk

# 2. The consultation process – how to respond

The following pages set out a potential framework for a future federal voluntary regulatory body, which is intended to provide a starting point for further debate and development. There are questions at the end of each section. These have been reproduced as a response form at the end of the document. It is important that responses are received from a wide range of interested parties and individuals to give a broad range of perspectives on the proposals contained in this document.

**Responses should be sent to :**

Abi Masterson Consulting Ltd
50 Tanner's Yard
239 Long Lane
London
SE1 4PT

Responses can also be emailed to abimasterson@btconnect.com

**Your response should be received by Friday 28th July 2006.**

The consultation document, together with the response form, is available on the Foundation's website at www.fihealth.org.uk.

# 3. The Foundation's proposals to establish a federal regulatory structure

## 3.1 Federal regulator as an option

The Foundation has considered the arguments in the Stone Report and agrees that a federal-type structure is the most appropriate for the voluntary regulation of complementary healthcare practitioners, for the following reasons:

- it will provide an effective way of ensuring public protection, as there will be one point of contact for the public;
- it will be easier for the public to recognise the name of the federal regulator, rather than several names of single regulatory bodies;
- the name is therefore more likely to become synonymous with quality in complementary healthcare;
- a federal structure will allow for rationalisation of standards across the different professions while still allowing for a range of approaches. Within the individual professions, codes of conduct and other documentation will have a generic component as well as 'profession-specific' elements;
- a federal structure could provide opportunities for the professional associations to expand their role in promoting and developing the profession (see section 4.4);
- individual professions would be able to maintain significant professional autonomy within a federal structure;
- economies of scale may lead to a reduced registration fee for practitioners. This has been demonstrated by the existing statutory healthcare regulators where the larger the number of registrants, the lower the registration fee;
- a federal structure will more easily address the needs of 'multi-disciplinary' practitioners;
- a single federal regulator will have more weight in negotiations with other organisations and agencies such as statutory regulators, insurance companies and consumer organisations;
- a federal model is consistent with current thinking in healthcare regulatory excellence.

## 3.2 Statutory regulation as an option

The Stone Report also explored statutory regulation as an option. While the Department of Health has stated that it is committed to the statutory regulation of acupuncture and herbal medicine, it is not currently considering statutory regulation of other complementary practitioners. Therefore, the Foundation believes that it would be unproductive to continue to explore this as an option at this time. However, the federal structure will not prevent professions pursuing statutory regulation at a later date should they wish to do so and participation in a voluntary federal structure may assist transition to statutory regulation should it become an option.

It is important to note that involvement by the professions in a voluntary federal structure will not automatically lead to statutory regulation.

## 3.3 The status quo option

The third option explored was the status quo i.e. to continue the development of single regulatory structures for each of the individual professions. While this was the recommendation in the House of Lords' Select Committee on Science and Technology report, *Complementary and Alternative Medicine*, and the objective of the Foundation's regulation programme to date, there have been many subsequent developments in statutory healthcare regulation, including regulatory failures leading to a review of the entire regulatory field. This, together with the information provided by the programme applicants, has prompted the Foundation to review its objective. The Foundation considers it essential that the programme is flexible enough to respond to changes in national policy. Current developments indicate a move away from single profession regulators.

## 3.4 Financial sustainability

Applications from the professions to the Foundation's current programme indicated that the level of resources available to groups, in most cases, may be inadequate to develop and maintain single regulatory bodies in the long term. The current work in developing regulatory structures is being financed by the existing professional associations with a small grant from the Foundation. While some professions have significantly more funding than others, only one profession to date has carried out a comprehensive consultation with members on its proposals. For most groups, therefore, there is no guarantee that their members will sign up to the proposals. This raises questions about the financial sustainability of the proposed single regulators.

## 3.5 Conclusion

Having considered the potential benefits as well as the potential disadvantages of all options, the Foundation agrees that the arguments are weighted in favour of the federal structure proposal.

This in no sense diminishes the work that the professions have done to date in moving towards single regulatory structures. Indeed, such a proposal is only possible because the professions in question have demonstrated their ability and commitment to working collaboratively, and collectively endorse the need for effective regulation. This was a necessary first step and provides a strong foundation for the professions to move forward into a federal approach to regulation. The proposal builds on this progress by suggesting a model which preserves distinct professional identities, whilst providing cost-effective regulation.

# 4. Issues for discussion

## 4.1 Introduction

There are currently two different federal structures in statutory healthcare regulation; the Health Professions Council (HPC) and the Nursing and Midwifery Council (NMC). These could provide potential templates for a new voluntary regulator. However, it is important that any new model takes into account the unique needs of a voluntary system and also acknowledges the particular characteristics of complementary approaches to health e.g. the emphasis on longer consultation times than are often possible in orthodox healthcare settings and the importance of the therapeutic relationship.

The Better Regulation Commission (formerly Better Regulation Task Force) includes 'proportionality' in its principles of good regulation. This means that the level of regulatory control is proportionate to the level of risk. Most complementary approaches, (other than those involving manipulation, insertion of needles or ingestion of herbs), are minimally invasive and have fewer inherent risks than orthodox approaches such as surgery or some orthodox medicines.

In addition there are many multi-disciplinary complementary healthcare practitioners i.e. practitioners practising more than one complementary therapy. Within the statutory sector, the HPC requires the health professionals it regulates to register separately on each of the individual registers and to pay the full registration fee for each one. However, there would be scope to develop mechanisms under a new voluntary federal regulator which would be less onerous and more appropriate to complementary healthcare practices. For example, the report by the Acupuncture Regulatory Working Group made proposals for a system of dual regulation/registration. A new voluntary federal regulator will allow for flexibility in determining registration arrangements. Practitioners would, however, have to meet the registration and continuing professional development requirements for each part of the register on which they appear. These requirements would be agreed in consultation with the professions concerned.

Notes

## 4.2 Professions to be regulated by the federal council

Professions applying to participate in a federal council would have to demonstrate that they meet minimum criteria. This could include the following:

- the profession having developed and agreed National Occupational Standards, in partnership with Skills for Health;
- evidence of the involvement of lay members and an independent lay chair in their work to date;
- evidence of having made progress towards regulation;
- evidence of having consulted their profession.

**Q1: Do you agree with the criteria for professions to be regulated by the federal council and what other criteria would you suggest?**

Write your answer to the questions in the response form starting on page R1, but make notes now in the margin to remind you of your response as you read on.

As with the HPC, the register could allow arrangements for a number of professions with provision for more, if required. It is envisaged that the work would start with a small number of professions, with the potential for others to join as they become ready.

**Q2a: Do you think there is a minimum number of professions for the establishment of the council?**

**Q2b: Do you think there is a maximum number of professions that a federal structure could accommodate?**

## 4.3 Key functions of the federal council

Notes

The Department of Health, in its consultation document, *Regulation of Herbal Medicine and Acupuncture – Proposals for Statutory Regulation*, outlined the key functions of the proposed new statutory regulator for these professions. The functions outlined below have been derived from that report and adapted to meet the requirements of a voluntary federal register.

The federal voluntary council would have three fundamental functions:

- keeping a register of practitioners admitted to practise;
- determining standards of education and training for admission to practise;
- providing advice about standards of conduct and performance and administering an appropriate fitness to practise mechanism.

The fundamental functions of the federal council will be underpinned by an explicit and overarching duty on the council to:

- safeguard the health and interests of patients and the public;
- work in partnership with employers, education providers, professional bodies and other agencies/stakeholders;
- consult registered practitioners, employers, education providers, patients and the public in making or varying policy, standards and rules;
- have regard to the differing considerations affecting the regulated professions and the individual traditions within the professions;
- have regard to patients and practitioners in all four UK countries – England, Scotland, Wales and Northern Ireland;
- inform and educate practitioners and the public about its work;
- work in partnership with the appropriate forum representing the professional associations.

**Q3: Do you agree with the proposed fundamental functions and duties of the council?**

Notes

## 4.4 Continuing role of the professional associations

The existing professional associations will continue to have an essential and important role, with a strong focus both on the role of the practitioner and developing excellence within the profession. The key functions of these associations would be to:

- promote a strong professional identity;
- advise on the development of standards;
- encourage and facilitate research and development;
- support members in any fitness to practise enquiries.

In addition, the professional associations would be free to undertake any other appropriate activities such as:

- providing opportunities for continuing professional development;
- networking;
- award schemes;
- provision of membership services e.g. insurance information;
- provision of therapy clothing and equipment;
- support to practitioners in developing their practice and business opportunities.

There will also be a need for some kind of forum for the professional associations to come together to act as a single voice in representing the profession to the federal regulator. There are different ways of doing this. It may be that some decide to merge formally, reducing the number of professional associations. Another option would be for the current regulation working groups to continue and to adopt this role. There may be other options that professional associations would wish to explore. In addition to interfacing with the regulator, this could provide a powerful vehicle to promote and develop the profession.

**Q4: Have you any comments on the continuing role of the professional associations?**

## 4.5 Possible composition and structure of a federal voluntary council for complementary healthcare professions

Notes

The federal voluntary council will have to be structured in such a way that it can carry out its functions effectively and efficiently. This means that it must have representation from all member professions, lay members and all four UK countries. It must also be structured to ensure that the views of different traditions within any one discipline are given due consideration by the council.

The composition of the council will be the subject of debate. However, to start the debate, it is proposed that the council is made up of:

- one elected practitioner registrant for each profession regulated;
- one lay member for each profession regulated;
- a chair of the council.

These should encompass representation from each of the four UK countries and include at least one person with educational expertise.

Under a statutory system, lay members are appointed by the NHS Appointments Commission. However, this is not an option for a voluntary regulator. To ensure the process is open, transparent and in the public interest, it would be necessary to find an alternative and appropriate agency to carry out this function.

**Q5: Do you agree that the structure outlined above would be appropriate for membership of the council?**

**Q6: Who would you suggest could carry out the appointment process for lay members?**

**Q7: How should the chair be appointed?**

Notes

## 4.6 Council – committees

The work of the council could be supported by a number of committees. These are likely to include four main committees, one responsible for education and training, and three fitness to practise committees: investigation, conduct and competence and health. See sections 4.14 and 4.16.

**Q8: Do you agree with the proposed council committee structure?**

## 4.7 Registration of practitioners

The key function of a new federal council for complementary healthcare would be to keep and maintain a register of members admitted to practise. As with the regulatory model provided by the HPC, the register could allow arrangements for a number of professions with provision for more if required. Once the register is fully established i.e. following any agreed transitional period, entry to the register could be based on other healthcare regulatory models. The final criteria and details would be developed in consultation with the professions to be regulated, and could include that they:

- satisfy the relevant committee of the council that they hold an approved qualification;
- provide evidence that they are in good health, including meeting Government safeguarding requirements such as CRB checks;
- provide evidence of good character;
- satisfy the council that they are safe and competent to practise.

**Q9: Do you have any comments on the registration of practitioners?**

## 4.8 Accreditation of courses and qualifications

Notes

Approaches to single agreed systems of professional accreditation of courses and qualifications within the individual professions vary. Most of the therapies on the regulatory programme have published national occupational or professional standards (NOS/NPS), acting as a benchmark for practice or are currently drafting standards and will likely have agreed and published these within the near future.

A few professions have, within their collective working groups, developed agreed core curricula, based on their NOS, to which practitioner-level qualifications can be mapped. These curricula include elements of course/programme and institutional requirements, including assessment criteria and quality assurance statements. Some of the groups are also working towards developing a single system of professional accreditation and are in the process of consulting their members and other stakeholders.

One way forward might be for working groups to undertake further work to enable the development of an accreditation system within a federal structure for regulation. The HPC model of accreditation could form the basis for development. First steps could be:

- Groups to work towards consensus about standards of *education and training* across all their therapies (including institutional standards). These standards could form the basis of accreditation.
- Groups who have agreed NOS to use these to develop an agreed framework of *standards of proficiency* for their therapies to include a generic and therapy-specific component.
- Groups to agree a policy on accreditation of courses and qualifications, to include the agreed structures above. The resulting accreditation document could then reflect the therapy-specific requirements within a generic framework for quality assurance. The accreditation document could also specify the requirements and arrangements for institutional and course approval, such as:
  - documents to be provided on application and visits;
  - the approval process;
  - visitor's role, required backgrounds and experience (see section 4.9);
  - the involvement of other stakeholders such as the Qualifications and Curriculum Authority (QCA) and the Quality Assurance Agency (QAA).

This list is not exhaustive.

**Q10: Do you agree with the approach as outlined to the accreditation of courses and qualifications?**

Notes

## 4.9 Quality assurance of programmes

Quality assurance is key to ensuring that standards of education and training are appropriate and maintained. Professional accreditation of courses and programmes of study, leading to council approval, would be carried out in a federal system by a number of visitors. The appointed visitors, who will provide the quality assurance report on courses and programmes to the new council, should include representatives from registrants on the appropriate part of the register, lay representation and those having experience in institutional and course audit. This is the model adopted by most healthcare regulators including the HPC. Visitors should not, however, have any connection with the provider institution being approved. The professional associations could provide guidance on the appointment of potential visitors.

Where there is opportunity for any conjoint validation with an educational institution (such as a higher educational institution), these should be encouraged and visitors should also be able to sit on the course provider's approval panel, where appropriate.

**Q11: Do you agree with the role of the visitor and that the professional associations could provide guidance on their appointment?**

**Q12: Do you agree with the proposal for conjoint validation?**

## 4.10 Registration of practitioners – transitional period and grandparenting scheme

Notes

It is likely that there would be a transitional period to enable the setting up of a new council and register. Some practitioners, currently registered with professional associations in the UK, or unregistered and practising, will want to obtain access to the new register but may not have the required agreed qualifications. They may have a good deal of training, experience and skills and therefore would require an alternative route of entry. A grandparenting[3] scheme, specifying the form of evidence appropriate for entry, should be put into place. In a federal system this scheme might vary, as each profession has its own specific requirements though it is envisaged that there will be some comparability of standards and processes. Multi-disciplinary practitioners will benefit from consistency of approach across the professions. This also has the potential to lead to cost savings for practitioners.

In line with most of the healthcare professions that have recently gained statutory regulation, it is proposed that the transitional period be for a term of not less than two years from the date of opening of the register. During this time the applicant must satisfy the new council that they have been practising in a safe and competent way, for three out of the five years (full time or part-time equivalent) prior to the opening of the register. It would be up to the registration or education committee (see section 4.13), in consultation with the profession, to decide on what evidence would be required to show safety and competency. This could include evidence of self reflective practice, audit of practice, case studies and letters from patients or employers. Here, the professional associations could provide valuable support for their members.

Alternative arrangements could be made for those who do not meet the above criteria. This might involve a test of competence or further 'update of practice' course.

**Q13: Do you agree there should be a transitional period to enable the setting up of a new council and register?**

**Q14: Do you agree that this should be for a term of not less than two years from the opening of the register?**

**Q15: Have you any comments or suggestions for grandparenting during that transition period?**

[3]For the purposes of this document, grandparenting is the term used to describe how an existing practitioner can demonstrate, through whatever mechanism is required of them, that they are eligible for entry onto the register.

Notes

## 4.11 Registration of practitioners – overseas

There are some qualifications in a number of therapies, such as massage and aromatherapy, which have international recognition. It is suggested that the awarding bodies for those qualifications are consulted on the agreed standards of proficiency so that they can map their qualifications to the standard. The proficiency standards will be used as a benchmark for all overseas qualifications.

Where there is limited knowledge or agreement on standards of proficiency it is suggested that each applicant is assessed separately, using suitable portfolio-based and/or competency testing as necessary. The usual evidence of character, health and conduct should apply and it would be advisable to apply a test of English such as TOEFL (Test of English as a Foreign Language) or IELTS (International English Language Testing Service) to applicants for whom English is not their first language (only for those outside the European Union).

**Q16: Have you any comments on the registration of practitioners who have qualified overseas?**

## 4.12 Continuing professional development (CPD)

Notes

All healthcare practitioners need to maintain, develop and update their skills constantly so that they can continue to practise safely and competently. This includes the need to keep abreast of new research and development in their field and to pursue excellence of practice. As many complementary practitioners work in private practice, they often do not have the professional development support offered by large structured organisations such as the NHS. A new council will need to be aware of this when devising their mandatory criteria for CPD and include, where possible, flexible and inexpensive options in their evidence criteria. This should, however, ensure that the registrant has maintained the required standards of proficiency to continue their registration.

The education and training committee would develop a CPD standard, which all registrants are required to meet for re-registration. Given that many complementary healthcare practitioners practise outside large institutional structures, many on their own, some guidance on supervision or mentorship and self reflection of practice may well be required. It might also be useful to include a number of hours of learning with others as a requirement for CPD.

**Q17: Do you have any comments on continuing professional development?**

Notes

## 4.13 Standards of proficiency

The new federal council will have agreed standards of proficiency for each of the therapies, which will form the core requirement for all practitioners to gain and maintain registration. The national occupational/professional standards (NOS/NPS) are a good starting point for the development of standards of proficiency. They are similar as they both describe the standards required for practice and are written as competency outcomes. However, NOS/NPS are broader in their scope and include all elements of practice, including, in many cases, continuing professional development (CPD) and specialist practice standards. Standards of proficiency, on the other hand, describe entry-level or baseline standards i.e. those standards which would be the minimum requirement for safe and competent practice in a therapy. They would be a benchmark for registration and re-registration, though they would not necessarily describe standards of excellence.

Advanced or specialist-level practice is something which the new council might consider (as are some of the statutory health regulators). This may well be something on which the professional associations could be engaged in advising and developing.

As stated before, there is an opportunity for the professions coming together within a federal system to agree a framework for standards of proficiency for complementary therapies, including a generic component and a profession-specific component. This would allow for potential inter- and multi-professional development.

**Q18: Do you agree that the new council should consider advanced or specialist-level practice?**

## 4.14 Education and training committee

Notes

It is likely that, within a federal system of voluntary professionally led regulation, the education and training committee would have a similar structure and function to those within statutory health regulators. It is suggested that its structure should consist of one registrant from each of the professions and at least one lay member who has the requisite knowledge and skills to regulate education and training. The chair should be a member of the council.

The key function of the committee should be to ensure that the registrants have the education and training required to do the job safely and competently. This would entail advising the council on:

- general standards expected within education and training;
- threshold standards of proficiency for entry to the register;
- the approval process for courses and qualifications (including institutional approval);
- standards for CPD.

It would be likely that the education and training committee would need to form limited life sub-groups to develop and advise on some or all of the above, particularly in the early days. It might also be necessary to form a separate group responsible for the registration of practitioners who would work closely with the education and training committee, the health committee and the conduct and competence committees.

There should be separate professional advisory groups (in a similar model to those proposed by the Herbal Medicine Regulatory Working Group), which will be separate from the main committees but will provide expert profession-specific advice to the main committees (including education and training) and the federal council. These groups may well report to council and its committees through an umbrella body (i.e. Professional Group Advisory Committee).

**Q19: Do you agree with the proposed composition and functions of the education and training committee?**

Notes

### 4.15 Active and non-active practitioners (continued registration)

The public are entitled to expect that people on a register are competent, up to date and fit to practise. This would also apply to practitioners involved in education and research. In future, there might be arrangements for members to maintain their registration in a non-practitioner capacity so that they would maintain some of the benefits this might afford – such as conference admission, admission to specialist libraries etc. This would allow some continuity for practitioners who might be taking a career break and who may be unable to maintain all CPD requirements for re-registration. This would necessitate that the new council maintains different levels of registration. However, it should be made clear to the public what the level of registration means in practice and that it would be unprofessional for a member to advertise him- or herself as a registered practitioner if they had not met the full requirements for registration.

**Q20: Do you agree that provision should be made within the register to accommodate professionals who are using their professional skills in some capacity, but are not involved in patient contact?**

## 4.16 Fitness to practise

Notes

The various procedures used by healthcare regulators to determine a practitioner's fitness to practise have been the subject of attention over the past few years. Many of the existing regulators have already made changes and it is likely that even more radical changes will be proposed by Government in the future. Any new regulator, statutory or voluntary, will have to take account of these changes.

As an example of current arrangements in the statutory sector, the HPC has three 'fitness to practise' committees which all have registrant and lay members:

- **The conduct and competence committee** deals with cases about misconduct, lack of competence, and convictions and cautions;
- **The health committee** deals with cases where the health of the registrant may be affecting their ability to practise;
- **The investigating committee** deals with cases where an entry to the register may have been made fraudulently or incorrectly.

Consideration would need to be given to how fitness to practise procedures would apply to practitioners registered on more than one part of the register.

**Q21: Do you have any comments on fitness to practise procedures?**

Notes

### 4.17 Relationship with other organisations and agencies

It could be assumed that a federal structure will be more likely to be recognised by statutory healthcare regulators, government agencies and other organisations than a number of individual voluntary regulators. The new council would be responsible for negotiating with relevant agencies for formal recognition.

**Q22: Do you believe that a federal council will be more likely to be recognised by statutory healthcare regulators, government agencies and other organisations than a number of individual voluntary regulators?**

### 4.18 Costs of voluntary self regulation

As in the statutory sector, a federal voluntary regulatory structure would be funded primarily through initial registration and annual subscription fees.

The costs of registration are a concern to all practitioners. However, the eventual registration fees cannot be estimated at this stage as there are a vast number of variables involved. A comparison of the UK statutory healthcare regulators shows that there are economies of scale as the number of registrants increase. For example, in 2005 registration with the General Chiropractic Council, a single regulator, cost chiropractors £1,000 per annum, whereas registration fees with the HPC (a federal regulator, regulating a larger number of practitioners) was £60 per annum. This would suggest that the per capita costs for practitioners will be significantly lower under a federal structure than a single profession regulatory structure.

**Q23: Have you any comments relating to the cost to practitioners of registration?**

# 5. Next steps

## 5.1 Consultation process

Notes

This consultation will be open for a three-month period from 1st May to 28th July 2006. The results will be independently analysed and will form the basis of a report. The Foundation intends to hold an event in the autumn of 2006 to present recommendations based on the results of the consultation. In the event that there is support for a federal approach to voluntary self regulation, the proposed timescale for implementation is outlined below. It is envisaged that a shadow regulator will be established within the lifetime of the Foundation's current regulation programme i.e. by April 2008.

| Proposed timescale* | Action |
|---|---|
| May – July 2006 | Consultation |
| August 2006 | Independent analysis of responses |
| September 2006 | Publication of consultation results and recommendations |
| October 2006 – December 2007 | Developing arrangements for a voluntary shadow federal council |
| December 2007 | Establishment of the shadow council |
| January – March 2008 | Public awareness campaign |

**This is a provisional timetable to give some idea of the timescales which may be involved, if there is agreement for a federal regulator to be established.*

## 5.2 Future options

The establishment of a federal voluntary regulatory body will not prevent individual professions pursuing a single voluntary regulatory body, if they consider that to be their preferred option. It will be possible for a federal regulator to exist alongside individual regulators of other professions. The federal body will have the capacity to include other professions at a later date.

**Q24: Do you agree with the principle of establishing a voluntary federal regulatory body for complementary healthcare professions?**

**Q25: Have you any comments on the proposed timescale?**

# Bibliography


**Acupuncture Regulatory Working Group** The Statutory Regulation of the Acupuncture Profession. The Prince of Wales's Foundation for Integrated Health, 2003.

**Better Regulation Task Force** Principles of Good Regulation (1997). http://www.brc.gov.uk/faqs

**Department of Health** Regulation of Herbal Medicine and Acupuncture. Proposals for Statutory Regulation. Department of Health, 2004.

**Department of Health** Statutory Regulation of Herbal Medicine and Acupuncture. Report on the consultation. Department of Health, 2005.

**Department of Health** Review of Non-Medical Professional Regulation: A call for ideas (The Foster Review), 2005.

**Hampton Review** Reducing Administrative Burdens: Effective Inspection and Enforcement. HM Treasury, 2004.

**Herbal Medicine Regulatory Working Group** Recommendations on the Regulation of Herbal Practitioners in the UK. The Prince of Wales's Foundation for Integrated Health, 2003.

**House of Lords' Select Committee on Science and Technology** Complementary and Alternative Medicine. The Stationery Office, 2000.

**Stone, Prof J** Development of Proposals for a Future Voluntary Regulatory Structure for Complementary Health Care Professionals. The Prince of Wales's Foundation for Integrated Health, 2005.

**Wardwell, WI** Chiropractic: History and Evolution of a New Profession. Mosby Year Book, St Louis 1992, in Budd S and Mill S, Regulatory Prospectus for Complementary and Alternative Medicine: Information Pack. University of Exeter, 2000.

The Prince's Foundation for Integrated Health

# Exploring a Federal Approach to Voluntary Self Regulation of Complementary Healthcare

# Response form

## Your details:

Name _____

Job title _____

Organisation _____

Address _____

_____ Postcode _____

Contact telephone _____ Email _____

## If you are responding as an individual, which of the following categories best describes you?

- ☐ Patient
- ☐ Health professional *(please state profession/therapy)* _____
- ☐ Member of the public
- ☐ Other *(please give details)* _____

## If you are responding as a representative of an organisation, which of the following categories best describes your organisation?

- ☐ Professional association
- ☐ Public educational institution
- ☐ Private education provider
- ☐ Emerging voluntary regulatory body
- ☐ Statutory regulatory body
- ☐ Public/patient/representative body
- ☐ Other *(please give details)* _____

Please note that your response will be used for analysis and may be made public.
If you would prefer your response to remain private, please indicate this by ticking this box: ☐

Detach these pages and send to Abi Masterson Consulting Ltd, 50 Tanners Yard, 239 Long Lane, London SE1 4PT

**Q1: Do you agree with the criteria for professions to be regulated by the federal council and what other criteria would you suggest? (Section 4.2)**

**Q2a: Do you think there is a minimum number of professions for the establishment of the council? (Section 4.2)**

**Q2b: Do you think there is a maximum number of professions that a federal structure could accommodate? (Section 4.2)**

**Q3: Do you agree with the proposed fundamental functions and duties of the council (Section 4.3)?**

**Q4: Have you any comments on the continuing role of the professional associations (Section 4.4)?**

**Q5: Do you agree the structure outlined in section 4.5 would be appropriate for membership of the council? (Section 4.5)**

**Q6: Who would you suggest could carry out the appointment process for lay members? (Section 4.5)**

**Q7: How should the chair be appointed? (Section 4.5)**

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**Q8: Do you agree with the proposed council committee structure (Section 4.6)?**

**Q9: Do you have any comments on the registration of practitioners? (Section 4.7)**

**Q10: Do you agree with the approach as outlined to the accreditation of courses and qualifications? (Section 4.8)**

**Q11: Do you agree with the role of the visitor and that the professional associations could provide guidance on their appointment? (Section 4.9)**

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**Q12: Do you agree with the proposal for conjoint validation? (Section 4.9)**

**Q13: Do you agree there should be a transitional period to enable the setting up of a new council and register? (Section 4.10)**

**Q14: Do you agree that this should be for a term of not less than two years from the opening of the register? (Section 4.10)**

**Q15: Have you any comments or suggestions for grandparenting during that transition period? (Section 4.10)**

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**Q16: Have you any comments on the registration of practitioners who have qualified overseas? (Section 4.11)**

**Q17: Do you have any comments on continuing professional development? (Section 4.12)**

**Q18: Do you agree that the new council should consider advanced or specialist-level practice? (Section 4.13)**

**Q19: Do you agree with the proposed composition and functions of the education and training committee? (Section 4.14)**

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**Q20: Do you agree that provision should be made within the register to accommodate professionals who are using their professional skills in some capacity, but are not involved in patient contact? (Section 4.15)**

**Q21: Do you have any comments about fitness to practise procedures? (Section 4.16)**

**Q22: Do you believe that a federal council will be more likely to be recognised by statutory healthcare regulators, government agencies and other organisations than a number of individual voluntary regulators? (Section 4.17)**

**Q23: Have you any comments relating to the cost to practitioners of registration? (Section 4.18)**

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**Q24: Do you agree with the principle of establishing a voluntary federal regulatory body for complementary healthcare professions? (Section 5.2)**

**Q25: Have you any comments on the proposed timescale? (Section 5.2)**

**Any other comments?**

**Responses should be sent to :**
Abi Masterson Consulting Ltd, 50 Tanners Yard, 239 Long Lane, London SE1 4PT

Responses can also be emailed to abimasterson@btconnect.com

**Your response should be received by Friday 28th July 2006.**

This consultation document, together with the response form, is available on the Foundation's website at www.fihealth.org.uk.

Detach these pages and send to Abi Masterson Consulting Ltd, 50 Tanners Yard, 239 Long Lane, London SE1 4PT


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