June 2000

Complementary medicine

information pack for primary care groups

Department of Health

The Foundation for Integrated Medicine

nhsalliance

napc

Acknowledgements

I am grateful to the many individuals who have given freely of their time and information helping to produce this document. The main collaborators were Michael Dixon of the NHS Alliance, Michael Fox of the Foundation for Integrated Medicine and Clive Parr of the National Association of Primary Care. I would also like to thank:

- Sylvia Baker, Aromatherapy Organisations Council
- Geoff Braterman and Kathy Ryan, Faculty of Homeopathy
- Alan Breen, Anglo-European College of Chiropractic
- Shaun Brookhouse and Martin Armstrong Prior, UK Federation of Hypnotherapy Organisations
- Sarah Budd, University of Exeter
- Ruth Chambers, Staffordshire University
- Elizabeth Christie, GP, Wiltshire
- Margaret Coats, General Chiropractic Council
- Brian Daniels and Andrew Gilmour, General Osteopathic Council
- Simon Fielding, Department of Health
- Stephen Gordon, Society of Homeopaths
- Val Hopwood, Acupuncture Association of Chartered Physiotherapists
- Carol Horner, British Acupuncture Council
- David Geraint Jenkins, British Society for Medical and Dental Hypnosis
- Colin Lewis, British Medical Acupuncture Society
- David Morgan, British Medical Association
- Sue Morrison, GP, London
- David Oxley, Doncaster West PCG
- David Peters, University of Westminster
- Margot Pinder, Foundation for Integrated Medicine
- John Sampson, GP, South Norfolk
- Jill Shepherd, Bristol North West PCG
- Paul Slade, Somerset Coast PCG
- Pete Smith, The National Association of Primary Care
- Penny Stronach, Thames Health PCG
- Kate Thomas and Donna Luff, University of Sheffield
- Ian Trimble, GP, Nottingham City North & West PCG
- Catherine Webster, Ribble Valley PCG
- Roy Welford, GP, Glastonbury
- Chris Worth, Calderdale and Kirklees Health Authority

I am also grateful to Gordon Brown, Department of Health and Pui-Ling Li, NHS Executive, London, for their comments.

Joel Bonnet, Senior Registrar in Public Health, NHS Executive, London

contents

1.	Aims of this information pack	2
2.	Definition of terms	2
3.	Use of complementary medicine	2
4.	Complementary medicine and primary care	3
5.	Establishing the current level of provision	4
	What is being provided and where	4
	What is currently being spent	4
	CAM in a wider context	5
	What to do next	5
6.	Information on individual therapies	6
	Acupuncture	6
	Aromatherapy	9
	Chiropractic	10
	Homeopathy	11
	Hypnotherapy	13
	Osteopathy	15
7.	Making referrals to complementary therapy practitioners	16
8.	Employing complementary therapy practitioners	18
9.	Existing models of provision – who is doing what	19
10.	Sources of further information	23
Appendix 1:	Details of organisations	27
Appendix 2:	Summary of selected therapy organisations	39
Appendix 3:	List of internet sites	40
Appendix 4:	Constituents of a model contract	41
References		42

This document is also available to download from the following websites:

Department of Health: www.doh.gov.uk

Foundation for Integrated Medicine: www.fimed.org

NHS Alliance: www.nhsalliance.org

National Association of Primary Care: www.primarycare.co.uk

1 AIMS OF THIS INFORMATION PACK

This pack was produced collaboratively between the Department of Health, Foundation for Integrated Medicine, NHS Alliance and National Association of Primary Care and is designed to give primary care groups (PCGs) a basic source of reference on the complementary and alternative therapies most commonly provided by PCGs. It is not intended to provide definitive professional guidelines or to be a substitute for individual clinical judgement. A companion document has been produced for primary care clinicians. Both documents are available on the websites listed on page 1.

2 DEFINITION OF TERMS

The Cochrane Collaboration defines complementary and alternative medicine (CAM) as "a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health systems of a particular society or culture in a given historical period." Some examples of complementary therapies are listed in Box 1.

BOX 1: EXAMPLES OF COMPLEMENTARY THERAPIES

Acupuncture	Alexander technique	Aromatherapy
Chiropractic	Cranial osteopathy	Healing
Herbal medicine	Homeopathy	Hypnosis
Massage	Naturopathy	Nutritional therapy
Osteopathy	Reflexology	Yoga

3 USE OF COMPLEMENTARY MEDICINE

Interest in complementary therapies has increased in recent years[1]. A survey in 1989 showed that 74% of the public surveyed were in favour of complementary medicine being made widely available on the NHS[2]. A more recent survey[3] provides an estimate for lifetime use of six named therapies (acupuncture, osteopathy, chiropractic, herbal medicine, hypnotherapy, homeopathy) of more than one in four adults (one in three if reflexology and aromatherapy are included). In any year it is estimated that 11% of the adult population visited a complementary therapist for one of the six named therapies.

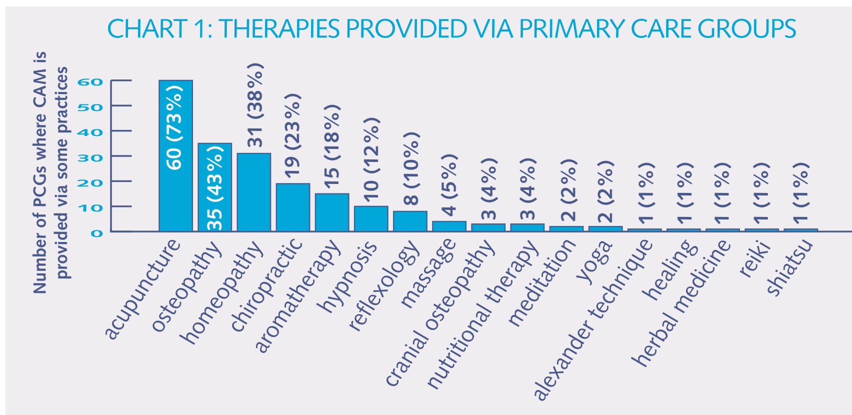
Whilst there may be more media emphasis on the more unusual therapies, the most established complementary disciplines in the UK are osteopathy, chiropractic, homeopathy, acupuncture and herbalism. Spiritual healing and hypnotherapy are also often mentioned[4].

4 COMPLEMENTARY MEDICINE AND PRIMARY CARE

A study[5] carried out in 1995 showed that 40% of practices provided access to some form of complementary therapy, 21% offered access via treatment by a member of the primary health care team, 6% employed an 'independent' complementary therapist and that 25% of partnerships make NHS referrals. Overall, in 17% of cases, treatment was paid for entirely or in part by the patients.

A more recent study[6] was commissioned to look at the key issues involved in the provision of CAM in PCGs. A questionnaire was sent out to all 481 PCGs with 286 (60%) replying. In addition a smaller number of PCGs were interviewed by telephone. In 58% of PCGs responding, CAM was provided via primary care; it is not known to what extent in any one PCG the population as a whole has access to these therapies. The most commonly used therapies were acupuncture, osteopathy, chiropractic, homeopathy and hypnotherapy (see chart 1). Whilst osteopathy and chiropractic are both manipulative therapies they are dealt with separately in section 6.

CHART 1: THERAPIES PROVIDED VIA PRIMARY CARE GROUPS



In making decisions about the provision of CAM throughout the PCG respondents indicated the most important factors were information on effectiveness and cost effectiveness, knowledge of accreditation procedures and standards, resource implications, availability of practitioners and local needs assessment. It was not clear how evidence of effectiveness for any therapy was linked to its provision (or not) within a PCG.

In the survey PCGs were seen to be at different stages in formulating CAM policy and making decisions about provision. This ranged from CAM not being seen as a priority with no immediate plans to consider future provision through to a situation where considerable funds (based on historical provision) were continued to be allocated. Whatever their stage of development, PCGs expressed a need for information to help in assessing therapies and in advising patients who wish to use them.

The establishment of Primary Care Trusts (PCTs) this April gives new power to provide local health services. Level 3 and 4 PCTs will commission care and level 4 PCTs will also provide community health services for their population. These services may include CAM therapy.

5 ESTABLISHING CURRENT LEVEL OF PROVISION

A PCG which is considering its policy on the provision of CAM will need to map what is being provided in different practices. Areas that need to be covered will include:

- who is providing what, and where
- what is currently being spent
- CAM in the wider context.

5.1 WHO IS PROVIDING WHAT, AND WHERE

Practices may be providing access to CAM in house, through an attached practitioner or by referral - this could be to a private practitioner or to a NHS provider e.g. to one of the five NHS homeopathic hospitals. In the case of referral, especially to a private practitioner, there is a need to ensure that the practitioner is accountable to a registering and disciplinary body. This is discussed later in section 7. Individual PCGs might consider compiling a local directory of therapists with recognised qualifications, even if they are not intending commissioning or providing such services (see Appendix 2). The organisations listed in section 6 would be able to provide PCGs with lists of local practitioners.

5.2 WHAT IS CURRENTLY BEING SPENT?

Ex-fundholders may have used the staff element of their budgets and ‘practice savings’ for employing complementary therapists. Non-fundholding GPs might have used the ancillary staff budget for the same reason. These elements of expenditure in primary care are the easiest to quantify. In contrast, in the area of community or acute trusts, unless a particular contract existed historically with (say) a NHS homeopathic hospital for CAM, it may be difficult to establish with certainty the level of spending as CAM services are most likely to be provided within other contracts.

5 ESTABLISHING CURRENT LEVEL OF PROVISION

5.3 CAM IN THE WIDER CONTEXT

Whilst CAM may not be specifically mentioned in a PCG Health Improvement Plan (HImP) or Primary Care Investment Plan (PCIP), the PCG could still have an interest in how CAM may be integrated into services to improve the health of the local population. Across the PCG, there will probably be variation in levels of how the local population may be able to access CAM, usually related more to differences in level of local provision rather than patient need. In these circumstances the PCG will want to consider how the issue of equity of access for the local population should be addressed. In some areas there may be considerable individual patient funding of CAM treatment in the private sector and this will be difficult to quantify. Some PCGs have agreed that CAM services previously available at a few practices should be accessible more widely, using locally produced guidelines and protocols for referral.[6] A commissioning model for PCGs could involve care pathways for a given condition rather than individual services, providing an opportunity for CAM to be used and incorporated as an option especially where there is evidence of efficacy to support its use e.g. manipulation for back pain. Such integrated care options might be provided through current Trusts and in future provided by Primary Care Trusts.[7]

5.4 WHAT TO DO NEXT

PCGs will differ in how they approach these issues; what counts is the need to ensure that any services provided are being used appropriately, are effective and that the PCG population has equal access. Various approaches that have been used include[6]:

- setting up a working party or using an existing group e.g. clinical governance to look at this issue
- working with the local public health department to review local provision and define need
- appointing a GP practitioner of CAM to advise the PCG
- using public and stakeholder consultation to identify particular issues
- setting up a review project with a local university.

6 INFORMATION ON INDIVIDUAL THERAPIES

Given the increasing number of patients seeking advice about CAM, there is a need for clinicians in primary care to have a working knowledge of the subject. Patients do not necessarily see the NHS as their provider of CAM services but do see NHS health care professionals as an information resource for CAM. In all cases conventional diagnosis is part of any referral protocol.

Some background information is provided on the therapies identified as being most commonly provided by PCGs. In the case of each therapy an attempt has been made to identify (where there is one) the body that is responsible for registration of medically qualified as well as non-medically qualified practitioners. Where there exist a number of different bodies, the largest organisation has been selected. A number of other organisations have been listed in Appendix 1. In recommending a CAM practitioner (either medically or non-medically qualified), the referring clinician must satisfy themselves that the individual is competent in the therapy concerned. Advice on this is given in section 7.

For each therapy information is given on what conditions would benefit most from treatment and a pragmatic view is taken of examples of best evidence of effectiveness. It is not within the scope of this document to include a wider view of different dimensions of effectiveness, for instance patient satisfaction measures and practitioner perspectives.

Examples of models of provision involving some of these therapies are given in Section 9. A summary of the contact details of organisations referred to in this section is given in Appendix 2, and may be used as the basis for an information sheet which could be produced locally by PCGs together with information about local practitioners.

The internet sites mentioned in this document are listed in Appendix 3.

6.1 Acupuncture
6.2 Aromatherapy
6.3 Chiropractic
6.4 Homeopathy
6.5 Hypnotherapy
6.6 Osteopathy

6.1 ACUPUNCTURE

6.1.1 What is acupuncture?

Acupuncture is the stimulation of special points on the body, usually by insertion of fine needles. How the points to be treated are selected depends on the teaching and background of the practitioner. ‘Traditional’ acupuncture theory sees illness in terms of excess or deficiencies in various exogenous and endogenous factors and treatment is aimed at restoring balance. Needles are inserted in specific points which lie under

the skin on invisible channels. The channels carry energy and are called 'meridians'. 'Western' acupuncture tends to be used by practitioners who also have an orthodox medical training and builds on Western style diagnosis. Here treatment may be based on 'trigger spot' stimulation as well as the more traditional meridian model.

6.1.2 Which patients or conditions would benefit most from treatment?

A recent overview of systematic reviews[8] looked at the evidence of effectiveness of acupuncture in the treatment of dental pain, low back pain, neck pain, osteoarthritis, stroke, smoking cessation and weight loss. Further information on low back pain is available from a Royal College of General Practitioners review.[9] The conclusions of most relevance to primary care were:

- there is reasonable evidence supporting the use of acupuncture for chronic low back pain
- it is not possible to state with certainty that acupuncture is effective in the treatment of neck pain
- acupuncture is not more effective than placebo acupuncture for smoking cessation.

The fact that acupuncture is not more effective than placebo acupuncture for smoking cessation does not mean that it is entirely without effect. In fact, it is associated with a sizeable placebo effect, which leads to immediate cessation in about 35% of all patients. These non-specific effects could be worth exploiting in clinical practice.[8]

In addition there is some evidence of the effectiveness of acupuncture in the treatment of migraine[10,11] and in dysmenorrhoea.[12,13]

6.1.3 What qualifications are expected of practitioners ?

Medically qualified acupuncturists

Doctors may train and become members of the British Medical Acupuncture Society (BMAS). A basic training course of 24 training hours covers the basic concepts of acupuncture and enables the doctor to obtain a Certificate of Basic Competence (COBC). Medical practitioners are encouraged by BMAS to work towards full accreditation status and be awarded the Diploma of Medical Acupuncture (Dip Med Ac).

Physiotherapists qualified in acupuncture

The Acupuncture Association of Chartered Physiotherapists (AACP) is a clinical interest group of the professional body representing chartered physiotherapists who use acupuncture. There are four categories of membership:

- associate physiotherapy members have not yet undertaken training
- basic members have done 30 hours training

- accredited members have done 80 hours training
- advanced members have done at least 200 hours of training.

Non-medically qualified acupuncturists

The British Acupuncture Council (BAcC) represents the largest group of practitioners and works with relevant training colleges to set standards of education and training. Members of the BAcC have completed a training of at least three years in traditional acupuncture and western medical studies appropriate to the practice of acupuncture. They carry the letters MBAcC after their name.

6.1.4 Finding a local therapist

Medically qualified acupuncturists

The BMAS publishes a list of doctors who have the Diploma of Medical Acupuncture certificate. Further information is available from:

British Medical Acupuncture Society
Royal London Homeopathic Hospital
60 Great Ormond Street
London WC1N 3HR Tel: 020 7278 1615
website: www.medical-acupuncture.co.uk
email: bmasadmin@aol.com

Chartered physiotherapists practising acupuncture

AACP maintains a register of physiotherapist acupuncture practitioners. Further information is available from:

Acupuncture Association of Chartered Physiotherapists Secretariat
Abbey View Complementary Clinic
The Medical Centre
Shaftesbury
Dorset SP7 8DH Tel: 01747 861151
website: www.aacp.uk.com

Non-medically qualified acupuncturists

The BAcC publishes details of its members in an annual Register of Practitioners which can be obtained from BAcC for £3.50. Alternatively a list of practitioners in a particular area can be requested free of charge. Further information is available from:

The British Acupuncture Council
63 Jeddo Road
London W12 9HQ Tel: 020 8735 0400
website: www.acupuncture.org.uk

6 INFORMATION ON INDIVIDUAL THERAPIES

6.2 AROMATHERAPY

6.2.1 What is aromatherapy?

Aromatherapy is based on the healing properties of essential plant oils. These natural oils are diluted in a carrier oil and usually massaged into the body, but they can also be inhaled, used in a bath or in a cold compress next to the skin. An aromatherapy massage is based on massage techniques which aim to relieve tension in the body and improve circulation. This, practitioners believe, allows oil molecules absorbed into the bloodstream during massage to pass efficiently through the body to the nervous system. Benefits of the aroma may also be obtained when oils are inhaled both directly and during the massage treatment bringing about a general feeling of well-being in an individual.

6.2.2 Which patients or conditions would benefit most from treatment?

Massage in general is mainly used to promote relaxation, treat painful muscular conditions, and reduce anxiety[14]. There is some evidence that aromatherapy massage reduces anxiety scores in the short term in settings including intensive care,[15,16] cardiac surgery,[17] and palliative care.[18,19]

6.2.3 What qualifications are expected of practitioners?

There are a large number of training organisations; courses range from short courses lasting several days to university degree courses in therapeutic massage. Aromatherapists who belong to a member organisation of the Aromatherapy Organisations Council (AOC, see below) have trained to standards defined in the AOC Core Curriculum and are fully insured to practice. The AOC follows the British Complementary Medicine Association (BCMA) code of conduct and is currently working on its own code of conduct for adoption by member associations, including disciplinary and complaints procedures as a safeguard for the public.

It is advisable that any NHS professional who practices aromatherapy should have trained to AOC standards.

6.2.4 Finding a local therapist

Practitioners are currently registered by many different organisations; the AOC is an umbrella organisation which represents a number of professional organisations and training establishments. The AOC has set up a national register of aromatherapists for referral to the public. Further information is available from:

Aromatherapy Organisations Council
PO Box 19834
London SE25 6WF Tel: 020 8251 7912
website: www.aromatherapy-uk.org

6.3 CHIROPRACTIC

6.3.1 What is chiropractic?

Chiropractic diagnoses and treats mechanical disorders of the joints, muscles and ligaments of the body by manual adjustment. Laboratory tests and x-rays are sometimes used as an aid to diagnosis. Chiropractic is based on the premise that dysfunction of the spine, pelvis and extremity articulations may disturb associated nerve function. This in turn may lead to specific types of pain syndromes, and in some cases, ill health. If a patient is deemed suitable for chiropractic care, treatment will consist mostly of specific manipulation adjustments. An emerging treatment (especially for back and neck pain) is 'active rehabilitation', based around fitness and endurance regimens which are tailored to the patient's abilities. This approach is also used by osteopaths.

6.3.2 Which patients or conditions would benefit most from treatment?

These conditions may also be treated by other manipulative techniques, e.g. osteopathy.

Acute low back pain

Clinical guidelines for the management of acute low back pain have been produced by the Royal College of General Practitioners.[9] These guidelines have been constructed by a multi-professional group and subjected to extensive professional review. They recommend considering the use of manipulative treatment (i.e. chiropractic, osteopathy, and manipulative physiotherapy) for patients with simple backache who need additional help with pain relief or who are failing to return to normal activities. Manipulation provides better short-term improvement in pain and activity levels and higher patient satisfaction than the treatments to which it has been compared.

Neck pain

The role of manipulation for neck pain has received considerably less attention than for back pain. A systematic review has been conducted on manipulation for neck pain[20] and concluded:

- mobilisation is probably of at least short-term benefit for patients with acute neck pain
- manipulation is probably slightly more effective than mobilisation or physical therapy for some patients with subacute or chronic neck pain
- all three treatments are probably superior to usual medical care.

Other conditions

There is some evidence of the effectiveness of manipulative treatment in other conditions including:

- low back pain associated with dysmenorrhea[21,22]
- headaches.[23,24]

6.3.3 What qualifications are expected of practitioners?

UK trained chiropractors have a BSc (Hons) degree. This is a four-year degree course which can lead to a Postgraduate Diploma in chiropractic after the fifth year. Chiropractors are trained to a high standard in the use of manipulative treatment, and other supportive measures, as well as in diagnosis for the exclusion of underlying disease - including the use of radiology.

The General Chiropractic Council (GCC) was established by the Chiropractors Act 1994. The GCC is the statutory body that is responsible for protecting patients by regulating the practice of chiropractic in the UK as well as setting standards of education, practice and conduct for chiropractors. The statutory register opened on 15 June 1999 and will close on 14 June 2001. After that time it will be a criminal offence for anyone in the UK to claim to be a chiropractor if they are not registered with the GCC (see also section 7.1).

6.3.4 Finding a local therapist

The requirement for all chiropractors to be registered does not apply until 15 June 2001. If a chiropractor is not yet registered it does not mean they cannot safely see patients. The register is updated on a regular basis and details are available in a variety of ways. The Chiropractic Registration Information Service at the GCC is able to give advice. Further information is available from:

General Chiropractic Council
344-354 Gray's Inn Road
London WC1X 8BP Tel: 0845 601 1796 (local rates apply)
e-mail: enquiries@gcc-uk.org
website: www.gcc-uk.org

6.4 HOMEOPATHY

6.4.1 What is homeopathy?

Homeopathy is a therapeutic system using very low dose preparations which are selected according to the principle that 'like should be cured with like.' The cure of symptoms and eventually the disease is brought about by administering substances which produce symptoms similar to those which the person is experiencing. In other words, a substance that produces symptoms highly similar to the disease may also cure it. For example the homeopathic remedy *Allium cepa* is derived from the common onion. Contact with raw onions typically causes lacrimation, stinging and irritation around the eyes and nose, and clear nasal discharge. *Allium cepa* might be prescribed to patients with hay fever, especially if both nose and eyes are affected.[25]

6 INFORMATION ON INDIVIDUAL THERAPIES

6.4.2 Which patients or conditions would benefit most from treatment?

Homeopathy is used to treat a wide range of acute and chronic physical and emotional illness. Where a condition is beyond the scope of the body's normal self-repair mechanism, treatment is less likely to be curative, but may be palliative. Categories of conditions that homeopaths usually treat including the following:

- where there is no known diagnosis and tests are normal but the patient feels unwell
- for those with chronic disease, especially where there may be poor prognosis without an alternative approach
- those where drug treatments are poorly tolerated or contra-indicated
- those who suffer from repeated episodes of acute illnesses.

Whilst there is evidence of the overall effectiveness of homeopathy,[26, 27] specific conditions for which there is the best evidence of effectiveness are those where there is an allergic component e.g. asthma,[28] rhinitis and hayfever.[29] There is also evidence of effectiveness in the treatment of influenza.[30]

6.4.3 What qualifications are expected of practitioners?

Medically qualified homeopaths and other statutorily regulated health care professionals

The Faculty of Homeopathy regulates the training and practice of homeopathy by medically qualified doctors, vets and other health care professionals. There is a published list of doctors who are members of the Faculty. The most experienced homeopathic physicians have gained the qualifications FFHom (Fellow of the Faculty of Homeopathy) or MFHom (Member of the Faculty of Homeopathy). The qualification LFHom (Licensed Associate of the Faculty of Homeopathy) indicates a doctor who has passed the Primary Health Care Examination and may use homeopathy in a limited way for minor ailments. They are not in a position to provide a specialist homeopathic opinion.

Non-medically qualified homeopaths

There is currently no single registering body. The Society of Homeopaths is the largest organisation representing specialist homeopaths. All homeopaths registered with the Society (RSHom) practise in accordance with a Code of Ethics and Practice, hold professional insurance, and have passed academic and clinical assessments before being admitted to the Register. The Society offers advice on employing a homeopath in general practice settings.

6.4.4 Finding a local therapist

Medically qualified homeopaths and other statutorily regulated healthcare professionals

The Faculty of Homeopathy has a network of advisors around the country who are pleased to offer advice to PCGs, health authorities, individual clinicians and members of the public about homeopathic issues including advice on finding a local practitioner. The internet site contains general information about homeopathy including the evidence base for homeopathy and has a searchable database of practitioners. Further information is available from:

Faculty of Homeopathy
15 Clerkenwell Close
London EC1R 0AA Tel: 020 7566 7810
website: www.trusthomeopathy.org

Non-medically qualified homeopaths

The Society of Homeopaths is a source of general information as well as offering advice about finding a local practitioner. Their internet site includes a searchable database of therapists who are registered with the society. Further information is available from:

The Society of Homeopaths
4a Artizan Road
Northampton NN1 4HU Tel: 01604 621400
website: www.homeopathy-soh.org

6.5 HYPNOTHERAPY

6.5.1 What is hypnotherapy?

Hypnotherapy starts with hypnosis - the induction of a deeply relaxed state, with increased suggestibility and suspension of critical faculties. Once in this state, sometimes called a hypnotic trance, patients are given therapeutic suggestions to encourage changes in behaviour or relief of symptoms. For example, in a treatment to stop smoking a hypnosis practitioner might suggest that the patient will no longer find smoking pleasurable or necessary. Hypnotherapy for a patient with arthritis might include a suggestion that the pain can be turned down like the volume of a radio.[31]

6.5.2 Which patients or conditions would benefit most from treatment?

The primary use of hypnosis is in:

- anxiety[32,33]
- disorders with a strong psychological component such as asthma[34,35] and irritable bowel syndrome.[36,37] There is some evidence that younger patients (under the age of 50) have a greater response rate[38]
- conditions that can be modulated by levels of arousal such as pain.[39]

6 INFORMATION ON INDIVIDUAL THERAPIES

6.5.3 What qualifications are expected of practitioners?

Medically qualified hynotherapists

There are no recognised, registerable qualifications in hypnotherapy. Doctors and dentists may be trained through the British Society of Medical and Dental Hypnosis. Accreditation qualifies the member for admission to the referral list of practitioners. To remain accredited the individual is expected to attend at least one advanced course in three years.

Non-medically qualified hypnotherapists

There is no standard qualification or training for hypotherapists. Individual practitioners may indicate an affiliation with a particular professional organisation.

6.5.4 Finding a local therapist

Medically qualified hynotherapists

The British Society of Medical and Dental Hypnosis has entries in Yellow Pages and BT phone books. Further information is available from the referral secretary who can offer advice for doctors or members of the public who would like to find a local practitioner:

British Society of Medical and Dental Hypnosis
23 Broadfields Heights
53/58 Broadfields Avenue
Edgware HA8 8PF
Tel: 020 8905 4342
email: valentine.la@talk21.com

or: 17 Keppel View Road
Kimberworth
S61 2AP
Tel: 07000 560309

Non-medically qualified hypnotherapists

There are a large number of hynotherapy registers and a lack of a single regulating body which makes selecting a non-medically qualified practitioner difficult. A recent move has been the formation in 1998 of the United Kingdom Confederation of Hypnotherapy Organisations (UKCHO) which acts as an umbrella body bringing together registering, accrediting and training organisations. The UKCHO is working to introduce a core curriculum and training standards throughout its training organisation members. Advice about finding a local practitioner may be obtained from:

The UK Confederation of Hynotherapy Organisations
Suite 401
302 Regent Street
London W1R 6HH
Tel: 0116 212 0306
Freephone (for members of the public) 0800 9520506

Alternatively, advice may be obtained from one of the organisations listed in Appendix 1, or the Foundation for Integrated Medicine (see section 7.2).

6 INFORMATION ON INDIVIDUAL THERAPIES

6.6 OSTEOPATHY

6.6.1 What is osteopathy?

Osteopathy is a system of manual medicine which is concerned with the inter-relationship between the structure of the body and the way in which the body functions. Osteopaths are trained in orthodox medical assesment and diagnostic procedures. They treat by manipulating the musculo-skeletal system; they believe that when the mechanics of the body are not sound illness occurs. Emphasis is placed on indentifying factors which may be maintaining the problem. A variety of techniques are used to correct the underlying cause of pain. These include massage to relax stiff muscles; stretching to help joint mobility; and manipulation and high-velocity thrust techniques. As in chiropractic 'active rehabilitation' (especially for back and neck pain) is used, based around fitness and endurance regimens which are tailored to the patient's abilities.

6.6.2 Which patients or conditions would benefit most from treatment?

These conditions are similar to those covered in the previous section on chiropractic and include:

- acute low back pain
- neck pain
- other conditions including low back pain associated with dysmenorrhea, and headaches.

6.6.3 What qualifications are expected of practitioners?

Under the Osteopaths Act 1993, osteopathy achieved statutory recognition. In order to continue to use the title 'osteopath', currently practising UK osteopaths had to apply by 9 May 2000 to the statutory register and demonstrate that they were in safe and competent practice. In effect osteopaths have undergone a process of revalidation. In parallel, osteopathic education providers are being assessed as part of a process of accreditation and the award of recognised qualifications. From 9 May 2000 only graduates holding a recognised qualification will be eligible for statutory registration. Further information on recognised qualifications is available from the General Osteopathic Council, details below.

6.6.4 Finding a local therapist

The General Osteopathic Council maintains a register of UK registered osteopaths. This information is also available on their internet site. It is now illegal to use the title 'osteopath' in the UK if not registered with the General Osteopathic Council (see also section 7.1). Further information is available from:

General Osteopathic Council
Osteopathy House, 176 Tower Bridge Road
London SE1 3LU Tel: 020 7357 6655
website: www.osteopathy.org.uk

7 MAKING REFERRALS TO CAM PRACTITIONERS

BMA guidance for GPs on referrals to complementary therapists provides an important source of reference.[40,41] This section draws on that part of the guidance which aims to clarify the legal and ethical obligations of GPs in responding to requests for such treatment. GPs are obliged under their terms of service to refer patients for services under the NHS, and referral to complementary therapists should not therefore be considered as part of the terms of service. However, referral to NHS doctors at one of the five NHS homeopathic hospitals in cases where GPs think such treatment is appropriate will be part of the terms of service. If GPs offer to recommend a suitable individual without making a formal referral, they must satisfy themselves that the individual is competent in the therapy concerned.

7.1 REFERRALS TO PROFESSIONALS REGISTERED WITH A STATUTORY REGULATORY BODY

From a legal point of view GPs can safely refer patients to CAM therapists who are:

- doctors or nurses registered with the GMC or UKCC respectively
- osteopaths or chiropractors registered with the General Osteopathic Council or General Chiropractic Council respectively.

In all these cases the therapists would be fully accountable to the relevant statutory regulatory body for their actions and the patient could seek legal redress against them in case of accident. It is still important to ensure that the practitioner concerned has received appropriate training in the therapy - it is theoretically possible for a doctor or nurse to practice some therapies after a short introductory course. Membership of an appropriate complementary therapy organisation is one way of establishing a proper level of experience for professionals who are practising a therapy for which they are not primarily trained.

7.2 REFERRALS (DELEGATION) TO OTHER PRACTITIONERS

GPs can delegate treatment to complementary therapists who are not registered with a statutory regulatory body and this would include therapists employed by the practice. When GPs employ complementary therapists they must check that the person employed is suitably qualified and competent to perform the duties for which they are employed.

Here the GP is asking another professional to provide care for which he remains clinically accountable. The GP must decide in the case of each individual patient whether the complementary therapist offers the most appropriate care to treat the patient's condition. This would depend on their knowledge of and belief in the efficacy of the therapy and their personal knowledge of the competence of the individual therapist.

7 MAKING REFERRALS TO CAM PRACTITIONERS

Having delegated care:

- the GP retains responsibility for managing the patient's care (as stated by the GMC)
- the patient must have access to any conventional treatment they require
- if the patient insists on seeing a complementary therapist rather than following advice for conventional treatment this should be recorded in the notes.

To date, no claims or cases have been sustained against doctors who have delegated care to complementary practitioners.

Specific information has been given in the previous section on how to identify a properly trained therapist in acupuncture, aromatherapy, chiropractic, osteopathy, homeopathy and hypnotherapy. Suitably trained therapists may be affiliated to other organisations and some of these are listed in Appendix 1. The first section of Appendix 1 lists organisations representing the therapies already discussed. The second section lists other therapies and organisations. It is suggested that the organisation is contacted directly for further information.

Advice of a general nature may be obtained from:

The Foundation for Integrated Medicine
International House
59 Compton Road
London N1 2YT Tel: 020 7688 1881
email: enquiries@fimed.org

8 EMPLOYING CAM PRACTITIONERS

It has been mentioned in the previous section that when GPs employ complementary therapists they must check that the person employed is suitably qualified and competent to perform the duties for which they are employed. Guidance has been published[1, 42] in this area and suggests that when considering employing a complementary therapist, it is recommended that evidence is obtained using the framework of:

- professional status
- insurance
- qualifications and experience.

8.1 PROFESSIONAL STATUS

The therapist needs to demonstrate proof of membership of a professional body and that this body requires members to abide by codes of conduct and/or practice, ethics and discipline. In the case of therapies or organisations not covered in section 6, it is advised that further details are obtained from the particular organisation (see Appendix 1). General advice may also be obtained from the Foundation for Integrated Medicine (see section 7.2).

8.2 INSURANCE

The therapist needs to be covered by professional indemnity insurance and this should apply to the period of their employment. Some therapists take this out independently, for others it is provided as an element of membership of a professional body. Before employing practitioners evidence of current insurance needs to be seen.

8.3 QUALIFICATIONS AND EXPERIENCE

This can be ascertained through seeing the therapist's certificates, discussion with the therapist and taking up references. There is a need to obtain information about any previous and impending disciplinary action and complaints from patients.

Appendix 4 suggests key constituents of a model contract for a non-medically qualified complementary practitioner providing services in the NHS.

9 EXISTING MODELS OF PROVISION - WHO IS DOING WHAT

A number of descriptive studies were identified:

9.1 THE GLASTONBURY HEALTH CENTRE

This health centre provides CAM (acupuncture, osteopathy, massage and herbalism) which is financed by a practice based charity. Patients pay a small amount towards the cost of each treatment. Patients are referred by their general practitioner; guidelines for the service are used which are evidence based as much as possible. General principles used in drawing up guidelines are:

- CAM should only be treating conditions that it can reliably and effectively manage
- this should be substantiated where possible by clinical data
- the service is limited, so referrals need to be prioritised and treatments targeted as appropriately as possible.

The practice provides a total of 6 hours of osteopathy, 3 hours of herbal medicine, 3 hours of massage treatment and 3.5 hours of acupuncture per week for approximately 4,500 patients. A long-term aim is to fund the services to the whole of the PCG, probably focusing more closely on certain conditions to ensure greater clinical and cost-effectiveness. As an estimate a PCG population of 100,000 could be served by 200 hours of CAM per week to provide a comprehensive service. This could be shared between 6 full-time practitioners; the overall service would cost £150,000 per year. Further information is available from:

Dr Roy Welford
Health Centre
1 Wells Road
Glastonbury
Somerset BA6 9DD   Tel: 01458 834100
email: glaston@totalise.co.uk
website: www.integratedhealth.org.uk

9.2 ST MARGARET'S SURGERY, WILTSHIRE

This practice which serves approximately 3000 patients provides a homeopathy medical service within a primary care setting. This service was started in 1993 and was originally funded via fund-holder savings. All members of the primary care team are able to refer patients on to the homeopath for treatment subject to GP approval. Nine hours of homeopathy are provided per week. A wide range of complaints were selected for homeopathic treatment as those thought to be the most common and successfully treated in clinical practice. It is possible that continuation of this service will be based on it forming a pilot study of

9 EXISTING MODELS OF PROVISION - WHO IS DOING WHAT

homeopathic treatments on behalf of the PCG, with the interventions used based on evidence of effectiveness. Further information is available from:

Dr Elizabeth Christie
St Margaret's Surgery
Bridge Street
Bradford-on-Avon
Wiltshire BA15 1BG Tel: 01225 863278

9.3 SOUTH NORFOLK PRIMARY CARE GROUP

An acupuncture service has been set up covering the whole PCG population of 107,000. The service is to be provided on a trial basis for five months before a decision is taken about further provision. There will be four local BMAS accredited GPs working from four locations within the PCG. Guidelines have been agreed for referral, and only GPs may refer patients. A budget of £13,000 has been set aside to cover the service which will treat about 150 patients during the period of the trial. Further information is available from:

Lyn Reynolds
Head of Primary Care and Information
Norfolk Health Authority Tel: 01603 300600

9.4 SOMERSET COAST PRIMARY CARE GROUP

Historically a group of three fundholding practices developed guidelines for referral for patients with back pain (based on existing RCGP guidelines) or neck problems, to a chiropractic service. This service has been in operation for over three years. The PCG has agreed to fund this service until March 2000. From April 2000 a pilot study will run across the PCG; all referral for back, shoulder and knee problems will be triaged by an interface doctor and referred to either:

- physiotherapy, orthopaedic services, pain clinic, (covering one half of the PCG) or to
- chiropractic, physiotherapy, orthopaedic services, pain clinic (covering the other half of the PCG).

It is intended to audit the outcomes of both arms of the pilot e.g. from the view of what effect this model of service will have on the orthopaedic waiting list. Further information is available from:

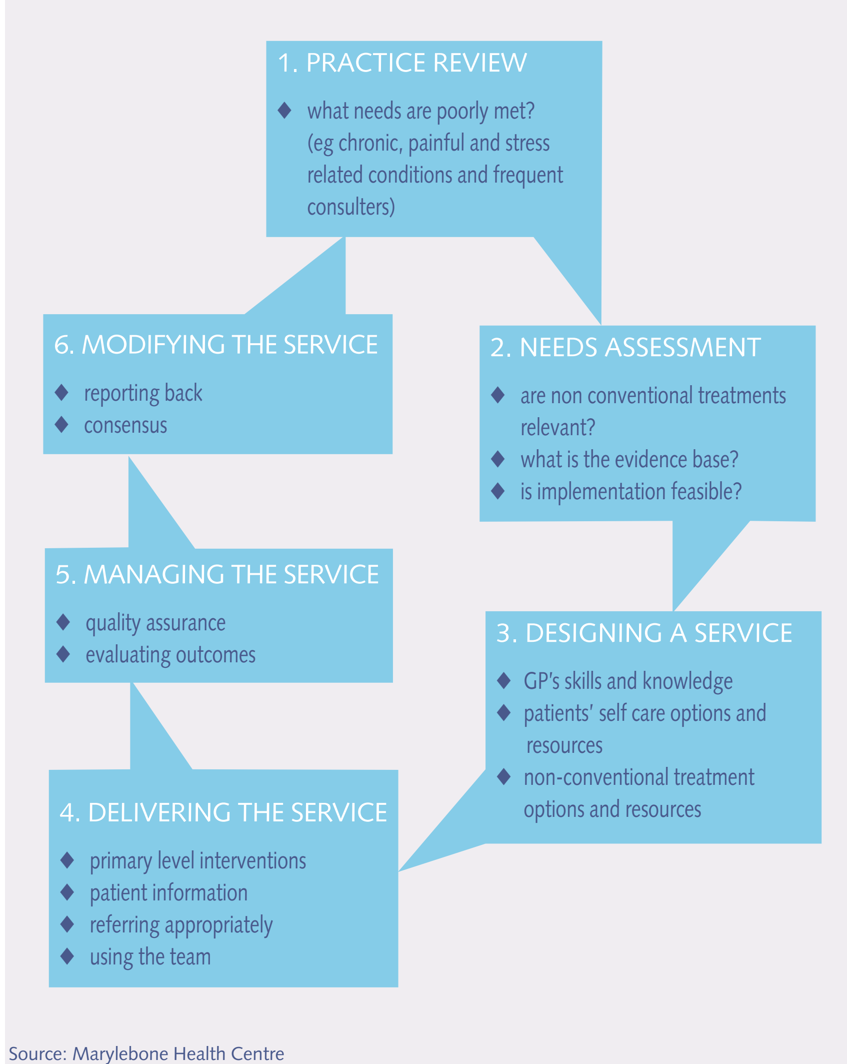
Dr Paul Slade
Irnham Lodge Surgery
Towsend Road
Minehead TA24 5RG Tel: 01643 703289

9 EXISTING MODELS OF PROVISION - WHO IS DOING WHAT

9.5 MARYLEBONE HEALTH CENTRE

This health centre which operates as a Primary Care Act Pilot (PCAP) provides access to acupuncture, homeopathy, osteopathy, and massage for its population of 6,000 patients. Referrals are made using guidelines drawn up between the general practitioners and complementary therapists. The following model of service development is used (see figure1).

FIGURE 1: INTEGRATING COMPLEMENTARY THERAPY INTO MAINSTREAM GENERAL PRACTICE AT MARYLEBONE HEALTH CENTRE



Source: Marylebone Health Centre

In general conditions for treatment by CAM would be included if:

- there was some evidence of effectiveness
- GPs stated they would want to refer
- GPs have referred to complementary practitioners previously
- complementary practitioners declare effectiveness or a strong interest in treating.

Particular examples of conditions considered suitable for complementary therapy treatment include asthma, irritable bowel syndrome, migraine, back and neck pain, eczema, rhinitis and hay fever, stress related and transient situational conditions e.g. anxiety, pain, insomnia and digestive disorders.

In addition, a complementary therapy option would be considered in the case of:

- new diagnosis
- conventional treatment unsatisfactory
- conventional treatment side-effects
- patient request.

The service is currently funded through the PCAP; the PCG is considering how to continue with the provision of CAM at Marylebone Health Cantre and to make it available to a wider PCG population. Further information is available from:

Dr Sue Morrison
Marylebone Health Centre
17a Marylebone Road
London NW1 5LT Tel: 020 7935 6328

9.6 MODELS OF COMPLEMENTARY THERAPY PROVISION IN PRIMARY CARE

Luff D, Thomas K. Medical Care Research Unit, University of Sheffield. January 1999

This report looks at different models of provision and of funding of CAM in primary care. In trying to keep demand for CAM manageable compromises were often made, e.g. around rationing session numbers. Factors seen to be important in sustainability of services centred on the need to:

- demonstrate savings in drugs, GP time, and referrals to secondary care
- develop appropriate research and an evidence base for the therapies – the perceived need for further research stems in part from the recognition that evidence is required to support the process of obtaining secure funding
- achieve funding arrangements that are stable and equitable. Funding of existing services relies on innovation and seizing opportunities as they emerge. Private models contribute much to primary care CAM provision, but there are issues of equity of access.

10 SOURCES OF FURTHER INFORMATION

10.1 BANDOLIER

Bandolier is produced monthly in Oxford for the NHS R&D Directorate. It contains bullet points (hence Bandolier) of evidence-based medicine. Previous issues have discussed:

- homeopathic treatments and migraine
- feverfew for migraine
- acupuncture for back pain
- herbal medicine for irritable bowel syndrome
- gingko for dementia
- St. John's Wort for depression.

Bandolier puts the results of the alternative therapy systematic reviews it has found in one place: these are currently available within the 'knowledge bazaar' on the Bandolier web site.

Bandolier is distributed free within the NHS, but arrangements differ slightly between regions. Further information is available from:

Bandolier
Pain Research
The Churchill
Headington
Oxford OX3 7LJ   Tel: 01865 226132
website: www.ebandolier.com

10.2 ABC OF COMPLEMENTARY MEDICINE.

Zollman C, Vickers AJ, ed. BMJ Books

This is a collection of articles recently published in the British Medical Journal. Contents include:

- acupuncture
- herbalism
- homeopathy
- hypnosis and relaxation therapies
- manipulative techniques - osteopathy/chiropractic
- massage therapies
- nutritional approaches

Articles from the series are available from the BMJ website (www.bmj.com) in the search/archives section - enter the author as Zollman C.

10 SOURCES OF FURTHER INFORMATION

10.3 COMPLEMENTARY THERAPIES IN MEDICINE JOURNAL

This journal is primarily for those whose background is in traditional health practices e.g. GPs, nurses, and allied health professionals. It is indexed in Medline. Recent articles have included:

- a randomised comparison of homeopathic and standard care for the treatment of glue ear in children
- improving research quality and its use in service development
- acupuncture for low back pain: results of a pilot study for a randomised controlled trial.

A personal subscription (four issues a year) is approximately £60. Further details are available from:

Journals Subscription Department
Harcourt Publishers Ltd
Foots Cray High Street
Sidcup
Kent DA14 5HP Tel: 020 8308 5700

10.4 COMPMED BULLETIN

This bi-monthly bulletin (eight pages plus a two page supplement) covers the evidence base of the treatment of a different clinical topic every issue. Recent topics have included treatment of:

- HIV and AIDS
- depression
- pregnancy
- hayfever.

The supplement has covered areas including information on cost-effectiveness, autogenic therapy, and aromatherapy. The bulletin is available by annual subscription (£75). Further details are available from:

The CompMed Bulletin
Church Farm Cottage
Weethley Hamlet
Evesham Road
Alcester
Warwickshire B49 5NA Tel: 01789 400295

10 SOURCES OF FURTHER INFORMATION

10.5 INTERNATIONAL JOURNAL OF ALTERNATIVE AND COMPLEMENTARY MEDICINE

This journal is primarily aimed at practitioners. Content is wide-ranging and topical - a recent issue dealt with the House of Lords Committee on Complementary and Alternative Medicine. Other recent topics have included:

- complementary therapy in mental health
- complementary medicine and primary health care
- principles of kinesiology
- encouraging body and mind to work together.

This journal is published monthly (approximately £3 per copy).

Further details are available from:

International Journal of Alternative and Complementary Medicine
Green Library
9 Rickett Street
Fulham
London SW6 1RU Tel: 020 7385 0012

10.6 JOURNAL OF ALTERNATIVE AND COMPLEMENTARY MEDICINE: RESEARCH ON PARADIGM, PRACTICE AND POLICY

This journal is indexed in Medline. It includes reports on CAM treatments, current concepts in clinical care and case reports. Recent articles have included:

- how safe is acupuncture? Developing the evidence on risk
- the practice of complementary medicine outside the National Health Service
- alternative medicine, education and standards of publication and research.

A personal annual subscription outside the US is $103 (six issues per year).

Further information is available at their website: www.liebertpub.com

10.7 PROFESSIONAL ORGANISATION OF COMPLEMENTARY AND ALTERNATIVE MEDICINE IN THE UNITED KINGDOM 2000

Mills S, Budd S. University of Exeter 2000

This study surveys UK professional associations in CAM, presenting information on all major and discrete disciplines and includes data on the

10 SOURCES OF FURTHER INFORMATION

extent to which each of the therapies is moving towards a common consensus standard.

Further details are available from:
Centre for Complementary Health Studies
University of Exeter
Amory Building
Exeter
Devon EX4 4RJ Tel: 01392 264496
website: www.ex.ac.uk/chs

10.8 THE EVIDENCE BASE OF COMPLEMENTARY MEDICINE.

Second edition. The Royal London Homeopathic Hospital. April 1999

This document brings together evidence of effectiveness information for a range of complementary therapies which are used at the Royal London Homeopathic Hospital. These are homeopathy, acupuncture, manipulation, herbal medicine and dietary and nutritional therapies. Further information is available from:

The Executive Office
Royal London Homeopathic Hospital
Great Ormond Street
London WC1N 3HR Tel: 020 7833 7220

10.9 COCHRANE COLLABORATION

The Cochrane Collaboration facilitates the creation, review, maintenance and dissemination of systematic overviews of the effects of health care. It is available on the internet at www.update-software.com/ccweb/cochrane/cc-broch.htm. Reviews of particular interest include:

- the effectiveness of acupuncture in the treatment of low back pain
- acupuncture for chronic asthma
- acupuncture for smoking cessation
- echinacea for the prevention and treatment of the common cold
- St. John's Wort for depression
- homeopathy for chronic asthma and hypnotherapy for smoking cessation.

APPENDIX 1

Details of organisations representing 14 different therapies including those not mentioned in the main text

This appendix takes information adapted from *Professional Organisation of Complementary and Alternative Medicine in the United Kingdom 2000* (University of Exeter[43]). In general organisations with fewer than about 100 members or who have not provided membership details have not been included in this appendix. The list should not be regarded as comprehensive. It covers most of the therapies mentioned as being provided by PCGs. General advice may be obtained from the Foundation for Integrated Medicine (details in section 7.2).

SECTION 1: THERAPIES INCLUDED IN THIS INFORMATION PACK

(acupuncture, aromatherapy, chiropractic, homeopathy, hypnotherapy, osteopathy)

Acupuncture

Organisation	Number of members	Educational requirements for membership	Comments
British Academy of Western Acupuncture 12 Poulton Green Close Spital Wirral L63 9FS Tel: 0151 343 9168	250	200 hours	Members are statutorily registered.
The British Acupuncture Council 63 Jeddo Road London W12 9HQ Tel: 020 8735 0399	2020	1200 hours	BAcC has led the way in establishing standards of education. They work with relevant training colleges to set and audit standards of education and training.
Acupuncture Association of Chartered Physiotherapists 18 Woodlands Close Dibden Purlieu Southampton SO45 4JG Tel: 023 8084 5901	1600	80 hours	Members are statutorily registered.
The British Medical Acupuncture Society Royal London Homeopathic Hospital 60 Great Ormond Street London WC1N 3HR Tel: 020 7278 1615	1680	100 hours	Members are statutorily registered.

APPENDIX 1

Aromatherapy

Organisation	Number of members	Educational requirements for membership	Comments
Aromatherapy Organisations Council PO Box 19834 London SE25 6WF Tel: 020 8251 7912	Umbrella organisation	AOC minimum: 200 hours in class tuition plus 50 supervised treatment hours.	All aromatherapy organisations listed are currently members of the umbrella association, the Aromatherapy Organisations Council (AOC).
Aromatherapy and Allied Practitioners' Association 8 George Street Croydon Surrey CR0 6PA Tel: 020 8680 7761	105		
Guild of Complementary Practitioners Liddell House Liddell Close Finchampstead Berks RG40 4NS Tel: 0118 973 5757	2333		
Holistic Aromatherapy Foundation 13 The Terrace Rochester Kent ME1 1XN Tel: 01634 843663	150		
International Federation of Aromatherapists 182 Chiswick High Road London W4 1PP Tel: 020 8742 2605	1500		
International Society of Professional Aromatherapists ISPA House 82 Ashby Road Hinckley Leics LE10 1SN Tel: 01455 637987	1850		
Register of Qualified Aromatherapists PO Box 3431 Danbury Chelmsford Essex CM3 4UA Tel: 01394 388386	650		

APPENDIX 1

Chiropractic

Organisation	Number of members	Comments
General Chiropractic Council (GCC) 344-354 Gray's Inn Road London WC1X 8BP Tel: 020 7713 5155		With the formation of the GCC the constituent professions of chiropractic will cease to have a formal role in registration. The title 'McTimoney practitioner' is apparently being considered by some practitioners who may not want to be statutorily registered.
British Chiropractic Association Blagrave House 17 Blagrave Street Reading RG1 1QB Tel: 0118 950 5950	770	
McTimoney Chiropractic Association 21 High Street Eynsham Oxon OX8 1HE Tel: 01865 880974	360	

Homeopathy

Organisation	Number of members	Educational requirements for membership	Comments
Society of Homeopaths (SOH) 2 Artizan Road Northampton NN1 4HU Tel: 01604 621400	1400	3 years full-time or 4 years part-time	The SOH, HMA and FH have co-operated on producing agreed National Occupational Standards for homeopathy.
Homeopathic Medical Association (HMA) 6 Livingstone Road Gravesend Kent DA12 5DZ Tel: 01474 560336	450		
Faculty of Homeopathy (FH) 15 Clerkenwell Close London EC1R 0AA Tel: 020 7566 7810	1200		Members are statutorily registered. Membership numbers include members with MFHom/FFHom qualifications as well as Licensed Associates (LFHom).

APPENDIX 1

Hypnotherapy

Organisation	Number of members	Educational requirements for membership	Comments
UK Confederation of Hypnotherapy Organisations (UKCHO) Suite 401, 302 Regent Street London W1R 6HH Tel: 0161 881 1677	2000	Not less than 450 hours of which a minimum is 120 hours one to one tuition.	Umbrella organisation; its purpose is to implement national standards and act as a central information point.
British Society of Medical and Dental Hypnosis 23 Broadfields Heights 53/58 Broadfields Avenue Edgware Middlesex HA8 8PF Tel: 020 8905 4342 **or** 17 Keppel View Road Kimberworth, S61 2AP Tel: 07000 560309	331		Members are statutorily registered.
British Society of Clinical Hypnosis 229a Sussex Gardens Lancaster Gate London W2 2RL Tel: 020 7499 2813	340		
Hypnotherapy Society Hazelwood, Broadmead Sway, Lymington Hants. SO41 6DH Tel: 01590 683770	600	Member of UKCHO	
Central Register of Advanced Hypnotherapists 28 Finsbury Park Road London N4 2JX Tel: 020 7226 6963	190	Member of UKCHO	
Corporation of Advanced Hypnotherapy PO Box 70 Southport PR8 3JX Tel: 01704 576285	286	Member of UKCHO	
National Council for Hypnotherapy Ltd PO Box 5779 Burton-on-the-Wold Loughborough LE12 5ZF Tel: 01509 881477	823	Member of UKCHO	

APPENDIX 1

Hypnotherapy

Organisation	Number of members	Educational requirements for membership	Comments
International Association of Hypnoanalysts PO Box 180 44 Wimborne Road Bournemouth BH3 7YR Tel: 01202 316496	420		
National Register of Hypnotherapists and Psychotherapists 12 Cross Street Nelson Lancs BB9 7EN Tel: 01282 716839	370		Member of the United Kingdom Council for Psychotherapy which sets relatively high educational standards.

Osteopathy

Organisation	Number of members	Educational requirements for membership	Comments
General Osteopathic Council (GOsC) Osteopathy House 176 Tower Bridge Road London SE1 3LU Tel: 020 7357 6655			Members are statutorily registered.
British Osteopathic Association (BOA) Langham House East Mill Street Luton Beds LU1 2NA Tel: 01582 488455	approx 160		With the establishment of the GOsC the BOA has no formal registering role.

APPENDIX 1

SECTION 2: OTHER THERAPIES

(Alexander technique, cranio-sacral therapy, healing, herbal medicine, massage, naturopathy, nutrition, reflexology)

Alexander technique

In the Alexander technique the practitioner teaches the pupil to develop a more efficient postural behaviour through a series of lessons in which awareness of the body, posture and postural bad habits is enhanced.

Organisation	Number of members	Educational requirements for membership	Comments
The Society of Teachers of the Alexander Technique 20 London House 266 Fulham Road London SW10 9EL Tel: 020 7352 1556	809	3 years full time; 4 years part time	

Cranio-sacral therapy

This is a diagnostic and healing approach based on the application of corrective pressure to the cranium and spine. It is believed that disturbances in the flow of cerebrospinal fluid reflect injuries and tension in the body which can be eased by delicate manipulation of the cranial and spinal bones.

Organisation	Number of members	Educational requirements for membership	Comments
Craniosacral Therapy Association of the UK Monomark House 27 Old Gloucester Street London WC1N 3XX Tel: 07000 784735	290	60 - 320 hours	Recent moves to integrate the 'cranio-sacral' disciplines have been underway under the working title 'The Forum for Cranial and Craniosacral Practitioners'.
The Cranio-Sacral Society 2 Marshall Place Perth PH2 8AH Scotland Tel: 01738 629444	100		

Healing

Healing is sometimes known as 'the laying on of hands'. Healers describe their work as bringing healing energy to the patient by activating natural self-healing mechanisms, either through the laying on of hands or at a distance by thought or prayer.

Organisation	Number of members	Educational requirements for membership	Comments
Confederation of Healing Organisations (CHO) The Red and White House 113 High Street Berkhampstead Herts HP4 2DJ	11000	1-2 years part time	Majority of organisations have accepted this umbrella body as representing their interests.
British Alliance of Healing Associations 15 Lawrence Avenue Mill Hill, London NW7 4NL Tel: 020 8906 8141	4000		Membership is included in CHO (see above) and represents 26 additional groups.
Doctor-Healer Network 27 Montefiore Court Stamford Hill London N16 5TY Tel: 020 8800 3569	150		Members are statutorily registered.
College of Healing Croft House, Fromes Hill Herefordshire HR8 1HP Tel: 01531 640067	257		
Healer Practitioner Association 1A Northcote Street Cardiff CF24 3BH Tel: 029 2049 7837	2200		
National Federation of Spiritual Healers The Old Manor Farm Studio Church Street Sunbury-on-Thames Middlesex TW16 6RG Tel: 01932 783164	5600		
The Reiki Association Cornbrook Bridge House Clee Hill Ludlow SY8 3QQ Tel: 07970 207257	1100		

APPENDIX 1

Healing

Organisation	Number of members	Educational requirements for membership	Comments
Corinthian Church and Healing Association Primrose Hall 15a London Road Hailsham East Sussex BN27 1EB Tel: 01323 440420	200		
Spiritualists' National Union Redwoods Stansted Hall Stanstead Mountfitchet Essex CM24 8OD Tel: 01279 816363	3800		

Herbal medicine

Herbal medicine is the use of plants or plant remedies in the treatment of disease. Assessment of underlying tissue function is central to herbal practice. Herbs are chosen to support the functioning of the body systems, the constitution and vital energy. A combination of herbs is prescribed for the individual. Chinese herbalism is one element of Traditional Chinese Medicine (TCM), which covers a wide range of therapies including acupuncture and shiatsu.

Organisation	Number of members	Educational requirements for membership	Comments
National Institute of Medical Herbalists 56 Longbrook Street Exeter EX4 4AH Tel: 01392 426022	340	4 years full time to 2 years part time	Associated with BSc university courses.
College of Practitioners of Phytotherapy Bucksteep Manor Bodle Street Green Hailsham, East Sussex Tel: 01323 833812	67		The College of Practitioners of Phytotherapy is a recent body that reflects the relatively well established and scientific status of phytotherapy in continental Europe. The college is associated with BSc university courses.
Register of Chinese Herbal Medicine PO Box 400 Wembley Middlesex HA9 9NZ Tel: 07000 790332	383		

APPENDIX 1

Massage

Massage is a system of treatment of the soft tissues of the body with the aim of achieving greater mental and physical relaxation.

Organisation	Number of members	Educational requirements for membership	Comments
British Massage Therapy Council (BMTC) 17 Rymers Lane Oxford OX4 3JU Tel: 01865 774123		100 hours - 1600 hours	Umbrella organisation.
British Association for Massage Therapy 36 Lodge Drive Palmers Green London N15 5JZ Tel: 020 8886 3120			Umbrella organisation. Combines FSMT, LCSP, MTIGB, SMTO
Fellowship of Sports Masseurs and Therapists (FSMT) BM Soigneur London WC1N 3XX Tel: 020 8886 3120	1300		
The London and Counties Society of Physiologists (LCSP) LCSP Administrative Office 330 Lytham Road Blackpool FY4 1DW Tel: 01253 408443	1383		
The Massage Therapy Institute GB (MTIGB) PO Box 2726 London NW2 4NR Tel: 020 8208 1607	450		
Scottish Massage Therapists Organisation (SMTO) 70 Lochside Road Denmore Park Bridge of Don Aberdeen AB23 8QW Tel: 012248 22956	309		
The Massage Training Institute (MTI) 90-92 Islington High Street London N1 8EG Tel: 020 7226 5313	250		

APPENDIX 1

Massage

Organisation	Number of members	Educational requirements for membership	Comments
Westcountry Massage Association The Administrator 38 South Street Exeter Devon EX1 1ED Tel: 01392 410954	200		
Guild of Complementary Practitioners Liddell House Liddell Close Finchhampstead Berks RG40 4NS Tel: 0118 973 5757	3560		Massage therapy is practiced amongst other things by members of this multidisciplinary registering organisation

Naturopathy

Naturopaths believe that the body's natural state is one of equilibrium which can be disturbed by an unhealthy lifestyle. A range of therapies are used including diet, herbal remedies, massage and yoga.

In the UK naturopathy has been historically linked with osteopathy.

Organisation	Number of members	Educational requirements for membership	Comments
General Council and Register of Naturopaths Frazer House 6 Netherhall Gardens London NW3 5RR Tel: 01458 840072	310		

Nutrition

Practitioners believe that good health is directly related to the quality of food eaten by the individual. Practitioners look for nutritional deficiencies, allergies or intolerances to food, or for factors which can cause poor digestion or absorption in the stomach or intestine. Treatment may involve dietary change including the use of herbal remedies, vitamins or minerals.

Organisation	Number of members	Educational requirements for membership	Comments
British Association of Nutritional Therapists BCM BANT London WC1N 3XX Tel: 0870 606 1284	225		

Reflexology

Reflexology, or reflex zone therapy as it is sometimes called, is a treatment in which the practitioner applies pressure to the feet or (less commonly) the hands in order to assess the health of the patient and promote well being.

Organisation	Number of members	Educational requirements for membership	Comments
Association of Reflexologists 27 Old Gloucester Street London WC1N 3XX Tel: 0870 567 3320	5090	60 hours - 100 hours	
British Reflexology Association Monks Orchard Whitbourne Worcester WR6 5RB Tel: 01886 821207	730		
British School of Reflex Zone Therapy 23 Marsh Hall, Talisman Way Wembley Park HA9 8JJ Tel: 020 8904 4825	950		Members are statutorily registered - e.g. nurses and midwives
Holistic Association of Reflexologists Holistic Healing Centre 92 Sheering Road Old Harlow Essex CM17 0JW Tel: 01279 429060	700		

APPENDIX 1

Reflexology

Organisation	Number of members	Educational requirements for membership	Comments
International Federation of Reflexologists 76-78 Edridge Road Croydon, Surrey CR0 1EF Tel: 020 8667 9458	2700	60 hours - 100 hours	
International Institute of Reflexology 255 Turleigh Bradford-on-Avon Wiltshire BA15 2HG Tel: 01225 865899	330		
Irish Reflexologists Institute 3 Blackglen Court Lambs Cross, Sandyford Dublin, Ireland	750		
Scottish Institute of Reflexology Taymount 1 Hill Crescent Wormit, Fyfe DD6 8PQ Tel: 01382 541372	300		
Guild of Complementary Practitioners Liddell House Liddell Close Finchhampstead Berks RG40 4NS Tel: 0118 973 5757	1711		
Reflexologists' Society PO Box 5422 Leicester LE2 2YG Tel: 0870 607 3241	360		

APPENDIX 2

SUMMARY OF INFORMATION ABOUT SELECTED INDIVIDUAL THERAPY ORGANISATIONS

PCGs could obtain details of local therapists which could be incorporated into this list and circulated to local health care practitioners.

Acupuncture

Medically qualified acupuncturists
British Medical Acupuncture Society*
Royal London Homeopathic Hospital
60 Great Ormond Street
London WC1N 3HR
Tel: 020 7278 1615

Non-medically qualified acupuncturists
The British Acupuncture Council
63 Jeddo Road
London W12 9HQ Tel: 020 8735 0400

Acupuncture Association of Chartered Physiotherapists*
Abbey View Complementary Clinic
The Medical Centre, Shaftesbury
Dorset P7 8DH Tel: 01747 861151

Aromatherapy

Aromatherapy Organisations Council
PO Box 19834
London SE25 6WF Tel: 020 8251 7912

Chiropractic

General Chiropractic Council*
344-354 Gray's Inn Road
London WC1X 8BP Tel: 0845 601 1796

Homeopathy

Medically qualified homeopaths
Faculty of Homeopathy*
15 Clerkenwell Close
London EC1R 0AA Tel: 020 7566 7810

Non-medically qualified homeopaths
The Society of Homeopaths
4a Artizan Road
Northampton NN1 4HU Tel: 01604 621400

Hypnotherapy

Medically qualified hynotherapists
British Society of Medical and Dental Hypnosis*
23 Broadfields Heights
53/58 Broadfields Avenue
Edgware, HA8 8PF
Tel: 020 8905 4342

or 17 Keppel View Road
Kimberworth
S61 2AP
Tel: 07000 560309

Non-medically qualified hypnotherapists
The UK Confederation of Hynotherapy Organisations
Suite 401
302 Regent Street
London W1R 6HH Tel: 0116 212 0306

Osteopathy

General Osteopathic Council*
Osteopathy House
176 Tower Bridge Road
London SE1 3LU Tel: 020 7357 6655

*members are statutorily registered

APPENDIX 3

LIST OF INTERNET SITES MENTIONED IN THIS DOCUMENT

Site	Internet address
Acupuncture Association of Chartered Physiotherapists	www.aacp.uk.com
Aromatherapy Organisations Council	www.aromatherapy-uk.org
Bandolier	www.ebandolier.com
British Acupuncture Council	www.acupuncture.org.uk
British Medical Acupuncture Society	www.medical-acupuncture.co.uk
British Medical Journal	www.bmj.com
Centre for Complementary Health Studies, University of Exeter	www.ex.ac.uk/chs
Cochrane Collaboration	www.update-software.com/ccweb/cochrane/cc-broch.htm
Faculty of Homeopathy	www.trusthomeopathy.org
General Chiropractic Council	www.gcc-uk.org
General Osteopathic Council	www.osteopathy.org.uk
Glastonbury Health Centre	www.integratedhealth.org.uk
Journal of Alternative and Complementary Medicine	www.liebertpub.com
Society of Homeopaths	www.homeopathy-soh.org

APPENDIX 4

SUGGESTED KEY CONSTITUENTS OF A MODEL CONTRACT FOR A NON-MEDICALLY QUALIFIED COMPLEMENTARY PRACTITIONER PROVIDING SERVICES IN THE NHS

Many of these elements could be considered under the broad heading of clinical governance.

Qualifications	Practitioners should be in receipt of a recognised qualification from a training establishment which is accredited by a suitable regulatory body.
Registration	Practitioners must be registered with a recognised professional body which requires its members to abide by codes of conduct, ethics and discipline.
Insurance	Practitioners must have adequate professional indemnity insurance cover that applies to the period of their employment.
Consent to treatment	Patients must be fully informed about the nature of the therapy and its effects, including any side effects, and have realistic expectations of its benefits. The informed consent of the patient or, in the case of young children, of the parent or guardian, must be gained and documented.
Medical responsibility	Practitioners should be aware that patients referred to them for treatment remain the overall responsibility of the referring clinician. CAM practitioners should not advise discontinuing existing orthodox treatments without the agreement of the referring clinician.
Documentation	A written record should be kept by practitioners of the consultation and each episode of treatment. All written (and oral information) should be treated as confidential and take account of the needs of the Data Protection Act and Caldicott review.
Refusal to treat	Practitioners have a duty not to treat a patient if they consider the treatment unsafe or unsuitable.
Education and training	Practitioners should take responsibility for keeping abreast of developments in the practice of their therapy.
Quality Standards	Practitioners, in conjunction with other health care professionals, should assist with the development of local standards and guidelines for practice.
Audit	Practitioners should undertake clinical audit and should report results to the employing or commissioning practice/PCG. They should be responsible for monitoring the outcome of therapy; opinions of patients should be actively sought and included in any evaluation.
Research	Practitioners should be expected to agree to take part in research trials to support the evaluation and development of treatment programmes.
Health and safety	Practitioners should comply with the requirements of Health and Safety legislation and adhere to good practice in the protection of staff, patients and the public.
Control of infection	Practitioners should adhere to regulations governing infection control and follow the procedure for reporting outbreaks of infection.

Source: adapted from The Scottish Office Department of Health: Complementary Medicine and the National Health Service. November 1996.

Review date: this document will be reviewed in June 2001

REFERENCES

1 Complementary medicine and the National Health Service. An Examination of Acupuncture, Homeopathy, Chiropractic and Osteopathy. Scottish Office Department of Health. November 1996.

2 MORI poll (The Times) 13 November 1989.

3 Thomas KJ, Nicholl JP, Coleman P. Use and expenditure on complementary medicine in England - a population-based survey. Complementary Therapies in Medicine (in press).

4 Zollman C, Vickers A. Users and practitioners of complementary medicine. BMJ 1999; 319:836-838.

5 Thomas K, Fell M, Parry G, Nicholl J. National survey of access to complementary health care via general practice. Medical Care Research Unit. University of Sheffield. August 1995.

6 Bonnet J. Complementary medicine in primary care - what are the key issues? NHS Executive, London. January 2000.

7 NHS Primary Care Group Alliance. Primary Care Groups and Complementary Medicine: Issues for local discussion. November 1999.

8 Ernst E. Clinical effectiveness of acupuncture: an overview of systematic reviews. In Acupuncture: a scientific appraisal. Ernst E, White A, eds. Butterworth Heinmann, Oxford 1999.

9 Waddell G, McIntosh A, Hutchinson A et al. Low Back Pain Evidence Review. London: Royal College of General Practitioners. February 1999.

10 Vincent CA. A controlled trial of the treatment of migraine by acupuncture. Clinical Journal of Pain 1989;5(4):305-12.

11 Hesse J, Mogelvang B, Simonsen H. Acupuncture versus metoprolol in migraine prophylaxis: a randomised trial of trigger point inactivation. Journal of Internal Medicine 1994;235(5):451-6.

12 Helms JM. Acupuncture for the management of primary dysmenorrhoea. Obstetrics and Gynae. 1987; 69:51-56.

13 Thomas M, Lundeberg T, Bjork G et al. Pain and discomfort in primary dysmenorrhoea is reduced by pre-emptive acupuncture or low frequency TENS. European Journal of Physical and Medical Rehab. 1995;4:71-76.

14 Vickers A, Zollman C. ABC of complementary medicine. Massage therapies. BMJ 1999;319:1254-1357.

15 Dunn C, Sleep J, Collett D. Sensing an improvement: an experimental study to evaluate the use of aromatherapy, massage and periods of rest in an intensive care unit. Journal of Advanced Nursing 1995;21(1):34-40.

16 Waldman CS, Tseng P, Meulman P et al. Aromatherapy in the intensive care unit. Care of the Critically Ill 1993 Jul-Aug;9(4):170-4.

17 Stevensen C.The psychophysiological effects of aromatherapy massage following cardiac surgery. Complementary Therapies in Medicine 1994;2(1):27-35.

18 Corner J, Cawley N, Hildebrand S. An evaluation of the use of massage and essential oils on the wellbeing of cancer patients. International Journal of Palliative Nursing 1995;1(2):67-73.

19 Wilkinson S. Aromatherapy and massage in palliative care. International Journal of Palliative Nursing 1995;1(1):21-30.

20 Hurwitz EL, Aker PD, Adams AH et al. Manipulation and mobilization of the cervical spine. A systematic review of the literature. Spine 1996;21:1746-59.

21 Boesler D, Warner M, Alpers A et al. Efficacy of high-velocity low-amplitude manipulative technique in subjects with low-back pain during menstrual cramping. J Am Ostoepathic Assoc. 1993; 93(2):203-8, 213-4.

22 Kokjohn K, Schmid DM, Triano JJ et al. The effect of spinal manipulation on pain and prostaglandin levels in women with primary dysmenorrhea. Journal of Manipulative & Physiological Therapeutics 1992;15(5):279-85.

23 Boline PD, Kassak K, Bronfort G, et al. Spinal manipulation vs. amitriptyline for the treatment of chronic tension-type headaches: a randomised clinical trial. Journal of Manipulative & Physiological Therapeutics 1995;18(3):148-54.

24 Parker GB, Tupling H, Pryor DS. A controlled trial of cervical manipulation of migraine. Australian & New Zealand Journal of Medicine 1978;8(6):589-93.

25 Vickers A, Zollman C. ABC of complementary medicine. Homeopathy. BMJ 1999;319:1115-1118.

26 Linde K, Clausius N, Ramirez G et al. Are the clinical effects of homeopathy placebo effects? A meta-analysis of placebo controlled trials. Lancet 1997;350:834-43.

27 Kleijnen J, Knipschild P, Ter Riet G. Clinical trials of homeopathy. BMJ 1991;302:316-23.

28 Reilly D, Taylor MA, Beattie NG et al. Is evidence for homoeopathy reproducible? Lancet 1994;344:1601-6.

29 Reilly DT, Taylor MA, McSharry C et al. Is homoeopathy a placebo response? Controlled trial of homoeopathic potency, with pollen in hayfever as model. Lancet 1986;2(8512):881-6.

30 Papp R, Schuback G, Beck E et al. Oscillococcinum in patients with influenza-like syndromes: a placebo controlled double blind evaluation. British Homeopathic Journal 1998; 87:69-76.

31 Vickers A, Zollman C. ABC of complementary medicine. Hypnosis and relaxation therapies. BMJ 1999;319:1346-1349.

32 Stanton HE. Using hypnotic success imagery to reduce test anxiety. Aust J Clin Exp Hypn. 1992; 20(1):31-7.

33 Stanton HE. A comparison of the effects of an hypnotic procedure and music on anxiety level. Australian Journal of Clinical & Experimental Hypnosis 1984 Nov;12(2):127-32.

34 Anonymous. Hypnosis for asthma–a controlled trial. A report to the Research Committee of the British Tuberculosis Association. BMJ 1968;4(623):71-6.

35 Ewer TC, Stewart DE. Improvement in bronchial hyper-responsiveness in patients with moderate asthma after treatment with a hypnotic technique: a randomised controlled trial. BMJ Clinical Research Edition 1986;293(6555):1129-32.

36 Whorwell PJ, Prior A, Faragher EB. Controlled trial of hypnotherapy in the treatment of severe refractory irritable-bowel syndrome. Lancet 1984;2(8414):1232-4.

37 Harvey RF. Hinton RA, Gunary RM, et al. Individual and group hypnotherapy in treatment of refractory irritable bowel syndrome. Lancet 1989;1(8635):424-5.

38 Whorwell PJ. Prior A. Colgan SM. Hypnotherapy in severe irritable bowel syndrome: further experience. Gut 1987;28(4):423-5.

39 Dahlgren LA, Kurtz RM, Strube MJ et al. Differential effects of hypnotic suggestion on multiple dimensions of pain. Journal of Pain & Symptom Management 1995;10(6):464-7.

40 BMA. Referrals to complementary therapists: guidance for GPs. General Practitioners Committee. July 1999.

41 Therapies and the medical profession. In: Complementary medicine: New approaches to good practice. BMA. Oxford University Press 1993.

42 West Yorkshire Health Authority. Guidelines for employment of complementary therapists in the NHS. 1995/6.

43 Mills S, Budd S. Professional organisation of complementary and alternative medicine in the United Kingdom 2000. The Centre for Complementary Health Studies. University of Exeter.

NOTES