Report on the Regulation of Practitioners of Complementary and Alternative Medicine in Ireland

Tim O'Sullivan
Health Services Development Unit
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Tim O'Sullivan,
Health Services Development Unit,
Institute of Public Administration,
Lansdowne Road,
Dublin 4.

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EXECUTIVE SUMMARY

Chapter 1 Introduction

This is a period of growing interest in issues related to Complementary and Alternative Medicine (CAM) and its regulation.

This report has been written in the context of this interest and in response to a request from the Department of Health and Children. It follows a Forum on regulatory issues that was held at the IPA in June 2001 and attended by many CAM practitioners. The Minister for Health and Children asked the Institute to build on the discussions at the Forum by preparing a report on possible options in the regulation of CAM practitioners in Ireland.

The focus of the report is on regulatory and policy issues in general. It is not within the Institute's competence or brief to comment on more specific clinical or technical issues.

CAM therapies are extremely varied and complex and are practised by a very wide range of practitioners so it would be very difficult to find a totally satisfactory, all-encompassing *definition*. Paragraph 1.2 sets out various current definitions.

A short questionnaire was sent in July to those who participated in the Forum and to other interested parties (particularly CAM practitioners and associations) that requested it. The comments made at the Forum or in response to the questionnaires/submissions do not constitute a representative national sample of the views of CAM practitioners in Ireland. It would not have been possible for the Institute, in the existing state of knowledge in Ireland, to carry out such a survey. No national statistics exist on the numbers of CAM practitioners in Ireland or on the associations that represent them.

The IPA study nevertheless gives the views of a significant number of CAM practitioners and of associations that represent or regulate them. Over one hundred individuals and/or associations participated in the Forum and forty-four replied to the questionnaires/made submissions. While these numbers are relatively small in relation to the possible overall number of CAM practitioners in Ireland, it may be noted that these responses incorporate the views of several associations which themselves represent many practitioners.

The structure of the report is as follows: Chapter 2 reports on international trends in regulation, chapter 3 analyses the questionnaires and submissions completed by CAM practitioners/associations and chapter 4 offers some conclusions and recommendations on the basis of the earlier chapters.

Chapter 2 International trends in regulation

In Ireland, with its common law traditions, CAM practitioners are free to practise their therapies but there is no state regulation of such therapies or practitioners. The Minister for Health and Children, Micheál Martin TD has stated in the Dáil that he is committed to the introduction of a system of state regulation for alternative and complementary therapists who work in the area of health and personal services. Official commitment to regulation was underlined in the 2001 Health Strategy, *Quality and Fairness. A Health System for You,* which sets out a strategic direction for the first decade of the twenty-first century. The Strategy refers to the establishment of a forum involving representatives of different therapies "to explore how best to provide for a system of registration."

Any registration scheme, the Strategy adds, will need to take account of:

- the categories of therapists to be covered
- the evidence base for each therapy
- the educational qualifications, training and experience of therapists
- the scope of practice involved
- the protection of the public and promotion of a quality service, including the efficacy of the therapies offered
- regulations governing alternative therapists in other countries
- the current proposals for statutory registration of health and social care professionals in Ireland. (Action 106, p. 120)

As the Strategy suggests, work by the Department on the regulation of CAM therapies may build on the work already taking place in relation to the regulation of health and social care professionals in Ireland – including physiotherapists, occupational therapists, social workers, care workers and others.

The outline in this chapter of the regulatory experience in other countries indicates that national responses vary and that there is certainly not a uniform approach to regulation. In general, countries are moving very cautiously in this area. In the national experiences surveyed, there is no example of a system of statutory registration for all or even a large number of therapies.

There is more freedom for CAM practitioners to practise in "common law" countries such as Ireland and Britain than in some countries with a "civil law" tradition such as France and Spain, where only medical doctors may practise certain CAM therapies.

In many countries, there is *a special recognition for particular therapies* that are seen as particularly "advanced" or in a good position to benefit from regulation – one may point to chiropractic or osteopathy in Britain, chiropractic and naprapathy in Sweden, and homeopathy, acupuncture, osteopathy and chiropractic in Belgium. Homeopathy and acupuncture have a special recognition in the French system but may be practised only by medical doctors. The French Parliament has recently discussed the regulation of osteopathy and chiropractic. In Spain, only fully qualified medical doctors may provide medical treatments, whether alternative or not.

Risk to the public is one of the key criteria influencing whether or not a specific therapy should be registered. Thus the House of Lords report in Britain (2000) argued that "a significant risk to the public from its practice" was one of the necessary criteria for registration of a therapy and that acupuncture and herbal medicine (for example) would both satisfy this criterion. On the other hand, where there is no risk or a limited risk to the public, the case for statutory registration may be less strong.

Another lesson from international comparison is *the focus on self-regulation*. Thus in the Netherlands, the emphasis is on voluntary self-regulation and on the development of systems to ensure quality. The House of Lords report in Britain recommended the development of voluntary self-regulation in the therapies represented in what it called Groups 2 and 3. Pantall (2001) argues in the British context that statutory regulation must build on effective self-regulation.

There is a good deal of emphasis in the literature from the different countries on *the protection of the public* and on the dissemination of reliable information to the public. The dissemination of such information, for example, was one of the issues being looked at by the White House Commission on Complementary and Alternative Medicine Policy in the US. In general, the protection of the public is seen as one of the key objectives of regulation.

A general conclusion from reflection on international experience is *the level of current interest in CAM therapies* and issues relating to such therapies and their regulation. One might point to the establishment of various commissions to investigate this area – for example, the House of Lords report in Britain, the report of the White House Commission in the US (due to report in 2002) and the Nicolas report in France on osteopathy and chiropractic.

Interest has also been growing at EU level. As noted, specific attention has been given to issues related to herbal medicine. EU documents have also made recommendations relating to the education and training of CAM practitioners, their ethical standards, patient safety, quality of care, accreditation policies and procedures, including the accreditation of practitioners by their representative body, approaches to research and the dissemination of research findings.

Chapter 3 Analysis of the views of CAM practitioners

Forty-four persons or associations replied to the questionnaire; in some cases, the submissions received were statements on issues related to CAM regulations rather than answers to the questionnaire as such but most submissions incorporated answers to the questions asked.

Respondents highlighted a range of issues (3.3) which would have to be considered if a system of statutory registration were to proceed – issues relating (for example) to CAM philosophy, the education and competence of practitioners, the resource implications of statutory registration and the funding by the State of CAM treatments.

Respondents argued that account must be taken in any regulatory system of the "holistic" nature of CAM therapies. For example, outcomes measurement in the CAM field would need to be different from what obtains in orthodox medicine and (as one respondent argued) the essence of complementary practice might be damaged if it were over-regulated.

On the other hand, respondents advocated greater standardisation of education and practice and highlighted the key role of the individual therapy/professional association(s) in setting standards.

Respondents drew attention to the resource implications of any system of regulation as well as of the development of educational programmes and accreditation processes. They also raised some concerns about the costs of registration for practitioners. Respondents also drew attention to what they saw as the need for the funding of CAM treatments by the State.

Most respondents were strongly in favour (3.4) of a greater degree of regulation of CAM practitioners and of increased self-regulation by CAM organisations. Most indicated (in response to a specific question) that they were in favour of statutory registration. They were not asked specifically however whether they had a preference for any other form of regulation. Respondents indicated however that many issues/concerns/requirements would have to be addressed if they were to give their full support to registration.

Several respondents mentioned (3.5) the proposal of the Department of Health and Children for a statutory system of registration for health and social care professionals. They saw these proposals as a useful basis for discussion about the regulation of CAM practitioners. A theme highlighted frequently by respondents was the vital role of professional associations/individual therapies in the regulation process – for example, in setting standards for their own practitioners and in developing appropriate codes of ethics.

CAM practitioners welcomed (3.6) the process of consultation on regulation and the start that had been made in the process but argued that much more needed to be done if the process were to move forward.

Chapter 4 Discussion

The discussion in this chapter is written in the context of key issues/elements relating to any registration scheme (as outlined in the 2001 Strategy and set out in chapter 2) - for example, the protection of the public, the evidence base for each therapy and the educational qualifications, training and experience of therapists.

It is important at the outset to recall the important distinction between regulation in general and statutory registration in particular. Statutory registration is not the only possible form of regulation. For example, a voluntary self-regulated system that enjoyed Government support is another significant regulatory option.

As noted in chapter 3, the views of respondents on regulation in general and statutory registration in particular must be interpreted with caution. The practitioners who participated in this study represent a small percentage of CAM practitioners in Ireland - though the views expressed represent in some cases the official views of various associations of therapists and thus, by definition, a bigger number of therapists.

The following is a summary of the recommendations in this chapter:

- The consultation process in Ireland should be continued and developed. While decisions on how that process should be organised are ultimately a matter for the Minister for Health and Children, this report recommends that a National Working Group be set up, as part of the consultation process, to examine and consider regulatory issues in Ireland and to communicate its findings and recommendations to the Minister. (4.2)
- In line with trends and developments in other countries, self-regulation (a process in which individual therapies develop their own statistics, educational programmes, codes of ethics, research programmes and competency standards) should be developed rapidly as a first step in the regulation process. The proposed National Working Group should assist and support individual therapies in this process. (4.2)
- The National Working Group should be broad-based and should advise the Minister on the way forward in relation to regulation and coordinate the gathering of key statistics on CAM therapies in Ireland and on the education of CAM practitioners. (4.3, 4.4 and 4.6)
- Statistics should be gathered on complementary therapies in Ireland. Such statistics/information should define the different therapies and their scope of practice and include the numbers practising such therapies and information on their representative/regulatory bodies. (4.4)
- Individual therapies/representative organisations should be encouraged to establish registers of qualified members where such registers do not exist already. Such information and the data outlined in 4.4 should also be made available to the public in Ireland. (4.5)
- The National Working Group should, in cooperation with the individual therapies, gather information on the educational programmes being provided in various educational institutions for CAM practitioners; this information should incorporate an assessment of such programmes by an appropriate body such as the National Qualifications Authority. (4.6)

- The National Working Group should seek to develop an agreed approach to CPD with the Department and the bodies representing the individual therapies if regulation were placed on a statutory basis in due course. A CPD system would be part of voluntary self-regulation in the first instance but should be considered for financial support from the Department. (4.6)
- A limited number of CAM therapies (that have achieved a high level of professional self-development) might be afforded the opportunity, once the system has been established, to apply to join the registration process currently being undertaken with a group of health and social care professionals. The proposed National Working Group should assist the proposed Health and Social Care Professionals Council in developing, for the benefit of CAM therapies that are considering applying for registration, some guidelines on the criteria governing such applications and on the requirements that they would have to meet. (4.7)
- Research should be carried out in Ireland on the efficacy/outcomes of CAM therapies and on the evidence base for each therapy. Detailed proposals for research programmes should be developed following consultation between the Department, the National Working Group, the Health Research Board and the individual therapies/representative bodies. The results of such research should be widely disseminated to CAM practitioners and to the general public. (4.8)

CHAPTER 1: INTRODUCTION

1.1 A Growing Interest

This is a period of growing interest both in regulatory issues in the health sector in general and more specifically in issues related to Complementary and Alternative Medicine (CAM) and its regulation.

A few examples of this interest at home and abroad may be cited here. The National Centre for Complementary and Alternative Medicine in the US (2001) stated that the number of Americans using an alternative therapy rose from about 33 per cent in 1990 to more than 42 per cent in 1997. It added that Americans spent more than $27 billion on these therapies on 1997: a total exceeding out-of-pocket spending on hospitalisation.

In Ireland, Dáil questions have been asked (for example, on 28 June and 23 October 2001) on the issue of the regulation of practitioners of CAM therapies. The Department of Health and Children has been proceeding towards legislation with its proposals for statutory registration for a group of health and social care professionals including, for example, social workers and physiotherapists, and the Minister has also indicated that he is committed to state regulation of the practitioners of CAM therapies. The Irish Medicines Board has developed a Herbal Medicines Project and has brought forward in {2001 Irish Medicines Board/Scientific Committee on Herbal Medicinal Products (IMB/SCHMP), 2001} a proposal for an interim national licensing scheme for such products.

The present document has been written in the context of this growing national and international interest and follows a Forum on regulatory issues that was held at the IPA in June 2001 and attended by many CAM practitioners. The Minister for Health and Children asked the Institute to build on the discussions at the Forum by preparing a report on possible options in relation to the regulation of CAM practitioners in Ireland.

The report requested by the Minister is set out in this document. The focus of the report is on regulatory and policy issues in general. It is not within the Institute's competence or brief to comment on more specific clinical or technical issues – for example, relating to the licensing of alternative medicines or the clinical advantages or risks associated with various therapies.

The report begins in this introduction with a consideration of definitional issues and an outline of the methodology adopted in the study. It then considers in chapter 2 regulatory trends in some other countries. Chapter 3 reports on the findings of a short questionnaire that was sent to some CAM practitioners in Ireland. Chapter 4 discusses the findings of earlier chapters and their implications and sets out a number of recommendations.

1.2 Definitions/terminology

CAM therapies are extremely varied and complex and are practised by a very wide range of practitioners so it would be very difficult to find a totally satisfactory, all-encompassing definition.

The American National Centre for Complementary and Alternative Medicine (NCCAM, 2001) offers the following definition:

"CAM covers a broad range of healing philosophies (schools of thought), approaches and therapies that mainstream Western (conventional) medicine does not commonly use, accept, study, understand or make available. A few of the many CAM practices include the use of acupuncture, herbs, homeopathy, therapeutic massage and traditional oriental medicine to promote well being or treat health conditions.

People use CAM treatments and therapies in a variety of ways. Therapies may be used alone, as an alternative to conventional therapies, or in addition to conventional, mainstream therapies, in what is referred to as a complementary or an integrative approach.

Many CAM therapies are called holistic, which generally means they consider the whole person, including physical, mental, emotional and spiritual aspects". (p. 1)

In Britain, the report of the House of Lords (2000) states that CAM "embraces those therapies that may either be provided alongside conventional medicine (complementary) or which may, in the view of their practitioners, act as a substitute for it. Alternative disciplines purport to provide diagnostic information as well as offering therapy" (par.1.8)

This British report also cites a number of other definitions, including a definition from the British Medical Association, but adds that the CAM community "has been struggling for fifteen years to come up with a single definition of CAM agreed by all, but with no success" (par. 1.13)

Finally, any reference in the current report to the regulation of CAM therapies relates to *the regulation of the practitioners of such therapies*. As noted, the regulation of alternative medicines, for example, is outside the brief of this report.

1.3 A Note on Methodology

The Minister for Health and Children, Micheál Martin TD has stated in the Dáil - for example, on 28 June and 23 October 2001 - that he is committed to the introduction of a system of state regulation for alternative and complementary therapists who work in the area of health and personal services.

As a first step in the consultation process on regulation, the Minister convened the forum, comprised of relevant representative groups and training providers, which was held on 20 June, 2001 in order "to examine and explore the practical issues involved in preparing a system of registration for these therapists".

At the request of the Minister, IPA personnel facilitated this forum. In the course of this forum, participants were divided into groups to discuss both their "positive reactions" and their "concerns" in relation to registration. A report based on these group discussions was afterwards forwarded to the participants and other interested parties for consideration. This report is set out in Appendix 1.

A short questionnaire accompanying this report was sent in July to those who participated in the Forum and to other interested parties (particularly CAM practitioners and associations), which requested it. The questions asked in this questionnaire are set out in Appendix 2 – they covered respondents' views on the issues involved in preparing for a system of statutory registration, opinions in favour of or against statutory registration and respondents' comments on the views expressed at the June Forum. In some cases, respondents did not reply directly to the questionnaire but made detailed submissions on the issues relating to regulation. The original deadline of early September was extended to late October 2001 following requests from potential respondents. Comments made in both questionnaire replies and submissions are analysed in chapter 3.

Many of the issues and concerns identified in the questionnaire had already been raised in the group discussions at the June 2001 Forum in the IPA. The questionnaires provided scope, however, for more individual analysis and reflection: some individual responses were quite lengthy and covered a wide range of issues. In some cases, these responses came from individuals, in other cases from associations representing CAM practitioners. The names of those who participated in the questionnaire/submission process are given in Appendix 3 and the names of those who participated in the Forum in Appendix 4.

The persons who participated in the Forum in June were those identified by the Department of Health and Children on the basis of existing or prior contacts and who were in a position to accept a written invitation from the Department to attend the Forum in Dublin on the day in question. The Forum had also been advertised in the national press. Those who replied to the short questionnaire or made submissions were either the same individuals and associations which participated in the Forum or other individuals/associations which were not involved in the Forum but wished to participate in the consultative process.

The comments made at the Forum or in response to the questionnaires/ submissions do not constitute a representative national sample of the views of CAM practitioners in Ireland. It would not have been possible for the Institute, in the existing state of knowledge in Ireland, to carry out such a survey. No national statistics exist on the numbers of CAM practitioners in Ireland or on the associations that represent them. As the Minister for Health and Children told the Dáil on 23 February 2000 (in response to Question No: 168 from Dr Mary Upton TD), "practitioners who fall within the Complementary and Alternative Medicine category are not employed within the public health system and consequently the Department of Health and Children does not collect statistics on the numbers practising or maintain information on bodies which represent or regulate them."

Nor are there national definitions available on complementary therapies themselves: this report will recommend however (in chapter 4) that such definitions be developed as part of the regulatory process.

The IPA study nevertheless gives the views of a significant number of CAM practitioners and of associations that represent or regulate them. Over one hundred individuals/associations participated in the Forum and forty-four individuals/associations replied to the questionnaire/made submissions. While these numbers are relatively small in relation to the

possible overall number of CAM practitioners in Ireland (which is likely to run into the thousands), it may be noted that these responses incorporate the views of several associations that represent many practitioners.

Bodies represented at the Forum, for example, included (among many others):

- The Irish Society of Homeopaths (over 300)
- The Irish Chiropractic Association (85 to 100)
- The Irish Osteopathic Association (100)
- The Shiatsu Society of Ireland (50)
- The Association of Naturopathic Practitioners (over 150)
- The Association of Irish Acupuncturists (400)
- The Acupuncture and Chinese Medicine Association (400)
- The Association of Irish Reflexologists (1500)
- The Federation of Irish Complementary Therapy Associations (FICTA - 12 associations and approximately 4,000 therapists)
- The Irish Association of Physical Therapy (120)
- The Irish Association of Creative Arts Therapists (IACAT – approximately 65 fully qualified and over 50 IACAT accredited members)
- Yoga Therapy Ireland (500)

The figures in brackets provide estimates of the number of practitioners in each association in 2001 and were supplied by associations or individuals at the time of the Forum.

Individual therapies represented included homeopathy, chiropractic, osteopathy, physical therapy, herbal medicine, Chinese herbal medicine, traditional Chinese medicine, acupuncture, kinesiology, naturopathy, rebirthing, bio-energy, reflexology, aromatherapy, counselling and hypnotherapy, vortex healing, rolfing, creative arts therapies, the therapy of scenar practitioners, annwn healing, shiatsu, reiki, yoga, massage therapy, sports massage, endorphin release therapy, holistic medicine, aura soma and physiology and rehabilitation. In some cases slightly different terms are used for similar therapies.

The IPA study may be seen to some extent as an exploratory study. Its focus was more on the range of current perceptions on regulation among CAM practitioners than on their prevalence as such – it sought, in other words, to report on the various opinions held by CAM practitioners rather than to identify what percentage of practitioners held a particular opinion. As the study does not constitute a random sample of practitioners, there is no attempt generally to identify the exact number of respondents who held a particular view. Nevertheless, where there were some indications of consensus among practitioners, the study does attempt to register this consensus.

A limitation of the IPA study is that the questionnaire replies/submissions reflect overwhelmingly (with the exception of a GP with an interest in complementary therapies) the views of CAM practitioners/associations. The views of other interested parties – for example, the medical and nursing professions and regulatory bodies, the Irish Medicines Board or the general public – are not covered in this study but should clearly be sought as part of a wider consultation process.

The IPA study also includes a chapter on international regulatory trends (chapter 2). Proposals for the regulation of CAM therapies in Ireland will clearly need to take account of regulatory trends in other countries.

The chapter offering concluding thoughts and recommendations (chapter 4) seeks to reflect on the implications of the data gathered by this study – notably, the information on the views of CAM practitioners (reported in chapter 3) and on the regulatory trends identified in other countries. (Chapter 2)

CHAPTER 2: INTERNATIONAL TRENDS IN REGULATION

2.1 Introduction

This chapter reports on international trends in regulation for CAM practitioners. It is based partly on the information set out in a series of national reports that were commissioned by the Department of Health and Children in 2001. It begins with a brief overview of the Irish policy context.

In an Irish report on "therapy" professionals such as physiotherapists, Bacon (2001) has offered some general reflections, from the perspective of economics, on the case for and against regulation: "Regulation becomes desirable when the costs of the regulation are less than the costs that would exist in …an unregulated market". Problems in a free market might include "the uncertainty that would surround the viability of running courses and the difficulties of ensuring high and standard training" However, it is also possible that the costs of regulation can "exceed the costs that are avoided through not having an unregulated outcome" - that is, where there is a situation of over-regulation or inappropriate regulation. (pp. 32-33)

Bacon's comments indicate that the arguments for (and against) regulation must be made rather than simply assumed. This chapter suggests that there is a growing international consensus on the need for the regulation of CAM practitioners and that, within this consensus, arguments relating to the importance of the protection of the public have a particular weight.

2.2 Irish policy context

In Ireland, with its common law traditions, CAM practitioners are free to practise their therapies but there is no state regulation of such therapies or practitioners. The Minister for Health and Children, Micheál Martin TD has stated in the Dáil (for example, on 23 October, 2001) that he is committed to the introduction of a system of state regulation for alternative and complementary therapists who work in the area of health and personal services. Official commitment to regulation was underlined in the 2001 Health Strategy, *Quality and Fairness A Health System for You,* which sets out a strategic direction for the first decade of the twenty-first century. The Strategy refers to the establishment of a forum involving representatives of different therapies "to explore how best to provide for a system of registration".

Any registration scheme, the Strategy adds, will need to take account of

- the categories of therapists to be covered
- the evidence base for each therapy
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- the scope of practice involved
- the protection of the public and promotion of a quality service, including the efficacy of the therapies offered
- regulations governing alternative therapists in other countries
- the current proposals for statutory registration of health and social care professionals in Ireland. (Action 106, p. 120)

As the Strategy suggests, work by the Department on the regulation of CAM therapies must build on the work already taking place in relation to the regulation of health and social care professionals in Ireland – including physiotherapists, occupational therapists, social workers, care workers and others.

The document of the Department of Health and Children on *Statutory Registration for Health and Social Care Professionals – Proposals for the Way Forward* (Department of Health and Children, October 2000) proposes that fourteen different professions be registered under a system of statutory registration for health and social care professionals. However, the Minister will be empowered to increase, if appropriate, the number of professions to be subject to statutory registration in the future.

According to information provided by the Department in February 2002, the main elements of the system of statutory registration will be a Health and Social Care Professionals Council (that is, a Registration Council) for the system overall with a Registration Board for each of the professions to be registered. There will also be a set of common statutory committees to support the registration process: a Preliminary Proceedings Committee, a Professional Conduct Committee (previously described as a Fitness to Practise Committee) and a Health Committee.

Draft Heads of a Bill (the outline of an Act) have been prepared on the basis of the proposals contained in the Department's October 2000 document. It is anticipated that these draft Heads of a Bill will be submitted to Government for approval in the course of 2002.

According to the Department, one of the functions of the Registration Board would be to set the scope of, and limits to, the type of professional practice to be carried out by the profession. The Department also envisaged that competence-based Continuous Professional Development (CPD) would be a compulsory element of the registration scheme and that the Department would be prepared, in principle, to financially support an agreed system of CPD for health and social care professionals. The Department's Discussion Document notes that all systems of statutory registration in Ireland are *self-financing* - that is, funded from the contributions of registered members.

Some specific issues have arisen in Ireland in relation to herbal medicines. Developments in the regulation of medicines (which are outside the scope of this study) will clearly have an important influence on the overall regulatory environment. In 1999, following a recommendation from the Irish Medicines Board, the Department of Health and Children confined the herbal substance St John's Wort to prescription control. Reference was made in chapter 1 to the work of the Irish Medicines Board (IMB/SCHMP, 2001) in establishing a Herbal Medicines Project and bringing forward a proposal for an interim national licensing scheme for herbal medicine products. The Board has also developed a database of traditional and herbal medicine products, which included in late 2001 a total of 2246 products.

The Board noted that the issue of the registration of non-medical practitioners was outside the remit of its Herbal Medicines Project. Nevertheless, it pointed to the need for such practitioners to have legitimate access to traditional medicinal products, herbal substances and herbal preparations for the treatment of patients under their care (par. 3.2.3) The IMB/SCHMP

recommended exemptions for herbal practitioners from its proposed regulations in relation to licensing:

"In relation to medical herbalists, it is our understanding that extemporaneous preparation of complex mixtures of herbal substances and /or preparations is central to the practice of medical herbalism. Statutory self-regulation of this professional group would better safeguard public health by ensuring that practitioners, for whom exemptions from these regulations are proposed, have appropriate training. The IMB/SCHMP believe that an interim national licensing scheme should not require that herbal practitioners obtain a Manufacturer's Licence and/or a product registration/authorisation for herbal preparations extemporaneously compounded by them for individuals under their care" (par. 3.2.3)

The IMB/SCHMP report referred to a draft directive of the European Commission (2001) on Traditional Medicinal Products and expressed reservations about some of its proposals while noting that any Irish policies would need to be in harmony with EU directives and policy.

In a response to the IMB/SCHMP report, the Acupuncture and Chinese Medicine Organisation (ACMO, 2001) criticised its recommendations on a number of grounds. The ACMO argued, for example, that "the proposals could result in the unnecessary restriction of the availability of effective, safe and affordable medicines (as defined) to the detriment of and disregard for the rights of the public" (p. 1)

2.3 United Kingdom

The Select Committee of the House of Lords on Science and Technology (2000) commissioned a major report on *Complementary and Alternative Medicine*, which was published in 2000. Some of the key arguments and findings of this report are set out below.

The House of Lords report classifies practitioners of complementary and alternative therapies into three groups:

- Group 1: Professionally Organised Alternative Therapies or the "principal disciplines": acupuncture, chiropractic, herbal medicine, homeopathy and osteopathy
- Group 2: Complementary Therapies: therapies which are most often used to complement conventional medicine and "do not purport to embrace diagnostic skills" (for example, massage, counselling, meditation and healing, stress therapy) (par. 2.1)
- Group 3: Alternative Disciplines which "purport to offer diagnostic information as well as treatment and which, in general, favour a philosophical approach and are indifferent to the scientific principles of conventional medicine, and through which various and disparate frameworks of disease causation and its management are proposed. This group includes "long-established and traditional systems of healthcare" (Ayurvedic medicine and Traditional Chinese medicine) and "other alternative disciplines which lack any credible evidence base" (for example, crystal therapy, kinesiology, iridology) (par. 2.1)

In relation to Group 1, two professions have already achieved statutory regulation in Britain – the osteopaths through the Osteopaths Act of 1993 and the chiropractors through the Chiropractors Act of 1994.

The House of Lords report (2000) also points to the possibilities offered by a new piece of legislation, the Health Act 1999, which provides two main opportunities for healthcare professions aspiring to achieve statutory recognition:

- The opportunity for a single body representing the entire profession to apply for statutory regulation by Order in the Privy Council, in contrast to pursuing its own Act of Parliament (as the osteopaths and chiropractors had done).
- The opportunity to come under the new Health Professions Council, which has replaced the Council for Professions Supplementary to Medicine (CPSM) and has the ability (like the CPSM before it) to register new groups.

The House of Lords report (2000) notes that the Health Professions Council will have increased powers in areas such as accountability (new disciplinary powers) and the protection of title: "no-one can use the title of any of the professions within the Council's remit unless they are on the Council's register". (par. 5.48)

The House of Lords (2000) argues that the provisions of the Health Act are a step forward in easing the path of health professions that wish to achieve statutory recognition but that there is some uncertainty about how it would be decided which of the two routes under the Act would be more appropriate for any given therapy.

The report argues that the practitioners of *acupuncture* and *herbal medicine* should apply for statutory regulation under the Act. The report argued that both therapies meet the necessary criteria for registration of a therapy:

- There is a significant risk to the public from its practice
- There is a sufficiently well-organised voluntary regulatory system and a consensus among its members that statutory regulation is the desired next step for the profession
- The therapy in question has a credible evidence base to support its claims.
  (par. 5.54)

This would mean that all but one of the Group 1 professions would be statutorily regulated and the report adds that such regulation may "ultimately" be appropriate for the remaining profession in group 1: the *non-medical homeopaths*.

In relation to the professions in Groups 2 and 3, the House of Lords (2000) recommends that each profession "must strive to come together under one voluntary self-regulating body … and some may wish ultimately to move towards regulation under the Health Act once they are unified with a single voice" (par. 5.55)

Following the House of Lords report, the British Medical Association (2000) expressed support for the report's recommendation of statutory regulation of acupuncture and herbal medicine and called for stricter regulation of CAM therapies.

Pantall (2001) reviewed the response by the British Government to the House of Lords report. Speaking in the House of Lords in March 2001, Lord Burlison argued that each of the professions must put in place a sound regulatory framework that will raise standards and protect

patients. The Government agreed with the report that only those therapies that are fully regulated could be made available to NHS patients. Although it will take time to put strong regulation in place, improved sources of information will educate the public as to what they can expect from practitioners (for example, in relation to qualifications)

Pantall (2001) summarises as follows the key lessons to be learnt from the British experience to date:

- Statutory regulation needs to be built on a base of existing, effective self-regulation
- The purpose of regulation is to protect the public
- The evidence base for efficacy of treatment needs to be built up and central research funding is necessary
- The public needs accessible guidance in the form of improved authoritative information.

2.4 France

There are strict rules in France in relation to the practice of medicine. Bellanger (2001) states that only doctors are entitled to practise health care and to treat illness though certain other professions are allowed to carry out specific medical or paramedical activities.

Special recognition has been given in France to two CAM therapies: acupuncture and homeopathy. Bellanger (2001) notes that among CAM therapies, only these two therapies are recognised and may be legally practised, but only by medical doctors. For these therapies, training validated by a diploma is legally recognised.

Both therapies are covered under the French social security system but restrictions on coverage mean that some practitioners operate privately and this limits the growth of these CAM therapies. Homeopathic medicinal products are regulated in a similar way to other drugs. To be reimbursed, homeopathic products must be registered on a national list of prescription drugs and must be prescribed by a doctor.

Doctors who practise other CAM therapies (for example, osteopathy or chiropractic) would appear to be in a legal limbo in France in relation to their CAM work and the same applies to CAM practitioners who are not medically qualified. However, Bellanger notes, demand for such therapies is increasing and practitioners have their own organisations.

Considerable debate is taking place in France on the way forward for therapies such as osteopathy. Thus an osteopathy website (http://www.osteopathie-france.net/) noted that Bernard Kouchner, then Secretary of State for Health and Social Action, set up in 1999 a commission under the chairmanship of Professor Guy Nicolas to examine current issues in osteopathy and chiropractic. Following the work of this Commission, a parliamentary commission passed in October 2001 an amendment regulating the professional use of the title of osteopath and chiropractor and reserving the use of these titles to those with appropriate diplomas. The aim of this amendment, according to its proposer, Bernard Charles, was to provide more effective protection to service users. This measure is due to get further parliamentary time early in 2002. (See http://www.osteofrance.org/zonetextenews.html and http://www.osteopathie- france.net/Information/reconnaissance_projet.htm)

2.5 The Netherlands

In the Netherlands, before 1997, alternative practitioners were tolerated but had no official legal status. Since the Individual Health Care Professions Act of 1993, which came into effect in 1997, doctors have lost their monopoly and "alternative practitioners are no longer considered to be illegal" (Sluijs and Bakker, 2001 p.1) but are not formally regulated.

In relation to alternative practitioners, the focus has been on voluntary self-regulation and on the development of systems to ensure quality. The Government has given priority to a quality policy in health care in general and the aim of this quality policy is to encourage health care providers to develop quality systems.

A quality framework has been established for alternative practitioners. It includes 36 criteria developed in agreement with patient organisations, health insurers and the health inspectorate. The areas covered include education, vocational training and continuing education, the register of qualified members, the application of alternative treatments, guidelines on practice organisation, codes of conduct, relationships with other health care providers, disciplinary rules and complaints procedures and quality assurance. An independent research organisation is monitoring the progress which organisations are making in the implementation of this quality policy.

Sluijs and Bakker (2001) give some examples of progress being made by organisations representing alternative practitioners. They note, for example, that 82% of CAM organisations had a register of qualified members in 2000 - as opposed to only 63% in 1996. They conclude that the organisations of alternative practitioners are making progress with the implementation of the quality policy but that much work remains to be done.

2.6 Sweden

In Sweden, health care professionals are those professionals certified by the National Board of Health and Welfare, a government agency. According to Jordin (2001), the significance of certification is that the health care profession can independently and without professional supervision work with patients, make diagnoses and initiate therapy.

In 1991, chiropractors were certified, followed by naprapaths (who treat conditions such as back pain and sciatica). If the clinic in which such practitioners work gets a public contract, they may be reimbursed by the government. If they are working without public subsidies, they can set their own fees.

2.7 Spain

In Spain, there is no official recognition of alternative practitioners and there is no explicit regulation of their activities and practices. According to de la Mata (2001), the Spanish General Medical Council states that only fully qualified doctors may provide medical treatments, whether alternative or not.

There is a special Section of acupuncturists, homeopaths and "naturist" doctors on many Provincial Medical Councils but such "alternative doctors" are not represented on the national General Medical Council.

In July 2000, a General "Naturist" Medical Council was set up representing around 52 CAM therapies including acupuncture and homeopathy but the Ministry of Health and Consumer Affairs decreed in September 2000 that this Council was not legal.

De la Mata (2001) indicates that there is significant conflict in Spain about the rights of alternative practitioners and some uncertainty about the legal position. Thus one legal judgement of May 2000 indicated that it is not unlawful to practise acupuncture but that there would be breach of the law if the person involved (for example) used procedures reserved to doctors or presented himself as a doctor or advertised guaranteeing a cure.

2.8 Belgium

Until recently, Belgium had no specific legislation on CAM therapies: they were neither recognised nor explicitly forbidden. An Act on "non-conventional practices" in April 1999 was based on the assumption that certain CAM therapies are sufficiently legitimate to justify the elaboration of a proper legal framework. According to Eeckloo (2001), the act does not automatically result in the registration of specific CAM therapies; but provides the framework that can lead to the registration both of CAM therapies and individual practitioners. The act explicitly identifies four "market leaders" in the CAM world: homeopathy, acupuncture, osteopathy and chiropractic.

The steps in the registration procedure include

- the official recognition of a professional association for a given therapy
- the establishment of a "chamber" or consultative body" to advise on the registration of the therapy and the individual registration of the practitioners – chamber members include on an equal basis both medical doctors and CAM practitioners nominated (usually) by a recognised professional association
- the establishment of a "joint committee" (with a fifty-fifty split between doctors and CAM therapists) responsible for implementation of the Act.

If registration is to proceed, the agreement is required of both the chamber and the joint committee.

The Act set up chambers for homeopathy, acupuncture, osteopathy and chiropractic but also stated that other practices could also qualify for registration.

Eeckloo (2001) concludes that the Act incorporates important principles and may be seen as a step forward but that there have been severe implementation difficulties with it, partly because of its cumbersome structures. He noted that the Minister's proposed next step would be to proceed to the recognition of professional associations for homeopathy, acupuncture, osteopathy and chiropractic.

2.9 European Union

Interest has been growing in the European Union in CAM therapies and in issues related to the regulation, efficacy, research basis and funding of such therapies.

Some of the key issues arising have been set out in the European Parliament (1997), the European Commission (1999) Long and Connolly (2000) and the European Herbal Practitioners Association (2001). Long and Connolly (2000) draw attention to two aspects of "regulation": regulation "to exist" and thus by implication to practise (covering issues such as the freedom to practise and to treat patients) and regulation "to enable integration" and to practise as a recognised partner in the health care setting (covering issues such as funding and reimbursement and the development of links with other parts of the health care system).

The European Parliament (1997) passed a resolution (the "Collins Resolution") which called on the Commission:

- "to launch a process of recognising non-conventional medicine
- to carry out a thorough study into the safety, effectiveness, area of application and the complementary or alternative nature of all non-conventional medicines with a view to their eventual legal recognition
- to draw up a comparative study of the various national legal models to which non-conventional medical practitioners are subject
- (in formulating European legislation) to make a clear distinction between non-conventional medicines that are "complementary" and those that are "alternative" medicines in the sense that they replace conventional medicine".

(As cited by Long and Connolly, 2000)

The European Commission (1999a) published two years later the final report of the COST (Cooperation in Science and Technology) project on "unconventional medicine". The objective of the COST project, which was established in the early 1990s, was to foster international EU-wide collaboration in research on CAM therapies.

Some of the key findings of the COST report were that there is an increasing official recognition that complementary medicines can play an important role within health care systems; that tolerance towards alternative practitioners/non- physicians is increasing and that training in complementary medicine is becoming more accepted and recognised; and that there is a growing trend to extend the funding of CAM therapies by public sources or private insurance.

The COST report identified two key legal issues in the EU as being (a) licensing a therapist to practise complementary medicine and (b) the reimbursement by social security systems of treatment by CAM practitioners.

In relation to licensing, COST developed the following categorisation:

- *monopolistic* systems – where only the practice of modern, scientific medicine is recognised as lawful, with the exclusion of, and sanctions against, all other forms of healing and practitioners

- *tolerant* systems where only the system based on modern, scientific medicine is recognised, although the practitioners of various forms of complementary medicines are tolerated, at least to some extent, by law
- *mixed* systems where there are some monopolistic and some tolerant characteristics.

Ireland, Germany and Britain fell into the "tolerant" category while countries like France, Spain and Belgium were classified as monopolistic and Denmark, Finland and Sweden were among the examples of a "mixed" system.

In relation to reimbursement, the EU report stated that there was a trend towards the extension of the coverage/reimbursement of CAM therapies in the countries of the Union.

The COST report made a series of recommendations in relation to education and training – for example, the inclusion of elements of the medical curriculum in the training programmes of CAM therapists; commitment to the highest ethical standards in research and practice; guarantees on the safety of patients; and quality. Specific recommendations included the establishment of a "board of recognition" or professional board by CAM organisations to approve the methods used by therapists; explicit and verifiable procedures to accord approval to training and practice within a particular therapy; the necessity of satisfactory qualifications for CAM practitioners; a national register of all trials; the creation of an advisory board to support people wishing to undertake scientific research in CAM; and the definition by CAM practitioners of methods and criteria for approving research protocols.

The State in each country, the report said, needed to protect citizens against unjustifiable claims and quackery while at the same time recognising their freedom to choose from a variety of healthcare options.

(Further information on the 1999 COST document is included in the "Update" note linked to this document)

The European Commission (1999b) published a report that it had commissioned on the status of herbal medicines in the EU. According to the European Herbal Practitioners Association (EHPA, 2001), the report found that most Member States were not applying EU medicines legislation to herbal medicines because the laws had proved unworkable. This report was followed by a draft Traditional Medicines Directive (TMD) in April 2001, which "absolves herbs that have a long history of safe use from having to demonstrate efficacy or safety" (EHPA, 2001 p. 6)
The EHPA added, however: "The TMD poses potential problems for practitioners of traditional medicine in most Member States because it clearly classes herbs as medicines so that in future it will be hard for herbalists to argue that they are prescribing herbs as food supplements. Because the TMD is limited to herbal *products*, the thousands of herbs used by herbal practitioners that are not sold over the counter as products will remain in a grey area outside the legislative framework"

In Ireland, the IMB/SCHMP report, which was mentioned earlier in this chapter, expressed some concerns about this directive for example, that it might discriminate against products that

originate in non-EU traditions – for example, Chinese Herbal Medicine Products and Ayurvedic (Indian) Medicinal Products.
The IMB/SCHMP report noted that a third draft had been published in May 2001 and would be going to the Council of Ministers and the European Parliament for comment.

2.10 United States

According to the National Centre for Complementary and Alternative Medicine or NCCAM, (2000), the number of Americans using an alternative therapy rose from 33 per cent in 1990 to more than 42 per cent in 1997. A survey published in 1994 and cited by NCCAM found that 60 per cent of doctors from a wide range of specialties recommended alternative therapies to their patients at least once.

In 1998, the Congress established the NCCAM at the National Institutes of Health (NIH) to stimulate, develop and support research on CAM for the benefit of the public. The NCCAM Clearinghouse is the public's point of contact and access to information about CAM.

Zhang (1999) states that three quarters of the states license or regulate the practice of acupuncture by non-medical doctors. The website of the California Acupuncture Board (www.dca.ca.gov/acup) notes that acupuncture began to be regulated in California in 1972.

In a submission to the IPA for this report, the Irish Association of Holistic Medicine referred to what it saw as a useful way forward: the Freedom of Access to Healthcare Act, 2001 of the State of Minnesota which "allows the unregistered but regulated practice of an open-ended list of complementary/holistic/alternative medicine (CAM) and provides for a state office of unregistered practitioners to monitor complaints".

In 2000, the US President established the White House Commission on Complementary and Alternative Medicine Policy. According to its website (http://www.whccamp.hhs.gov), its brief was to look at:

- The coordination of research to increase knowledge about CAM products,
- The education and training of health care practitioners in CAM,
- The provision of reliable and useful information about CAM practices and products to health care professionals, and
- Guidance regarding appropriate access to and delivery of CAM.

The Commission reported in March 2002. *Its main findings are listed in the "Update" document linked to this report.*

2.11 Conclusions

As will be seen from this short survey, national responses vary from country to country and there is certainly not a uniform approach to regulation. In general, though, it may be suggested that countries are moving very cautiously in this area.

In the national experiences surveyed, there is no example of a system of statutory registration for all or even a large number of therapies.

There is more freedom for CAM practitioners to practise in "common law" countries such as Ireland and Britain than in some countries with a "civil law" tradition such as France and Spain, where only medical doctors may practise certain CAM therapies.

In many countries, there is *a special recognition for particular therapies* that are seen as particularly "advanced" or in a good position to benefit from regulation – one may point to chiropractic or osteopathy in Britain, chiropractic and naprapathy in Sweden, and homeopathy, acupuncture, osteopathy and chiropractic in Belgium. Homeopathy and acupuncture have a special recognition in the French system but may be practised only by medical doctors. France has recently given consideration to the regulation of osteopathy and chiropractic. In Spain, only fully qualified medical doctors may provide medical treatments, whether alternative or not.

Risk to the public is one of the key criteria influencing whether or not a specific therapy should be registered. Thus the House of Lords report in Britain (2000) argued that "a significant risk to the public from its practice" was one of the necessary criteria for registration of a therapy and that acupuncture and herbal medicine (for example) would both satisfy this criterion. On the other hand, where there is no risk or a limited risk to the public, the case for statutory registration may be less strong.

Another lesson from international comparison is *the focus on self-regulation*. Thus in the Netherlands, the emphasis is on voluntary self-regulation and on the development of systems to ensure quality. The House of Lords report in Britain recommended the development of voluntary self-regulation in the therapies represented in what it called Groups 2 and 3. Pantall (2001) argues in the British context that statutory regulation must build on effective self-regulation.

There is a good deal of emphasis in the literature from the different countries on *the protection of the public* and on the dissemination of reliable information to the public. The dissemination of such information, for example, is one of the issues being looked at by the White House Commission on Complementary and Alternative Medicine Policy in the US. In general, the protection of the public is seen as one of the key objectives of regulation.

A general conclusion from reflection on international experience is *the level of current interest in CAM therapies* and issues relating to such therapies and their regulation. One might point to the establishment of various commissions to investigate this area – for example, the House of Lords report in Britain, the report of the White House Commission in the US (due to report in 2002) and the Nicolas report in France on osteopathy and chiropractic.

Interest has also been growing at EU level. As noted, specific attention has been given to issues related to herbal medicine. EU documents have also made recommendations relating to the education and training of CAM practitioners, their ethical standards, patient safety, quality of care, accreditation policies and procedures, including the accreditation of practitioners by their representative body, approaches to research and the dissemination of research findings.

CHAPTER 3: ANALYSIS OF THE VIEWS OF CAM PRACTITIONERS

3.1 Introduction

Forty-four persons or associations replied to the questionnaire; in some cases, the submissions received were statements on issues related to CAM regulations rather than answers to the questionnaire as such but most submissions incorporated answers to the questions asked. In one case, a submission provided detailed information on the therapy in question but did not comment directly on regulatory issues. As many replies/submissions were quite lengthy and the analysis which follows is quite detailed, a summary is offered in 3.2 of the views of CAM practitioners that are outlined in this chapter.

3.2 Summary of the views of practitioners

Respondents highlighted a range of issues (3.3) which would have to be considered if a system of statutory registration were to proceed – issues relating (for example) to CAM philosophy, the education and competence of practitioners, the resource implications of statutory registration and the funding by the State of CAM treatments.

Respondents argued that account must be taken in any regulatory system of the "holistic" nature of CAM therapies. For example, outcomes measurement in the CAM field would need to be different from what obtains in orthodox medicine and (as one respondent argued) the essence of complementary practice might be damaged if it were over-regulated.

On the other hand, respondents advocated greater standardisation of education and practice and highlighted the key role of the individual therapy/professional association(s) in setting standards.

Respondents drew attention to the resource implications of any system of regulation as well as of the development of educational programmes and accreditation processes. They also raised some concerns about the costs of registration for practitioners. Respondents also drew attention to what they saw as the need for the funding of CAM treatments by the State.

Most respondents were strongly in favour (3.4) of a greater degree of regulation of CAM practitioners and of increased self-regulation by CAM organisations. Most indicated (in response to a specific question) that they were in favour of statutory registration. They were not asked specifically however whether they had a preference for any other form of regulation. Respondents indicated however that many issues/concerns/requirements would have to be addressed if they were to give their full support to registration.

Several respondents mentioned (3.5) the proposal of the Department of Health and Children for a statutory system of registration for health and social care professionals. They saw these proposals as a useful basis for discussion about the regulation of CAM practitioners. A theme highlighted frequently by respondents was the vital role of professional associations/individual therapies in the regulation process – for example, in setting standards for their own practitioners and in developing appropriate codes of ethics.

CAM practitioners welcomed (3.6) the process of consultation on regulation and the start that had been made in the process but argued that much more needed to be done if the process were to move forward.

3.3 The issues involved in preparing for a system of statutory registration for complementary and alternative therapies

In relation to the first question, (on issues related to statutory registration), many of the issues and concerns identified had already been raised in the group discussion at the June 2001 Forum in the IPA. The questionnaires provided scope, however, for more individual analysis and reflection: some individual responses were quite lengthy and covered a wide range of issues.

While it would not be possible to list here all the issues mentioned, recurring key issues related to:

- CAM philosophy, terminology and definitions
- The competency, scope of practice and code of ethics of each therapy and therapist
- The education of therapists and the accreditation of such education
- The resources required for a system of registration
- The recognition of therapies by the State services and the funding of such.

Most of these issues are inter-related - for example, there is a clear link between the competency of practitioners and their education. Nevertheless, they will be considered separately below.

Other issues identified by respondents to the first question related specifically to the organisation of a system of registration and will be considered in a later section. Thus respondents highlighted key objectives of a system of regulation such as the protection of the public; and issues such as the method of organisation of a system of regulation and the criteria which would be adopted for the inclusion of therapies in, and the exclusion of therapies from, any regulatory system.

3.3.1 CAM philosophy, terminology and definitions

Issues of philosophy, terminology and definitions were highlighted in many responses with some respondents arguing that these issues would have to be clarified in advance of any moves on regulation. Respondents referred frequently to the philosophical differences between CAM and orthodox, scientific medicine.

The "holistic" *philosophy* of CAM therapies was stressed: these therapies (it was argued) sought to draw on the self-healing capacity of the body; they emphasised personal responsibility and fostered a co-operative relationship among those involved, leading towards "an optimal attunement of body, mind, emotions and spirit."

The holistic nature of CAM therapies was contrasted with modern scientific medicine – which one respondent characterised as a rigid, administration-driven model, "which saw the human body as a machine to be analysed in terms of its parts."

One submission stated: "The vast majority of practices described as alternative/complementary are based on an Holistic model. Such a model is not similar to the model on which modern medicine is based. An abbreviated version of the different underlying philosophies could be stated as follows: 'I think therefore I am' – Descartes/Newton (modern medicine/scientific model); 'I am therefore I think" - Goethe/Steiner (holistic model).

One implication of these differences was that the values of orthodox medicine should not dominate in any regulatory system. Thus one respondent, who highlighted the "diverse" approaches of "traditional medicine and CAM", expressed concerns about a weighting in favour of "traditional medicine" on any proposed registration council and raised issues about fairness in decision-making: "Who decides what therapies to include? Who decides what are valid outcomes of therapeutic practices?"

Another implication for respondents of the differences between CAM and orthodox medicine was that the measurement of the efficacy of CAM practices needed to be related to the philosophy of such practices and that such measurement would be different from what applies in medicine. One respondent stated: "Seeking to prove how Holistic practices work in terms of modern medicine/science would be extremely difficult…For example, how can you demonstrate that a person suffering from an incurable illness, who derives a feeling of wholeness through the practice of Reiki, has been affected by that Reiki practice? How do you measure quality of life?"

One submission which highlighted the differences between CAM and conventional medicine nevertheless argued that the 1990s had seen a gradual convergence of the orthodox and "non-conventional" systems with a developing sense of complementarity between both systems.

In relation to *definitions*, a general comment from one submission was that it would be very difficult to produce a very precise definition of CAM therapies: "It is currently unrealistic to attempt an exact definition of those therapies found outside mainstream conventional scientific medicine (i.e., the orthodox medical or psychiatric system) as they are extremely diverse".

Terminology and its implications also received some attention from respondents. A detailed submission from the Institute of Phytobiophysics (Ireland) suggested that "complementary medicine" was a more appropriate term (than alternative medicine), "especially as we move towards a greater medical pluralism." This term "depicts therapists as partners to, though different in nature to, modern scientific medicine" The Institute advocated use of the term "energetic or vibrational therapies" (or "vibrational medicine") as all such therapies "attempt to varying degrees to recruit the self-healing capacity of the body"

One reflection on terminology distinguished between the terms "therapy" and "medicine". This respondent suggested the umbrella term "Complementary and Alternative Practitioners" which would encompass two categories of registration: complementary and alternative medicine (CAM) and complementary and alternative therapy (CAT). This distinction would have some practical implications in relation to regulation. For example, acquired rights and "grandparenting" (the recognition of the competences acquired by those who qualified in the past before more developed qualifications became available) would be acceptable in relation to certain therapies but would not be acceptable in relation to complementary and alternative

medicine: “as in any medical practice, a sound and creditable course of study and training is essential.”

One submission noted that the term “Complementary and Alternative Medicine” does not apply to Reiki or to the majority of therapies that come under the CAM banner: “Reiki practitioners do not diagnose or prescribe and nothing is ingested by clients. We do not practise medicine. The word therapy as the title of the sector needs to be included in the legislation.”

This submission continued:
“One of the main concerns arising out of the initial consultation meeting was the need to preserve the holistic ethos or basis of complementary therapies. This is what differentiates the therapies from mainstream health care and what makes them effective and attractive to consumers. It is vital that any system of regulation is designed so that the essence of complementary therapy is not damaged or lost. The involvement of the professional association is an important safeguard in addressing this concern.”

3.3.2 The competency, scope of practice and code of ethics of each therapy and therapist

Issues related to standards and scope of practice received significant attention from respondents. Many respondents referred to one or more of the following issues: acceptable levels of *competence*; clarity about *scope of practice*; and the development of an acceptable *code of ethics* in any given CAM therapy.

In relation to *competence,* respondents advocated standardising practice and education or, as one respondent argued, the importance of setting proper standards and suitable qualifications.

The issue of the *scope of practice* was also mentioned in some responses. Thus one respondent suggested that the definition of the types of treatment offered by each therapy was very important.

A viewpoint commonly expressed was that the professional association had a crucial role to play in setting standards. One respondent argued that each member of a registered association would have to adhere to rules laid down by its governing body.

Issues arise here where there are multiple organisations in the same therapy. Some respondents highlighted the issues of “breakaway organisations” or of new organisations seeking recognition.

One respondent maintained that there was a need “to embrace an open inclusive attitude towards all existing organisations” in a particular field (Bodywork and Movement Modalities) but also suggested that there was a need to define “services, practices, products, job prospects and career structures.” This response continued: “We need to agree and implement standards – without imposing a qualification on people. Perhaps offer a period of time for transition to new standards.”

This is related to the “grandparenting” issue: what sort of recognition is to be offered to practitioners who trained in the past and might not have the qualifications deemed necessary

today? As noted earlier, one submission argued that stricter criteria needed to be applied to complementary and alternative medicine than to complementary and alternative therapy.

One submission suggested that grandparenting should be considered but that "in order for a person to be recognised as a qualified practitioner, an assessment would need to be carried out by a recognised body in that field".

Specific issues on competence were raised by some respondents – for example, an alleged refusal of some practitioners in a specific therapy to upgrade their education in line with international standards.

Respondents tended to be reserved about the involvement of doctors in the assessment of the competence of CAM practitioners. Any medical practitioners involved in the registration process, one respondent suggested, would have to demonstrate that they have a proper understanding of Holistic practices.

A few submissions highlighted differences between different therapies – thus one response maintained that some therapies (such as homeopathy) were more structured and organised than others. The implication here was that such therapies might be ready more quickly for registration than other therapies.

Several respondents also stressed the importance of appropriate *codes of ethics*. Thus one submission stated that therapies needed to agree on common codes of practice and ethics and common disciplinary procedures.

3.3.3 The education of therapists and the accreditation of such education

Education is clearly related to competence since the definition of acceptable competences will have obvious implications for educational requirements: a point recognised by a respondent who called for the standardisation of teaching and practice.

Several respondents advocated the standardisation of educational programmes and academic qualifications and the development of structures for continuing professional development.

Specific issues were also raised under this heading – such as the acceptance of international standards or the recognition of foreign qualifications. Thus one response called for the adoption of WHO recommendations on baseline training for non-medical and medical acupuncturists.

In relation to the recognition of foreign qualifications, one respondent cautioned against introducing requirements in Ireland which would create difficulties for those trained elsewhere. Some British - based therapists, this submission continued, are currently exploring self-regulation in the UK as a means of satisfying statutory requirements there: "we would obviously hope that any complementary therapists registered in the UK or elsewhere in the EU would be eligible to practise in Ireland without necessarily having to undertake additional registration requirements." This argument was made in the context of a shortage of therapists in some areas and of the need, in Ireland, to recruit therapists, both conventional and complementary (the

complementary therapists including music therapists, art therapists, massage and movement therapists).

If Irish standards (in one perspective) risked being too high, might they also risk being too low? An issue could arise where qualifications available abroad were deemed more advanced than those already acquired by Irish practitioners. Thus an Australian respondent referred to the qualification offered in a specific therapy by an Australian-based college. While some Irish practitioners of this therapy were graduates of the Australian college, other Irish practitioners had "refused offers" to upgrade their education to come into line with recognised practice. This submission argued that the therapy in question was eager to maintain everywhere else in the world the same high standards that had been established in Australia and that it also wished to promote consistency among its practitioners so that there is a high degree of public understanding of what exactly is on offer from practitioners of this discipline.

Issues related to the national standardisation of training structures and accreditation processes were highlighted in the submission from the Federation of Irish Complementary Therapy Associations (FICTA). This submission referred to the White Paper on Adult Education which was published in 2000 (Department of Education and Science, 2000). It highlighted one of the White Paper's recommendations – that is, that a National Adult Learning Council be asked to liaise with the Department of Health and Children and with practitioners of complementary and alternative therapies on the feasibility of developing certification and accreditation processes for programmes in complementary therapies.

This submission argued that it was premature of VECs and third level institutions to provide courses in CAM therapies until the national consultation process was complete. It further argued that the Department of Health and Children should initiate dialogue which the National Qualifications Authority of Ireland and the professional associations on training structures, accreditation processes, the evaluation of prior learning and student access to state education funds.

3.3.4 Resources required for a system of registration

Cost and resource issues were noted by several respondents, for example, the resources needed to facilitate registration and those required for educational development and accreditation; and those that professional associations would require if they were to play their part in a registration system.

One respondent raised the issue of whether the costs of regulation would put practitioners out of practice. Many members, this respondent stated, are practising part-time "and a steep increase in professional fees may prove prohibitive". Many members, this comment continued, also practise "multitherapies" and are "concerned at the potential costs of paying several times." A similar point was made by another respondent who stated that costs issues could cause problems, particularly if payment were to be required for the regulation of each therapy: some people might object to paying £IR100 per year for each therapy "as many therapists use 3-4 therapies together."

Another submission maintained that the cost of registration should be borne by the Department for fifty years in the form of grants to each professional organisation. The value of the grant would be related to the number of practitioners of the therapy and to the number of clients using the services of those therapists.

3.3.5 The recognition of therapies by the State services and the funding of such

Some respondents referred to the issue of the recognition of CAM therapies by the State and to the related issue of the funding of the services of CAM practitioners by the State. One stated: "Holistic Health Practitioners would like recognition which would ensure availability to medical card holders and VHI and BUPA cover".

Another suggested that some CAM therapists should be seen as being on a par with a GP or Hospital Consultant – though he added that this would not be true of all practitioners. This would have implications for access to funding – for example, medical card patients might get part of their expenses refunded. There should also be recognition by the State for therapies that reduce pressures for admission to hospital.

A submission from the Acupuncture and Chinese Medicine Organisation (ACMO) stated that "members of the ACMO wish to be recognised as health care professionals by the Department of Health and Children…. We would also like to ask the Department to consider employing acupuncturists in hospitals and clinics thereby making acupuncture available to the wider public."

3.4 Views in favour of, or against, statutory registration for complementary and alternative practitioners.

Respondents were asked whether they were in favour of, or against, statutory registration for complementary and alternative practitioners. The vast majority of those who sent replies or submissions (thirty-five replies or submissions) stated that they favoured statutory registration.

Several respondents expressed positive comments about the Department's current proposals on statutory registration for a group of health and social care professionals. These proposals were seen as a possible model for CAM practitioners as well or at least as constituting a basis for discussion between the Department and such practitioners.

In view of the methodological limitations of this study (outlined in chapter 1), the very positive comments received about statutory registration need to be interpreted with some caution as a reflection of the views of CAM practitioners generally in Ireland.

A few limitations may be highlighted here which have relevance to the analysis of responses to this question. First, the numbers surveyed represent a very small percentage of CAM practitioners in Ireland - though it should be added that the views expressed also represented in some cases the official views of various associations of therapists. Second, it is possible that those who participated in the IPA survey on registration were likely to be more favourable to such registration than the generality of their colleagues; those opposed to such registration may have been less likely to participate. Third, some of those who responded "yes" to this question

seem to have been responding "yes" to more regulation rather than necessarily to a system of registration as such. Thus one submission expressed support for "self-registration and regulation of related therapies according to agreed statutory procedures." It is not clear that this proposal would necessarily amount to professional registration in the traditional sense.

Several respondents stressed that the philosophical differences between CAM therapies and conventional medicine must be reflected in any system of regulation.

Apart from these philosophical issues, respondents mentioned a wide range of issues/conditions/requirements relating to statutory registration and indicated that these requirements/conditions/concerns would have to be addressed if they were to give their full support to registration. Some of these comments are listed in Appendix 5.

Only two respondents stated that they were totally opposed to statutory registration. Nevertheless, their views were carefully thought out and merit a mention here. One of these positions was somewhat nuanced: the respondent in question (a creative arts therapist) did not totally rule out such registration in the long term but argued in effect that much more time was needed for consultation and reflection and that associations needed to develop their own systems/criteria first. The other respondent who replied "no" to this question articulated one of his concerns as follows: "Will practitioners be more limited in their freedom to practise?"

Another respondent from the therapy of massage did not give a clear "yes" or "no" answer. She argued that what she called "statutory self-regulation" was not a realistic option for the majority of CAM therapies in the foreseeable future. Voluntary self-regulation, she maintained, "when set up and administered well, can provide patients with real safeguards." However, she added: "It may be appropriate to consider statutory self-regulation for those professionals whose practice might put the patient at risk of harm from inadequately trained practitioners." She added that professions like acupuncture, homeopathy, osteopathy and chiropractic should be given priority in this context.

Six other responses were either unsure, did not comment directly on the issue, gave a very conditional "yes" to this question or argued against statutory registration in effect without spelling out this position.

One of these six submissions, from the Shiatsu Society, stated that within the society, members needed more time to discuss the implications of statutory registration: "There is no consensus as yet for the way forward". This submission called for more information days to be organised by the Department and asked whether a good system of voluntary self-regulation might be sufficient for Shiatsu "which is not an internal medicine."

A response from the Irish Reflexologists' Institute gave a conditional "yes" to the question of statutory registration: "Our primary concern is that we should not be compared to mainstream medicine. A way has to be found to categorise what we do, which does not exclude the many gifted healers who have no training whatsoever".

A response from the Irish Association of Holistic Medicine proposed a US model for Ireland. According to this submission, "the State of Minnesota in 2001 adopted a Freedom of Access to Healthcare Act which allows the unregistered but regulated practice of an open-ended list of complementary /holistic/alternative medicine (CAM) and provides for a state office of unregistered practitioners with the function of monitoring complaints."

This example of regulation of practitioners does not amount to statutory registration in the sense in which it is being discussed in this document but undoubtedly constitutes an interesting model of regulation. As the submission noted: "Minnesota's Freedom of Access act is not a licensing act. Its purpose is: 'To protect the freedom of the individual to choose and receive the healing treatment that the individual desires and deems to correspond with his/her own view of health and disease, and which the individual deems to be effective in securing his/her own wellness; and to encourage and promote the practice of all healing methods; and to protect the right of health practitioners to practise complementary and alternative health care".

3.5 The organisation of registration/regulation

Forty-four replies/submissions were received, many with detailed suggestions on the possible organisation of registration so any summary of those suggestions will necessarily be somewhat selective.

Several respondents referred positively to the proposals of the Department of Health and Children (2000) for *a statutory system of registration for health and social care professionals* (such as physiotherapists) As noted in chapter 2, the elements proposed by the Department included a Registration Board for each individual profession and a Registration Council for the system overall.

Although these proposals refer specifically to a defined group of health and social care professionals, respondents who discussed them generally considered that they also provide a useful basis for discussion about regulation of CAM practitioners.

In relation to the *role and method of operation of the regulatory body,* one submission suggested that it should identify what therapies and how many therapies existed in Ireland and establish a "bona fide" list of therapies with a "licence to operate" certificate being provided for selected therapies which had achieved the required regulatory standards.

Some respondents highlighted the importance of *the election of practitioners* (usually representing a specific Professional Association) to any proposed Registration Council.

One point on which there was some difference of opinion related to the *process of registration as such*: should professional associations or individual practitioners or both register with the Regulatory Council?

One detailed submission suggested that each professional body should register with the Regulatory Council and that each individual should also register, indicating the percentage of his or her time allocated to each therapy for which he or she was registering as a practitioner. Each

professional association, regardless of the number of its members, should have just one vote in elections to the Regulatory Council; this was to prevent domination of the regulatory process by therapies with large numbers of practitioners.

Another submission argued, however, that practitioners should register with their professional association and that the association should affiliate to the Registration Council and oversee its individual members.

Another suggestion was that all practitioners be required to register first with the association representing the therapy and pay a fee to that association. However, if individual practitioners were registering directly with the Registration Council, they should be required to have the recommendation of their professional body.

There were some common threads in comment on specific organisational issues. Thus a number of respondents argued that there should be *a single registration fee* for each therapist – even where the individual practitioner was practising many therapies.

Another recurring issue was that of how to deal with the question of *multiple organisations in a specific therapy*. Several respondents suggested that where there were several professional associations, they should merge for the purposes of registration.

A theme highlighted frequently was *the vital role of professional associations/individual therapies* in setting standards for their own practitioners and developing a code of ethics. The professional association was seen to have a vital role in the registration process in general; respondents also referred to the importance of professional associations being represented on any Registration Council.

A submission from Bio-Testing and Therapy International stated: "We think it is a good thing to have some sort of central regulatory body but we feel that each different therapy should be responsible for the regulation of its own therapy within suggested central guidelines."

Respondents were not asked specifically whether all therapies should be treated in a similar manner; but most appeared to assume that no distinctions should be made between therapies either on the basis of numbers of practitioners or on the basis of the state of development of the therapy.

Thus one comment from a spinology practitioner argued that each CAM representative should be allowed to participate on an equal basis in the Registration Council. However, this respondent disagreed with the suggestion that each discipline should pay the same collective registration fee to the regulatory council – "this would actively discriminate against disciplines such as our own which has fewer members".

If most submissions seemed to work on the assumption of equality between therapies, a few suggested that the regulatory process should distinguish between more developed and less developed therapies. Thus one reply indicated that the regulatory process should work through

those bodies of therapies that are already united in their professionalism – the implication appearing to be that not all therapies were equally professional.

One questionnaire reply referred to the threefold British classification of therapies in the 2000 House of Lords report mentioned in chapter 2 (House of Lords, 2000) and suggested that this "House of Lords" model would be a useful one to follow. This submission raised the question: "Some professions are more structured and organised than others. Will these professions have the possibility for regulation before others?" This submission argued that homeopathy, osteopathy, acupuncture, herbal medicine and chiropractic are "a primary care system of medicine". It added that this might cause problems for some CAM practitioners "who consider that that all of the therapies are equal". Another submission from a homeopathy practitioner also commended the House of Lords report as a model.

A creative arts/music therapist argued that the creative arts therapies (music, arts, drama and dance movement) belong more with the physiotherapies and clinical psychology than with CAM therapies.

Another submission, from the Institute of Clinical Hypnotherapy and Psychotherapy, argued that "there is a case for separating therapies that incorporate extensive training and exams from the spiritual therapies that are non-academic and involve a gift rather than training."

A few submissions expressed some uncertainty about the best way forward and suggested that more time was needed for discussion. One stated: "Within the Shiatsu Society members want more time to discuss the implications of SSR {statutory registration}. There is no consensus as yet for the way forward. Other information days organised by the DOH are needed at which more of our members can attend… Before SSR can be achieved it is necessary to have a strong system of voluntary self-regulation including CPD {continuous professional development.}"

As noted earlier, only two submissions were definitely opposed to statutory registration. One respondent from the therapy of naturopathy stated that regulation should be solely by the associations: "In fact we do not regulate much as CAM practitioners are not a threat to the public". A Music Therapist, who was critical of a perceived lack of communication from the Department about the consultation process on regulation, stated: "I am not totally against statutory registration. I'm just not sure to date where the real energy for bringing it about comes from. It seems organisations have to do a lot of extra work for the "imposition" of a system they didn't ask for - and will cost us members a lot of time, energy and money…In the short term, existing Associations/national organisations should be allowed the leeway to formulate and present their own systems /criteria for the Department of Health and the health boards".

In some cases, it was not clear that the implications of certain recommendations had been fully worked through. Thus one submission stated that "we favour self-regulation for Yoga because we consider that any other regulatory format could result in over-regulation and academic constraints which would be detrimental to the spiritual aspect" However, this submission also indicated support for a system of statutory registration and specifically for the current Department proposals for Health and Social Professionals. It was not entirely clear how those two positions could be reconciled.

3.6 Comments on the views expressed at the IPA Forum in June 2001

There was a general consensus that the Forum at the IPA represented a significant beginning in the process of consultation, even if more work now needed to be done and more clarification and more discussion were required. One respondent maintained that while fears were natural, it was now appropriate to put regulation in place.

A comment from the Irish Reflexologists' Institute (based on discussion at their AGM) stated: " We support the general consensus agreed amongst those who attended, on the concerns and issues raised on that day. Our primary concern is that we should not be compared to mainstream medicine."

A respondent from the Irish School of Homeopathy described the Forum as "an extremely useful first step": "Though the views were varied, the general consensus was that it is time for regulation of the various therapies."

A respondent from the therapy of Rebirthing Psychotherapy stated that the Forum was well organised and that a great deal of ground was covered. She summarised her impressions of the Forum as follows: "My impression of the views expressed at the Forum is that there is support for statutory registration/regulation, but concern about what that *actually* means in practice." She also referred to a willingness to enter in good faith into the consultation process, to an acknowledgement by participants of the advantages of regulation for CAM practitioners and to a deep concern "that regulation/registration would lead to our therapies being so structured … as to cease to be alternative".

In responding to the views expressed at the Forum, one respondent stated: "We feel that regulation should not restrict the growth of CAM but allow each Association/Therapy to expand".

Some of the comments on the Forum related to the *future consultation process*. A respondent from the Acupuncture Foundation commented: "As an organisation we welcome this initiative. We hope the momentum will be kept up". A submission from the therapy of Aura-Soma Colour stated: "The attendance at the Forum represented only a tiny fraction of alternative practitioners or their organisations in Ireland. Therefore any future forum should include an *expert* speaker on the platform who can adequately articulate views on the Holistic model" and who would have had time to prepare his or her presentation.

Criticism was expressed by a homeopathy practitioner who stated: " I am disappointed that it has taken so long to set up a follow-up. I understood that the next Forum would be in September." A respondent from Bio-Testing and Therapy International stated that its members were not aware of the June Forum.

A submission from FICTA stated: "It is essential to the successful development of a suitable regulatory system that the issues raised at and subsequent to the introduction of the Discussion

Document {a reference to the Department's regulatory proposals for various health professions} on June 20 in Dublin be discussed in full with the professions involved".

3.7 Conclusion

The views of respondents were summarised in 3.2. They reflect a very positive attitude towards regulation in general and towards the consultation process. Many respondents saw the June Forum as a useful and constructive beginning but considered that much more consultation and discussion would be required if progress were to be made on regulation.

CHAPTER 4: DISCUSSION CHAPTER

4.1 Introduction

This chapter will discuss some of the implications of the findings of earlier chapters for the regulation of practitioners of CAM therapies in Ireland. It will also offer some recommendations in relation to possible ways forward.

The discussion which follows is written in the context of key issues/elements relating to any registration scheme (as outlined in the 2001 Strategy and set out in chapter 2) - for example, the protection of the public, the evidence base for each therapy and the educational qualifications, training and experience of therapists.

It is important at the outset to recall the important distinction between regulation in general and statutory registration in particular. Statutory registration is not the only possible form of regulation. Thus a voluntary self-regulated system that enjoys Government support is also a significant regulatory option. An examination of international experience suggests indeed (see chapter 2) that it may be the more effective regulatory option for many therapies at the present time. The literature also suggests that statutory regulation must build on excellent self-regulation (see par. 4.2 below).

As noted in chapter 3, the views of respondents on regulation in general and statutory registration in particular must be interpreted with caution. The practitioners who participated in this study represent a small percentage of CAM practitioners in Ireland - though the views expressed represent in some cases the official views of various associations of therapists and thus, by definition, a bigger number of therapists. Those who participated in the IPA survey on registration may have been more favourable to such registration than the generality of their colleagues; those opposed to such registration may have been less likely to participate. Some of those who declared themselves in favour of statutory registration (in response to a specific question on this topic) may have been responding "yes" to more regulation rather than necessarily to a system of registration as such. This point is illustrated by one response favourable to statutory registration which also expressed support for "self-registration and regulation of related therapies according to agreed statutory procedures." It is not clear that this proposal would necessarily amount to statutory registration in the usual sense.

These qualifications having been noted, it is important to summarize briefly the views of those who participated in this study. Respondents were asked specifically in the survey for their views on the statutory registration option that had been discussed at the IPA Forum in June 2001. Most respondents were favourable to such registration but they also articulated some concerns in relation to it and argued that much work would need to be done if progress were to be made towards the establishment of a registration system in Ireland. Respondents also had a very positive attitude towards regulation in general – thus many respondents endorsed the concept of the rapid development of self-regulation by the appropriate professional body.

4.2 General lessons from international experience

Chapter 2 set out some recent developments in regulation in other countries. One general lesson of international experience is that other countries are moving forward cautiously in relation to the regulation of CAM practitioners. It would not seem appropriate therefore, on the basis of experience elsewhere, to recommend the early introduction of an ambitious statutory regulation system for most or all CAM practitioners in Ireland.

On the other hand, there is a growing international interest, including EU-wide interest, in the regulation of CAM practitioners so the issue of regulation will require considerable attention in Ireland in the years ahead. Clearly, too, any developments in Ireland will have to be in harmony with EU-wide developments.

One specific lesson of international experience is *the importance of the consultation process* in each country. Reference was made in chapter 2 to the establishment of various committees or commissions to examine the CAM area - for example, the House of Lords Select Committee in Britain, the White House Commission in the US and the Nicolas report in France on osteopathy and chiropractic.

This report recommends that the consultation process in Ireland be continued and developed. Decisions on how that process should be organised are ultimately a matter for the Minister for Health and Children. This report recommends, however, that a National Working Group (see par. 4.3 ff) be set up, as part of the consultation process, to examine and consider regulatory issues in Ireland and to communicate its findings and recommendations to the Minister.

Another important lesson from an examination of the international literature is the importance of *the development of self-regulation* among CAM therapies. Writing in the British context, for example, Pantall (2001) has argued that statutory regulation must build on excellent self-regulation. This report recommends *the rapid development of self-regulation in Ireland* as a first step in the regulatory process. Before any system of statutory regulation is established, individual therapies must develop their own statistics, educational programmes, codes of ethics, research programmes and competency standards. Some clearly have already made significant progress in these areas. The proposed National Working Group (see par. 4.3) should assist and support individual therapies in this process.

4.3 National Working Group

The Minister has made public his commitment to the development of a regulation system for CAM practitioners. The practitioners themselves, both at the Forum in June and in their submission/replies to questionnaires, expressed a very positive attitude towards regulation – and this positive perspective will be a very important asset in the development of regulation.

There is evidently a strong desire in the Department of Health and Children and in the CAM community that progress should be made towards regulation. One way to ensure such progress might be to establish a representative National Working Group to advise the Minister on the regulation of CAM practitioners. Any such Working Group should be as broad-based as possible

- it should be representative of the CAM practitioners themselves and should represent the views of other interested parties - for example, representatives of the medical and nursing professions.

One of the first tasks of the Working Group would be to establish, in cooperation with the professional associations, some key baseline statistics on CAM therapies in Ireland and on the education being provided for practitioners. (See pars. 4.4 to 4.6)

4.4 Statistics on CAM therapies and practitioners

As noted in chapter 1, the Minister for Health and Children told the Dáil in 2000 that CAM practitioners are not employed in the public health system and that the Department does not therefore collect statistics on the numbers practising CAM therapies or maintain information on bodies which represent or regulate them.

This report recommends that statistics be gathered on complementary therapies in Ireland which would:

- define the different therapies
- define their scope of practice
- set out the numbers practising in each therapy
- list their representative/regulatory bodies and the numbers of practitioners represented by each body.

The representative bodies/professional associations would clearly have a key role in the gathering of this data but might receive support from the Department of Health and Children in doing so. This process should be overseen by the proposed National Working Group.

4.5 Protection of the Public and Promotion of a Quality Service

As noted in chapter 2, the international literature identifies the protection of the public as one of the key objectives of any system of regulation of CAM practitioners with the dissemination of accurate information to the public being a crucial part of the process. This objective is also highlighted in the 2001 Health Strategy (Department of Health and Children, 2001). Key elements of any system focusing on the protection of the public include a focus on quality by practitioners and the dissemination of reliable, up-to-date information to the public. The information outlined in 4.4 should therefore be made available to the public in Ireland.

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Chapter 2 reported on a quality emphasis in the Netherlands, where progress on quality has been made by representative organisations. Thus 82 per cent of CAM organisations in the Netherlands had a register of qualified members in 2000 - as opposed to only 63 per cent in 1996.

Where data of this type do not exist in Ireland, such data might usefully be gathered here by the appropriate individual therapies/professional associations. Such data would clearly contribute to the development of quality assurance processes in Ireland and should be made publicly available.

If protection of the public is a key objective, then *the risk to the public* is one of the key criteria influencing how a particular therapy should be regulated. As noted in chapter 2, the House of

Lords report in Britain (2000) argued that "a significant risk to the public from its practice" was one of the necessary criteria for registration of a therapy and that acupuncture and herbal medicine (for example) would both satisfy this criterion. On the other hand, where there is no risk or a limited risk to the public, the case for registration is less strong on "protection of the public" grounds.

4.6 The Education and Continuous Professional Development of Practitioners

The education and continuous professional development (CPD) of CAM practitioners are crucial aspects of any regulatory process. This report recommends that information be gathered by the proposed National Working Group on the *educational programmes* being provided in various educational institutions for CAM practitioners and that the Working Group commission an assessment of such programmes. This could be carried out by a body such as the National Qualifications Authority.

Chapter 2 referred to the Department's current proposals (Department of Health and Children, 2000) for health and social care professionals, which envisage that under statutory registration, competence-based CPD would be a compulsory element and that the Department would be prepared, in principle, to support financially an agreed CPD system.

It is recommended here that the proposed National Working Group seek to develop an agreed approach to CPD with the bodies representing individual therapies. A CPD system would be part of voluntary self-regulation in the first instance but should be considered for financial support from the Department if regulation were placed on a statutory basis in due course.

4.7 Participation in Scheme for Health and Social Care Professionals

Considerable work has been done in Ireland in the last few years on the development of a proposal for statutory registration of health and social care professionals. It is expected that there will be a provision in the proposed legislation in this area under which the Minister may, by order, add new professions to the statutory registration system. Once this scheme has been established, it may be possible to offer the opportunity to join this registration process to a limited number of CAM therapies that have achieved a high level of professional self-development and consider themselves to be in a position to meet the requirements of the legislation.

The National Working Group should assist the proposed Health and Social Care Professionals Council in developing, for the benefit of CAM therapies that may wish to apply for registration, guidelines on the criteria governing such applications and on the requirements that they would have to meet.

Earlier discussion (pars. 2.11 and 4.5) has pointed to the importance of "risk to the public/protection of the public" arguments. "Risk to the public" might therefore be one of the key criteria influencing whether or not a specific therapy should be registered under this process.

Once the appropriate legislation for the registration of health and social care professionals is in place, it will become clearer how this process might work in practice for the benefit of certain CAM practitioners.

4.8 Development of Research

One lesson of international experience is that there is a great interest in other countries and also throughout the EU in research on the efficacy/outcomes of CAM therapies and on the evidence base for each therapy.

Such research should also be carried out in Ireland and should involve consultation between the Department, the Health Research Board, the proposed National Working Group and the individual therapies/representative bodies. Detailed proposals for research programmes should be developed following such consultation.

The results of such research should be widely disseminated to CAM practitioners and to the general public.

4.9 Summary of Recommendations

The following is a summary of the recommendations in this chapter:

- The consultation process in Ireland should be continued and developed. While decisions on how that process should be organised are ultimately a matter for the Minister for Health and Children, this report recommends that a National Working Group be set up, as part of the consultation process, to examine and consider regulatory issues in Ireland and to communicate its findings and recommendations to the Minister. (4.2)
- In line with trends and developments in other countries, self-regulation (a process in which individual therapies develop their own statistics, educational programmes, codes of ethics, research programmes and competency standards) should be developed rapidly as a first step in the regulation process. The proposed National Working Group should assist and support individual therapies in this process. (4.2)
- The National Working Group should be broad-based and should advise the Minister on the way forward in relation to regulation and coordinate the gathering of key statistics on CAM therapies in Ireland and on the education of CAM practitioners (4.3, 4.4 and 4.6)
- Statistics should be gathered on complementary therapies in Ireland. Such statistics/information should define the different therapies and their scope of practice and include the numbers practising such therapies and information on their representative/regulatory bodies (4.4)
- Individual therapies/representative organisations should be encouraged to establish registers of qualified members where such registers do not exist already. Such information and the data outlined in 4.4 should also be made available to the public in Ireland. (4.5)
- The National Working Group should, in cooperation with the individual therapies, gather information on the educational programmes being provided in various educational

institutions for CAM practitioners; this information should incorporate an assessment of such programmes by a body such as the National Qualifications Authority. (4.6)

- The National Working Group should seek to develop an agreed approach to CPD with the bodies representing the individual therapies. A CPD system would be part of voluntary self-regulation in the first instance but should be considered for financial support from the Department if regulation were placed on a statutory basis in due course. (4.6)
- A limited number of CAM therapies (that have achieved a high level of professional self-development) might be afforded the opportunity, once the system has been established, to apply to join the registration process currently being undertaken with a group of health and social care professionals. The proposed National Working Group should assist the proposed Health and Social Care Professionals Council in developing, for the benefit of CAM therapies that are considering applying for registration, some guidelines on the criteria governing such applications and on the requirements that they would have to meet. (4.7)
- Research should be carried out in Ireland on the efficacy/outcomes of CAM therapies and on the evidence base for each therapy. Detailed proposals for research programmes should be developed following consultation between the Department, the National Working Group, the Health Research Board and the individual therapies/representative bodies. The results of such research should be widely disseminated to CAM practitioners and to the general public. (4.8)

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Appendix 1

FORUM ON THE REGULATION OF COMPLEMENTARY AND ALTERNATIVE PRACTITIONERS, INSTITUTE OF PUBLIC ADMINISTRATION, 20 JUNE 2001

Afternoon session
In the afternoon, participants were divided into groups to discuss the following issues:

- From what you know about registration, what positive reactions do you have in relation to it?
- What are your concerns about it?

Participants reported back in groups with the comments which are set out below.

GROUP 1:

Positive Reactions
If it's a neutral framework, (and we have some doubts about that), it will be positive – provided that control remains largely within the individual profession.

Concerns
Regulation is positive but we shouldn't forget where we come from. There is a large deficit in the existing health care system, which is highly regulated. Perhaps we should learn from the problems of that regulation.
A framework regulating the scope of practice is "neutral" but it should not over-regulate the scope of practice across professions.
Any regulatory body should be controlled by the profession.

GROUP 2:

Positive reactions
The granting of the protection of title and the definition of the scope of practice would be positive.
Regulation would facilitate the development of a good system of training and would uphold good standards of training.
It would help us to know each other's therapy better and increase mutual respect across groups.
The marriage of scientific and empirical principles would be positive.
Our therapies are valid systems in the health services and regulation would reinforce the validity of individual therapies.
The public would benefit - regulation would increase public confidence and accountability.
It would provide protection for the practitioner and there would be less of an administrative burden for the individual profession.
Regulation would allow practitioners to leave some "baggage" behind – there would be a new agenda for all.

It should help practitioners to get proper compensation from BUPA and the VHI and also facilitate funding through the GMS scheme.

Concerns
Would there be limitation of the scope of existing practitioner?
Cost concerns – how much will registration cost?
If the cost proved too high, would some people go underground?
Accreditation of schools and colleges: Who would do this? Would it be independent, transparent? What would be the appeals process?
It's important that we are not shoehorned into a medical model.
Would the disciplinary panel be able to understand the *modus operandi* of practitioners?
Forums such as today's should not be dominated by the agenda of any particular group.

GROUP 3:

Positive reactions
It's important that there be a reasonable representation of the various therapies on the regulatory body.
Regulation would lead to more respect for complementary therapies.
It would bring order to our field and a better legal standing
It would help the process of developing a recognised standard for CAM therapies.

Concerns
The method of registration should not be based on any medical model.
Would there be over-control of the psycho-spiritual aspects of therapy?
Specific therapies should not get preference over others.

GROUP 4:

Positive reactions
Regulation would help in the setting of standards.
It would allow for flexibility.
Regulation would be owned by the profession.
There should be a focus on legislation rather than on over-regulation.
The protection of titles is very important.
The regulation proposal recognises that we had intended to regulate ourselves.

Concerns
Would existing professional bodies have a primary role?
Where would the initial membership of the Registration Board come from?
How will you benchmark who can and can't practise?
What will determine what constitutes a "rogue" practitioner?
The "grandparenting" issue –people in practice for a long time but without appropriate qualifications. Could talented people without appropriate qualifications be excluded?

Is the timescale for introducing registration very open-ended?
Would multi-disciplinary practitioners have to pay fees to more than one register?

GROUP 5:

Positive reactions
Statutory regulation would be good for our image.
It would provide a database of practitioners.
It would provide guidance on training – for example, curriculum guidelines.
It would provide a framework for insurance cover – that is, group cover.
It would allow therapies to cooperate more closely.
It would formalise therapies and increase their credibility.

Concerns
What would happen in relation to representation if associations were to split?
Who will decide what is a valid outcome of a treatment?
Who will assess therapies?
There was poor notification for this meeting.
There is no representation today of the creative arts therapies.
Regulation should not close the door on future developments in each therapy.
Words and terminology are open to debate: perhaps holistic health and wellness are more appropriate words than complementary medicine?
Is practitioner a better word than therapist?
What constitutes a professional association?
Who will decide how people can upgrade themselves in order to attain registration?
How would we upgrade spiritual healing?

GROUP 6:

Positive reactions
Regulation would enhance public accountability.
It would improve recognition by other health professions and peer groups.
It would eliminate "personalities" in the CAM therapies.
It would facilitate the transfer of skills within these therapies.
It would highlight the importance of continuing education.
It must be member-driven.
Could database/information on today's participants be circulated?

Concerns
Homeopathy: how will the tools of the trade be regulated? What will be the role of the Medicines Board?
Who will define the individual practitioner? Will this be done by the profession or by the Department of Health and Children?
The eclectic practitioner –what happens if there's a problem with such a practitioner? How would that be regulated?

Will the same rules apply to doctors who practise acupuncture as to CAM therapists? May a doctor who has done a weekend course call himself or herself an acupuncturist?
Appropriate vocabulary is important.
How will accreditation work? Will the Department of Education be involved in standards?
Who will determine what qualifications are acceptable?
Could private schools have access to state libraries?
If the EU were to bring in its own rules, would this separate Irish process of registration be a waste of time?

GROUP 7:

Positive reactions
Regulation would bring protection for public and practitioners and would facilitate continuing education for practitioners.
It would facilitate health education for the public.
It would bring a higher status for practitioners.
It would be a first step to making CAM therapies available to GMS patients.

Concerns
There is some fear of the unknown, apprehension.
Would this be a very intrusive process?
Might the process dilute the potential of a therapy for clients?
Will there be protection for homeopathic remedies while regulation take place?
Should therapists be affiliated to an association before they register?
Research should not be based on the medical model but should be carried out by research specialists in a particular therapy.
Quality of life is hard to measure.

GROUP 8:

Positive Reactions
We welcome the opportunity to regulate "from the inside out".
This would be a good framework for moving forward.
13 bodies have agreed a structure to date and we can benefit from that.

Concerns
An inappropriate medical and academic model would be established as a framework for CAM therapists.
Who will decide the admission requirements for registration?
We have a problem with the concept of "market leaders" – each therapy should be considered equally.
In relation to evidence for efficacy, how would that evidence be provided and who would provide it?
What would be the influence of the Department?
Will assistance be fostered to professional associations in order to meet registration requirements?

We have concerns about training through VEC courses.
Protection of the practitioner is equally important as protection of the public.
Will everything become over-academic as in Europe?

GROUP 9:

Positive reactions
Regulation is necessary for the development of CAM therapies.
It would give support to practitioners and recognition of the CAM professions.
It would ensure that there is no place for rogues.
The public would become more open to CAM practitioners.
We would no longer be outsiders in the system.
There would be tax recognition from the Government and GMS access.
It would lead to better health for the public in general and to positive referrals from the medical profession.

Concerns
What would be the reaction of vested interests: doctors, pharmaceutical companies, the Irish Medicines Board?
Would the involvement of the State in our organizations damage the ability of our professional groups to run our own affairs?
We shouldn't adopt the French or Italian model of regulation – we need an Irish model suitable for Irish conditions.
If therapists can register directly, would that fragment associations?
Who will control individuals who have registered?
What happens if there is a dispute between the professional body and the proposed registration board?
Could there be splits on these issues?
Group insurance: if people can register directly, how will insurance work?
Would there be too much emphasis on academic issues? CAM is not academic. People can be excellent therapists but not good at passing exams.
What would be the situation be of people who are not members of a professional association yet practise with friends etc?
Accredited training – if there are academic courses from outside the State, how will these be controlled/ monitored?
How will training schools here be monitored?
The "Grandparenting" issue – also referred to by Group 4 – was mentioned.

GROUP 10:

Positive reactions
If it works, it would protect professions and the public.
It would protect individuals from legal attack.
It would be nice to make progress early and to influence EU policy.
It would allow the treatment of GMS patients and would lift the status of individual professionals.

There was also a strongly expressed individual view in this group that: We don't yet know enough about the proposed registration process.
We would be embarking on a process without knowing why or why at this time or in this way.
Once a law is introduced, it is impossible to change it.
This process represents the triumph of hope over experience**.**

Concerns
There is some apprehension about this.
Why not let Europe sort it out first?
Common law gives us freedom but the move to a legal structure set in stone will limit us.
We don't have enough information.
Orthodox medical science has a rigid materialistic standpoint while CAM is vital, growing and dynamic. Its evolutionary tendency could be stifled by regulation.

ADDITIONAL COMMENTS

There were some additional comments in general discussion which are set out below:

There is a huge difference between the empiricist approach in the West and the holistic approach in East.
Up to now, very few people have needed protection from us.
Change is necessary to meet the needs of modern health care.
The term CAM is inappropriate – it implies that conventional medicine is traditional but that we are not. In fact, CAM therapies are very ancient and stand up in their own right.
What we do here will influence generations afterwards – regulation will lead to fragmentation and specialization.
We have a concern with the whole person.
We are holistic healers – we need to heal ourselves.
If we don't respect ourselves as healers, we will not change society where there is a lot of conflict, problems.
Should there be a re-think - do we need to take steps on our own first?
Hierarchical structures are not appropriate.
Who will control this?
When I meet another person wanting help, I give help and don't worry about his or her insurance status. Could this change with regulation?
Will groups which have been self-regulated for years be held back under statutory regulation?
We don't have a health care system, we have a sick care system.
Why did the Department consult only with a small number of Associations? (This was unlike the British experience).
The shape of proposals has been set out without proper consultation with us.
Why will there only be one title per profession?
Why is the scope of practice limited?
Is it possible that the views and aspirations of existing health care professions are too closely reflected in these proposals?

Appendix 2

QUESTIONNAIRE TO CAM RESPONDENTS AND ACCOMPANYING LETTER

To: Participants at the Forum on the Regulation of Complementary and Alternative Practitioners, 20 June 2001
From: Tim O'Sullivan, Institute of Public Administration
Re Follow-up to Forum
Date: 20 July 2001

I refer to the Forum on the Regulation of Complementary and Alternative Practitioners, which the IPA facilitated in June on behalf of the Department of Health and Children. As promised, I now enclose a brief account of the discussion on that day.

As indicated by the Department staff on the day of the Forum, a consultation period is planned. As part of this, the IPA has been asked by the Department to prepare a report looking at possible paths and options in the regulation of complementary and alternative medicine (CAM) therapies in Ireland. This report is to be submitted by the end of the year.

A key part of this process is ascertaining the views of CAM practitioners in Ireland. With this in mind I would like to get your view on some specific areas. These are:

- What do you see as the issues involved in preparing for a system of statutory registration for the complementary and alternative therapies?
- Are you in favour of, or against, statutory registration for complementary and alternative practitioners?
- *If you favour statutory registration for complementary and alternative practitioners,* how, in your view, should such registration be organised in Ireland?
- *If you do not favour statutory registration for complementary and alternative practitioners*, how, in your view should regulation for such practitioners be organised in Ireland?
- Do you have any comment on the views expressed (at the Forum in June) on statutory registration?

Could you send your comments to me at the Institute of Public Administration, 57-61 Lansdowne Road, Dublin 4 (or email them to me at tosullivan@ipa.ie) by 7 September 2001? If you know of any practitioner who did not attend the forum in June but would be interested in submitting comments, could you pass on this material to that person? I look forward to hearing from you.

QUESTIONS FOR CONSIDERATION

- What do you see as the issues involved in preparing for a system of statutory registration for the complementary and alternative therapies?

- Are you in favour of, or against, statutory registration for complementary and alternative practitioners?

- If you favour statutory registration for complementary and alternative practitioners, how, in your view, should such registration be organised in Ireland?

- If you do not favour statutory registration for complementary and alternative practitioners, how, in your view should regulation for such practitioners be organised in Ireland?

- Do you have any comment on the views expressed (at the Forum in June) on statutory registration?

Appendix 3

LIST OF THOSE WHO RETURNED QUESTIONNAIRES/ MADE SUBMISSIONS

Note: Some entries may be incorrectly spelt where names were written by hand.

Active Health
Acupuncture and Chinese Medicine Organisation
Aura-Soma Colour (Grainne Daly)
Elizabeth Brunton, Institute of Technology, Tralee
Hannah Chew, Secretary, Irish School of Homeopathy
Maureen Connolly, (Reflexology, Reiki, Seaweed Therapy)
Jan Cosgrove, Music Therapist
Dr Patrick Crowley, General Practitioner
Denise Curtis, (Bodywork and Movement Therapy)
Federation of Irish Complementary Therapy Associations (FICTA)
Martin Forde, President Irish Association of Holistic Medicine
John Garvey, Scenar Practitioners Society of Ireland/Shiatsu Society of Ireland
Denis Gleeson, Irish Association of Physical Therapists
Anne Hayes, Massage
Mary Hegarty and Anne Cronin, Association of Irish Reflexologists
Sr. Rachel Hoey ACT, President, Bio-Testing and Therapy International
Geraldine Hunter, Kinesiology
Institute of Clinical Hypnotherapy and Psychotherapy
Irish and International Aromatherapy Association
Irish Association of Bio-Energy Practitioners (several members)
Irish Massage Therapists Association (member)
Josephine Lynch, Shiatsu Society of Ireland
Henk Meijnhardt, Association of Naturopathic Practitioners
Paddy Mooney, Manual Lymphatic Drainage
Lucy Mullee, Rebirthing Psychotherapy
Dr Brian Munday, Institute of Phytobiophysics (Ireland)
Gerry Murphy, Irish School of Homeopathy
Helen McCormack, Medical Herbalist
Jean McDonald, Irish Yoga Association
Lua McIlraith, Irish Reflexology Institute
Brigid McLoughlin Butler (Spinology)
Maureen Nightingale, Chairperson, Yoga Therapy Ireland
Aileen O'Connor, Reflexology
Derek O'Kelly, Massage
Roisin O'Kelly (Reflexology, Holistic, Dietitian)
John O'Sullivan, Institute of Physical Therapy
Professional Register of the Kinesiology College of Ireland
Rebirthing Psychotherapy Association

Reiki Association of Ireland
Seamus Thompson, CEO, Irish Wheelchair Association (Tui-na and Acupuncture)
Anthony Tremain, International College of Spinology, Australia
Patricia Wallace on Behalf of Bio-Energy Therapists Association
Bernadette Ward, Acupuncture Foundation
Yoga Society of Ireland

Appendix 4

PARTICIPANTS IN IPA FORUM ON JUNE 20 2001

Note: Some entries may be incorrectly spelt where names were written by hand.
One entry could not be read.

Fidelma Arthur, Irish Branch International Society of Aromatherapists (ISPA)
Judith Ashton, Irish Massage Therapists Association
Helen Begodan, Master Herbalists Association of Ireland
Dr Hussain Bhatti, President, Association of Naturopaths
Carol Boate, Competition Authority
Ide Bonnar, Kinesiology Institute
J. Bourke-Walsh, Vortex Healing
Therese Brophy, Metamorphosis
Valerie Byrne, Metamorphosis
Rita Canavan, Kinesiology Association of Ireland
Roisin Carroll, Irish Association Colour Therapy, Reflexologists Institute
Patricia Cassidy, ITEV
Hannah Chew, Irish Society of Homeopathy
Sean Collins, Irish Institute of Counselling and Hypnotherapy
Seamus Connolly, Shiatsu Society of Ireland
Margaret Connolly, FICTA
Bob Conway, MPSI
Patricia Cooke, Shiatsu Society of Ireland
Kieran Corcoran, Northern Institute of Massage
Alanna Corrai, Harmonic Healing, Ikebana Spirit-Mind-Body Centre
Jan Cosgrove, Irish Association of Creative Arts Therapists
Martina Coyne, Guild of Complementary Practitioners – Inniu School of Healing Anne Cronin, Association of Irish Reflexologists
Anna Curtis, Irish Massage Therapists Association
Denise Curtis, National Training Centre
Brenda Doherty, Rebirthing Association of Ireland
Breda Dooley, Irish Medicines Board
Catherine Dowling, Federation of Irish Complementary Therapy Associations (FICTA)
Marie Doyle, Irish Society of Homeopathy
Rhoda Draper, Irish Institute of Counselling and Hypnotherapy
Noreen Farrell, Irish Association of Holistic Medicine
Yvonne Fitzgerald, Annwn Institute
Martin Forde, Irish Association of Holistic Medicine
Jane Foulston ITEV (massage, aromatherapy, reflexology)
Margaret Frank, Irish Association of Holistic Medicine
Liam Fretnell, Carlingford Co Louth
John Garvey, Scenar Practitioners Society of Ireland
Thomas Griffin, Plexus Bio-Energy Therapy
Mark Goulding, Acupuncture and Chinese Medicine Organisation

Mary Grant, NCVA/FETAC
Bridget Guinevan, Fianna Fail National Executive
Mary Hegarty, Association of Irish Reflexologists
Mary Helen Hensley, Irish Chiropractic Association
Bridie Hughes, Irish Branch ISPA
Tony Hunter, Kinesiology College of Ireland
Elma Irland, Yoga Therapy Ireland
Irish Association of Holistic Medicine (representative)
Avril Ivory, Director of Studies, College of Naturopathic Studies
Donal Jennings, Irish Association of Bio-Energy Practitioners
Tracey Jones, Irish World Music Centre
Seamus Keane, The Rolf Institute
B Kelly, Merrion Clinic
Eilish Kelly, Aura Soma, International Academy of Colour Therapists
Rosaleen Kelly, Kinesiology Association of Ireland
Tom Kelly, Professional Register of Traditional Chinese Medicine
Rosarii Kingston, Irish Association of Medical Herbalists
Anthony Larkin, National Register of Reflexologists
Celine Leonard, Irish Register of Chinese Herbal Medicine
Clare Lodge, Carlow IT Sports Rehabilitation
Nora Lyndell, Irish Physical Therapy Association
Anne Mangan, Institute of Physical Therapy
Olive Masterson, Endorphin Release Clinics
Henk Meijnhardt, Association of Naturopathic Practitioners
Ken Monty, Irish Chiropractic Association
Pauline Mooney, Higher Education and Training Awards Council (HETAC)
Alison Moore, Medicine Weekly
Lucy Mullee, Rebirthing Association of Ireland
Gerry Murphy, Irish School of Homeopathy
Gabrielle McAuley, Bioform
Michael McCarthy
Helen McCormack, Irish Herbal Practitioners Association of Ireland
Caroline McDonagh, Irish Health Culture
Marese McElduff, Association of Irish Acupuncturists
Una McEvoy, Irish Association of Holistic Medicine
Lua McIlraith, Irish Reflexologists Institute
Maureen McKenna, IR Institute
Lillian McWilliams, Endorphin Release Clinics
Maureen Nightingale, Yoga Therapy Ireland
Kathleen O'Callaghan, National Register of Reflexology
Celine O'Connor Casey, Acupuncture and Chinese Medicine Association
Michael O'Doherty, Plexus Bio-Energy Therapy
Francis O'Dowd, Irish Association of Bio-Energy Practitioners
Phil O'Flynn, ITEV
Roisin O'Kelly, College of Naturopathic and Complementary Medicine
Regina O'Mahony, The Reiki Association of Ireland

John O'Neill, Irish Massage Therapists Association
John O'Sullivan, Institute of Physical Therapy
Mary Peyton, Annwm Institute
Mary Plunkett, Irish College Traditional Chinese Medicine
Paula Rankin, Physiology and Rehabilitation, Institute of Technology Carlow
Joan Ring, PRO Kinesiology Register
Rachel Ryan, Bio-Energy Therapists Association (BETA)
Tom Shanahan, Irish College of Traditional Chinese Medicine (ICTCM)
John Sharkey, National School of Sports Massage
Alan Sheehy, Professional Register of Traditional Chinese Medicine
Edel Shevlin, Acupuncture Foundation
Rosaleen Stokes
Patricia Wallace, BETA
Bernadette Ward, Acupuncture Foundation Training Programme

From Department of Health and Children:
Frank Ahern
William Beausang
Adrienne Harrington

IPA Facilitator
Anne O'Keeffe

Appendix 5

ISSUES NEEDING TO BE ADDRESSED IN ANY STATUTORY REGISTRATION SYSTEM

These are a range of the concerns/issues/requirements/conditions listed by respondents to the questionnaire: in other words, the concerns which would have to be addressed if respondents were to give their full support to statutory registration.

Not sure the meeting {IPA Forum in June) came to terms with the scale of the undertaking or the enormity of the task in regulating even one, let alone hundreds of therapies simultaneously.
The two approaches, traditional medicine and CAM, are so diverse how will it be possible to compose a registration council? If the composition of the registration council is weighted by members of the Department of Health and Children will seem to favour the traditional view of medicine…I favour statutory regulation provided it is fair and open.
It needs to be clarified who is in control of regulation.
Many issues require greater clarification.
We will not give up our common law rights without written guarantees.
The implementation of regulation must be controlled by the professions themselves.
We feel that regulation should not restrict the growth of CAP but allow each Association/Therapy to expand.
Any legislation and /or registration which seeks to regulate these {alternative/complementary} practices must be based on the principles and philosophy on which the practices are based.
The setting up of an independent registration Council is a good suggestion provided that: the registration requirements for each therapy are agreed with the professional bodies in question; the members of the council show they are free of bias and discrimination and demonstrate their objectivity in making assessments; they are sufficiently well informed about all the therapies they will deal with; their activities be conducted in an open and clear manner…It is the diversity of approach that makes alternative and complementary health care attractive to the public, providing users with a choice of treatment they do not have with conventional health care.
It would be important to use the experience of the successfully self-regulating organisations.
Would welcome regulation, however feel strongly that it should be regulated by the profession, not put into the medical model.
Our primary concern is that we should not be compared to mainstream medicine. A way has to be found to categorise what we do, which does not exclude the gifted healers who have no training whatsoever.
We favour self-regulation for Yoga because we consider that any other regulatory format could result in over-regulation and academic constraints which would be detrimental to the spiritual aspect.
If some therapies decide not to go forward {with statutory regulation} but decide to continue with voluntary self-regulation, there is a fear that those therapies will be considered less important than others.
Certain criteria need to be put in place to safeguard the holistic nature of our work. Yoga is a natural form of health care working on the physical, emotional, mental and spiritual levels.
Some professions are more structured and organised than others. Will those professions have the possibility for regulation before others?

Our main concerns in the development of the system are: the upholding and protection of the holistic ethos of alternative and complementary practice; the funding and survival of the professional associations; (and) that the development of, and the provision of training, education, assessment and qualification systems remain within the professions.
(Registration should be organised in Ireland) in consultation with all parties involved in complementary therapies.
We wish to emphasise the holistic nature of Complementary Therapies; holistic meaning that they treat the whole person, mind, body and spirit. For the client it is reassuring to know that they are treated on this level. We wish to protect our particular therapy, as we believe it helps people to cope with stresses and strains of life in an efficient, caring and thorough way.