

**The
Complementary
and
Natural Healthcare
Council**

CNHC

THE FIRST FIVE YEARS

Dedication: To all those who have worked so hard

The Staff

CNHC has been hugely fortunate throughout its lifetime in securing, almost without exception, high quality committed staff. Their combined skills and expertise have been invaluable.

The Board

The Council has also been amazingly privileged in having a Board of Directors that has supported it throughout the various challenges of the organisation's life, having faith in its eventual success.

The Registrants

Of course the largest group of contacts has been with the actual and potential registrants themselves: hugely committed and working on the issues for many years before CNHC came along. They are totally committed to improving the perception and use of complementary healthcare and to improving standards of education and training in the sector as a whole, often persevering in the face of apathy or even antipathy from some of their peers.

Department of Health

In the early days, before we flew solo financially, we had help and support in significant measure from colleagues at the Department of Health. This was well in excess of merely wanting to check what we were doing with their monies.

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The First Five Years

Foreword

This document has been written as the Complementary & Natural Healthcare Council (CNHC) comes to the end of its first five years. As this coincided with the handover from one Board to the next on 1 December 2012 it seemed that a written account of the first five years of the CNHC might be an effective way of moving from our initial set-up phase into a longer term vision and strategy in partnership with our registrants and numerous organisations that represent the interests of service users.

This has been a challenging and exciting journey, and we will describe CNHC's early days and what has been achieved. However, we could not do that without first paying tribute to CNHC's former Chair, Maggy Wallace, and the outgoing Board whose vision, hard work and commitment have brought CNHC to where it is today.

Maggy Wallace was on the CNHC Board from its inception, variously as Co-Chair, Executive Chair and Chair. She stood down on 30 November 2012.

"I am delighted to have been part of the development of CNHC as a respected and robust regulatory body for the complementary healthcare sector. I have been impressed beyond measure with the hard work and commitment of all those involved: the Board, the staff, and above all, the complementary healthcare practitioners who have worked with us and registered with us. I am delighted to be handing CNHC over in good shape and with an exciting future. I will watch future developments with great interest."

Maggy Wallace, former CNHC Chair, November 2012

CNHC's new Chair, John Lant, started his involvement with CNHC as a member of the Finance Committee in 2008 and has been a member of CNHC's Board since 2010.

"Maggy has played a central role in bringing CNHC to where it is today. Her leadership and inspiration have been unique and I offer my sincere thanks for her significant contribution to this work."

"I thank all members of the Board past and present for their energy, dedication and commitment and wish them well for whatever lies ahead. Without their singular contribution further development of this regulatory framework for public protection would be impossible."

"As someone reading this document I hope that you find it useful and interesting. However, beyond that I hope that you recognise the important role that CNHC plays in ensuring that, as far as possible, members of the public who wish to use complementary therapies can do so in confidence by choosing practitioners on the CNHC register. It is these practitioners who have taken the step of demonstrating to the public, healthcare professionals, employers and others that they meet national standards. This can only be of benefit to the profession as a whole and the public it serves."

"I welcome the opportunity to take forward the CNHC vision of healthcare and public protection. The CNHC has a commitment to that corporate vision, supported by an executive and experienced team, building a regulatory body with a register respected by healthcare agencies."

John Lant, CNHC Chair, December 2012

The Complementary & Natural Healthcare Council (CNHC)

Who We Are and What We Do

CNHC is the UK voluntary regulatory body for complementary healthcare practitioners that was set up in 2008 with government funding and support.

CNHC acts in the public interest by:

- keeping a register of practitioners who meet national standards of practice in their work
- setting the standards that practitioners need to meet to get onto and then stay on the register
- requiring CNHC registered practitioners to keep to our strict code of conduct, performance and ethics
- investigating complaints about alleged breaches of the code
- imposing disciplinary procedures and sanctions that mirror those of the statutory healthcare regulators.

Key Purpose

The key purpose of CNHC is to act in the public interest and enable proper public accountability of the complementary therapists that it registers.

Values

CNHC is committed to demonstrating the following values in its work:

- To apply the principles of better regulation:
 - proportionality
 - accountability
 - consistency
 - transparency
 - targeted
- To respect the principles of equality and diversity
- To be professional and strive for excellence
- To take pride in delivering quality and value for money
- To be accessible to all who meet, or seek to meet our standards
- To apply good employment practice

1. Introduction

In this document we set out the background to CNHC and highlight some of CNHC's key achievements over the first five years. We also describe some of our current activities and set out plans for the next phase of our work. We hope you find this both an interesting and informative read.

2. What is Complementary Healthcare?

Complementary therapies have been popular with the public for many years and anecdotal information suggests that their use is increasing. The term covers a range of interventions which can sit alongside more conventional approaches to healthcare (also known as traditional medicine or allopathy). The important aspect here is that the therapies are *complementary* to (or *sitting alongside*) other approaches to healthcare: that is, offering an integrated approach for the benefit of patients. CNHC deliberately does not use the term 'alternative' which implies an approach which is used *instead of* conventional healthcare and describes a substantially different health paradigm. The term CAM (complementary and alternative medicine) is frequently used as convenient shorthand and we do refer to it here but it is not formally used by CNHC.

Complementary Healthcare Provision

Complementary healthcare can be used as an integral part of NHS practice. For example, in the use of reflexology for mothers and babies in midwifery, the use of massage as an adjunct to physiotherapy, or the use of aromatherapy or reiki in palliative care.

However, the majority of complementary healthcare is provided in the private sector and in terms of standards this has been an actual and potential problem until recently, given the previously largely unregulated nature of training and education in this sector. The sector covers a wide range of disciplines and an equally wide range of standards. There are hundreds of training establishments, many providing training which meets national standards but others providing weekend or distance-learning courses purporting to lead to 'professional' or 'practitioner' status. This is an issue which CNHC was established explicitly to address.

3. How and Why CNHC Was Set Up

The public has been using complementary therapies for many years and over time, many complementary therapists joined together in groups – sometimes the professional associations, sometimes other looser groupings – to work on professional standards and practice. Whilst work was undertaken prior to 2000, it was often sporadic and variable in terms of quality.

In 2000 the House of Lords Select Committee on Science and Technology produced a report on complementary and alternative medicine (CAM)¹. Following a 15 month enquiry the Committee's recommendations included a statement which said that the public interest would best be served by improved regulatory structures of many CAM professions.

¹ 2000, House of Lords Select Committee on Science & Technology Report, Complementary & Alternative Medicine

The Lords' report grouped the therapies together into three categories. The first (Group 1) included therapies such as acupuncture and herbal medicine which the Lords described as claiming to have an individual diagnostic approach. The second group (Group 2) were those '*therapies which are most often used to complement conventional medicine and do not purport to embrace diagnostic skills*²'. The third (Group 3) were those therapies which the Committee considered to be 'alternative' therapies and which included a diagnostic and treatment element.

The report recommended a phased approach to statutory regulation for the Group 1 therapies that were not already regulated. For Groups 2 and 3 the Lords recommended voluntary regulation and that associations group together to form a single body in each case. This led to the original aim of having single profession-specific registers for each therapy. The Prince's Foundation for Integrated Health (PFIH) initiated this work by bringing many of the professional therapy groups together to develop and agree standards.

This goal was changed in 2006 after a report by Professor Julie Stone³ which recommended that a federal (multi-registering) regulatory body would be the most effective model. Following a consultation held by PFIH in May 2006⁴ which found support for that approach, a federal model was pursued.

In 2007 a Federal Working Group was set up. The group was chaired by Dame Professor Joan Higgins, then Chair of The Christie Hospital, Manchester. A huge amount of effort and work was undertaken during the year and the final report was produced in February 2008⁵. This report included a proposal to set up a single federal regulatory body to realise the following benefits as identified by the Federal Working Group:

- a single point of contact for the public
- economies of scale, with the potential to keep costs to practitioners down
- rationalisation of standards
- accommodation of multi-disciplinary practitioners
- more weight in negotiations with other bodies

² ibid

³ 2005 Stone J *Development of proposals for a future voluntary regulatory structure for complementary healthcare professions* PFIH London

⁴ 2006 Jack P *Exploring a Federal Approach to Voluntary Self Regulation of Complementary Healthcare: Consultation Document* PFIH London

⁵ 2008 The Prince's Foundation for Integrated Health '*A Federal approach to Professionally-Led Voluntary Regulation for Complementary Healthcare*' PFIH London

The body which was set up became known as the Complementary and Natural Healthcare Council (CNHC) and the report provided the template for CNHC during its early work.

4. Department of Health Funding and Support

The Department of Health in England (in liaison with the devolved administrations) has been very supportive of complementary healthcare regulation. CNHC received three years' start-up funding from the Department which ended as planned at the end of March 2011: 2008/09 (£543,336); 2009/10 (£255,811); and 2009/10 (£31,397). Since April 2011 CNHC has been funded entirely from registrant fees.

Now that government funding has ceased, CNHC does not have a formal relationship with the Department of Health in England. However, there have been several letters of positive support from various Health Ministers, most recently Anne Milton during her time as Parliamentary Under Secretary of State.

5. CNHC Structure

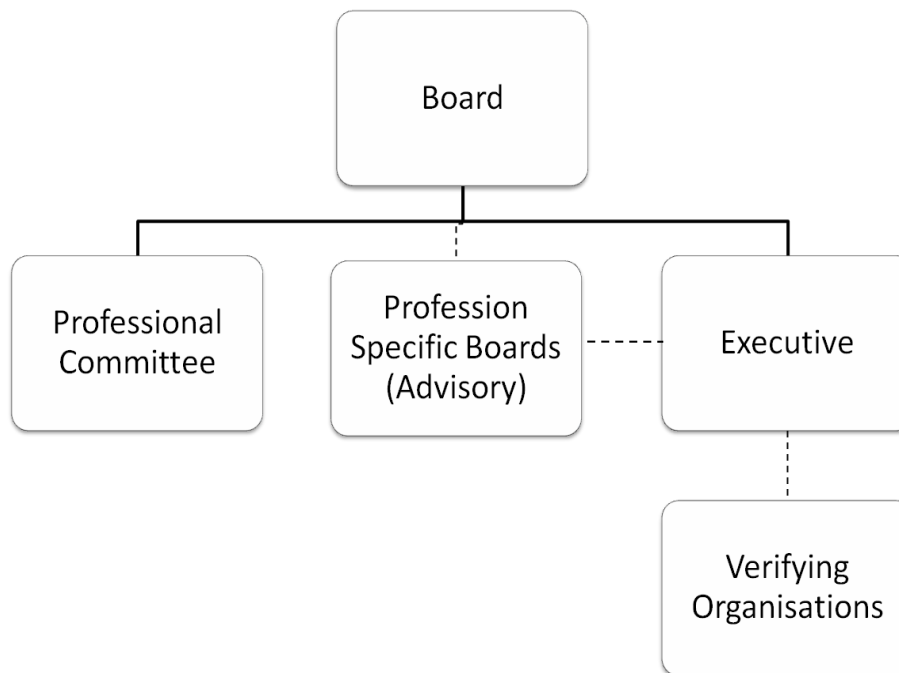
It was realised very quickly that the structure proposed in the Federal Working Group report was exceedingly top heavy, expensive and unworkable in practice so this was simplified to an initial structure of:

Federal Regulatory Board of nine lay (i.e. non CNHC registered) members

- Committees for:
 - Professional Standards
 - Finance
 - Conduct & Competence
- Profession Specific Boards (representatives from the disciplines registered by CNHC).

This structure was streamlined further during 2011 with the merging of the Professional Standards and Conduct & Competence Committees to become the Professional Committee. In 2012 the functions of the Finance Committee were taken on by the CNHC Board.

CNHC's Current Structure



CNHC Board

Members of the first Board (Appendix 1) were appointed in December 2007, following an interview process led by Professor Dame Joan Higgins. All members of the Board were lay members until 1 December 2012 when the make-up of CNHC's Board changed. It now includes four CNHC registered practitioner members and five lay members. Membership of CNHC's current Board is set out at Appendix 2.

Professional Committee

The Professional Committee consists of experienced individuals who are called upon to form the Investigating Committee, Conduct and Competence Panel or Health Panel where necessary. The Professional Committee also provides advice to the CNHC Board on generic professional and training issues.

Profession Specific Boards

From its inception an essential part of the CNHC structure has been its links with the professions through the Profession Specific Boards (PSBs). There is one PSB for each discipline registered. The PSBs are a source of advice to the Board, the Professional Committee and the Executive. The members of the PSBs were originally chosen by the professions themselves through a variety of processes. In 2013 a new system of rolling elections for appointment is coming into effect.

Verifying Organisations

CNHC works closely with over 70 organisations in the sector on the verification process of CNHC registration. These organisations check the details of practitioners' training, insurance and experience and confirm whether they are eligible for CNHC registration. The majority of these organisations are also professional associations.

Professional Associations

CNHC also liaises with many professional associations from across the complementary healthcare sector, either directly in their role as verifying organisations, or via the groupings of associations in a particular discipline which have formed a 'professional forum' for that therapy. Where the therapy is on the CNHC register our contact normally is via the relevant PSB but we also have contact with other associations representing therapies not on our register.

6. CNHC Leadership Team Then and Now

Board member Kay Dixon was asked to chair the first three meetings of the CNHC Board until more permanent arrangements were made. However, it was recognised very early on that, with the amount of work to be undertaken, one Chair was unlikely to manage: so an unusual system of Co-Chairs was put into operation. Whilst not an ideal arrangement, it worked in practice because of the knowledge and background of the two individuals concerned. They were Maggie Dunn, who had extensive knowledge of the CAM Sector and health related fitness to practise issues from her senior experience with UNISON; and Maggy Wallace, who had worked nationally and internationally in statutory professional healthcare education and regulation for many years.

In effect these roles were quasi Chief Executive Officer (CEO)/Executive Chair roles from the beginning. After a short term appointment of a CEO for a few months in 2008 the roles were formalised early in 2009 with Maggie Dunn as CEO/Registrar and Maggy Wallace as Executive Chair/Policy Director. In September 2011 Maggie Dunn retired, Margaret Coats was appointed as Chief Executive & Registrar and Maggy Wallace became Chair until the end of November 2012. John Lant took over as CNHC's Chair on 1 December 2012.

7. Staffing

CNHC has been fortunate in the extreme throughout its lifetime in having a core of dedicated and hard-working staff. Enquirers are always surprised at how small a staff team delivers the work of the organisation. Currently there is one part-time Chief Executive, a part-time Project and Communications Manager, a full-time Registration and Website Officer and a part-time Administrator. Some executive support was also provided by the former Chair, Maggy Wallace.

8. Key Policy Criteria

The key components of any good regulatory system are that it ensures standards are in place for a) entry on to the register, b) maintenance upon the register and c) potential removal from the register. CNHC began with a) and c) and developed a CPD policy b) during 2011. These are all now in place as follows:

a) Entry Criteria

The current criteria for entry to the CNHC Register are as follows:

In order to be eligible to be admitted to the CNHC Register, a complementary therapist must:

- Have undertaken a programme of education and training which meets, as a minimum, the National Occupational Standards and the core curriculum for the complementary therapy/discipline concerned where a core curriculum has been agreed (*NB the requirement regarding the core curriculum was added in 2012*).

Or

- Have achieved competency to the level of the National Occupational Standards for the complementary therapy/discipline concerned by means of relevant experience of at least three years and relevant training and been assessed as having met those standards

And

- Have confirmed that they do not hold a criminal record (including cautions), or notified CNHC of any such record for consideration by the Registrar prior to acceptance
- Have confirmed that there are no health issues that have an impact on their ability to practise
- Have confirmed that they have not been the subject of any disciplinary or civil proceedings against them in relation to their practice or have notified CNHC of any such proceedings for consideration by the Registrar prior to acceptance
- Hold current professional indemnity insurance
- Have agreed to abide by:
 - [The CNHC Code of Conduct, Performance and Ethics](#)
 - [CNHC's Continuing Professional Development \(CPD\) Policy](#)
 - [CNHC's Data Protection Policy](#)
 - [Terms of use of the CNHC website](#)

b) *CPD Policy*

CNHC's [Continuing Professional Development \(CPD\) Policy](#) came into effect on 1 September 2011. This means that from 1 September 2012 all CNHC registrants have been required to confirm at renewal that they have undertaken the relevant CPD activities over the previous registration year. The full policy is on the CNHC website and requires, as a minimum, 15 hours of CPD each year. As this has recently come into effect we will be monitoring and reviewing this policy over time.

c) *Fitness to Practise*

CNHC has a robust policy for dealing with complaints about registrants. Policy and processes are described in its [Complaints Handling Process](#) which is accessible on the website or in hard copy. To date, CNHC has received 92 complaints (see *12. Complaints*). They are managed operationally by the Chief Executive & Registrar, with support from a member of staff acting as Committee Clerk.

9. Policy Development

From the outset we have had a programme of work to identify priorities for ongoing internal policy development. Some of these have already been achieved and others are in progress or will be addressed during 2013:

- Criteria for new professional disciplines wishing to register (agreed in 2010 and in place).
- The enhancement of CNHC's entry criteria to include the need for a core curriculum as well as National Occupational Standards to be met (agreed and in place 2011/12).
- Quality Assurance project in respect of the verification of applications for registration (started in 2012 and in progress during 2013 – see *14. What's next?* for more detail).
- CNHC's [Code of Conduct, Performance and Ethics](#) was based on similar documents used by the statutory regulators and is the cornerstone of the standards to which all CNHC registered practitioners adhere. Having been in place since December 2008, the Code will be reviewed during 2013.

10. The Register

Disciplines registered

The register opened in January 2009 and the first discipline to be registered was Massage Therapy, followed by Nutritional Therapy in the autumn of the same year. From late 2012 CNHC registers practitioners who meet its standards from fifteen different disciplines. They are alphabetically with the date of the Register opening:

Discipline:	Date Register Opened:
• Alexander Technique teaching	January 2010
• Aromatherapy	May 2009
• Bowen therapy	February 2010
• Craniosacral therapy	December 2012
• Healing	July 2011
• Hypnotherapy	December 2010
• Massage therapy	January 2009
• Microsystems acupuncture	April 2011
• Naturopathy	November 2010
• Nutritional therapy	January 2009
• Reflexology	August 2009
• Reiki	May 2012
• Shiatsu	November 2009
• Sports therapy	February 2010
• Yoga therapy	January 2010

Registration Numbers

Registration numbers have increased slowly but surely over the five years and we currently have over 5,000 practitioners on the CNHC register across the fifteen disciplines registered. The disciplines with the highest numbers of registrants are hypnotherapists, massage therapists, reflexologists and nutritional therapists. At the time of writing the register has just opened to craniosacral therapy and the first craniosacral therapists have been accepted onto the register.

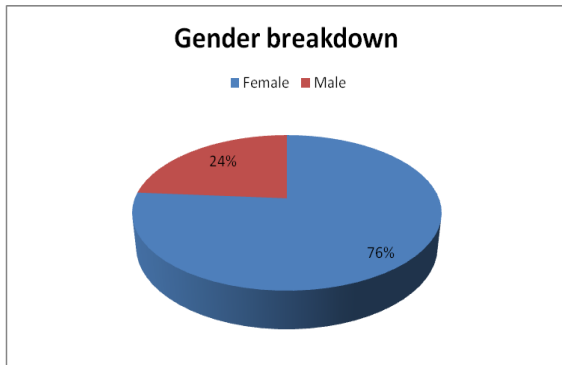
Public Check and Search Function

The register is searchable and the public can find registered practitioners in their area by checking under their town or postcode. The public can also check whether their current practitioner is registered. The search function was upgraded at the beginning of 2013 and to date around 200,000 searches have been made since the register opened in January 2009.

Who is on the Register?

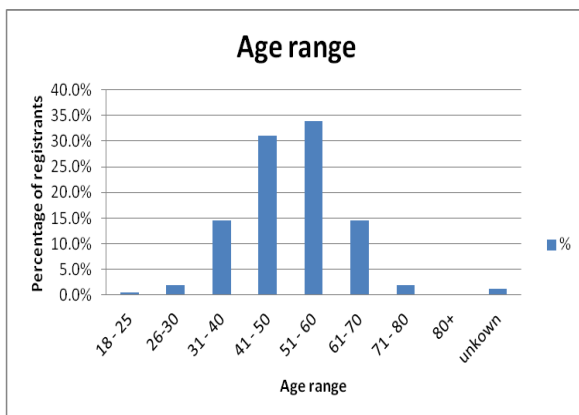
Gender Breakdown

More than 75% of CNHC registered practitioners are women



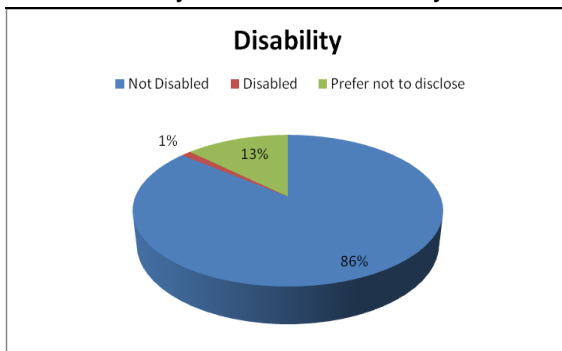
Age Range

65% are aged between 41 – 60 with many choosing to train as a complementary therapist as a second career.



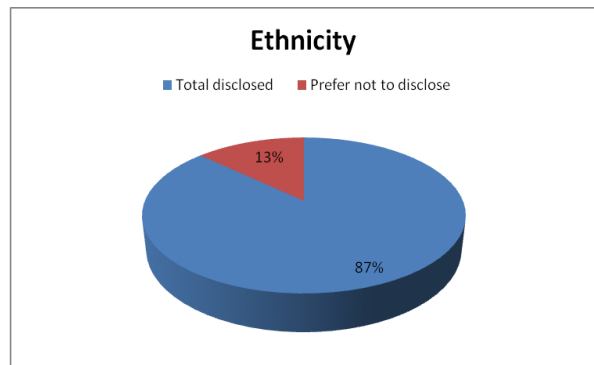
Disability

Of the 87% of registrants who disclosed 1% state that they do have a disability.



Ethnicity

87% of registrants chose to disclose their ethnicity.



A very diverse range of ethnic origins were identified and these are outlined in the table below.

Ethnicity	Number
Asian or Asian British Bangladeshi	0
Asian or Asian British Chinese	17
Asian or Asian British Indian	40
Asian or Asian British Pakistani	12
Black or Black British African	5
Black or Black British Caribbean	17
Mixed White & Asian	19
Mixed White and Black African	3
Mixed White and Black Caribbean	11
White British	3869
White Irish	99
Any Other Mixed Background	26
Any Other White Background	256
Any Other Ethnic Group	37

11. What are the Benefits of CNHC Registration?

For the Public

Members of the public who wish to use complementary healthcare can check CNHC's register to find or check a practitioner. By using someone who is CNHC registered the public can feel reassured that the practitioner they visit has been verified as meeting national standards. And if something does go wrong they can make a complaint to us, in the knowledge that CNHC is independent and has been set up in the public interest.

For Employers and Commissioners of Services

We do the checking to save employers and commissioners time and resources. We check that practitioners meet the national standards for safe and competent practice, that they have professional indemnity insurance and we check for any disciplinary proceedings or criminal activity. An increasing number of employers require CNHC registration for complementary therapists they employ. This is particularly so in the cancer and palliative care sector where complementary therapies are widely used.

For Practitioners

As a voluntary regulator we are aware that practitioners do not have to register with us so we identify benefits where we can.

- All CNHC registered practitioners go onto the public register and are able to use the CNHC quality mark (below).



- Practitioners are able to access employment opportunities in both the public and private sector where CNHC registration is either required or recommended.
- CNHC has gained Special Treatment Licence exemption across London Boroughs. This means that CNHC registered practitioners in London do not need to obtain a licence to practise from premises in London and we aim to extend this to other parts of the UK where relevant.
- CNHC registration is recognised for reimbursement with a number of private health cash plan providers. This means that clients who are members of the relevant plans can claim for the cost of the treatments outlined when they visit CNHC registered complementary therapists.
- We provide PR advice so that practitioners can publicise themselves and their CNHC registration. In some cases this has led to increased numbers of referrals and local awareness of their work.

- We provide CNHC registered practitioners with a range of resources they can use to promote themselves and their practice.

We are always looking for ways to identify new benefits for our registrants and do everything we can to ensure that practitioners have a positive experience of their CNHC registration.

12. Complaints

CNHC was established to protect the public and our complaints handling processes and procedures are designed to achieve this. Potential complainants are provided with a copy of CNHC's Complaints Handling Process and once they have made a written complaint they are provided with regular updates on progress.

In its consideration of a complaint, the CNHC Investigating Committee has to decide whether it meets the threshold for referral to a Conduct and Competence Panel or a Health Panel. The threshold is that there is "a realistic prospect of a finding of impairment".

To date we have received 92 complaints about practitioners on the CNHC register. 86 of these were part of an organised campaign of complaints about advertising, none of which met the threshold for referral to the Conduct and Competence Panel. Following receipt of these complaints CNHC liaised with the Advertising Standards Authority (ASA) and the Committee of Advertising Practice (CAP) to produce detailed Advertising Guidance for registrants (see also *13. How We Work With Others* below).

Of the other complaints made to CNHC, two were disputes between practitioners, neither of which met the threshold for referral.

Two complaints were made by patients/clients of practitioners. One of these was resolved informally. The other complaint did not meet the threshold for referral.

CNHC has also dealt with one notification from the police in respect of a practitioner who was not registered with us and one from the General Medical Council (GMC). The notification from the GMC did meet the threshold for referral and led to a practitioner being suspended from the CNHC register.

If a potential complaint is against a practitioner who is not registered with CNHC, other possible routes of complaint are explained such as going to the employer, professional association or Trading Standards where applicable.

13. How We Work With Others

CNHC has built up a range of positive relationships with other key organisations over the past five years. With some there is ongoing contact, with others this has taken the form of information provision about CNHC. These include:

Advertising Standards Authority and Committee of Advertising Practice

CNHC has had a positive working relationship with colleagues at the Advertising Standards Authority (ASA) since 2009. The focus of contact changed in 2011 when ASA began to receive increased numbers of complaints about complementary healthcare practitioners

following ASA's new remit to regulate the content of websites. Much discussion with the ASA and CAP has focused on research, as all claims made in advertising must be backed up by evidence. In light of this CNHC produced Advertising Guidance and worked with the Committee of Advertising Practice (CAP) to develop wording which practitioners can use to avoid the risk of complaints.

Research – and what is considered to be acceptable evidence in relation to advertising – remains an area of challenge for the complementary healthcare sector and we will continue to work positively with ASA and CAP, alongside colleagues within the sector, to address this and other advertising issues.

Consumer and Patient Organisations

CNHC has worked hard to ensure that a range of patient and consumer organisations are aware of our work for the benefit of the public. These include Allergy UK, Anxiety UK, Arthritis Care, Boots WebMD, Citizens Advice, Nord Anglia Education CLIPS Career service, Nuffield Health, Macmillan Cancer Support, Mind and Which?. Many of these organisations now provide information about CNHC to consumers and their service users.

Developing these and other new relationships forms a key plank of CNHC's work as we continue to focus on raising public awareness of the CNHC register and quality mark.

Educational Bodies

CNHC has built up effective working relationships with many of the organisations concerned with the regulation and approval of complementary healthcare provision in both Higher Education and the Further Education public sector, such as Ofqual, ABC Awards, City and Guilds, CIBTAC, ITEC and VTCT. Much provision is however delivered privately and this is where CNHC looks to the professional associations that verify eligibility for CNHC registration.

NHS - Palliative Care

CNHC has established very good relationships with the palliative care sector in the NHS, as this is where much NHS complementary healthcare is delivered. The main London hospitals now require CNHC registration for their practitioners, whether they work in a voluntary or paid capacity.

Professional Associations

As we have already described under 5. *CNHC Structure*, we currently work with over 70 verifying organisations and have contact with a wide range of professional associations across the sector. We hold biannual meetings for professional associations where we provide updates on CNHC's activities, and invite questions and feedback about our work.

Skills for Health

The Sector Skills Council for Health, Skills for Health, works closely with CNHC and other stakeholders on all issues relating to National Occupational Standards and Vocational Qualifications for occupations on the CNHC register. Skills for Health requires CNHC's

specific support for any proposals for new standards or qualifications for these occupations. No formal links currently exist with the Scottish Vocational Authority.

Other Health Related Bodies

CNHC has informal positive relationships with a range of other health related bodies such as the All-Party Parliamentary Group for Integrated Healthcare, the Professional Standards Authority for Health & Social Care (see *14. What's next?*), the Research Council for Complementary Medicine (RCCM), the British Acupuncture Council, the College of Medicine and others.

14. Challenges

Our work is not without its challenges. From the outset there have been groups that have attempted to work in opposition to CNHC and of course not everyone supports the notion that people want to use complementary therapies, or that there needs to be a regulator. However, the fact is that large numbers of people do use complementary therapies and where they do – as originally stated by the House of Lords in 2000 – it is better that there is somewhere that people can rely on to find practitioners who are properly trained, qualified and insured.

Being a voluntary body is a challenge in itself as practitioners do not have to register with us and the predictions of numbers we inherited from PFIH proved to be largely unfounded. Having said that a key objective, of course, is to increase our number of registrants.

This is a complex area of work and we do everything we can to address issues as they arise, building bridges and relationships wherever we can, in the public interest.

15. What's Next?

Continuing to Increase Registration Numbers

This is an ongoing area of work for us and we will continue to explore ways of working with education providers, employers, commissioners and others to enhance the opportunities available to CNHC registered practitioners.

Applying to Become an Accredited Voluntary Register

Probably the biggest policy issue for CNHC at the time of writing is the activity of the Professional Standards Authority for Health & Social Care (PSA) (formerly the Council for Healthcare Regulatory Excellence (CHRE)).

Until 1 December 2012 the Council for Healthcare Regulatory Excellence (CHRE) had the role of scrutinising the work of the statutory healthcare regulators such as the General Medical Council, the Nursing & Midwifery Council and the General Osteopathic Council. Under the Health & Social Care Act 2012, CHRE changed its name on 1 December 2012 to the Professional Standards Authority for Health & Social Care (PSA).

In addition to monitoring the statutory regulators, PSA now has the expanded role of accrediting voluntary registers in health and social care. Any organisation accredited by the PSA will become a holder of an Accredited Voluntary Register (AVR).

As a voluntary regulator CNHC is applying to be accredited by the PSA in 2013.

Quality Assurance Project

As an organisation we are committed to continuous improvement and seek to evaluate and enhance our systems wherever possible.

We are currently quality assuring the processes used by the organisations that verify applications to our register. This work began in September 2012 and will continue into the first half of 2013.

CPD Monitoring

CNHC's CPD policy came into effect in September 2011. From 2013 CNHC will begin its random sampling of registrant's CPD logs to review how well the CPD policy is working. From 2014 the monitoring will involve a 10% sample of registrants' CPD logs each year.

CNHC Profession Specific Board (PSB) elections

Since CNHC was set up in 2008 Profession Specific Board (PSB) members have been selected by each discipline-specific regulatory working group in advance of the register opening to that discipline. This was agreed by CNHC's Board as a starting position until the CNHC register had become well established.

Following consultation with CNHC's Profession Specific Boards, and in line with CNHC's original policy to review the PSB appointment process, the CNHC Board has agreed that members of PSBs will now be elected by their peers.

This means that CNHC registered practitioners will be able to stand for election as PSB members, to be voted for by CNHC registered practitioners from the discipline concerned. The aim is to introduce a democratic process which gives CNHC registered practitioners a direct voice in who will act as advisers to CNHC's Board and Executive.

The elections will take place on a rolling programme over a period of time starting in 2013, in line with the order in which the register opened to each discipline.

Awareness Raising

Communications and awareness raising form a central part of CNHC's work and with limited resources and a small staff team we rely on working with others to a great extent to spread the message about our work.

We have already described how we work with others to provide information about CNHC across a wide range of consumer, patient, education and employer organisations.

During 2011 we piloted a model of working with a team of CNHC registered 'Local Champions' to publicise CNHC locally around the UK. This proved to be successful, with both the CNHC and Local Champions gaining publicity, and we will be looking at how to expand this activity.

In the next phase of our work we will also be looking at how best to use social media.

Wider Policy Issues

With changes in the wider health arena in England we will be looking at the implications of personal health budgets and the opportunities for CNHC registered practitioners in this area.

We will also be continuing to explore how commissioning works in practice and how registrants can contribute most effectively, particularly in primary care.

We also aim to continue to develop closer links with colleagues in Scotland, Wales and Northern Ireland.

16. Conclusion

We hope you have found this summary of the first five years of CNHC's life informative, helpful and thought-provoking. A lot more could be written but you now have a record of the key events of the early years of an innovative new body designed to work in the public interest to uphold standards in the provision of complementary healthcare.

The previous Board has handed on the baton to the new Board with pride in the satisfaction of a job well done and with confidence in the future of the organisation.

Appendix 1

First Board members

	In Office Until:
Andy Burman	August 2008
Angela Deacon	December 2009
Kay Dixon	December 2012
Maggie Dunn	December 2012
Jenny Gordon	December 2009
Gilly Jordan	December 2009
Anne Sultoon	December 2012
Dimitri Varsamis	April 2011
Maggy Wallace	December 2012

Board members who took up office at a later date:

	In Office Until:
Daniella Jenkins	August 2011
John Lant	continues in office as Lay Chair
Mike O'Farrell	December 2012
Julian Weinberg	continues in office

Appendix 2

Board from 1 December 2012

John Lant (Chair, Lay)

Lynne Gray (Registrant)

Wendy Harris (Lay)

Sheila Inglis (Lay)

Robert Klaasen (Registrant)

Professor George Lewith (Lay)

Patricia Mowl (Registrant)

Julian Weinberg (Lay)

Joyce West (Registrant)

Appendix 3:

The current position of statutory and voluntary regulation across the healthcare sector

Healthcare Regulation <i>- setting standards for education, training and professional practice</i>	
<p>Statutory Regulation (legislative)</p> <p>General Chiropractic Council (GCC): chiropractors</p> <p>General Dental Council (GDC): dentists, dental nurses, dental technicians, clinical dental technicians, dental hygienists, dental therapists and orthodontic therapists</p> <p>General Medical Council (GMC): doctors</p> <p>General Optical Council (GOC): optometrists & dispensing opticians</p> <p>General Osteopathic Council (GOsC): osteopaths</p> <p>General Pharmaceutical Council (GPhC): pharmacists</p> <p>Health and Care Professions Council (HCPC): art therapists, biomedical scientists, chiropodists / podiatrists, clinical scientists, dieticians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists / orthotists, radiographers, social workers in England, speech and language therapists. *</p> <p>Nursing and Midwifery Council (NMC): nurses and midwives</p> <p><i>*In the process of becoming regulated with HCPC: Herbal Medicine; Traditional Chinese Medicine practitioners</i></p>	<p>Voluntary Regulation</p> <p>Complementary and Natural Healthcare Council (CNHC):</p> <p>Complementary healthcare practitioners in:</p> <p><i>Aromatherapy</i> <i>Alexander Technique teaching</i> <i>Bowen therapy</i> <i>Craniosacral therapy</i> <i>Healing</i> <i>Hypnotherapy</i> <i>Massage therapy</i> <i>Microsystems Acupuncture</i> <i>Naturopathy</i> <i>Nutritional therapy</i> <i>Reflexology</i> <i>Reiki</i> <i>Shiatsu</i> <i>Sports therapy</i> <i>Yoga therapy</i></p> <p>British Acupuncture Council (BAcC): acupuncturists</p> <p>Other professional groups [eg counsellors, psychotherapists, homeopaths] by various professional bodies</p>