

The
Complementary
and
Natural Healthcare
Council

CNHC

Annual Report
For the Financial Year:
1 January – 31 December 2012

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Chair's Statement

I have been in post as CNHC Chair since 1 December 2012 so most of what is described in this document took place under the leadership of Maggy Wallace who was on the CNHC Board from its inception, variously as Co-Chair, Executive Chair and Chair.

2012 saw the handover from one Board to the next on 1 December and it is to Maggy and the first CNHC Board that I offer my thanks for their hard work and dedication to CNHC during its start-up phase. CNHC achieved a great deal during its *First Five Years* and this has been published in a document of the same name to mark all that was accomplished during this time.

In 2012 CNHC continued to establish itself as the independent voluntary regulator for complementary healthcare practitioners with the Register opening to the final two disciplines in the original plan, taking the total to fifteen.

With fifteen disciplines we now have fifteen Profession Specific Boards who continue to provide essential professional knowledge and advice to the CNHC Board and executive, and to them I also offer my sincere thanks. Many of the individuals concerned have been involved with the development of regulation in the sector for over a decade and I thank them for their commitment to this important area of work.

CNHC also relies on the support of our Professional Committee members, who step in when required to investigate and determine complaints and provide their professional expertise on matters of policy and standards. Again I am greatly appreciative of our Committee members and their contribution.

I would also like to put on record the thanks of the CNHC Council to the CNHC staff who work tirelessly to ensure CNHC operates in a professional and efficient manner.

And most importantly I want to acknowledge our registrants, who have taken the decision to register with us – a voluntary regulator – in the name of standards and professionalism.

Complementary therapy continues to be extremely popular with the general public and is widely used both in private and mainstream care. We carried out a brief survey recently and discovered that of the 558 people asked, 70% did not know that just anyone in the UK can set up as a complementary healthcare practitioner without any training, qualifications or insurance. On discovering that fact, 90% said they would check the CNHC register in future when looking for a practitioner.

Given that complementary therapies are often used with people in the most vulnerable of situations such as in cancer and palliative care, mental health services and with those dealing with addiction, having somewhere to find properly trained, qualified and insured practitioners is essential. As is the ability to turn to an independent body with a complaint if need be.

I am delighted to be working with the current Board to enhance public safety in this way and hope you find this 2012 report of interest as we move forward with some exciting initiatives in 2013.

John Lant, CNHC Chair, July 2013

The Complementary & Natural Healthcare Council (CNHC)

1. 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 UK 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

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 <u>not</u> 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. Who we register

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. In December 2012 the register opened to craniosacral therapy, taking the total number of registered disciplines to fifteen. They are, alphabetically with the date of the Register opening:

Discipline:

Alexander Technique teachingAromatherapy

Bowen therapyCraniosacral therapy

HealingHypnotherapyMassage therapy

Microsystems acupuncture

NaturopathyNutritional therapyReflexologyReikiShiatsuSports therapy

Yoga therapy

Date Register opened:

January 2010
May 2009
February 2010
December 2012
July 2011
December 2010
January 2009
April 2011
November 2010
January 2009
August 2009
May 2012
November 2009
February 2010
January 2010

Registration Numbers

Registration numbers have increased slowly but surely over the five years and we currently have approximately 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.

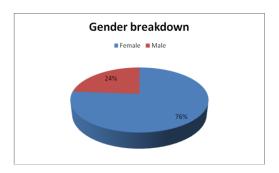
Public Check and Search Function

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. Over 40,000 searches were made during 2012 and to date over 210,000 searches have been made since the register opened in January 2009.

Who is on the Register?

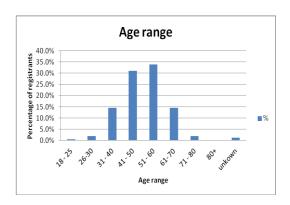
Gender Breakdown

More than 75% of CNHC registered practitioners are women



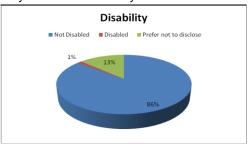
Age Range

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



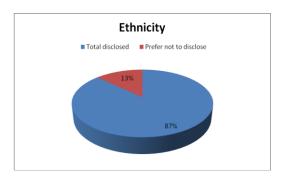
Disability

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

4. 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 <u>Continuing Professional Development (CPD) Policy</u> 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 <u>Complaints Handling Process</u> 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.

5. Dealing with 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".

During 2012 we received three complaints about practitioners on the CNHC register.

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 to the Conduct and Competence Committee.

The third complaint was a dispute between practitioners, which did not meet the threshold for referral.

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.

6. Working with others

CNHC has built up a range of positive relationships with other key organisations. 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 robust 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. By the end of 2012 we had agreed descriptors in place for each of the disciplines on the CNHC register.

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. This has been an ongoing area of work with many organisations now informing the public and service users about our work. During 2012 CNHC gained agreement for information about CNHC to be provided by amongst others, Arthritis Care, Boots WebMD, Citizens Advice, Macmillan Cancer Support 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 training 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 however is delivered in the private sector 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 3. How we work, we currently work with over 70 verifying organisations and have contact with a wide range of professional associations across the sector. During 2012 we held our two biannual meetings for professional associations where we provided updates on CNHC's activities, and invited 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 Qualifications 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 *10. What's next?*), the Research Council for Complementary Medicine (RCCM), the British Acupuncture Council, the College of Medicine and others.

7. Funding

CNHC received three years' start-up funding from the Department of Health 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.

The financial statements for the Financial Year 1 January to 31 December 2012 are included at the end of this document.

8. 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 Excellent (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 will be applying in 2013 to be accredited by the PSA.

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 during 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.

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 2012 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.

9. Conclusion

So in conclusion, 2012 was a year of milestones. It was the first full year of CNHC's self-funding status; the original Board handed over the reins to a newly constituted Board which includes registrant members for the first time, and the Register opened to the last of the 15 disciplines that had originally planned to become part of the regulatory process. Milestones which enable CNHC to continue to fulfil the function for which it was set up, namely enhancing public protection in the interests of the many people who look for and use complementary healthcare services across the UK.

THE COMPLEMENTARY AND NATURAL HEALTHCARE COUNCIL

Company Number 06643004

FINANCIAL STATEMENTS
FOR THE YEAR ENDED
31st DECEMBER 2012

The Complementary and Natural Healthcare Council Financial Statements For the year ended 31 December 2012

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The Complementary and Natural Healthcare Council **Directors' Report**

For the year ended 31 December 2012

Regulatory Information

Directors	Anne Sultoon	(resigned 30 November 2012)
	Coorgo T Lourith	(

George **T** Lewith (appointed 1 December 2012)

John Lant

Joyce West (appointed 1 December 2012)

Julian Weinberg

Kay Dixon (resigned 30 November 2012) Lynne Gray (appointed 1 December 2012) Margaret Dunn (resigned 30 November 2012) Margaret Wallace (resigned 30 November 2012) Michael O'Farrell (resigned 30 November 2012) Patricia MowII (appointed 1 December 2012) Robert Klaasen (appointed 1 December 2012) Sheila M Inglis (appointed 1 December 2012) Wendy E Harris (appointed 1 December 2012)

Registered Office 83 Victoria Street

> London SW1H 0HW

Auditors Kingston Smith LLP

> **Chartered Accountants** Devonshire House 60 Goswell Road London

EC1M 7AD

Co-operative Bank plc **Bankers**

Specialist Charity Team

4th Floor 9 Prescot Street

London EI 8BE

Kingsley Napley **Solicitors**

Knights Quarter 14

St John's Lane London EC1M 4AJ

The Complementary and Natural Healthcare Council Directors' Report

For the year ended 31 December 2012 (Continued)

The directors present their report and financial statements for the year ended 31 December 2012.

Principal activities

The principal activity of the company throughout the period was to establish and maintain a regulatory body for Complementary and Natural Healthcare.

Directors

The following directors have held office during the year:

Anne Sultoon	(resigned 30 November 2012)
George T P Lewith	(appointed 1 December 2012)
John Lant	
Joyce West	(appointed 1 December 2012)
Julian Weinberg	
Kay Dixon	(resigned 30 November 2012)
Lynne Gray	(appointed 1 December 2012)
Margaret Dunn	(resigned 30 November 2012)
Margaret Wallace	(resigned 30 November 2012)
Michael O'Farrell	(resigned 30 November 2012)
Patricia Mowll	(appointed 1 December 2012)
Robert Klaasen	(appointed 1 December 2012)
Sheila M Inglis	(appointed 1 December 2012)
Wendy E Harris	(appointed 1 December 2012)

Directors' responsibilities

The directors are responsible for preparing the Directors' Report and the financial statements in accordance with applicable law and regulations.

Company law requires the directors to prepare financial statements for each financial year. Under that law the directors have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under company law the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the company and of the profit or loss of the company for that period. In preparing these financial statements, the directors are required to:

- select suitable accounting policies and then apply them consistently; make judgments and estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to assume that the company will continue in business

The directors are responsible for keeping adequate accounting records that are sufficient to show and explain the company's transactions and disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Complementary and Natural Healthcare Council Directors' Report

For the year ended 31 December 2012 (Continued)

Auditors

Kingston Smith LLP have indicated their willingness to continue in office and are deemed reappointed for the forthcoming year in accordance with the provisions of the Companies Act 2006.

Statement of disclosure to auditor

So far as the directors are aware, there is no relevant audit information of which the company's auditors are unaware. Additionally, the directors have taken all necessary steps that they ought to have taken as directors in order to make themselves aware of all relevant audit information and to establish that the company's auditors are aware of that information.

This report has been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

11/7/2013

On behalf of the board:

John Lant

Auditor's Report to the Members of The Complementary and Natural Healthcare Council

We have audited the financial statements of Complementary and Natural Healthcare Council for the year ended 31 December 2012 which comprise the Income and Expenditure account, the Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and the Financial Reporting Standard for Smaller Entities (Effective April 2008) (United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities).

This report is made solely to the company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report addressed to them. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

RESPECTIVE RESPONSIBILITIES OF DIRECTORS AND AUDITOR

As explained more fully in the Directors' Responsibilities Statement (set out on page 2) the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Director's Report to identify material inconsistencies with the audited financial statements. If we become aware of any apparent misstatements or inconsistencies we consider the implications for our report.

Opinion on the financial statements

In our opinion the financial

statements:

- give a true and fair view of the state of the company's affairs as at 31 December 2012 and of its surplus for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Opinion on other matter prescribed by the Companies Act 2006

In our opinion the information given in the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

Auditor's Report to the Board members of The Complementary and Natural Healthcare Council (continued)

- · certain disclosures of directors' remuneration specified by law are not made; or
- · we have not received all the information and explanations we require for our audit; or
- the directors were not entitled to prepare the financial statements and the directors' report in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the directors' report.

Knyth Amot W.

Sandra De Lord (Senior Statutory Auditor)
For and on behalf of Kingston Smith LLP, Statutory Auditor

Devonshire House 60 Goswell Road London EC1M 7AD

Date: 15, 07.13

The Complementary and Natural Healthcare Council Income and Expenditure Account For the year ended 31st December 2012

	Notes	Year Ended 31 December 2012 £	Year Ended 31 December 2011 £
Incoming resources Grants and donations Registration fees	2 3	- 269,155	31,397 236,780
Total incoming resources		269,155	268,177
Resources expended Professional support activities and administration costs Governance	5 & 6 7	232,583 20,115	241,156 45,525
Total resources expended		252,698	286,680
Net income/(loss) for the period before taxation	4	16,457	(18,503)
Taxation	9	-	-
Net income/(loss) for the period after taxation		16,457	(18,503)
Fund balances brought forward		10,308	28,811
Fund balances carried forward		26,765	10,308

There are no other recognised gains or losses.

The Complementary and Natural Healthcare Council Balance Sheet as at 31st December 2012

	Note	2012 £	2012 £	2011 £	2011 £
Fixed Assets Tangible fixed assets	10		3,679		4,535
			3,679		4,535
Current Assets Debtors Cash at bank and in hand	11	5,104 39,301		6,627 17,274	
		44,405		23,901	
Creditors: Amounts falling due within one year	12	(21,319)		(18,128)	
Net Current Assets			23,086		5,773
Total Net Assets			26,765		10,308
Reserves Income and Expenditure account			26,765		10,308
			26,765		10,308

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008).

Approved and authorised for issue by the Board on Signed on their behalf by:

John Lant Director

11/7/2013

Company Number 06643004

The Complementary and Natural HealthcareCouncil Notes to the Financial Statements For the year ended 31 December 2012

1 Accounting Policies

Basis of Accounting

The company has taken advantage of the provisions of paragraph 3(3) of schedule **4** of the Companies Act and adopted the Companies Act formats to reflect the nature of the company's activities as a not for profit entity. The financial statements are prepared under the historical cost convention and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008).

The company is currently reliant **on raising funding from** sources over and above its application and registration fee income in order to support the costs of running its activities. The directors have considered management accounts, cash flow projections and budgets for the year 2013 and beyond and are confident that further similar income will be raised in meeting the projected financial targets set in their business plan. Having carefully considered these matters the directors believe the company will have sufficient resources to meet its liabilities as they fall due and that it is appropriate for the financial statements to be prepared on a going concern basis.

Income

Grants, application and registration fees and investment income are all recognised on an accruals basis. Application and registration fees are allocated to income as received. Grant income is carried forward at the year end, as deferred income, to the extent that it will be spent in future accounting periods.

Expenditure

All expenditure is included on an accruals basis and is recognised when there is a legal or constructive obligation for payment to be made. Governance costs are the costs associated with the strategic direction of the organisation and with meeting regulatory requirements.

Tangible Fixed Assets

The company has a capitalisation policy of £500. Any asset of less than £500 in value is expensed immediately in the income and expenditure account. Depreciation is provided to write off the cost of the Fixed Assets over their estimated useful lives at the following annual rates:

Office fixtures and fittings

Office equipment

Straight line over 3 years

Straight line over 3 years

Operating leases

Operating lease and rental costs, where substantially **all** the benefits and risks of ownership remain with the lessor have been charged to expenditure as they arise.

Pensions

The company operates a money purchase pension scheme. The assets of the scheme are held separately from the company in an independently administered scheme. The pension cost charge represents contributions payable under the scheme by the company to the fund. The company has no liability under this scheme other than for the payment of the contributions as they fall due.

Year Ended 31 December 2012	Year Ended 31 December 2011
£	£
-	31,397
	31,397
Year Ended 31	Year Ended 31
December 2012	December 2011
£	£
269,155	236,780
269,155	236,780
	Pecember 2012 £ Year Ended 31 December 2012 £ 269,155

The Complementary and Natural Healthcare Council Notes to the Financial Statements For the year ended 31 December 2012 (Continued)

4 Operating Income	Year Ended 31 December 2012	Year Ended 31 December 2011
Net operating income for the period is stated after charging:		
Depreciation Audit fee - Current year Audit fee - "Prior year overprovision" Directors' remuneration	2,404 6,540 (252) 4,583	10,195 6,792 - 52,492
5 Professional Support/Activities	Year Ended 31 December 2012	Year Ended 31 December 2011
Attendance fees	3,919	6,150
Assessors/Other Fees & Venue Hire	5,415	3,847
	9,334	9,997
6 Administration Costs	Year Ended 31 December 2012	Year Ended 31 December 2011
Rent and Rates	33,799	35,825
Legal & professional fees	1,529	199
Consultants fees	79,670	51,000
Directors' remuneration Staff costs	47,423	30,783 53,276
Other staff costs	307	121
Staff recruitment	2,532	180
IT Support & Web development	22,599	9,309
Travel and Subsistence	6,265	4,257
Marketing & branding	17,279	26,354
Printing, postage and stationery	3,504	3,722
Telephone	383	1,093
Other office costs insurance	92	1 101
Loss on disposal of asset	1,286	1,101 2
Depreciation	2,404	10,195
Bank Charges	4,177	3,742
	223,249	231,159
7 Governance Costs	Year Ended 31 December 2012	Year Ended 31 December 2011
Directors' remuneration	4,583	21,709
Travel and Subsistence	1,219	3,949
Audit and accountancy fees	14,238	18,200
Legal and professional fees - Complaints procedure	75	-
"Honoraria"		1,667
	20,115	45,525

The Complementary and Natural Healthcare Council Notes to the Financial Statements For the year ended 31 December 2012 (Continued)

8 Staff Costs	Year Ended 31 December 2012	Year Ended 31 December 2011
Gross salaries	46,075	95,140
Social security costs	3,687	8,322
Pension costs	2,244	2,306
	52,006	105,768
Staff Numbers The average number of staff employed by the organisation for the p Directors' remuneration of £4,583 was paid to one individual. This in pension contributions in the year. Staff Pension Costs during the year amounted to £2,244		
9 Taxation	Year Ended 31 December 2012	Year Ended 31 December 2011
	£	£
United Kingdom corporation tax on:		
Investment income at 20%		
	-	-
10 Tangible Fixed Assets		Fixtures Fittings and equipment
Cost As at 1 January 2012		£ 32,937
Additions		1,548
Carried forward at 31st December 2012		34,485
Depreciation As at 1 January 2012		28,402
·		2,404
Change for the year		· —
Carried forward at 31st December 2012		30,806
Net Book Value As at 31st December 2011		4,535
As at 31st December 2012		3,679
11 Debtors	2012 £	2011 £
Trade Debtors	379	-
Prepayments	725	4,192
Other Debtors	-	35
Rent Deposit	4,000	2,400
	5,104	6,627

The Complementary and Natural Healthcare Council Notes to the Financial Statements For the year ended 31 December 2012 (Continued)

12 Creditors: Amounts falling due within one year	2012 £	2011 £
Trade creditors	13,486	4,326
Social security and other taxes	1,138	1,139
Accruals	6,540	12,079
Company Credit Card	155	584
	21,319	18,128

13 Capital Commitments

Land and buildings are occupied under a license fee which is renewable quarterly at a current commitment of £6,000 per quarter.

14 Related party transactions

There were no related party transactions during the year.

15 Limited Liability

In the event of a winding up the company is limited by guarantee and has no share capital. In the event of it winding up the liability of each member is limited to £1.

16 Statement of movements on Reserves	£
Balance at 1 January 2012 Net income for the year	10,308 16,457
Balance at 31 December 2012	26,765