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Regulating the complementary health professions: is the government doing enough?

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About half of the UK population use complementary and alternative medicine (CAM) during their lifetimes. Yet despite this, successive governments have appeared remarkably reluctant to engage with the regulation of these therapeutic practices, despite its stated commitment to responsive and appropriate regulation of the health sector.

Last week (5 May 2011), a Wellcome Trust funded conference at the University of Birmingham brought together experts from North America, Australia, Europe and the Middle East to answer questions around CAM and the professionalisation of CAM practitioners, and to drive forward debate on this issue.

One of the dangers of this debate is that certain CAM therapies remain controversial and the media representation of debates in this area has been sharply polarised, whereas, in reality, the situation is much more complex. Over the last few decades, there has been a rapid rise in the use of CAM and the range of therapies available, as well as increasing integration of CAM approaches with other areas of healthcare delivery. Despite this, the professional and regulatory structures that underpin the delivery of such therapies remain ad hoc, piecemeal and inconsistent across the UK. While regulation remains the subject of continuing debate, no comprehensive overhaul of the regulatory structure has been attempted and such fundamental reform remains unlikely. One notable anomaly was the failure to include CAM in the 2007 White Paper 'Trust Assurance and Safety' on the regulation of health professionals. This omission is particularly stark because between 40–50% of GPs offer some access to CAM as well as it being widely practised in the private and charitable sectors.

The current situation clearly remains clearly unsatisfactory. The Government has stated that health care regulation should be 'proportionate, accountable, consistent, transparent, and targeted'. This is more likely to be achieved by a coherent regulatory approach rather than solely reactive regulatory responses due to scandals or external influences, which is where we seem to be currently.

The Pittilo report, published a year after the White Paper, recommended the statutory regulation of practitioners of acupuncture, herbal medicine and traditional Chinese medicine, and this was supported through consultation. However, only herbal medicine regulation is being taken forward and this was at the 11th hour, seemingly in response to the concerted public campaigning against the introduction of the EU Herbal Medicine Directive, which would restrict access to unlicensed herbal medicines. It is likely that the increased role of the EU in the area of health law and policy will lead to further regulation being imposed upon the UK. Indirectly, the EU may also have an impact in the wake of the new EU Patients Rights Directive. Enhanced patient mobility across EU member states has already led to concerns regarding standards of care across the EU as a whole. This may provide a driver to work towards greater alignment in standards of patient care across member states in the future. As the delivery of health care today is concerned not simply with fixing the 'illness' but also with health and well-being, with a dialogue of both patient choice and patient mobility CAM therapies may become increasingly attractive.

Without a coherent approach there is a real danger that when we look back on the reform proposals considered over the last decade, it will be evaluated as little more than a fundamentally missed opportunity. The key message to emerge from the University of Birmingham conference was the need for any regulatory response to be proportionate to the risks involved (low inherent risk in relation to the majority of CAM therapies, but high numbers of people using CAM) and responsive to patients' needs.

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