## Background

In Britain, traditions of herbal medicinal use were recorded in published herbal pharmacopoeias dating back to the sixteenth and seventeenth centuries. Homeopathy became popular during the nineteenth century and was taught at medical schools. Interest in traditional Chinese medicine and acupuncture also dates back to the early nineteenth century but these therapies have become more commonly practiced only recently. Chiropractic and osteopathy were introduced from the United States of America in the early 1900s. Other traditional medical systems such as tibb, kampo, Ayurvedic, Maharishi Ayurvedic and unani as well as traditional African medicine are also found, though these tend not to be widespread outside immigrant communities. The House of Lords Select Committee on Science and Technology identified 29 different therapies in its report into Complementary and Alternative Medicine (though this was not exhaustive) (House of Lords Select Committee on Science and Technology 2000).

## Statistics

According to population surveys, the most commonly used therapies and products are acupuncture, aromatherapy, chiropractic, herbalism, homeopathy and osteopathy (Goldbeck-Wood 1996; Thomas et al 2001). The most recent population-wide survey, conducted in 2001, estimated that 10 per cent of the population had received complementary or alternative therapy from a practitioner in the past year (Thomas and Coleman 2004).

The number of (voluntarily) registered traditional/complementary medicine practitioners was estimated to be 49,000 in 1999 (Mills and Budd 2000). This followed a smaller-scale survey in 1997, which estimated that there were 40,000 traditional/complementary medicine practitioners. The General Osteopathic Council has 3,225 registrants and the General Chiropractic Council 2,019 registrants compared to the 203,398 registrants of the General Medical Council (Allsop et al 2004). A few individuals have dual registration.

Spending on complementary medicine in the United Kingdom rose by 12 per cent between 1999 and 2000 to £640 million (Market Assessment International 2000). Products account for about a quarter of the market value and services three-quarters; however, twice as many people use products than services (Market Assessment International 1999).

## Reimbursement

The majority of consultations with traditional/complementary medicine practitioners are funded privately by individuals; consultations funded by the National Health Service (NHS) account for less than 10 per cent of all consultations (Thomas et al 2001).

Access to funded traditional/complementary medicine services is highly variable between primary care trusts and depends on local purchasing policies. Around 58 per cent of primary care organisations provided some access to complementary therapies in primary care in 2000 (Bonnet 2000). In a survey of primary care organisations in the London region, 66 per cent reported that complementary medicine services were being accessed via primary care (Wilkinson et al 2002).
For the six established therapies included in Thomas and colleagues 2001 study (acupuncture, chiropractic, herbalism, homeopathy, hypnotherapy and osteopathy), the total estimated out-of-pocket expenditure was £450 million in England in 1998. There is currently poor information on the extent to which private health insurance companies cover complementary services, though they appear to be increasingly doing so in response to public demand.

**Extent of integration with conventional medicine**

Homeopathy has been integrated in the NHS since its foundation in 1948. There are currently five NHS homeopathic hospitals, in London, Glasgow, Liverpool, Bristol, and Tunbridge Wells.

In the NHS, patients are most commonly referred to acupuncture, osteopathy, chiropractic and homeopathy. The majority of referrals are in the form of recommendations to non-NHS providers, therefore, patients have to pay out of pocket. In a small-scale study of general practitioners, 30 per cent reported that they themselves practise a traditional/complementary therapy (Schmidt *et al* 2002). A more recent study found that nearly 50 per cent of general practices offered access to complementary therapies either directly or on referral (the lowest estimate was 35.6 per cent assuming all non-responders did not provide access) (Thomas *et al* 2003). In a review of studies of physician involvement in complementary medicine practice, there was great variation in the reported level of referrals to and practice of traditional/complementary therapy among doctors (Lewith *et al* 2001). Provision by hospital physicians is generally much lower than among general practitioners; one small-scale survey (response rate 23 per cent) reported less than 5 per cent (Lewith *et al* 2001).

Some health care practitioners such as doctors, nurses, midwives and physiotherapists provide complementary therapies as part of their care for patients both in the NHS and outside it, for example in hospices and the private sector. A report for the Department of Health estimated that there were 9,300 statutorily registered health professionals practising some form of traditional/complementary medicine. The report acknowledged that, due to the paucity of data, it was possible that there were up to 20,000 practising (Mills and Budd 2000).

The majority of traditional/complementary medicine services are provided in private clinics, either single-handed practices or increasingly in multi-professional practices or centres where different practitioners rent space.

Evidence-based interventions such as the use of acupuncture for lower back pain mean that there is growing but selective acceptance of traditional/complementary medicine among the medical profession. Recent guidance on standards of cancer care included recommendations about its use in palliative care (Department of Health 2000 p63; NICE 2004).

**Overview of regulations**

Common law has allowed traditional/complementary medicine practitioners to practise medicine without restriction in the United Kingdom, other than compliance with a number of general legal provisions (see Stone and Matthews 1996).

Chiropractors and osteopaths who continue to practice largely in the private sector gained statutory recognition and have general councils (similar to the General Medical Council for
registered medical practitioners). The Faculty of Homeopathy was established by Royal statute in 1950 as an officially recognised postgraduate medical teaching organisation (similar to the Royal Colleges). However, doctors who practise homeopathy and acupuncture are regulated by the General Medical Council. There has been considerable discussion and activity in seeking to regulate traditional/complementary medicine practitioners since the report of the House of Lords Select Committee on Science and Technology in 2000.

PRACTICE
In the United Kingdom, the practice of medicine by non-medically qualified practitioners has been permitted under common law despite the Medical Act of 1858 giving doctors exclusive rights over the title of ‘registered medical practitioner’. However, if the actions of non-statutorily registered persons result in maltreatment, they may be prosecuted (Stone and Matthews 1996). Non-statutorily registered practitioners are also prohibited from claiming to cure or treat specific illnesses and medical conditions, for example, under the Venereal Diseases Act of 1917 and Cancer Act of 1939. There are no restrictions on registered health care professionals using complementary therapies other than the ability to demonstrate competence if they face a complaint before their statutory regulatory body.

Chiropractics and osteopaths successfully attained statutory recognition in 1993 and 1994. Working groups supported by the King’s Fund and chaired by Lord Bingham produced reports detailing the case for regulation. The Osteopaths Bill was proposed as a Private Members’ Bill and became law in May 1993. The Chiropractors Act followed a similar path and was passed on 6 May 1994. The Osteopaths Act and the Chiropractors Act have granted protection of title to these professions and the first prosecutions have been brought against non-registrants using the title falsely.

The General Chiropractic Council and the General Osteopathic Council operate along similar lines to other health care professional regulatory bodies in the United Kingdom. They are composed of elected members of their profession, lay members appointed by the Privy Council, one member appointed by the Secretary of State and three members appointed by the Education Committee of Council. Each body has a number of statutory committees that carry out the regulatory functions of the Council – an Education Committee, Health Committee, Investigating Committee and Professional Conduct Committee. In addition, they are free to constitute other committees. In order to be entered on the register a person must satisfy the Registrar that he or she has a recognised qualification; is in good (physical and mental) health; and is of good character (Allsop et al 2004). Both Councils are currently implementing continuing professional development requirements; failure to meet these will be seen as professional misconduct and could result in suspension or removal from the register.

Working Group proposed a single Acupuncture Council to be established along the same lines as the General Osteopathic Council and General Chiropractic Council. It would regulate the practice of acupuncturists and grant protection of title to registrants. Health care professionals already regulated by another statutory body and wishing to practise acupuncture would be listed (under a separate membership tier), but the responsibility for the regulation of their acupuncture practice would remain with their ‘primary’ regulator, such as the General Medical Council. The Herbal Medicine Regulatory Working Group proposed an umbrella Complementary and Alternative Medicine Council, which would regulate both herbal medicine and acupuncture practitioners. This was the proposal on which the Department of Health subsequently consulted in March 2004 (Department of Health 2004).

The recommended Complementary and Alternative Medicine Council would solve one of the major problems that arose during the Herbal Medicine Regulatory Working Group deliberations – how to regulate traditional Chinese medicine practitioners, for whom both acupuncture and herbal medicine are integral parts of their practice. Traditional Chinese medicine practitioners were concerned that they would be required to register with two bodies in future, which would lead to two titles (neither of which would adequately describe their profession) as well as the requirement to pay two registration fees. There were also concerns expressed by the medical acupuncturists that the Department’s consultation had not accepted the proposal to have a separate listing of those who were already statutorily registered but wished to practise acupuncture and use the title ‘acupuncturist’. The results of the consultation were published in February 2005 (Department of Health 2005). The government was due to bring forward a Section 60 Order under the provisions of the Health Act 1999 in order to create a Complementary and Alternative Medicine Council. However, this was delayed by the wider review of professional regulation which reported in 2006 (Department of Health 2006; Chief Medical Officer 2006). The White Paper which followed did little to clarify the likely date by which statutory regulation will be in place (Department of Health 2007).

For the majority of complementary therapies a robust system of voluntary self-regulation is the preferred government option. Twelve different complementary health care groups have been of developing arrangements for regulation of their profession with support from the Prince’s Foundation for Integrated Health’s regulation programme. A report examining options for a federal-style structure was commissioned by the Foundation and a consultation was carried out in early 2006 (Stone 2005). During 2007 a Working Group set up by the Foundation drafted proposals for a voluntary federal regulator to be established in 2008 (Foundation for Integrated Health 2008).

**EDUCATION AND TRAINING**

The majority of traditional/complementary medicine courses are offered by private training colleges such as the Anglo-European College of Chiropractic in Bournemouth established in 1965, the McTimoney Chiropractic School established 1972, and the Witney School established 1984. Some courses are recognised by universities; for example, in 1988 the Anglo-European College became the first complementary medicine college to offer a validated degree course in the United Kingdom. In recent years more courses have been available at universities and colleges of further education; for example, the first degree-level course for herbalists was established at Middlesex University.

Some courses are accredited by professional associations or regulatory bodies and the resultant qualification will be sufficient to gain membership or entry to a register. For
example, the British Acupuncture Accreditation Board has established standards of training and accredits courses for non-medical acupuncturists that allow graduates access to the British Acupuncture Council register. A number of complementary therapies have established national occupational standards, which set out the minimum skills required in order to practise a therapy. A number of nationally recognised vocational-related qualifications in complementary medicine, at the diploma level, have recently been accredited by the Qualifications and Curriculum Authority, the regulatory body for publicly funded qualifications. These qualifications, normally offered by further education colleges, are linked to the agreed national occupational standards.

Courses vary in their scope and may offer practitioner training, academic theory, professional practice, self development or simply an introduction to the therapy (Williams 2003); for example, the University of Westminster offers herbal medicine and homeopathy as part of a general Health Sciences degree, and the University of Salford, the University of Westminster and Thames Valley University offer general qualifications in complementary medicine. Not all complementary medicine qualifications available within higher education are professionally accredited and the practitioner element of courses varies.

Data on university entry since 2002 includes a category of courses under the title ‘complementary medicine’, which encompasses osteopathy, chiropractic, chiropody, Chinese medicine, herbalism, acupuncture, homeopathy, aromatherapy, hypnotherapy and reflexology. In 2003–04, the number of students accepted on to complementary therapy courses rose by 9.1 per cent, similar to the overall growth rate of 9 per cent for all subjects allied to medicine and much higher than the 3.8 per cent growth in medicine and dentistry. The majority of students are studying at degree level (73 per cent in 2004, up from 63 per cent in 2002) and the majority are women (91 per cent of all applicants in 2004 and 86 per cent of those accepted).

In Tomorrow’s Doctors, the General Medical Council made recommendations about the curriculum content for undergraduate medical education. It proposed that graduates ‘must be aware of the existence and range of [alternative and complementary] therapies, why some patients use them, and how these might affect other types of treatment that patients are receiving’ (General Medical Council 2003 p 11). Consequently, medical school curricula are being redesigned and existing elective courses are likely to become core components for all students. Qualified doctors and other statutorily registered health care professionals wishing to specialise in homeopathy can take specialist exams set by the Faculty of Homeopathy: similarly, the British Medical Acupuncture Society offers training courses and examinations that statutorily registered health care professionals may take.

Summary

Osteopaths and chiropractors achieved statutory recognition in 1993 and 1994 respectively through the passage of the Osteopaths Act and the Chiropractors Act. The government consulted on proposals for the statutory regulation of herbalists and acupuncturists in 2004, but legislation has not yet come before parliament. Otherwise complementary medicine practitioners are free to practise and are not subject to any government regulation. Many have developed their own voluntary self-regulating bodies. The Prince’s Foundation for Integrated Health is establishing a federal system of voluntary regulation in 2008 which will require full public and professional liability insurance.