
Guidelines and Criteria For Complementary Therapies

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1 Purpose of these Guidelines

In October 2009, the Complementary Therapy (Safeguarding Practice) Quality Measures for Peer Review (2008) were published. Although it is generally recommended that complementary therapy is made available to patients, the actual range and levels of service provision of such therapies are not subject to agreed boundaries and NHS commissioners do not have a mandatory responsibility to commission and/or provide complementary therapies. However, NHS organisations are expected to comply with the National Cancer Peer Review Programme as directed by the Manual for Cancer Services: Complementary Therapy (Safeguarding Practice) Measures (2011). The following guidelines ensure compliance with the Measures. They were first published in June 2013, and have been reviewed and agreed by the LCA Complementary

The measures set out the clinical governance requirements for the London Cancer Alliance (LCA) to exercise over such complementary therapies as might be provided. The Measures deal with the case of practitioners offering therapy or consultations on any LCA NHS premises and also where organisations are cited in any patient information materials.

The Measures intentionally focus on those clinical governance issues which are directly relevant to the welfare of patients rather than those dealing with the professional development of staff providing complementary therapy. It is acknowledged that these are linked in so far as the recommendations made are to endorse safe, skilled and responsible care for patients.

These LCA Complementary Therapy Guidelines relate to adult cancer services. Complementary therapies are also commonly provided to carers within cancer care settings and as such they require the same standard of safe, responsible and skilled care.

These Complementary Therapy Guidelines for the LCA will be circulated to organisations to enable them to:

- document agreement of the Guidelines
- ensure that each service manager produces a list that must be updated annually of the complementary therapy services offered to patients on the NHS premises and ensure those listed meet the relevant complementary therapy criteria as cited in these Guidelines
- ensure that each service manager produces a list to be updated annually of those complementary therapy services cited in the patient information materials which are not practised on the NHS premises but meet the agreed criteria

Organisations may have to undergo a self-assessment and internal validation of the measures as directed by the National Cancer Peer Review Programme.

2 Introduction

These Guidelines set out the clinical governance requirements for therapists and organisations that provide complementary therapy for adults with cancer and who are either:

- employed by the NHS
- employed by another organisation
- provide services in a voluntary capacity

All complementary therapy services offered to patients on NHS premises or cited in the patient information within the LCA must adhere to these Guidelines.

It is advised that where possible those services currently providing treatments that do not meet the criteria set out in these Guidelines receive appropriate support and training to satisfy the agreed criteria. In the

interim all patient work must be directly supervised by a suitably qualified therapist and a date set for achievement of the standard. This is the responsibility of the relevant service manager.

NHS premises are taken to be hospitals, day centres, NHS owned GP practices and those services where NHS funded care may be provided e.g. Hospices and GP premises owned by GPs. Therefore as hospices receive NHS funding for specialist palliative care and therefore it would be good practice to comply with these Guidelines.

Where complementary therapies are provided outside of those premises, these Guidelines would be expected to be followed as good practice.

These Guidelines will be distributed to all complementary therapy services in the LCA.

3 Scope of the LCA

3.1 Definitions

For the purpose of this document the term 'Complementary Therapy' is used to cover a range of specific therapies which are offered to patients with cancer that have potential benefit. They are not offered as alternative tumour reduction (cancer reduction, tumour ablation or removal) methods to any of the conventional treatments offered by the LCA such as surgery, radiotherapy, chemotherapy, endocrine therapy or biological therapy. Hence the term used here is 'complementary' not 'alternative'.

NICE Supportive and Palliative Care Improving Outcomes Guidance (2004) states:

"Complementary therapies are used alongside orthodox treatments with the aim of providing psychological and emotional support through the relief of symptoms."

3.2 Requirements to practice

All categories of complementary therapists must have:

- Occupational health clearance
- Disclosure and Barring Check (DBS) - enhanced
- Written agreement to adhere to agreed policies and procedures (including health and safety, patient confidentiality, equal opportunities etc.)
- Insurance: If the therapist is an NHS employee working with NHS patients, he/she is covered by the NHSLA policy for both clinical negligence and public liability cover. However, if the therapist is an NHS employee working with private patients, the NHSLA (NHS Litigation Authority) provides public liability cover but the therapist will require in addition personal indemnity cover. Volunteers will also require possession of relevant indemnity insurance. All indemnity insurance should be checked annually to ensure that it is current. A photocopy of the insurance document should be taken and placed in the therapist's personal file
- Evidence of up-to-date Continuing Professional Development (to meet the requirements of each therapy practised)

If the complementary therapy practitioners are volunteers or self-employed they should have gained the above clearances from an NHS personnel department or an organisation whose volunteer and/or self-employed recruitment policy covers the following issues to the required standards:

- A volunteer complementary therapy policy guideline must also be evident covering consent, clinical guidelines for each therapy, documentation, risk assessment, etc.
- Each service manager within a cancer locality must keep an up-to-date register of services/therapists who meet these criteria and whose therapists are working within that locality or who are cited in the patient information literature

3.3 Qualifications, Competency & Regulation of Complementary Therapies

All therapists must be CNHC (Complementary and Natural Healthcare Council) registered if their therapy has been accepted onto the CNHC register. Otherwise, for any other therapies the therapist must be registered with the appropriate registration council for that therapy.

As patients with cancer have complex needs, complementary therapists with accountability for care should have at least two years general post qualification experience. In addition, those therapists with no cancer care experience should be supervised until deemed competent.

All therapists must be eligible and registered with the professional body pertaining to each therapy.

Healthcare professionals are advised to check with their professional body regarding eligibility to incorporate complementary therapies into their practice.

To date the following therapies can register with the CNHC:

- Massage
- Aromatherapy
- Reflexology
- Shiatsu
- Nutritional therapy
- Alexander Technique teaching
- Yoga
- Bowen technique therapy
- Sports therapy
- Naturopathy
- Hypnotherapy
- Microsystems acupuncture
- Cranial Sacral therapy
- Healing
- Reiki

If a service offers any other therapies that are not currently registered by CNHC then the service manager must do a full risk assessment to ensure that the therapists meet the criteria outlined in 3.2.

It is acknowledged that a range of complementary therapies may be delivered by registered healthcare professionals who will also be expected to adhere to their professional codes of clinical practice and have managerial support in place.

4 London Cancer Alliance Complementary Therapy Criteria

4.1 Clearance

This is required for all categories of complementary therapists:

- If practising on NHS premises, whether the therapist is an NHS employee or a volunteer, they should conform to the guidance and policies of that organisation.
- If employed by a non-NHS organisation there must be an employment policy and appropriate clinical guidelines in place.

- If working as a volunteer or as a self-employed sessional therapist the organisation must have appropriate policies and clinical guidelines.

4.2 Written information for patients

Patients should be provided with written information for the therapies offered. This can be prepared by the institution/organisation in a leaflet which explains all the therapies offered at that service or be provided as information in individual leaflets prepared by the therapists and reviewed by the organisation's patient information service. Any information provided by the therapists to patients must be quality controlled by the organisation where the therapist is working. The Macmillan Cancer and Complementary Therapies brochure provides information about most of the commonly accessed complementary therapies and can be obtained free of charge to services.

It is preferable to offer written information about the therapy prior to offering an intervention/treatment.

The information should cover the following:

- ✓ Therapies are provided by CNHC registered therapists, or those working towards registration where the CNHC does not cover the therapy then the therapist is registered with the relevant registration council for the therapy
- ✓ A statement to the effect that the therapy is not an alternative method of tumour reduction to the conventional therapies (surgery, radiotherapy, chemotherapy, endocrine or biological therapy)
- ✓ The leaflet should not promise any cure or a particular medical benefit. If the research evidence is supportive then phrases such as 'may assist or help with symptoms' may be appropriate.
- ✓ It is important for the leaflet to indicate that patients report complementary therapy usage for symptom relief and seek medical advice if any new symptom arises or if a symptom worsens
- ✓ The leaflet needs to detail what is being offered, what the patient can expect to happen and the usual length of the therapy session. The leaflet needs to make clear that consent is required and a treatment may be stopped at any point
- ✓ The leaflet should detail the professional status of the therapists and the managerial arrangements with details of who to contact should there be a concern, complaint or compliment
- ✓ Information leaflets must not be used by therapists to advertise private practice to patients or service users nor should private practice information be given verbally or via other means (e.g. email, cards, poster, and networking sites)
- ✓ Requests for information about therapy services in the community can be responded to by directing patients to other cancer care services (free at the point of delivery) or to general sources of information (e.g. professional registers, directories, cancer information centres/web sites, etc.)
- ✓ A statement should advise that the Patient Information Services for the institution/organisation can offer advice about translation and availability of leaflets in other languages

4.3 Informed consent

If the service is provided by an NHS employed therapist then he/she should follow the consent procedure of the organisation and the LCA will not require written consent.

Non NHS organisations providing NHS funded care would have to follow their own consent policies. In this instance the LCA would not require written consent.

If a service is being provided that has not met the LCA criteria then full written consent must be sought.

4.4 Treatment/consultation records

Each therapist must keep clear and concise treatment records of therapies administered. These must comply with the organisation's policy on patient documentation.

4.5 Confidentiality

Complementary therapists are bound by both the code of ethics/professional practice of their relevant professional bodies and also by the guidance of the establishment in which they provide the therapy.

4.6 Protocols/clinical guidelines

Each organisation should have protocols and clinical guidelines for every therapy that is offered.

4.7 Equipment, supplements and substances

Each organisation must develop guidelines for the use of aromatherapy essential oils and undertake appropriate risk assessments.

Therapists must not make recommendations or prescribe substances or dietary supplements outside their sphere of practice or of the organisation's policies and standard operating procedures.

Each service must undertake a risk assessment for any equipment used (e.g. massage tables, foot stools, massage chairs).

Therapists must be made aware of and adhere to the organisation/institution's policies and health and safety legislation with regard to manual lifting and handling, control of infection, disinfection procedures, and storage/disposal of sharps and potentially harmful substances.

5 Service requirements

Each service should agree the LCA Guidelines for Complementary Therapies as a pre-condition for practitioners practising in NHS settings. All complementary therapists should be under managerial supervision.

Services are required to:

1. Produce and maintain an up to date list of complementary therapy practitioners practising on NHS premises:

Each organisation should produce a list annually of the complementary therapy practitioners offering their therapy or consulting with their patients on the NHS premises of the locality (see point 1.4).

The list should record the following information:

- The employment status of the complementary therapist i.e. whether employed by the NHS, volunteer, etc.
- Name of the complementary therapist
- Premises at which the complementary therapist offers therapies
- Complementary therapies offered
- Evidence of CNHC registration
- Evidence of registration with appropriate registration council for any therapy offered not on the CNHC register
- Evidence of membership of professional body for each therapy practised

- Therapy qualification of the complementary therapist
- Confirmation that the complementary therapist has complied annually with securing professional indemnity insurance and registration (NHS employees will not require this)

In order to be compliant with the LCA Complementary Therapy Guidelines, each service must annually review for each practitioner:-

- the documentation confirming that they are an NHS employee, volunteer or self employed and that there is evidence that that the employing/authorising organisation conforms with the LCA criteria
 - that the practitioner's professional qualifications and current registration satisfies the LCA criteria
 - that each practitioner is using written information for patients/carers (including consent documentation, protocols and procedures) that adhere to the LCA Complementary Therapy Guidelines
2. Produce a list of complementary therapy services cited in any patient information that is not provided on NHS premises:
- A list of complementary therapy services which are not provided on NHS premises (but are free at the point of delivery) and are endorsed by patient information should be compiled and updated annually. These services may be cited in the patient information of the multi-disciplinary teams, chemotherapy services and radiotherapy departments. All services need to confirm that the therapists employed or who volunteer meet the criteria described in these LCA Complementary Therapy Guidelines.

6 Circulation of these Guidelines

The LCA Guidelines outlining the criteria for the practice of complementary therapies will be made available to clinicians, CTTS, managers, patients and the public across the LCA area. These guidelines will be circulated to organisations to distribute to voluntary/independent sector providers and to any organisation providing complementary therapy and to trust chief executives. These Guidelines will also be accessible on the LCA website.