

**STEERING GROUP ON STATUTORY REGULATION OF ACUPUNCTURE,
HERBAL MEDICINE AND TRADITIONAL CHINESE MEDICINE PRACTITIONERS
(AHTCM)**

Minutes of the Third Meeting held on Tuesday 28 November 2006
West Yorkshire Playhouse, Quarry Hill, Leeds

Attendees:

Mike Pittilo, Chair

Mauroof Athique }
Peter Conway } representing Herbal Medicine
Deepika Gunawant }
Ned Reiter }

Ming Zhao Cheng }
Nick Lampert } representing Chinese Medicine
Benny Mei }

Mike Cummings }
Val Hopwood } representing Acupuncture
Jasmine Uddin }
Ken Ward-Atherton }

Mercy Jeyasingham – Chair, Acupuncture stakeholder group
Pam Jack, Acupuncture stakeholder Group
Michael McIntyre – Chair, Herbal/Traditional medicine stakeholder group
Mike O'Farrell – Chair, Chinese medicine stakeholder group

Amrit Ahluwalia, European Herbal Practitioners Assn
Ian Brownhill, Foundation for Integrated Health
Thomas Scott, DHSS Northern Ireland
Richard Woodfield, MHRA

Jonathan Coe, Lay Member
Valerie McKie, Lay Member
Meeling Ng, Lay Member

Apologies:

Sharon Corner, Department of Health
Francis Dow, Lay Member
Tom Lane, Skills for Health
Kate Ling, Department of Health
Mee Ling Ng, Lay Member
Bill Scott, Scottish Executive Health Department
Thomas Scott, DHSS Northern Ireland
Yilan Shen, practitioner
Julie Stone, CHRE
Rachel Tripp, HPC
Susan Wynn, Welsh Assembly

1. Minutes

The minutes of the meeting held on 19 September 2006 were confirmed as an accurate record of the meeting.

2. Welcome

The Chair welcomed Jonathan Coe, a new lay member, and Pam Jack from the Acupuncture Stakeholder Group to the meeting.

Some concern was raised by members of the Steering Group (SG) about the lack of DH representation at the meeting.

3. Matters Arising

- a) Representatives from the HPC were invited but unable to attend today's meeting. They will be invited to make a presentation at the March meeting.
- b) The SG response to the DH consultation on non medical regulation was submitted on 10 November. The response, already circulated to SG members, highlighted three main concerns: ability of these professions to meet HPC entry criteria; the large number of professions already waiting to join the HPC; and HPC's capacity to cope with new and complex professions.
- c) Richard Woodfield reported on progress with S12.1 reform. The MHRA is currently working on a range of draft papers which should be available to the SG for comment in early January. The MHRA will be working with FIH on consulting with other CAM professions about reform.
- d) DH still to organise a meeting for Ros Mead with Mike Pittilo
- e) Letter to Finlay Scott, GMC already circulated: no response as yet
- f) Letter to Margaret Coats, GCC already circulated: The Issue of joint working with AHMTCM will be taken to the GCC Council in the new year. While Margaret did not think chiropractors would want the title 'acupuncturist', members of the Group felt this should be raised with the professional body rather than the regulator.
- g) Letter to Madeline Craggs, GOsC already circulated: Madeleine did not feel the HPC was the right place for osteopaths and given the GOsC had campaigned to maintain its independence, she did not feel the GOsC would be willing to give that up and be regulated alongside AHMTCM. Madeleine will be raising this with her Council and report back in the new year. Jonathan Coe reported that he would be meeting the British Osteopathic Association soon and would raise this with them, too.
- h) Letter to Sarah Thewlis, NMC already circulated: the NMC response appears to want to keep CAM professions at arm's length and did not address the issue of title. A member of the NMC would be attending the next ASG meeting so these issues could be raised again there.
- i) Letter to Ann Lewis, RPSGB already circulated: the RPSGB want to meet to discuss the possibility of being the regulator for AHMTCM. There would be good reasons for the herbalists to be regulated here, particularly with respect to quality assurance. However, both Peter Conway and Ned Reiter raised concern that herbalists would find it very difficult to be regulated alongside pharmacists. If a meeting with the RPSGB were to be organised, it would be useful if both Richard Woodfield and Michael McIntyre attended.

- j) Letter to Marc Seale, HPC already circulated and report of HPC meeting with Chair, Amrit Ahluwalia, Marc Seale and Michael Guthrie: A number of key points were raised at the meeting as follows:
- Marc Seale felt the HPC could accommodate the needs of AHMTCM. A discussion followed on problems with meeting HPC entry criteria.
 - It would not be essential for a profession to have a single professional body though this was highly desirable. On the day the register opens, the HPC would accept the membership lists directly from the agreed professional association(s). The HPC will invoice for fees immediately following this. Where practitioners choose not to be regulated, they simply do not pay the fee and will then be removed from the register.
 - If there are practitioners who are not on an agreed professional association register, they will need to be grandparented on to the HPC register at a cost of £200. Note that the General Osteopathic Council had very high grandparenting standards which, if these professions were to be regulated together with the GOsC, may not be agreeable to everyone.
 - The HPC is proactive in communicating the existence of new statutorily regulated professions to the public and it encourages patients to see only regulated professionals. Some advertising and the use of the Yellow Pages are restricted to those professionals who can provide a registration number, so non regulated professionals will not be able to promote their practice through these means.
 - The need for an evidence base is not always necessary as it is acknowledged that for some professions, eg arts therapists, it is not easy to do.
 - The HPC has published a range of standards documents which are available on the HPC website www.hpc-uk.org and would be worth the SG considering.
 - It is unlikely the HPC would support the use of a range of titles for a single profession.

The Chair reported that most of the reasons raised with the HPC about it not being the most appropriate regulator for these professions were disproven by Marc Seale. It is important that, in future, any arguments used are well considered and cogent.

Concerns were raised about how HPC reform would affect future regulation and how the HPC would deal with the issues raised through S12.1 reform and work with the MHRA.

The Chair recommended the tabled HPC standards documents be used by the Stakeholder Groups to inform their work.

Jonathan Coe reported that the psychotherapists had concerns about going into the HPC and had launched a campaign against it.

Ian Brownhill reported that he is due to meet the arts therapists soon and would get some feedback from them about being regulated by the HPC.

Action: Ian Brownhill to feedback to the Group

Val Hopwood, a physiotherapist registered with the HPC, felt that the HPC currently had little contact with registrants, though this is likely to change with more demanding CPD and the introduction of revalidation.

Richard Woodfield was concerned that the HPC's 'light touch' approach to regulation may be inappropriate where medicines are concerned, and that a more proportionate and proactive approach would be preferable.

4. Outline of Report from the Steering Group

The Chair had drafted an outline of the SG Report to the DH which had been circulated to the Stakeholder Chairs for comment.

The the following key points were made:

- The report needs to be appropriate for an audience including ministers, civil servants and the public. It will also be used to inform the new regulator of work to date.
- The report needs to outline the most preferable regulatory arrangements for AHMTCM.
- The Executive Summary needs to be short and concise, followed by background and a historical perspective eg House of Lords, ARWG, HMRWG reports, etc
- Context setting including current health policy should be included (Foster/Donaldson), especially as it relates to professions already regulated. An international perspective, including the WHO strategy for herbal/traditional medicines, differences in training and education, etc should also be part of this. As this section may be quite long, it was suggested it be included in the report as an appendix.
- The professional association registers that are considered acceptable to go directly onto the HPC register(s) need to be listed in the report, in addition to guidance on grandparenting, CPD, etc
- There needs to be a section on medicines and the legislation within which they are used in the UK and Europe.
- The report needs to include an explanation about the differences between the traditions/styles of practice, both for safety and to ensure patients know what to expect from a practitioner. Jasmine Uddin pointed out that in acupuncture, styles have changed over the last ten years and a curriculum has been developed which reflects this shift.
- Research as well as safety and efficacy need to be included

Action: MP to redraft Table of Contents and circulate

5. HPC Standards Documents

Standards documents from the HPC were tabled. Stakeholder Chairs need to be aware of generic and profession specific parts of the Standards. Stakeholder groups to consider these documents and agree them or adapt them as necessary.

1. Standards for CPD
2. Standards of Proficiency
3. Standards of Education and Training
4. Standards of Conduct, Performance & Ethics

Action: HPC Standards to be discussed, developed and agreed by Stakeholder Groups

5. Reports from the Stakeholder Groups

- The Acupuncture Stakeholder Group (ASG) tabled a paper on progress to date. Mercy Jeyasingham highlighted the appointment of Pam Jack as Group secretary, establishment of sub groups to look at specific issues, and following Chairs meeting, agreement to invite colleagues from other stakeholder groups to attend future ASG meetings.
- Michael McIntyre reported that the Herbal Medicine Stakeholder Group met recently and spent time on both the HPC documents and Kate Ling's Next Steps paper. Three key issues were highlighted that the group was concerned about: the number of titles, the purpose and nature of the scope of practice statements and the implications of revalidation. In addition, Michael and Amrit had recently met with

MHRA colleagues to discuss early drafts of discussion documents about S12.1 reform.

- Mike O’Farrell reported that the Chinese Medicine Stakeholder Group had recently welcomed Mee Ling Ng from the Steering Group and Phil Lawes from the ASG to the Group. Two documents were tabled: the TCM Core Curriculum and the Code of Practice. The curriculum and the Code of Practice have been developed from those used by the ATCM, RCHM and the BAcC. The most significant issue for the group is English language proficiency as the group felt it would take a significant amount of time for Chinese medicine practitioners to meet an acceptable minimum standard. The Chair felt that a good standard of English was essential for any practitioner to ensure informed consent and to be able to liaise with other healthcare professionals, etc. The use of English is particularly an issue for the high street Chinese clinics, and the group is working hard to engage with this sector. Practitioners working in these clinics will need to understand the implications for regulation and S12.1 reform as well.

6. Dual Registration

Mike Cummings tabled a paper on collaborative regulation highlighting the issues regulated healthcare professionals who practise acupuncture are currently facing. The Chair is currently awaiting specific guidance from the GMC on a number of issues relating to dual registration.

7. Priorities and Going Forward

While there were a number of concerns about being regulated by the HPC, there would be benefits as well, not least that it could be relatively quick and inexpensive.

The key concerns from the Group about joining the HPC were:

- Being the first CAM professions being regulated alongside more orthodox professions
- Complexities of medicines
- Need to diagnose
- Large number of professional associations
- Dealing with dual regulation

Assurances need to be given by the HPC that the above can be addressed.

8. Feedback from Lay Members

Val McKie was very impressed by the commitment and professionalism of everyone on the Group. She reminded members that statutory regulation is about public protection and the importance of continuing to work together to ensure public safety.

Today’s meeting was Jonathan Coe’s first as a lay member. Jonathan is the Chief Executive of WITNESS, a charity which supports people who have been abused by health and care workers. As such, Jonathan’s particular concerns were around public protection and professional boundaries and he felt he could raise awareness of these issues with the Group.

9. Next meeting

The next meeting is 9 March 2007. The Group was very keen to meet in London.