Complementary Therapy Policy - CLP011
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**Why we need this Policy**

Complementary therapies can be effectively used alongside conventional health treatments to complement and support conventional holistic health care.

Throughout the trust different specialist teams use complementary therapy as a treatment, providing the service user more choice and supporting a collaborative therapeutic relationship with their practitioner.

The trust supports the use of complementary therapy where a service user finds it helpful and used in conjunction with their conventional care plan.

This policy sets out the definition, aims, codes of practice, ethics and standards to be used. It also outlines the responsibilities of the therapist.

**What the Policy is trying to do**

The purpose of this policy is to provide NHFT employees who use evidenced based complementary therapy in their working practice with a framework of good practice and monitoring of safe working systems. This will also add to the research and development of this therapy.

The trust supports the use of complementary therapy where a service user finds alongside their conventional care-plan that it is helpful to their mental and/or physical wellbeing.

**Which stakeholders have been involved in the creation of this Policy**

- Chaplaincy Service
- Heads of Service
- Senior Matrons

**Any required definitions/explanations**

Complementary and Alternative Medicine (CAM) is a title used to refer to a diverse group of health-related therapies and disciplines which are not considered to be a part of mainstream medical care.
Other terms sometimes used include “natural medicine”, “non-conventional medicine” and “holistic medicine”. However, CAM is currently the term used most often, and hence it is adopted in this policy. CAM embrace those therapies that may either be provided alongside conventional medicine (complementary) or which, in the view of their practitioners, act as a substitute for it.


Science & Technology 6th Report on CAM:
House of Lords Select Committee 2000

This policy covers Complementary Therapy only

“Complementary Therapy” denotes the supportive nature of the therapies and is viewed as complementary to and co-existing with medical treatments / planned programme of care, not as alternative to them. They are not intended to replace existing medical care but are used as additional interventions to support, enhance service users’ mental, physical, emotional and spiritual well-being, reducing symptoms and promoting health promotion. There is also an acknowledgement that some complementary therapies may be seen within orthodox medical practice in the future.

Examples of complementary therapies which are most often used to complement conventional health care and do not embrace diagnostic skills are listed below (although not an extensive list)

- Alexander technique
- Aromatherapy
- Bach and other flower remedies
- Bodywork therapies including massage
- Counselling and stress therapy
- Hypnotherapy
- Meditation
- Reflexology
- Shiatsu
- Healing
- Yoga

Regulation and registration of complementary therapists in the UK is by voluntary self-regulation to a variety of professional bodies.

The General Regulatory Council for Complementary Therapies (GRCCT) is an overarching independent regulator with a national register from all complementary therapy professional bodies which protects the public by validating the status of all registered therapists. Practitioners on this National Register agree to abide by a Code of Professional Conduct & Ethics, are answerable to the GRCCT Complaints Disciplinary procedures, maintain their training and knowledge with continuing professional development and have in force professional indemnity and public liability insurance. It is therefore preferable that those practitioners used within NHFT are registered with the GRCCT.
To help define the difference between complementary therapy (this policy covers) and alternative therapy, a definition of alternative therapies is included below with examples of these types of therapies.

**Alternative Therapies**

Those regarded as the principle disciplines, which have an individual diagnostic approach, and of which osteopathy and chiropractic are regulated in their professional activity and education by Acts of Parliament, namely:

- Acupuncture
- Chiropractic
- Herbal medicine
- Homeopathy
- Osteopathy

Other therapies that would also come under *Alternative therapy* which offer diagnostic information as well as treatment and which, in general, favour a philosophical approach and are indifferent to the scientific principles of conventional medicine” may include

Long established and traditional systems of healthcare such as

- Ayurvedic medicine
- Traditional Chinese medicine

Therapies that are seen as ‘lacking any credible evidence base’

- Crystal therapy
- Iridology
- Radionics
- Dowsing
- All Kinesiology modalities

All therapies that come under the definition cited in complementary therapies are covered by this policy. The use of any therapies must first be submitted to the line manager for authorisation.

**Key duties**

- **Corporate Responsibility**
  Healthcare services have a responsibility to offer appropriate healthcare to their service users and provide training for their staff to fulfil this commitment.

  The Chief Executive, on behalf of the trust board has overall responsibility to ensure the trust complies with its statutory obligations. The trust board - ensures that all staff receive
appropriate training to enable them to fulfil their roles within the trust.

- **Directors and head of services**
  The directors are responsible for ensuring this policy is embedded into clinical practice within their areas of responsibility. They must ensure all staff are up to date with any training needed to fulfil the needs of the service.

- **Line Manager Responsibility**
  Managers/modern matrons are individuals who line manage clinic staff who will be implementing the complementary therapy in their area and will be effected by this policy. They have a duty to support staff to be confident and competent in delivering complementary therapy that has a robust research evidence base for that particular clinical area / diagnosis.

Managers must support clinical staff who provide specific complementary therapy maintain their standards set by the specific registration body of practice.

- Managers must be aware of the professional standards set down by the specific therapy registration body and complete an annual report /audit to monitor adherence towards these standards. This information will be kept within the implementing service and be available as evidence for the therapy being offered.

- Through the use of the audit, supervision, complaints monitoring and evaluation of treatment by the service user; the manager will be able to monitor any issues with practice of the therapy.

- Each complementary therapy used within the manager’s area must be regulated by the specific regulating body. Managers must keep an up to date record of all registered therapists, ensuring they renew their registration when requested by the specific regulating body.

- **Employee Practicing Complementary Therapy**
  The practicing complementary therapist (definition Appendix 1) practices the specific complementary therapy in consultation with other relevant healthcare professionals involved in the care of the service user, ensuring there is local multidisciplinary agreement and appropriate resources.

  The practicing complementary therapist will maintain the standards set down by their regulating body. This will also include any other professional bodies they are registered with. They will continue to update their practice through their regulating body.

Currently published National Occupational Standards for GRCCT regulated therapies a compiled by Skills for Health are listed below:

1. **Aromatherapy**
   https://tools.skillsforhealth.org.uk/competence/show/html/id/2801/

2. **Hypnotherapy**
   https://tools.skillsforhealth.org.uk/competence/show/html/id/480/
3. **Massage**
   https://tools.skillsforhealth.org.uk/competence/show/html/id/2804/

4. **Reflexology**
   https://tools.skillsforhealth.org.uk/competence/show/html/id/2808/

5. **Reiki**
   https://tools.skillsforhealth.org.uk/competence/show/html/id/2809/

A record of treatment must be kept in the clinical notes for each client receiving a therapy with reviews incorporated into these sessions on a regular basis to establish service user views, level of satisfaction and effects of treatment as appropriate.

The therapist is required to provide evidence of continuing professional development in their chosen therapy and annual confirmation of their Public Liability/Indemnity Insurance cover, where appropriate, to their line manager.

The practicing complementary therapist will be responsible for keeping accurate documentation which will inform their line manager’s annual reports.

Any equipment used within the delivery of complementary therapy process should follow all relevant guidelines within the trust’s policies; this would include cleaning logs, infection control, safe keeping of materials and disposal of such equipment.

Trust employees delivering complementary therapies in their own time outside the trust must clearly identify themselves to be working as independent complementary therapists and not as representatives of the trust.
Policy detail

- **Information sharing**
  Rationale for the complementary therapy should be recorded on a safe system of working form (appendices 2) and shared with appropriate practitioners involved in the service user’s care.

- **Consent from the service user**
  It is important the service user has a full understanding of the therapy they are undertaking including the side effects. It is the therapist’s responsibility to give up to date information on the evidence that supports the use of the therapy.

  The information given to the service user should be in a form that they would be able to understand; this may be in the form of information in their first language, oral, braille, or translator.

  Once the service user is aware of the benefits and side effects and would like this therapy, a signed consent form should be completed and consent recorded in their clinical record.

- **Service users who cannot give consent**
  Any service user who cannot give consent should still have an opportunity to be offered complementary therapy if it will be beneficial to their overall care. In conjunction with the service user’s multi disciplinary care team, guardian and the capacity act a discussion can be made to proceed or not. This must be recorded in the clinical records. All efforts should be made to include all involved in the service user’s care.

- **Volunteers providing complementary therapy**
  Each directorate has a responsibility to keep their service users safe. The decision to allow volunteers to provide complementary therapy should be taken by the head of the directorate in consultation with the care delivery area in the first instance then consent from the service user. If it has been agreed the volunteer may use their complementary skills they must provide written agreement they will adhere to the trust policy. This agreement will be recorded in the clinical notes and a copy given to the service user. Relevant insurance and registration documents must be provided by the volunteer to confirm their fitness to practice.

- **It may be appropriate for some service users to consider use of the chaperone policy CLP004**

- **Therapists code and conduct**
  The complementary therapist will abide by the codes of conduct set down by their complementary therapy professional association and practice according to their level of competency.

- **Annual audit/review**
  An annual audit should be completed to help support the evidence based practise of the complementary therapy being undertaken in each speciality/directorate. This should be completed by the Therapist and line manager and discussed as to whether the therapy is of benefit to the service users. Evidence for this may take the form of statements from service user’s outcome measuring scales.
• **Supervision**

The complementary therapist must participate in regular clinical and managerial supervision through the most appropriate channel, such as:

- Line management.
- Clinical Supervision as in current practice.
- Peer group supervision via a complementary therapy group.
- From another practitioner practising the same complementary therapy.

Additionally, some disciplines of complementary therapy require formal and structural supervision. Where continued practice depends on external supervision, individual management agreement is required in line with Trust Policy HR033 Staff Supervision Policy.

• **Safe systems of working**

The practising complementary therapist (definition Appendix 1) practices the specific complementary therapy in consultation with other relevant healthcare professionals involved in the care of the service user, ensuring there is local agreement and appropriate resources.

The safe systems of working form (Appendix 2) must be completed and kept by the therapist’s line manager and be available to other professions involved in the service user's care.

A specific health and safety risk assessment for the delivery of the complementary therapy may also be required to be completed by the manager on DATIX.

**Training requirements associated with this Policy**

**Mandatory Training**

Training required to fulfil this policy will be provided in accordance with the Trust’s Training Needs Analysis. Management of training will be in accordance with the Trust’s Statutory and Mandatory Training Policy.

**Specific Training not covered by Mandatory Training**

Training and registration with a recognised complementary therapy professional body must be obtained by the complementary therapist and updated on a regular basis, as part of their professional development plan.

**How this Policy will be monitored for compliance and effectiveness**

The table below outlines the Trusts’ monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.
<table>
<thead>
<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Method of monitoring</th>
<th>Individual responsible for the monitoring</th>
<th>Monitoring frequency</th>
<th>Group or committee who receive the findings or report</th>
<th>Group or committee or individual responsible for completing any actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>All complementary therapist should be trained in the therapy they practice</td>
<td>Audit of qualification/registration</td>
<td>Modern matron/line manager</td>
<td>Annually</td>
<td>Directorate director</td>
<td>Modern matron line manager complementary therapist</td>
</tr>
<tr>
<td>Safe Systems of working form to be completed for each complementary therapy</td>
<td>Audit of each therapy used in directorate</td>
<td>Modern matron/line manager, complimentary therapist</td>
<td>Annually</td>
<td>Directorate director</td>
<td>Modern matron line manager complementary therapist</td>
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<td>Training</td>
<td>Training will be monitored in line with the Statutory and Mandatory Training Policy.</td>
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<tr>
<td>All staff will have their training needs identified in their appraisals</td>
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Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.

For further information

The Trust’s body of Policy can be found here:
http://nww.nhft.northants.nhs.uk/Content/Policies_and_Procedure/index.jsp

Equality considerations

The Trust has a duty under the Equality Act and the Public Sector Equality Duty to assess the impact of Policy changes for different groups within the community. In particular, the Trust is required to assess the impact (both positive and negative) for a number of ‘protected characteristics’ including:

- Age;
- Disability;
- Gender reassignment;
• Marriage and civil partnership;
• Race;
• Religion or belief;
• Sexual orientation;
• Pregnancy and maternity; and
• Other excluded groups and/or those with multiple and social deprivation (for example carers, transient communities, ex-offenders, asylum seekers, sex-workers and homeless people).

The author has considered the impact on these groups of the adoption of this Policy and does not believe that there are any specific equality considerations that need to be taken into account.

Reference Guide

The General Regulatory Council for Complementary Therapists.
http://www.grcct.org/about-us/

http://www.archive.official-documents.co.uk


Complementary healthcare: A guide for patients
(Prince of Wales foundation for integrated health) www.fih.org.uk

The 10 Essential Shared Capabilities (ESC) for Mental Health Practice
Developed by NIMH, NHSU, & Sainsbury Centre for DoH. www.dh.gov.uk/publications.

Document control details

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<th>Author:</th>
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<td>Trust Policy Board 12.04.2016</td>
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<td>Quality Forum</td>
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**APPENDIX 1 – PRACTICING COMPLEMENTARY THERAPIST**

**An Accountable Practitioner in Complementary Therapy is either:**

- A registered healthcare professional (eg nurse, physiotherapist, occupational therapist, social worker, medical doctor) who has a recognised qualification in the complementary therapy they wish to practice in
OR

- A healthcare support worker/unregistered healthcare worker who has a recognised qualification in the complementary therapy they wish to practice.

OR

- An external practitioner who has a recognised qualification within their own particular specialist therapy, which is appropriate and acceptable to the Trust and has awareness of the issues involved with mental illness and learning difficulties. Evidence of sufficient professional insurance is needed.

APPENDIX 2. Safe systems of working form

<table>
<thead>
<tr>
<th>Safe system of work for (name of complementary therapy and directorate)</th>
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<tbody>
<tr>
<td>Introduction to therapy</td>
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<tr>
<td>Benefits</td>
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<tr>
<td>Potential Hazards/complications</td>
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<tr>
<td>• To the therapist/practitioner</td>
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<tr>
<td>• To the service user</td>
</tr>
<tr>
<td>Precautions and contra-indications /considerations including checks for allergies and medication</td>
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<tr>
<td>Clinical effectiveness</td>
</tr>
<tr>
<td>Safe systems of work</td>
</tr>
<tr>
<td>References</td>
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