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complementary & alternative medicine - submission to public petitions committee

13 January 2003

In December 2002, the Scottish Parliament Public Petitions Committee wrote to the BMA asking for our views on a petition they had received. Petition PE571 called on the Scottish Parliament to introduce legislation that would require Health Boards in Scotland to integrate and implement the recommendations from the 1996 Report by the National Medical Advisory Committee on Complementary Medicine and the NHS.

In particular, the committee sought our views on:

- details of the BMA's position with regard to the use, safety and efficacy of Complementary and Alternative Medicine (CAM), and on the merits of placing a statutory obligation on Health Boards to integrate CAM within the NHS in Scotland;comments on the petitioner's claims that the absence of a constructive policy on CAM has led to a lack of comprehensive and equitable provision of services through the NHS in Scotland;the proportion of practitioners who are qualified in providing CAM treatment, together with an indication as to whether the BMA would support the provision of specified training in CAM for the profession; and
- comments on the need for further research to be conducted on the use, safety and efficacy of CAM in Scotland, similar to that being undertaken in other parts of the UK.

The full text of our response is detailed below:

Thank you for your letter requesting the views of the British Medical Association on petition PE571 which calls on the Scottish Parliament to introduce legislation that would require Health Boards in Scotland to integrate and implement the recommendations from the 1996 Report by the National Medical Advisory Committee on Complementary Medicine and the NHS.

The BMA is supportive of many forms of complementary and alternative medicine (CAM). However, it is our view that a number of issues must be addressed before there can be any commitment to wider provision of these services within the NHS.

In 1993, in response to the growing interest among patients in the use of complementary therapies, the BMA published a policy report Complementary Medicine – New Approaches to Good Practice. Subsequently, in 1999 the BMA produced guidance for GPs on referrals to complementary therapists, and in 2000, we published Acupuncture: efficacy, safety and practice following a postal survey of general practitioners in the UK. These publications focused mainly on discrete therapies which have established training programmes and have the potential for greatest use alongside orthodox medical care. They cover the practices of acupuncture, osteopathy, chiropractic, herbalism and homeopathy; the five most common therapies in the UK at the time of publication.

The BMA's policy on CAM emphasises the need for increased awareness amongst medical students, the value of postgraduate education for the health care professions and the need for all practitioners providing treatment in acupuncture, osteopathy, chiropractic, homeopathy and herbalism to obtain high levels of education and competence. A substantial increase in the provision of education in CAM for medical students has occurred since the 1993 report. However, it is important to distinguish between those therapies that require regular training, similar to undergraduate courses and those that can be taught in short seminars and courses. The teaching of CAM in university higher education courses has expanded greatly in recent years. BSc qualifications are available in acupuncture, osteopathy and a range of other CAM therapies. The BMA believes that all CAM students should be taught a core curriculum in science and biomedicine relevant to the particular therapy or procedure claiming to have a therapeutic influence. Continuing professional development and training should also accompany the practice of any therapy.

Patients require clear information about therapists, particularly whether they are competent to practice. Defined levels of competence within each therapy would act as a guide to the public and safeguard patients against unskilled or unqualified practitioners. Where individuals undergo courses of training designed to equip them for the practice of particular therapies, they should conform to minimum standards appropriate to the responsibilities and demands of that therapy. The BMA recommends that a single regulating body be established for each therapy. Each regulatory body should hold a single register of members which is publicly available and limited to competent practitioners, have an established code of practice, encourage professional development and research, and provide a training structure including continuing education for qualified members. Osteopathy and chiropractic are the only therapies that are currently regulated.

There is limited access within the NHS to osteopathy, chiropractic, homeopathy and acupuncture. Outwith the NHS, due to the lack of requirement for registration other than for osteopathy and chiropractic, it is difficult for those seeking treatment to be certain that the therapist is competent to practice. In the absence of effective European or UK regulatory control it would be premature to establish policy on provision of services and inequalities in the provision of services within the NHS in Scotland will therefore be inevitable.

An increasing number of medical professionals are choosing to provide limited access to CAM within their own practices, either by bringing in a qualified therapist or undertaking training in the therapy themselves. However, there is insufficient evidence to justify compulsory training, as part of the medical curriculum, in complementary and alternative medicines at this stage. Access to further training in complementary therapies is available to medical professionals through ongoing professional postgraduate development.

There still remains a great deal of scepticism over the credibility of some forms of complementary and alternative medicine. There is a lack of sufficient evidence to support many of the claims of efficacy. This is in contrast to orthodox medicine which is developed on a sound evidence base. Without evidence, it is impossible for the public and the medical profession to make informed decisions on the risks and benefits of different therapies. It might be suggested that evidence-based backing is perhaps unrealistic as much of the success of complementary medicine is based on patient satisfaction. The majority of complementary therapy is provided by the independent sector where patients are generally required to pay. This allows for more time to be spent with the therapist, a factor which many studies have shown results in greater levels of satisfaction. However, this is not to imply that satisfaction is based entirely on time made available.

Further research is needed before advocating greater provision of CAM within the NHS in Scotland. We acknowledge that research funding for CAM is currently a low priority. Both the NHS and the Research Councils should address this matter. The BMA recommends closer collaboration between the medical profession and practitioners of non-conventional medicine in research, both in terms of clinical and laboratory-based research.

Our recommendations for research in this area are:

- Priority should be given to research into acupuncture, chiropractic, herbalism, homeopathy and osteopathy as the therapies most commonly used in this country.
- In the absence of research foundations for specific therapeutic disciplines, support should be given to organisations such as the Research Council for Complementary Medicine, to raise awareness of the need for more research in non-conventional therapies.
- Core curricula for undergraduate training establishments should include components on research methodology, information technology and statistics
- Experienced practitioners in different therapies should be encouraged to undertake practice surveys measuring workload and patient characteristics. Such research could be facilitated by postgraduate training and on-call advice on research protocols from organisations such as Research Council for Complementary Medicine.

In addition it is important that a sufficiently robust system should be in place to record any adverse reactions occurring after non-conventional intervention. Such surveillance schemes should collate information on incidents which may be used for research to test the safety and quality of different therapies.

The resources needed to evaluate clinical practice to the highest standard, whether in orthodox or non-conventional treatment are considerable. Non-conventional therapists may lack the time, money experience and infrastructure to carry out research trials. Orthodox medicine attracts major funding from the pharmaceutical industry and research into non-conventional therapies is unlikely to attract similar financial support. Funding from organisations such as the MRC is essential.

In summary, the BMA is supportive of those forms of complementary therapy for which evidence of claims of efficacy can be demonstrated. We favour those that also have independent regulatory systems in place. It would be premature to place obligations on health boards, statutory or otherwise, to integrate complementary therapies within the NHS in Scotland. We acknowledge the lack of equitable provision throughout Scotland but we would argue that sufficient evidence of efficacy is not yet available to justify a comprehensive policy on provision. We are not aware of any statistics on the number of practitioners in the various CAM disciplines in Scotland; we submit that reliable and meaningful statistics would only be available where regulatory bodies existed. Extensive research into the safety and efficacy of various therapies is underway across the UK (and to our knowledge also in Scotland) and further afield. Further research is needed but this should be considered in the context of what is currently being done internationally.