

# Annual review of accreditation 2019/20

Complementary and Natural Healthcare Council  
(CNHC)

December 2020

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## About the Complementary and Natural Healthcare Council

The Complementary and Natural Healthcare Council (CNHC) registers:

- Alexander Technique Teachers
- Aromatherapists
- Bowen therapists
- Colon Hydrotherapists
- Craniosacral therapists
- Healing practitioners
- Hypnotherapists
- Massage therapists
- Microsystems therapists
- Naturopathy therapists
- Nutritional therapists
- Reflexology practitioners
- Reiki practitioners
- Shiatsu practitioners
- Sports therapists
- Yoga therapists

Its work includes:

- Setting and maintaining standards of practise and conduct
- Maintaining a register of qualified professionals
- Assuring the quality of education and training
- Requiring registrants to keep up their skills up to date through continuing professional development
- Handling complaints and concerns raised against registrants and issuing sanctions where appropriate.

As of July 2020, there were 6,183 registrants on CNHC's register.

CNHC was first accredited on 23 September 2013. This is its seventh annual review and this report covers 23 September 2019 to 23 September 2020.

## Background

The Professional Standards Authority accredits registers of people working in a variety of health and social care occupations not regulated by law. To be accredited, organisations holding such registers must prove that they meet our demanding [Standards for Accredited Registers](#) (the Standards). Accreditation is reviewed every 12 months.

Accreditation can be renewed by a Moderator in cases where all Standards are evidenced to be met. A Moderator can issue Recommendations and note Achievements.

Where concerns do exist, or information is not clear, a targeted review will be initiated by a Moderator. The outcome of this review is assessed by an Accreditation Panel, who can decide to renew accreditation, renew accreditation with conditions, suspend accreditation or remove accreditation. Panels may also issue Recommendations and note Achievements.

- **Condition** – Changes that must be made within a specified timeframe to maintain accreditation
- **Recommendation** – Actions that would improve practice and benefit the operation of the register, but do not need to be completed for compliance with the Standards to be maintained. Implementation of recommendations will be reviewed at annual renewal
- **Achievement** – Areas where a register has demonstrated a positive impact on one of the four pillars of the programme; protection, choice, confidence and quality.

## Outcome

Accreditation for CNHC was renewed for the period of 23 September 2020 – 23 September 2021.

Accreditation was renewed by a Moderator following a review of evidence gathered by the Accreditation team and supplied by CNHC.

No Conditions or Recommendations were issued as a result of this annual review.

The following report provides detail supporting the outcome.

# Assessment against the Standards for Accredited Registers

## Standard 1: the organisation holds a voluntary register of people in health and/or social care occupations

- 1.1 CNHC reported a reduction of registrant numbers since the previous year of accreditation (from 6,259 to 6,183). CNHC reported that was the first year that it had seen a reduction of registrant numbers, attributed to financial difficulties felt by registrants under the Covid-19 pandemic. CNHC highlighted that the small net loss reflected confidence in the register by its registrants despite economic pressures.
- 1.2 The Authority found this Standard continues to be met.

## Standard 2: the organisation demonstrates that it is committed to protecting the public and promoting public confidence in the occupation it registers

- 2.1 CNHC highlighted challenges to its register and its registrants posed by the Covid-19 pandemic. CNHC registrants had been restricted from seeing clients. CNHC noted a lack of recognition of Accredited Registers by the UK governments that had been afforded to regulated professionals, and complementary healthcare as a business sector requiring support during the pandemic. CNHC also highlighted conflicting messages from the governments about practitioners returning to work.
- 2.2 CNHC highlighted that it had successfully operated throughout the pandemic by responding to phone calls and emails and providing updates on restrictions and return to work.
- 2.3 The team noted [CNHC's Statement on Vaccinations](#) issued November 2019 which stated that registrants are required under its *Code of Conduct, Ethics and Performance* to 'recognise and work within the limits of [their] own knowledge, skills and competence.' And that if 'clients raise questions about vaccinations they must be advised to contact their GP.'
- 2.4 The Authority found this Standard continues to be met.

## Standard 3: risk management

- 3.1 When applying for Accreditation and at annual review, registers provide a risk matrix demonstrating their identification and mitigation of risks to the public associated with their registrants' practice, including their personal behaviour, technical competence and business practice. Registers detail the likelihood and impact of risks and any mitigations.
- 3.2 Scores for inherent and mitigated risks were unchanged from the previous year. CNHC updated evidence for the effectiveness of its controls to account for recent updates, for example development of new core curricula for the therapies registered.
- 3.3 CNHC had added specific consideration of how the Covid-19 pandemic (discussed under Standard 10) had affected existing risks on the matrix. This

included that CNHC had issued guidance for registrants to cease providing face to face therapies, on remote working, and on safe return to work. CNHC had published links to Department of Health and Social Care (DHSC) and Public Health England (PHE) guidance, and guidance issued by the Accredited Registers Collaborative group.

3.4 The Authority found this Standard continues to be met.

**Standard 4: the organisation demonstrates that it has sufficient finance to enable it to fulfil its voluntary register functions effectively including setting standards, education, registration, complaints and removal from the register**

4.1 There were no significant changes reported or noted in the past year. As part of its due diligence, the Accreditation team reviewed records from Companies House and noted the CNHC appears to be financially sustainable.

4.2 The Authority found this Standard continues to be met.

**Standard 5: the organisation demonstrates that it has the capacity to inspire confidence in its ability to manage the register effectively**

5.1 There were no significant changes reported or noted in the past year.

5.2 CNHC publishes minutes from open sessions of its Board meetings on the register website. CNHC confirmed its April 2020 meeting had been cancelled. CNHC's website advised that meetings are currently not open to the public due to Covid-19.

5.3 As part of its due diligence the team checked CNHC's Articles of Association, updated September 2019 and reported no concerns.

5.4 The Authority found this Standard continues to be met.

**Standard 6: the organisation demonstrates that there is a defined knowledge base underpinning the health and social care occupations covered by its register or, alternatively, how it is actively developing one. The organisation makes the defined knowledge base or its development explicit to the public**

6.1 There were no significant changes reported or noted in the past year.

6.2 The Authority found this Standard continues to be met.

**Standard 7: governance**

7.1 CNHC advised that a lay member of its Board had resigned in April 2020 CNHC's Board decided not to recruit a replacement, but to revert to its previous structure of 5 lay and four registrant members.

7.2 A concern was received that a trained acupuncturist had been elected to CNHC's Board as a 'lay member' on the basis that CNHC only registers practitioners of microsystems acupuncture. The person providing the concern suggested this could affect confidence in the CNHC's governance. The Authority asked for CNHC's comment on this, and CNHC's approach to lay membership. CNHC responded that lay had been defined as 'one who has never completed training or practised in any discipline regulated by CNHC', and that its Board had always had a lay majority and Chair.

7.3 The Authority has previously advised:

‘One of the ways in which an Accredited Register can demonstrate that it seeks, understands and uses the views of service users and the public to inform key decisions about its register functions is by having lay members on its Board. The Authority had previously noted that it is good practice for lay members to be involved in the work of Accredited Registers.’

7.4 The Authority noted the concern raised and CNHC’s response. The Authority did not have concerns about the overall composition of CNHC’s Board however considered that effective lay membership could have a ‘patient/user perspective (outside) to try to influence the system (inside) and improve things for the people whose interests they articulate.’<sup>1</sup> This might not be possible should all lay members come from related, if not registered, occupations.

7.5 The CNHC advised it had commissioned an external review of its standard conditions of employment and Employee Handbook, which was completed in August 2019.

7.6 The Authority checked CNHC Chair’s news update to registrants, which also highlighted newly published Covid-19 information, including advertising requirements and guidance.

7.7 The Authority found this Standard continues to be met.

#### **Standard 8: setting standards for registrants**

8.1 There were no significant changes reported or noted in the past year.

8.2 The Authority found this Standard continues to be met.

#### **Standard 9: education and training**

9.1 CNHC publishes ‘core curricula’ which include the relevant National Occupational Standards for a therapy and set out details of the training requirements that must be met to apply to CNHC’s register. CNHC advised that it had published its Core Curriculum for Sports Therapy in August 2019, Massage Therapy in November 2019 and Sports Massage in July 2020. CNHC advised work continued on consultation drafts for Alexander Technique Teaching, Bowen Therapy, Craniosacral Therapy and Yoga Therapy.

9.2 A concern was received that a CNHC Verifying Organisation (VO) had accredited its own training provider without ‘external verification of the quality, content or deliverance of the courses’. The concern stated that the organisation had incorrectly claimed its courses were Scottish Qualifications Authority (SQA) approved. The Authority noted a potential risk that the provider’s students may have graduated without having developed the competencies to safely work, and to meet CNHC’s standards of education and training.

9.3 CNHC responded that the Verifying Organisation had met the quality assurance requirements issued by CNHC, as required by the Authority at CNHC’s initial accreditation assessment, to assure VOs met the required

<sup>1</sup> [Working with lay members and patient representatives \(networks.nhs.uk\)](https://networks.nhs.uk)

standards. CNHC advised it had intended to re-run the quality assurance process in April 2020 but this had been deferred due to Covid-19. As the concern had been raised CNHC ran the process and reported its findings and evidence to the Authority. CNHC reported it was satisfied the organisation continued to meet CNHC's criteria. CNHC also checked and reported that the associated training provider was entitled to use the SQA logo. The Authority noted CNHC's intent to review the quality assurance of its VOs.

9.4 The Authority found this Standard continues to be met.

#### **Standard 10: management of the register**

- 10.1 The Authority considered the CNHC's approach to the Covid-19 pandemic. CNHC had set up a public hub with updates and guidance for the public and registrants. This included its [Covid-19 \(Coronavirus\): Advice to CNHC Registrants](#) stating that 'All disciplines should cease providing face to face therapies'. CNHC updated this to make clear that this did not apply to registrants 'employed directly by the NHS or other regulated health and social care organisations such as hospices, nursing homes and care homes'.
- 10.2 CNHC highlighted that from September 2020 'registrants in England who provide close contact services (ie practise 'hands-on')' were required to provide a QR Code for people on their premises to check in with the [NHS COVID-19 Test and Trace app](#).'
- 10.3 CNHC provided guidance on remote working, insurance coverage, support for small businesses and the self-employed, and for maintaining mental health during the pandemic.
- 10.4 CNHC issued a reminder and guidance for registrants to ensure they remained in compliance with advertising rules in CNHC's Code of Conduct, Ethics and Performance and the Committee of Advertising Practice (CAP) Code.
- 10.5 CNHC advised it continued to closely monitor all changes to restrictions issued by the four UK governments and updated its guidance and advice to registrants and partner organisations.
- 10.6 The Authority found this Standard continues to be met.

#### **Standard 11: complaints and concerns handling**

- 11.1 There were no significant changes reported or noted in the past year.
- 11.2 During the previous annual review of accreditation, CNHC had also submitted a *Notification of Change* to amend its complaints procedures, to consider allegations against specific breaches of the Codes, rather than alleging that fitness to practise is impaired by reason of misconduct or lack of competence. CNHC's request was being considered under the separate process. CNHC advised that this had not progressed due to prioritisation of Covid-19 related matters.
- 11.3 CNHC advised it had received five complaints about registrants in the past year: one received about a practitioner who was no longer registered, one was resolved informally, one was received out of CNHC's time limit for complaints without providing exceptional circumstances. One complaint was

investigated and a 'no case to answer' decision was made. CNHC provided an update on remaining and recent complaints received.

- 11.4 CNHC had previously stopped accepting complaints about advertising, other than potential breaches of the Cancer Act'. CNHC had advised that it would take that approach following submission of a *Notification of Change* application accepted by an Accreditation Panel in April 2016. CNHC had advised that if a potential breach related to the CAP Code of Practice, CNHC would notify the complainant informing them to take the matter to the Advertising Standards Authority (ASA). CNHC advised the Authority that it would also consider potential breaches of its [Code of Conduct, Ethics and Performance](#) (Section C4: 'Advertising your work or practice) relating to advertising, when reviewing the advertising content relevant to the complaint.
- 11.5 At the previous annual review, the Authority had re-stated that there may be issues beyond the Cancer Act that should be considered, particularly if registrants' advertising was clearly misleading. The Authority advised that where there were serious concerns, and where there was a clear breach of CNHC's Codes, including in advertising, CNHC should consider acting itself. The Authority issued a recommendation for CNHC to consider its position regarding serious cases concerning registrants' advertising.
- 11.6 The CNHC advised it had updated its [Advertising Guidance](#) to state:
- '2.5 CNHC will also consider whether any other complaints about advertising are sufficiently serious to be dealt with by CNHC. Otherwise they will not be accepted by CNHC because they should be made to the Advertising Standards Authority.'
- 11.7 Section 2.1 of the guidance highlights that the CNHC [Code of Conduct, Ethics and Performance](#) makes clear that 'You or anyone acting on your behalf must use only factual and verifiable information when advertising your work or practice' and states that advertising must not 'make unsubstantiated claims' or 'mislead'.
- 11.8 The Authority queried what CNHC would consider 'sufficiently serious'. CNHC responded:
- 'Sufficiently serious' would include
- claims for complementary therapy to cure any disease
  - instilling fear
  - anti-vaccination material or support for such campaigns'
- 11.9 The Authority asked if this would extend to claims regarding named conditions. CNHC advised it would consider on a case by case basis whether a concern would be resolved informally, dealt with in accordance with its formal procedures for dealing with complaints, or referred to the ASA. CNHC confirmed this could be applied to any wording used on websites, including testimonials. The Authority found that the Recommendation had been considered.
- 11.10 At the previous annual review 'the Authority noted examples of complaints decisions outcomes where the basis for the decision might be inferred from context but was not clearly explained'. The Authority noted it would be of

benefit for CNHC to record clear explanations for its decisions at all levels. The Authority checked a recent complaint decision provided by CNHC and noted it appeared clearly explained.

- 11.11 The CNHC advised no complaints about the organisation had been received in the past year.
- 11.12 The Authority found this Standard continues to be met.

### Share your experience

- 12.1 The Accreditation team received two responses to the invitation to share experience within the annual review assessment. These are discussed within Standards 7 and 9.
- 12.2 The Authority received two concerns during the accreditation year.
- 12.3 A concern raised a registrant's use of the title 'Doctor' on their website. The concern had also noted links to 'anti-vaccination' resources on that website which may have been in breach of CNHC's statement and Code of Conduct (see above). The Authority noted that such information was not present at the time of assessment.
- 12.4 The Authority noted that CNHC had sought advice from the Advertising Standards Authority's (ASA) Copy Advice Team and following this required the registrant to remove reference to the title Doctor from their website and had removed links to that website from its register until this was actioned. The registrant was also asked to seek advice regarding claims made on the website for homeopathic treatments.
- 12.5 A concern was received regarding a social media post advising that an occupation registered by CNHC had received the Authority's endorsement for practitioners to return to work. CNHC advised that messaging issued by the Authority (to follow government guidelines) had been misinterpreted and that the post had been removed.
- 12.6 CNHC advised that following this, concerns had been raised by professional bodies regarding the interpretation of government guidelines, through CNHC and the Authority. The Authority noted that CNHC's statement that its registrants should not return to work until otherwise advised had been recognised throughout.

### Impact assessment

- 13.1 There were no significant changes reported or noted in the past year.

### Equality duty under the Equality Act 2010

- 14.1 The Authority had regard to its duty under the Equality Act 2010 when considering the application for renewal of accreditation.