
Guidelines For Organisations Providing Complementary Therapies for People Affected by Cancer

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Based on the original London Cancer Alliance guidance June 2013, reviewed September 2014

1 Purpose of these Guidelines

These Guidelines were first published in June 2013, and have been reviewed, updated and agreed by RM Partners Complementary Therapists Community of Practice.

They set out best practice for complementary therapies as might be provided across the RM Partners geography, including practitioners offering therapy or consultations on any NHS premises and also where organisations are cited in any patient information materials provided on site.

The Guidelines were originally based on the Peer Review Measures for complementary therapies. They 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. They also take account of NICE Supportive and Palliative Care Improving Outcomes Guidance (2004).

These 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.

The Guidelines will be available on the RM Partners website and will be circulated to organisations providing complementary therapy to cancer patients 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 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 (that must be updated annually) of those complementary therapy services cited in patient information materials which are not practised on the NHS premises but meet the agreed criteria

2 Introduction

These Guidelines set out the clinical governance requirements for complementary 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 on NHS premises

All complementary therapy services offered to patients on NHS premises or cited in the patient information within RM Partners 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 complementary 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. As hospices receive NHS funding for specialist palliative care it would therefore be good practice to comply with these Guidelines.

Where complementary therapies are provided outside of NHS premises it is recommended that these Guidelines are followed as best practice.

3 Scope of Guidance

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 to be used alongside conventional medical treatment. It may help them to feel better and cope better their cancer and treatment. They are not offered as alternative tumour reduction (cancer reduction, tumour ablation or removal) methods to any of the conventional treatments offered by RM Partners 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 complementary therapist is an NHS employee working with NHS patients, he/she is covered by the NHSLA (NHS Litigation Authority) policy for both clinical negligence and public liability cover. However, if the complementary therapist is an NHS employee working with private patients, the NHSLA provides public liability cover but the complementary therapist will require in addition personal indemnity cover. Volunteers and those who are self-employed will also require possession of relevant indemnity insurance. All indemnity insurance should be checked annually to ensure that it is current, if required. A copy of the insurance document should be taken and placed in the complementary therapist's personal file.
- Evidence of up-to-date Continuing Professional Development (to meet the requirements of each therapy practised and to fulfil annual registration).

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
- Each complementary therapy service manager within a cancer locality must keep an up-to-date register of services/complementary therapists that meet these criteria and whose complementary therapists are working within that locality or who are cited in the patient information literature.

3.3 Qualifications, Competency & Regulation of Complementary Therapies

All complementary therapists must be registered with the appropriate body, as approved by the Professional Standards Authority (PSA). www.professionalstandards.org.uk

Three voluntary registers currently exist:

- Complementary and Natural Healthcare council www.cnhc.org.uk
- Federation of Holistic Therapists www.fht.org.uk
- British Acupuncture council www.acupuncture.org.uk

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 complementary therapists with no cancer care experience should be supervised until deemed competent.

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

If a service offers any other therapies that are not currently registered by a PSA registered organisation then the service manager must do a full risk assessment to ensure that the complementary 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 RM Partners Complementary Therapy Criteria

4.1 Clearance

This is required for all categories of complementary therapists.

- If practising on NHS premises, whether the complementary 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 complementary 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 on hosted on the organisation's website which explains all

the therapies offered at that service or be provided as information in individual leaflets prepared by the complementary therapists and reviewed by the organisation's patient information service. Any information provided by the complementary therapists to patients must be quality controlled by the organisation where the complementary therapist is working. The Macmillan Cancer Support booklet, Cancer and Complementary Therapies <https://be.macmillan.org.uk/be/p-265-cancer-and-complementary-therapies.aspx>, 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 appropriately registered complementary therapists, or those working towards registration with the relevant body.
- ✓ 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.
- ✓ The leaflet should encourage patients to report complementary therapy usage to their medical team and to 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 that the patient may request the treatment to be stopped at any point.
- ✓ The leaflet should detail the professional status of the complementary 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 complementary 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

All services should follow the consent procedure of their own organisation. RM Partners does not require additional written consent.

Non-NHS organisations providing NHS funded care should follow their own consent policies. In this instance RM Partners would not require written consent.

4.4 Treatment/consultation records

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

4.5 Confidentiality

Complementary therapists are bound by both the code of ethics/professional practice of their registering body and the 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 have guidelines in place for the use of aromatherapy essential oils and undertake appropriate risk assessments.

Complementary therapists must not make recommendations or prescribe substances or dietary supplements outside of 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, and acupuncture needles).

Complementary 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 RM Partners Guidelines for Organisations Providing 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
 - The list should record the following information:
 - The employment status of the complementary therapist i.e. whether employed by the NHS, volunteer, self-employed, etc.
 - Name of the complementary therapist
 - Premises at which the complementary therapist offers therapies
 - Complementary therapies offered

- Evidence of professional registration and membership of professional body for each therapy practised
 - Therapy qualification of the complementary therapist
 - Evidence of annual professional indemnity insurance, either privately or through the organisation in which the therapy is being practised
 - Evidence of employment status, e.g. employee, volunteer or self-employed and that there is evidence that the employing/authorising organisation conforms with RM Partners criteria
 - That each practitioner is using written information for patients/carers (including consent documentation, protocols and procedures) that adhere to these 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 multidisciplinary teams, chemotherapy services and radiotherapy departments. All services need to confirm that the complementary therapists employed or who volunteer meet the criteria described in these Guidelines.