

28th October 2009

Submission to “A joint consultation on the Report to Ministers from the DH Steering Group on the Statutory Regulation of Practitioners of Acupuncture, Herbal Medicine, Traditional Chinese Medicine and Other Traditional Medicine Systems Practised in the UK”

The joint consultation, on behalf of the four UK Health Ministers, seeks “respondents’ views on whether, and if so how, to regulate acupuncturists, herbal medicine practitioners and traditional Chinese medicine (TCM) practitioners”.

This statement is a joint submission to the consultation by Sense About Science, the Academy of Medical Royal Colleges, the Institute of Biomedical Science, the Medical Research Society, the Medical Schools Council, the Physiological Society and the Royal College of Pathologists.

- 1. We strongly support the principle of protecting the public. We do not support the proposal to introduce tailored professional regulation for Practitioners of Acupuncture, Herbal Medicine, Traditional Chinese Medicine and Other Traditional Medicine Systems. This is because these treatments have little scientific evidence base, yet the introduction of professional regulation may give the impression that they are equivalent to treatments that are evidence based and that their practitioners have the knowledge, skills and attributes of fully qualified medical doctors. If patient safety is likely to be compromised by these practices to an extent that cannot be dealt with through existing product and trading standards regulation, then conventional medical training should be required of practitioners and only under those circumstances should professional registration be considered.**
- 2. Acupuncture, herbal medicine, traditional Chinese medicine and other traditional medicine systems are not recognised medical specialties; therapies used are not regulated with regard to their efficacy; and the practices offer accounts of basic physiology and pharmacology that are often highly implausible.**
 - 2.1 The consultation tacitly recognises this in proposing to regulate their practitioners in a different way from the regulation of practitioners of conventional, science-based medicine. However, since the professional regulation proposed by the Government *imitates* the regulation of science-based medical practice, this therefore suggests to the public that these practices are part of, or equivalent to, science-based medical practice and this could endanger patient safety.
 - 2.2 Despite the emphasis placed by the Government on the importance of evidence-based medicine, the proposals have not taken the opportunity to introduce any requirement for evidence of efficacy.
- 3. The section of the professional regulation which is concerned with professional registration, accreditation, courses and diplomas, in the absence of science-based medical training simply legitimises the practices. It offers the appearance of science-based medical registration but not the content¹.**
 - 3.1 The Pittilo report, on which the Government’s proposals are based, advocated a register of practitioners with the entry requirement of a Bachelor degree with Honours in alternative medicine. However, these

¹ In order to meet threshold standards of proficiency required by a regulator, individuals registered by statute have to have a defined scope of practice and complete an approved course of education and training.

courses do not equip practitioners to recognise the symptoms of what might be a serious underlying condition or to be familiar with possible drug interactions².

3.2 Professional accreditation and regulation has been introduced in other alternative medicine practices, beginning with chiropractic, at the request of the Prince of Wales and his Foundation for Integrated Health. Following this we saw the introduction and rapid expansion of quasi-scientific qualifications. Students on these courses are not taught to look for and diagnose conditions that might be indicated by the presenting symptoms. They are, for example, being taught that ‘anti-tumour herbs’ are indicated for some cancers (‘What is taught in degrees in alternative medicine?’ David Colquhoun, www.dscience.net/Pittilo-consultation-What-is-taught.pdf). There is no public benefit to be gained from these outcomes.

4. The consultation promulgates regulation on the grounds of safety, notably the possibility of herb/drug interactions, misconduct, criminal behaviour and cleanliness, such as the disposal of needles. This part of the proposals is dismissive of the possibility that existing regulation could resolve patient safety risks in herbal and traditional medicine.

4.1 Regulations already exist to cover the licensing of herbal products: from 2011 only registered health professionals will be able to prescribe those products that require a full registration, rather than registration as a traditional product. Professionals with science-based medical training, such as general practitioners, can continue to prescribe them. This would be an optimal way of addressing concerns about patient safety. The proposals have not given sufficient consideration to this option and have not proposed an alternative way to address such concerns as drug interactions and failure to diagnose underlying conditions.

4.2 Existing regulatory mechanisms include the MHRA’s mandate, and recently that of the Office of Fair Trading, to investigate misleading product claims, hygienic production and adulteration of medicines.

4.3 Hygiene and safe disposal at premises is usually dealt with through Trading Standards.

4.4 A body might therefore be established to oversee criminal records checks, hygiene certification and English fluency. This does not require the professional registration and regulation proposed.

The proposed regulations will demand a high social cost, by creating the misleading impression of a scientifically based medical foundation to these practices and by failing to improve any standards of efficacy or medical training, in return for a marginal benefit of more systematically certificated hygiene etc. which could readily be achieved through other means.

Please do contact us if you would like further detail on any of these points.

Signed

Tracey Brown, Managing Director, Sense About Science

Professor Sir Neil Douglas FRCP PRCPE, Chairman, Academy of Medical Royal Colleges

Professor Stephen O’Rahilly FRS FMedSci, Chairman, Medical Research Society

Professor Tony Weetman FRCP FMedSci, Chair, Medical Schools Council

Alan Potter MBE CSci FIBMS, Chief Executive, Institute of Biomedical Science

Dr Michael Collis, Chief Executive Officer and Professor Jeremy Ward, Chair of the External Relations Policy Committee, The Physiological Society

Professor Peter Furness FRCPATH, President, Royal College of Pathologists

² David Colquhoun, *Nature*, **446**: 373-374 (2007)

Appendix - Further Information

The **Academy of Medical Royal Colleges'** (www.aomrc.org.uk) role is to promote, facilitate and where appropriate co-ordinate the work of the Medical Royal Colleges and their Faculties for the benefit of patients and healthcare. The Academy comprises the Presidents of the Medical Royal Colleges and Faculties who meet regularly to agree direction.

The **Institute of Biomedical Science** (www.ibms.org) is the professional body concerned with the promotion and practice of biomedical science. The Institute has approximately 19,000 members, of which a significant proportion are HPC registered biomedical scientists. The Institute accredits degrees, awards Certificates of Competence and maintains a CPD scheme as part of its activities, to help ensure appropriate members can meet the HPC Standards of Proficiency and are able to apply to join or remain on the HPC register.

The **Medical Research Society** (www.medres.org.uk) is a society for all those involved in clinical and/or scientific research relating to any aspect of medicine. The Society aims to encourage and further such research by: hosting the annual Meeting for Clinician Scientists in Training, supporting younger investigators with the annual award of the prestigious Young Investigator Award and providing a number of prizes for oral and poster presentations.

The **Medical Schools Council** (www.medschools.ac.uk) represents the interests and ambitions of UK Medical Schools as they relate to the generation of national health, wealth and knowledge through biomedical research and the profession of medicine. As an organisation it occupies a unique position embracing medical undergraduate education, the entirety of health related research and a critical interface with the health service. The Heads or Deans of the 32 UK Medical Schools are members of the Medical Schools Council.

The **Physiological Society** (www.physoc.org), founded in 1876, is a learned society and a registered charity with approximately 2,500 members drawn from over 50 countries. The majority of members are engaged in research, in universities or industry, into how the body works. The Society's main aims are to promote the advancement of physiology and to facilitate communication, both between scientists and with other stakeholders.

The **Royal College of Pathologists** (www.rcpath.org) is the professional organisation for pathologists, established by its Royal Charter to strive to improve the quality of pathology services for the public. The College is principally responsible for setting standards and professional examinations for pathologists.

Sense About Science (www.senseaboutscience.org) is an independent charitable trust. We respond to the misrepresentation of science and scientific evidence on issues that matter to society and work with scientists and civic groups to share the tools and insights of scientific reasoning.