

Accreditation renewal report

Standards 1-8

Complementary and Natural Health Council
(CNHC)

29 February 2024

Contents

About accreditation.....	3
The Outcome.....	4
About the Register.....	5
Assessment against the Standards	8
Share your experience	14
Impact assessment (including Equalities impact)	14

About accreditation

The Professional Standards Authority (the Authority) accredits registers of people working in a variety of health and social care occupations that are not regulated by law. To become an Accredited Register, organisations holding registers of unregulated health and social care roles must prove that they meet our *Standards for Accredited Registers* (the Standards).

Initial accreditation decisions are made by an Accreditation Panel following an assessment of the organisation against the Standards by the Accreditation team. The Panel decides whether to accredit an organisation or not. The Panel can also decide to accredit with Conditions and provide Recommendations to the organisation.

- **Condition** – Issued when a Panel has determined that a Standard has not been met. A Condition sets out the requirements needed for the Accredited Register to meet the Standards, within a set timeframe. It may also reduce the period of accreditation subject to a review or the Condition being met.
- **Recommendation** – Actions that would improve practice and benefit the operation of the Register, but which is not a current requirement for accreditation to be maintained.

This assessment was carried out against the *Standards for Accredited Registers*¹. More about how we assess Accredited Registers can be found on our *Resources*² webpage.

We used the following in our assessment of the CNHC:

- Documentary review of evidence of benefits and risk supplied by the CNHC and gathered through desk research
- Documentary review of evidence supplied by the CNHC and gathered from public sources such as its website
- Due diligence checks
- Share your experience responses

¹ <https://professionalstandards.org.uk/what-we-do/accredited-registers/about-accredited-registers/our-standards>

² <https://professionalstandards.org.uk/what-we-do/accredited-registers/resources>

The Outcome

The Accreditation Panel met on 21 December 2023 to consider the CNHC. The Panel was satisfied that the CNHC could meet with one Condition, all the Standards for Accredited Registers.

We therefore decided to renew accreditation of the CNHC with one Condition.

We noted the following **positive findings**:

- The CNHC publishes detailed complaints processes, providing transparency to all involved. Its training for decision makers includes areas such as support for vulnerable witnesses and fair treatment.
- The CNHC has commissioned further research into the therapies it registers from a university. It intends to use the findings to inform the information it provides to registrants and the public about the benefits and limitations of the therapies.
- The CNHC's website is clearly laid out, with a dedicated area for the public and employers.
- The CNHC's complaints procedures set out specific considerations for decision makers in terms of supporting vulnerable witnesses.

We issued the following Conditions to be implemented by the deadline given:

Conditions		Deadline
Standard Two	1. The CNHC should review the presentation on the information on the Register so that the route the registrant has qualified through is clear.	Next annual assessment.

We issued the following Recommendations to be considered by the next review:

Recommendations	
Standard Four	<ol style="list-style-type: none"> 1. Document the timing, and criteria used, for the approach to checking that the CNHC's Verifying Organisations (VOs) continue to meet its requirements for delivering education and training. 2. Incorporate consideration of how a VO demonstrates its commitment to EDI into the approvals process.
Standard Six	3. The CNHC should formalise its policies for ensuring diverse governance arrangements, including lay representation.
Standard Seven	4. Consider a more frequent review of the risk matrix by the Board.

About the Register

This section provides an overview of the CNHC and its register.

Name of Organisation	Complementary and Natural Healthcare Council (CNHC)
Website	www.cnhc.org.uk
Type of Organisation	Private Limited Company
Role(s) covered	Alexander Technique teachers, Aromatherapists, Bowen Therapists, Colonic Hydrotherapist, Complementary Therapist, Craniosacral Therapist, Hypnotherapist, Massage Therapist, Micro-systems acupuncturist, Naturopath, Nutritional Therapist, Reflexologist, Reiki Therapist, Shiatsu Therapist, Sports Massage Therapist, Sports Therapist.
Number of registrants	6178 as at 1 January 2024.
Overview of Governance	There is a CNHC Board, which oversees the work of the the Chief Executive and Registrar, Profession Specific Boards (PSB) Advisory Committees, Independent Case Examiners and disciplinary panels.
Overview of the aims of the register	To protect the public by providing an independent UK-wide register of complementary healthcare practitioners.

Inherent risks of the practice

This section uses the criteria developed as part of the Authority's *Right Touch Assurance tool*³ to give an overview of the work of complementary therapists.

Risk criteria	Complementary therapists
<p>1. Scale of risk associated with complementary therapists.</p> <p><i>a. What do complementary therapists do?</i></p> <p><i>b. How many complementary therapists are there?</i></p>	<p>a. Complementary therapy may also be referred to as complementary and alternative medicine (CAM). These are broad terms for treatment that generally falls outside of mainstream healthcare. CAM can apply in both statutory and non-statutory professional registration, for example osteopathy and chiropractic. There are a wide range of treatments that may be considered under the broad term of CAM. The CNHC describes its registrants as offering complementary therapies, rather than alternative.</p> <p>b. We did not find data about the total number of complementary therapists within the UK. It would be difficult to ascertain this number, because of the lack of single definition about CAM. There are reports to suggest</p>

³ https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/right-touch-assurance---a-methodology-for-assessing-and-assuring-occupational-risk-of-harm91c118f761926971a151ff000072e7a6.pdf?sfvrsn=f537120_14.

<p><i>c. Where do complementary therapists work?</i></p> <p><i>d. Size of actual/potential service user group</i></p>	<p>an increase in use of CAM in England (2018 survey, as referenced in d. below).</p> <p>c. Complementary therapists often work in private clinics or otherwise independently but may also work within primary or secondary care setting. Of the 766 adults surveyed in England who had seen a CAM practitioner, 21% had been referred through either a GP or NHS professional, and 70% had self-referred although it should be noted the study included osteopathy and chiropractic (Sharp et al, 2018).</p> <p>d. Within England, use of practitioner-led CAM rose from 12% of the population in 2005 to 16% of the population in 2015 (Sharp et al, 2018). Across the UK, in methodologically sound surveys, average one-year prevalence of use of CAM was 26.3% and the average lifetime prevalence was 51.8% (Posadzki et al, 2013). These studies indicate widespread use of CAM across the UK, although the lack of consistent definitions of CAM and inclusion of chiropractic and osteopathy in some of the studies reviewed means that caution should be taken when interpreting implications for the users of CNHC registrants.</p>
<p>2. Means of assurance</p>	<p>For CAM practitioners registered with the CHNC, the standards and codes it requires and accreditation by the Authority will be the main forms of assurance. None of the equipment used by registrants are known to require regulation by the Medicines and Healthcare products Regulatory Agency (MHRA) or other regulators.</p>
<p>3. About the sector in which complementary therapists operate</p>	<p>Complementary therapists work in a range of settings, but it appears will most commonly see people who have self-referred, either due to health reasons or to support broader wellbeing. This means that complementary therapists may work in their own homes or their clients, in private clinics, or other private settings. They may also work as part of secondary care services, such as hospitals or hospices, sometimes as volunteers.</p> <p>Osteopathy and chiropractic are often described as complementary therapies. Registration with the General Osteopathic Council and General Chiropractic Council respectively is required by law to practise in these roles in the UK.</p>
<p>4. Risk perception</p> <ul style="list-style-type: none"> • <i>Need for public confidence complementary therapists?</i> • <i>Need for assurance for employers or other stakeholders?</i> 	<p>The CAM survey (Sharp et al, 2018) noted that concern about practitioners' professional regulation or qualifications was more common in social grades A and B (i.e. higher and intermediate managerial, administrative, and professional occupations). This may be due to greater awareness of the regulatory landscape at this level anyway, and so does not necessarily mean that people</p>

	<p>from other socioeconomic backgrounds would not expect practitioners to have some form of regulation.</p> <p>Quantitative research undertaken by the Authority in March 2020⁴ found that overall, patients using complementary therapy treatments saw themselves as capable consumers exercising their choice, with some exceptions. The Authority's public consultation undertaken as part of a strategic review of the programme in 2020-21 found support for taking greater account of evidence of effectiveness of the practices registered in accreditation decisions⁵, particularly from patient groups.</p> <p>Some CAM services are available on the NHS. The National Institute of Clinical Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) recommend the use of CAM in a limited number of circumstances. Person-centred approaches to care, which are now well established in NHS services across the UK, can involve social prescribing and supporting use of self-management, which CAMS may help with.</p>
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⁴ https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/reports/accredited-registers-research-how-the-public-perceive-concepts-of-efficacy.pdf?sfvrsn=9c924920_4

⁵ <https://www.professionalstandards.org.uk/publications/detail/the-future-shape-of-the-accredited-registers-programme---consultation-report>

Assessment against the Standards

Standard One: Eligibility and ‘public interest test’

Summary

The Accreditation Panel found it is in the public interest to accredit the CNHC. The Accreditation Panel found that Standard One is met.

Accreditation Panel findings

In February 2023 we completed our Standard One assessment for CNHC⁶. We found that the public interest test was met with a Condition that the CNHC should, within six months, strengthen its checks on whether registrants are advertising responsibly. It should also introduce a clearer process for handling breaches of its advertising requirements. In October 2023, we found that this Condition had been met⁷. We did not identify any other changes that could affect this Standard continuing to be met during our assessment.

Standard 2: Management of the register

Summary

The Accreditation Panel found that Standard Two was met. It issued the following Condition:

- **Condition One:** The CNHC should review the presentation on the information on the Register so that the route the registrant has qualified through is clear.

Accreditation Panel findings

To be eligible for registration, applicants must have completed training with one of the CNHC’s Verifying Organisations (VOs). Practitioners who have been verified by a VO are then invited to apply for initial registration with the CNHC. Once registered, practitioners must apply for renewal of registration on an annual basis. The CNHC checks that registration requirements, including declarations, are met at both initial application and renewal.

The Registrar, who is also the CEO, has overall responsibility for admitting people to the register. There is also a Registrations Manager. Since the CNHC has been established to function as a voluntary register rather than with the dual function of professional membership, we do not consider the CEO’s role as Registrar to constitute a conflict. As such, the role of CEO as Registrar mirrors the arrangements in place for many of the statutory regulators. The potential for membership or financial interests to influence the Registrar’s decisions is mitigated by having an oversight Board. Appeals against refusal of registration are also heard by a separate Panel, on which the Registrar does not sit.

⁶ Report: [CNHC Decision on whether accreditation is in the public interest \(professionalstandards.org.uk\)](https://professionalstandards.org.uk)

⁷ Report: [231206-cnhc-condition-review-outcome.pdf \(professionalstandards.org.uk\)](https://professionalstandards.org.uk)

The CNHC's register includes a Unique ID, name, and (if available) a link to the registrant's website. Restrictions on practice such as suspension would appear next to the registrant's name although none were in the place at the time of our assessment.

The information provided on the register doesn't include qualification, which is one of our minimum requirements. The Panel considered that although the naming of qualification that can lead to registration may differ depending on the VO, it would be helpful for the public to have more information about the route through which a registrant has trained. For example, this might be achieved by stating which Verifying Organisation (VO) the registrant is a member of and then linking through to the information on their webpage. For those in equivalence route, the qualification could be listed.

To address this, the Panel issued the following Condition:

- **Condition One:** The CNHC should review the presentation of the information on the Register so that the route the registrant has qualified through is clear.

Standard 3: Standards for registrants

Summary

The Accreditation Panel found that Standard Three was met.

Accreditation Panel findings

At initial registration and annual renewal, registrants must confirm that they will abide by the CNHC Code of Conduct, Ethics and Performance⁸. The Code was last updated in August 2023 and covers the key areas we require under Standard Three, including acting with honesty and integrity (including the Duty of Candour), professional behaviour, and working within defined limits of competence.

As set out under Standard One, we had required the CNHC to strengthen its checks on whether registrants are advertising responsibly, through a Condition. The Condition was determined as met in October 2023. As part of meeting the Condition, the CNHC introduced new guidance for registrants on advertising, and made its requirements on this area clearer within the Code. We acknowledge that, as found through our review of the Condition, there are likely to still be registrants who are not fully compliant with the requirements. However, we think it is reasonable to allow some time for the guidance to embed. We will check a more extensive sample of registrant websites at the CNHC's next annual check in December 2024, unless we become aware of significant concerns in the meantime.

The CNHC has stated that at initial registration and annual renewal of registration, registrants are required to confirm they hold Professional Indemnity Insurance for each therapy for which they are CNHC registered. A random sample of 2% are required to provide a copy of their insurance certificate. The CNHC also has clear requirements for Continued Professional Development (CPD)⁹.

⁸ <https://www.cnhc.org.uk/uploads/asset/file/35/CodeofConductEthicsandPerformance.pdf>

⁹ [CPD-policy.pdf \(cnhc.org.uk\)](#)

Standard 4: Education and training

The Accreditation Panel found that Standard Four was met. It issued the following Recommendations:

- **Recommendation One:** Document the timing, and criteria used, for the approach to checking that the CNHC's VOs continue to meet its requirements for delivering education and training.
- **Recommendation Two:** Incorporate consideration of how a VO demonstrates its commitment to EDI into the approvals process.

Accreditation Panel findings

The CNHC's education and training requirements are based on the relevant National Occupational Standards (NOS)¹⁰ for the type of therapy. NOS are statements of the standards of performance individuals must achieve when carrying out functions in the workplace, together with specifications of the underpinning knowledge and understanding.

The CNHC publishes the detailed core curriculum¹¹ for each therapy that it registers. Core curricula are reviewed every five years from the first date of publication.

As set out under Standard Two, the CNHC has VOs that it has recognised as delivering the training requirements for registration to an appropriate level. The CNHC has an ongoing programme of quality assurance, to check that the VOs continue to meet its requirements. The CNHC confirmed that it did a Quality Assurance project with the VOs in 2012, and then started another cycle in 2022, which was ongoing at the time of the assessment.

The Accreditation Panel considered that it was positive the CNHC has an active quality assurance programme for checking its VOs continue to meet its requirements, but that this could be improved by setting out a clear approach to timing, and assessment criteria. The following recommendation was issued:

- **Recommendation One:** Document the timing, and criteria used, for the approach to checking that the CNHC's VOs continue to meet its requirements for delivering education and training.

We checked examples of how the VOs assess their courses to make sure they meet the requirements of the relevant core curriculum. The VOs are also responsible for assessing the eligibility of applicants who have not completed its recognised training routes, though the CNHC's Accreditation of Prior Experiential Learning (APEL) procedure. The core curricula for each therapy set out how APEL will be considered. This generally involves submitting full details of their initial training in a relevant area and relevant CPD. The VO will then map this evidence against the relevant NOS, and check that they have the minimum level of experience required for registration.

The Accreditation Panel considered the CNHC's *Policy on approval of applications to become a verifying organisation*¹². It noted that whilst this appeared to cover a broad range of relevant areas such as compliance with the General Data Protection Regulations, it did not cover Equality, Diversity, and Inclusion (EDI). We are currently

¹⁰ <https://www.ukstandards.org.uk/en>

¹¹ <https://www.cnhc.org.uk/cnhc-core-curricula#gsc.tab=0>

¹² https://www.cnhc.org.uk/uploads/asset/file/218/Policy_Approval_NewVO_s_Oct2019.pdf

assessing all Accredited Registers, including the CNHC, against the new EDI Standard (Standard Nine) which was introduced in July 2022. The Accreditation Panel determined that including EDI explicitly within the requirements for VOs could help ensure a consistent approach, for example by checking that they have appropriate EDI policies in place. This could in turn support the CNHC's own *Policy Statement of Commitment to Equality, Diversity and Inclusion*¹³. The following Recommendation was issued:

- **Recommendation Two:** Incorporate consideration of how a VO demonstrates its commitment to EDI into the approvals process.

Standard 5: Complaints and concerns about registrations

The Accreditation Panel found that Standard Five was met.

Accreditation Panel findings

The CNHC has based its approach to handling complaints about registrants on the procedures that the statutory healthcare regulators have in place. It publishes details of its complaints procedures¹⁴, which set out what types of complaint can be handled informally, and when complaints need to be considered under its formal procedures.

If informal resolution is not appropriate, then the complaint will usually be referred to two independent Case Examiners. The Case Examiners will consider whether there is a realistic prospect of finding impairment in relation to an allegation against a registrant. The complaint may also be referred to the Investigating Committee at this point if the Case Examiners are not able to agree a decision. The CNHC commissions independent reviews of Case Examiner decisions.

If the realistic prospect test is met, then the allegation will be referred to a Conduct and Competence Panel or (if the concern relates to the health of the registrant) a Health Panel. If either of these Panels find that the registrant's fitness to practise is impaired, then sanctions may be issued, or the registrant may be suspended or removed from the Register. At any point in the process, the Registrar or an Investigating Committee can issue an Interim Order to be placed on a registrant's registration, on the grounds that this is necessary for the protection of the public or is otherwise in the public interest. Sanctions decisions are published on the website¹⁵.

Applications to rejoin the Register after removal are considered by the Restoration Panel. Registrants can appeal against the decision(s) of a Health Panel, a Conduct and Competence Panel or a Restoration Panel.

The complaints guidance sets out details of the membership of the Committees and Panels involved. Each can consist of up to five members, with a quorum of three. At least one member will have experience or an understanding of the area of the case which is under consideration. One member of the Conduct and Competence Panels, and Health Panels, will be a lay member. It is clear from the guidance that members are only able to sit on a Committee or Panel if they have not previously been involved with the case. Any Committee or Panel may appoint a Legal Advisor if

¹³ <https://www.cnhc.org.uk/uploads/asset/file/71/EDI-Policy.pdf>

¹⁴ <https://www.cnhc.org.uk/concerns-about-practitioners#gsc.tab=0>

¹⁵ <https://www.cnhc.org.uk/sanctions#gsc.tab=0>

determined necessary. Additionally, a Medical Advisor may be appointed where relevant to Health Panels.

The CNHC provides training for its decision makers and publishes its *Training Handbook*¹⁶. This covers topics such as note taking, engagement skills, considerations for vulnerable witnesses, and equal treatment. The CNHC also publishes *Sanctions Guidance*¹⁷ for decision makers in these cases.

The CNHC is a signatory to the Collaborative of Accredited Registers Information Sharing Protocol, which means that it has agreed to share information with other Accredited Registers about decisions to remove people from its register.

Standard 6: Governance

The Accreditation Panel found that Standard Six was met.

Recommendation:

- **Recommendation Three:** The CNHC should formalise its policies for ensuring diverse governance arrangements, including lay representation.

Accreditation Panel findings

The CNHC was initially set up by the Government to protect the public by providing an independent UK register of complementary healthcare practitioners. Protection of the public is the CNHC's sole purpose, as reflected in its key documents.

The CNHC's Board meets on a quarterly basis and are open to the public. The Board has a majority of lay membership. However, we could not find any reference to this requirement within CNHC's policies. The Accreditation Panel issued the following Recommendation:

- **Recommendation Three:** The CNHC should formalise its policies for ensuring diverse governance arrangements, including lay representation.

Declarations of interest by Board members, agendas and minutes are published¹⁸. Board role descriptions are published¹⁹.

The CNHC provided evidence of the key documents required for Standard Six. This includes its *Data Protection Policy*, *Policy Statement of Commitment to Equality, Diversity and Inclusion*, *Equal Opportunities Policy*. These documents, and supporting policies such as its *Environmental Health Policy*, are published on its *Key documents*²⁰ webpage. There is also clear information about how make a complaint about the CNHC, or one of its staff²¹.

The CNHC confirmed it has a Business Continuity Plan in place, which is subject to regular review.

Standard 7: Management of the risks arising from the activities of registrants

The Accreditation Panel found that Standard Seven was met.

¹⁶ [Training-handbook.pdf \(cnhc.org.uk\)](https://www.cnhc.org.uk/training-handbook.pdf)

¹⁷ <https://www.cnhc.org.uk/uploads/asset/file/67/CNHC-Sanctions-Guidance.pdf>

¹⁸ <https://www.cnhc.org.uk/board-meetings#gsc.tab=0>

¹⁹ [Board_Members_Role_Description.pdf \(cnhc.org.uk\)](https://www.cnhc.org.uk/board-members-role-description.pdf)

²⁰ <https://www.cnhc.org.uk/key-documents#gsc.tab=0>

²¹ <https://www.cnhc.org.uk/concerns-about-cnhc#gsc.tab=0>

Recommendation

- **Recommendation Four:** Consider a more frequent review of the risk matrix by the Board.

Accreditation Panel findings

The CNHC risk matrix is reviewed formally by the Board on an annual basis, and additionally whenever a new discipline is added to the Register.

- **Recommendation Four:** Consider a more frequent review of the risk matrix by the Board.

The CNHC's website includes a description of each of the therapies that it registers²². These descriptions have been agreed with the Committee of Advertising Practice Copy Advice Team. They provide an overview of what to expect from a treatment, and what benefits service users may derive. As set out in our report on how the CNHC met the Condition issued under Standard One, in May 2023 the CNHC appointed a university to identify the best available research evidence of effectiveness for each of the 18 complementary therapies on its Register. The findings of this research will inform a decision by the CNHC's Research Committee, about whether any updates can be made to its descriptors.

Standard 8: Communications and engagement

The Accreditation Panel found that Standard Eight was met.

Accreditation Panel findings

The CHNC's website is clearly set out and includes a dedicated area for public and employers that has information about complementary healthcare, and how to find a practitioner. Information about how to raise a concern about a registrant is easy to find, and accessible. The CNHC has also developed a set of Frequently Asked Questions.

The core messages for the public are 'Choose with Confidence' and for practitioners 'Stand Up for Standards', which are in line with its organisational mission and reflected across social media. Social media posts appear in line with the CNHC's ethos and values.

Until recently, the CNHC's CEO was also Chair of the Accredited Registers Collaborative for seven years, demonstrating commitment to collaboration and leadership within the broader Accredited Registers programme. The Collaborative is a key mechanism for Accredited Registers to share good practice.

The CNHC has over 5,000 non-registrant subscribers to its newsletter and encourages feedback. It has regular meetings with its VOs, and other key stakeholders.

²² <https://www.cnhc.org.uk/who-we-register#gsc.tab=0>

Share your experience

We received a concern about the independence of a Verifying Organisation from the CNHC. We reviewed the CNHC's arrangements for quality assuring its VOs as part of the assessment and did not identify any broader concerns or that this is a theme.

Impact assessment (including Equalities impact)

We carried out an impact assessment [\[add link to impact assessment when published\]](#) as part of our decision to accredit the CNHC. This impact assessment included an equalities impact assessment as part of the consideration of our duty under the Equality Act 2010.

The Accreditation Panel acknowledged that the Condition issued under Standard One, aimed at strengthening checks on whether registrants are advertising responsibly, had been met in October 2023. As part of meeting the Condition, the CNHC introduced new guidance for registrants on advertising, and made its requirements on this area clearer within the Code. We acknowledge that, as found through our review of the Condition, there are likely to still be registrants who are not fully compliant with the requirements, which could potentially have a negative impact. However, we think it is reasonable to allow some time for the guidance to embed. We will check a more extensive sample of registrant websites at the CNHC's next annual check in December 2024, unless we become aware of significant concerns in the meantime.

No other issues were identified that could affect the impact assessment. The Accreditation Panel found that it was in the public interest to continue to accredit the CNHC.