

Accredited Registers Impact Assessment

Accredited Register: Complementary and Natural Healthcare Council (CNHC)

Type of Review: Standard One

Period under review: N/A

Date Approved for Panel: 1 December 2022



Introduction

Before we make a decision about accreditation, we undertake an impact assessment to understand likely effects on different groups, and the wider health system. We begin to gather the information required for the impact assessment when a Register first applies for accreditation. We consider any changes to impacts when we renew accreditation, and when taking other decisions that affect accreditation status such as imposing Conditions or suspension.

A key part of the impact assessment is consideration of equalities. The Equality Act 2010 imposes a legal duty, the Public Sector Equality Duty on all public bodies to consider the equality impact of its policies and decision making. The duty is known as the Equality Duty and it requires a public authority, in the discharge of its function to consider the following three aspects which form the basis of the duty:

- Consider the impact and eliminate unlawful (direct or indirect) discrimination and any other conduct prohibited under the Equality Act 2010.
- Advance equality of opportunity between people with protected characteristics and those who do not share these characteristics
- Foster good relations between people with protected characteristics and those who do not share these characteristics.

This means that public bodies must consider equality impact on individuals protected under the Equality Act 2010 in carrying out their work. The Authority, therefore, needs to be always mindful of the public duty when carrying out its oversight role which includes the approving of registers. It needs to have 'due regard' to the needs to balance the three aspects which make up the Equality Duty when achieving its goals.

The Equality Impact Assessment is an important tool/mechanism for demonstrating 'due regard' through the consideration of evidence and analysis, actual and potential to identify positive and/or adverse impacts. The key groups we need to consider when making our decisions are, sex, age, ethnicity, disability, religion and belief, sexual orientation, gender reassignment, marriage and civil partnership, pregnancy, and maternity.

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Impacts

Equalities impacts - summary

The CNHC is one of the only Accredited Registers to collect data on the protected characteristics of its registrants currently. This provides a useful source of information about potential impacts. The most recent figures were provided in the Standard One application form as at October 2021. These figures are referenced under relevant characteristics, below.

Some impacts affect more than one group. To summarise the main equalities impacts we have identified, and the most significant gaps in data:

- The CNHC's registrants are more likely to be women. Studies of complementary therapy use suggest that this is likely to apply to service users too, although the CNHC does not collect data itself on the protected characteristics of service users. This means that any changes affecting accreditation status are more likely to impact women, then men. This needs to be considered in terms of access to treatment, and on individual earnings.
- There is limited research into use of complementary therapies by Black, Asian and Minority Ethnic (BAME) people, and people with disabilities.

Impacts on groups with protected characteristics

Age

Type of impact (positive/neutral/negative)	Group(s) affected	Description	Actions required	Date identified
Neutral	People aged 40-60	Of the CNHC's registrants, as at October 2021: 25% aged between 25-39, 60% are 40-64, 8% are 65+ and 7% prefer not to say. It has a higher percentage of registrants aged 40-60 than the general population.		1.11.2022

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Positive	People at State Pension age	The CNHC is not aware of any research about the number of people with a disability who use complementary therapies. It has highlighted that it is likely that those with a physical disability that causes pain could benefit from complementary therapy though unless those of State Pension Age also have a work or private pension, it is unlikely they would be able to pay to receive complementary therapy due to a lack of NHS funding. Accreditation has a potential impact due to access to safe provision at reasonable costs.		
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Disability

Type of impact (positive/neutral/negative)	Group(s) affected	Description	Actions required	Date identified
Positive	People with multiple conditions	Of the CNHC's registrants, as at October 2021: 4% have a disability, 88% don't have a disability and 8% prefer not to say. There appear to be less registrants with a disability than the general population, based on The Family Resources Survey 2018/19 (Department for Work & Pensions) which stated that one in five people reported a disability. The evidence suggests the majority of users of CAM are middle aged and have more than one health condition (see https://www.hindawi.com/journals/ecam/2010/102626/).		1.11.2022

Gender reassignment

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Type of impact (positive/neutral/negative)	Group(s) affected	Description	Actions required	Date identified
Neutral	People who are transgender	The CNHC does not appear to collect data on gender in a way that would show whether any of its registrants are transgender.	Consider whether to include this as part of its data collection (as part of our EDI Standard once introduced April 2023 onwards).	

Marriage and civil partnership

Type of impact (positive/neutral/negative)	Group(s) affected	Description	Actions required	Date identified
None identified.				

Pregnancy and maternity

Type of impact (positive/neutral/negative)	Group(s) affected	Description	Actions required	Date identified
Positive	Pregnant women	The practice of hypnotherapy may assist with reducing pain during labour. Using an Accredited Register practitioner for accessing this treatment can help ensure high standards.		

Race

Type of impact (positive/neutral/negative)	Group(s) affected	Description	Actions required	Date identified
Neutral	Black and Ethnic Minority	Of the CNHC's registrants, as at October 2021: 76% White, 17% from ethnic minority groups and 7% prefer not to say.		

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	(BAME) groups	The CNHC has a lower percentage of white registrants and a higher percentage of those from ethnic minority groups. It has reported that over the past ten years, approx. 2% of complaints received were about BAME registrants, which does not appear disproportionate. A 2010 report ¹ states “The evidence concerning ethnicity and CAM use is complex and general trends are difficult to ascertain”		
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Religion or belief

Type of impact (positive/neutral/negative)	Group(s) affected	Description	Actions required	Date identified
		Of the CNHC’s registrants, as at October 2021: 30% no religion or belief; 5% Buddhist, 28% Christian; 1% Hindu, 1% Jewish 1% Muslim, 1% Sikh, 5% other and 27% prefer not to say.		

Sex

Type of impact (positive/neutral/negative)	Group(s) affected	Description	Actions required	Date identified

¹ <https://www.hindawi.com/journals/ecam/2010/102626/>

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Positive	Women	Research ² suggests that more women than men use complementary therapies, and that the vast majority self-refer. The CNHC reports that 82% of its registrants are female (Standard 1 application form, Oct 2021). There are examples of non-AR massage therapists sexually assaulting women ³ . Being registered with the CNHC should reduce this type of risk through their safeguarding checks.		21.07.2022
Neutral	Women	<p>Any changes to accreditation status are likely to affect women more than men, since the majority of its registrants (82%) are female. This could include loss of income.</p> <p>Users of complementary therapies are also more likely to be women⁴, so this point applies to service users too:</p>		

Sexual orientation

² <https://www.bristol.ac.uk/primaryhealthcare/news/2018/national-cam-survey.html>

³ [Sex assault victims warn about home massage dangers - BBC News](#)

⁴ <https://www.bristol.ac.uk/primaryhealthcare/news/2018/national-cam-survey.html>

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Type of impact (positive/neutral/negative)	Group(s) affected	Description	Actions required	Date identified
		<p>Of the CNHC's registrants, as at October 2021: 77% are heterosexual; 3% are gay, lesbian, bisexual or other and 20% prefer not to say.</p> <p>The CNHC has a slightly more registrants who identify as lesbian, gay or bisexual compared to the 2019 ONS report which estimated 2.7% of the UK population aged 16 years.</p>		

Cost and market impacts – summary

The CNHC has highlighted that many of its registrants are likely to be self-employed. It has highlighted that given that the majority of its registrants are small/very small businesses they would benefit if the UK governments gave greater recognition to accredited registers. Such recognition would also benefit the public sector because of the potential of complementary therapies to reduce pressure on GPs.

The self-employed status of registrants means that they are more likely to use personal websites to advertise services. This risk of misleading advertising is considered through Standard 1. Given that there can be discrepancies in the recognition of evidence between NICE, the Advertising Standards Agency, and other bodies this can raise challenges for registrants, for CNHC in terms of what constitutes reasonable practice. Restricting registrants' advertising may lead to a reduction in income for individuals, which could adversely impact on some groups; predominantly women, since this they make up approximately 82% of the CNHC's registrant base. However, misleading advertising also has the potential to adversely impact service users.

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Social and environmental impacts – summary

The CNHC has highlighted that more rich than poor people are likely to use complementary therapies⁵. As with above, greater recognition of the role of Accredited Registers could help widen access to complementary therapies through subsidised routes, such as the NHS.

Decision

The Accreditation Panel acknowledged that consideration also needs to be given to the benefits that different groups may derive from complementary therapies. Research by the Richmond Group has shown there is a higher proportion of people from a lower socioeconomic background people living with multiple conditions. Some patients within this group use complementary therapies to help manage their conditions.

In 2010 the International Journal of Clinical Practice found that within England, women were significantly more likely than men to use complementary therapies. Since the CNHC has also highlighted that over 80% of its registrants are female, any decisions relating to accreditation are likely to affect women more than men.

A BBC documentary from July 2022 highlighted the risks of sexual assault from unregistered massage therapists working in people's own homes. Using an Accredited Register such as the CNHC to find a therapist could help reduce this risk by having mechanisms to address concerns about practitioners.

The Accreditation Panel considered the potential impacts of requiring the CNHC to take a more robust approach to checking whether registrants are making unproven claims or otherwise misleading the public. This could include increased costs for the CNHC in terms of its complaints handling and deter people from registering. It was notable that a significant proportion of registrants and service users appeared to be female and would therefore be affected to a greater extent. However, it determined that the overriding consideration was the need to ensure that members of the public can have confidence that the CNHC's registrants are offering services in a responsible way. This is in line with the stated aims of the CNHC, and of the Accredited Register programme.

⁵ <https://www.bristol.ac.uk/primaryhealthcare/news/2018/national-cam-survey.html>.