A Summary Report from the Herbal Medicine Regulatory Working Group

Key Recommendations on the Regulation of Herbal Practitioners in the UK

September 2003

Commissioned by:
The Department of Health
The Prince of Wales's Foundation for Integrated Health
The European Herbal Practitioners Association

Contents

Key Recommendations on the Regulation of Herbal Practitioners in the UK, a report from the Herbal Medicine Regulatory Working Group

Published on behalf of the Herbal Medicine Regulatory Working Group
By The Prince of Wales's Foundation for Integrated Health, 2003

12 Chillingworth Road
London N7 8QJ
020 7619 6140
www.fihealth.org.uk
email: info@fihealth.org.uk

A full copy of the Report from the Herbal Medicine Regulatory Working Group, that comprises Recommendations on the Regulation of Herbal Practitioners in the UK and Proposals for the Reform of Section 12(1) of the Medicines Act 1968, can be obtained (price £20.00) from the European Herbal Practitioners Association (EHPA), 45a Corsica St. London N5 1JT. Cheques should be made payable to the EHPA.

A Introduction

This document summarises the main recommendations from the Herbal Medicine Regulatory Working Group for the regulation of the herbal medicine profession. These proposals, which will inevitably be adapted following consultation and debate, need to be compatible with the regulatory systems in place for other health and social care professionals – both conventional as well as complementary and alternative. Professional regulation must be open, responsive and accountable with the emphasis on both the protection of patients and the public rather than being based exclusively on the needs of practitioners. Regulation will protect the public by setting and monitoring standards, training, conduct and performance for the herbal medicine profession.

Included within this document are a summary of our recommendations for reform of Section 12(1) of the Medicines Act 1968, resulting from the second term of reference for the Working Group (see section B), along with information on National Professional Standards for Herbal Medicine. The development of National Professional Standards was not the responsibility of the Working Group but was supported by it.

Professor R Michael Pittilo
Chair
Herbal Medicine Regulatory Working Group

B Terms of Reference

The terms of reference for the Herbal Medicine Regulatory Working Group (HMRWG) were to:

1 produce a report which examines the options for achieving the successful statutory regulation of the herbal medicine profession as a whole and makes recommendations which will form the basis for a wider consultation by the Government and subsequently for the legislation that will enable the statutory regulation of the herbal medicine profession; and

2 in the light of these recommendations for the statutory regulation of the profession and the current Medicines and Healthcare products Regulatory Agency (formerly the Medicines Control Agency) review of Section 12(1) of the Medicines Act 1968, make recommendations for assuring the safety and quality of herbal remedies supplied under Section 12(1).

Proposals for the Regulation of Herbal Medicine Practitioners

C Background

1 The following recommendations for the regulation of practitioners of herbal medicine are proposed by the Herbal Medicine Regulatory Working Group (HMRWG). These recommendations recognise that there are different traditions within herbal medicine and that individual practitioners utilise a range of treatment modalities within the scope of their practice. The different traditions we have considered include Western Herbal Medicine, Chinese Herbal Medicine, Traditional Chinese Medicine (TCM), Ayurvedic Medicine and Tibetan Herbal Medicine, all of which, Tibetan Herbal Medicine excepted, were represented on the HMRWG.

2 An important impetus leading to the setting up of the HMRWG was the House of Lords' Select Committee on Science and Technology's Report on Complementary and Alternative Medicine (CAM) (HMSO 2000) and the Government Response to it (Department of Health 2001). The House of Lords' Report stated that the interests of the public in their use of CAM would be best served by improved regulatory structures for many of the professions concerned.

3 The HMRWG has been concerned with safe practice by herbal practitioners and the safety and quality of the products they use. It has not had any remit with regard to efficacy.

4 The establishment of the HMRWG recognised that the needs of different stakeholders had to be met. The House of Lords' Report (HMSO 2000) and the Government Response (Department of Health 2001) recognised the importance of working across all interested groups, including practitioners, The Prince of Wales's Foundation for Integrated Health and the Department of Health, to develop clear guidelines on competency and training for CAM disciplines. Lay membership of the HMRWG has ensured that the interests of patients and the public have been considered and representation from the Royal Pharmaceutical Society has provided expert advice on both the regulation of practitioners as well as guidance on the products they use.

5 Within the UK, the European Herbal Practitioners Association (EHPA) has, for almost a decade, sought to broker consensus amongst the different herbal medicine communities. The organisations represented on the HMRWG are all members of the EHPA with the exception of the Association of Traditional Chinese Medicine (ATCM) and the British Ayurvedic Medical Council/British Association of Accredited Ayurvedic Practitioners (BAMC/BAAAP).

D The Regulatory Framework

6 The HMRWG has considered and debated a range of submissions including a Core Curriculum, Accreditation Arrangements, a Code of Ethics and a Continuing Professional Development scheme transferred to it by the EHPA.

7 Currently, there are approximately 1,300 herbal medicine practitioners who are members of voluntary registers within the UK. The size of these registers is approximately equal for the traditions of Western Herbal Medicine and Chinese Herbal Medicine/TCM. The numbers of practitioners of Ayurvedic Medicine are small by comparison.

8 The proposals for regulation have been arrived at having considered other options including seeking membership of the Health Professions Council (HPC) as well as the establishment of separate councils for each of the traditions. The former was rejected because unlike the other disciplines covered by the HPC, herbal medicine is not well established in mainstream healthcare. Furthermore, the size of the HPC would make it difficult to ensure that each of the herbal medicine traditions was properly represented on it. Due to the small number of professionals practising herbal medicine in the UK, compared to other regulated professions, the idea of a separate council for each tradition was rejected. The cost to practitioners of supporting separate councils would not make this a feasible option.

9 Two options for the regulation of practitioners of herbal medicine are proposed. The first option is for the establishment of a Herbal Council. The advantages are that it is the goal that the majority of practitioners, particularly those from Western Herbal Medicine, have been working towards for almost a decade and that it might be perceived as

giving greater status to herbal medicine than a shared council. There are, however, significant disadvantages. The cost of a single Herbal Council would be prohibitive to practitioners if it were to be fully self-funding. Furthermore, many practitioners utilise a range of modalities and, as noted above, in the case of TCM, practitioners use acupuncture as well as herbal medicine. A single Herbal Council might work against interdisciplinary working, which is a feature of many complementary and alternative medicine (CAM) practitioners.

10 The second option, and this was preferred by the HMRWG, is for the establishment of a shared council, hereafter referred to as the CAM Council, which would include, at the first stage, both herbal medicine and acupuncture. The option for including other disciplines would be open at a later stage. Within the CAM Council it would be possible to have separate sections of the register for the different herbal medicine traditions and for acupuncture. Having a single regulatory framework would have immediate benefits for practitioners using both herbal medicine and acupuncture. Other benefits would include a larger critical mass of practitioners and it would be possible to be more cost effective by sharing administrative resources. This has the obvious advantage of reducing registration fees for individual practitioners. A larger council would have a greater degree of influence and would be better equipped to protect the interests of both patients and practitioners.

11 The General Osteopathic Council and the General Chiropractic Council might also consider the possible benefits to practitioners of a single shared council through the promotion and regulation of interdisciplinary working as well as the costs borne by practitioners. We recognise, however, that for these professions to be associated with a CAM Council, reform of recently agreed legislation would be required.

12 Either the Herbal Council or the CAM Council will have responsibility for the statutory regulation of the practice of herbal medicine and will advise on the products used by herbal practitioners, including materials of animal or mineral origin, as medicines in their professional practice.

13 It is recommended that those who are statutorily regulated may prescribe unlicensed remedies which include animal and mineral materials verifiably used as traditional medicines, where the remedy is made up by the practitioner or to the practitioner's specification, as long as the remedy's safety and quality can be assured. This would require legislative provision.

14 Statutory regulation will enable legal identification of those practitioners qualified to use potent herbal remedies that are only suitable for sale or supply under adequate professional supervision.

E Role and Composition of the Regulatory Body

15 The key objectives of the Herbal Council or CAM Council will be to:

- Treat the health and welfare of patients as paramount
- Collaborate and consult with key stakeholders
- Ensure openness and accountability to the public and the profession for its work
- Work with the profession to develop best practice

16 The Herbal Council or CAM Council will have responsibility for establishing and maintaining a Register of practitioners competent to prescribe and use herbal products as medicines. The Herbal Council or CAM Council will advise on special licensing arrangements that might allow other healthcare professionals to use herbal products as medicines and any limitations that might apply to those not eligible for inclusion on the Register.

17 The Herbal Council or CAM Council shall determine minimum levels of education and training along with levels of competence expected for inclusion on the Register. The curriculum determined by the Herbal Council or CAM Council will identify a body of knowledge and training that will deliver competences that the public will expect all practitioners to demonstrate. However, it will also allow flexibility in the way that these are delivered. Within the curriculum there will be a specific element that is tradition specific for Western Herbal Medicine, Chinese Herbal Medicine/TCM, Ayurvedic Medicine and Tibetan Herbal Medicine.

18 The Herbal Council or CAM Council will have responsibility for accrediting educational establishments wishing to offer pre-registration education and training for candidates seeking admission to the Register. The Herbal Council or CAM Council will have authority to recognise

"approved qualifications", the attainment of which will allow for inclusion on the Register.

19 The Herbal Council or CAM Council should have four statutory committees which parallel those of other statutory healthcare councils. These committees would be an Investigating Committee, a Professional Conduct and Competence Committee, a Health Committee and an Education and Training Committee.

20 The Investigating Committee will deal with all initial complaints about individuals on the Register. It will check a complaint or allegation to determine if there is a case and the nature of that case. If there is a case to be answered, then it will be referred to the Professional Conduct and Competence Committee or the Health Committee.

21 The Professional Conduct and Competence Committee will have responsibility for dealing with standards of conduct and disciplinary hearings. It will advise the Council on what constitutes appropriate conduct, performance and ethics of all registrants, as well as reviewing cases where these standards are alleged to have been breached. It will ensure that herbal practitioners are able to obtain guidance on any problems that arise within practice.

22 The Health Committee will deal with practitioners experiencing health problems. It will advise the Council when an allegation is made, or an investigation suggests, that a health professional may be unfit to practise due to ill health.

23 The Education and Training Committee will have responsibility for establishing standards and requirements for the education and training required for registration and continuing professional development. It will have responsibility for all pre-registration programmes and continuing professional development in support of registrants along with the registration of applicants trained in the UK and overseas. It will have responsibility for monitoring the standards of education and training and the accreditation of institutions for this purpose.

24 Depending on whether a separate Herbal Council or CAM Council is adopted, there would be minor differences to the committee structure. In addition to the four statutory committees, both would have separate discipline/tradition-specific advisory committees. With the Herbal Council, these advisory committees would be for Western Herbal Medicine, Chinese Herbal Medicine/TCM, Tibetan Herbal Medicine and Ayurveda. With the CAM Council, there would also be a separate professional advisory committee for acupuncture. The Council would consist of lay representatives along with representatives for the herbal medicine profession including all traditions. In the case of the CAM Council there would need to be full and proportionate representation for acupuncture. The professional advisory committees would have formal advisory roles to both the Council and the statutory committees.

25 The Herbal Council or CAM Council would be free to establish additional committees, as it deemed appropriate.

26 The composition of the Herbal Council or CAM Council should be informed by public consultation. Lay representation on all committees is very important. It is expected that forty per cent of the Council would be comprised of lay members and that there would be at least two lay members on each statutory committee and professional advisory group established by the Council. The composition of the Council needs to ensure that there is representation from the devolved administrations of Scotland, Wales and Northern Ireland.

27 With respect to acupuncture, the Government is to receive advice on regulation from a parallel working group, the Acupuncture Regulatory Working Group. In the event that it recommends a separate Acupuncture Council, it is proposed that both reciprocity agreements and a shared administration, to include joint location of premises, be explored to reduce costs. If there is consensus about a CAM Council it is proposed that both professions work to establish an administration modelled on the HPC to cover both disciplines and the different traditions.

28 Sharing an administration or working within a CAM Council will promote close working between the herbal and acupuncture professions. It will also reduce costs for practitioners and facilitate mechanisms whereby practitioners using both modalities are not penalised by paying separate registration fees.

29 It will be for the Acupuncture Regulatory Working Group to determine the regulatory arrangements for acupuncture. They will make proposals that will inform levels of education and training necessary for practitioners using acupuncture as part of their practice but not as their main discipline. This may range from education and training that allows the use of

acupuncture in specific and defined circumstances through to inclusion on the Acupuncture Register. Herbal medicine practitioners using acupuncture as part of their practice will have a responsibility under the Code of Ethics to ensure that they are properly trained according to standards laid down by the Acupuncture Regulatory Working Group and that their practice presents no risk to patient safety.

30 The Herbal Council or CAM Council will have responsibility for determining the standards of conduct, performance and ethics of those admitted to the Register and will provide appropriate guidance. It will put in place procedures to protect patients and the public from individuals it deems unfit to practise. The Code of Conduct will give guidance on the conduct expected of a registered practitioner with particular emphasis on issues relevant to the consultation with a patient such as confidentiality and informed consent.

31 Inclusion on the Register will allow a practitioner the use of a protected title. Possible titles could include Registered Practitioner (Western Herbal Medicine); Registered Practitioner (Traditional Chinese Medicine); Registered Practitioner (Chinese Herbal Medicine); Registered Practitioner (Tibetan Herbal Medicine) and Registered Practitioner (Ayurvedic Medicine). The differing titles recognise that competence to prescribe herbal, and other products, as medicines can be attained through differing traditions and methods of education and training. If a practitioner were qualified in two or more traditions then these would be included within the bracketed element. For example, Registered Herbal Practitioner (Western Herbal and Chinese Herbal Medicine), would indicate a practitioner competent in both Western Herbal Medicine and Chinese Herbal Medicine whilst Registered Herbal Practitioner (Traditional Chinese Medicine) would signify a practitioner registered to practise both Chinese Herbal Medicine and Acupuncture. The appropriate titles should be determined following consultation amongst practitioners, other health professionals and the public.

32 The proposals for regulation have been accepted by all members of the HMRWG with the exception of the representatives from BAMC/BAAAP. The view of these organisations is that there should be separate regulation for Ayurvedic Medicine and that the curriculum being proposed for Ayurvedic Medicine is unsatisfactory both with regard to content and the proposed time of study. The Ayurvedic Medical Association who are represented on the HMRWG and the Maharishi Ayurveda Physicians Association who are not represented on the HMRWG have both endorsed the Ayurvedic Medicine element of the curriculum as providing satisfactory standards of education and training to deliver threshold competency for inclusion on the Register.

33 The differences amongst the Ayurveda organisations could not be reconciled by the HMRWG. Specific advice was, therefore, sought from both the Sri Lankan High Commission and the Indian High Commission. The latter arranged a meeting between representatives of the High Commission, the Chair of the HMRWG, the Department of Health and colleagues from the Department of Indian Systems of Medicine and Homeopathy. The Department of Indian Systems of Medicine and Homeopathy have provided a curriculum outline which they consider appropriate for adoption within the UK and which would allow graduates to practise safely and competently. It includes 1,666 hours of theoretical, practical and clinical activities, with the requirement to supplement these hours with further clinical practice where it is deemed necessary or appropriate. Ayurvedic Medicine, and this is true for other herbal medicine traditions, needs to be taught in an integrated way with students having an opportunity to see patients during their clinical training. The curriculum provided by the Department of Indian Systems of Medicine and Homeopathy has been mapped against the EHPA core curriculum and the Ayurvedic Medicine specific component of this. There is considerable overlap. The BAMC/BAAAP have accepted that the curriculum provided by the Department of Indian Systems of Medicine and Homeopathy is acceptable to them if supplemented with 60 hours of Sanskrit, 60 hours of Ayurveda philosophy and 1000 hours of clinical training.

34 The view of the HMRWG with regard to Ayurvedic Medicine is that further work needs to be undertaken by practitioners of Ayurvedic Medicine to agree minimum standards of education and training that will deliver threshold competency. It is hoped that this work can be undertaken well in advance of the establishment of the Herbal Council or CAM Council.

35 A Grandparenting scheme has been proposed to assist the Herbal Council or CAM Council in ensuring that herbalists in practice prior to the introduction of statutory regulation, or who trained through a professional association that was not party to the development of statutory regulation, are given a vehicle through which they can attain State Registration and inclusion on the Register of

Herbal Practitioners.

36 Competency in written and spoken English is considered essential for practitioners wishing to practise in the UK where the main language is English.

F Role of Professional Bodies

37 Professional bodies have an important role to fulfil in the delivery of herbal medicine. Their remit will include representing the interests of practitioners, supporting practitioners in connection with career development or with claims or allegations of malpractice, as well as advising on the development of the herbal profession.

38 Professional bodies will also play a major part in the delivery of continuing professional development. Whilst it will be the responsibility of the Herbal Council or CAM Council to approve programmes as being appropriate for registrants to remain up to date and eligible for continuance on the Register, professional bodies are well placed to understand the future development of the profession and to both inform the development of appropriate education and training and play a role in its delivery.

39 Professional bodies might also play a role in the accreditation of programmes at pre-registration level.

40 It is difficult to envisage how, at the time of preparing this report, a mutually beneficial relationship between the Herbal Council or CAM Council with professional bodies could operate for herbal medicine. This is due to the large number of professional bodies and associations already in existence. It would be impractical for any educational institution, for example, to work with more than one professional body for any given tradition regarding potential membership upon qualification for its students.

41 The herbal profession therefore needs to consider how professional associations will work with the Herbal Council or CAM Council. At pre-registration level, there are a number of possibilities. One model is for all the current professional bodies and associations for a given tradition to merge into a single body. An alternative is for the professional bodies to work through a federal organisation, such as the EHPA, to reach a consensus on the criteria for eligibility to join all the professional bodies and associations, following the threshold standards for accreditation defined by the future statutory regulatory body. The existence of multiple associations within one tradition has risen historically but makes little sense, given the very small numbers of practitioners in all the different herbal traditions considered in this consultation document. The herbal medicine community should consider a rationalisation of the professional bodies and associations prior to the introduction of statutory regulation.

References:

House of Lords' Select Committee on Science and Technology, Session 1999-2000. 6th Report. *Complementary and Alternative Medicine.* The Stationery Office, 2000.

Department of Health. *Government Response to the House of Lords' Select Committee on Science and Technology's Report on Complementary and Alternative Medicine.* The Stationery Office, March 2001.

Reform of Section 12(1) of the Medicines Act 1968

G Introduction

Currently, the majority of herbal medicines on the UK market are sold and supplied as unlicensed herbal remedies under a legal provision dating back to 1968. The main European medicines legislation (Directive 2001/83/EC) requires that medicines must have a marketing authorisation (licence). However, for some herbal medicines it can be difficult to show efficacy to the standard required to obtain a marketing authorisation. This is mainly because plants are chemically complex and the active constituents are not always known.

The Medicines Act 1968 allows herbal medicines to be sold or supplied exempt from licensing under certain conditions. These are that the herbal remedy must be made up on the premises from which it is supplied and prescribed after a one-to-one consultation (Section 12(1)) or, if it is an over-the-counter (pre-prepared) remedy, then it must not make any written claims (Section 12(2)). The exempt herbal remedy must comprise only plant materials other than water or other inert substances. The Medicines Act 1968 does not lay down standards of quality control for unlicensed herbal medicines.

This relatively weak regulation of herbal medicines no longer seems satisfactory since the herbal market has rapidly expanded since 1968 and questions about the quality and safety of some herbal medicines have been raised by adverse effects, misidentification, contamination and adulteration of some herbal products. For these reasons, measures to reform the Medicines Act 1968 herbal provisions are now underway. The UK law relating to herbal remedies sold without the need for a consultation (Section 12(2)) is set to be replaced by the proposed European Directive on Traditional Herbal Medicinal Products. Section 12(1), that provides exemption from licensing for herbal remedies made up by herbalists after a personal consultation, will remain in force because these Section 12(1) remedies are not industrially produced and therefore not subject to European medicines law.

The HMRWG has been asked by the UK Government to consider reform of this Section 12(1) herbal provision. The following is a brief summary of the HMRWG's main recommendations with regard to Section 12(1) reform. These aim to maintain consumer choice whilst ensuring access to safe, good quality herbal medicines and to ensure those supplying these remedies are publicly accountable. For a complete account of the HMRWG's deliberations and recommendations, please consult the full report.

H Summary of Recommendations

- **SI 1977/2130 The Medicines (Retail Sale and Supply of Herbal Remedies) Order 1977**

  Herbal ingredients listed in Part II and III of this Schedule due to their potency are permitted, subject to specific restrictions as to dosage and strength, to be used following a one-to-one consultation. However, there is currently no legal requirement for the person supplying these Part II and III herbal ingredients to be qualified to undertake this.

  The Herbal Medicine Regulatory Working Group recommends that:

  Following statutory regulation of herbalists, the use of such potent herbs should in future be restricted to use by herbalists on the statutory Register.

- **SI 1971/1450**

  This order permits a third party to manufacture (non-industrially produced) unlicensed herbal remedies for use in one-to-one consultations. The product is made to the **manufacturer's specification.** There are also a number of other requirements.

  The Herbal Medicine Regulatory Working Group considers:

  The Medicines (Exemption from Licenses) (Special and Transitional Cases) Order 1971 to be outdated and recommends that it should be repealed or substantially revised.

- Where a herbalist commissions a third party to make up an industrially produced remedy to the herbalist's specification when there are no suitable licensed/registered herbal products available.

  The Herbal Medicine Regulatory Working Group recommends that:

  Herbalists on the statutory Register may utilise

Article 5 of the Directive 2001/83/EC (the main EU Medicines law) that allows authorised health professionals to have such products made exempt from a marketing authorisation (licensing) "to fulfil special needs". Such products must be supplied "in response to a bona fide unsolicited request". Such products should be subject to appropriate Good Manufacturing Practice (GMP).

- Where a company places industrially produced herbal remedies on the market and sells them to herbalists.

  The Herbal Medicine Regulatory Working Group advises that:

  Such remedies would seem to be subject to Directive 2001/83/EC and would therefore legally require the company placing the products on the market to have marketing authorisation(s) or traditional use registration(s). In such cases, there would appear to be no legal reason for taking a different approach from industrially produced remedies that happen to be sold over the counter.

- Where a herbalist makes up non-industrially produced remedies e.g. from unprocessed ingredients

  The Herbal Medicine Regulatory Working Group recommends that:

  This should continue to be subject to Section 12(1) provision. Herbalists on the statutory Register will be subject to a Code of Conduct (analogous to pharmacists' code) setting out good practice and to disciplinary action including removal from the statutory Register should breaches occur.

- The HMRWG also considered the position of those Section 12(1) operators who may not be on the herbalists' statutory Register and are not otherwise independently statutorily regulated.

  The Herbal Medicine Regulatory Working Group recommends that:

  The numbers of these operators should be minimised by grandparenting arrangements allowing for transition to the herbal Register after a period of grace to allow for appropriate retraining. The HMRWG also recommends that CAM practitioners who are neither on the herbal Register nor otherwise statutorily regulated should, for the time being, belong to professional bodies whose members are subject to robust voluntary self-regulation, providing appropriate training, codes of conduct and disciplinary measures to assure necessary public protection.

  The Herbal Medicine Regulatory Working Group however advises that:

  In time, it may be in the public interest that all those using Section 12(1) who are not subject to statutory regulation should be brought under control of the Herbal Council or CAM Council (for details of these see the main HMRWG report). It may well also be seen to be in the public interest for aromatherapists to attain similar statutory regulation to that currently being sought by herbal practitioners. It is anticipated that health professionals using Section 12(1) who are statutorily regulated will liaise via their regulating bodies with the Herbal Council or CAM Council with regard to Section 12(1) use.

- In view of the long history of use of traditional medicinal products of non-plant origin by several traditional medicine systems e.g. Chinese Herbal Medicine.

  The Herbal Medicine Regulatory Working Group recommends that:

  Practitioners on the statutory Register should be permitted to use traditional medicinal remedies of non-plant origin provided that such remedies can demonstrate a history of safe use and are subject to required standards of quality assurance.

  This is an issue that would require further detailed study and discussion between the Medicines and Healthcare products Regulatory Agency (MHRA), the traditional medicines sector and other interest groups (including public health experts).

National Professional Standards for Herbal Medicine

I Introduction

During the working life of the HMRWG, work has been carried out by representatives of the profession and Skills for Health (the Sector Skills Council) on the development of National Professional Standards for Herbal Medicine. These describe the standards of practice of a herbalist. They have been prepared for the individual traditions of Western, Chinese and Tibetan Herbal Medicine and they articulate fully with the curriculum and other educational processes described elsewhere in this document.

J The Purpose of the National Professional Standards

- To be used by practitioners as a guide to best practice and to help them develop their own knowledge and skills.
- For the benefit of professional associations and regulatory authorities in assessing applicants wanting to join herbal practitioner registers with regard to their suitability for admission.
- To assist institutions that offer education and training in the development of a curriculum.
- To support organisations providing healthcare services that might incorporate herbal medicine provision.
- For funding providers, research organisations or groups, or any other body interested in supporting, developing, promoting, regulating or working with the herbal medicine profession.

K Content of the National Professional Standards

- The National Professional Standards for Herbal Medicine cover three broad areas of practice
  - Develop professional services to clients to improve and maintain their health
  - Develop knowledge and skills in relation to herbal medicine
  - Promote, manage and develop the herbal practice
- Some of the units have been directly developed for herbal medicine. Other units describe more generic skills and have thus been adapted from the professional activity standards used by other healthcare professions to maximise inter- and multi-disciplinary working.
- A generic Assessment Strategy has been developed which permits flexibility with regard to methods, while promoting consistency of standards across different validating institutions and awarding bodies.

L Status of the National Professional Standards

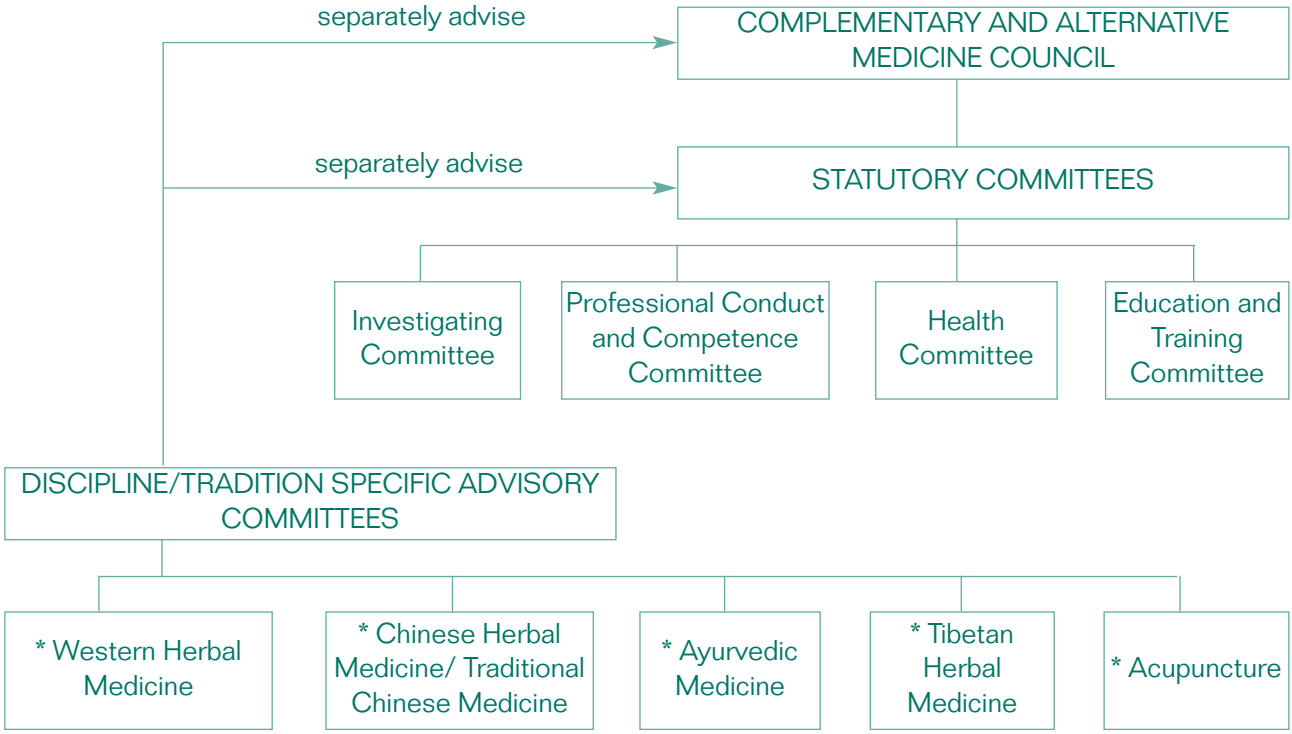
- Having developed the National Professional Standards for Western Herbal Medicine, a public consultation process ensued which was concluded on 14 July 2003. Amendments to the standards in response to the feedback received, together with the extension of the work to the Chinese and Tibetan traditions, will lead to a final ratification by the EHPA.
- **Further information on the standards can be obtained from:**

  Skills for Health

  Tel: 0117 922 1155

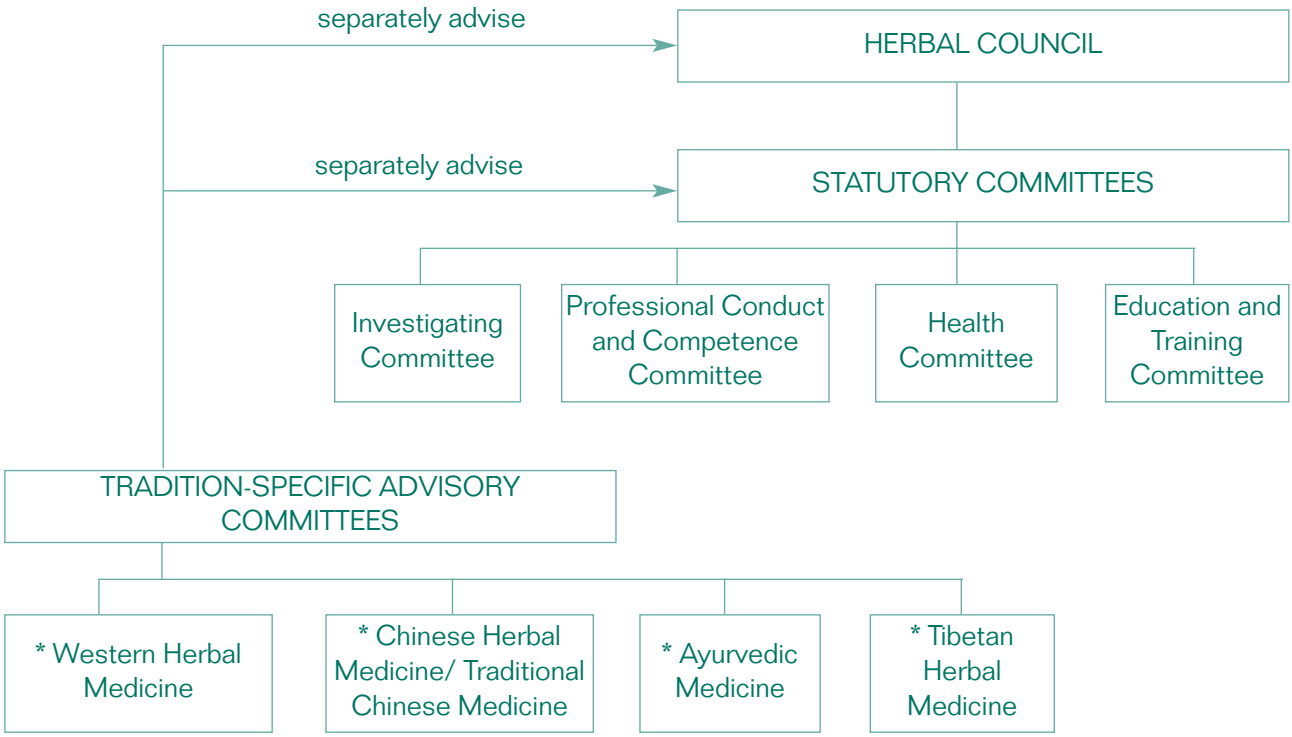
  Website: www.skillsforhealth.org.uk

Suggested Organisational Structure for the Proposed CAM Council



* All represented on Council and Statutory Committees

Suggested Organisational Structure for the Proposed Herbal Council



* All represented on Council and Statutory Committees