

**STEERING GROUP ON STATUTORY REGULATION OF ACUPUNCTURE,  
HERBAL MEDICINE AND TRADITIONAL CHINESE MEDICINE PRACTITIONERS  
(AHTCM)**

Minutes of the Fourth Meeting held on Friday 9 March 2007  
NCVO, London

Attendees:

Mike Pittilo, Chair

Peter Conway } representing Herbal/Traditional Medicine

Deepika Gunawant }

Ned Reiter }

Ming Zhao Cheng }

Nick Lampert } representing Chinese Medicine

Benny Mei }

Yilan Shen }

Mike Cummings }

Val Hopwood } representing Acupuncture

Jasmine Uddin }

Mercy Jeyasingham – Chair, Acupuncture stakeholder group

Michael McIntyre – Chair, Herbal/Traditional medicine stakeholder group

Mike O'Farrell – Chair, Chinese medicine stakeholder group

Amrit Ahluwalia, European Herbal Practitioners Assn

Caroline Brennan, MHRA

Ian Brownhill, Foundation for Integrated Health

Neil James, Welsh Assembly

Rachel Tripp, HPC

Richard Woodfield, MHRA

Jonathan Coe, Lay Member

Frances Dow, Lay Member

Meeling Ng, Lay Member

Apologies:

Sharon Corner, Department of Health

Tom Lane, Skills for Health

Kate Ling, Department of Health

Val McKie, Lay Member

Bill Scott, Scottish Executive Health Department

Thomas Scott, DHSS Northern Ireland

Julie Stone, CHRE

Lord Ken Ward-Atherton, practitioner

1. Minutes

The minutes of the meeting held on 28 November 2006 require a change to the report from the Chinese Medicine Stakeholder Group, otherwise the minutes were approved.

**Action: MOF/MC to provide corrected text**

2. Welcome

The Chair welcomed Neil James from the Welsh Assembly and Caroline Brennan from the MHRA to the meeting.

3. Matters Arising

- a) Jonathan Coe recently met with the British Osteopathic Association, though no further progress on the regulation of AHMTCM with Osteopathy was considered.
- b) Mercy Jeyasingham reported that Liz Plastow from the NMC attended a recent ASG meeting. No progress was made with respect to NMC registrants and AHMTCM protected titles.
- c) The Chair reported that the RPSGB had requested a meeting following his letter to Ann Lewis though a date had not yet been confirmed.
- d) Ian Brownhill reported that he recently met with the Arts Therapists who only had praise for the HPC and found the regulator keen to develop a positive working relationship with the profession.

4. Chair's Report

The Chair reported the following activities had taken place since the last Steering Group meeting:

- a) Meeting with Madeleine Craggs on 13 December to discuss separate Council, but this is not likely.
- b) Meeting with MHRA colleagues on 6 March to discuss medicines reform in more detail. The MHRA has been proactive in discussing proposals for S12.1 reform with several audiences including a range of CAM professions and herbal stakeholders.
- c) The Chair and Mike O'Farrell addressed the Parliamentary Group on CAM at the House of Commons on 6 March and highlighted progress with the Steering Group.
- d) The Chair wrote to the Minister on 2 February requesting a meeting and is awaiting a response.

5. Outline of Report from the Steering Group

The Chair reported that a redraft of the outline was postponed awaiting publication of the White Paper. A new draft will be circulated following this meeting.

**Action: MP to redraft Table of Contents and circulate**

6. MHRA Consultation on S12.1 reform

Michael McIntyre agreed to write the first draft of a response from the Steering Group to the MHRA's discussion papers on S12.1 reform and circulate it to the Group for comment in advance of the 30 March deadline.

Richard Woodfield reinforced the importance of statutory regulation in order to effect S12.1 reform. Richard reported that the MHRA has started to receive responses to the discussion papers. Homeopaths, in particular, have raised concerns that the MHRA

will be exploring further with them. The MHRA would be grateful to receive feedback from the professions who may support the proposals but have not yet responded.

**Action: MM to draft Steering Group response and circulate to Group**

#### 7. DH White Paper on Regulation

A paper highlighting the key aspects of the White Paper that would impact on AHMTTCM was tabled and discussed. Key points as follows:

- 1.2 degree level entry will be at honours degree level. The entry level must reflect the qualification that exists on the day the register opens rather than what existed before.
- 1.10 Government is challenging healthcare professions and there will be no professional majority on regulator councils in the future. The HPC is currently 48% lay.
- 5.3 Statutory regulator is responsible for standard setting. Professional associations are a good check and balance. Where there is a large number of professional bodies, professions become significantly weaker particularly where there is a lack on consensus. Rachel Tripp noted that the HPC gets significant input from professional associations when professional standards are being developed.
- 7.2 and 7.3 outline the priorities for regulation. Note that AHMTTCM professions do not 'aspire' to regulation. Concern was raised about whether the HPC will be able to meet the deadline of 2011 created by medicines legislation. Without professional regulation, there would be reduced public safety and loss of consumer choice through medicines.
- 7.4 Regulation of new professions is reserved to Scotland so it is important to get their support.
- 7.15 Emerging professions will need to be regulated by existing regulatory bodies.
- 7.16 HPC to regulate new professions, so little possibility of a CAM/Traditional Medicines Council and no other obvious choice.
- 7.11 Problems with two specific HPC criteria: evidence based practice and a single professional association representing the profession. Rachel Tripp pointed out that the criteria are used primarily to provide guidance to HPC Council and should not be seen as a barrier to entry.
- 7.18 Distributed regulation may solve problems. Rachel Tripp suggested that the HPC would not pursue statutorily regulated professionals for use of a title protected by the HPC where that professional was not regulated by the HPC. The relevant regulators will, however, need to agree the standards.
- 5.14 English language proficiency – there is significant debate on this issue within the Chinese Medicine Stakeholder Group. HPC has little experience of dealing with language issues so the Group may need to take legal advice. There are different requirements within/out of the EU. Often it is for the employer to make a decision on proficiency, but in AHMTTCM, practitioners are typically self employed.

**Action: MP to take DH advice on language proficiency**

8. HPC presentation

The Chair welcomed Marc Seale, Chief Executive, and Kelly Johnson, Director of Fitness to Practice, to the Group for this portion of the meeting.

Marc's introductory comments were as follows:

- Learn more about the HPC by attending either a Council meeting or a Training & Education meeting, both of which are open to the public.

**Action: AA to take nominations**

- HPC will write to individual practitioners with standards prior to regulation
- Representation on Council and committees will be taken from appropriate practitioners
- Profession specific advice will be taken from professionals who are registered
- Professional associations need to prepare for their role post-regulation
- Professions to establish professional standards using HPC's Standards of Proficiency
- It is possible for regulation can take into account different styles of practice
- Need to promote using the proper title and allow some to fall into disuse
- HPC will not pursue professions it feels should be regulated, though this is likely to change; professions currently need to apply; professions are in a stronger position if all groups apply together
- Support from Home Countries will help the application
- Professions need to drive regulation – get as much of the documentation done before application. Get as much consensus as possible, consult with professional members regularly.
- Regulation should not be a barrier to the profession evolving
- Process: application to HPC Council for review, invite profession to answer any questions, profession presents to subsequent Council meeting, Marc Seale then writes to Secretary of State for approval
- Grandparenting should make a recommendation about an acceptable level of English language proficiency
- Scope of practice needs to be sufficiently large to accommodate all aspects of practice
- Events leading up to regulation should include a report launch, media briefing, events in all countries, get presidents of all professional associations together to brief them, brief civil servants, etc
- Report to include examples of standards, suggested titles, support from other bodies outside relevant professions,

Timeframe: The Steering Group has time constraints with respect to registration because of medicines reform. Marc Seale said regulators are all awaiting implementation plan from DH which will outline timescales for work highlighted in the White Paper. It can be a slow and sometimes frustrating process.

Note there are a number of working groups being established to drive implementation of the White Paper recommendations. Distributed regulation is not obviously included in any of them.

Marc Seale suggested that the Group needs to be proactive: write to Ministers, civil servants, find ways of getting PQs in House.

RW suggested use of RPSGB codes which may helpful for developing codes for those using herbal or traditional medicines.

Further funding from DH may be necessary to facilitate the above.

**Action: MP to discuss additional funding with DH**

9. Feedback from Stakeholder Chairs meeting and Stakeholder Groups

- a. Frances Dow reported back from the Stakeholder Chairs meeting that excellent progress has been made in the development of the HPC standards for AHMTCM. An additional paper is being developed that will distinguish these professions from those already regulated by the HPC.
- b. Mercy Jeyasingham reported from the ASG that there was still work to do on the differences between the groups with respect to which ones want title and that for some groups, the educational standard for entry into the profession is quite low, eg those with a limited scope of practice. There is also no clear guidance or consensus on distributed regulation. The Group meets again next week.
- c. Michael McIntyre reported from the HMSG that progress was continuing on the development of the standards documents. Additional concerns included setting criteria for both accrediting bodies and professional associations which would move directly onto the HPC register. Work was also continuing on the response to the MHRA consultation on S12.1 reform.
- d. Mike O'Farrell reported from the CMWG that the group continues to meet on the monthly basis. Biggest areas of concern are English language proficiency, the increase in the number of institutions offering TCM training, post grad qualification issues, ongoing work with chains of TCM shops in the high street, membership criteria and finally, a lack of visible support from the DH regarding AHMTCM regulation.

All Chairs agreed to get draft standards documents to MP by 31 March.

**Action: Chairs to get standards documents to MP by 31 March**

10. Next Meeting

The next meeting will take place at NCVO in London on 1 June.