Legal & Regulatory

The UK's Royal College of Physicians (RCP), meanwhile, claims that statutory regulation would be "completely inappropriate" for disciplines of complementary therapy "whose therapies are neither of proven benefit nor appropriately tested." According to RCP, statutory regulation would imply that these modalities are as safe, effective, and have as much evidence as conventional medicine, potentially increasing the possibility of harm. RCP states that acupuncture should be statutorily-regulated but that herbalism and TCM should be self-regulated by professional associations.

Further enflaming the debate, the UK Department of Health (DH) announced on April 1, 2010, that it plans to "legislate to ensure that all practitioners supplying unlicensed herbal medicines to members of the public in England must be registered with the Complementary and Natural Healthcare Council (CNHC)." ¹⁰

"Emerging evidence clearly demonstrates that the public needs better protection, but in a way that is measured and does not place unreasonable extra burdens on practitioners," said UK Health Secretary Andy Burnham in a press release. "I believe that the introduction of such a register will increase public protection, but without the full trappings of professional recognition which are applied to practitioners of orthodox healthcare." Separate measures will later be enacted to protect those who use acupuncture, Burnham added.

According to DH Press Officer Julia Harris, any details of this decision are not yet available and will be worked through by CNHC, professional members, and associated stakeholders. She confirmed, however, that this is *not* intended to be statutory regulation (e-mail, April 1, 2010).

McIntyre disagrees with DH's recently-announced plan and said that because it does not provide statutory regulation, the public will lose access to properly regulated herbalists and a wide range of herbal medicines.¹¹ (It remained unconfirmed at press time if registering with CNHC would or would not fulfill the "authorized healthcare practitioner" requirements of EU Directive 2001/83/EC. Most parties currently presume that it will not, as CNHC registers practitioners on an entirely voluntary basis.)

CPHM, however, welcomed the recent DH announcement.

"The initial reaction of [CPHM] has been one of great surprise and relief," said Dr. Wharam. "With information given so far, this is a much better outcome than the statutory regulation that was being considered. We provide a different model of healthcare which enables people to have freedom of choice and excellent one-to-one treatment. We want this to continue. As always, 'the devil is in the detail,' and the release of Mr. Burnham's statement is just the beginning of unraveling the decisions put forward by government." HG

—Lindsay Stafford

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