

Original article

Protecting patients through professional regulation: Audit of registration of nutritional therapy practitioners via a grandparenting process[☆]

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Abstract

Introduction: Registration of practitioners of complementary and alternative medicine (CAM) has been proposed as an important measure towards assuring the safety of individuals choosing to use therapies that are outside the practice of mainstream medicine. The Nutritional Therapy Council, an independent body established by a group of professional associations representing nutritional therapists, with funding from the UK Department of Health, launched a voluntary national registration scheme in 2006 for practitioners of nutritional therapy, a bioscience-based branch of CAM.

Methods: Registrant data for 2006–2009 were audited for age, gender, years in practice, route of registration according to qualification compared to National Occupational Standards. Records were audited for patient safety complaints.

Results: Audit of the scheme demonstrated that the majority of applicants had formal training to the level of the NOS, most had been in practice for less than 10 years and the cohort was predominantly female, with a mean age of 45 years. The small number of unsuccessful applications for registration may demonstrate that a high degree of self-selection of applicants operated. No complaints against practitioners were received during the duration of the scheme.

Conclusion: This practitioner registration scheme enabled over 600 Nutritional Therapy practitioners to demonstrate alignment to the National Occupational Standards (NOS). Safe, effective, lawful practice was demonstrated through verified qualification, or by assessment of a portfolio of evidence, including evidence-based clinical case studies. Professional registration has an important role in patient safety by providing potential users of complementary medicine with information on qualified competent practitioners.

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Introduction

Registration of practitioners of complementary and alternative medicine (CAM) has been proposed as an important measure towards assuring the safety of individuals choosing to use therapies that are outside the practice of mainstream medicine [1]. Professional regulation should provide an additional layer of public protection beyond that afforded by ‘the market’, such that information on practitioner qualifications may be more transparent or accessible and members of the public may verify that a practitioner is qualified. Public protection is increased when an established standard of competence in

practice is required for entry to a register, and reinforced when registrants are required to behave ethically and professionally [2]. Formal regulation of practitioners can be by law, protecting the title and or function of a profession (statutory regulation, SR) or it can be voluntary. Regulation of behaviour by other aspects of law, such as the laws of assault and fraud, may also apply. Legal frameworks for Trading Standards also apply for anyone in the UK providing a service or goods for payment.

CAM regulation in the UK

In the UK, chiropractic and osteopathy are subject to statutory regulation (SR) [3], which followed a long campaign by elements within both professions, but was not unanimously supported. SR in both of these professions was followed by a significant increase in registration fees. Resistance to SR from

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some practitioners may also be based on their concerns that they may be required to change their practice or their clinical philosophy [4]. Professional practice may indeed be affected by the introduction of SR; the UK General Chiropractic Council (GCC), which regulates UK Chiropractors, has published a position statement marginalising ‘subluxation’, one of the founding dogmas of chiropractic spinal manipulation [5].

SR may be extended within the UK to the practice of herbal medicine, and has also been aspired to by a number of other CAM disciplines [6].

Voluntary regulation, sometimes referred to as ‘voluntary self-regulation’ has no status in law and has no sanction against unregistered practitioners. However, by providing public information, a voluntary regulatory scheme may attempt to steer the public towards appropriately qualified practitioners. A number of established CAM professions have developed their own voluntary registration schemes, including herbal medicine, acupuncture and naturopathy. More recently nutritional therapy, massage therapy, reflexology and aromatherapy also developed their individual voluntary regulators. Representatives of several of these CAM professions then cooperated to develop a UK federal voluntary regulator, which was established in 2009 as the Complementary and Natural Healthcare Council (CNHC), with UK Department of Health funding [7]. This article describes the registration scheme developed for nutritional therapy before the establishment of the CNHC.

Aside from regulation, practitioners may belong to professional associations (PA), which may offer insurance, professional development activities and promotion of the profession; however regulation is a separate activity. Selznick [8] argues that regulatory systems should

- (1) Have a formal remit and be supported by stakeholders.
- (2) Exercise authority that has been vested in the regulator by the stakeholders.
- (3) Be independent of the stakeholders.
- (4) Act in the public interest.

These characteristics may not be met by individual professional associations with CAM practitioners as members, but may be demonstrated by an independent body established by a number of professional associations.

Nutritional therapy as a CAM practice

Nutritional therapy (NT) is a bioscience-based branch of CAM. Practitioners work with clients to assess functional nutritional status, identify potential imbalances and provide personalised nutritional counselling. This comprises dietary and lifestyle recommendations, supported where necessary by nutritional supplements, in order to prevent disease and optimise health. The basis of nutritional therapy is that each individual has unique nutritional requirements determined by genetics, lifestyle, environment, life events and other factors. Nutritional intake and other health choices (such as exercise) can impact on the expression of the individual’s genetic constitution. The approach of nutritional therapy to this interaction of genetics and

lifestyle is therefore to assess and optimise function by assessing the client, and counselling on appropriate levels and sources of nutrients.

For clients consulting a practitioner, inappropriate advice on nutrition can have a number of potential adverse consequences. They may delay or avoid seeking conventional treatment, follow a diet that leads to deficiencies or overdosing, use substances that overdose or interfere with conventional treatment, and/or spend money on products of questionable value. Conversely, if advice is appropriate and evidence-based, it has the potential to be beneficial. Practitioner competence and conduct therefore has relevance for the health outcomes of clients. A brief search on the internet demonstrates that there is a plethora of courses available in ‘nutrition,’ of variable duration and standards.

National Occupational Standards (NOS) for nutritional therapy were first set in 2004 by a group of practitioners under the guidance of Skills for Health, the government-appointed skills council for healthcare. NOS are intended to reflect the expected standard of practice and are updated periodically.

Regulation of nutritional therapy

The Nutritional Therapy Council (NTC) is an independent body established as a voluntary regulator, by a group of professional associations representing nutritional therapists. Three professional associations, the British Association for Nutritional Therapy and Applied Nutrition (BANT), The Register of Nutritional Therapists (RNT) and the Wholistic Nutritional Medicine Society (WNMS) provided support and volunteers to develop the organisation of the NTC. The largest organisation, BANT, had already established standards for membership that were at the level of the NOS. WNMS and RNT had two levels of membership, nutritional therapist (academic level 5) and more numerous nutrition advisers or dietary advisers (level 3 or 4). When registration opened all three organisations encouraged their members to apply for registration, but one (RNT) later withdrew its support for registration. There were a number of areas of contention amongst the founding professional associations, including the processes for registration and the restriction of registration to nutritional therapists but not advisers. The registration scheme was also supported by a financial grant from the Department of Health, via the Princes Foundation for Integrated Health, as part of a process to support voluntary regulation in a number of complementary professions. This funding provided for independent lay representation on the NTC. Lay members included a dentist, a physiotherapist, an osteopath and a lawyer. A lay Chair of Council was in place for the registration process.

The NTC developed a Core Curriculum based on the NOS, and established a Schools’ Forum for training providers who aspired to train practitioners to the NOS. Institutions in both public and private sectors were offering training in nutritional therapy. These courses led to higher education diplomas, degrees or post-graduate qualifications and had been developed to the standard of the NOS although, at that time, not all courses met all the NOS. Formal accreditation of training was not available at the launch of the practitioner registration scheme. Six training courses were identified by their providers as being close to

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