

Complementary Therapies Policy

Effective: December 2007

Review: December 2011

1. Introduction

This policy outlines the way in which complementary therapies will be managed and implemented within the Newcastle upon Tyne NHS Trust. It provides a broad framework for practice in relation to the range of approved therapies, preparation and supervision of practitioners, accountability issues and development and approval of new complementary therapy services.

2. Purpose of the document

This document is intended to:

- Ensure safe practice by appropriately qualified practitioners
- Provide clarity to the practice of complementary therapy within the organisation and address potential risk management issues
- Provide a framework for administration in conjunction with conventional medical treatment.
- Provide guidance to individuals wishing to develop a new complementary therapy service.

The document will be of interest to individual practitioners and managers from any discipline involved in the development and delivery of complementary therapy services

3. Recognised Complementary Therapies

The House of Lords select committee on Science & Technology Sixth report (2000), recognises that certain complementary therapies should be more widely available to patients within the hospital environment. The following complementary therapies are acceptable in principle within the Newcastle upon Tyne NHS Trust, for use by an approved practitioner, operating under the terms laid down by this policy.

- Aromatherapy
- Reflexology
- Massage

This list incorporates a wide range of practices, which may vary significantly in their precise implementation. Approval must therefore be obtained in relation to each therapy to be delivered for a specified patient group, as outlined in section 4. Approval will in all cases be subject to the existence of suitably robust evidence to underpin the use of the therapy in the specific circumstances proposed.

4. Development of a protocol for a new complementary therapy service

Complementary therapists including Trust and non Trust employees must negotiate approval for the therapy to take place within the hospital environment with the consultant, ward manager and patient. Submission for consideration of new complementary therapies

should be forwarded by the Directorate Manager to the Assistant Director of Patient Services. They should contain the following information:

- a) Client group
- b) Rationale for using the therapy and evidence supporting this use in practice
- c) Referral procedures
- d) Assessment methods
- e) Criteria for inclusion / exclusion of patient
- f) Information and procedures for obtaining consent
- g) Referral on to other practitioners as required
- h) Documentation
- i) Explicit protocols for delivery of the therapy
- j) Any known potential side-effects or complications
- k) Resource implications of introducing the new service

The document should also provide details of the proposed complementary therapists, their preparation and supervision in line with the guidance in Section 5 of this document.

Submissions will be considered for approval by the Non-medical Performance and Development Group, as part of the Trusts clinical governance framework.

Complementary therapists may only treat patients who fall within the protocol agreed.

5. Complementary Therapists

- 5.1 Practitioners will provide evidence via the Non-medical Performance and Development Group as outlined in Section 4, of a recognised qualification and membership of an approved association / governing body
- 5.2 Practitioners who are not employees of the Newcastle upon Tyne NHS Trust eg. Charity workers, are required to provide evidence of public liability / indemnity to a minimum of £1,000,000 via a professional body
- 5.3 Practitioners who are not employees must complete an induction programme or equivalent via the Personnel Department and locally in area of work.
- 5.4 Practitioners are required to provide evidence of continuing professional development in their chosen therapy and annual confirmation of their insurance cover, where appropriate, to the Assistant Director of Patient Services
- 5.5 Practitioners must complete clinical access documentation and undergo Criminal Records Bureau clearance via the Personnel Department copies of this documentation and training records must be retained in Personnel for reference.
- 5.6 Practitioners will be responsible for ensuring that their details are entered onto the Newcastle upon Tyne NHS Trust complementary therapy register which is held in the Risk Management Department under the auspices of the Non-medical Performance and Development Group.

6. Accountability

- 6.1 Complementary therapists are accountable and responsible for their own practice. They should abide by the guidelines laid down by the professional bodies with which they are registered.

6.2 All practitioners must practice and abide by the code of conduct as set out by the appropriate professional body and within the policies and protocols laid down within the Newcastle upon Tyne NHS Trust.

7. Practice

7.1 Any member of staff working within their role as a Trust employee who is qualified to administer Complementary Therapies does so as part of their role and will NOT receive payment

7.2 Therapies given outside of contracted working hours on Trust premises by Trust employees, must be within a negotiated contract between the complementary therapist and patient which may include payment. In this situation, the employee must provide evidence of indemnity insurance as outlined in Section 5. Trust employees delivering therapies in their own time outside the Trust must clearly identify themselves to be working as independent practitioners and not as representatives of the Trust.

7.3 The patient will be fully informed about the therapy and its effects prior to the therapy commencing, be given appropriate literature regarding the chosen therapy and must give consent for the full therapy according to the Trust consent policy.

7.4 Complementary therapists will be expected to work within the current environment in which the patient is based. Resources eg lotions, essential oils and equipment must be stored in accordance with Trust policy.

8. Monitoring

This policy will be reviewed in 3 years. Comments, queries and suggested amendments should be addressed to Assistant Director of Patient Services.