

Complementary and Alternative Medicine Practitioners in Europe.

Prevalence, Right to Practice, Use and Research.

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Complementary and Alternative Medicine, CAM, is the most common term used in Europe to describe a large number of health practices (over 80) based on a holistic view of the person. While there is no universally accepted definition, the following includes key characteristics of CAM practice: CAM utilized by European citizens represents a variety of different healthcare systems and disciplines based on the knowledge, skills, practices derived from philosophies, theories, beliefs and experiences used to maintain health, as well as to prevent, diagnose, improve or treat the health needs of the whole person. CAM disciplines/modalities are mainly used outside conventional medical care, but in many countries some disciplines are increasingly used in conventional medical settings.

Legal and Practice Context

In Europe close to 50 CAM modalities are practiced by non-medically trained practitioners that are organised in well established professional associations on the national and European level. There are several more modalities which, to the best of our knowledge at this time, do not have strong professional organisation. Less than 10 CAM modalities are practiced by medical practitioners who have an additional training in the CAM modality.

By and large in Europe there is no positive legal right to practice CAM, but there are a small number of exceptions particularly in common law countries. There is an absence of State education and regulatory procedures for professional recognition, again with a small number of exceptions. Practice is often legally “grey”, disguised or hidden, and tolerated or ignored by the authorities. In some countries practice by non-medically trained people is forbidden and hardly exists at all. There is no EU level harmonisation, but there is some restrictive EU regulation of CAM medicines and products.

These conditions put a brake on professional development and access to the therapies medicines and products. Practice is almost exclusively private and fee paying, and available only to those with the means to pay. Nevertheless there are millions of users of CAM practitioner services. Where it is legally open to practice, practitioner numbers have grown in response to citizen demand. Where the political and legal climate is less open there is also much “*unofficial*” successful and effective practice. There is a significant amount of practice in the non regularised part of the market.

There is also medical opposition, hostility, negative media comment and an absence of accurate information for potential users. CAM's safety record is good. But there is insufficient appropriate research and research design leaving CAM vulnerable to often unjustified criticism .

Nevertheless, several of the modalities professionally organised are seeking appropriate State regulation. Some have been more successful at negotiation of this than others, so they are more publicly visible.

Practitioner Numbers

No European country has established a comprehensive and reliable system to enumerate practitioners. A number of modalities have established national and European professional organisations with practitioner registers based on effective accreditation procedures. However, the true spread and number of practitioners is difficult to determine at this time. A dedicated study designed to take into account the legally grey conditions of practice described above is urgently needed. In its absence the European Federation for Complementary and Alternative Medicine, EFCAM, carried out its own survey among modalities with a professional organisation. These numbers are taken from professional registers and can be relied upon. However, no modality organisation in any country in Europe contains all that that modality's practitioners so the numbers here are less than the total numbers for those modalities. Estimates for all the other modalities are based on general knowledge of the practice of those modalities.

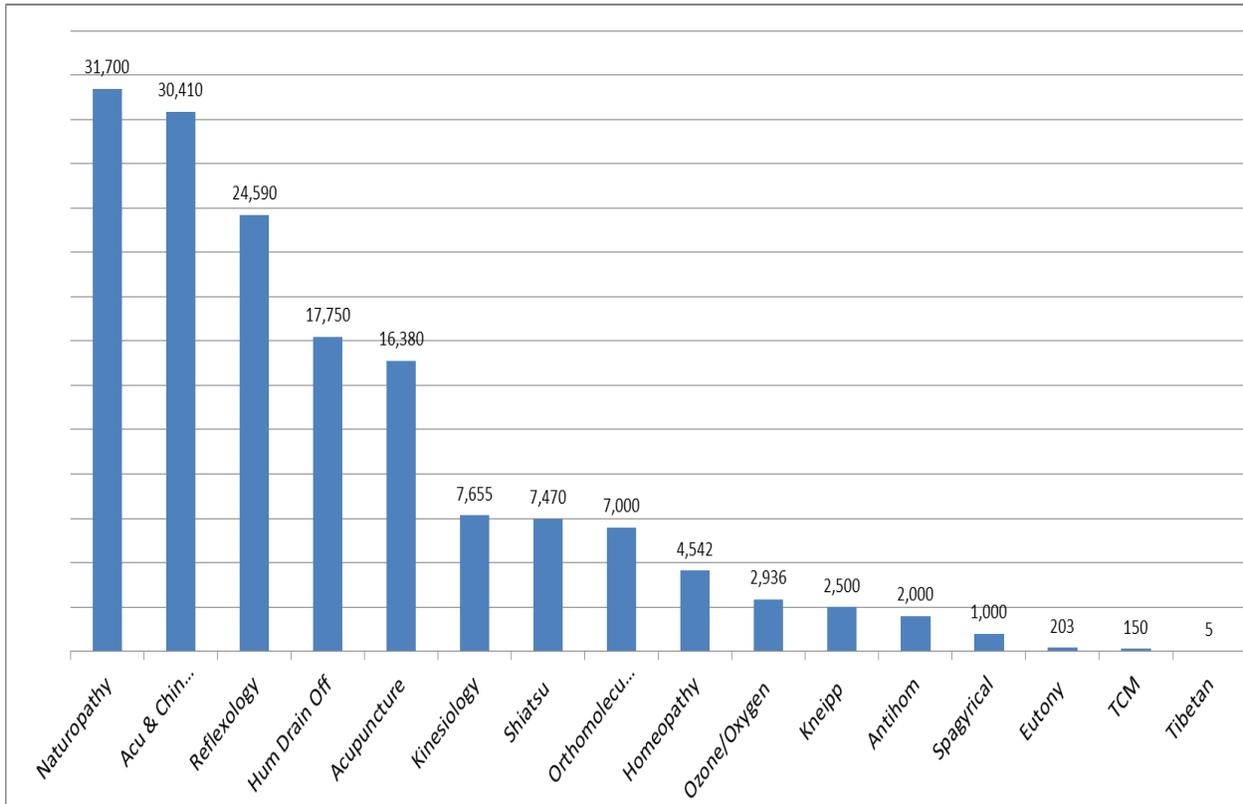
EFCAM's best **estimate**, therefore, for a total number of CAM practitioners (non-medical) in Europe is: **270,000**.

MODALITY	NUMBER	COUNTRIES	EDUCATION	REGULATION
Acupuncture	16,380	10	3	Self
Acupuncture + Chinese Medicine *	30,410	17	3	Self
Antihomotoxicological	2,000	1	Don't know	Don't know
Eutony	203	6	5	Don't know
Homeopathy	4,542	21	4	Self
Humoral Drain off	17,500	2	Don't know	Self
Kinesiology	7,655	9	2-3	Self
Kneipp	2,500	2	Don't know	Self
Naturopathy	31,700	5	3	Self
Orthomolecular	7,000	1	Don't know	Self
Ozone & Oxygen	2,936	32	Don't know	Self
Phytotherapy	29,100	8	3	
Reflexology	24,590	20	2	
Shiatsu	7,470	15	3	Self
Spagyric	1,000	1	Don't know	Don't know
Spinology	54	4	2	Self
TCM	150	1	3	Self
Tibetan	5	1	Don't know	Self

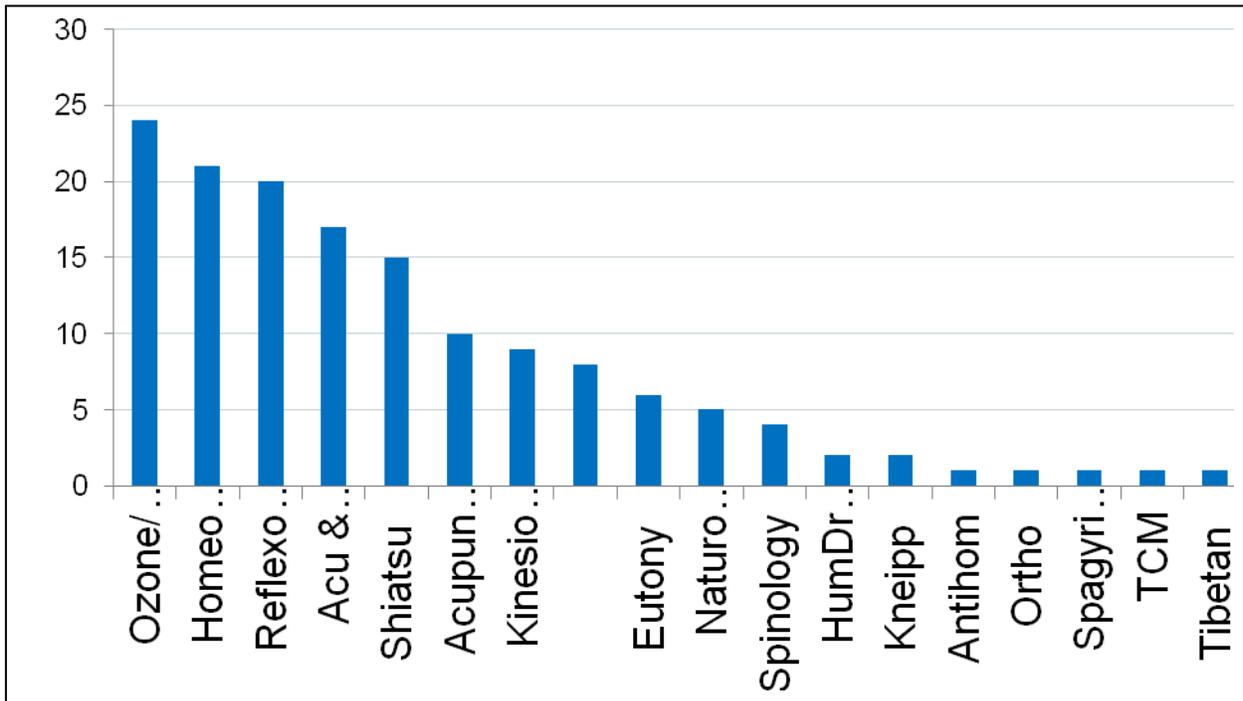
*The designations "Acupuncture" and "Acupuncture and Chinese Medicine" were chosen by the survey respondents

Figures are available for other modalities but they are awaiting verification.

Modalities in Practitioner Number Order



Modalities by Country Prevalence



Commentary

The existence of 180,000 non-medically trained practitioners is verifiable from professional association registers and the associations' accreditation procedures. Another 90,000, approx, are known to exist practising the following modalities not listed above: Alexander technique, Anma, Aromatherapy, Ayurveda, Bach Flowers, Balneotherapy, Bio-energy, Chi Gung, Colonic Irrigation, Massage (various kinds), Music Therapy, NLP, Nutritional Therapy, Pilates, Reiki, Rolfing, Scenar, Spiritual Healing, Trager, T'ai Chi, Thai Massage, Tuina, Yoga, Watsu and others.

Our estimated total is therefore **270,000** plus a further number undetermined right now.

No study of the economic value of CAM practice in Europe exists. The following is a projected spend calculation on treatments from known practitioners:

270,000 X 46 weeks X 10 clients/week X 35euro fee = **4.35 billion per annum.**

This is a projection only as no proper data is currently available.

Reasons for use of CAM Practitioners

The following are commonly stated reasons for attending CAM practitioners

- for general wellbeing and health maintenance
- for treatment of chronic illness
- for complementary care to conventional medicine in musculoskeletal conditions, cancer, MS and many others
- for health awareness, health education and health literacy
- for support with self-responsibility for health and self empowerment (user profile early middle aged and up mostly)
- for enhanced capacity to cope with serious illness
- for it's cross cutting features: care of whole individual, for being heard, for non-invasive treatment, for safety, for general wellbeing effects alongside effectiveness for specific conditions

Regulation and Training

Professional training in CAM is mostly designed, delivered and self-regulated by the professions. These have established set curricula, competencies, duration of training, examination methods, CPD and standards of practice. Education level varies according

to the modality, from third level Certificate level to Masters degree, although they are not officially recognised as such. Various systems of practitioner accreditation exist: post-school training independent accreditation committees or via accreditation of schools, and others. These are mostly nationally based but a small number of modalities have established European wide standards e.g. homeopathy and shiatsu. Training is delivered in private schools mostly. There are a small number of University courses. The National Vocational Qualification/ NVQ ECVET (European version) qualification route is being used in a few countries to establish a training qualification in line with the broader vocational education system.

Major Issues for CAM Practitioners

There are several of which the following are possibly the most significant:

- The lack of a legal right to practice, of appropriate regulation of professional training and practice and of appropriate regulation of licensing and supply of CAM medicines and products
- The absence of codified professional training
- The exclusion by and opposition of conventional medicine
- Blockages within health systems to incorporation of CAM methods and practitioners
- Lack of support for professional development
- Absence of co-determined integration with conventional medicine approaches
- Confusion about what CAM is, it's scope, safety and effectiveness
- Insufficient appropriate research and appropriate research design

The Question of “Evidence”

A particular notion of what constitutes scientific evidence has dominated the approach to research into CAM. This has led, for the most part, to poorer quality studies and inconclusive results. The emerging consensus among the leading researchers in CAM in Europe is that CAM modalities are multifaceted interventions whose effectiveness is bound with their multifaceted nature. Accordingly, whole systems research taking into account the context and meaning effects in real practice settings is what is needed most to study CAM and to produce reliable findings. CAM practitioners welcome this development and envisage the following research priorities:

- Effectiveness and normal practice-based research including to elicit the whole range of outcomes of CAM interventions
- Development of appropriate complex designs for complex modalities in collaboration with practitioners – education of researchers in the modalities
- Topics of public benefit viz:- health maintenance, treatment of chronic disease, healthy ageing, synergies with conventional medicine, citizen information needs
- Contribution to major public health issues
- Contribution to health system innovation and costs reduction
- Prevalence research - usage reasons, supports and barriers to access
- Outcomes of use of groups of CAM modalities for specific health issues and in public health programmes
- Research using stakeholder partnerships

Role of the CAM Practitioner

CAM practitioners have a personal and professional commitment to high quality client service. They have a genuine belief in the human, social and economic value of their work. They have confidence in the contribution of their modality and CAM in general to citizen wellbeing and health. They have a whole person and whole system perspective that they believe is right for today's world and where the practitioner is often as much "teacher" as practitioner.

They want their modalities to be widely available to the public and to be used both independently and in conjunction with conventional medicine in whatever form best benefits the user. In the interest of public confidence and safety, and of the development of the professions, they want regulation appropriate for the nature and scope of each modality.

Further Information

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