

Complementary Therapies Policy

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DOCUMENT TRACKING SHEET

Complementary Therapies Policy

Version	Status	Date	Issued to/approved by	Comments
0.1	Draft	19/06/09	Complementary Therapies Project Group	
0.2	Draft	12/08/09	Complementary Therapies Project Group, plus those listed in appendix D	
0.3	Draft	23/02/10	Trust Clinical Governance Group	Approved subject to clarifying that complementary therapies must only be administered on Trust premises.
1.0	Approved	23/02/10	Trustwide Clinical Governance Group	Requested Changes Made
1.1	Updated	30./05/13	Trustwide Clinical Effectiveness and Outcomes Group (CEOG)	Responsibilities of Non-pharmacological Clinical Interventions Group replaced by CEOG
2.0	Approved	06/02/14	Trustwide Clinical Effectiveness and Outcomes Group (CEOG)	Ratified
2.1	Updated	14/07/16	CEOG	Replace Nikki Oatham's name with Dr Lona Lockerbie's name in Appendix A2 and additional line added to sentence in Appendix 1Form 1
3.0	Updated	06/04/17	CEOG	Replace Lona Lockerbie with Dr C Kinane Chair of CEOG in Appendix A2. Policy ratified
4.0	Approved	28/07/20	CEOG	Policy reviewed and ratified
5.0	Approved	27/04/21	CEOG	Additions to the policy around home and virtual working.

REFERENCES

Hampshire Partnership NHS Trust (CP 56) Complementary Therapies Procedure and Practice Guidelines February 2006
South Staffordshire and Shropshire Healthcare NHS Foundation Trust (C/YEL/39) Complementary Therapies Policy June 2008
National Occupational Standards for Aromatherapy 2006
National Occupational Standards for Reflexology 2005
National Occupational Standards for Yoga 2006
National Occupational Standards for Reiki 2007
National Occupational Standards for (Beauty Therapy) Body and Hand Massage 2004
Complementary and Natural Healthcare Council Code of Conduct and Ethics

RELATED DOCUMENTS

KMPT Consent to Treatment Policy	KMPT.CliG.049
KMPT Confidentiality Code of Practice	KMPT.InfG.009
KMPT Control of Substances Hazardous to Health COSHH Procedure	KMPT.CorG.039
KMPT Code of Conduct	KMPT.HR.020
KMPT Supervision Policy	KMPT.CliG.045
KMPT Clinical Record Policy	KMPT.CliG.071
KMPT Infection Prevention & Control Policy	KMPT.CliG.005

SUMMARY OF CHANGES

Date	Author	Version	Changes (brief summary)
July 2020	AHP Lead	4.0	Reviewed and updated throughout
March 2021	AHP Lead	5.0	Amendment made to 2.3

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1 INTRODUCTION

- 1.1 Kent and Medway NHS and Social Care Partnership Trust (KMPT) is committed to providing a range of therapeutic interventions which are evidence based. However it is recognised that for some interventions, not typically part of mainstream therapy, there is paucity of empirical evidence.
- 1.2 This is the case for complementary therapies however, in spite of the difficulties in identifying meaningful studies, the potential of complementary therapies to enhance service users' quality of life and wellbeing cannot be ruled out. Some complementary therapies are recognised by mental health trusts as beneficial for service users in specific service areas, and KMPT recognises the role that they can play in complementing and supporting the recovery process.
- 1.3 Due to the area of complementary therapy being less regulated to that of conventional therapy, the measures set out in this policy are intended to address those clinical governance issues which are directly relevant to ensuring the welfare of service users.
- 1.4 It is not the intention of this policy to provide definitive guidance or to be a substitute for individual clinical judgement, in the use of complementary therapies and it is to be noted that the Trust does not provide a stand-alone complementary therapy service. Complementary therapies identified within this policy are those most commonly accepted by Trusts similar to KMPT, and their inclusion is not an endorsement of their effectiveness.

2 DEFINITION

- 2.1 There is no one definition of complementary therapy which is universally accepted. For the purposes of this policy the term 'complementary therapy' is used to cover a range of specific therapies which may be considered for service users within hospital or Trust community settings, as having potential benefit, but which are not offered as an alternative to any conventional pharmacological or non-pharmacological mental health treatments offered by the Trust. Hence the term is 'complementary' and not 'alternative'. The term covers the following identified holistic and natural therapies.
 - 2.1.1 **Aromatherapy** – the controlled use of plant essences for therapeutic purposes.
 - 2.1.2 **Reflexology** – the application of manual pressure to specific areas, or zones of the feet (and sometimes hands and ears) that are believed to correspond to other areas of organs of the body, in order to relieve stress and actuate the healing powers of the body to prevent or treat illness.
 - 2.1.3 **Acupuncture** – body and auricular. The insertion of a needle into the skin and underlying tissues is sites on the body, known as points, for therapeutic purposes.
 - 2.1.4 **Massage** – the deliberate and purposeful use of specific tactile movements to the body or head to promote a positive state of health and equilibrium.
 - 2.1.5 **Reiki** – the non-intrusive placing of hands over the body's energy centres to detect and remove energy blockages.
 - 2.1.6 **Yoga** – a combination of breathing exercises, physical postures, and meditation.

- 2.1.7 **Pilates** – a system of exercises designed to improve physical strength, flexibility, posture & mental awareness
- 2.1.8 **Tai Chi** – is a martial arts practiced for its defense training, health benefits & meditation

- 2.2 For the purpose of this policy, complementary therapies involving remedies administered topically will be considered by the Clinical Effectiveness and Outcomes Group of which the Chief Pharmacist is a member.
- 2.3 Complementary therapies can be administered on Trust Premises and in the homes of service users by trained practitioners, either virtually or in person.
- 2.4 Complementary therapies not included in the above list must be specifically negotiated with Clinical Effectiveness and Outcomes Group and must not be provided by any practitioner without prior trust approval.

3 PURPOSE OF POLICY

- 3.1 To widen service users' choice regarding their care and treatment.
- 3.2 To ensure a high standard of individual / person centred care and to be able to justify the use of complementary therapy in terms of benefit and rights of service users.
- 3.3 To safeguard the safety of service users by ensuring a governance framework for the practice of complementary therapies by Trust staff and self-employed practitioners used by the Trust.
- 3.4 To respect and preserve the rights of the service user to dignity, privacy, confidentiality, consultation, information and the right to say no.

4 OBJECTIVES OF POLICY

- 4.1 To authorise which complementary therapies will be able to be practiced by Trust staff, this responsibility sits within Clinical Effectiveness and Outcomes Group.
- 4.2 To authorise suitably qualified and/or suitably experienced individuals to practice within the Trust, including Trust employees, self-employed and volunteer practitioners. This responsibility sits with the Trust lead for Allied Health Professionals
- 4.3 To ensure that a mechanism exists for the checking and monitoring of qualifications relating to complementary therapy practice for each therapist practicing in the Trust.
- 4.4 To be satisfied that a suitable mechanism exists for providing supervision for staff practicing complementary therapy following the existing Trust supervision policy.
- 4.5 To ensure robust processes are in place so that clinical risks are routinely considered as a critical factor in all care administered. These considerations will be documented by the complementary therapists within the RIO system.

- 4.6 If complementary therapists wish to apply to attend training courses, they must follow the Trust external training application process.

5 CODE OF PRACTICE AND ETHICS

- 5.1 All individuals practicing complementary therapy are responsible for their individual practice, however the qualified professional / named care co-ordinator is ultimately accountable for monitoring all care delivered to the service user. Therefore following an assessment of the service user's suitability for complementary therapy, the plan of care must be agreed with the service user's clinical team before any therapy is delivered, and agreement documented in the care plan.
- 5.2 The service user must be fully informed verbally and with written information of the proposed treatment, including techniques used / risks / benefits / effects and after effects in order to assist in obtaining consent, this will then be documented by the complementary therapist on RIO. Where a service user lacks capacity to give consent, this should be obtained from a carer or someone acting in their best interest. Detailed guidance on consent is available in the Trust 'Consent to Treatment Policy'. All information leaflets should be fully consistent with Department of Health and Trust guidance on patient information and must be approved by the Trust communication teams.
- 5.3 Each session is to be documented and the findings recorded. Detailed records should be kept in the RIO system of the assessment and all subsequent procedures and any effects so that these are readily accessible to anyone involved with the service user's care.
- 5.4 Each session will include time to discuss effects, concerns, questions and review of treatment between service user and therapist and/or carer. In doing so, service users should be continually reassessed throughout the course of treatment, and practitioners should practice reflectively.
- 5.5 Any concerns should be referred to the service user's clinical team.
- 5.6 Reports and summaries of assessment, progress and discharge should be sent to the service user/ or carer if he/she so chooses with copies to the care Co-ordinator and the service user's GP.
- 5.7 The practitioner must adhere to the Professional Code of Conduct within their own profession (if a qualified professional), the Trust's Code of Conduct (for all staff) and also the Code of Conduct for their chosen complementary therapy. In doing so all practitioners adhere to the following principles:-
- 5.7.1 Have a commitment to maintaining and improving their knowledge and competence through ongoing Continuing Professional Development (CPD) in their complementary therapies specialism.
- 5.7.2 Promote and safeguard the interests, safety and wellbeing of their service users / carers.

- 5.7.3 Be aware of their gaps or limitations in knowledge and competence and decline any duties or activity unless they are able to be performed in a skilled and safe manner.
- 5.8 The practitioner will operate within the Trust's policy on Confidentiality and data protection.
- 5.9 The practitioner will be responsible for the appropriateness and maintenance of the environment, ensuring its suitability for the practice of complementary therapy. The therapist is also responsible for any equipment used, ensuring usual safety checks and cleaning meet the standards set by the Trust. This includes electrical equipment and treatment couches. A COSHH (Control of Substances Hazardous to Health) assessment should be completed where required and the therapist is responsible for ensuring the safe storage and usage of substances used in therapy e.g. essential oils.
- 5.10 The service user will be treated with dignity and respect at all times and treatments should be carried out in warm, quiet, relaxing and well ventilated environments which also ensure privacy is maintained.

6 AUTHORITY TO PRACTICE

- 6.1 The Trust recognises there may be two levels of practitioner:
- 6.1.1 Level 1 – a qualified or accountable practitioner trained to a level recognised by the relevant registering or accrediting body.
- 6.1.2 Level 2 – an assistant practitioner who has undertaken training from an accountable practitioner (as above) or a basic training approved by the Trust. This level of practitioner must work under the supervision and guidance of an accountable practitioner.
- 6.2 Accountable practitioners delivering complementary therapy must hold an appropriate level of diploma or degree level qualification, or equivalent, within complementary therapies; recognised by the Trust and external bodies. They should have proof of successfully gaining this award from an approved course.
- 6.3 Accountable practitioners must be a member of a recognised regulatory body for complementary therapy and adhere to regulatory body standards.
- 6.4 Practitioners who have undertaken training from a qualified and registered accountable practitioner or, obtained training approved by the Trust, may work under the supervision and guidance of an accountable practitioner.
- 6.5 In order to practice complementary therapy all individuals must be on the Trust Complementary Therapies Register which will be held by the Trust lead for Allied Health Professionals A registration form is available on the Trust intranet as well as Appendix A1
- 6.6 'Professional' students / learners / trainees e.g. medical, nursing, allied health, psychology and social work should not be practicing complementary therapies whilst

on placement but can observe if the service user and practitioner are agreeable. If they work as a complementary therapist separately to this, then they should follow the procedures above.

- 6.7 It is the complementary therapist's practitioner's responsibility to ensure that regular clinical supervision sessions are in place and that they fully engage in and record this process in keeping with Trust, professional and regulatory body guidance on clinical supervision.
- 6.8 All substantive staff practicing complementary therapies must provide evidence, at each annual appraisal or as requested, of their ongoing CPD activity to demonstrate their continued competence to practice their chosen complementary therapy.

7 MANAGEMENT RESPONSIBILITY

- 7.1 Once it has been established that there is a need for the introduction of a complementary therapy within a service, it is the Service manager/ team leader's responsibility to monitor closely the impact of this.
- 7.2 The Service manager/ team leader must ensure that there is Trust approval from the Trust lead for Allied Health Professionals for the practice of the particular complementary therapy to be used (as noted in 2.1).
- 7.3 When using a complementary therapist from outside of the Trust, the manager of the clinical area, supported by the Human Resources Department, has the responsibility for setting up a service agreement.
- 7.4 The Service manager/ team leader's (or in the case of volunteers, the Voluntary Service Manager) must ensure any accountable therapists have received and passed the required level of training. They must see the original certificate of qualification and sign a photocopy of this certificate to state that they have seen the original. This should be sent together with the application for the practitioner to be placed on the Trust Complementary Therapy Register to the Trust Lead for Allied Health Professionals
- 7.5 The Line Manager must satisfy themselves that the complementary therapist belongs to a recognised regulatory body with a code of practice, has evidence of being up to date, and has professional indemnity insurance. Additionally in the case of self-employed practitioners, either those receiving remuneration for their service or offering it voluntarily, the manager must see evidence that they hold public liability insurance.

8 SUPERVISORS RESPONSIBILITIES

- 8.1 Any qualified and registered complementary therapist, skilled in the particular complementary therapy can provide complementary therapy supervision to assistant practitioners (level 2). They should follow Trust, professional and regulatory body guidelines on supervision, maintaining records of each supervision session.

9 INSURANCE

- 9.1 Professional regulatory bodies (Nursing and Midwifery Council [NMC], Health and Care Professions Council [HCPC], General Medical Council [GMC], recommend that registered practitioners hold professional indemnity insurance. This is in the interests of service users and registrants in the event of claims for professional negligence. The practitioner must specifically ensure that the practice of complementary therapy is fully covered by professional indemnity insurance.
- 9.2 Where a KMPT employee has complied with the details contained within this policy, their proposed complementary therapy has been agreed by KPMT Clinical Effectiveness and Outcomes Group and, it is deemed part of their role, they will be covered by the vicarious liability of the Trust, via the Trust's insurance arrangements (Clinical Negligence Scheme for Trusts). This cover does not extend to complementary therapy activities they may undertake outside of their employment as would be the case for any self-employed / private practice.
- 9.3 Self-employed practitioners should hold an agreement with the Trust in the form of a service contract and their activity will be regulated by this individual contract and specific professional guidelines. They will be subject to the same fitness to work screens as substantive employees i.e. Occupational Health clearance, DBS checks, Identity checks, current written references and eligibility to work in the UK. They must cover themselves with their own public liability insurance in addition to professional indemnity insurance. This ruling also affects volunteers. DBS checks/updates for self-employed practitioners should be paid for by the practitioners.
- 9.4 In the event that the Trust does not accept vicarious liability, practitioners should not practice a complementary therapy within the Trust, using individual professional indemnity insurance alone; in this instance practitioners will be held liable for their own actions

10 CONTRACTURAL ARRANGEMENTS

- 10.1 Contacts of employment will be issued by the recruitment department for directly employed practitioners. Self-employed practitioners will invoice the Trust at agreed rates. Service managers/ team leaders will liaise directly with the therapist to whom they are accountable. Responsibility for resourcing complementary therapy and reviewing contracts and service needs lies with individual managers.
- 10.2 Prior to payment self-employed practitioners will be required to complete all necessary paperwork in order to comply with HMRC regulations, all payments will be made directly into a back account.

11 IMPLEMENTATION INCLUDING TRAINING AND AWARENESS

- 11.1 The effective implementation of this policy is dependent upon service managers/ team leaders, supervisors, complementary therapists and volunteers being conversant with its contents – this will be facilitated through making the policy available on KMPT intranet. Any updates will be communicated via the Trust policy Manager

11.2 Managers and supervisors, through regular supervision, should ensure that all directly employed staff, self-employed practitioners and volunteers are given information and understand their individual responsibilities to enable implementation and adherence to this policy.

12 STAKEHOLDER, CARER AND USER INVOLVEMENT

12.1 The following Trust staff have been involved in developing this original policy by inclusion in specially convened Complementary Therapies Working Group:-

- Consultant Psychiatrist
- Occupational therapist for Adult In-Patient Service
- Occupational therapist for Older Adults
- Human Resources Manager
- Pharmacist
- Representative from the Patient Advocacy Liaison Service
- Community Psychiatric Nurse for Older Adults
- Complementary Therapist
- Head of Sensory Services
- Chaplain
- Governance Manager

13 EQUALITY IMPACT ASSESSMENT

13.1 The Equality Act 2010 places a statutory duty on public bodies to have due regard in the exercise of their functions. The duty also requires public bodies to consider how the decisions they make, and the services they deliver, affect people who share equality protected characteristics and those who do not. In KMPT the culture of Equality Impact Assessment will be pursued in order to provide assurance that the Trust has carefully considered any potential negative outcomes that can occur before implementation. The Trust will monitor the implementation of the various functions/policies and refresh them in a timely manner in order to incorporate any positive changes.

14 HUMAN RIGHTS

14.1 The Human Rights Act 1998 sets out fundamental provision with respect to the protection of individual human rights. These include maintaining dignity, ensuring confidentiality and protecting individuals from abuse of various kinds. Employees and volunteers of the Trust must ensure that the Trust does not breach the human rights of any individual the Trust comes into contact with. If any employee or volunteer practicing complementary therapy thinks that the policy could potentially lead them to breach the right of an individual they should contact the Trust legal team immediately.

15 MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS DOCUMENT

What will be monitored	How will it be monitored	Who will I monitor	Frequency	evidence to demonstrate monitoring	Action to be taken in event of non compliance
Policy processes and training to be kept in line with guidance from regulatory bodies and National Occupational Standards	Through regular feedback from staff practicing complementary therapy	Operational managers	As required	a. Notes Reports from meetings b. Updated policy	Report back to Trust lead for Allied Health Professionals
Quality of complementary therapy offered	Through collation of service users satisfaction and practitioners evaluation of outcomes of intervention	Individual practitioners	Annually	a. Results from service user evaluations/audits/PREMs b. Statistics on clinical outcomes achieved within service areas c. minutes from forums monitoring clinical effectiveness e.g. acute care forums d. monitoring of compliments/complaints from service users about complementary therapy	Follow up by operational directors, service managers, modern matrons and professional leads
Details of who, where and which complementary therapy is being practiced within the Trust and evidence of the ongoing competence of those delivering it	Through register of complementary therapy, electronic staff records and register of volunteers	Operational managers and Trust Lead for Allied Health Professionals	Annually	a. KMPT register (includes qualification details, registration number) b. Completed, signed and approved forms held (Practitioner application – Form 1 and management agreement – form 2) c. Statistics and records of supervision sessions d. Evidence of review at appraisal	Report back to operational directors for local action

APPENDIX A1 APPLICATION TO PRACTICE COMPLEMENTARY THERAPY

FORM 1

Registering to Practice Complementary Therapy within
Kent & Medway NHS and Social Care Partnership Trust

First Name Surname

Post/Profession Care Group (if applicable).....

Work Location and Telephone Number

Email address.....

Complementary Therapy Offered:

1. Aromatherapy

2. Reflexology

3. Acupuncture

4. Massage

Indian Head

5. Reiki

6. Yoga

7. Pilates

8. Tai Chi

*9. Others

Please state.....

*[NB To be agreed through CEOG

Level of Complementary Therapy Qualification Achieved

Date Achieved

Approving / Regulatory Body

Membership Numbers

Re-Registration date (if applicable)

State ongoing supervision arrangements for this aspect of your role (Supervisors name and contact details)

State whether have personal liability insurance (please attach a copy) YES / NO

Please state the service you will be providing and the relevance to your particular service user

APPENDIX A2 MANAGEMENT AGREEMENT TO PRACTICE

FORM 2

Management Agreement
Application to Practice Complementary
Therapy

I agree that (name of applicant)

Has permission to practice (name of therapy)

Within (department / area / team)

Specifications relating to time, location, service user group, supervision etc. (if relevant)

.....
.....
.....
.....

I have seen the originals of the qualifications awarded to the applicant and am satisfied they meet the standard required to practice within the Trust

I agree to support time for supervision and activities to maintain CPD in relation to their aspect of their role

Name (please print)

Signature

Date

APPENDIX A3 LETTER OF OUTCOME OF APPLICATION

FORM 3

Letter of outcome requesting placement on Trust Complementary Therapies Register

Dear

Re: Your application to practice Complementary Therapy and to be included on the Kent and Medway NHS and Social Care Partnership Trust Complementary Therapy Register

Thank you for your completed application form for the above. Having reviewed your application, the result is:

(a) Successful application to practice
..... with a requirement to
adhere to Trust Policy

(b) A requirement to provide more information and then re-submit. The
information required is:
.....
.....
.....

(c) Application refused for the following reasons:
.....
.....

Yours sincerely

Trust Lead for Allied Health Professionals

APPENDIX B PERSONS / GROUPS INVOLVED IN THE DEVELOPMENT AND APPROVAL OF THIS DOCUMENT

- Complementary Therapies Project Group
- Representative Clinicians
- All Staff via global email
- Directors
- Head of Legal Services
- Head of Communications
- PPCI Lead
- Professional Leads
- Equality / Diversity Lead
- Training Lead