

Complementary and Alternative Therapies

Regulatory questions and issues

and

Organisational audit

Geoff Heath

Prepared for the Alternative and Complementary Health Research Network (ACHRN) Conference held at University of Nottingham, UK, 1 and 2 July 2004. Correspondence to: Geoffheath@aol.com

Complementary and Alternative Therapies:

Regulatory questions and issues

Organisational Audit *

Geoff Heath

©

. . . we should also learn from post-modern commentators the need to engage with the subjectivity of the oppressed, the silenced, the disempowered, and the marginalized when designing health care programmes at a societal level and regimes of therapy for individuals. There are insights here which do not fit a traditional positivist model but which are essential to the understanding of suffering and the significance of the interventions by which we try to modify it. (Gillett 2004 p 737)

In determining whether a given approach to knowledge can arrive at ‘respectability’, the following criteria seem relevant, if not exhaustive: it must be precise in its approach, rigorous in its procedure and honest in its reporting; as a discipline it must proceed with integrity. (Petranker, 2003 p 12).

(I use the abbreviations C and A rather than the typical CAM because not all C and A therapies are concerned with the use of medication).

Aim

The main Aim of this document is to provide a potential framework for regulating Complementary and Alternative therapies. Regulation – not for its own sake, but for the protection of the public, the exercise of a duty of care and the building of public trust in therapies which are being offered for the public benefit. One way of using this two part framework would be for C and A therapy training to be allied to universities so that there can be formal and external quality assurance and quality control. This would enhance processes of accountability and transparency. It would locate therapy training in a sceptical and challenging culture. Such an alliance would have the additional benefit of allowing dialogue between therapies and even with ‘orthodox’ health trainers and practitioners. Such an alliance could contribute to a change of culture from one of conflict and competition, and perhaps isolation, to one of cooperation and coordination. Another use would be for the existing national bodies to adopt this document, or a version of it, for use in the accreditation of individual therapy training courses. Yet another would be to go down the NVQ professional qualifications route. These suggestions are not mutually exclusive. (See the questions posed by Saks (2003) pp 4-5 below).

Prepared for the Alternative and Complementary Health Research Network (ACHRN) Conference held at University of Nottingham, UK, 1 and 2 July 2004. Correspondence to: Geoffheath@aol.com

Introduction

The vast majority of C and A therapies are not subjected to any form of formal regulation by the State. Some may, indeed, have a resistance to such a process. However, a process of formal regulation would have at least two fundamental practical and ethical benefits:

- 1 It would necessarily provide opportunities for the validity of the therapy to be tested by rigorous, transparent, accountable and public processes with a view to establishing credibility and validity.
- 2 It would offer some degree of assurance that a duty of care to patients/clients was being implemented with a degree of transparent seriousness. Thus public confidence would be better grounded.

A very broad, opening question:

What is the formal, and perhaps informal, attitude of the official body of your particular C and A therapy towards statutory regulation of its training and practice ?

I also wonder: To what extent do organisations which offer training in the particular therapy engage in thorough *organisational audits* of themselves as being suitable for the training which they offer and for the maintenance of therapist registers ?

What are the curricula, policies, structures, processes and teaching/learning strategies adopted by training organisations ? Are these subjected to any form of rigorous internal/external scrutiny with published reports ? In other words, what are the processes whereby training organisations make attempts to be transparent and accountable ? What is the 'quality' of these organisations ?

This document addresses matters which are, or to my mind ought to be, the proper concern of therapy practitioners in order to establish a sense of practitioner credibility and external validation. If adopted, these proposed inter-related procedures of *regulation* and *audit* would also help to establish informed public confidence by providing published responses available to the public. This is, I assert, essentially in the public interest. Any therapy practised on the public should be evidence-based, should be in the public interest and should therefore be demonstrably to the benefit of members of the public. There should be processes of accountability in place and the public should have some form of representation in these processes. The only ethical justification for offering therapeutic intervention is that it is demonstrably for the public benefit.

The document therefore covers two significant and related areas which reflect issues of validity as well as the public interest.

The first concerns **Regulatory Questions and Issues**. These address issues of quality and confidence in the theory and practice of the therapy. They therefore address issues of

validity. They could become the basis of a *Regulatory Framework* to supplement the second part of this document. A Regulatory Framework is a detailed way of addressing issues relating to: the history of the course, the development of the curriculum, how the course was validated and by whom, the structure of the course, the time-scale for delivery of parts of the course and the course as a whole, the modes of delivery of the course, the teaching/learning methods chosen for the course given the range of different types of content on the course, the modes of assessment on the course, the criteria for assessment, the timing of the assessment, the kinds of feedback given to students, dealing with formal failure on the course, re-sits, external examination. It also deals with access to the course, entry qualifications, tutors' qualifications to teach on the course. Issues around the resources which are available to support the course are also included, eg. what books and journals are available? How easily can students access these resources? Does the course address issues of equality of opportunity in terms of access to the course, in terms of the curriculum content and in terms of staffing?

An issue underlying all the above is that of the *level* of the course and questions relating to how the level of the course was determined and why that level was chosen. This also involves an issue relating to what the level comparators are: is it at one of the NVQ levels, undergraduate level, post-graduate level? What are the *level indicators* or level criteria which demonstrate the level of the course? These questions are quite crucial not least because the answers impact on entry qualifications and the levels of courses which can be taken after completion of the course.

The second part of the document provides a framework for an **Organisational Audit**, a version of which I prepared, in combination with a Regulatory Framework, for a small national umbrella organisation (UO) of which I was, at the time, CEO. This UO offered a system of accreditation for member training organisations and maintained a register of individuals. In summary form, an organisational audit addresses the question: Is this the kind of organisation which can effectively and efficiently facilitate the delivery of the course(s) which are to be delivered? This *organisational audit* section, in combination with a *regulatory framework*, would be particularly relevant were it to be the case that C and A therapies sought to ally themselves to a national, overall organisation of C and A therapies which then took responsibility for the regulation and audit of the individual training organisations. Such an umbrella organisation (an organisation of organisations) would potentially constitute a first step towards processes leading to statutory regulation.

Regulatory Questions and Issues

- 1 Relationships between Orthodox and C and A therapies**
- 2 Competence and validity**
- 3 Training – initial and ongoing**
- 4 Supervision**
- 5 Complaints**
- 6 Referral**
- 7 Ethical policies, practice, contract and informed consent.**

In jargon which has become all too familiar – these questions and issues are to do with matters of quality assurance and quality control. (Some readers may be switching off at the mention of those two ogres !!). This first section of the document would need to be augmented if it was to be developed as a Regulatory Framework to supplement the Organisational Audit.

1 Relationships between Orthodox and C and A therapies

These seven questions are taken from Saks (2003) whose book explores, *inter alia*, historical and current aspects of these questions. They are general questions on relationships between Orthodox and C and A therapies. Complicated though they are, I suggest that they need to be addressed in a persistent way as they are integral to a wide range of issues which surround illness, distress, dis-ease and the various forms of therapy intended to be curative or palliative. The questions also imply issues relating to conceptual and pragmatic distinctions between ‘orthodox’, ‘complementary’ and ‘alternative’ and they provide opportunities for these issues to be addressed. Gillett’s (2004) article addresses some facets of these questions as do the edited books by Jütte *et al* (2001) and Dinges (2002). The May/June (2004) issue of ‘Alternative Therapies in Health and Medicine’ has contributions which are relevant.

But first the probing questions posed by Saks.

- 1 Should specific alternative therapies be applied in mainstream health contexts, in completely separate settings, or as part of a new integrated service based on holistic health centres ?

- 2 Should physicians be the gatekeepers for the alternative therapies or should orthodox and alternative practitioners operate as co-equals, working alongside each other?
- 3 Should alternative practitioners generally seek the legally enshrined professional regulatory frameworks possessed by orthodox health professionals ?
- 4 Should all fields of unorthodox practice be at least minimally based on the establishment of codes of ethics and lengthy education programmes , even if they do not gain formal exclusionary closure ?
- 5 Should shared learning with conventional practitioners be encouraged, in order to enhance future collaboration, and if so at what level ?
- 6 How, moreover, should the development of an evidence base be supported for alternative therapies – by the private sector, the state, or both, as is the case with orthodox medicine ?
- 7 And who should pay for the therapies concerned – the consumer at the point of access, the insurance plans, or the state ? (Saks 2003 pp 155-156).

I add a question of my own:

- 8 Should the mere fact that it is, by default, permissible to practise any form of unregulated therapy on the public be deemed to make such practice of any form of therapy acceptable ?

2 Competence and validity

- 1 Given the extensive range of sufferings to which we are susceptible, how is ‘fitness for purpose’ of the particular therapy defined and determined? What forms of sufferings are included and excluded from the treatment offered by a particular therapy ?

By whom are these inclusionary/exclusionary decisions made ?

By what kind of authority are these decisions made ?

What forms of validity and reliability checks are there in place in terms of the relationship between the therapeutic theory, its practice and its effectiveness for particular conditions of suffering ?

In other words, by what processes is it decided that *this* form of therapy is suitable to treat *those* forms of suffering which its practitioners assert that they are able to treat ?

- 2 What review processes are in place to require continuous, rigorous and researched assessment of the 'fitness for purpose' and of the effectiveness of *these* therapies for *those* stipulated disorders ?
- 3 What are the *areas of competence* of the various C and A therapies and therapists? i.e. for what conditions do the extensive, and growing, range of therapies validly apply ?
- 4 How are these areas of competence determined, and by whom, in relation to your particular therapy ? For example:
 - By cultural validation and by long tradition ?
 - By results of extensive, reviewed and published research ?
 - By experiential, anecdotal evidence from patients ?
 - By simple untested assertion by therapists that their therapy is valid ? * *
- 5 Who monitors the effective operation of these boundaries of competence ? In other words: who regulates the proper application of these boundaries of competence as practised by the different C and A therapists ?
- 6 Who monitors and evaluates decisions about the inclusion/exclusion of conditions for which the therapy is valid ?
- 7 Who monitors the effective performance of this regulation of therapists ?
- 8 How do these areas of competence interact/interface with other therapies – bio-medical as well as other C and A therapies ?
- 9 Are C and A therapists required to undertake recognised continuing professional development – and if so, is this monitored ? How ? If not, why not ?

3 Training – initial and ongoing

- 1 How are: the curriculum content, teaching/learning processes and modes of assessment of the initial training determined, monitored, reviewed and changed over time ? Who is involved in these processes ?

- * * See my ACHRN Conference (2004) paper: *'The validity of complementary and alternative therapies: a critical approach'*. Available on: www.bowlandpress.com
- 2 Are there any plans by one form of therapy to incorporate other therapeutic approaches to produce a multi-therapy model or integrated form of initial training and/or postgraduate training ?
 - 3 What is, typically, the informal bio-medical training of C and A therapists in order that patients' medical conditions outside the area of competence of the C and A therapists can be recognised ?
 - 4 In what respects does this medical training, or lack of it, impact on therapists' ability to engage in effective diagnosis, treatment and referral ?
 - 5 If there is no informal bio-medical training for C and A therapists how do they recognise medical conditions for which they have neither training nor competence ?
 - 6 If a C and A therapy includes medication then how is the effectiveness of this medication determined ? Who researches this issue of effectiveness? Who formally monitors issues of effectiveness and best practice ?
 - 7 What sources of support and information are available for C and A therapists in this aspect of their work ? For example, is *continuing professional development* a monitored and evaluated requirement ?

Issue: If there is no formal bio-medical training as part of the initial C and A training, then it seems inevitable that C and A therapists will be unable to recognise symptoms outside the area of their particular therapy. There is also the possibility of symptom mis-attribution. The likely result of this is that there is no knowledge-based information which would enable them to recognise symptoms for which referral would be essential or at least desirable. This is obviously a 'boundaries of competence' issue but it is also an issue relating to the careful recognition of symptoms for which the therapist is not trained to provide treatment and is therefore not able to provide appropriate intervention. There are self-evident ethical aspects to this issue. (Saks 2004 p 156).

It also raises issues around positive multi-therapy or integrated approaches which are co-operative rather than the isolationist and competitive. Conflict, competition and exclusion are attitudes which are prevalent among some C and A therapists and among some orthodox practitioners.

‘Duty of care’ and the primacy of the patients’ interests are obviously crucial concerns here.

4 Supervision

- 1 Are there consultant/specialist/supervision processes in place which enable, and perhaps require, the *therapist* to seek further and more experienced advice ?
- 2 Are there consultant/specialist systems in place in the wide variety of C and A therapies which allow *patients* to seek a formal second opinion ?
- 3 Are all C and A therapists obliged to engage in formal supervision of their practice ? To whom is a supervision report made ? What actions are taken on this report ? Who monitors these actions ?
- 4 Is supervision of practice a required condition of continued (annual ?) registration ?
- 5 If C and A therapists are not obliged to engage in formal supervision of their practice, why is this ?

How does this lack impinge on issues of credibility and competence ?

Lack of supervision of therapeutic practice entails issues of ethics, effectiveness, credibility and public confidence. And again, duty of care.

5 Complaints

- 1 Do C and A therapists accept full responsibility for mis-diagnosis and mis-treatment ? If so, how is this responsibility exercised ? If not, why not ?
- 2 What complaints procedures typically exist for patients/clients of C and A therapists ?
- 3 Are there clearly established and formal procedures for making complaints? What happens in the event that: a complaint is rejected ? a complaint is upheld ?
- 4 Are formal tribunals in existence to adjudicate these issues ? If so, are patients fully informed of these ? What is the composition of these tribunals ? Who decides this composition ? What are their terms of reference ? If they do not exist - why not ?

- 5 Are copies of the complaints procedure given to clients when they agree to engage in therapy ?
- 6 What would/might happen in the event that, say, a homeopathic remedy caused considerable suffering to a patient ?

How would that patient:

- gain immediate further advice and treatment ?
- be enabled to seek a second opinion ?
- be referred with full case notes to a registered medical practitioner?
- make a complaint ?

6 Referral

- 1 What are the typical referral policies and procedures of C and A therapists? Are issues around referral left merely to the individual therapist or are there systematic policies and procedures in place to create expectations that referral will take place and clear processes to enable it to happen ?
- 2 Has any research been undertaken to evaluate the existence and effectiveness of any C and A referral procedures ?
- 3 Do C and A therapists have any noticeable resistance to issues of referral ? If so, why and what is being done about this resistance ?
- 4 If it is not the practice of C and A therapists to refer to a registered medical practitioner what assumptions are being made about the validity of the particular C and A therapy, the areas of competence of the therapist, the perceived validity on the part of C and A practitioners of registered medical practitioners ?

What assumptions are being made about duty of care ?

- 5 (Repeated from above).
If a C and A therapy includes medication then how is the effectiveness of this medication determined ? Who researches this issue of effectiveness? Who formally monitors issues of effectiveness and best practice ? What comparative studies are carried out to assess the respective effectiveness of different medicinal interventions ?

I ask questions 4 and 5 for a number of obvious reasons one of which is that I notice on the Anthroposophy website that what started as a philosophy of life and education is now researching the effectiveness of mistletoe for

treatment of cancer. This is another aspect of the ‘fitness for purpose’ issue. It is both an issue of *effectiveness* and of *ethics*. It illustrates how ‘therapy’ can transmute into ‘medicine’ without a clearly articulated and rigorously scrutinised justification for this. How do we know that anthroposophy practitioners are fit for the purpose of researching into the effectiveness of mistletoe for cancer treatment? Is this research going on in close co-operation with other allied and bio-medical research projects and academic teams? Does anthroposophy have a resourced and academically and clinically qualified research culture within which to carry out this complex research? Or is it an example of extension of areas of competence by fiat – just because we say so?

I do not need to emphasise that there can be life and death concerns around these issues of referral.

7 Ethical policies and practices, contract and informed consent.

1 Who determines the ethical policies and practices of C and A therapists? Or, in other words used previously: Who regulates the practice of C and A therapists?

Does the public have any form of involvement in this ethical regulation?

2 Are clients given copies of the Ethical Codes of Practice within which the therapist practises along with the names and addresses of those who are responsible for the registration of the therapist so that ethical and competency complaints can be made?

3 Do C and A therapists tend to see complaints as threats rather than opportunities for the exercise of a duty of care to patients and improvement of therapeutic effectiveness?

4 Are there *formal forms of contract* signed by the therapist and the client in C and A therapies? In other words, how is consent registered in ways which would stand up to any external scrutiny in the event of a complaint? How is consent registered in ways which encourage patient confidence and trust in the process?

5 What do these forms of contract indicate about: the nature of the therapy, the costs of therapy, the likely time scale of the therapy, the possible outcomes of the therapy – beneficial and otherwise? Open-ended timescales perhaps lead to the perception that the financial gain of the therapist is paramount.

- 6 What printed information is made available by C and A therapists to enable informed consent for potential clients ? Such information would need to provide a brief statements as to the basic assumptions of the therapy, the symptoms for which the therapy is deemed to be valid as well as the likely forms of treatment offered by the therapist. Expected time-scales of treatment and outcomes would also be relevant and helpful.
- 7 What actions are taken by the therapist to ensure ‘informed consent’?
- 8 Are therapists obliged to take out public liability insurance ? If not, why not ?

Some of the above issues have been very effectively addressed by the British Association for Counselling and Psychotherapy. This is available on their website: www.bacp.co.uk

References

- Alternative Therapies in Health and Medicine May/June 2004. Innovision
www.alternative-therapies.com Communications
- Dinges M (ed) 2002 Patients in the History of Homeopathy European
Association
for the History of Medicine and Health Publications
- Gillett G 2004 ‘*Clinical Medicine and the quest for certainty*’ in: Social Science
and Medicine. 58 (2004): 727-738.
- Jütte R, (eds) 2001 Historical Aspects of Unconventional Medicine: European
Eklóff M, Approaches, Concepts, Case Studies Association
Nelson M C for the History of Medicine and Health Publications
- Petranker J 2003 ‘*Inhabiting Conscious Experience: Engaged
Objectivity in the First-Person Study of Consciousness*’ in:
Journal of Consciousness Studies: Controversies in science and the
humanities . Vol. 10, No. 12, (2003), pp 3-23
- Saks M 2003 Orthodox and Alternative Medicine: Politics, Continuum
Professionalization and Health Care London and
New York

Organisational Audit

(This proposal for an *organisational audit* could be adopted by an umbrella organisation (UO) for use by training organisations which seek registration and/or recognition with the UO. It could be used in conjunction with the Regulations and Issues section or independently as a means of audit).

There are two basic assumptions made in this organisational audit:

- 1 That any organisation which offers training for those who will provide a service to the public ought to undergo a rigorous audit scrutiny. This is ethically as well as professionally desirable – even necessary.
- 2 That if C and A therapies are intending to move towards statutory regulation, they may wish to consider the use of the Institute for Complementary Medicine (ICM) and the Council for Complementary and Alternative Medicine (CCAM) to audit individual training organisations with a view to their accreditation by one or other umbrella organisation.

The purpose of the Introduction to the Organisational Audit is to provide brief reflections of the nature, culture and structures of organisations.

Introduction

A wide range of organisations, in both public and private sectors, are coming under intense and, I believe, justified scrutiny. This for a number of reasons, many of which are well rehearsed and known and include incidents of serious damage to members of the public with a consequent erosion of trust and confidence. Some private sector organisations are not exposed to rigorous scrutiny and this cannot be in the public interest.

The main principles on which the audit suggested in this document are based are the principles of **accountability** and **transparency**. There are perhaps three other principles which are central to the nature and purpose of organisations and of the ways in which organisations interface with the public: **fairness**, **effectiveness** and **efficiency**.

The implementation of these principles allow for *three crucial processes* to take place:

audit monitoring review

This introduction is intended to enable organisations which are applying for registration with the UO to increase their chances of successful application, and the principles stated

above are those which guide the processes of organisational application for registration with the UO. The three processes then allow the UO to engage in assessing the standards of the applicant organisation in relation to its application for recognition.

It is fully recognised that the very act of preparing an application by a training organisation for recognition by the UO may be a major step in an organisation's strategic development and in its own processes of critical self-reflection.

What is an organisation ?

Answers to this simple question depend, in part, on those posing it and those responding to it. The straightforward answer is that an organisation is a structured grouping of people who 'belong' and who are engaged in delivering the purposes and core activities of the organisation of which they are members. An organisation therefore has an 'inside' and an 'outside' - it has boundaries of inclusion and exclusion. But, of course, those people engaged in this delivery may well have different perceptions of what it is that the organisation is delivering and they may also have very different vested interests in the organisation. These vested interests may distort the delivery of the formal aims of the organisation. An example of differences of interest would be: the student who wishes to achieve a qualification with a minimum of effort (including plagiarism) and maximum of subsequent occupational benefit. The tutors may wish to achieve the highest standards of rigour in terms of course delivery, integrity and external scrutiny, thus enhancing public perceptions and status of the organisation and of the profession of the trainers.

Not only will different people hold differing *perceptions* of the organisation, they will also have different *roles* in the organisation. These differing roles with differing functions will inevitably influence their perceptions and actions in relation to the organisation. An organisation is a bit like a kaleidoscope – what is seen depends on who is doing the looking.

Only if there is clear agreement about, and understanding of, the values, aims, structures, processes and desired outcomes of an organisation can there be effective and efficient delivery of its basic aims. Such agreement needs to be based on effective negotiation and decision-making along with strong commitment and consensus. It could also be argued that agreement, consensus and commitment need to be based on a critical, rather than a compliant, culture in an organisation. A compliant culture in an organisation results in some people having more power than others by design or by default. People do things not because they necessarily have a strong personal commitment, but because they are told to do these things, or they do them out of mere compliance or they do them out of uncritical routine. They merely comply. They act by varying degrees of compliance, coercion and control. A compliant culture will tend to be static and conservative. It may not even be very effective.

On the other hand a critical culture actually empowers people within it because criticism is one way of valuing and accommodating diversity. Critical dialogue also helps in the clarification of complex issues and results in greater confidence on the part of the members of the organisation and those who use it. Dialogue creates a sense of belonging. Critical dialogue in an organisational culture will tend to release people's creativity as well as commitment. Perhaps paradoxically, a critical culture creates a greater sense of cohesion, ownership and commitment. A critical culture is a dynamic and progressive culture. Dialogue develops a sense of belonging. Monologues exclude.

Putting this in a different way and in a bit more detail: there needs to be clear and effective forms of communication, consultation, critique, involvement, belonging, commitment, shared values - all of which have an impact on the quality of decision-making and the ownership of those decisions. People tend to be committed to deliver decisions when they have been involved in their construction. Effective communication then feeds back into the organisation so that the outcomes and impacts of decisions can be monitored and reviewed. Thus the decision-making feedback loop is dynamic, developmental and complete. The structures in which these processes take place are crucial to organisational effectiveness and efficiency.

The structures of organisations are important for a number of reasons. One is that structures impact considerably on communication. Structures influence the distribution of information within the organisation. Structures also impact on differential status and power within the organisation. Appropriate structures and their efficient information flow help to mitigate the tendencies for some people to want to exercise too much, and perhaps arbitrary, power. Appropriate structures can have a generally empowering affect in that they allow for communication, negotiation, ownership and agreement.

As a general statement, the steeper the hierarchy within an organisation the more difficult it is to ensure reciprocal information flow and the more distorted the communication is likely to be. The steeper the hierarchy the more remote the decision making. The steeper the hierarchy the more distant and powerless people at the 'bottom' are likely to feel. You may know the famous statement by Francis Bacon (1561-1626): 'Knowledge is power'. Unless your organisation is effective at ensuring that knowledge/information about the organisation is shared with all concerned, then power is being retained by a few - or even by one person - and the others are being effectively disempowered. There is also the significant issue of how knowledge/information about the organisation is created and by whom. These are complex issues indeed !

Put in terms of some deceptively simple questions: Who decides what organisational knowledge is created ? Who knows what ? How is this organisational knowledge communicated ? Who are the gate-keepers of this knowledge flow ? Who has the power to put that knowledge into effect ? How is accountability for the exercise of power effected ?

Or, put succinctly if not so simply: Organisations are concerned with the exercise of power in the control of information, processes, decisions and outcomes.

The more it is the case that decisions are made by one person in the organisation, the less others are likely to feel involved and committed. Indeed, the less power they have. They may come to feel both collusive and compliant. They may come to feel demoralised and undermined in their self-confidence. They may develop feelings of frustration, anger and disillusion. Loss of commitment may well follow.

At a superficial level it may seem that single person decision-making is effective in terms of time but it is not likely to be effective in terms of the sense of exclusion that other people may experience. Single-person decision-making also intrinsically lacks a breadth of information on which to base the decision. The greater the tendency for organisational decisions to be made by a single person, small exclusive groups or small informal groupings within the organisation the greater the sense of alienation by those excluded from the informal 'insider' group. The more it is the case that decisions are not communicated to all those who have an interest in the decision, the less commitment there will be. Subversive elements may also arise in these cases, the aim of which is to vent feelings of anger, frustration and disillusion. They may, at worst, be focused on undermining the organisation.

Authoritarian organisations can have the feel of fiefdoms. This may be a particular tendency for small, private organisations such as those which provide training in the range of therapies. Power may be restricted to a single individual or a selected few. Such privacy may be a way of avoiding scrutiny. Transparency and accountability may be perceived as being threatening.

The other extreme of this form of informal/autocratic or single person decision-making is the ultra democratic organisation. In such an organisation the aim is to include everybody all the time and no one is entrusted with decision-making powers. Thus decisions take an inordinate length of time and appear as the result of innumerable compromises which effectively diminish the quality of the process, the decision and the outcome. There is a lot of information around in this ultra democratic model but it lacks structures, strategies, authority and processes by which this knowledge can be effectively *agreed* and put to *effective* use. Ultra democratic organisations can have a feel of fogginess, confusion and a sense of lack of direction. Paradoxically, this too can result in a sense of being undermined, disempowered and demoralised.

What is your therapy training organisation like ?

Once again this is a deceptively simple question. Its simplicity is illusory. Once again, the responses to the question will depend in part on the person answering it. The response will certainly depend on who is *asking* the question ! The response to the question will also depend on your *perception* of the person asking it.

To the proverbial person in the street you may produce a rather bland or idealised response. When you are being asked the question by the organisation from which you are

seeking recognition and accreditation your response will be much more complex – and perhaps more guarded - even less honest.

The Organisational Audit questions below are an attempt to ascertain with some clarity what your organisation is like. The categories of questions below are intended, not to be traps for the unwary, but to focus on important aspects of your organisation which it is necessary for the external UO, acting as an accrediting body, to understand in order that careful judgements can be made. The categories and the questions are based on the five principles indicated above, namely: accountability, transparency, fairness, effectiveness and efficiency. They also enable the three associated processes to take place: audit, monitoring and review. They are intended to allow you to present a sense of the **culture** of your organisation. Culture is not so much a principle but a way of describing the nature or the ethos of the organisation.

Addressing the questions will, or at least may, enable a deep sense of cultural dialogue to take place and can, potentially, create a sense of cultural dynamism and coherence.

The concept of ‘culture’ addresses issues such as: What kind of organisation is this? What is it like to work in this organisation? How effective is this organisation? How to we assess our effectiveness? What are some of the sources of satisfaction and frustration in this organisation?

The questions and topics in the audit will also allow members of the organisation (governors/directors, managers, tutors, students, supervisors) to engage in critical reflection on your organisation.

Organisational transparency has recently been encapsulated in an interesting aphorism indicating a change of culture from secrecy to openness. The shift is from a ‘trust me’ to a ‘show me’ culture.

Application for Recognition: Process details.

(This Organisational Audit assumes the existence of an Umbrella Organisation to which individual therapy training organisations make application for registration and accreditation. Such UOs may also maintain a register of individual therapists).

So, now for the questions and your responses. It is necessary for you to arrange for the questions/headings/categories to be typed along with your responses to them. Three copies will then need to be forwarded to the accrediting (UO) body. The Training Officer and Professional Development Officer (or their equivalents) will then make arrangements for an **audit visit** and will produce a report to the governing body of the accrediting organisation.

On the day of their visit to your organisation these two accrediting officers will need to meet with the following:

Complementary and Alternative Therapies: Regulatory issues and organisational audit

- the Director/manager of the applicant organisation,
- a small group of students from each year cohort,
- a group of the trainers,
- a group of supervisors,
- a representative of the Governing Body or Board of Directors (if applicable),
- other such groupings as deemed desirable.

Each of these meetings will be separate from the other meetings, although a plenary could be arranged. All these meetings could be arranged to take place on the same day to ensure maximum beneficial use of time.

The two accrediting officers will produce a report on their audit visit and present it to the next accrediting organisation's (UO) Governing Body (or accreditation sub-committee) meeting following the audit visit.

The UO's Governing Body will come to a decision as to the application for organisational recognition. The decision will be communicated to the organisation as soon after the relevant GB meeting as possible.

There could be four categories of outcome:

- 1 Application is accepted and recognition formally given. They may be a few details which will need attention.
- 2 Some aspects of the application may need some detailed attention, following which it is expected that recognition will be formally given.
- 3 Some serious issues need to be addressed. If these are addressed in a convincing fashion then it might be expected that recognition will be given. An agreed time-scale for this will need to be negotiated.
- 4 Very serious issues have arisen from the audit and it is recommended that the applicant organisation takes a year or so to address these and then to consider re-application.

In the event that organisational recognition is not given, there will be clear feedback in order that the organisation may consider making the suggested changes. This can then be followed by re-application. Re-application may not involve another visit by the two accrediting officers – this will depend on the range of suggestions in the report which needed to be addressed.

For outcomes 2, 3 and 4 it would be expected that the UO would provide support and guidance.

The whole process is meant to be developmental, enhancing, challenging and supportive.

Formal accreditation/recognition of an organisation is for a *five year period* after which another form of audit will be required.

A way of stating all this in a sentence is to say that the application for organisational recognition/accreditation by the UO is concerned with **Quality Assurance** and **Quality Control**. There needs to be assurance that your organisation is fit for the purpose for which it was established. There needs to be assurance that your organisation has in place structures and process which allow proper quality control to be exercised in relation to fitness for purpose.

You may wish to invite the relevant UO officer who is not to be involved in the formal visit to provide a pre-application meeting in order to clarify precisely what the categories and the questions mean. S/he will need to meet with the Director/Manager and a representative of the Governing Body/Board of Directors and tutors.

In the event that the applicant organisation would benefit from support in preparing the responses to the Organisational Audit document, an officer of the UO will be available to provide informal advice if requested. This is likely to involve a visit to the applicant organisation and a consultancy fee plus travel expenses may be payable. The outcome of this consultancy meeting in no way influences the report made by those who make the formal accreditation/recognition visit.

A final note in this Introductory section. It is obvious that the quality of the documentation which you produce in furtherance of your application for organisational membership is one indicator of the quality of the training provision which you offer.

Name of Umbrella Organisation which provides accreditation for C and A training organisations

Organisational Audit.

Application for recognition and accreditation by the UO on the part of the organisation which provides training in a C and A therapy.

(Three copies of all the material to be supplied.)

1 Name of the therapy training organisation

Address of the Organisation.

2 Name of the Director/manager of the organisation.

Address, telephone and email of this person.

3 Address and telephone/email of the contact person.

4 Date at which the organisation was established for the delivery of training in the form of therapy.

5 External validation and monitoring.

5.1 Is the organisation accredited, validated or recognised by any other professional and/or academic body ? Please stipulate giving brief details of the relationship.

Complementary and Alternative Therapies: Regulatory issues and organisational audit

- 5.2 What external validation/monitoring of the organisation takes place ?
 - 5.3 What are the titles of the externally validated awards ?
 - 5.4 What are the titles of awards which are not externally validated ?
 - 5.5 Please attach copies of External Examiners' reports . These would be expected whether or not the courses are externally validated.
 - 5.6 How are issues and problems identified in the External Examiner's report addressed ? Who is responsible for producing these responses ?
 - 5.7 What other external bodies are involved in the development, monitoring and review of courses ?
 - 5.8 How many students, currently registered for training and who would be entitled to have their names on an official register after satisfactory completion of training ?
 - 5.9 How many past graduates of your organisation would be eligible for inclusion on this official register ?
 - 5.10 If the therapy training awards are not externally validated describe the processes which take place which are designed to ensure quality of curriculum, delivery, assessment, monitoring, review of these organisational awards. Submit any documentation which is relevant to these issues.
- 6 Please attach a copy of the organisation's Mission Statement.
- 7 Aims, values and theoretical basis of the training in therapy.
- 7.1 What are the main Aims of the organisation ?
 - 7.2 What is the value-base of the organisation ?
 - 7.3 What is the theoretical basis of the therapy which is taught and how is this theoretical base justified and validated ?
- 8 What is the legal status of the organisation ?
- 9 When was this legal status established ?

Complementary and Alternative Therapies: Regulatory issues and organisational audit

- 10 Who is responsible for ensuring that this legal status is put into effective operation?
- 11 What is the 'five year plan' for the organisation ? Please attach.
- 12.1 What is the financial basis of the organisation ?
- 12.2 Are the accounts audited ?
- 13 Governance of the organisation.
 - 13.1 Is there a Governing Body or Board of Directors?
 - 13.2 If so, what are its terms of reference, responsibilities, membership, and functions ?
 - 13.3 Are Minutes of Governing Body/Board of Directors meetings produced and published ? Please attach copies of Minutes of meetings which took place in the preceding year.
 - 13.4 Are these Minutes made available to members of the organisation ?
 - 13.5 Are 'Action' requirements indicated ? How are these actions monitored?
 - 13.6 Are members of the organisation able to raise issues for consideration by the Governing Body/Board of Directors ?
 - 13.7 Please explain the processes of communication between the Governing Body/Board of directors and the tutors/trainees/supervisors.
- 14 Please attach a copy of your Annual Report.
- 15 The Structure of the Organisation.
 - 15.1 Please attach a copy of your Constitution.
 - 15.2 What is the management structure ?
 - 15.3 What are the lines of communication within this management structure ?
 - 15.4 What are the lines of communication between the management and the tutors, students, supervisors ?

- 15.5 What is the administrative structure ?
 - 15.6 What formal liaison/communication is there with external organisations ?
 - 15.7 How is this liaison/communication carried out and by whom ?
 - 15.8 What are the types of liaison/communication meetings which are held?
 - 15.9 Specify the terms of reference for each of these meetings.
 - 15.10 Are Minutes of these liaison meetings kept ? Please attach copies of Minutes of meetings for the previous year.
 - 15.11 To whom are Minutes sent ?
 - 15.12 Do Minutes contain 'Action' requirements ?
 - 15.13 How are Action checks carried out ?
-
- 16 How does the organisation critically reflect on its Mission Statement, theoretical base, values, policies, aims, strategies, style, structures, inter-personal relationships ?
-
- 17 Codes of Practice.
 - 17.1 Please attach copies of your Complaints and Grievance Policies and Procedures
 - 17.2 Please attach copies of your Codes of Ethical Professional Practice for:
 - tutors/trainers
 - supervisors
 - trainees/students
 - registrants

Complementary and Alternative Therapies: Regulatory issues and organisational audit

- 17.3 Please attach copies of your policies and Codes of Practice on Equality of Opportunity as these apply to:
- trainee applicants
 - trainee selection procedures
 - delivery of training
 - appointment of trainers
 - appointment of administrative staff
 - appointment of supervisors
- 17.4 What policies and provisions are in place or planned for students with special needs ? For example, ease of access, hearing loops, support for students with dyslexia.
- 17.5 Please attach copies of your policies on Continuing Professional Development for trainers and supervisors. You also need to indicate how these policies are put into effect.
- 17.6 What Staff Development policies and practices are in place or planned for administrative staff ?
- 18 Health and Safety.
- 18.1 What policies and procedures are in place and/or planned ?
- 18.2 What reports on Health and Safety are available ? Please attach.
- 18.3 When were the last Health and Safety checks undertaken and what were the results ?
- 18.4 Name of the person who has responsibility for Health and Safety.
- 18.5 To whom is this person responsible ?
- 18.7 Please attach your Health and Safety policy documents.
- 19 Resources and Facilities
- What facilities/resources does the organisation provide for:

Complementary and Alternative Therapies: Regulatory issues and organisational audit

- 19.1 Student welfare ?
- 19.2 Student learning ?
- 19.3 Development of study skills ?
- 19.4 Formal and informal meetings ?
- 19.5 Administration ?
- 19.6 Where does the training take place ? Describe the main features of the building.
- 19.7 Is the building in which the training takes place used for any other purposes ? If so please specify.
- 19.8 Is there a library space and/or room ?
- 19.9 How many books are in the Library stock ?
- 19.10 What facilities are there for students to borrow books ?
- 19.11 Please stipulate the Journals which are taken on a subscription basis.
- 19.12 What is the annual expenditure on books and journals ?
- 19.13 What is your purchasing policy ?
- 19.14 What information technology equipment is available for staff and student use ?
- 19.15 What reprographic facilities are available for tutors and students ?
- 19.16 If none of 19.8 – 19.15 apply explain what support services and access to books and journals is realistically available for students.
- 19.17 What forms of support are available to tutors ? How are these forms of support implemented ?
- 20 Are Police checks carried out on students prior to entry to a course, during or after completion ? If so, how are these effected ? If, why not ?
- 21 Course Documentation.

If this exists in an appropriate form which addresses the questions below then the documentation may be simply attached to your previous responses to questions above.

21.1 What validated and printed course documentation is available ?

If a description of the validation process is not included in the course documentation, please provide a detailed statement of the processes which were involved in validation.

21.1 Do students receive a Student Handbook which provides a clear summary of the structure, contents, assessment and other requirements of the course? If so, please attach a copy.

21.2 Please enclose any other forms of published or unpublished information about the organisation and its courses.

21.3 Are there any other features of your organisation which you think would help the umbrella organisation's governing body to come to a decision in relation to your application for registration ? Either indicate this here or attach the information if it is already published form.

Please attach copies of any publicity material.

© Geoff Heath

Geoffheath@aol.com

Telephone: 01246 569 116

Address: 17 Bowland Drive, Walton, Chesterfield, Derbyshire, S42 7LZ

I gave a seminar at the Alternative and Complementary Health Research Network in Manchester on 28 November 2003. Both that paper (*Complementary and Alternative Therapies: Distinctions without a difference or validly diverse world-views ?*) and the lengthy *Reflections* paper which I produced after the seminar can be found by clicking the 'seminar' box on the Bowland Press website. www.bowlandpress.com

Also available on this website are the complete **Regulatory questions and issues** and the **organisational audit**.

Complementary and Alternative Therapies: Regulatory issues and organisational audit

If you wish to engage in any further discussion then this is possible by clicking on the 'discussion' box on the website or by email or 'phone.