

**Standards Evidence**

**Organisations are required to complete the following sections, providing evidence on how they meet the PHA Quality Service Standards.**

Name of Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Project(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

July 2018 Edition

**Section five:**

**Complementary Therapies Standards**

The term “complementary therapy” is a title used for a diverse group of health related therapies which are not considered to be part of mainstream medical care. They are also often used interchangeably with a term known as “alternative”, “natural”, “non-conventional” and “holistic”[[1]](#footnote-1). In general terms, complementary therapies include a range of wellbeing treatments.

At this point, it is important to note that the term being used in these standards defines complementary therapy as follows “**services that are complementary to, and run alongside, other treatment and support services and which are non-invasive in nature”. Typically, this definition includes reflexology, aromatherapy, and body massage.** These standards do not include “alternative therapies”. Alternative therapies include acupuncture, herbal remedies, homeopathy, and others.

| **Standard** | | **What this means** | **What this might mean in practice** | **Linked standards** |
| --- | --- | --- | --- | --- |
| **Criteria 9 Complementary Therapies** | | | | |
| **C9.1** | The provision of complementary therapies is in line with the providers’ constitution and strategic direction. | The provision of complementary therapy services is clearly set out in the remit of the provider and will support the achievement of organisational objectives. |  | C1.1 |
| **C9.2** | The organisation is assessed against the Core Standards and other relevant standards and the provision of complementary therapies is considered during this process. | All criteria set out within the **Core Standards** applies to all relevant services within the organisation.  It is essential therefore that each relevant service is considered when assessing the organisation against **Core Standards**. |  | C1.1 – C5.2 |
| **C9.3** | Practitioners must be registered with a relevant professional body. | All therapists must practice and adhere to the standards set out within their relevant professional bodies most recent Code of Conduct and Professional Practice and ethics. For example, the Complementary and Natural Healthcare Council (CNHC) / Federation of Holistic Therapists (FHT) or a European or International Equivalent. |  | Link to client feedback |
| **C9.4** | Practitioners must be suitably qualified and work within the limits of their knowledge, understanding, skills and competence. | This is the minimum qualification and experience that practitioners providing the service must have prior to beginning work on the contracted service.  Qualifications should be in line with their relevant professional body and National Occupational Standards ([www.skillsforhealth.org.uk](https://www.health-ni.gov.uk/topics/good-management-good-records))  Specific services may require enhanced qualifications and experience as outlined in individual contracts.  Practitioners only carry out treatment / therapies for which they have received proper training and are duly qualified to perform. |  | C2.4 |
| **C9.5** | A full consultation is carried out, by the practitioner providing the treatment, in a manner that is relevant to the client. | A full written consultation must be carried out for all service users **prior** to treatment, in line with guidance from the Relevant Professional Body. This should be dated and signed by both the client and practitioner and may also include, for example, details of:   * Where the referral came from? * General lifestyle (age, height, weight, family, diet, sleep pattern, physical activity, use of alcohol/ cigarettes). * General health (current health problems, depression/ stress, medications / treatments, brief medical history). * Major recent life / family changes * Contra- indications * Other relevant information   Such information will help to determine the most appropriate therapy for the individual and ensure that it is safe and appropriate for their needs.  Only information relevant to the treatment should be covered within the consultation.  A consultation does not need to be conducted each time the same service user has a treatment, however, the practitioner should familiarise themselves with the clients consultation form prior to each treatment, check with the service users whether there have been any changes and provide a brief summary note of each treatment.  Where a consultation highlights contra-indications and treatment is proposed, a letter of consent from the client’s GP should be sought. |  | C2.4  C3.1  C3.2  C3.3  C3.4  C3.5  C3.6  C3.7 |
| **C9.6** | Service users are informed about the therapy, what it entails and its purpose. | It is important that individuals are given information to ensure they can make an informed choice regarding therapy. This should include e.g.   * a statement that the therapy is not an alternative to conventional therapies; * a description of what the therapy entails; * duration; * number of sessions etc. |  | C3.1 |
| **C9.7** | Informed consent is gained. | Practitioners should follow the correct procedures to obtain informed consent. This is to ensure that service users have received and understood the information provided to them about the therapy **and** have agreed to the therapy. |  | C3.1  C3.3  C3.4 |
| **C9.8** | Practitioners are aware of risk factors relating to client groups and are competent in responding to risks should they be identified. | At times client risk may escalate, therefore it is essential that all relevant personnel involved in client care have the skills, knowledge and competency to identify and respond appropriately to any risks that arise and can effectively, in line with organisations risk management protocols, make referrals to a relevant professional. |  | C2.4  C3.8 |
| **C9.9** | Practitioners ensure that equipment and materials meet current Health and Safety requirements | To protect themselves, clients and other practitioners adhere to both legislation and manufacturing instructions and guidelines. This will include, but not limited to, the use, maintenance, safety testing, storage and disposal of any equipment used. |  |  |

1. Rethink Mental Illness 2011 Complementary Therapies Factsheet [↑](#footnote-ref-1)