



The European Council for Classical Homeopathy

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Representing Homeopaths in Europe

ECCH's Response to the Commission Green Paper On the European Workforce for Health COM(2008) 725 final Published Brussels, 10 December 2008

Preliminary note: Because organisations representing medical doctors who practise CAM modalities are responding to this consultation separately this response will focus on the situation for CAM practitioners without previous conventional medical training and registration.

Introduction to ECCH

The European Council for Classical Homeopathy is a council of 27 professional associations of homeopathic practitioners active in 23 European countries including 16 EU member states. Established in 1990 it has a secretariat based in the UK and is run by a small executive of part-time paid officers. ECCH is a member of the European Public Health Alliance (EPHA), the European Forum for Complementary and Alternative Medicine (EFCAM) and has NGO Participatory Status with the Council of Europe. This response can also be considered the formal response from the **European Federation for Complementary and Alternative Medicine (EFCAM)** of which ECCH is a member along with European associations of other CAM disciplines.

Response to the Commission Green Paper on the European Workforce for Health

ECCH and EFCAM welcomes the publication of this consultative paper at what is a critical time for health and healthcare in the EU and one that has particular implications for the EU health workforce. We particularly welcome inclusion in the diagram on page 4 of the Green Paper the recognition of the fact that there is an emerging workforce of health workers in the area of Complementary and Alternative Medicine (CAM), albeit one that is pictured as currently isolated outside the three integrated workforce sectors at the centre of the diagram. **It is our contention that as the EU strengthens and elaborates its public health priorities of health promotion and disease prevention CAM and the CAM workforce have an important role to play in the future healthcare of Europe's citizens such that the CAM sector should, and will increasingly, intersect with the other sectors of the workforce.**

Complementary and Alternative Health Workforce in the EU

The use of homeopathy and other CAM modalities is widespread and growing throughout the EU with an estimated minimum of 100 million EU citizens using them regularly. This trend reflects a growing demand from EU citizens for a more patient focused, integrated and holistic approach to healthcare. Such an approach includes lifestyle advice as well as treatments that act preventatively and restoratively for their health. CAM approaches and practitioners fulfill this need and as such serve as an alternative and complement to conventional treatment which tends to focus on treating pathologies in patients.

This trend has meant a significant rise in the number of health practitioners practising CAM approaches, including many statutorily regulated conventional health professionals, such that there are several hundred thousand CAM practitioners across Europe. There is evidence to suggest that one of the contributing factors to lowered numbers coming into the conventional health workforce is potential workers finding CAM approaches more appealing to their conceptual understanding of health and its maintenance and pursuing careers in this area. While in the past careers in CAM

used to be taken up by mature people as second careers, there is a growing trend for young people to pursue CAM as a first career option. Another marked trend is for a significant majority of workers in this field to be women.

Because the majority of practitioners currently practise in the private sector they can be considered as working as 'entrepreneurs' often running private clinics and employing staff such as receptionists or other practitioners to work for them. As such they fulfill the criteria for being a 'small or medium sized enterprise' and are playing an important role in supporting the Lisbon agenda both as small businesses and in contributing to maintaining a healthy EU workforce.

CAM and CAM health workers have an important role to play in supporting healthy aging.

As the Green Paper states 'with an aging population it is crucial that people grow old in good health'. What does good health mean? People living healthy lives through adherence to a healthy lifestyle educated and supported by advice and treatment from practitioners who are trained to do so or people taking dozens of medications to prevent this condition or that or. CAM practitioners are experienced health advocates and there is a place for them when systems of healthcare must increasingly focus on prevention and the maintenance of health if they are to be sustainable.

Equal access is denied to many patients because CAM is currently mostly practised in the private sector and not sufficiently provided through health systems. Inevitably vulnerable and low socio-economic groups miss out on the benefits of CAM approaches to their health problems.

The Current Regulatory Situation for CAM Practitioners is a Barrier

The situation facing the CAM health workforce across the EU is an extremely heterogeneous one with the situation in virtually each country being different to the next. Yet, all EU citizens should have access to similar standards of care, including CAM care, and when patients move between different countries they should be able to access similar health services to those they use in their home state practised to a similar standard.

Differences in national laws mean that while CAM practitioners practising legally in one member state can move to some others to live and work there are member states with laws that prohibit them from doing this. This also makes it problematic in terms of private practitioners running an SME and wishing to offer services across borders. Furthermore, practitioners of some modalities are statutorily regulated in some member states while in other member states the same category of practitioner is forbidden to practise.

The Situation in the New Member States

The political and social situation in the NMS is one that is rapidly developing. CAM therapies are an evolving area of health care in these member states yet there are no guidelines that set out how the professions should be established in terms of education and regulation. Additionally there are residual traits and tendencies that mean there is a certain reactionary situation when it comes to areas such as health care regulation. The dominance of the old professions in the social fabric of these countries is such that they have a very strong position politically and one that they use to protect their interests. There is therefore a lack of freedom for new health care professions to emerge and establish themselves as they have done in a number of older EU member states and this also translates ultimately into a lack of equality of access to CAM services for citizens.

Education and Training of CAM Health Professionals

CAM health professionals are dealing daily with the health problems of EU citizens. As things stand now the requirements for education and training for practitioners of the same disciplines vary greatly within and between member states. Some are trained to degree standards in universities while others undertake short courses that are simply inadequate. All CAM practitioners should be educated and trained to standards agreed by each profession, preferably at a European level, to make them safe competent practitioners. Furthermore, in line with other health professionals, they should undertake regular CPD to maintain and upgrade their skills and knowledge.

Recommendations:

Given the lack of coherent systems of statutory recognition and regulation for CAM professions across Europe, including the fact they are not covered by the mutual recognition of professional qualifications directive, in order to enable safe, high-quality and efficient delivery of CAM services by practitioners across Europe, the EU and member states should encourage and support the establishment of European professional platforms for each discipline to establish agreed standards for the education and regulation of practitioners.

As much of CAM care is provided in the private health sector member states should recommend and support the professions to become appropriately regulated healthcare professions so as to enable them deliver services in the national health system. One good reason for this is to enable equity of access to CAM services for patients who cannot afford to pay privately.

As far as redress is concerned there should be a universal requirement that irrespective of their regulatory status all CAM health care practitioners should belong to an established professional association and each practitioner should have professional indemnity and public liability insurance.

There is strong interest among many CAM professionals in working within the national health services of their country to deliver CAM services and support a public health programme of prevention and health promotion. Member states should seriously consider how best to integrate these health workers into their workforce to deliver a more health –supporting, health-promoting health agenda alongside the more conventional services now available.

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