



New on our blog

Have you ever found yourself in a situation where you get an urgent request from a potential new client, asking you to drop everything for an emergency appointment? Learn from Katherine Creighton-Crook's experience as she discusses setting boundaries as a practitioner.

Read her blog [here](#).

Welcome to the June 2019 edition of newsupdate

CNHC Chair, Michael Watson

In January's newsletter I discussed CNHC's plans for the year and also encouraged registrants to contemplate their plans for 2019. So much has happened since then, and it amazes me how quickly time goes by.

With time, situations often change which can present challenges, but also lead to new opportunities. As I mentioned in last month's newsletter, we have sadly said goodbye to our esteemed Vice Chair – Sheila Inglis. Below you can read more about Sheila's incredible contribution to the organisation.

We now have two vacancies on the CNHC Board and we will be actively recruiting to fill both positions – one registrant and one lay. In the coming weeks we will be advertising the posts and they will be listed on the CNHC website under 'News'.

*If you are reviewing your focus at this time and contemplating how you can help take the complementary therapy industry forward – please have a read of our latest article in *Massage World* discussing how you can track Patient Reported Outcome Measures (PROMS).*

Wishing you all another wonderful month.

*Best Wishes,
Michael Watson*



Michael Watson



Want to help spread the word about CNHC?

We are expanding our [Local Champions](#) network and are looking for eager CNHC registrants to help us spread the word about Standing up for Standards.

If you are interested in finding out more, please get in touch with Carolyn Watson at carolyn.watson@cnhc.org.uk.

Random Sampling reminder

As part of our duty as a voluntary regulator, CNHC carries out a random sampling on an annual basis to check Professional Indemnity Insurance (PII) certificates and Continuing Professional Development (CPD) logs of registrants. This involves CNHC asking 5% of registrants to send us copies of their PII certificate and CPD log for their last full year of registration.

This year's sampling began on Monday 13 May 2019 and the deadline to return documents is **Monday 10 June 2019**.

If you have been selected, you have been contacted by email and post to send us your completed CPD log and insurance certificate. If you are included in the sample, failure to comply could affect your registration.

For further details about CNHC's CPD policy, click [here](#).



We sadly say farewell to the CNHC Board Vice Chair, Sheila Inglis

Sheila Inglis joined the CNHC Board of Directors back in December 2012, and since then she has proved to be a dedicated and trusted voice for the organisation. Sheila came with a great breadth and depth as an independent researcher and consultant, bringing with her experience in education and regulation in health and social care. She held leadership positions in the National Health Service (NHS), Scottish National Education Funding Council, and Research with Children in Scotland before coming to CNHC.

Throughout her years on the CNHC Board, Sheila was very proactive and regularly provided clear, strategic and objective viewpoints - always with the public interest at heart. Sheila became the Vice Chair in January 2014 and stepped up to lead CNHC as the Acting Chair from August – December 2015. During her nearly 7 years of service, she acted as a sounding board and voice of reason for not only the Chair, but also the Chief Executive and other CNHC staff.

Michael Watson, CNHC Chair, reflects on her contribution: *'It is with great sadness we say goodbye to Sheila. Since I joined the board and more recently became Chair, she has been a wonderful support and sounding board. Always available for advice and always wise in her thinking and judgment. I will sorely miss her and thank her for all her sterling work.'*

Sheila was a valuable source of knowledge for Scottish regulation, and she regularly took part in media / speaking engagements on behalf of the organisation. Thanks to much work and persuasion on Sheila's part, in April 2016 the Scottish Government updated its [guidance](#) about the benefits of complementary and alternative medicine (CAM) and included the role of Accredited Registers.

In addition to her work with the Scottish Government, she also regularly attended Scottish Parliamentary meetings and represented CNHC at a number of professional associations' Annual General Meetings (AGMs) in Scotland. She also represented CNHC as a featured guest speaker on a podcast, was interviewed by a Wellcome Trust researcher, presented on two radio shows and attended industry events such as CAM Expo.

Her voice of reason and her unstinting commitment will truly be missed. Sheila on behalf of everyone at CNHC - we wish you all the best in the next chapter of your life.

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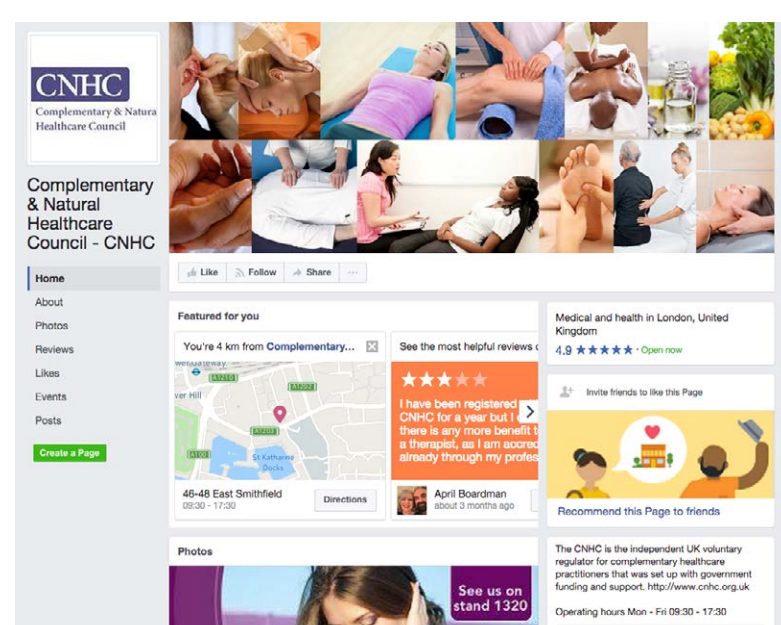
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Collecting Patient Reported Outcome Measures (PROMS)

The latest edition of *Massage World* includes an article from the CNHC Chief Executive and Registrar, Margaret Coats. She discusses the Charity Commission Consultation outcome earlier this year and what the use of Patient Reported Outcome Measures (PROMS) means for the industry. The article also includes information on how CNHC registrants and other practitioners can get involved by using Measure Yourself Medical Outcome Profile (MYMOP) and/or Measure Yourself Concerns and Wellbeing (MYCaW) to record PROMS data from your patients.

Download the full article in *Massage World* [here](#).

For more information on MYMOP and MYCaW, [click here](#) and scroll down to 'Research Guidance'.

Patient experience gains recognition in complementary therapy research

CNHC Chief Executive and Registrar, Margaret Coats, describes how a focus on the patient experience could point the way forward for complementary therapy research



Why do we need complementary therapy research?

Good research is key to the development of any profession. As a practitioner you and your clients might be very clear about the benefits of your service, but others may not be. And without that knowledge, people may not by a service or recommend it to others. This includes doctors and other healthcare professionals.

What counts as research

Although historically there has been a focus on large-scale research projects known as Randomised Controlled Trials (RCTs), the good news is that there is increasing recognition of the value of studies focussed on patients' experiences. These studies use Patient Reported Outcome Measures (PROMs) and have been widely used for a number of years, especially in cancer support centres.

The even better news is that organisations such as the National Institute of Health and Care Excellence (NICE) and the Charity Commission have accepted that evidence from PROMs can be taken into account when reviewing available evidence.

What are patient-reported outcome measures (PROMs)?

PROMs generally involve asking patients a series of questions before and after treatments over a period of time. The two most widely used tools in the complementary healthcare sector are Measure Your Own Medical Outcome Profile (MYMOP) and Measure Yourself Concerns and Wellbeing (MYCaW). MYMOP can be used when working with patients with any condition, while MYCaW has been designed for use in cancer support services.

What other research is out there already?

There have been some successful RCTs in complementary healthcare which led to recommendations in NICE guidelines - such as the use of massage therapy as part of a package of care for low back pain'. However, regular funding for RCTs in the complementary therapy industry is a continuous struggle.

Recently, a team of researchers led by Bristol University gained funding for a scoping study. This study involved focus groups where the team asked healthcare professionals (conventional and complementary) for their views about integrating complementary medicine into primary care. Their focus was on how this could work for patients with both musculoskeletal and mental health issues'.

The scoping study also included a national survey of the use, views and experiences of complementary medicine in England'. This survey of 4,862 adults found that 76% (16%) had seen a complementary health practitioner. The most common approaches used were manual therapies such as massage, osteopathy and chiropractic. Many had also used acupuncture, yoga, pilates, reflexology and mindfulness or meditation. As most people self-referred and most paid for treatments privately, the team recommended that more research is done into the cost efficiency and effectiveness of complementary medicine so that it can be considered for wider NHS use.

Ava Lorenz worked for Bristol University on this project and says 'I was heartened by the enthusiasm of complementary practitioners wanting to improve the evidence base for CAM, something which I have devoted my career to. I would encourage all CAM practitioners to collect data on their practice as it can be invaluable when talking to NHS professionals, including commissioners.'

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