Letter from the Chair

Batten down the hatches and prepare to fight!

Doggie determination, compassion, endless stamina, empathy, a sense of humour, research expert, professionalism, self-awareness... and a very thick skin. What are these?

They are all qualities I’ve come to realise are essential if you’re going to make a successful career in complementary therapy (CT). During my last four years in the NHS, I struggled, as I know many of you have, to establish a CT service in the trust where I had worked for over 20 years. Sadly, it wasn’t to be. The final barrier was not scepticism or opposition from managers – which I had worked hard to overcome – but money. Unfortunately, in the climate of widespread financial crisis in the NHS, the vision to enhance patient care with the integration of CTs is in danger of fading. There are also nurses working in well-established CT services who are finding their jobs and the provision of therapies under threat. Therapies are also under attack from mainstream medics who refuse to accept that the randomised control trial is not the most appropriate research methodology (‘Top doctors say money should go to conventional treatment’ The Times, Tuesday, 23 May 2006).

It is vital now that we stick together to prevent the integration agenda drowning in a tide of overspends. Those of you fortunate enough to have flourishing services need to tell the world about your successes. Write about what you do, and submit to complementary therapy and mainstream nursing journals. Get patients to shout about their positive experiences and get political. Use patient organisations to champion your cause. Take an active part in national initiatives to promote integration. Think about standing for committees in your workplace, community and patient organisations where you can champion the cause for integration. RCN elections for regional boards, forum committees and many more are happening this summer. Exercise your right to vote and together we can make a difference. Integration has come a long way in the last ten years and we must make sure that progress is maintained and advanced.

Julia Fearon

C O N G R E S S  2 0 0 6

By Janet Woolner

What a week that was! Nobody could have missed the news headlines following Patricia Hewitt’s keynote speech to Congress this year. The response of the RCN members at this time of deficits, job threats, redundancies, issues with Agenda for Change and the prospect of compromised patient care left no-one in any doubt about the current mood of nurses.

Five committee members attended to represent the forum. With two voting places (determined by the total number of forum members), responsibility of voting was shared to ensure the forum was represented for each resolution, debate and discussion. Debates and fringe events were wide-ranging and stimulating. Additionally, our poster presentation gave an outline of the forum’s activities, work and projects. Thanks to Annie Hallett for designing and producing it. The Professional Development Framework fringe event stimulated tremendous debate and discussion, and many constructive points were raised and aired. There was considerable activity throughout the week regarding the proposals of the PDF and potential impact on the future of the forums. Please be proactive in contributing your thoughts and ideas to the RCN on this major review. See www.rcn.org.uk/pdf and go to page eight for further information.

The exhibition was huge, wide-ranging and awash with freebies. It was good to see some nutritional and complementary approaches, including shiatsu tasters – most welcome for aching backs, necks and shoulders due to hours of sitting in Congress. In the aftermath of a busy, tiring week full of debate, professional and educational events, learning, and networking, (and, of course, the occasional obligatory socialising), all that was needed afterwards was a week to recover! We look forward to next year in Harrogate and hope that we will meet some other forum members there.

Julia Fearon

Further information

Send contributions for the next newsletter by 20 October 2006 to the Editor:

Julia Fearon
Email: jfearon@blueyonder.co.uk
Telephone: 0121 472 3712
Integrated Health Associates – a new forum

By Clare Isaac, Programmes Delivery Manager, Prince’s Foundation for Integrated Health

The Foundation is pleased to announce the launch of a new national forum for nurses interested in integrated health care, a combined approach utilising conventional and complementary treatments. Nurses will be eligible to join the scheme in autumn 2006, when an inaugural conference is also launched. The nurse associates will become part of the Integrated Health Associates (IHA), a national professional membership organisation for nurses, GPs and complementary practitioners involved in integrating the NHS. The scheme is one of the Foundation’s programmes that work to initiate a change in the health care system, encouraging health professionals from all backgrounds to take a whole person approach to the prevention and treatment of illness.

The purpose of the IHA is to engage patients and professionals in lifelong wellness and to enable and support the delivery of integrated care throughout the UK. The Foundation is developing a range of member benefits that will include networking opportunities, access to resources available exclusively through the Foundation and events that encourage continuing professional development.

IHA will address the following areas of integrated health:
- Integrated health care delivery support
  - IHA will provide a set of tools such as sample contracts and templates, and example business cases for commissioning bodies.

Evaluation
- IHA will set up and facilitate the use of a standardised health outcomes database designed to collect and analyse the results of treatments used by members, which will then be available across the network to track changes at a local level.

Policy influence
- IHA will become a powerful network of professionals positioned to influence local and regional health policy. IHA activity will also inform the Foundation’s national policy work.

Support and learning
- IHA will give members the opportunity to improve their practice and skills through expert and peer learning, much of which will be accredited for CPD.

The Foundation will hold an annual flagship conference to bring members together to share the latest integrated health developments within the primary care setting and to present the most recent research and development activity. Throughout the year, IHA will run training and Internet-based networking and education opportunities. The scheme has been endorsed by the forum. All nurses interested in applying to be associates should contact Clare Isaac on telephone: 020 3119 3114 or email: clare.isaac@fihealth.org.uk

New CAM evidence base

Anelia Boshnakova reports on the National Library for Health, Complementary and Alternative Medicine Specialist Library (NeLCAM)

NeLCAM was launched at the Royal London Homoeopathic Hospital on 15 May 2006. The library, available via www.library.nhs.uk/cam is one of 24 specialist libraries that are an integral part of the National Library for Health (NLH). Aiming to provide access to the best available evidence in the field of CAM, this 24-hour service will deliver a range of services to support patient care, staff development and research.

Although intended primarily for health professionals, CAM practitioners and researchers, most of the information is also accessible by patients and carers. The library is being developed by the Royal London Homoeopathic Hospital (www.tinyurl.com/lbdv2), the Research Council for Complementary Medicine (www.rccm.org.uk) and the School of Integrated Health at the University of Westminster (www.wmin.ac.uk/sih/page-0). The project team, led by Dr Peter Fisher, works closely with an editorial board and external reference group of key stakeholders, including respected CAM practitioners, practitioner organisation representatives, academics and researchers.

NeLCAM will be continuously developed and updated. We welcome comments and suggestions from our users. If you would like to contribute to development of the library or for further information, please contact Anelia Boshnakova at email: anelia.boshnakova@uclh.nhs.uk

Resources

Both of these interesting and comprehensive publications were developed as support for the OU course.


Forum Conference 2006

Don’t forget that the early-bird booking rate for this year’s annual conference only runs until the end of this month. The final announcement will have been sent to you with this newsletter. “Whose therapy is it anyway?” is on Friday, 6 and Saturday, 7 October 2006 at Aintree Racecourse Liverpool.

Hope to see many of you there. For further information email: comptherapies@rcn.org.uk
Towards integration in the 21st century fringe event at Congress

The forum hosted another excellent fringe event this year at Congress, this time with Programmes Director Ian Brownhill and Delivery Programmes Manager Clare Isaac, both from the Prince’s Foundation for Integrated Health. After giving an overview of the Foundation’s work, Ian and Clare ran a lively interactive session for the delegates.

The 60 people present voiced their opinions about the barriers that prevent successful integration of complementary therapies into health care. Not unexpectedly, there were a number of these. Resources and time inevitably were mentioned along with the lack of awareness about therapies still evident amongst many health professionals. Research issues, culture, isolation, the pharmaceutical industry, European law and fear of reactions with conventional treatments also came up. However, Ian then asked delegates to suggest possible solutions. Some of the ideas included:

- introducing complementary therapy awareness to pre-registration nurse training
- multi-professional collaboration
- education and training about therapies for all health care workers
- development of a formulary to inform about possible therapy/conventional treatment reactions and interactions
- integrating into occupational health department (e.g. the Marsden)
- knowledge-based persuasion – sharing knowledge
- look to other countries to learn
- evaluation of courses
- coordinated approach to increasing awareness in population
- complementary therapy lead at the Department of Health and Clinical Excellence Committee
- considering what are we treating – behaviour modification and self management.

There was a real buzz in the room during this session. I am sure that had we been able to, delegates would have continued discussions for a lot longer than the 30 minutes we had available. It is clear that the desire for successful integration of complementary therapies is alive and kicking.

The Prince’s Foundation for Integrated Health is developing new guidance for practitioners at post-registration level. It focuses on training and professional development in complementary and integrated health care practice. The first stage of the project involves mapping the availability of courses. This includes modules and short courses that cover a range of areas from developing specialist practice (e.g. cancer and massage) to generic courses (e.g. research methods).

If you know of any courses, whether specifically for nurses or for all practitioners, please do let us know. In addition to information and advice on choosing a course, the guide will include a number of individual practitioner case studies. The aim is to demonstrate the variety of ways in which practitioners can work in integrated health care settings.

The guidance is due to be published later this year and will be available on the Foundation’s website (www.fih.org.uk). If you know of any courses within these areas, would like to feature as a case study or if you would like further information on the project, please contact Anna Thomson on email: anna.thomson@fihhealth.org.uk

Cream cakes or carrots?

The Bristol Cancer Help Centre (BCHC) held its annual Penny Brohn Memorial lecture at the RCN in London on 9 May 2006. The lecture provides a forum for debating important and emerging issues in cancer care that may be neglected by mainstream discussion and research.

The lecture highlighted that whilst there is plentiful research about the effects of diet and nutrition in causing and preventing cancer, there is a paucity of information about its impact for patients who have a cancer diagnosis. Findings from a UK survey on nutritional advice given to people with a cancer diagnosis were presented, and 1,646 people responded. Over 80 per cent had received no advice on diet or nutrition at diagnosis and of those who had, over 80 per cent wanted further information beyond that received. Over 96 per cent said the information and adopting healthy eating were important to their recovery.

Following the survey, BCHC has outlined recommendations; there should be further assessment of dietary information given to those with cancer by health professionals and the development of consistent guidelines for use across all cancer networks. The charity acknowledges that it does not wish to lay the blame for the lack of dietary guidelines for those with cancer on health professionals, who are working in extremely challenging situations and have had very little guidance themselves. The Avon and Somerset Cancer Network is trialling BCHC’s healthy eating guidelines and urges other networks to do likewise. The full report can be downloaded from website: www.bristolcancerhelp.org.

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CAM in the North

By Janet Clarke, Northumberland, Tyne and Wear NHS Trust

It has been a mixed and interesting year for complementary therapies locally. I can only comment on services I am aware of, so if I miss any burgeoning or thriving services out there, please forgive me and let us know! Forum membership is thriving. We believe it vital for service users to receive quality care within any complementary therapy service and the forum is an important catalyst in this respect. We meet quarterly as a means of peer supervision, to share good practice and to contribute to individuals’ continual professional development. Pertinent issues include: consent (service users should know they have the right to say ‘no’, if offered a therapy, at any stage), training standards, supervision, insurance, multi-disciplinary team involvement and documentation.

All need to be carefully formulated for a safe, effective and accessible service for users. After a very long time in draft form, ratification of the Trust policy still seems a long way off. But many of the difficulties have been resolved and only a final round of comment prior to submission is now required. When operational, it will set out standards and guidance notes for the delivery of an agreed range of complementary therapies. Auricular acupuncture is used widely within the NHS and the prison service for substance misuse. It can also be effective for generalised anxiety, as it is known to have a profound calming effect. Debbie Nicholson (who operates the complementary therapies service within mental health special care at St. Georges Hospital in Morpeth) and I have qualified in auricular acupuncture. However, a separate policy is required and we await policy ratification before we can begin to practice this technique.

Service provision has increased over the past year in diverse areas from acute day services to forensic psychiatry, both of which have developed new services or commenced pilots. Existing services are maintaining provision, although competing priorities and lack of appropriately qualified staff can impact on consistency in some areas. Other exciting developments include the Hadrian clinic service, which now has two appropriately qualified volunteers. Volunteer David Humphrey has shown that increasing choices for service users is not just about offering treatment sessions. He has been successful in simply chatting with ward patients about complementary therapy themes, discussing potential benefits, concerns, providing information and offering taster sessions and demonstrations. Similarly, I have attended a few groups at Launch Pad (service user resource project) over the past year, talking to service users about the potential benefits of complementary care, such as social inclusion, self-help methods, improving stress-related symptoms, engagement and overall improvements in well-being and quality of life.

We have been involved in the Prince’s Foundation for Integrated Health project to develop national guidelines for the integration of complementary therapies into mental health care. We attended a project consultative symposium at St. James Park on 8 March, and it was great to see service users well represented. Steve Shrubb (former Trust Chief Executive) gave an inspiring opening address. He described how complementary health care can meet otherwise unmet need for patients with a broad range of mental health difficulties and should be viewed positively by those concerned with mental health strategy.

Recently, practitioners from America and New Zealand have visited the Trust. They have developed ‘complementary therapy trollies’. These contain a range of ‘alternative’ complementary interventions that as treatment options can be a means of de-escalating violence/aggression on mental health wards. The aim is to offer an intervention of patients’ choosing, thus preventing recourse to medication. Included are aromatherapy oils, weighted comfort blankets, relaxation tapes etc. I have been asked to develop something similar locally. We would welcome any experience, ideas or comments relating to this. On behalf of the local forum, Debbie and I responded to the Chief Nursing Officer’s review of mental health services. We called for complementary therapies to be included into mental health strategy as a choice for service users to fill that ‘effectiveness gap’ we all know exists.

Within the Trust, I have tendered a proposal under the ‘Improving working lives’ scheme for a staff Reiki service. The proposal is to help combat the effects of stress with this easy access relaxation technique. We also plan to maintain and build on links with colleagues developing services South of Tyne and in Sunderland within our newly merged Trust. We now need a Trust strategy for the wider implementation of complementary therapies and await confirmation of a complementary therapies coordinator post to aid this goal. All looks set for another exciting year ahead! If any RCN forum members would like a copy of our policies/guidance notes, please contact me on email: janet.clarke@nmht.nhs.uk , or email Debbie Nicholson at: Debbie.Nicholson@nmht.nhs.uk
Taking the plunge

JULIA FEARON recounts the ups and downs of setting up her own complementary health clinic

The inability to get my service off the ground in the NHS and my passion for therapies finally spurred me to move into full-time self-employment. After 24 years service, in March 2005 I left the NHS and set up my own complementary health clinic. Many of the qualities I mention in my Chair’s letter have had to come into play – if anything, even more so than when I was working in the NHS. It has been an amazing time with many challenges, but I have enjoyed almost every minute of it.

Anyone who thinks it is easy to make money from practising therapies is woefully misinformed. I wasn't even this broke even when I was a student nurse! My working week is often a seven-day week with long hours. The stresses are many, but so different to those I faced in the NHS, because they are stresses that I have chosen. My knowledge of business has expanded phenomenally, and now includes bookkeeping, business planning, banking, health and safety, VAT and licensing laws.

But the compensations make it worthwhile. As each client leaves the clinic, they are happy, smiling and very grateful. I have a bank of therapists who are all committed, professional and expert in their own fields. If I want to change something, I make the decision and action it. No layers of bureaucracy to fight through.

Oh, and of course I enjoy regular treatments as all the therapists swap treatments with each other.

There have been some very funny moments, too. Being a children’s nurse, when a German client enquired if I did vaccines, I asked her if she meant for her child or herself, thinking she was referring to the single-dose vaccination programme. Somewhat surprised, she replied “No, for me.” I explained we didn't offer the service, but I knew a clinic that did. “No, no that's fine,” she said and beat a rather hasty retreat. It was only later when recounting the story to a friend, who found the whole thing extremely funny, did I realise the truth. With her German accent the client had been asking about waxing not vaccines! Quite what she thought I meant when I asked if she wanted it for her child, goodness only knows.

But gradually our client base is building and each week, something positive happens to help make the business a success. I am talking with NHS staff about helping their patients access therapies and about providing staff services. I think I can actually achieve more towards integration by working outside the NHS. For any of you thinking about pursuing a career in this way, I would say plan, plan and plan again, but go for it. Financially it may be a struggle, but the rewards are many.

Voluntary self-regulation – a possible way forward?

In late 2005, the Prince’s Foundation for Integrated Health commissioned a report based on the idea of exploring a federal approach to voluntary self regulation for complementary health care. The report identified three different regulatory options and discussed the advantages and disadvantages of each model. These included:

- creation of a workable federal style model.
- the pursuit of statutory regulation
- maintaining the status quo, i.e. continuing present work in pursuit of a single profession register and common standards of practice

The Foundation supports the third option of developing a federal type body to regulate complementary health care professionals as it believes that such a model will allow for economies of scale and sharing of resources.

The Foundation is holding a consultation period that commenced in May 2006, open to practitioners, the public and wider stakeholders to comment on. The consultation will run until 28 July 2006 and a report will be published on its findings and recommendations in autumn 2006. The consultation is available on the Foundation’s website (http://tinyurl.com/ro5cq) and all individuals are invited to comment. The RCN will also be responding to this consultation. If you would like to contribute to this response, please email your comments to celia.manson@rcn.org.uk by Monday, 3 July.
Music to the ears – sound as a CT

Music therapy is a well-established complementary practice and tuning forks have long been used in orthodox medicine as diagnostic tools for problems such as deafness and detecting peripheral neuropathy. Now tuning forks are being used as a sound therapy.

Working on an energetic level, they are thought to help the body to regenerate and the energy system to balance and align itself. By using the tuning fork, the benefits of sound can be gained without engaging preferences of musical genres. Tuning forks are calibrated to emit precise single frequencies. They provide the body with a vibratory ‘model’, promoting an organised movement of expansion and contraction, which produces a rapid response throughout the whole organism.

Tuning forks can be applied close to the ears when working with individuals or sounded within a room for group work. A series of ascending and descending tones, used in a specific sequence and combination, encourages the system to rebalance, promoting a release of tension at all levels of the body and deep relaxation. Patients can be shown how to activate and listen to tuning forks themselves.

Consistent and regular use produces noticeable benefits, including reduced mental stress, improved physical vitality, more restful sleep and improved pain management. Effective research into the effects of the tuning fork is currently limited, but case studies demonstrate noticeable benefits for clients – sometimes from a single treatment, but more typically over a period of time. They can be used independently or as an enhancement to any therapy.

It is easy to learn how to use them and their effect is quick with lasting results. Basic practitioner training is a two-day course. For further information about this emerging therapy, or for details about training to use the forks, please contact Julia Fearon on email: jfearon@blueyonder.co.uk, or Sheila Hill on email: info@ardenwilken.com

Julia Fearon and Sheila Hill

Suggested reading

CAM in the South West ...

Jo Findlay, a learning disabilities nurse caring for children in Poole, has recently established a new regional forum in Dorset. Aiming to meet three times monthly, the first meeting on 30 May had 20 participants and was a great success. The group has agreed to look at research, evidence, funding and policy and guideline development. Next meeting will be on 8 September 2006, 10 am–12 noon at the Seminar Room, St Anne’s Hospital, Poole. For information, contact: Jo Findlay, telephone: 01202 584051 or email: jo.keep@dorsethc-tr.west.nhs.uk or oldbadgertheset@aol.com

Elsewhere in the South West, committee member Premi Bonomally coordinates a regional group based in Plymouth. Their multi-disciplinary group continues to thrive. During Nurses’ Week (8–13 May), Premi offered free complementary therapies for staff of her Trust. Her staff service continues to go from strength to strength.

Stand and be counted!

Forum elections 2006

Your chance to shape the future of the forum is here. The bi-annual elections to the Forum Steering Committee take place this summer. As an elected member of the committee, you can play a significant part in shaping the forum’s work. Three places are available on the committee at these elections. Any forum member who has this forum as first choice for voting rights is eligible to stand and can self-nominate.

Closing date for nominations is 14 July. For further information about standing for the committee, please contact Professional Adviser to the Forum Celia Manson, Forum Chair Julia Fearon, or any forum committee member. Remember – even if you don’t wish to stand, you can make a difference by ensuring that you vote for your choice of candidate. Nomination packs are available from RCN Direct on telephone: 0845 772 6100.
Is CAM cost effective?

Annie Hallett reports on the Smallwood Report presented at the Parliamentary Advisory Group for Integrated Complementary Health

Despite good ground gained in some areas, the integration of complementary therapies still meets with much scepticism from many in the establishment. With some trepidation I wondered what the outcomes of the Smallwood report would be. However, from the beginning I was pleasantly surprised.

Christopher Smallwood, an economist with a wealth of experience in industry and at the Treasury, was commissioned by the Prince’s Foundation for Integrated Health and the Prince’s Trust to produce a report on the economics of CAM in the NHS. In compiling the report, he undertook a literature search, gathered case studies from specific centres and interviewed experts in CAM.

His recommendations suggest that although there may be a cost benefit in some areas, the real focus should be on CAM’s helpfulness and ability to alleviate the effectiveness gap in treating certain chronic conditions, in psychosocial support, and in supporting some cancer treatments. In this way, wider economic benefits would be generated. He called for more equality for research funding and observed that lower socioeconomic groups would particularly benefit from free access to CAM. He upheld the role of GPs as gatekeepers. In order to encourage GPs to refer, he advised that issues around safety, accountability and education be addressed, to encourage confidence regarding the authenticity of therapies. He also indicated NICE guidelines could play a significant role in clarifying referral issues.

The downside of this report is that only therapies in category one of the House of Lords Scientific Report (2000) were included. Consequently, apart from homeopathy and acupuncture, therapies favoured by nurses and many private practitioners, such as aromatherapy and reflexology, were not addressed. So, on closer scrutiny, these recommendations relate only to those therapies that have already crossed many of the barriers to acceptance in the NHS. The DH has not yet responded as to how these recommendations will be implemented. Mr Smallwood urged MPs to lobby the DH in this matter. The forum applauds and supports this action and urges you to lobby your own MPs.

Children’s Complementary Therapy Network

In association with the RCN, the Children’s Complementary Therapy Network (CCTN) held its 2nd Annual Conference on 20 May at Birmingham Children’s Hospital. Nearly 80 delegates attended to explore the use of complementary therapies for children with autism. A truly multi-professional audience included therapists, doctors, nurses, and teachers. Presentations covered information about successful complementary approaches for children with autism and their families. McTimoney chiropractic, aromatherapy, shiatsu, Reiki, massage techniques for parents to use with their children and reflexology are all being used nationwide with some great results.

The conference was also used to launch an evaluation form. This is for parents to document, anonymously, their experience of complementary therapies for their children with autism. Often, therapists work in isolation or with very small numbers of clients, making it difficult to obtain enough evaluations to be able to draw meaningful conclusions. This form is to be circulated nationally via the network in an attempt to provide a large amount of information about the effects of therapies, potential benefits and any disadvantages.

The network continues to grow and judging by the buzz from all the delegates involved on the day, will continue to go from strength to strength.

For further information, email: cctn@freshwinds.org.uk

CT courses

Christie Hospital Manchester, courses and conferences for complementary and health care practitioners 2006–2007

Christie Hospital in Manchester runs a number of courses, conferences and diplomas for complementary therapists and health care practitioners. From adapting reflexology, chair massage and aromatherapy for cancer care to exploring therapeutic dream work and therapeutic touch, there are over 30 courses on offer. One-day courses cost around £70 and two-day courses £110–£120. Christie Hospital also offers reflexology and hypnotherapy diploma courses and courses about clinical leadership with a complementary focus. If you require more information, please contact Linda Orrett on telephone: 0161 446 8236 or email: Linda.orrett@christie-tr.nwest.nhs.uk

Complementary therapies in obstetrics and gynaecology

University accredited courses and study days for nurses and midwives, delivered in your unit for your staff. Examples of topics available:

- reflexology techniques for midwives and nurses
- safety of essential oils, herbal, homeopathic and Bach Flower Remedies™
- complementary therapies in gynaecological nursing
- moxibustion and other alternatives for women with breech presentation.

A range of other related topics is also available. For further information, visit: www.expectancy.co.uk or telephone: 0845 230 1323/7956 235 456.
Developing CAM guidelines in mental health care

Kim Khan, Project Administrator for the Prince’s Foundation for Integrated Health introduces their new Project Manager for Mental Health, Jenny Rush, who will lead the Developing Guidelines Project.

As a communication manager and change management consultant for the NHS and voluntary sector, Jenny Rush’s work has included major change in mental health services. She has a longstanding interest in health and human potential and is a meditator and Qi Gong practitioner. The project progresses well. The first consultative symposia in Newcastle was a great success and the other two symposia are fully booked. But your input is still needed. Aiming to create partnerships with interested NHS trusts for the duration of the project and, ideally, beyond, earlier this year, we wrote to the chief executives of all mental health trusts and primary care trusts inviting them to propose a member of staff to link with the project. So far, we have had a limited response and we need your help. Do you know of any suitable links within your local trust or contacts that could assist? We are also looking for any suggestions of how to widen our contacts within the trusts and would appreciate any advice or assistance you could provide.

For further information, please contact Kim Khan and/or Bryony Smith on telephone: 020 3119 3116/3120, or email: mentalhealth@fihealth.org.uk. Or contact Jenny Rush on telephone: 020 3119 3115, email: jenny.rush@fihealth.org.uk, or visit: www.fihealth.org.uk

What do you think?

Council Member JUDY DURRANT, who as the former chair of the National Co-ordinating Committee now sits on the new PDF Professional Membership Structure Action Group explains to RCN Complementary Therapies in Nursing Forum members about Council’s plans in the next stage of the RCN’s Professional Development Framework Project.

At its meeting on 24 February, RCN Council made important decisions in relation to the way the RCN organises its professional services. These decisions gave a green light to the next stage in the RCN’s plans to improve quality, accessibility, flexibility, equity and cost effectiveness of RCN services by transforming the way they are delivered.

The RCN’s recent consultation around its membership structures received back over 300 responses from individuals and groups. It was clear that people support a demand for change that was already becoming apparent through reviews, surveys, at Congress, at grass roots level and at the top table, telling us that it is time to reflect, review and transform.

Feedback revealed agreement in a number of areas including the need for every member to have automatic membership of not only a branch but also a “professional division” and the need to keep the number of divisions small.

Consequently, Council, at its meeting, agreed to:

- a new divisional structure which will replace the current structure of fields of practice and advisory panels. There will be eight or fewer divisions and each will be represented on national and regional RCN Boards
- existing national forums will change over time and will become networks which could work locally, nationally, or virtually. These networks will not sit within a division but will work with all and any division appropriate to the work being undertaken
- a new Nursing divisions Advisory Board, comprising representatives from the divisions together with representatives from each of the UK representatives committees – stewards, safety reps and learning reps – to enable better links between professional and workplace issues. This will replace the existing National Forum Co-ordinating Committee and be accountable to the Nursing Development Committee (NDC).

However, there’s still a lot of work to do on implementing the new structure and more decisions to be made. For example, more work has to be done with members to decide the total number of divisions and their names. Members also said they didn’t like the term “divisions” and so we’ll be looking for a more appropriate name for them.

There’s also a lot of exciting work to be done on designing the “virtual networks” looking how they will work in practice and what opportunities they will offer RCN members.

All this work will involve more consultation and discussion with members and will be carried out through a new Professional Membership Structure Action Group. That group will also take on the existing functions of the National Forum Co-ordinating Committee (NFCC) until the new governance structure is sorted out.

For more information check the RCN website at www.rcn.org.uk/pdf for the latest information.