

This letter from the late Michael Endacott of the ICM, may seem out of date, but in some respects it remains valid. Particularly in relation to trade associations accepting **LOWEST** standards for qualifications. I intend therefore to continue hosting his letter so that newcomers can see a bit more of the history of our trade from someone other than myself. Michael was also very anti some of the trade representatives he had to work with, he knew what a corrupt and inept bunch they were (are). I respected Michael more than most in Complementary Medicine, and his death in 2005 was a great loss to our cause.

THE BRITISH GENERAL COUNCIL OF COMPLEMENTARY MEDICINE

20th April 2000. TO:

Essentially Oils, Charles Wells
IFA, June Gibbs
Raworth College, Maria Raworth
Essential Oils Trade Association, Michael Van Moppes
Butterbur and Sage, Bernie Hephrun

The December 1999 issue of Essentially Oils Newsletter contained an article by Bernie Hephrun that highlights the need to speak with one voice and evolve regulation. There is also a report on the possibility of ISPA, the RQA joining with the IFA under the common title of International Federation of Aromatherapists.

The prospect of unity through a common register has been tried by a number of therapies but it is a concept that can only work where the different levels of skill and competence are identified for registration within the profession. This is the approach of the BRCP –Aromatherapy Division (and all the other autonomous divisions). Therefore, to the professional observer it is hard to see practitioners qualified to the IFA and BRCP standards agreeing to appear on the same listing as those accepting more limited qualifications such as the Aromatherapy Organisations Council.

The National Occupational Standards (NOS) for Aromatherapy have been rejected by the ICM/BGCCM, the British Register of Complementary Practitioners (Aromatherapy Division) and the International Federation of Aromatherapists because they reflect the **LOWEST LEVELS of competence**. However, it is just these NOS that **have been accepted** by the Aromatherapy Organisations Council, the British Complementary Medicine Association and the Independent Care Organisations (ICO) which is now part of the Training Organisations for the Personal Social Services.

The BRCP and IFA require BEST PRACTISE. Practitioners must have the knowledge and skill to diagnose within their competence. Other Registers may be prepared to accept the lowest common standard but the ICM does not believe this is in the public or professional interest.

In 1993 the ICM launched a plan for three distinct levels of practise and registration but those involved with NOS did not act on this proposal. The standard of 'best practise' comes at the head of a career pathway common to most professions. For a single national register like the BRCP to serve both public and practitioners alike, the variations must be created with the different services in mind and each level of service identified accordingly.

The Qualifications and Curriculum Authority (QCA) was aware of the discontent and had accepted the ICM/BGCCM suggestion of a review of the NOS in Aromatherapy, Reflexology and Hypnotherapy. The QCA stated in a letter that it hoped everyone would co-operate with the review so that a consensus could be achieved.

The general problems which must be overcome are exemplified by Aromatherapy. The

International Society of Professional Aromatherapists (ISPA) used to support the ICM/BGCCM and was aware of the review of the NOS but ISPA Chairman, Ian Smith advised the ISPA Council to withdraw. Had ISPA agreed to take part in the review, it would have meant that the structure and contents of ISPA courses and the qualifications of its teachers would have been compared with other registers such as the BRCP and IFA. It is understood that ISPA is trying to upgrade its standards at this time. However, the ICM has had experience of examining ISPA applicants wishing to join the BRCP and, whilst a few have been successful, the majority have not. The review would have been a time to clarify the ISPA position.

For a long period of time the ICM has turned to the Aromatherapy Organisations Council (AOC) and the Aromatherapy Trade Council to find an answers on questions of policy and management with special emphasis on quality assurance. **So far, neither organisation has answered any questions satisfactorily.**

Future professional standards.

Aromatherapy as either a beauty therapy or a medical treatment must have standards appropriate to the services provided and practitioner status. This is why the failure of the AOC and all those involved with the Independent Care Organisations to ensure that the Functional Map was agreed and published prior to proceeding with the NOS has caused so many problems. The fact is, Healthwork UK has admitted the Functional Map was never agreed or published and this is why the standards created from it must be treated with caution. . In fact, every discipline and therapy will need to develop an education and career structure that is a correct reflection of the Functional Map for the Complementary sector. This is one aspect of the ICM/BGCCM review.

The ICM/BGCCM currently has nearly 1,000 courses, colleges and organisations including 79 registers co-operating with the review. There may be others that feel, like ISPA, that they do not wish to take this path but that is for them to decide. However, everyone is welcome to try the proposed ICM programme and evaluate the benefits. The proposal which surely cannot work, is the AOC approach with a single listing including all names irrespective of qualifications.

EU Directive R65 – Hazard warning of hydrocarbon content in essential oils.

It has been said that essential oils must carry hazard warnings if the product contains 10% or more of hydrocarbons. Enquiries suggest this may not be correct.

It is understood that R65 requires companies selling potentially hazardous substances to 'self-assess their products' to determine their response. The British Essential Oil Trade Association has issued a booklet to its members laying down guidelines on how to interpret the new regulation. Members of BEOTA deal with the transportation of large quantities of essential oils whereas retail suppliers of aromatherapy products selling to practitioners and the public deal with small sealed bottles. It is hard to see this latter group feeling the need to designate a very small bottle as a hazard even if it contained 10% of hydrocarbon.

Contacts with pharmaceutical businesses retailing essential oils suggests they consider aromatherapy products are outside the regulation.

House of Lords Enquiry.

The ICM has submitted a proposal to regulate Complementary Medicine as a unified profession that treats the vital force and spirit of both man and animals. This makes it different from the NHS. The ICM proposal for a single Act would place Complementary Medicine into a similar professional category as Dentists and NHS funds should be available to purchase treatments whether given in the hospital or private Complementary clinic.

The ICM approach also means that multi-discipline practitioners pay one registration fee for any number of qualifications and one payment for insurance. The Osteopaths are to pay £750 annual membership of the General Osteopathic Council and the British Acupuncture Association are believed to be charging £400per annum.

Imagine a Naturopath who is registered to practise Homoeopathy, Reflexology, Aromatherapy, Diet, Nutrition, Bach Remedies, Herbal Medicine, Massage, Traditional Chinese Medicine and Counselling. **This would involve ten different Acts under the current proposals and the annual payment would have to be £7,500 according to the Osteopathic scale.**

The BRCP expects to charge about £100 per annum plus one payment for insurance irrespective of how many disciplines are practised.

This seems to be the most cost effective and sensible way to regulate and develop the unified profession of Complementary Medicine. Each division can retain its autonomy but be part of a united voice when appropriate.

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