# Consultation questions

## We welcome your views and comments on these proposed standards. In your responses to the questions below, please use the paragraph numbers in the draft Standards when referring to specific parts of the document.

1. Do you agree that the eligibility criteria will enable us to decide quickly whether an organisation is ready to proceed to a full assessment?
[ ]  Yes X No

|  |
| --- |
| **If no**, what changes should we make? |
| I'm afraid that the changes will be no improvement on the present, very unsatisfactory, state of affairs. The reason for this lies in two of the eligibility criteriaA2 The organisation can demonstrate that it is committed to protecting the public *and promoting public confidence* in the profession or occupation it registersPromoting public confidence is simply conflict of interest. What matters to the public is whether a treatment works. "Promoting confidence" implies that the organisation should deceive the public in cases where the treatment does not work.A.7 The organisation can demonstrate that there either is a sound knowledge base underpinning the profession or it is developing one and makes that explicit to the public.For most complementary therapies there is no "sound knowledge" base, and for many it is already known that they don't work better than placebo. I notice that A.7 uses the words “knowledge base” not “evidence base”. Alternative therapists will, no doubt, supply you with what they believe to be “knowledge”, but if there is no evidence that the knowledge is correct, it can’t properly be described as knowledge. I suggest that this ambiguity be removed by substituting the word “evidence” for “knowledge”.If criterion A7 were adhered to, most complementary therapies would not be eligible. Sadly, I haven't the slightest confidence that it will be adhered to. |

1. Are the Standards easy to read and understand?
[ ]  Yes X No

|  |
| --- |
| **If no**, how can we improve them? |
| No, because they are self-contradictory, and hence confusing, as explained under Q1. In particular, they fail totally to cope with the one thing that really matters to the public, namely is the therapy safe and EFFECTIVEPara 2.5 makes the whole accreditation pointless from the point of view of patients2.5 It will not be an endorsement of the therapeutic validity or effectiveness of any particular discipline or treatment.Accreditation of things that don't work, many of which are known on the basis of good evidence not to work. misleads patients. You presumably do not see your job as accrediting misleading information. |

1. Are there any additional areas that you think should be covered in these Standards?
X Yes [ ]  No

|  |
| --- |
| **If yes**, which additional areas should be covered? |
| Yes. An entry requirement for any register (voluntary or otherwise), should be full compliance with the current  ASA/BCAP advertising codes.  This compliance should be regularly maintained by the practitioner and enforced by the organisation maintaining the register. The repeated ASA judgements against alternative practitioners in recent years show that this is far from being the case at present, but it is essential to protect the public against false claims. CHRE will look pretty silly if its accredited people continue to be condemned by the ASA (and that will certainly happen, again and again).You simply cannot continue to evade the crucial question of whether a treatment is nonsense or not.The fact that regulatory agencies have consistently failed to grasp this nettle has rendered them useless for the protection of the public. It has been left to bloggers to reveal abuses, and they cost a great deal less than the CHRE. |

1. Are there any aspects of the Standards that you feel could result in differential treatment of or impact on groups or individuals based on:[[1]](#footnote-1)

|  |  |
| --- | --- |
|  | Yes |
| Age | [ ]  |
| Gender reassignment | [ ]  |
| Ethnicity | [ ]  |
| Disability | [ ]  |
| Pregnancy and maternity | [ ]  |
| Race | [ ]  |
| Religion or belief | [ ]  |
| Sex | [ ]  |
| Sexual orientation | [ ]  |
| Other (please specify below) | [ ]  |
|  |  |

|  |
| --- |
| **If yes** to any of the above, please explain why and what could be done to change this. |
|  |

1. Is any part of the Standards in conflict with any existing legislative or regulatory requirements or standards frameworks that apply to organisations that hold voluntary registers?

[ ]  Yes X No

|  |
| --- |
| **If yes**, please explain. |
| Not as far as I know. The new proposals will do as little to protect patients from false claims as the old ones did, if you try to pretend that most alternative therapies have a “sound knowledge base”. |

1. Do you think these Standards will encourage organisations that hold voluntary registers to set appropriate standards for their registrants and manage their registers effectively?

[ ]  Yes X No

|  |
| --- |
| Please explain |
| Absolutely not. Alternative practitioners will be as free as ever to deceive the public. They routinely ignore their own codes of practice. A recent event with the CNHC provides an excellent example. The CNHC code of practice, paragraph 15 , states“Any advertising you undertake in relation to your professional activities must be accurate. Advertisements must not be misleading, false, unfair or exaggerated”. When a member of the public made a complaint about claims being made by a CNHC-registered reflexologist, the Investigating Committee upheld all 15 complaints. But it then went on to say that there was no case to answer because the unjustified claims were what the person had been taught, and were made in good faith. This is precisely the ludicrous situation which will occur again and again of reflexologists (and many other alternative therapies) are “accredited”. The CNHC said, correctly, that the reflexologist had been taught things that were not true, but did nothing whatsoever about it. |

1. Would more detailed guidance be useful for any of the standards?
X Yes [ ]  No

|  |
| --- |
| Please explain |
| There should be a requirement to provide some good reason to think the treatment works.It might be thought that this is covered by A7A7, The organisation can demonstrate that there either is a sound knowledge base underpinning the professionI fear though, that judging by past performance this won't be done. This requirement contradicts directly2.5 It will not be an endorsement of the therapeutic validity or effectiveness of any particular discipline or treatment.An entry requirement for any register (voluntary or otherwise), should be full compliance with the current  ASA/BCAP advertising codes.  This compliance should be regularly maintained by the practitioner and enforced by the organisation maintaining the register.  |

1. Please add any other comments you have on the draft Standards or their development, or on the consultation process itself?

|  |
| --- |
| The proposals seem to me to have failed totally to grasp the nettle of false health claims.Two of the proposals contradict each otherA7, The organisation can demonstrate that there either is a sound knowledge base underpinning the profession2.5 It will not be an endorsement of the therapeutic validity or effectiveness of any particular discipline or treatment.What on earth is the point of asking for a sound knowledge base if that knowledge base fails to demonstrate effectiveness. If it can't do that then it isn't "sound". |

1. Do you have any other comments?

|  |
| --- |
| It seems to me that, on the basis of comments made above, that there is a real danger that whole exercise will continue the long-standing tradition of appearing to endorse, or "accredit" things that are little more than health fraud. That leaves the patient in a worse position than if there were no regulation at all. [**http://oxforddictionaries.com/definition/accredit**](http://oxforddictionaries.com/definition/accredit)**2** (of an official body) give authority or sanction to (someone or something) when recognized standards have been met: ognizWith that definition in mind, it will certainly not be apparent to the public that accreditation provides no guarantee whatsoever that the accredited therapy is not merely superstitious nonsense.I therefore recommend that the CHRE should exclude all alternative medicine organisations from accreditation. Attempts to regulate them properly are doomed to fail, and will result only in the accreditors being besieged by freedom of information act requests, and possibly legal proceedings.*Legal considerations*The proposals don’t seem to take account of the increasing tendency for aggrieved patients to take legal action against alternative practitioners. In Australia, homeopaths have been jailed for manslaughter, and in the USA class action were mounted against the Boiron Homeopathic company. This is likely to reach the UK soon, and if such actions are successful against accredited bodies, the accreditors will look pretty silly.*An alternative proposal.*There is, in principle, a much more effective form of regulation already in existence, namely the law about making false health claims, e.g the consumer protection regulations (2008). Unfortunately, Trading Standards offices consistently fail to enforce these rules (see, for example, [Rose *et al*, 2012](http://www.dcscience.net/Rose-medico-legal-2012.pdf)). The public would be better protected if the money spent on the CHRE accreditation of alternative medicine were transferred to Trading Standards, or to the MHRA so that they could afford to enforce existing laws. |
|  |

**About you:**

|  |  |
| --- | --- |
| Name:  | Prof David Colquhoun FRS |
| Contact address including postcode: | CNNPP, UCL, Gower St London WC1E 6BT |
| Organisation representing (if appropriate): |  |
| Email: | Dddd d.colquhoun@ucl.ac.uk |

**Are you responding as:**

|  |  |
| --- | --- |
| An NHS employer | [ ]  Yes X No |
| A private sector employer | [ ]  Yes X No |
| A commissioner of health or social care services | [ ]  Yes X No |
| A patient, service user or member of the public  | X Yes [ ]  No |
| An employed health or social care practitioner  | [ ]  Yes X No |
| A freelance or self-employed health or social care practitioner  | [ ]  Yes X No |
| A person with a professional interest in consumer protection  | X Yes [ ]  No |
| Other *(please specify below):*  | X Yes [ ]  No |
| As a person with a strong interest, and some expertise, in the assessment of the effectiveness of treatments |

**Would you like the information you provide to be treated as confidential?**

[ ]  Yes X No

|  |
| --- |
| If yes, please give your reasons for this? *(this may help us keep your information confidential in the event of a Freedom of Information request)*: |
|  |

1. These are the “protected characteristics" as defined under the Equality Act 2010. [↑](#footnote-ref-1)