

Institutional Regulation

- Varies from country to country
- Bodies are still in the process of evolution in many countries
 - Some countries are implementing statutory regulation
 - Some countries are supporting a single body integrating self regulation
 - Some countries have regional/ state rather than federal accreditation
 - There can be multiple bodies in single country
- In essence-
 - It is a complex and evolving process
 - It is often a very long term process

IMUNE acknowledges that to have optimal credibility that “official” recognition/accreditation is very beneficial and is actively pursuing this. However applications generally require several years of operation at degree level.

As part of this process IMUNE is working in recognition of the importance of:

1. Educational Standards

The trend appears to be towards recognition of CAM Professionals that have 2000 hours of education that can be validated for membership of professional bodies that are recognized as valid self regulating bodies by governments.

2. Assessment Process

Principles have been established that recognize the value of continuous evaluation and traditional assessment. In particular IMUNE recognizes the value of assessing application of information into natural health practice.

The assessment approaches adopted by IMUNE include:

- Self review tests
- Learning journals & statements
- Assignments
- Case study submissions
- On line exams
- Invigilated exams

Many countries have been reviewing the requirements for CAM (Complementary and Alternative Medicine) regulation in light of its soft nature, benefits and popularity.

All Government Advisory Groups reporting in the last seven years point out that statutory regulation is not suitable or necessary for all modalities. In most cases, solid self-regulation, preceded by a strong degree of uniformity in the sector, is seen as a useful way forward. The reports published by Canada, New Zealand and the House of Lords

recommendations in the UK all favor a degree of self-regulation combined with statutory regulation for certain therapists as a possible regulatory framework. In both the UK and New Zealand, recent legislation (The 2003 Health Practitioners Competence Assurance Act and the Health Act 1999) allow for the possibility of the therapy to become statutorily regulated without separate lengthy legislation having to be formed.

The modalities that are or are likely to be subject to statutory regulation are those that do not operate within the natural arena of the body but are more interventionist, including:

- Medical Doctors
- Dentists
- Osteopaths
- Chiropractors
- Some elements of herbal medicine

Accreditation of Higher Education

Higher education is controlled and monitored differently in different countries. Many countries have statutory (governmental) regulations that control higher education. The USA is an exception amongst others where the state does not control higher education but authorizes accrediting agencies to do so. Considerable development of global markets and information technology is becoming more international. Higher education is becoming more diverse, decentralized and with more acceptance of distance and devolved education. Consequently there has been a degree of liberalization of higher education with additional education facilities at higher levels available, particularly in the vocational areas.

The principle of accreditation is to reflect the quality and integrity of institutions and syllabuses operating as private educational facilities. Accreditation assessments examine the methods of education, the governance of the institution, the quality of both programs and their assessments in order to ensure academic quality through peer review.

There is “official” accreditation where statutory control exists and “unofficial accreditation” via professional self regulation.

Official accreditation is equivalent to Statutory Regulation and is normally by Act of Government:

e.g.

- The British Medical Association in the UK is the government empowered regulator for doctors, the General Osteopathic Council for Osteopaths.
- State Licensing Boards in the USA for Doctors, Dentists etc.

Self Regulation is “unofficial regulation” developed to enhance professionalism where statutory control does not exist. This applies to many professions and has a substantial history and record of substance.

In particular:

- regulation concentrates on compliance
- whereas accreditation focuses on the integrity of the academic program.

About Accreditation

The origin of accreditation was in the twentieth century through recognition by institutes of higher education of the need to establish standards of admission, transferability of credit and a quality control system. Initially established by Universities for admission and transferability specific disciplines and modalities began to implement the principles to ensure quality standards.

Accreditation is a procedure that higher educational organizations undertake to ensure their academic program meet high quality standards. It does not exist in a governmental or regulatory framework for the accreditation of many natural health modalities and thus any institutions that take the initiative and professional approach of obtaining quality audit and accreditation from a body experienced in this. They also seek recognition by recognized self-regulating bodies and associations operating in their field.

Regulatory and voluntary accreditation is now in common use to maintain public accountability, ensure quality and relevance through individual and social needs. Self regulation and by association peer review accreditation has been a common element in natural health for many decades and is reflected in the standing and credibility of many councils and certification boards worldwide. This self regulation and peer accreditation process is recognized as one that is very appropriate to natural health modalities in avoiding the restrictions that often come in the application of natural medicine by statutory regulation. This element is well evidenced in the restrictions imposed on medical doctors, chiropractors and osteopaths whose current practice is not allowed to include many of the very gentle, natural and positive aspects that have centuries of successful outcome in their application.

Legal authorization of regulation and statutory accreditation certainly has its place. However there are many quality education programs and institutes that do not have statutory authorization or regulation and the lack of this does not make them less pertinent or lower quality than statutory regulated professions. Indeed current representations worldwide by natural health organizations are co-coordinating an effort in approaching government institutions (particularly in the UK and within Europe) to establish a government sanctioned and not controlled co-coordinating professional body.

In particular regulation concentrates on compliance whereas voluntary accreditation tends to focus more on the integrity of the academic program.

Professional Body Membership

Professional bodies require that applicants, whether individuals or organizations, meet certain standards. Membership of reputable bodies provides credibility. Professional body membership is often a criterion for insurance- and insurers are conservative!