

Notes for meeting with DG GROW on the Internal Market rights of CAM Professionals - April 18th 2016

What is complementary and sustainable healthcare (CAM)?

CAM is, in the first instance a public health service, encompassing practices across the course of life for:

- self-responsibility for health, health education, health maintenance, prevention of illness and
- personally sustainable treatment of illness, particularly chronic illness

- CAM practices have a broad range including healthy physical practices, nutrition, lifestyle practices, prevention and treatment of chronic illness and end of life care.
- CAM practices are based on distinct philosophical, methodological and whole person diagnostic principles (as distinct from diagnosis of illness), methodologies and practices. The 40 or so well-known practices include: Acupuncture, Aromatherapy, Cranio-sacral therapy, Kinesiology, Herbal Medicine, Homeopathy, Osteopathy, Reflexology, Reiki, Shiatsu, Tai'Chi, yoga etc.
- CAM is a **systematic whole approach** offering an integrated totality of application and effects. The emphasis is on health and wholeness in the first place, on the maintenance of health and prevention of illness, and secondarily, on treatment of the cause of illness within that holistic framework. CAM practices are primarily health, rather than illness or medical practices.
- CAM professionals see themselves as enablers as much as providers working in active collaboration with the client where self-

responsibility for health, and health education are an integral part of the approach.

- CAM is mostly non-invasive and has a good safety record
- It can be delivered independently of, or complementary to, conventional medicine
- Health maintenance and self-care, and prevention of illness are the primary reasons known for the use of CAM, followed by treatment for chronic illness.

CAM Professionals Profile 1

- Estimated 360,000 professionals trained in specific CAM modalities, over 40 (EFCAM figures)
- Additional MD professionals using a small number (5) of CAM modalities
- The majority of CAM professionals practice one modality, e.g. Aromatherapy, Shiatsu, Yoga. A small number practice more than one modality
- Professional training of almost all CAM providers is in private schools
- Absence of recognised educational awards
- The education level for the various practices runs from 3rd level Diploma level to masters equivalent and actual Masters Degrees (e.g. herbalism)

CAM Professionals Profile 2

- There is no positive legal right to practice CAM across Europe because, in general, neither the practices nor the professionals are officially recognised even if many practices are widely used and well known.
- In general across Europe, with a small number of exceptions, CAM professionals are not formally recognised as service providers or professionals. They do not have a general legal right to work. Nevertheless, excluding MDs who practice a small number of CAM modalities, there are an estimated 360,000 providers of CAM services in Europe. (EFCAM figures 2012).
- The professional and legal landscape for CAM professionals in Europe has changed dramatically since the Belgian Royal Decree of 12 May 2014 year banned the practice of Homeopathy by Classical Homeopaths (not MDs) of long standing there. (Raad Van State Afdeling Bestuursrechtspraak VIlde Kammer Arrest Nr. 232.673 van 22 Oktober 2015 In de zaak A.213.067/VII-39.165)
- This is the first time in Europe that the working rights of CAM professionals have been taken away. The precedent set puts the right to work of all European CAM professionals at risk. The protection of EU Treaty rights, freedom of establishment and internal market rights, is now urgently needed.

Estimation of value of CAM Professionals service activity

Estimated total number of CAM providers:

500,000 x 10 clients/week x 46 weeks/year @
€35 /visit =

8,050,000,000 = €8.05 billion

287 million/MS (NUMERICAL NOT ACTUAL)

But *the actual figure* is unknown. These estimates are for client fees only and do not include sale of CAM medicines, supplements or any other products by professionals, nor the value of the *manufacture* and sale of medicines and products.

CAM the Political Context 1

- Within the EU There are 28 different systems of regulation, including none, of CAM professionals. There is no consistency of rationale or approach and no official regulation system is based on an actual understanding of what CAM is and can offer. (<https://fedora.phaidra.univie.ac.at/fedora/get/o:291585/bdef:Content/get> Cambrella funded by the 7th Framework Programme of the European Commission FP7-HEALTH-2009-3.1-3, Coordination and support action, Grant-Agreement No. 241951, Jan 1, 2010 – Dec 31, 2012).
- CAM practice therefore, may be not legal and not available, dismissed, unrecognised, a curiosity. Mostly, it is not legal but tolerated.
- In general, regulation of CAM is either ineffectively light or inappropriately heavy - Switzerland is an exception where the legal profession of Complementary Therapist has been established.
- CAM is sought after by up to 86% of the population in individual Member States, with an average figure of 30% (<https://fedora.phaidra.univie.ac.at/fedora/get/o:292161/bdef:Content/get>). However, because it is available almost exclusively in private practice it is accessible to AB socio economic groups only.

Some effects of having 28 different systems of regulation (including non-regulation) of CAM in Europe

- restricted and unequal access to CAM by citizens, no cross border access
- no positive right to work, no cross border rights for professionals or businesses
- long standing professionals recently banned from practicing
- no coordination on CAM professionals regulation between member states
- no European level recognition of professional training or of training standards
- Professional Qualifications Directive not applied to CAM professionals
- no reliable system of public or health system information
- no enterprise supports available
- anti-competition
- grey economy activity
- no research funding

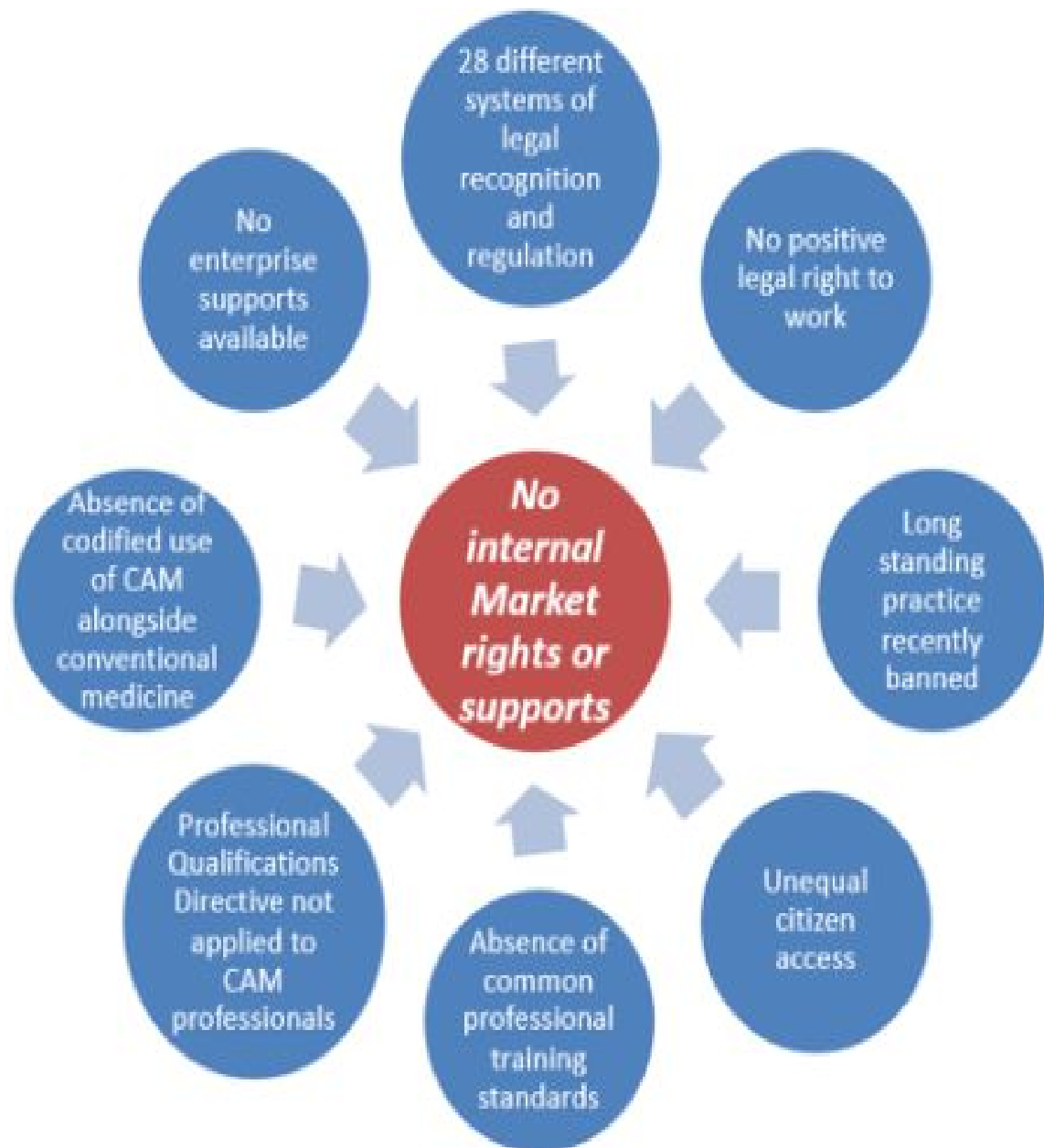
In the absence of positive legal regulation and internal market rights there is:

- Reduced professional development, repressed business dynamic, stunted investment, tiny research funding, pressure on professional confidence
- Significant enforced part-time work, activity in the grey economy, less value for users, less sales of CAM medicines and products
- CAM is available to the relatively well off, to those whose health in general is already in the better segment of Society
- There is no equality of access, it is available almost exclusively privately to those who can pay

These combined = No internal market rights or supports for CAM professionals or for the availability of CAM services.

Meanwhile, the WHO Traditional Medicine Strategy 2014-2023 states that Member States should develop policies, regulations and guidelines that address those forms of T&CM (traditional and complementary medicine) which meet the health needs and choices of their people, also resolves that individual states within culturally similar regions should consider harmonising their complementary and alternative laws and regulations in order to safeguard against over or under regulating at the national level where there is no reason to do so.

Illustration of absence of internal market rights



EU Policy and action on the Single Market

The current Commission has made increasing jobs, growth and investment a major priority and developing the single market is a key part of that.

The Commission has stated that professionals and business must have the assurance that the single market is protecting and empowering them and that employment rights are not undercut.

With regard to services, the Commission recognises that one set of EU regulatory rules functions better for providers and consumers than 28 different national rules. The Commission also recognises in relation to services that many of these regulations are now disproportionate and create unnecessary regulatory obstacles to the mobility of professionals.

The need for modernisation of the Single Market is identified with the purpose of improving how the markets for products and services work, to creating opportunities for consumers, professionals and businesses and to guarantee appropriate protection for people.

The Commission is committed to providing guidance on specific actions to improve access to, and the exercise of, regulated professions at national level and across the EU. This could inform an approach to the creation of a common basis for the availability of CAM practices and professionals.

The Commission intends to set out an analytical framework for Member States to use when reviewing existing professional regulations or proposing new ones. With regard to this Member States will need to demonstrate that public interest objectives cannot be achieved through means other than limiting access to, or conduct in, the professional activities in question. This also could inform a common approach to the CAM professions.

How can the absence of Single Market rights in CAM be addressed?

1. Recognition by the Commission that internal market rights and supports are applicable to CAM professionals.
2. EU initiative to create a common Member State approach to apply work and internal market rights to CAM professionals.
3. Concurrent policy initiatives across a number of DGs to address:
 - Access by citizens including accurate public information
 - Appropriate recognition of CAM professionals as legitimate service providers
 - Appropriate regulation of CAM professionals on the basis of appropriate training
 - Application of the Professional Qualifications Directive to CAM professionals based on the appropriate professional qualifications for each of the CAM practices.
 - Provision of research funding.

EFCAM: comprises European Federations of specific CAM therapies and national umbrella associations of professionally trained and organised CAM practitioners of Acupuncture, herbal medicine, naturopathy, osteopathy, kinesiology, reflexology, shiatsu, yoga, etc. www.efcam.eu

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