



WestminsterResearch

<http://www.wmin.ac.uk/westminsterresearch>

Complementary therapies education for the 21st century.

Brian Isbell

School of Integrated Health

This is an author-formatted, electronic version of an article published in the World Review of Science, Technology and Sustainable Development, 5 (2). pp. 177-188, 2008. The definitive version is available at:

<http://inderscience.metapress.com/openurl.asp?genre=article&issn=1741-2242&volume=5&issue=2&spage=177>

The WestminsterResearch online digital archive at the University of Westminster aims to make the research output of the University available to a wider audience. Copyright and Moral Rights remain with the authors and/or copyright owners. Users are permitted to download and/or print one copy for non-commercial private study or research. Further distribution and any use of material from within this archive for profit-making enterprises or for commercial gain is strictly forbidden.

Whilst further distribution of specific materials from within this archive is forbidden, you may freely distribute the URL of the University of Westminster Eprints (<http://www.wmin.ac.uk/westminsterresearch>).

In case of abuse or copyright appearing without permission e-mail wattsn@wmin.ac.uk.

Complementary Therapies Education for the 21st Century

By Dr Brian Isbell

Head of the Department of Complementary Therapies,
School of Integrated Health, University of Westminster,
115 New Cavendish Street, London W1W 6UW, UK

Tel: +44(0) 20 79115036

Fax: +44(0) 20 7911 5028

Email: isbellb@westminster.ac.uk

Complementary Therapies Education for the 21st Century

Abstract

Over the past ten years, an innovative portfolio of over 30 courses in complementary therapies has been developed in the School of Integrated Health at the University of Westminster, London, UK. The degrees were the first of their kind and the portfolio continues to grow so that currently it now provides the widest selection of courses in complementary therapies in Europe.

This paper explores the history and context of this comprehensive, higher education portfolio of courses in which students participate in multidisciplinary groups for many learning activities. The nature of the shared innovative health sciences, practitioner development and research themes of the courses are described and how their organisation contributes to the consolidation of a collaborative approach to practice. The role of the unique Polyclinic in preparing students to work in the integrated inter-professional healthcare provision of the 21st Century is discussed.

Key words:

Complementary therapies education, integrated healthcare, complementary therapies clinic, reflective practice, practice-based learning, practitioner development skills, collaborative practice, inter-professional learning, multidisciplinary education, complementary and alternative medicine.

The Origins

The provision of the University of Westminster, London, UK grew out of collaboration not only within the institution but also with well established private colleges providing complementary therapies courses. The complementary therapies provision was developed within the Centre for Community Care and Primary Health (CCCPH) of the University. From the expansion of the Centre, arising out of the rapid growth of the complementary therapies courses, the School of Integrated Health was formed. Several staff of the CCCPH were practitioners who worked within the Marylebone Health Centre (MHC). The MHC was formed in 1987 by the combination of two National Health Service (NHS) practices that moved into the Crypt of St Marylebone Church, London. The objective for this NHS funded practice was to explore and evaluate new ways in which primary and community health care could be delivered. The approaches used included a holistic component comprising an educational self-help model as well as referral to complementary therapists working within the practice (Pietroni and Pietroni, 1996).

At the same time as the formation of the MHC, staff within the University of Westminster were developing multidisciplinary degree courses in Biomedical Sciences. These courses shared a common core of sciences and professional skills. Students training to become biomedical scientists participated in shared learning activities, enabling them to develop the skills of collaborative practice

necessary in their rapidly changing profession within the NHS. The majority of the courses included workplace learning, so that skills could be consolidated within the hospitals and private clinics where students were employed. The value of this workplace learning was evident from the quality of the graduates, and the positive feedback from their managers. Some of the staff within the School of Biosciences, where these courses were developed, were also practising or training to be complementary therapists. The staff recognised that undergraduate courses in these therapies, that would provide learning activities where students share a common core and developed their professional skills together, would make a valuable contribution to the provision of complementary therapists, able to work in multidisciplinary practice with other health care providers, both within the NHS and private practice. On the transfer of staff committed to the development of inter-professional complementary therapies education and collaborative practice, from the School of Biosciences to CCCPH, the portfolio began to evolve rapidly. To develop the highest quality courses it was evident that sources of practising complementary therapists with experience of practice-based learning would be needed. In 1994 two providers with proven track records for quality and a desire to collaborate on developing degree courses were identified. Over the period of the next two years staff of CCCPH and the School of Biosciences of the University, as well as the two private colleges collaborated to develop the first three courses of the BSc Scheme. In 1996 the degrees in homeopathy, acupuncture and complementary therapies were validated and became the first named BSc courses of their kind in the UK.

A BSc Scheme of six degrees in complementary therapies was developed by similar collaborative ventures over the period from 1996-1999 (Isbell, 2001).

The Context

The implementation of a more integrated approach to provision of Complementary Therapies (CT) within the healthcare system of the UK has progressed steadily since the publication of the Foundation for Integrated Medicine's (1997) discussion document. In the House of Lords Select Committee on Science and Technology Report (House of Lords, 2000) attention was drawn to the need for high quality education and training especially to enable complementary therapists to be instilled with the principles and practice of collaborative working. Such therapists should be able to work collaboratively with other complementary therapists as well as other healthcare practitioners, not only within private practice, but also within the NHS.

The courses of the BSc complementary therapies Scheme developed within the School of Integrated Health at the University of Westminster have been described previously (Isbell 2001, Isbell 2003 and Isbell et al, 2003). The provision currently includes seven degrees (acupuncture, herbal medicine, homeopathy, naturopathy, nutritional therapy, therapeutic bodywork and the eclectic, complementary therapies course). In 2006, a one year Foundation Certificate was validated to provide applicants, who did not possess the necessary qualifications in sciences, with the knowledge and skills required. The

BSc courses normally recruit mature students frequently wishing to make career changes and many have nursing, midwifery or caring experience. The degrees are offered in both a full and part-time modes so they can fit around the caring, family and employment commitments of the students. It is evident that the availability of part-time degree courses is meeting the needs of students who wish to maintain their caring or employment responsibilities, while they retrain in the therapy of their planned new career. As all the courses are modular in nature, practitioners and other healthcare professionals including nurses, midwives, physiotherapists, osteopaths and doctors, complete modules as part of their continuing professional development requirements. The presence of these practitioners and other healthcare professionals further adds to the inter-professional, collaborative learning environment of classes. Apart from the value of the shared learning environment being an opportunity to gain experience of multidisciplinary working, the cost effectiveness of the common core modules ensures that resources maybe made available where a higher staff to student ratio is needed for practitioner and practical skills development as well as for clinical teaching.

The current portfolio of over 30 courses (see Box 1) has approximately 400 full time and 200 part-time students. The UK Quality Assurance Agency's assessment score of 23 out of 24 for the School's courses confirmed the quality of provision. The courses are continually evaluated and quality assured through the input of a panel of seven external examiners who as nationally recognised

experts, provide feedback and guidance on the provision. In addition, during the periodic review of the courses, national experts are involved, further contributing to the ongoing quality assurance. The professional bodies accredit the courses and require annual monitoring which further contributes to the evaluation and development of the courses. In 1996 the courses were the first of their kind within the UK. Now over 40 other universities are providing almost 100 degree courses in complementary therapies (Isbell, 2004). Despite this dramatic increase in competition, the School's provision continues to recruit to target. Each year significant numbers of nurses and midwives enrol on the courses in many cases with the support of their employers to gain the skills and attributes necessary to contribute to the establishment of integrated healthcare within the NHS.

Criteria for Collaborative Practice in CT

The House of Lords (2000) Select Committee report identified the necessity for CT courses to include an in-depth coverage of the orthodox medical model. In fact, the Foundation for Integrated Medicine's (1997) discussion document proposed that orthodox and complementary therapists courses should possess common elements in the curriculum. There is a need to be fully conversant with the orthodox medical model, even if the complementary therapy's diagnostic model is very different to biomedicine e.g. Traditional Chinese Medicine and Ayurveda. Such familiarisation with health sciences ensures that graduates will be able to contribute to collaborative practice by being competent in working with,

referring to, and receiving referrals from other healthcare professionals. A sound knowledge of health sciences also ensures graduates are able to respond to the questions from their patients, many of whom have used resources such as the Internet to learn more about their condition and treatment.

The education and training provided in a degree would not be complete without the provision of high quality clinical experience in which students learn to apply their knowledge, understanding and practical skills to practice. The clinical experience requires careful monitoring to ensure the students gain the breadth of experience necessary to provide them with the confidence they need to be able to work in the NHS and private practice. An added strength to clinic provision is where the same tutors teach the course as well as supervise in the clinic; this facilitates integration between the education and clinical training and leads to continuity of the learning experience for the students.

The lack of adequate training in research is a frequent criticism directed at complementary therapists. There are several texts that have provided a review of the research in complementary therapies, for example Ernst and Hahn (1998) for homeopathy and Ernst and White (1999) for acupuncture. More recently, the National Library for Health, Complementary and Alternative Medicine Specialist Library (<http://www.library.nhs.uk/cam/>) has been established to provide access to the best available evidence of the effectiveness of specific therapies. The project evaluates the value of the complementary therapies for the current health

priorities of the UK National Health Service. The library is run by a consortium comprising of the School of Integrated Health at the University of Westminster, the Royal London Homeopathic Hospital and the Research Council for Complementary Medicine. The library is helping to provide the necessary evidence identified by the House of Lords (2000) Select Committee report so that healthcare professionals, researchers and patients/the general public have access to information on the effectiveness of therapies.

To ensure that graduates of the BSc Scheme develop the necessary research skills during their course, they have to complete a module that introduces them to a wide range of qualitative and quantitative techniques. They then have to demonstrate the application of these skills by completing a research project. Through these aspects of the course their interest in investigating the efficacy or possible mechanisms of therapies is stimulated. These projects have already given rise to publications to stimulating debate about collaborative practice (Norton and Isbell, 2004) and the need for further research (Isbell et al. 2006) as well as have contributed to research literature on specific therapies (Norton and Isbell, 2006 and Neira et al. 2006). Courses that include such skills development will provide the research minded therapists needed for the future development of not only their practice and profession but also collaborative research projects within both the NHS and private practice.

It is clear from the House of Lords (2000) Select Committee report that courses for complementary therapists should be accredited. In fact for most universities the accreditation of a degree by an independent professional body is seen as a vital component of quality assurance. The accreditation process is looked upon as not just a matter of approving the course but the beginning of a collaboration to ensure the provision evolves to meet the developing needs of the profession. It is crucial that the education of complementary therapists includes consideration of legal and ethical aspects. Diamond (1998) gives an insight into the complexity of the situation within the UK. The ethical and legal aspects of good practice are integrated throughout the course to prepare students for the practical and clinical work during the programme and subsequently their career.

The Health Sciences Theme

For graduates to be able to work in a multidisciplinary healthcare system, courses must include a comprehensive health sciences component. The positive feedback received from past graduates of the School of Integrated Health, clearly indicates the importance attached to the health sciences theme, although during their studies they had sometimes questioned this emphasis. Feedback was particularly positive from graduates whose therapy required a very different model of diagnosis to biomedicine e.g. Traditional Chinese Medicine (TCM). The importance of including a health sciences theme has been confirmed by developments in the provision of CAM as a whole. In the British Medical Association (2000) report on courses in acupuncture it was considered that. 'All

acupuncture courses should have a core curriculum, with components including ... orthodox medical diagnosis, ethics... human anatomy and physiology. The shared health sciences component of the courses enable the students to communicate in the widely used language of medicine that is used by both other healthcare professionals and increasingly well informed users. Initially the topics of biochemistry, anatomy and physiology are explored. At the next level the physiology of integrated systems in health is studied, followed by pathology. The theme is completed, at the final level, by exploring the symptomology of illnesses, through differential diagnosis and 'red flags'. The knowledge and skills students acquire is applied and reinforced within their clinical practice.

Practitioner Development Skills

The practitioner development theme of the courses was developed by a team of complementary therapists, in collaboration with colleagues who were educationalists, several of whom had experience of working in the NHS most often as nurses. The complementary therapists were very aware of the needs of both practitioners and patients, and for practitioner's to have support when in practice. The learning environment therefore mirrors the practice environment. In addition, students learn to work in a way that instils within them the confidence to practise safely and effectively in one-to-one relationships with their clients.

The practitioner development theme aims to ensure students are able to evaluate their own skills through reflection then identify and address their learning needs.

The intention is to establish the habit of reflection during the courses to ensure it is carried through into practice. To facilitate this, reflection is integrated into other aspects of the curriculum and reflective self-appraisal is required in practical and clinical assessments. The foundation for this is provided in the first year through a personal development portfolio. Although the portfolio is not currently assessed, it is presented as a self-management tool that offers frameworks for self-appraisal and career management using a continuing professional development (CPD) model. The frameworks are based on the critical reflection and learning models described by Anderson et al (1996) and Knowles (1975). Students are required to use these frameworks in assessments at planned stages throughout the courses. The assignments in the students' portfolio are a resource for them to draw on and as a starting point for their continuing professional development. In addition, the majority of clinic tutors participate in supervision based on the same model as that for the students. This ensures that staff are fully aware of the nature of the students' developing skills, so that these can be further strengthened in clinic work.

The model of reflection used in the courses was derived from the work of Boud et al (1985), Johns and Freshwater (1998) and Brookfield (1987). The model uses an experiential teaching format where classes are used for activities, games, role-play and discussion of scenarios rather than delivery of theory. By providing interaction opportunities, or critical incidents, students become aware of their own reactions and assumptions in different situations. Then, when they refer to

the literature they are able to bring relevant experiences to help them apply the theory to themselves and to use it not only to understand the situations but also to develop strategies for appropriate development.

To promote inter-professional skills within the Scheme the learning activities of the practitioner development, as with the health sciences and research themes are taught in student-groups drawn from between normally two or three students from each of the seven courses. This multidisciplinary learning environment enables a level of exchange within the class that could not be achieved in a uniprofessional group where students could only draw on observation and experience of the clinical practice of a single therapy. In addition, in the first year, students learn in a common core module, about one another's therapies and other complementary therapies, ensuring that at this early stage of the course, they develop an understanding of other paradigms. The mixed students groups of the practitioner development classes and interactive learning activities ensure that students learn about and from each other, countering any ignorance and modifying attitudes and negative stereotypes. In the final module of the practitioner development theme, the students share in their mixed groups, their 'critical incidents' in which they have experienced interactions with patients relating to patient practitioner skills rather than therapy specific aspects. The supportive environment of these small mixed groups combined with a common understanding of shared problems further strengthens the students' skills of collaborative practice.

The Practitioner Development theme also enables students to explore issues about spirituality that they have experienced both in their lives as well as from their clinical experience.

As part of the Scheme students complete a 'Starting Your Practice' module to consolidate not only their career management skills but also business acumen. In particular, within this module students learn about clinical governance standards to prepare them for possible future employment within or for the NHS. Whether it is setting up a practice within a multidisciplinary complementary therapies clinic or the NHS, or a combination of both, or other employment, the module offered provides the students with the opportunity to write a professional quality business plan for future use. There is also an option to this assessment of writing a career plan that suits students who want to carefully manage the transition from their studies to employment as a practitioner.

The value of these course components is evident from the progression statistics that indicate graduates of the BSc Scheme enjoy one of the highest employability rates of graduates across the University.

Instilling Research Mindedness

The development of research skills is achieved by integrating these skills within all levels. In addition, these skills have to be clearly demonstrated within Honours degrees by the completion of final year research project.

Students require knowledge that ranges from the critical understanding of the randomised controlled trial, surveys and questionnaires suitable for gauging public knowledge, to the people orientated social science approach based upon the lived experience. The discussion of these competing epistemologies includes the need to instil the skill as professionals to hold and value several models simultaneously to ensure the correct method is used to answer the required question. The skills gained in such a broad study ensure graduates are able to participate in research projects both in the NHS, multidisciplinary clinics and within their own private practices.

To lay the foundations of their confidence to contribute to their profession a criterion-based audit and the writing of an article for publication are used as assessments. Both the core and therapy specific components of the courses reinforce the students research skills so they become accustomed to these skills being essential for competent healthcare practice. The development of research skills early on in the course helps the students to explore the links between research and their own discipline.

Staff who have undertaken a particular methodology within their own research studies are able to share this with students. In addition, staff share their expertise as project supervisors, receive training in supervision or act as mentors for newer staff, thus creating a continuous process of staff development and strengthening the inter-professional, collaborative dimensions amongst the staff of the School.

This is exemplified in the project moderation process where staff 'blind' double mark projects from different disciplines thus facilitating methodological discussions between professions as well as ensuring parity of marking across the Scheme.

The innovative MSc in Advanced Professional Practice has been developed for practitioners who wish to specialise in the therapy of their practice. Within the MSc or the postgraduate short course modules, students can plan their continuing professional development and shape the course to pursue their individual needs with respect to therapeutic skills and to maximise learning from their practise. The School's Graduate Centre has an increasing number of practitioners pursuing MPhil and PhD research and receives a steady stream of applications. Over the past five years the School has attracted in the order of £ 1.5 million in research grants, from medical charities, the Department of Health and the Higher Education Funding Council. Staff of the School also made a major contribution to the successful bid for £4.5 million to establish a Centre of Excellence in Teaching and Learning (Box 2) that is helping to maximise the quality of learning from clinical practice. Another recent initiative within the School has been the establishment of a unit for Integrative Complementary and Alternative Medicine (iCAM). The aim is to facilitate the integration of CAM into the NHS by mapping provision within the Health Service, assessing clinical standards and providing courses in the governance of CAM within primary care health services. The iCAM unit is also developing a knowledge transfer system

to disseminate information to students, graduates and practitioners across the UK.

The Importance of Professional Bodies

The professional bodies of each therapy are an invaluable resource in the ongoing evaluation, quality assurance and development of the course provision. Professional bodies are a catalyst to ensure courses meet the current and continuing professional development needs of practitioners. The input of each of the professional bodies provides a resource that from sharing of good practice across the multidisciplinary scheme accelerates the development of the whole portfolio of courses.

The International Dimension

Initially the majority of international applicants came from the European Economic Community (EEC). More recently the catchment of the courses has widened to include North America, South Africa, Australia and Japan. In addition, the origin of many of the international students has closely reflected the rapid expansion of the EEC. Bearing in mind the widely differing educational systems in some of these countries, the progression and needs of these students are being closely monitored to ensure any particular needs are quickly identified and provided. The steady development of a more international profile of students enrolled on the courses has provided enrichment for all, particularly in the small group and clinical work of the provision.

As the reputation of the School and its provision has grown, the number of approaches for advice on setting up education, training and research in complementary therapies has increased. Delegations from Australia, North and South America, China, the Middle East, Africa and Europe have visited, and in several instances worked and carried out research. A number of staff have taken part in international exchange programmes and it is hoped that this aspect of staff development and opportunity to share good practice will grow. Through the development of such links students may in future be able to complete part of their course in another country giving an international dimension to their knowledge and skills and of collaborative practice.

International Dissemination

The staff of the School are eager to share their experience and expertise in developing complementary therapies course provision. Such initiatives have already begun with a number of educational institutions in Europe. However, to ensure the success of any such development it is vital that the required staff expertise and physical resources are available in the country concerned. Not only is it necessary to be able to identify local expertise in the teaching and clinical provision of the therapy at the required level but also a higher education establishment prepared to work on developing the course provision. To ensure all aspects of the model of the courses of the School of Integrated Health can be provided locally it is necessary to also identify expertise to provide the health

sciences, reflective practitioner development and research themes. In the UK, the health sciences may be found in universities providing courses in nursing or biomedical sciences while the reflective practitioner development expertise would be most frequently from nursing providers. The clinical researchers in medical or nursing schools would be ideal resources for the research theme. The development of the clinical tutors of the teaching clinic would benefit from the expertise available in a nursing or medical school. Although guidance would be available from the School of Integrated Health, it is essential that not only is each aspect of the expertise available but there is a genuine commitment from all to work collaboratively and with any emerging professional bodies, to develop the best possible course to meet local needs.

Practice-based Learning

The majority of the clinical training for the courses of the BSc Scheme is carried out within the University's innovative Polyclinic, which is a multidisciplinary clinic that currently offers a wide range of complementary therapies (Box 3). Within the clinic, students actively participate in developing observation and practical skills, under the close supervision of experienced practitioners. With such a diverse range of clinics available, students are encouraged to take advantage of observing other therapies, learning about other paradigms and joining in the case discussion, further facilitating the development of the knowledge and skills of collaborative working. Highly experienced practitioners also work within the clinic to ensure students have the opportunity to observe models of good practice that

they can learn from and aim to aspire to. From time to time medical practitioners and other healthcare practitioners work with students and clinic tutors, providing additional opportunities to experience collaborative practice in a clinical environment. The shared staff development programme for clinic tutors also encourages them to learn from and about each other. This increased understanding facilitates the referral of patients from one therapy to another as appropriate. Currently co-working with patients is rare within the Polyclinic, but as staff and students become more familiar with other therapies it is expected, this will become more established practice.

The staff are normally employed for two or three days a week within the Polyclinic while the remainder of the week is committed to working within NHS settings in multidisciplinary or private practices. The students therefore are supervised by tutors currently in practice who are used to working in collaborative environments and therefore are able to enrich the learning environment with reference to recent experiences, can draw on up to date clinical skills, as well as are able to facilitate practice-based inter-professional learning.

Consolidating Collaborative Practice

The multidisciplinary nature of the BSc Scheme ensures students gain the experience of sharing the learning activities with those studying other therapies. The presence of nurses, midwives and doctors on the courses as well as visiting healthcare practitioners within the clinic, enables students to experience studying with and working alongside other professionals. To ensure that students are well

prepared for working in a variety of healthcare environments in which inter-professional practice is established, there are opportunities to observe and in some cases practice in health centres, hospitals and general practice. These placements (Box 4) enable students to gain insight into other caseload and organisational structures and to meet colleagues working in other health care sectors and agencies. Medical students and their tutors have visited the Polyclinic to gain insight into the nature of provision. In addition, staff of the Scheme have been invited to medical schools to contribute to seminars on the nature of complementary therapies and their contribution to integrated healthcare. Doctors who have visited the Polyclinic have contributed to teaching sessions. Workshops have been organised in which students of the School of Integrated Health have joined medical students to work together to evaluate patient case studies. These activities have made a considerable impact in developing mutual respect between practitioners and a greater commitment to a more integrated approach to healthcare. In addition, doctors and complementary therapists have presented cases in seminars consisting of students of the School and medical schools, giving further opportunities to learn from and about each other. The nurses, midwives and doctors on the courses, the nature of the multidisciplinary interactive learning environment, the clinical activities, the external placements and shared learning experiences with other health professionals help to instil within the students the skills necessary for collaborative practice.

By building on the progress of the past decade, through sharing of best practice across the courses, the team of external examiners and the professional bodies that accredit the courses, we will be able to prepare practitioners for the challenges of working in the healthcare system of the 21st Century.

Acknowledgements

I am indebted to past and present staff and students of the School of Integrated Health, School of Biosciences and the private colleges who have collaborated to contribute so much to the evolution of the complementary therapies Scheme.

References

- Anderson G, Boud D and Sampson J. (1996). *Learning contracts*. London, England: Kogan Page.
- Boud D, Keogh R and Walker D. (1985). *Critical reflection: turning experience into learning*. London, England: Kogan Page.
- British Medical Association. (2000). *Acupuncture: efficacy, safety and practice*. London, England: Harwood Academic Publishers.
- Brookfield S. (1987). *Developing critical thinkers*. Buckingham, England: Open University Press.
- Diamond B. (1998). *The legal aspects of complementary therapy practice*. London, England: Churchill Livingstone.
- Ernst E and Hahn EG. (1998) *Homeopathy a critical appraisal*. Oxford, England: Butterworth-Heinemann.
- Ernst E and White A. (1999) *Acupuncture a scientific appraisal*. Oxford, England: Butterworth-Heinemann.
- Foundation for Integrated Medicine. (1997). *Integrated healthcare - a way forward for the next five years*. London, England: The Foundation for Integrated Medicine.
- House of Lords (2000). *Sixth Report of the House of Lords Select Committee on Science and Technology*. HL123. London, England: Stationery Office.
- Isbell B. (2001). Complementary therapies courses for the 21st century. *Complementary Ther Nursing Midwifery* 7: 90-4.

- Isbell B. (2003). Clinical training in complementary therapies for the 21st century. *Complementary Ther Nursing Midwifery* **9**: 83-9.
- Isbell B, Coldham S, Elliott R and Shaw S. (2003). Working towards integrated healthcare: developing complementary therapies at the University of Westminster. *Complement Ther Nursing Midwifery* **9**: 114-117.
- Isbell B. (2004). Finding the right complementary therapies course. *Complementary Ther Nursing Midwifery* **10**: 92-96.
- Isbell B, Neira S C and Elliott R. (2006). Craniosacral Therapy Research. *The Fulcrum* **37**: 6-7.
- Johns C and Freshwater D. (1998). *Transforming nursing through reflective practice*. Oxford, England: Blackwell Science.
- Knowles M. (1975). *Self directed learning*. New Jersey, USA: Cambridge Adult Education.
- Neira, S.D. Elliott R. and Isbell. (2006) Can craniosacral treatment Improve the general wellbeing of patients? *Fulcrum* **38**: 6-9
- Norton D and Isbell B. (2004) An explorative study of the combined use of homeopathy and craniosacral therapy and the therapeutic potential of integration. *The Fulcrum* **34**: 8-10.
- Norton D. and Isbell B. (2006) Combining Homeopathy and Craniosacral Therapy - the practitioners' perspective, *Homeopathy in Practice*. **38**: 6-9
- Pietroni P, Pietroni C. (1996). *Innovation in community care and primary health the Marylebone experiment*. London, England: Churchill Livingstone.

Box 1.

**Current Course Provision in the University of Westminster's
Complementary Therapies Scheme**

The degrees of the BSc (Hons) Scheme available both as full and part time:

Health Sciences: Complementary Therapies

Health Sciences: Herbal Medicine

Health Sciences: Homeopathy

Health Sciences: Therapeutic Bodywork

Health Sciences; Naturopathy

Health Sciences: Nutritional Therapy

Traditional Chinese Medicine: Acupuncture

Graduate Diplomas in Herbal Medicine, Homeopathy, Nutritional Therapy, Therapeutic Bodywork and Acupuncture (available only to Graduates of the BSc Scheme).

Diploma in Qigong Tuina

MSc Chinese Herbal Medicine

MSc in Advanced Professional Practice with specialisation available in:

Acupuncture, Complementary Therapies, Herbal Medicine, Homeopathy, Naturopathy, Nutritional Therapy, Supervision, Stress Management, Therapeutic Bodywork.

Foundation Certificate in Health Sciences for Complementary Medicine.

Diploma in Health Sciences for Complementary Therapies.

A comprehensive portfolio of undergraduate and postgraduate short courses

Box 2

The Centre of Excellence in Professional Learning in the Workplace (CEPLW)

‘The success of the funding application for the establishment of the Centre of Excellence was based significantly on the School of Integrated Health’s Polyclinic and particularly on the way the School has developed the relationship between its courses and the Polyclinic. The clinic is seen as a unit for professional development rather than simply for clinical training. The aims of the Centre are to develop and research professional workplace learning and so develop our understanding of the clinic as a workplace, where the work both healthcare and educational – and that applies to both students and staff – will be equally relevant. We need to research and develop different ways of delivering complementary therapies, different collaborations with other healthcare providers, and different ways of working within and across complementary therapies. In collaboration with the Centre for Excellence, the School and the clinic have a unique opportunity to develop complementary healthcare practice in the UK, and maybe even to influence how workplace training and education is configured in orthodox medicine.’

Sibyl Coldham, Director of CEPLW

Box 3

The therapies available within the multidisciplinary teaching clinic of the University of Westminster

Acupuncture

Aromatherapy

Chinese herbal medicine

Craniosacral therapy

Healing

Homeopathy

Massage

Naturopathy

Nutritional Therapy

Osteopathy

Qigong Tuina

Reflexology

Therapeutic bodywork

Western herbal medicine

Box 4

Student Placements

‘With the increasing trend towards integrating complementary therapies into public and voluntary sectors, the School is expanding its placements for undergraduate students.

Opportunities to participate in the placements programme are now included in all our BSc courses, allowing students to observe complementary therapy practitioners at work, for example in NHS primary care, in herbal medicine dermatology out-patient clinics, a psychiatric out-patients department and a private nutritional therapy clinic. Developing these placements has built bridges into the mainstream where some students have since found employment and where some staff members hold NHS posts.

The placement programme illustrates our commitment to appropriate integration of CAM into mainstream healthcare; a commitment founded on strong links with public, voluntary sector organisations and on our reputation for collaborative work in the mainstream.’

Professor David Peters, Clinical Director

Biographical notes:

Brian Isbell is the Head of the Department of Complementary Therapies, within the School of Integrated Health, at the University of Westminster, London, UK. Brian was the principal facilitator in the formation of the unique BSc Honours degree Scheme in 1996. In addition to being a complementary therapist, Brian's experience of teaching in medical schools as well as managing a campus specialising in courses for biomedical sciences was excellent preparation for the challenges of developing the largest Scheme of degrees in complementary medicine in Europe. As well as practising and researching in osteopathy, naturopathy and craniosacral therapy in the University's innovative Polyclinic, Brian also teaches health sciences and complementary therapies.