

# **Ten Years of Successful International Cooperation and Exchange between Middlesex University in London and Beijing University of Chinese Medicine.**

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## **Abstract.**

In September 1996 students enrolled onto the first undergraduate degree programme in Traditional Chinese Medicine to be validated at degree level in the UK and Europe. The vision for establishing this innovative degree arose through cooperation between Middlesex University in London (MU) and Beijing University of Chinese Medicine (BUCM) and these two Universities continue to work together to provide a high quality education and training.

The challenges faced at that time in bringing professional training in Chinese Medicine into the higher education sector in the UK was significant and it was through the international collaboration between the two Universities that any hurdles were overcome. The knowledge and experience of BUCM in delivering Chinese Medicine education coupled with the MU experience of delivering other Complementary and Alternative Medicine programmes in the UK enabled an appropriate curriculum to be developed. This curriculum reflected the practice of Chinese Medicine as an integrated whole and challenged the more usual position in the UK within private colleges who were offering training programmes in acupuncture only. Cooperation with BUCM also provided the opportunity for students to supplement their more limited clinical training opportunities in private clinics in the UK with placements in hospital settings in Beijing. Secondment of experienced teaching staff from BUCM to MU has also done much to contribute to the success of the programme.

The international cooperation between MU and BUCM has resulted in a successful and thriving degree programme, and one that remains unique in the UK. For those promoting Chinese Medicine in higher education and the benefits of an integrative approach to healthcare in the UK, this represented a significant step forward. Graduates are well qualified and competent practitioners of Chinese Medicine, able to act as ambassadors for their profession in the UK and in a world wide arena. 2007 will see the validation of a Master's degree in Chinese Medicine, again a collaborative venture between Middlesex University in London and Beijing University of Chinese Medicine.

## **Introduction.**

In September 1996, 24 students enrolled onto a new undergraduate degree programme in Traditional Chinese Medicine in London. These students were pioneers, entering the first professional training programme in Chinese Medicine to be validated at degree level in the UK, and indeed in Europe. At that time it caused quite a stir and met with some opposition, but for those promoting Chinese Medicine in higher education and the benefits of an integrative approach to healthcare in the UK, this represented a significant step forward. The establishment of this innovative degree was made possible through the successful cooperation of two Universities, Middlesex University and Beijing University of Chinese Medicine.

Over the past ten years, more than 200 students have enrolled on the programme to graduate with joint qualifications from BUCM and from MU; as well qualified and competent practitioners of Chinese Medicine, able to act as ambassadors for their profession in the UK and in a world wide arena.

This paper identifies some of the challenges faced ten years ago in establishing high quality TCM education in the UK; the benefits of international cooperation in overcoming these challenges; and the current situation ten years on. The student experience will also be highlighted, both with respect to the benefits accrued from being placed in hospitals affiliated to BUCM and the benefits of having a joint award from MU and BUCM.

## **The Challenges of Establishing TCM Education in the UK Ten Years Ago.**

### ***The Position of TCM in the UK Healthcare System.***

The main challenges facing the establishment of TCM education in a public sector University in London stemmed largely from public and governmental perceptions about the practice of TCM in the UK. In virtually all countries in South-East Asia, including China, acupuncture and TCM are well-integrated into the health care system through culture and long history. In the UK, the predominant medical modality is centred on western medicine. TCM and acupuncture are not considered to be a part of mainstream medical care and therefore fall under the label of complementary or alternative medicine (House of Lords, 2000). Other terms sometimes used to describe them include 'natural medicine', 'non-conventional medicine' and 'holistic medicine'.

For those CAM disciplines falling outside of mainstream medical care there was little or no public sector support for training, regulation, research or practice. This is in contrast to the position of Western orthodox health care. As the predominant healthcare system in the UK, training, regulation, research and practice has been supported by the public sector since the inception of the National Health Service in 1948.

### ***Limitations in Clinical Training.***

Thus, ten years ago, the only training in the CAM disciplines, including TCM, was provided by the private sector. Those wishing to become practitioners normally had to finance their own training on courses that varied in duration, curriculum content and quality, resulting in a considerable diversity of standards. Some argued that this situation also resulted in a potential risk to the public from practitioners with inadequate or inappropriate training. Training of TCM practitioners was also restricted by the lack of clinical practice placements in the UK. TCM is primarily a clinical science and exposure to clinical cases of sufficient quantity and variety, under the supervision of well qualified clinical educators is essential to enable students to become competent practitioners, be it in the field of herbal medicine or acupuncture.

### ***Lack of Regulation***

Ten years ago, there were also no moves on the part of the government to engage in discussions about the regulation of the majority of the CAM professions, including TCM, herbal medicine and acupuncture. Professional bodies did exist to represent practitioners of TCM and acupuncture but were at varying stages of development and not always in agreement as to the direction in which to go regarding standards, regulation and training. A TCM curriculum acceptable to the major professional bodies and to higher education and one that could produce qualified and competent TCM practitioners for the UK situation was needed. If, as is widely recognised, the quality of practitioners is key to the development of TCM in a western cultural environment then the education and training needed to be right.

### ***Practice Limitations***

As with the training of practitioners, the practice of CAM was almost entirely confined to the private sector. The lack of public sector support or funding for health care systems such as TCM meant that members of the public wishing to seek treatment had to pay for it themselves. This was in contrast to the National Health Service which provided Western orthodox health care free of charge at the point of delivery.

### ***Patient Demand***

In spite of the lack of public sector support for CAM, there has been increasing commitment by patients to gaining access to non-conventional healthcare options over the last 2 decades. Surveys by Mintel show that retail sales of complementary medicine (herbals, homeopathic preparations and aromatherapy essential oils) increased dramatically from a total of £63m in 1994 to £93m in 1998 (House of Lords, 2000). A more recent survey showed that this trend continued into the new century, with expenditure reaching £147m in 2004 and a prediction that this figure will rise sharply over the next few years making the market worth almost £200m by 2008 (Mintel, 2005). Whilst much of the money is spent buying over the counter remedies, the same survey found that one in two Britons had visited an alternative health practitioner in 2003; this compares with an estimate of less than one in six in 1998 (Thomas et al, 2001).

### ***Resistance to Developments in CAM***

It would also be fair to say that the education and practice of TCM, as well as other CAM disciplines, was and is still met with resistance, not least from the more

conservative western medical colleagues. A report published in 2000 by a House of Lords select committee reported that “Witnesses suggested there is a non-pragmatic, deep-seated prejudice held by some members of the conventional scientific establishment against the entire CAM field and its philosophy.” However, the report also noted that “it is equally the case that [there is] evident hostility felt towards conventional medicine by some CAM practitioners” and that “Many such practitioners have in the past shunned the conventional scientific emphasis on rigorous testing and denied the need for research 'because I know it works', or because they believe testing procedures are biased and neglect to measure important aspects of the CAM encounter.” This kind of extreme attitude on both sides was seen to be inhibiting progress to better “communication between the practitioners of the two fields and moves towards integrated medicine.”

### **Collaboration between Middlesex University and BUCM.**

It was in this environment that the collaboration between BUCM and MU began. Both Universities considered that the time was right for the establishment of a degree in Traditional Chinese Medicine in the UK and that, by collaborating, the challenges of successfully providing high quality education and training could be met.

To summarise the main challenges faced in the development of an appropriate education and training for TCM practitioners in the UK, these were;

- A higher education establishment willing to pioneer such a degree programme in the UK in a cultural setting where TCM is seen as a complementary or alternative medical modality, outside of mainstream medical care and subject to resistance from Western orthodox medical practitioners.
- The development of an appropriate curriculum for the education and training of practitioners of TCM, guaranteed to give the public safe, competent practitioners with an understanding of the evidence base for their therapy along with an appreciation of the limitations of the treatments they can provide within the cultural setting in which they practice. This curriculum would need to gain respect from the UK academic establishment in order to be successfully validated; from the UK professional bodies for TCM and Acupuncture; and from a worldwide perspective, in particular China.
- Provision of sufficient clinical training opportunities for students.

Middlesex University was already recognised as a pioneer in bringing the education and training of CAM professionals into higher education in the UK. In 1994, the University had worked closely with the National Institute of Medical Herbalists to validate the first degree in the UK and Europe in Western Herbal Medicine. Thus, of the UK Universities, Middlesex had the foresight as well as the expertise to validate a degree in a TCM in an ambivalent UK higher education setting.

In terms of curriculum development, BUCM, one of the oldest and most prestigious Universities of TCM in China provided a perfect partner. As well as being able to advise on an appropriate curriculum based on their own model, partnership with BUCM offered the advantage of being able to step outside of the UK political arena. The UK professional bodies were not united in their views of an appropriate curriculum and the thrust in Chinese Medicine education was towards teaching acupuncture and Chinese herbal medicine as separate subjects. By partnering a

University in China, Middlesex could avoid aligning themselves with a particular position or body in the UK.

Co-operation with BUCM has also provided the opportunity to supplement the clinical training that could be provided in private clinics in the UK with placement in China. Students are placed on rotation around departments in hospitals affiliated to BUCM and can experience the full range of conditions and diseases that they might not otherwise see in the UK.

The two Universities agreed to establish a 5 year BSc (Hons) degree in Traditional Chinese Medicine, based largely on the curriculum in China and perhaps the most unique aspect of the collaboration, with graduates from the 5 year degree programme being awarded a joint BSc (Hons) degree from Middlesex University and Beijing University of Chinese Medicine. In developing this joint Programme, both BUCM and MU were aware that Western orthodox medicine is the predominant health care modality in the UK. Clear and well defined parameters were seen as essential, with the content of the Programme reflecting this and thus, setting the scope of practice for its emerging practitioners.

An integral part of the success of the link between the two Universities is the secondment of experienced staff from BUCM to MU. These staff members play an important part in ensuring currency in the curriculum and in strengthening the link between the programme delivered in the UK and the programme delivered in China. In addition they provide important support for students when they undertake the placement in Beijing.

### **The Benefits of International Collaboration from a Student Perspective.**

The benefits of international cooperation and collaboration between BUCM and MU have been significant from many perspectives, including that of the students. Graduates report that having a joint award from a UK and a Chinese University has helped in giving them confidence and developing their reputation when starting their own practice. To quote one graduate “The training and qualification I received from Middlesex and the fact that I also was able to train and gain a qualification from Beijing University of Chinese Medicine has helped a great deal in establishing my practice in the UK.”

Students also value the opportunity to supplement their clinical training in the UK with a placement with China. At Middlesex we have been carrying out evaluations of the student experience on placement in Beijing with the aim of maximising the experience and more fully preparing students. Placements overseas have inherent difficulties due to distance, levels of support available for the students and also the impact of cultural differences.

It is clear from student feedback that the benefits of being placed in busy TCM hospitals in Beijing is invaluable in terms of gaining clinical experience and outweigh any difficulties faced. To quote one student, they found it to be the “Experience of a life time! Seeing TCM practiced in mainstream hospitals alongside western medicine”. Another stated that they “found the placement to be a valuable and rewarding experience; it allowed me to see conditions that I am unlikely to see in the UK being treated effectively with TCM and in harmony with

orthodox medicines.” This quotes highlights one of the striking differences in experience in the UK and China, that of being part of a system which integrates the practice of TCM with that of Western Medicine, a situation in contrast to that in the UK.

Table 1 and 2 below lists the highlights of the experience and some of the difficulties faced as reported following evaluation by the student cohort graduating in the summer of 2005.

**Table 1: Learners perception of clinical placement in Beijing: Themes emerging as strengths/highlights of the experience.**

	<b>Strengths/ Highlights</b>
1.	Experience: the value of experiencing TCM as practiced in a hospital setting and the opportunity to gain hands-on acupuncture experience. Seeing rare and unusual cases/treatments and how treatments might vary amongst doctors.
2.	Academic learning: Extensive use of herbal formulary ‘forcing us’ (the students) to study this in detail. Good lectures from doctors. Learning ‘authentic’ TCM concepts and treatments. Confirmation of knowledge and the chance to implement and expand knowledge of diagnostics and herbal formulary. Putting previous learning into context
3.	Cultural experience of life in Beijing was exciting and positive.

**Table 2: Learners perception of clinical placement in Beijing: Themes emerging regarding challenges faced on placement.**

	<b>Challenges on placement</b>
1.	Assessment: students found access to resources in the English language limited. They also reported that the exams were organised very differently to the UK.
2.	Language: students felt that they should have practiced and studied the Chinese Language in more depth before going to China and that there was a need for knowledgeable interpreters in all departments.
3.	Preparation: more information/ a clearer introduction to the placement prior to leaving for Beijing was felt to be needed, including greater preparation for the cultural differences and challenges arising from these.

A common piece of advice given by graduates to students about to embark on placement is to make the most of everything on offer; “enjoy your time there and take every opportunity that is given to you, whether needling or a mini lecture, don’t turn down a thing.”

More than one of our graduates has taken their studies further by returning to BUCM to take a Masters Programme. While this has been challenging in terms of the level of Chinese language required, it has also had its rewards. One student currently in the final year of a Masters Programme at BUCM commented that “Subtle and accurate interpretation of Chinese terms can make a whole lot of difference when it comes to distinguishing diseases, diagnostic methodology, herbal or acupuncture treatment strategy”. “Chinese classical texts and access to books

debating different opinions of various ancient doctors are not really taught anywhere outside China.” While he found studying in China challenging, he commented that “without my Middlesex years I would have stood no chance in finishing this degree, and for that I am really grateful.”

## **The Current Situation in the UK: what has changed after 10 years?**

### ***Developments in Educational Provision.***

Within the past 10 years there has been a significant change in educational provision available to those who wish to become a practitioner in TCM, acupuncture or herbal medicine. MU and BUCM may have pioneered the first degree level training programme in TCM 10 years ago, but other Universities were quick to validate their own programmes (see Tables 3 and 4). From September 2007, 4 UK universities and 5 private colleges will be offering validated degree programmes in acupuncture, and one institution is offering a degree programme in Chinese Medicine that includes acupuncture and Chinese herbal patent medicine (UCAS, 2006). Courses in Chinese Herbal Medicine are less common, with 1 University offering a Master’s programme and 2 of the private colleges offering degree level programmes in this subject.

However, Middlesex University remains the only UK higher education institution offering a degree programme that offers integrated study in both acupuncture and Chinese herbal medicine. From 2007, Middlesex will also be offering a Master’s programme in Chinese Medicine.

**Table 3. UK Universities offering Chinese Medicine Education and Training Courses at Degree Level (2007/08).**

Name of University	Degree Title and content	Accreditation *
Middlesex University	BSc (Hons) Traditional Chinese Medicine (including Chinese Herbal Medicine, acupuncture and moxibustion)	BAAB and EHTPA
	MSc Chinese Medicine	
North East Wales Institute of Higher Education (University of Wales)	BSc(Hons) Chinese Medicine (acupuncture and Chinese herbal patent medicines)	ATCM
University of Lincoln	BSc(Hons) Acupuncture	BAAB
University of Westminster	BSc (Hons) Traditional Chinese Medicine: Acupuncture	BAAB
	MSc Chinese Herbal Medicine	
University of Salford	BSc(Hons) Traditional Chinese Medicine (Acupuncture)	BAAB
University of East London	BSc(Hons) Acupuncture	BAAB

\* EHTPA - European Herbal and Traditional Medicine Practitioners Association; BAAB - British Acupuncture Accreditation Board; ATCM – Association of Traditional Chinese Medicine.

**Table 4. Private Colleges in the UK offering Chinese Medicine Education and Training Courses at Degree Level (2007/08), validated by a UK University.**

Name of College	Degree Title and content	Validating University	Accreditation *
College of Integrated Chinese Medicine, Reading	BSc(Hons) Acupuncture Diploma in Chinese Herbal Medicine	University of Kingston	BAAB EHTPA
College of Traditional Acupuncture (UK) Warwickshire,	BA Acupuncture	Oxford Brookes University	BAAB
London College of Traditional Chinese Acupuncture and Oriental Medicine	BSc (Hons) Acupuncture	University of Portsmouth	BAAB
	Postgraduate Diploma/MSc Oriental Herbal Medicine	University of East London	EHTPA
International College of Oriental Medicine	BSc(Hons) Oriental Medicine (Acupuncture)	(validated by University of Brighton)	BAAB
Northern College of Acupuncture York	Professional Diploma/MSc Acupuncture	University of Wales	BAAB

\* EHTPA - European Herbal and Traditional Medicine Practitioners Association; BAAB - British Acupuncture Accreditation Board.

### ***Progress with Regulation.***

One of the major influences on the change in the level of educational provision in the field of CAM and the validation of practitioner training courses by Universities has been the move towards statutory regulation of practitioners of Herbal Medicine and Acupuncture in the UK. The Department of Health (2006) has defined regulation as “the set of systems and activities intended to ensure that healthcare practitioners have the necessary knowledge, skills, attitudes and behaviours to provide healthcare safely.” Professional regulation is identified as needing to “set and promote those standards which, for reasons of safety, everyone in a profession (or branch of a profession) has to meet; publish a register of those who meet these standards; and ensure that everyone on the register continue to meet the standards, both by periodic checks for all and by procedures for resolving concerns which a complaint or incident might create.”

Whilst some in the CAM professions are still arguing for retaining a system of professional self regulation, concern for public safety has resulted in the UK Government seeking legislation for statutory regulation of those practicing acupuncture, herbal medicine and traditional Chinese medicine. Such legislation would restrict the use of certain professional titles and some activities to those whose name appears in a register. Progress towards regulation has now been underway for several years. Following a public consultation seeking views on proposals for statutory regulation of herbal medicine and acupuncture practitioners (Department of Health, 2004 and 2005), an ‘Acupuncture, Herbal Medicine and Traditional Chinese Medicine Working Group’ was established to consider how to progress the joint regulation of these professions. The first meeting was in June 2006 and it is intended that the group will put forward its recommendations by October this year.

### ***Establishment of a core curriculum and minimum standards for competent practice.***

A pre-requisite of the regulation of any profession is the requirement to develop a standardised system of training and accreditation. Once statutory regulation is in place, only those students graduating from programmes complying with standards set by the accreditation boards for the profession concerned, or individual applicants able to demonstrate attainment of equivalent standards, will be able to enter the professional register. Thus standards are ensured, and patients protected against incompetent practitioners. This need has been one of the main drivers for the move towards degree level education in Chinese Medicine, both acupuncture and herbal practice, over the last 10 years.

While 10 years ago, few standards existed by which to ensure the quality of educational provision in the UK for herbal medicine or acupuncture. Now, courses are actively seeking recognition by professional organisations who have worked to establish the necessary standards. As can be seen in Tables 3 and 4, the majority of courses offered are accredited by one of two bodies, the European Herbal and Traditional Medicine Practitioners Association (EHTPA) Accreditation Board and the British Acupuncture Accreditation Board (BAAB). The EHTPA has brought together the major UK herbal registers and has agreed and published a common-core curriculum together with specific curricula for the Western, Chinese and

Ayurvedic traditions (EHTPA, 2007). The British Acupuncture Accreditation Board (BAAB) has also been established as an independent body, although closely allied to the British Acupuncture Council, and has led the way in establishing verifiable standards of education for this sector of the profession (British Acupuncture Council, 2007).

All courses seeking accreditation to enable their graduates to join a register in the future will need to ensure that their curriculum meets the minimum standards set. While this will further encourage the development of degree level education, separation of the accreditation procedures as exists now will reinforce the current practice of separating the education and training of acupuncture and Chinese herbal medicine. This will have to be addressed in the final proposals put forward for regulation.

### ***A Softening of Resistance to CAM?***

With robust accreditation in place to establish verifiable standards of education and with the acceptance of these disciplines into higher education, there has been some softening in resistance to Complementary and Alternative Medicine and some moves to integrate these healthcare options into mainstream healthcare in the UK. There are now good examples of Complementary Medicine being practiced to the benefit of patients in a mainstream healthcare setting.

One such example is provided by the Asante Academy of Chinese Medicine, the provider of clinical training for Middlesex students on the BSc(Hons) Traditional Chinese Medicine programme. The Asante has made links with two local hospitals in North London to provide an acupuncture service. The Whittington hospital acupuncture pain clinic is one of the first integrated services to be offered by the NHS using both conventional medicine and acupuncture to offer pain relief. The clinic opened in 2002 and now refers up to 30 patients a week to receive acupuncture treatment from the staff and students of Asanté. The acupuncture clinic is based in the out-patients department at the Whittington and treats everything from chronic back pain and migraine to arthritic and musculo-skeletal problems. This new and innovative project for the NHS has been such a success that it now runs on three days during the week. As a result referrals from care professionals are increasing and with that the number of patients using the service. As well as providing an excellent service to NHS patients, this clinic also provides students with a unique opportunity to experience treating people from a wide variety of backgrounds in a testing and challenging clinical setting.

However, resistance from conservative western medical colleagues has not dissipated entirely. A recent example of this came in May 2006. A group of 13 leading UK doctors, organized by Michael Baum, emeritus professor of surgery at University College London sent an open letter to 476 acute and primary care trusts which was also published in a leading National newspaper, *The Times* (Baum et al, 2006). The letter stated that he and fellow doctors believed alternative medicine was being promoted despite a lack of evidence and “at a time when the NHS is under intense pressure”. One of the initiatives criticised in the letter was a report on ‘The Role of Complementary and Alternative Medicine in the NHS’ (Smallwood, 2005). This report was commissioned by the Prince of Wales to investigate the contribution which certain complementary therapies could potentially make to the

delivery of healthcare in the UK, and was led by an economist. The main conclusion of the Smallwood report was that...

‘..... there appears to be sufficient evidence to suggest that some complementary therapies, listed in the report, may be more effective than conventional approaches in treating certain chronic and psychosocial conditions, and that specific treatments offer the possibility of cost savings, particularly where they can be provided in place of, rather than in addition to orthodox treatments.’  
(Smallwood, 2005).

The report also called for more government funding for the provision of CAM therapies on the NHS and for the National Institute for Health and Clinical Excellence to assess the cost-effectiveness of complementary therapies. With better funding to research the evidence base and cost effectiveness of treatments such as TCM, it will become possible to work towards a more integrated healthcare system that will, in the end, be of benefit to patients. With such evidence available, it is hoped that there will be less resistance to integration in the long term.

### ***Changes to the BUCM/MU collaborative programme***

In 2004, Middlesex University, in collaboration with Beijing University, reviewed the degree provision in Traditional Chinese Medicine in response to the move towards statutory self regulation in the UK and to other educational forces operating in the UK. The overarching aim of the revalidated programme remains the same as for the original programme and is to provide an education and training to produce graduates who will be competent, safe and caring practitioners in Traditional Chinese Medicine.

The decision was made to revalidate the undergraduate programme as 4 year, full time award in Traditional Chinese Medicine, and this degree has now been fully accredited by the British Acupuncture Accreditation Board and the accreditation board of the European Herbal and Traditional Medicine Practitioners Association.

An exciting new development has been the validation of postgraduate provision in Chinese Medicine, once again as a collaborative venture between Middlesex University and Beijing University of Chinese Medicine. Postgraduate training is aimed at existing practitioners looking to further their professional development and learning and to specialise in particular areas of practice. The programme of study is designed to be flexible, enabling students to tailor the professional practice element of the postgraduate programme to suit particular professional ambitions and needs. Students will be able to choose from clinical practice experience in China with Beijing University of Chinese Medicine, or in the UK with our affiliated training Clinic, the Asante Academy of Chinese Medicine. Students will also be able to apply learning in their own practice setting. There is also a choice of award, with the possibility of completing a PG certificate in Chinese Medicine on a part time basis over a year, to extend this to a PG Diploma or to complete a thesis in an area of research interest and achieve a master's award.

## **Conclusion.**

The successful collaboration between BUCM and MU has made a considerable impact on the direction of TCM education in the UK. The joint undergraduate programme, based on the TCM curriculum in China and adapted for a UK setting, has given impetus to the recognition of this profession in the UK. The postgraduate awards to be offered from September 2007 are indicative of educational provision in this field coming of age.

The unique and valuable tradition of Chinese Medicine is already making a significant contribution to healthcare in the private sector and is now making an increasing contribution within the mainstream healthcare system.

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