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Implementation: To be determined by each Service

Change Notification UK National Blood Services No. 21 - 2014

Complementary Therapy

Applies to the Whole Blood and Components Donor Selection Guidelines only

Obligatory

1. Must not donate if:

- a) The condition for which treatment was given is not acceptable.
- b) Less than twelve months from colonic irrigation or colonic hydrotherapy.

Therapies involving penetration by needles:

2. Must not donate if:

Less than 12 months from completing treatment.

Discretionary

a) If oral or topical complementary medicines only and reason for which treatment was given is acceptable, accept

b) For all other therapies:

1. Performed within the NHS

If performed by NHS staff on NHS premises including GP surgeries, accept.

2. Performed outside of the NHS

If performed by a Qualified Health Care Professional registered with the

General Medical Council (GMC),
Nursing and Midwifery Council (NMC),
General Dental Council (GDC),
The General Chiropractic Council (GCC),
The General Optical Council (GOC),
The General Osteopathic Council (GOsC),
The Health and Care Professions Council (HCPC) (which regulates
Physiotherapists, Arts therapists, Biomedical Scientists, Chiropodists/
Podiatrists, Clinical Scientists, Dieticians, Hearing Aid Dispensers,
Occupational Therapists, Operating Department Practitioners, Orthoptists,
Paramedics, Practitioner Psychologists, Prosthetists and Orthotists,
Radiographers, Social Workers in England and Speech and Language
Therapists), accept.

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If none of the above applies and, after four months, a validated test for hepatitis B core antibody is negative, accept.

Additional Information

Needles that have been reused have passed infection from person to person. Therapists who are subject to discipline from statutorily constituted professional authorities are unlikely to reuse needles.

This guidance presumes that a validated NAT test for hepatitis C is negative. If this test is stopped the guidance will change.

During the recovery phase of HBV infection levels of free HBsAg and HBV DNA may be too low to detect. Antibody to hepatitis B core antigen may be the only indicator of infectivity.

When there is any doubt about infection being passed on, waiting twelve months means infections are more likely to be picked up by the tests used by the blood services.

JPAC considers statutory registration of practitioners to afford the best overall guarantee that blood donated by individuals who have undertaken complementary therapy is safe. In the absence of statutory regulation of complementary therapy, there is currently no single body to which all therapists are accredited, and so to continue with the approval of one or more organisations would necessarily mean that others, of possibly equal merit, were excluded from approval.

Voluntary registration with a non-statutory body cannot provide assurance as to how high the standards of an organisation's members are, or how diligent the non-statutory regulator is in enforcing them, or the practitioner in applying them. Practitioners who choose not to join a voluntary register are still able to practise legally and to use the relevant title, as will a practitioner who has been removed from the register by the registering body.

There is no way of policing the enforcement by voluntary associations of the standards they require of their members as the organisations are not subject to supervision by the Council for Regulatory Healthcare Excellence (CHRE). Nor is there currently any external, independent consideration of "fitness to practise" cases referred to voluntary regulators. While statutory regulation cannot guarantee the absence of risk, its primary aim is to deliver enhanced safety and public protection. Statutory "protection of title" means that donor centres can safely assume that a person who practises in the name of the registered profession is actually registered.

Reason for Change Details about the Health and Care Professions Council have been updated



Dr Sheila MacLennan
Professional Director - Joint UKBTS Professional Advisory Committee
Direct Dial: (0113) 820 8638 sheila.maclennan@nhsbt.nhs.uk