



The Roadmap for
European CAM Research

A pan-European research network for Complementary and Alternative Medicine (CAM)

Final report of CAMbrella Work Package 2 (leader: Vinjar Fønnebø)

Legal status and regulation of CAM in Europe

Part I - CAM regulations in the European countries

**Solveig Wiesener, Torkel Falkenberg, Gabriella Hegyi, Johanna Hök,
Paolo Roberti di Sarsina, Vinjar Fønnebø**

This report is part of a collection of reports created as deliverables of the project 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); Coordinator: Wolfgang Weidenhammer, Competence Centre for Complementary Medicine and Naturopathy (head: Dieter Melchart), Klinikum rechts der Isar, Techn. Univ. Munich, Germany



*Solveig Wiesener*¹, *Torkel Falkenberg*^{2,3}, *Gabriella Hegyi*⁴, *Johanna Hök*^{2,3}, *Paolo Roberti di Sarsina*⁵, *Vinjar Fønnebo*¹: **Legal status and regulation of CAM in Europe. Part I - CAM regulations in the European countries**

Final report of CAMbrella Work Package 2 (leader: Vinjar Fønnebo)

¹ National Research Center in Complementary and Alternative Medicine (NAFKAM), University of Tromsø, Norway

² Department of Neurobiology, Care Sciences and Society, Division of Nursing, Unit for Studies of Integrative Care, Karolinska Institutet, Huddinge, Sweden

³ IC – The Integrative Care Science Center, Järna, Sweden

⁴ Department for Complementary and Alternative Medicine, Pecs Tudományegyetem – Medical School / University of Pecs, Hungary

⁵ Permanent Committee of Consensus and Coordination for Non-Conventional Medicine in Italy (ComCAM), Bologna, Italy

2012

Contact:

National Research Center in Complementary and Alternative Medicine (NAFKAM), University of Tromsø, Norway

http://en.uit.no/ansatte/organisasjon/hjem?p_menu=42374&p_dimension_id=88112

e-mail:

solveig.wiesener@uit.no, vinjar.fonnebo@uit.no

Solveig Wiesener, Torkel Falkenberg, Gabriella Hegyi, Johanna Hök, Paolo Roberti di Sarsina, Vinjar Fønnebø: Legal status and regulation of CAM in Europe. Part I - CAM regulations in the European countries

Final report of CAMbrella Work Package 2 (leader: Vinjar Fønnebø)

CAMbrella – A pan-European research network for Complementary and Alternative Medicine (CAM)

The goal of this collaboration project was to look into the present situation of CAM in Europe in all its relevant aspects and to create a sustained network of researchers in the field that can assist and carry through scientific endeavours in the future. Research into CAM – like any research in health issues – must be appropriate for the health care needs of EU citizens, and acceptable to the European institutions as well as to national research funders and health care providers. It was CAMbrella's intention to enable meaningful, reliable comparative research and communication within Europe and to create a sustainable structure and policy.

The CAMbrella network consists of academic research groups which do not advocate specific treatments. The specific objectives were

- To develop a consensus-based terminology widely accepted in Europe to describe CAM interventions
- To create a knowledge base that facilitates our understanding of patient demand for CAM and its prevalence
- To review the current legal status and policies governing CAM provision in the EU
- To explore the needs and attitudes of EU citizens with respect to CAM
- To develop an EU network involving centres of research excellence for collaborative research.

Based on this information, the project created a roadmap for research in CAM in Europe. The roadmap sums up and streamlines the findings of the whole project in one document that aims to outline the most important features of consistent CAM research at European level.

For other reports of the CAMbrella project which are also available on <https://phaidra.univie.ac.at/> see the additional information on the description data (meta-data) of this report.

Foreword

CAMbrella Work Package 2 (WP2) - Legal Status and regulation of CAM in Europe

This report is developed by WP2 in the CAMbrella consortium in the period January 1, 2010 to April 30, 2012, and has been updated in the period from May to October 2012. The present report represents the updated version from November 5, 2012.

The aim of this work package was to review and describe in all 27 EU member states as well as 10 associated states (later expanded with two additional countries):

- The legal status of CAM
- The regulatory status of CAM practices
- The governmental supervision of CAM practices
- The reimbursement status of CAM practices and medicinal products
- The regulation of CAM medicinal products

An additional aim was to review at the EU level:

- The status of EU-wide regulation of CAM practices and medicinal products
- The potential obstacles for EU-wide regulation of CAM practices and medicinal products

The country-specific status has been described on the basis of publicly available legal and regulatory documents supplemented by personal visits to a purposive sample of countries. The status with regard to regulation of CAM medicinal products and the EU-wide regulation of CAM has been described on the basis of publicly available legal and regulatory documents only.

The work of WP2 **Legal status and regulation of CAM in Europe** is presented in **three separate reports**:

1. **Part I - CAM regulations in the European countries** ([present report](#))
2. Part II - Herbal and homeopathic medicinal products
3. Part III - CAM regulations in EU/EFTA/EEA

All reports are available on <https://phaidra.univie.ac.at/>.

Tromsø, Norway, November 5, 2012

On behalf of WP2 in CAMbrella,

Solveig Wiesener and Vinjar Fønnebø

Acknowledgement

We are grateful for all the feedback from the remaining members of the CAMbrella team as well as the Advisory Board, especially from Seamus Connolly, Stephen Gordon, Nand de Herdt, Robert Kempenich, Ton Nicolai, and Peter Zimmermann. We also thank Kari Riddervold and Åsa Sohlén for technical assistance.

Table of content

Summary	9
1 Introduction	11
2 Aim	11
3 National legislation and adjustments to EU regulations	11
3.1 Countries included in the report and their legal connection to EU	11
3.2 How EU legislation influences national CAM legislation	13
4 Methods.....	15
4.1 The legal and regulatory status of CAM and CAM practices	16
5 Thirty-nine countries – a summary	19
5.1 General CAM legislation	19
5.2 Acupuncture	22
5.3 Anthroposophic medicine	24
5.4 Ayurveda.....	26
5.5 Chiropractic	28
5.6 Herbal medicine/Phytotherapy.....	30
5.7 Homeopathy.....	32
5.8 Massage.....	35
5.9 Naprapathy.....	37
5.10 Naturopathy	38
5.11 Neural therapy.....	40
5.12 Osteopathy	41
5.13 Traditional Chinese Medicine (TCM)	43
6 Discussion on CAM aspects related to EU/EFTA/EEA legislation and regulations	45
6.1 Methodological considerations.....	45
6.2 Consequences for European patients and citizens	46
6.3 Consequences for CAM practitioners.....	47
6.4 Consequences for CAM researchers	49
6.5 Possible ways forward.....	50
7 Conclusions	52
8 Countries.....	54
8.1 Albania.....	54
8.2 Austria	59
8.3 Belgium.....	64
8.4 Bosnia and Herzegovina	69
8.5 Bulgaria.....	74
8.6 Croatia	79
8.7 Cyprus.....	82
8.8 The Czech Republic.....	85
8.9 Denmark	89
8.10 Estonia	93
8.11 Finland	98
8.12 France	102
8.13 Germany	107
8.14 Greece	112
8.15 Hungary	115
8.16 Iceland	120

8.17 Ireland..... 124

8.18 Israel 127

8.19 Italy 130

8.20 Latvia 134

8.21 Liechtenstein 137

8.22 Lithuania 142

8.23 Luxembourg..... 146

8.24 Macedonia (Former Yugoslav Republic of Macedonia) 150

8.25 Malta 153

8.26 Montenegro..... 156

8.27 Norway 159

8.28 Poland..... 163

8.29 Portugal 167

8.30 Romania..... 171

8.31 Serbia..... 177

8.32 Slovakia..... 181

8.33 Slovenia 186

8.34 Spain 190

8.35 Sweden 194

8.36 Switzerland 198

8.37 The Netherlands 204

8.38 Turkey 208

8.39 The United Kingdom (UK)..... 213

References218

Attachment 1: European CAM associations:240

Attachment 2: Directive 2005/36/EC241

Table list

Table 3.1.1 Country membership (X) to EU/EEA/EFTA, Council of Europe and FP7 (Seventh Framework Programme)	12
Table 5.1.1 General CAM legislation - countries.....	21
Table 5.2.1 Acupuncture regulations - countries.....	22
Table 5.3.1 Anthroposophic medicine regulations - countries.....	24
Table 5.4.1 Ayurveda regulations - countries	26
Table 5.5.1 Chiropractic regulations - countries	28
Table 5.6.1 Herbal medicine / Phytotherapy regulations - countries.....	30
Table 5.7.1 Homeopathy regulations - countries.....	32
Table 5.7.2 Homeopathy - Who may practice	34
Table 5.8.1 Massage regulations - countries	35
Table 5.9.1 Naprapathy regulations - countries.....	37
Table 5.10.1 Naturopathy regulations - countries	38
Table 5.11.1 Neural therapy regulations - countries	40
Table 5.12.1 Osteopathy regulations - countries.....	41
Table 5.13.1 TCM regulations - countries	43
Table 6.5.1 Physiotherapy regulations - countries.....	51

Figure list

Figure 3.1.1 Country relationship to the European Union map	13
Figure 5.1.1 General CAM legislation map.....	21
Figure 5.2.1 Acupuncture map.....	22
Figure 5.3.1 Anthroposophic medicine map	24
Figure 5.4.1 Ayurveda map	26
Figure 5.5.1 Chiropractic map	28
Figure 5.6.1 Herbal medicine/Phytotherapy map	30
Figure 5.7.1 Homeopathy map.....	32
Figure 5.8.1 Massage map	35
Figure 5.9.1 Naprapathy map.....	37
Figure 5.10.1 Naturopathy map	38
Figure 5.11.1 Neural therapy map	40
Figure 5.12.1 Osteopathy map.....	41
Figure 5.13.1 TCM map	43
Figure 6.5.1 Physiotherapy map.....	51

Summary

This report describes in 27 EU member states and 12 associated states the legal and regulatory status of complementary and alternative medicine (CAM), the governmental supervision of CAM practices as well as the reimbursement status of CAM practices.

The European Parliament (Resolution A4-0075/97) and The Parliamentary Assembly of the Council of Europe (Resolution 1206(1999)) have both passed resolutions recommending a stronger harmonization of, what they call, non-conventional medicine in Europe.

The EU has, however, repeatedly confirmed that it is up to each member state to organize and regulate their health care system. This will, of course, also apply to CAM. Despite this, the recent Cross-border Healthcare Directive 2011/24/EU together with other Directives indirectly encourage some degree of harmonization, and can limit how diverse European health care can be. CAM practitioners can be registered in the European Commission database of regulated professions, and patients will probably have certain rights according to the Cross-border Healthcare Directive.

Data underlying this report were collected from the 39 countries by communicating with the Ministries of Health, Law or Education, governmental representatives, and members of national CAM associations. A search was performed in the national web sites/databases to identify official law documents. The scientific as well as the non-scientific literature were also searched for documents and websites describing CAM regulation in each of the 39 countries. We also collected information from European CAM associations/coalitions, CAMbrella members and stakeholders. In addition a search was performed in the websites/databases EUROPA and EUR-lex to identify European Union official legal documents. Personal visits, including meetings with the Ministries of Health and CAM practitioners representing organizations, were made to four countries. Health authorities (if possible both legal and regulatory) were asked to verify the situation described for their specific country.

To compare the 39 countries we have classified CAM legislation and regulations into the following categories:

1. CAM general legislation.
2. Specific CAM legislation (name of treatment/practice).
3. EU title (registered in the EU regulated professions database, Directive 2005/36/EC)(7).
4. National protected title.
5. Statutory register.

Twelve common treatment modalities have been described in detail in each country.

CAM treatment is in general either unregulated or regulated within the framework of the public health system. The only common factor we have found across all 39 nations is the

amazing ability they have demonstrated of structuring legislation and regulation differently in every single country, no matter how small the size of the population.

Nineteen of 39 countries have a general CAM legislation, 11 of these have a specific CAM law and 6 countries have sections on CAM included in their health laws (like “Law on health care” or “Law on health professionals”). In addition to the general CAM legislation some countries have regulations on specific CAM treatments.

The twelve treatment modalities vary considerably with regard to how many countries regulate the profession or practice in some way or another. Acupuncture is regulated in 26 countries, anthroposophic medicine in 7 countries, ayurveda in 5 countries, chiropractic in 26 countries, herbal medicine/phytotherapy in 10 countries, homeopathy in 24 countries, massage in 20 countries, naprapathy in 2 countries, naturopathy in 8 countries, neural therapy in 3 countries, osteopathy in 15 countries, and finally traditional Chinese medicine in 10 countries. This regulatory diversity will influence patients, practitioners and researchers when crossing European borders.

When patients cross borders in search of CAM treatment, they may encounter substantial differences in the professional background of apparently identical CAM providers working under a completely different reimbursement system. Every aspect of the current situation can thus be a threat to patient safety. In post-modern Europe where patient choice in health care is seen as a core value, this confusing European market makes any informed treatment-seeking very challenging.

When practitioners cross borders they will encounter a substantial variety of CAM practice in Europe. This raises serious concerns with regard to the predictability, quality and safety of health care delivery to European citizens. When CAM professions in some countries are tightly regulated while the same professional categories in other countries are totally unregulated, an establishment of collegial common ground is very challenging.

When researchers cross borders they will experience that research on efficacy and effectiveness of CAM is severely hampered by the conglomerate of European regulation. Practices and practitioners are not comparable across national boundaries, and any observational or experimental study will therefore be generalisable only within a narrow national or cultural context.

There are in principle two options that can be chosen to achieve a higher degree of harmonization: legislation and regulation at the EU/EEA level or voluntary harmonization. We do not foresee EU/EEA level legislation/regulation in the foreseeable future since the EU repeatedly has upheld its position of leaving this to the individual country. Voluntary harmonization is, however, possible within current legislation. The successful mutual recognition of physiotherapists across Europe shows how this can be done, and could be a potential template for development of harmonized regulation also of CAM professions in Europe.

1 Introduction

The present report constitutes one part of the CAMbrella Work Package (WP) 2 Reports labelled under the superordinate “Legal status and regulation of CAM in Europe”(1). The present part I provides an overview on “**CAM regulations in the European countries**” and describes the legal, regulatory, supervisory and reimbursement status of CAM in Europe. The report describes how CAM-related issues are regulated in 39 European countries. Regulation of CAM medicinal products will be described in WP2 Report part II - “Herbal and homeopathic medicinal products”(2). The EU/EFTA/EEA regulations are described in WP2 Report part III – “CAM regulations in EU/EFTA/EEA”(3).

2 Aim

The objectives covered in this report are to review in 27 EU member states and 12 associated states:

- The legal and regulatory status of CAM.
- The governmental supervision of CAM practices.
- The reimbursement status of CAM practices.

3 National legislation and adjustments to EU regulations

3.1 Countries included in the report and their legal connection to EU

The report covers 27 EU member states as well as 12 associated states. Each state is influenced by EU legislation and has adjusted national legislation to EU regulations depending on their connection to the EU.

Table 3.1.1 Country membership (X) to EU/EEA/EFTA, Council of Europe and FP7 (Seventh Framework Programme)

Countries	EU	EEA	EFTA	Schengen	The Council of Europe
Albania	Potential candidate, FP7		Trade agreement		X
Austria	X 1995	X		X 1997	X
Belgium	X	X		X 1995	Founding member (FM)
Bosnia and Herzegovina	Potential candidate, FP7				X
Bulgaria	X 2007	X			X
Croatia	Candidate, FP7		Trade agreement		X
Cyprus	X 2004	X			X
Czech Republic	X 2004	X		X 2007	X
Denmark	X	X		X 2001	FM
Estonia	X 2004	X		X 2007	X
Finland	X 1995	X		X 2001	X
France	X	X		X 1995	FM
Germany	X	X		X 1995	X
Greece	X	X		X 2000	X
Hungary	X 2004	X		X 2008	X
Iceland	Candidate, FP7	X	X	X 2001	X
Ireland	X	X			FM
Israel	FP7		Trade agreement		-
Italy	X	X		X 1997	FM
Latvia	X 2004	X		X 2007	X
Liechtenstein	FP7	X	X		X
Lithuania	X 2004	X		X 2007	X
Luxembourg	X	X		X 1995	X
Macedonia	Candidate, FP7		Trade agreement		X
Malta	X 2004	X		X 2007	X
Montenegro	Candidate, FP7				X
Netherlands	X	X		X 1995	FM
Norway	FP7	X	X	X 2001	FM
Poland	X 2004	X		X 2007	X
Portugal	X	X		X 1995	X
Romania	X 2007	X			X
Serbia	Potential candidate, FP7		Trade agreement		X
Slovakia	X 2004	X		X 2007	X
Slovenia	X 2004	X		X 2007	X
Spain	X	X		X 1995	X
Sweden	X 1995	X		X 2001	FM
Switzerland	FP7	bilateral agreements	X	X 2008	X
Turkey	Candidate, FP7		Trade agreement		X
United Kingdom	X	X			FM

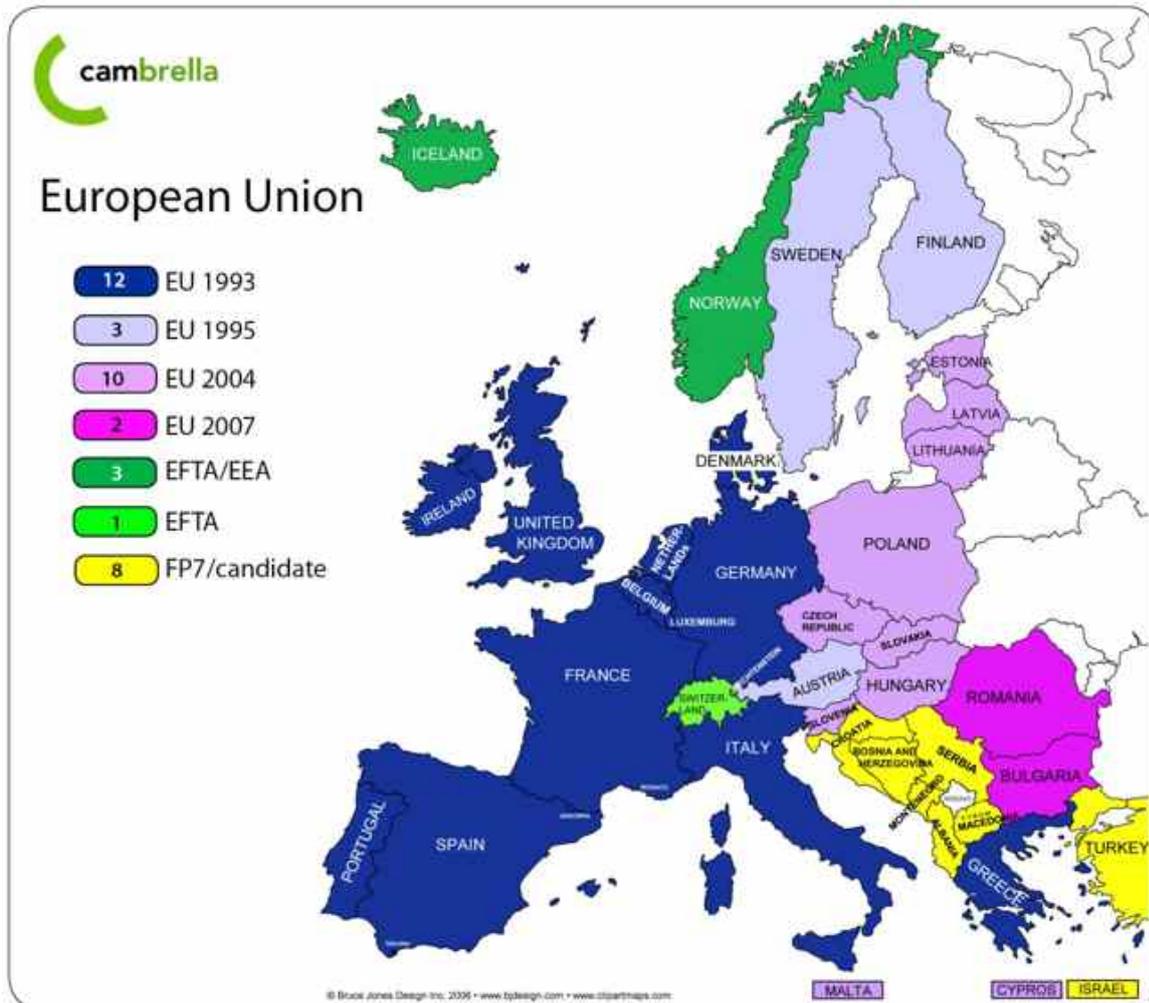


Figure 3.1.1 Country relationship to the European Union map

3.2 How EU legislation influences national CAM legislation

The EU Treaties have repeatedly established that **health policy is a national responsibility** for the member states. This is adjusted and confirmed in the Lisbon Treaty in TITLE XIV Public Health Article 168 number 7(4): ***“7. Union action shall respect the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care. The responsibilities of the Member States shall include the management of health services and medical care and the allocation of the resources assigned to them. The measures referred to in paragraph 4(a) shall not affect national provisions on the donation or medical use of organs and blood”.***

This statement is important to keep in mind when describing national legislation and regulation of CAM. Despite the statement, the following EU Directives and Regulations can potentially influence national legislation regarding CAM practices, treatments and patients’ rights and safety:

- The “Professional qualifications Directive” 2005/36/EC of 7 September 2005, on the recognition of professional qualifications(5).
- The “Patient Rights Directive” 2011/24/EU of 9 March 2011, on the application of patients' rights in cross-border healthcare(6).

3.2.1 Professional qualifications

The Directive 2005/36/EC is the legal basis for free movement of professionals in Europe. A profession is considered regulated when access to it and the exercise of it are subject to the acquisition of a specific professional qualification(5). The Directive 2005/36/EC states that *“it should be laid down that any host Member State in which a profession is regulated must take account of the qualifications obtained in another Member State and assess whether they correspond to those which it requires”*.

The European Commission database of regulated professions in the EU Member States, EEA countries and Switzerland has been established on the basis of Directive 2005/36/EC. The database includes professions falling under the **“General System” of mutual recognition** of professional qualifications, and the **“Sectorial professions”** giving **automatic recognition** on the basis of harmonization of minimum training requirements for: **doctors, nurses, midwives, pharmacists, dentists, veterinary surgeons and architects(7)**. Some states have CAM professions registered in the European Commission database of regulated professions.

3.2.2 “Patients’ rights in cross-border healthcare” Directive 2011/24/EU

This Directive describes the patients’ rights with regard to access safe and good quality treatment and to be reimbursed for it. Patients should experience equal treatment with the citizens of the country in which they are treated and the treatment shall be based on quality and safety standards of healthcare (Memo/11/32 Brussels 19 Jan 2011 Press release)(6).

This Directive can bear influence on CAM practices and CAM patients whether the specific treatment/practitioner is registered as conventional or non-conventional in the country of interest. We have not found that CAM treatment has been an important subject of interest in the cross-border healthcare legislation in the member states.

4 Methods

Descriptions of health issues, the legal and CAM terminology and the interaction between conventional medicine and CAM vary between the 39 countries included in this report. As an introduction we made a comprehensive overview of matters that may influence CAM in national legislation.

Data were collected from 39 countries by communicating with the Ministries of Health, Law or Education, governmental representatives, and members of national CAM associations. A search was performed in the national web sites/databases to identify official law documents. The scientific as well as the non-scientific literature were also searched for documents and websites describing CAM regulation in each of the 39 countries.

We collected information from European CAM associations/coalitions (Listed in attachment 1) and CAMbrella members and stakeholders with the help of e-mail, telephone conferences as well as meetings/conferences in **Brussels, Berlin, Bologna and Birmingham**.

In addition a search was performed in the websites/databases EUROPA and EUR-lex to identify European Union official legal documents. Details of this process can be found in the WP2 Report part III – “CAM regulations in EU/EFTA/EEA”(3).

A questionnaire developed by the Pecs Tudományegyetem – University of Pecs (Hungary) (PTE) member of the CAMbrella WP2 group was used to gain information from some of the countries in the eastern part of Europe.

Personal visits, including meetings with the Ministries of Health and CAM practitioners representing organizations, were made to the following countries:

- **Bosnia & Herzegovina** (Federation of Bosnia and Herzegovina (FBiH) (Banja Luka) and Republika Srpska (RS) (Sarajevo)),
- **The Czech Republic** (Prague),
- **Hungary** (Budapest),
- **Montenegro** (Podgorica and Igalo).

These countries were selected on the basis of a need to double-check printed information and collecting information in countries where printed information was not readily available.

Health authorities (if possible both legal and regulatory) were asked to verify the situation described for their specific country. For some countries the English phrasing of the legal and regulatory situation can be challenging. The legal regulation of CAM is often a controversial political matter, and some countries have therefore preferred to retain the description of their situation in its presented version.

4.1 The legal and regulatory status of CAM and CAM practices

This report has a focus on the legal and regulatory issues applicable when practitioners provide treatment to individuals with a disease condition. Legal and regulatory issues with regard to health counsellors are not covered unless these groups are inseparable from other practitioners.

We have not reviewed in detail regulations for dentists, veterinary surgeons, pharmacists, midwives and nurses.

4.1.1 CAM legislation

National CAM/health legislation and regulations often include guidelines outlining the conditions for being allowed **to treat patients** with CAM. These can consist of educational and/or training requirements, and systems for **authorizations and licences**. Requirements for **registers** and **self-regulation** are often included when regulating the practices. **Self-regulation** can be required to **be statutory or voluntary**. The level of **education and training** can be **statutory regulated or voluntary**.

The legal status of CAM treatments and practices are regulated through:

- General CAM legislation by law or governmental regulation.
- General laws and governmental regulations on health care (conventional and CAM).
- Regulation of specific CAM practices and treatments.
- No CAM-specific legislation or regulation. In those situations CAM practices and treatments are indirectly regulated through other laws and regulations like the **criminal code, education, social security, finance and health insurance (reimbursement)**.

In the country-specific reviews we have concentrated on:

- **The first legislative level:** laws passed by the national Assembly/Parliament.
- **The secondary legislative level:** bylaws, national/governmental regulations – mostly designed by the Ministries.
- **Supervision** regulations.
- **Reimbursement** regulations.
- **Regulations of professional authorizations, licences and titles** (including when delegated to professional member associations).
- **Regulations of professional registers** – statutory or voluntary.

4.1.2 Practitioners of CAM

Regulation of practice is in general mostly tied to formal education and/or training in conventional or non-conventional medicine.

Regulated professions who practise CAM are often divided into:

4.1.2.1 Health professionals:

A. Medical Doctors (MDs)

We found different classifications: medical doctor, medical doctor with CAM education, medical doctor with CAM licence, medical doctor with CAM authorization, physician, CAM physician, or allopathic doctor.

In this report we will use the term **medical doctor or physician with/without CAM training** to cover these categories. When referring to legislation we will use the terminology found in the documents.

B. Other health professionals

In most cases these are conventional health personnel with an educational level of 3-5 years. Nurses and midwives are the health professions most commonly represented in this category. We also found physiotherapist, chiropractor, manual therapist, osteopath, masseur, naprapath and other titles in national legal documents, in some countries regulated as health personnel, in others as CAM practitioners.

In this report we use the term “(regulated) health personnel” with/without CAM training or the specific profession mentioned by name. Medical doctors will be included in this category if the regulation includes both medical doctors and other health professionals in the same regulatory documents.

4.1.2.2 Other CAM practitioners

This category includes CAM practitioners with a short or no medical education or training. Classifications that we have found in the legislation include medically trained personnel (less than 3 years), non-medical personnel, paramedics, non-professional health worker, acupuncturist, herbalist, homeopath and other CAM practitioners.

Germany, Switzerland and Liechtenstein have established a category called “Heilpraktiker” or “Naturheilpraktiker”. This is a model where non-medical practitioners of CAM need to obtain a legal qualification as “Heilpraktiker” or “Naturheilpraktiker” in order to practice CAM. In Germany a “Heilpraktiker” must pass a public exam in conventional medicine subjects and register in order to get the licence to practise. Iceland has chosen a similar model where these practitioners are called “natural health practitioners”.

To compare the 39 countries we have classified CAM legislation and regulations into the following categories:

1. CAM general legislation.
2. Specific CAM legislation (name of treatment/practice).
3. EU title (registered in the EU regulated professions database, Directive 2005/36/EC)(7).
4. National protected title.
5. Statutory register.

5 Thirty-nine countries – a summary

Each country report includes:

- The legal and regulatory status of CAM and CAM practices.
- The governmental supervision of CAM Practices.
- The reimbursement status of CAM practices.
- 12 specified CAM treatments (plus “other treatments”).

Several countries have established new legislation/regulation or adjusted their old legislation/regulation over the recent decade. There seems to be a pattern where the countries that joined the EU after 2000 to a greater degree have taken the relevant EU directives as guidance when establishing or adjusting their CAM legislation/regulation. The original EU member states have to a lesser extent adjusted their legislation. The regulation of CAM medicinal products is no longer up to each state to decide, and this is now regulated at the EU level as described in WP2 report part II (2).

In this report we have concentrated on CAM legislation in general and the most common CAM treatments and professionals. Treatments of interest except for the 12 chosen are described under “other treatments”.

5.1 General CAM legislation

17 countries have a general CAM legislation, 11 of these countries with a specific CAM law and 6 countries with CAM sections included in their general health care legislation. In addition to the general CAM legislation some countries have regulations on specific CAM treatments.

Of the 15 **original EU member countries** (joined the EU before 1996), **3 (Belgium, Germany and Portugal)** have a general CAM law. **Denmark** has a “law on a self-regulatory registration system for alternative practitioners”. These 4 countries have additional regulations on specific CAM treatments.

10 of the original EU member countries have regulations on **specific CAM treatments**. (Austria, Denmark, Finland, France, Greece, Italy, Luxembourg, Spain, Sweden, UK). **Ireland** does **not have specific regulations** of any CAM treatment.

All **4 EFTA countries (Iceland, Liechtenstein, Norway and Switzerland)** have a general CAM legislation. Iceland, Liechtenstein and Norway have CAM laws and Switzerland has regulated CAM in their general health care legislation.

3 of the 10 countries who joined the EU in 2004 have a general CAM legislation. **Hungary and Slovenia** have a CAM law and **Malta** have general CAM legislation included in their general health care legislation. The other **7 member countries who joined in 2004 (Cyprus, Czech Republic, Estonia, Latvia, Lithuania, Poland and Slovakia)** have regulations on specific CAM treatments.

The **2 new member countries** that joined the **EU in 2007, Bulgaria and Romania**, have a general CAM legislation as well as specific CAM treatment regulations.

The 4 candidate countries have different regulations. **Macedonia** has a general CAM legislation, but no CAM law. **Turkey** has some specific CAM treatment regulations, and **Croatia and Montenegro** have no CAM regulations. **Montenegro** has a CAM law in progress. (Iceland is also a candidate country, but is in this report included in the EFTA section).

All **3 potential candidate countries** have some general CAM regulations. **Serbia** has a CAM law, **Albania and Bosnia & Herzegovina** have some general CAM regulations within their general health care legislation. **Bosnia and Herzegovina** has a CAM law in progress.

The CAM regulations are either very general or very detailed, and we found no more similarities between the countries that have a CAM law or general CAM legislation than between the countries with only specific CAM treatment regulations. Some of the general regulations are only a specification of what CAM is, often to be supported by additional regulations or specifications issued by the Ministry of Health or the professions' associations. In some countries additional specifications have not been made. As an example both Norway and Hungary have a CAM law. In Norway the CAM law is general without describing in detail the treatments or practitioners, in Hungary the CAM legislation is detailed with specifications similar to how they have regulated the conventional health care system. We found few similarities in the regulations of the specific CAM treatments between the countries, and it is challenging to find out "who are allowed to practise" the different treatments.

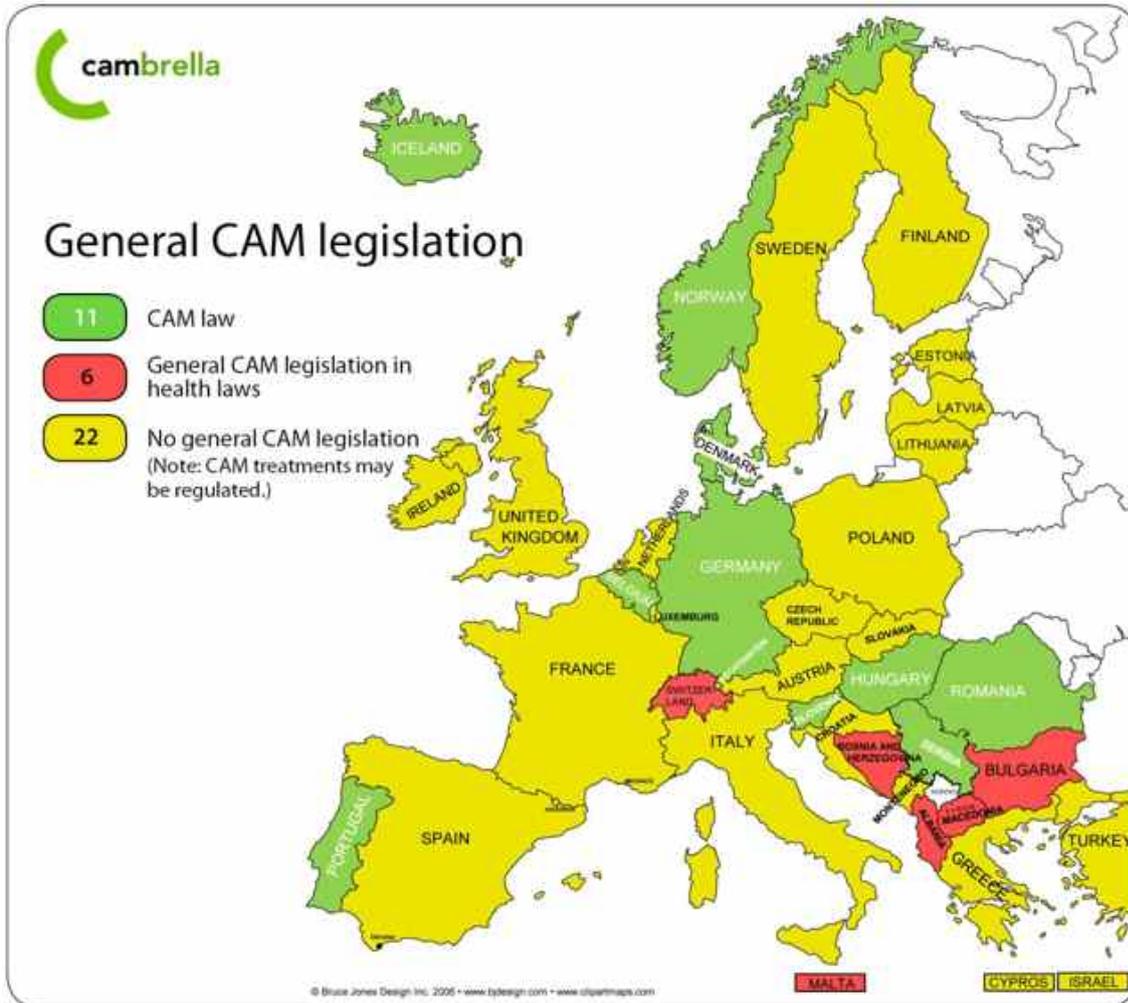


Figure 5.1.1 General CAM legislation map

Table 5.1.1 General CAM legislation - countries

General CAM legislation			
CAM law (11)		General CAM legislation in health laws (6)	
Belgium	Original EU member		
Denmark	Original EU member		
Germany	Original EU member		
Portugal	Original EU member		
Iceland	EFTA	Switzerland	EFTA
Liechtenstein	EFTA		
Norway	EFTA		
Hungary	2004 EU member	Malta	2004 EU member
Slovenia	2004 EU member	Bulgaria	2007 EU member
Romania	2007 EU member	Macedonia	Candidate EU
Serbia	Candidate EU	Albania	Potential candidate EU
		Bosnia & Herzegovina	Potential candidate EU

5.2 Acupuncture

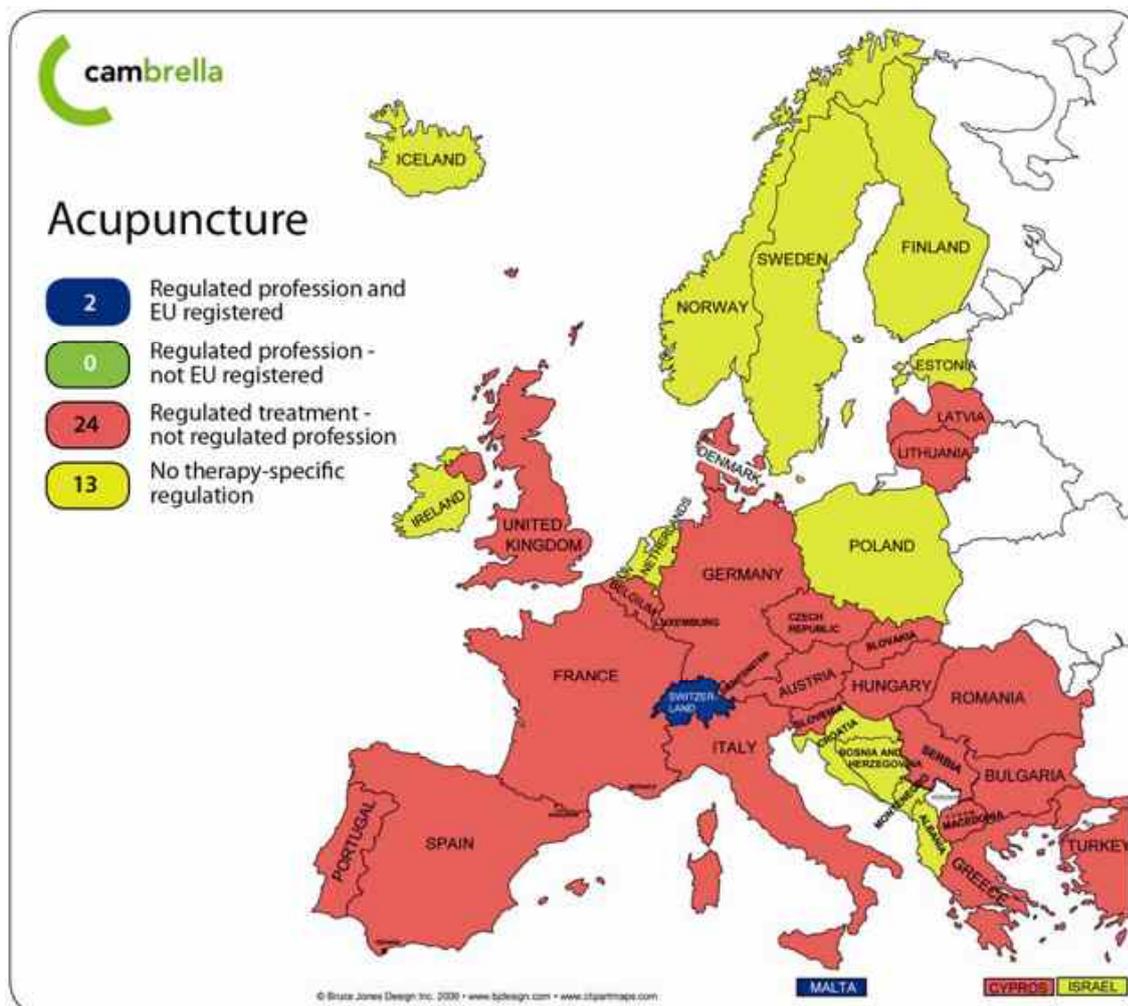


Figure 5.2.1 Acupuncture map

Table 5.2.1 Acupuncture regulations - countries

Regulated profession and EU registered (2)	Regulated profession Not EU registered (0)	Regulated treatment Not regulated profession (24)		No regulation (13)
Malta		Austria	Lithuania	Albania
Switzerland		Belgium	Luxembourg	Bosnia/Herzegovina
		Bulgaria	Macedonia	Croatia
		Cyprus	Portugal	Estonia
		Czech Republic	Romania	Finland
		Denmark	Serbia	Iceland
		France	Slovakia	Ireland
		Germany	Slovenia	Israel
		Greece	Spain	Montenegro
		Hungary	Turkey	Norway
		Italy	UK	Poland
		Latvia		Sweden
		Liechtenstein		The Netherlands

Acupuncture is mostly regulated as a treatment that may or may not be provided by regulated health professionals or other CAM practitioners. 2 countries (**Malta and Switzerland**) have a regulated profession named “**acupuncturist**”, which for both countries is registered in the EU database for regulated professions. In some countries acupuncture treatment may be provided in conventional healthcare (also in hospitals).

24 countries have **acupuncture treatment regulations**. Some countries have clear regulations about who may treat patients with acupuncture and educational minimum standards. Other countries have more general regulations. In about half of the countries only doctors may provide acupuncture treatment. In many of these countries only doctors with specific acupuncture training may practise. In countries with acupuncture regulations there is a mixture of regulations for regulated health professionals and CAM practitioners with or without medical education and CAM training. In some countries regulation is delegated to the professional associations. Some countries use the terminology “**medical acupuncturist**” (Germany) or “**additional medical qualification**” for doctors or other regulated health professionals (like physiotherapists, nurses, midwives). We have listed these as regulations for acupuncture treatment, not as a regulated profession.

13 countries have no specific acupuncture regulations. However, **3 of those countries (Albania, Iceland, Norway)** have CAM general legislation that influences acupuncture treatment. And most of the countries have conventional health regulations that influence the practice of acupuncture (like health professionals act or law on health care).

It is difficult to compare the countries, and hardly any similarities have been found in the regulations or standards of education and training for practitioners providing acupuncture treatment.

5.3 Anthroposophic medicine

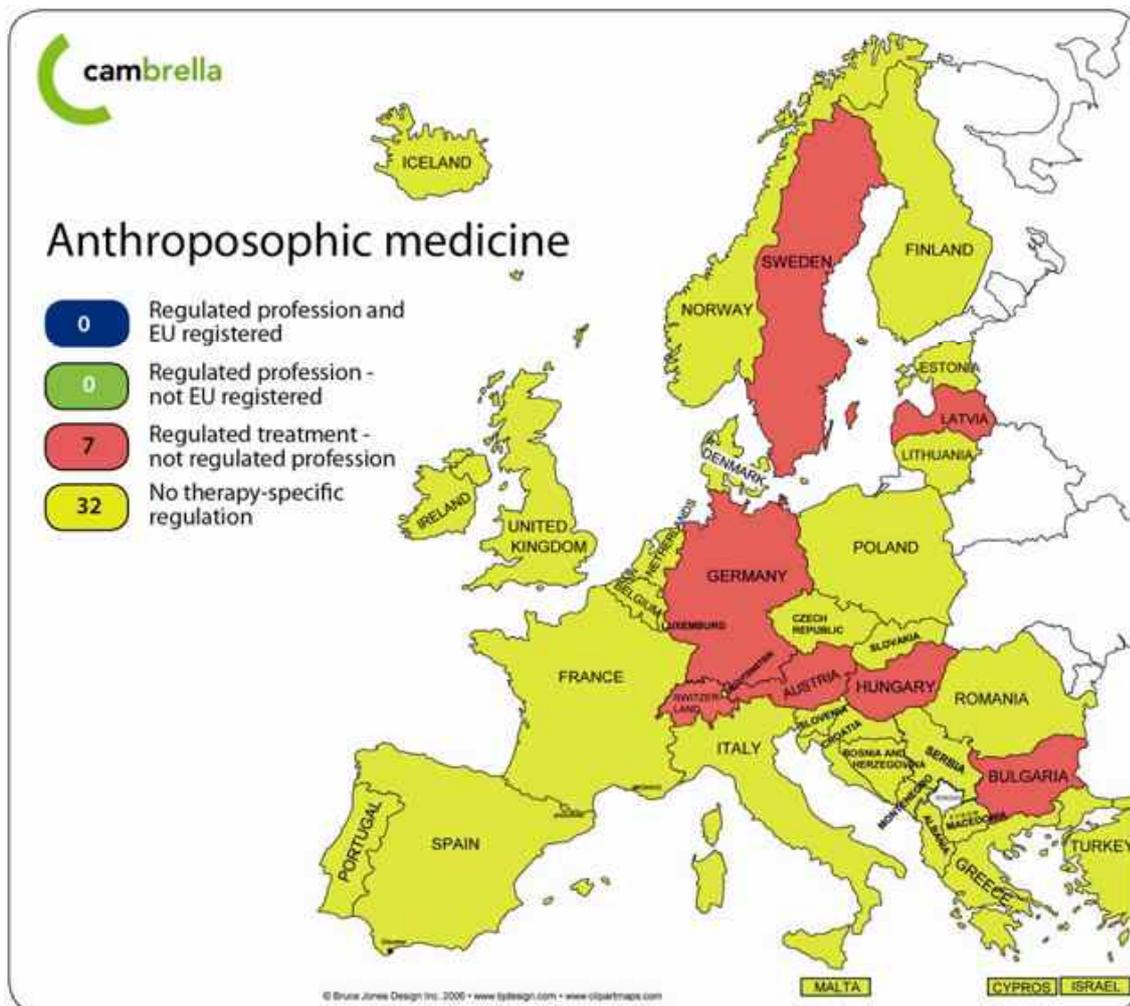


Figure 5.3.1 Antroposophic medicine map

Table 5.3.1 Anthroposophic medicine regulations - countries

Regulated profession and EU registered (0)	Regulated profession Not EU registered (0)	Regulated treatment Not regulated profession (7)	No regulation (32)
		Austria	
		Bulgaria	
		Germany	
		Hungary	
		Latvia	
		Sweden	
		Switzerland	

7 countries have specific regulations on anthroposophic medicine. In **Bulgaria and Latvia** anthroposophic medicine is **statutory registered** as an additional education for medical doctors. In **Austria** diplomas awarded by the Austrian Medical Board **specialise physicians** in anthroposophic medicine. In **Germany** anthroposophic medicine is regulated **by law** as “a

specific therapeutic system”. In **Hungary** medical doctors may provide anthroposophic medicine. In **Sweden** anthroposophy may only be provided at the **Vidar clinic**. In **Switzerland** anthroposophy is recognized as a **specific therapeutic system** and detailed regulations are delegated to **medical and non-medical associations**.

32 countries have no direct regulation of anthroposophic medicine. However, there are probably additional training courses and diplomas awarded by the medical associations in some of these 32 countries. National health regulation influences the practise of anthroposophic medicine in the countries without specific regulation of this treatment.

5.4 Ayurveda

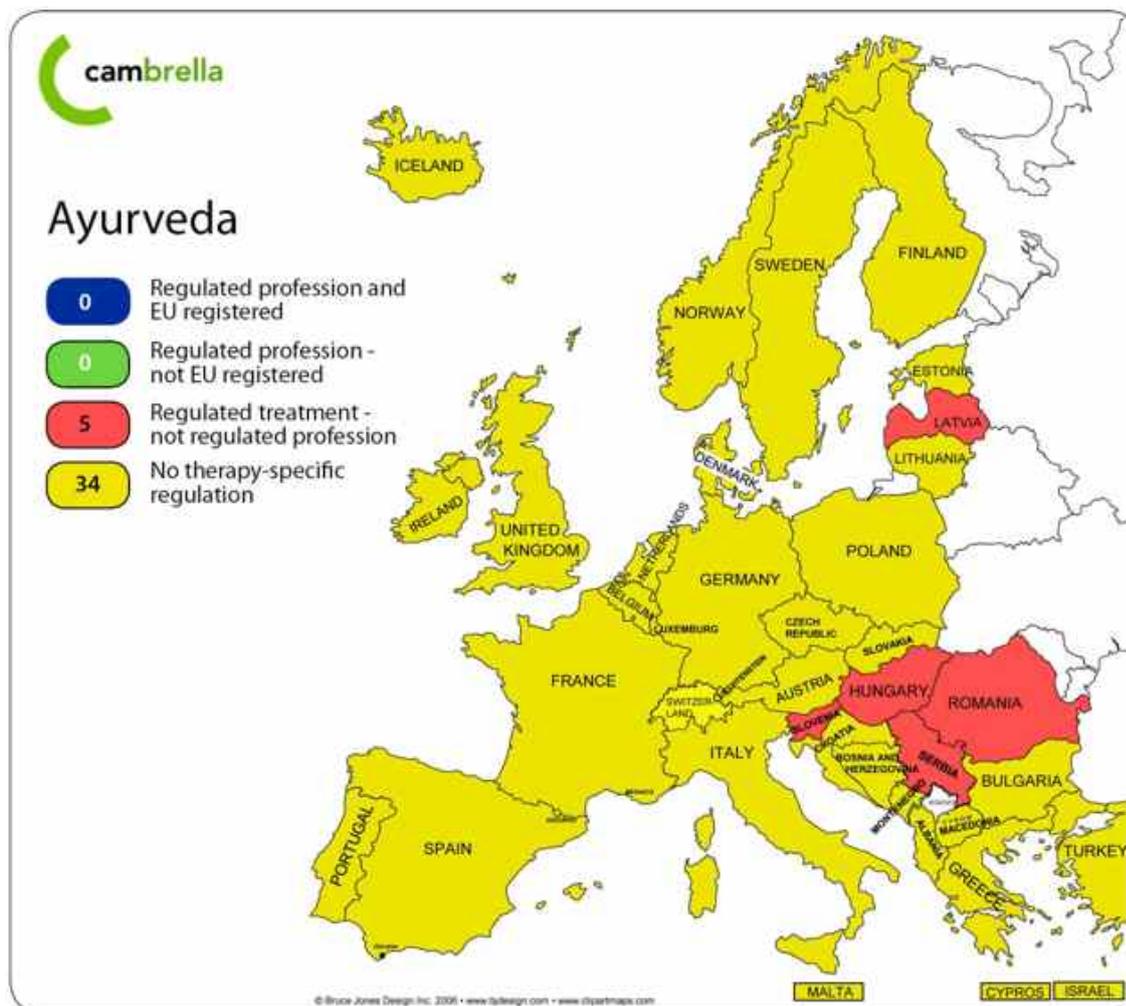


Figure 5.4.1 Ayurveda map

Table 5.4.1 Ayurveda regulations - countries

Regulated profession and EU registered (0)	Regulated profession Not EU registered (0)	Regulated treatment Not regulated profession (5)	No regulation (34)
		Hungary	
		Latvia	
		Romania	
		Serbia	
		Slovenia	

We have found that ayurvedic medicine is directly mentioned in **regulations in 5 out of 39 countries**. In some of the other 34 countries ayurvedic medicine is recognized as a therapeutic system that may be provided by regulated health personnel (often doctors), but not directly mentioned in the regulations.

Hungary has regulated Ayurvedic medicine as “an individual complex medical system” provided only by medical doctors. In **Latvia** ayurvedic medicine has a legal status and was recommended as safe to wide application in the institutions of public health services”. In **Romania** ayurvedic medicine is “legally recognized as a CAM therapy in the group “alternative therapies” in the law on CAM”. In **Serbia** the CAM bylaw lists ayurvedic medicine as “a method of treatment suitable for practise”. **Slovenia** has listed ayurvedic medicine in the CAM act as “a CAM system that may be used when carrying out CAM practices”.

5.5 Chiropractic

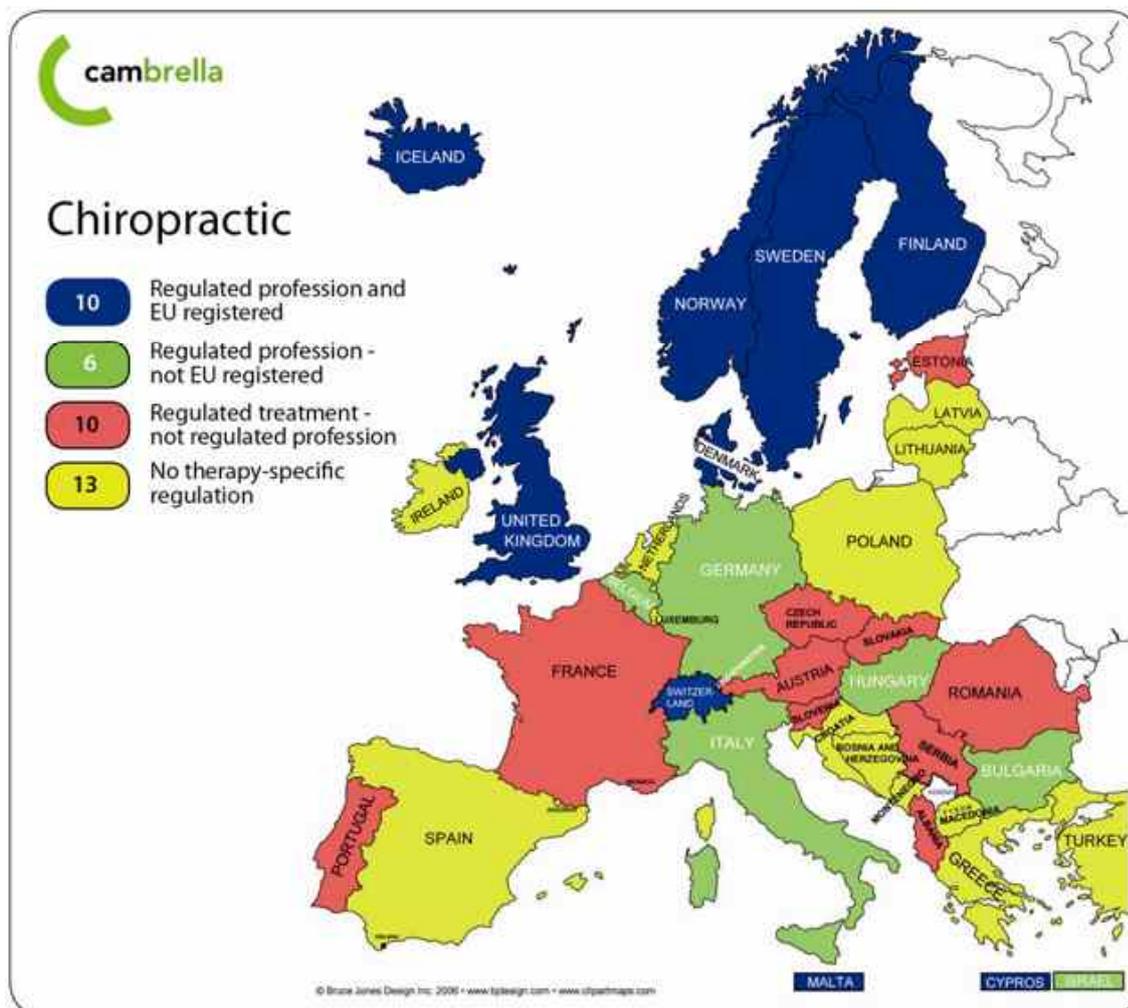


Figure 5.5.1 Chiropractic map

Table 5.5.1 Chiropractic regulations - countries

Regulated profession and EU registered (10)	Regulated profession Not EU registered (6)	Regulated treatment Not regulated profession (10)	No regulation (13)
Cyprus	Belgium	Albania	Bosnia & Herzegovina
Denmark	Bulgaria	Austria	Croatia
Finland	Germany	Czech Republic	Greece
Iceland	Hungary	Estonia	Ireland
Liechtenstein	Israel	France	Latvia
Malta	Italy	Portugal	Lithuania
Norway		Romania	Luxembourg
Sweden		Serbia	Macedonia
Switzerland		Slovakia	Montenegro
UK		Slovenia	Poland
			Spain
			The Netherlands
			Turkey

Chiropractor is a **regulated profession** in **16 of the 39** countries. **10 countries** have also registered chiropractor in **the EU regulated professions database**. Educational and professional regulations differ in these countries, but in most of the 16 countries a chiropractor is recognized as a **conventional health profession**.

10 countries have some regulations on **chiropractic treatment**, but not a regulated profession called chiropractor.

13 countries have **no specific regulation** of chiropractic. However, the treatment may be regulated through CAM general legislation or conventional health legislation.

In some countries chiropractic treatment is regulated as **manual therapies**. In others we found regulations describing that other professionals may treat chiropractic, for example **physiotherapists**.

5.6 Herbal medicine/Phytotherapy

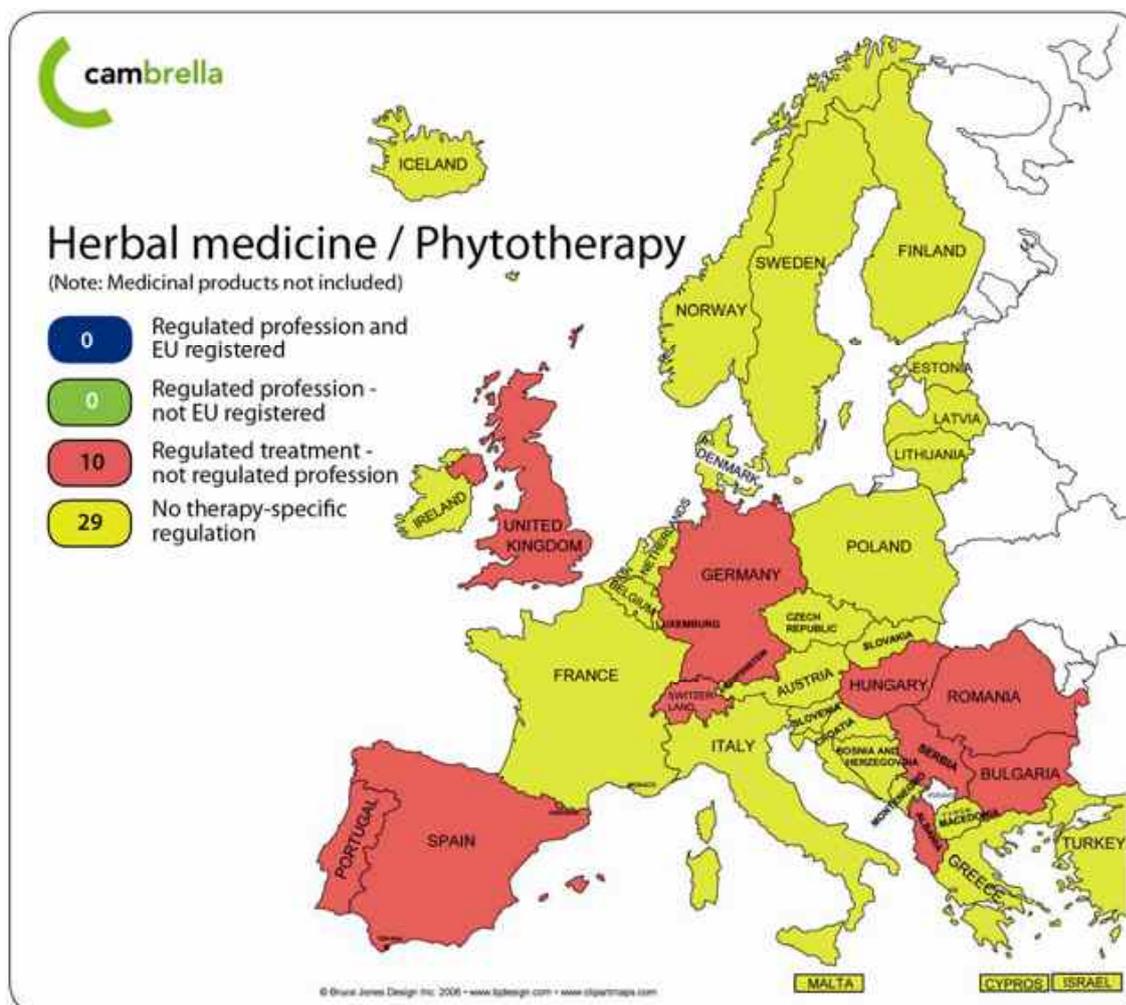


Figure 5.6.1 Herbal medicine/Phytotherapy map

Table 5.6.1 Herbal medicine / Phytotherapy regulations - countries

Regulated profession and EU registered (0)	Regulated profession Not EU registered (0)	Regulated treatment Not regulated profession (10)	No regulation (29)
		Albania	
		Bulgaria	
		Germany	
		Hungary	
		Portugal	
		Romania	
		Serbia	
		Spain	
		Switzerland	
		UK	

Herbal medicine/Phytotherapy as a treatment is directly regulated in **10 of 39 countries**. The regulations of medicinal products are described in the Delivery 9, WP2 Report no. 2. In all 39 countries treatments like Traditional Chinese Medicine (TCM), ayurvedic medicine, homeopathy and others would probably include herbal medicine/phytotherapy treatment regulations.

In **Albania** herbal medicine is regulated in the law on health care as an alternative therapeutic system. **Bulgaria** has educational regulations for herbal medicine providers in the health law. In **Germany** the treatment is common among medical doctors and Heilpraktikers, and regulated by the medicines act as a distinct therapeutic system. In **Hungary** the CAM law regulates Phytotherapy. In **Portugal** phytotherapy is regulated by law on the provision of non-conventional therapies. In **Romania** herbal therapy is recognized as a CAM therapy in the group “herbal practice” in the law on CAM. In **Serbia** the CAM bylaw lists phytotherapy as “a method of treatment suitable for practise”. In **Spain** a new act is in progress, and “nature medicine as a medical act is only allowed to practise by medical doctors”. In **Switzerland** herbal medicine is included in federal laws and detailed regulation is delegated to medical and non-medical associations. In **UK** regulation of herbal medicine practitioners is voluntary. Statutory regulation is in progress.

5.7 Homeopathy

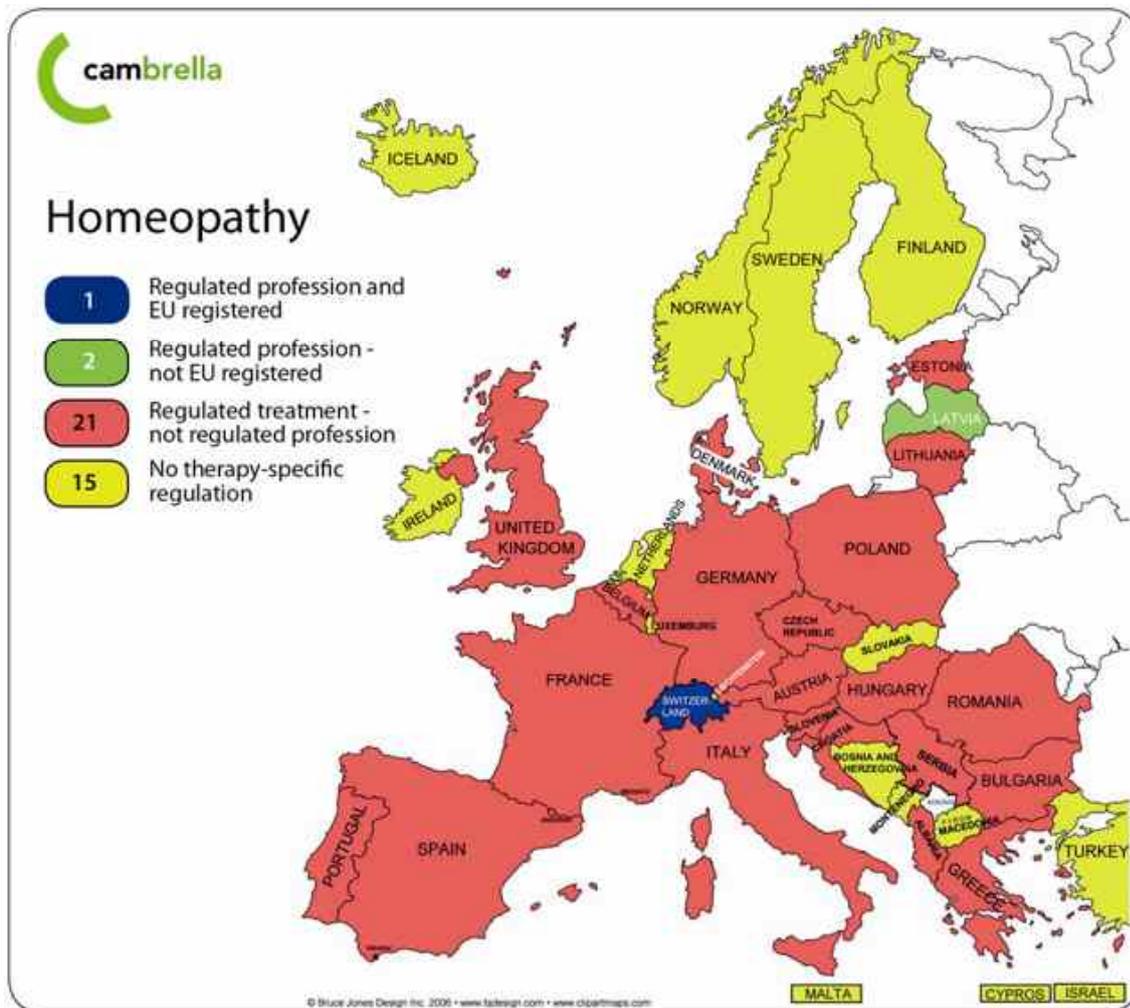


Figure 5.7.1 Homeopathy map

Table 5.7.1 Homeopathy regulations - countries

Regulated profession and EU registered (1)	Regulated profession Not EU registered (2)	Regulated treatment Not regulated profession (21)		No regulation (15)
Switzerland	Latvia	Albania	Hungary	Bosnia & Herzegovina
	Liechtenstein	Austria	Lithuania	Cyprus
		Belgium	Italy	Finland
		Bulgaria	Poland	Iceland
		Croatia	Portugal	Ireland
		Czech Republik	Romania	Israel
		Denmark	Serbia	Luxembourg
		Estonia	Slovenia	Macedonia
		France	Spain	Malta
		Germany	UK	Montenegro
		Greece		Norway
				Sweden
				Slovakia
				The Netherlands
				Turkey

Switzerland has regulated homeopathy and has registered homeopath as a profession in the EU regulated professions database under **“Natural health practitioner”** as **naturopathe/homeopath**.

2 countries (Latvia, Liechtenstein) have regulations that may be seen as **a regulation of a homeopathy profession**. **Latvia** has regulated “homeopathic doctors” **Liechtenstein** has registered “Naturheilpraktiker with a homeopathy specialty”.

21 countries have **regulated homeopathy treatment**. Please read details of country-wide regulations under each country description.

15 countries have **no specific** homeopathic treatment regulations, but general CAM or other health legislation may regulate homeopathic practices.

The table “Homeopathy - Who may practise” is an example of how difficult it can be to understand the consequences of national regulation. We have, to our best knowledge, listed whether the different categories of practitioners in each country are allowed to practise homeopathy. If only medical doctors with CAM additional education are allowed to practise, we have put “No” in the column for medical doctors. This is done in the same way for other health personnel. If the regulation (or absence of regulation) is too unclear for us we have inserted a question mark. The countries with CAM practitioners like Heilpraktiker, Natur heilpraktiker, healer and likewise may not be correctly represented.

We have decided not to introduce this table for other treatments because of the unclear situation.

Table 5.7.2 Homeopathy - Who may practice



Homeopathy - Who may practice

Country	Specific homeopathy treatment regulation	Medical Doctors (MDs)	Medical Doctors with CAM training	Conventional practitioners (CPs) PS3 ¹	Conventional health personnel with CAM training	CAM practitioners ²	Other may practice	Other CAM legislation	Notes
Albania	Yes	?	?	?	?	?	?	Yes	
Austria	Yes	Yes	Yes	?	?	?	No	Yes	
Belgium	Yes	Yes	Yes	Yes	Yes	?	No	Yes	
Bosnia and Herz.	No	Yes	Yes	?	?	?	No	No	
Bulgaria	Yes	Yes	Yes	No	No	No	No	Yes	
Croatia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	
Cyprus	No	Yes	Yes	No	No	No	No	Yes	
Czech Republic	Yes	No	Yes	No	No	No	No	Yes	
Denmark	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Estonia	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
Finland	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
France	Yes	Yes	Yes	Yes	Yes	No	No	Yes	
Germany	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Heilpraktiker
Greece	Yes	Yes	Yes	Yes	Yes	Yes	?	Yes	
Hungary	Yes	No	Yes	No	No	No	No	Yes	
Iceland	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Healer
Ireland	No	Yes	Yes	Yes	Yes	Yes	Yes	No	
Israel	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Italy	Yes	Yes	Yes	No	No	No	No	Yes	
Latvia	Yes	Yes	Yes	No	No	No	No	Yes	
Liechtenstein	Yes	Yes	Yes	Yes	Yes	No	No	Yes	
Lithuania	Yes	No	Yes	No	No	No	No	Yes	
Luxembourg	No	Yes	Yes	?	?	No	No	Yes	
Macedonia	No	Yes	Yes	?	?	?	?	Yes	
Malta	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Montenegro	No	Yes	Yes	?	?	?	?	No	
Netherlands	No	Yes	Yes	Yes	Yes	Yes	?	Yes	
Norway	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Poland	Yes	Yes	Yes	Yes	Yes	Yes	?	Yes	
Portugal	Yes	Yes	Yes	Yes	Yes	Yes	?	Yes	
Romania	Yes	No	Yes	No	No	No	No	Yes	
Serbia	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
Slovakia	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Slovenia	Yes	Yes	Yes	?	?	?	No	Yes	
Spain	Yes	Yes	Yes	?	?	?	No	Yes	
Sweden	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Switzerland	Yes *	Yes	Yes	?	?	?	?	Yes	*Naturopath/homeopath
Turkey	No	Yes	Yes	?	?	?	?	Yes	
United Kingdom	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	

1) Conventional practitioners (CPs) (PS3 post-secondary level 3-4 years)
2) CAM practitioner (CAM trained personnel, medical trained, DSE diploma post-secondary education level)

5.8 Massage

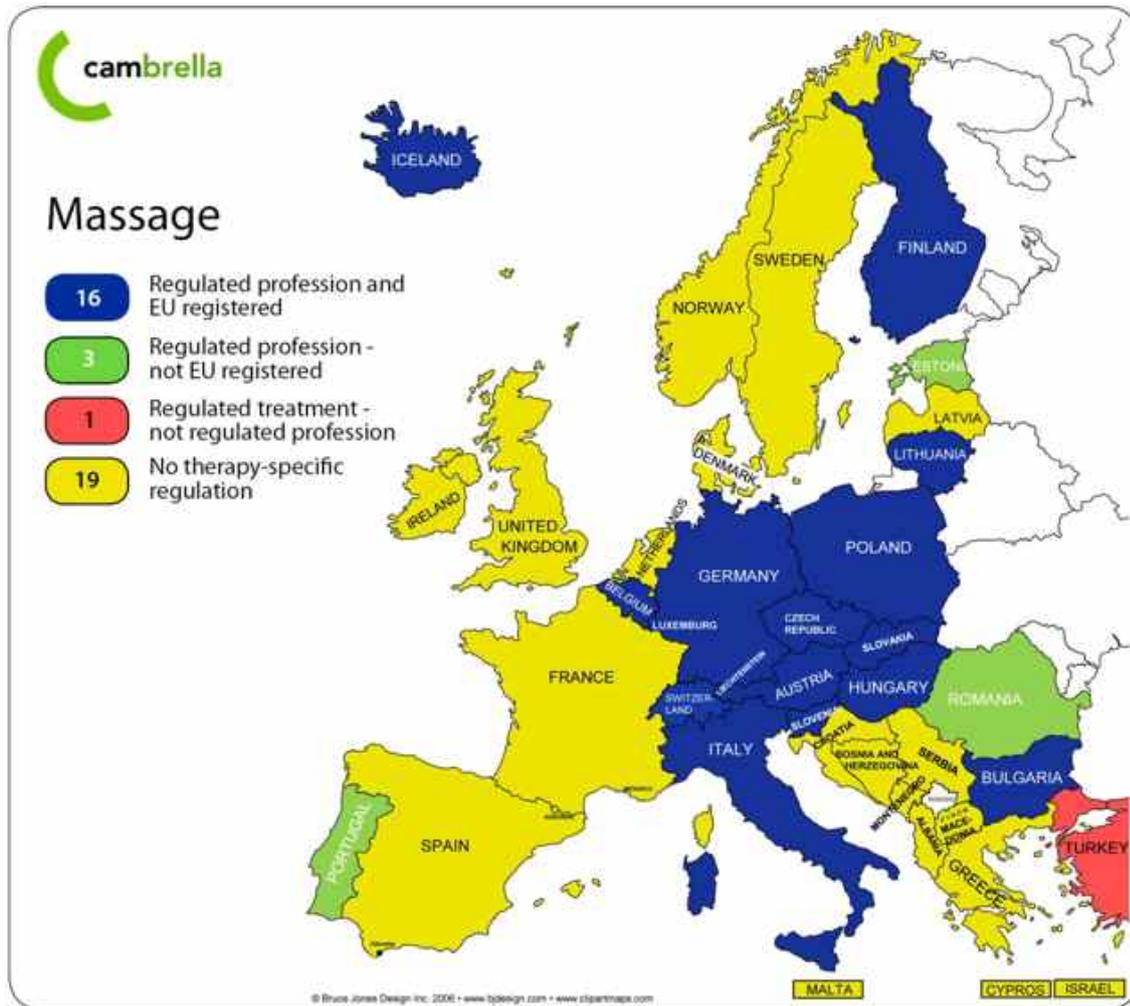


Figure 5.8.1 Massage map

Table 5.8.1 Massage regulations - countries

Regulated profession and EU registered (16)		Regulated profession Not EU registered (3)	Regulated treatment Not regulated profession(1)	No regulation (19)	
Austria	Italy	Estonia	Turkey	Albania	Macedonia
Belgium	Liechtenstein	Portugal		Bosnia & Herzegovina	Malta
Bulgaria	Lithuania	Romania		Croatia	Montenegro
Czech Republik	Luxembourg			Cyprus	Norway
Finland	Poland			Denmark	Serbia
Germany	Slovakia			France	Spania
Hungary	Slovenia			Greece	Sweden
Iceland	Switzerland			Ireland	The Netherlands
				Israel	UK
				Latvia	

16 countries have “**massage**” national regulated as a profession and also registered in the EU regulated professionals database. **The Czech Republic, Estonia and Slovakia** have registered 2 different massage professions, with different educational levels. **Lithuania** has listed **massage** as “**manual therapy**” in the national register, and **masseur** in the EU database. **14 of these 16 countries** have registered masseur in the qualification level DSE-diploma (post-secondary education). **Bulgaria** has a qualification level PS3- diploma of post-secondary level (3-4 years). **Switzerland** has qualification level to be checked.

In 3 countries masseur is a profession, but not registered in the EU database (**Estonia, Portugal, Romania**). The regulations are very dissimilar. Please read the country-wide description for further information.

Turkey has regulated educational requirements for practising massage treatment, but as we understand masseur is not a regulated profession.

19 countries have **no direct regulations** on massage treatment. In some of these countries general CAM or health legislation regulate the practice of massage treatment. Massage is in some countries included in “manual therapy” or “physical therapy”.

5.9 Naprapathy

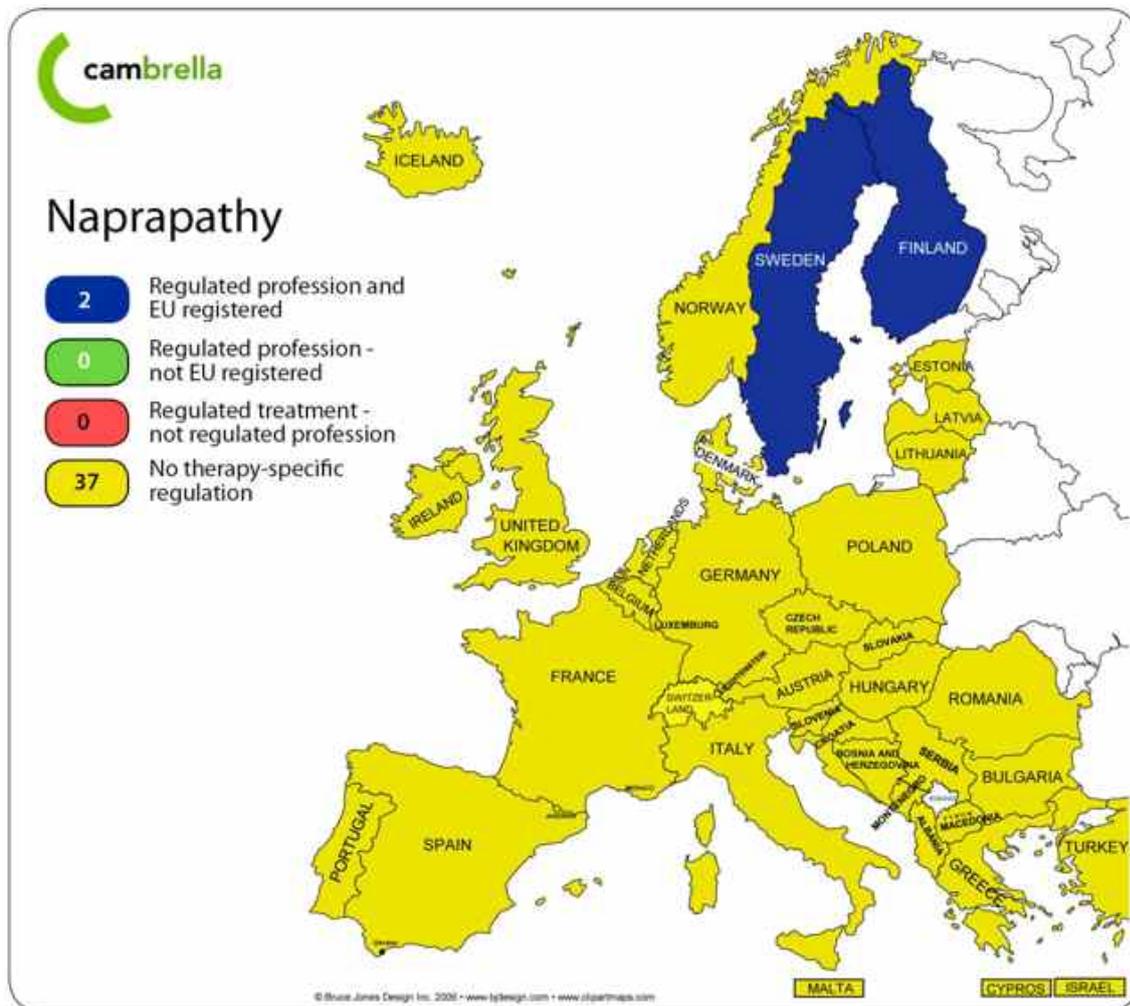


Figure 5.9.1 Naprapathy map

Table 5.9.1 Naprapathy regulations - countries

Regulated profession and EU registered (2)	Regulated profession Not EU registered (0)	Regulated treatment Not regulated profession(0)	No regulation (37)
Finland			
Sweden			

Naprapathy is a regulated and protected profession in Finland and Sweden. Finland has registered their naprapath profession in the EU regulated professions database as **physical therapist** with the title “**Naprapaati/Naprapat**”. **Sweden** has registered their naprapath profession in the EU database as **chiropractor** with the title “**naprapat**”.

We have not found that naprapathy is recognized or practised in the other 37 countries. In some countries “**manual therapy**” or “**physical therapy**” is a common terminology for similar treatments.

5.10 Naturopathy

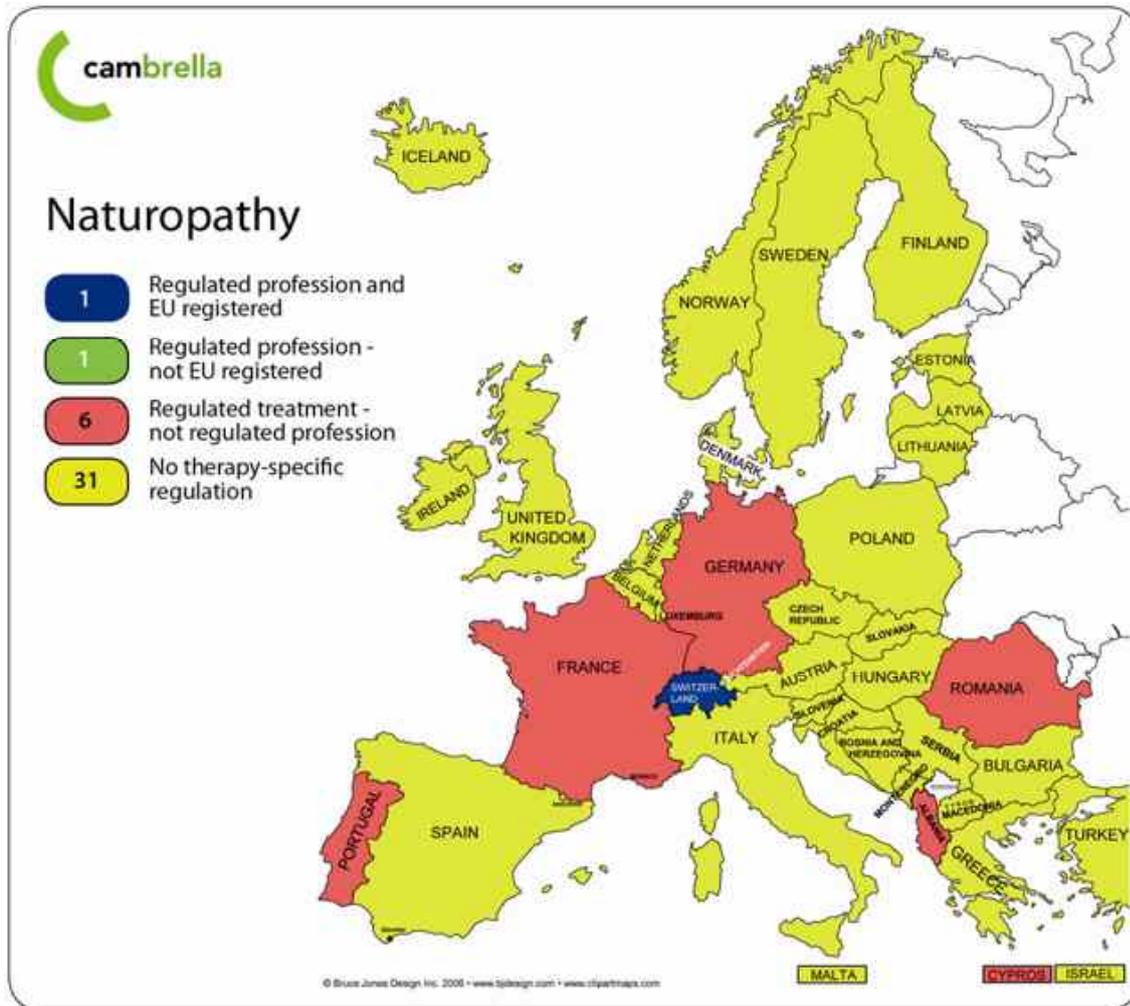


Figure 5.10.1 Naturopathy map

Table 5.10.1 Naturopathy regulations - countries

Regulated profession and EU registered (1)	Regulated profession Not EU registered (1)	Regulated treatment Not regulated profession (6)	No regulation (31)
Switzerland	Liechtenstein	Albania	
		Cyprus	
		France	
		Germany	
		Portugal	
		Romania	

Naturopathy is a **regulated profession** in **2 countries (Switzerland, Liechtenstein)**. **Switzerland** has regulated the profession “**natural health practitioner**” and has registered two different professions in the EU regulated professions database, **naturopathe/homéopathe(FR)** and **naturopathe (de tradition Européenne)(FR)**. **Liechtenstein** has not

registered the naturopath in the EU database. In **Liechtenstein** naturopathy is provided by the regulated profession “**Naturheilpraktiker**” with naturopathy specialty.

6 countries have naturopathy treatment regulations (**Albania, Cyprus, France, Germany, Portugal, Romania**). **Albania** has regulated naturopathy by law as “a therapeutic system”. In **Cyprus** alternative practitioners may register in the “Cyprus general council & register of alternative therapists” where the “Cyprus Naturopathic Association” is included. In **France** naturopath is registered under the category “self-employed” under “human health activities not elsewhere classified”. In **Germany** naturopathy is recognized as “a distinct therapeutic system”. **Portugal** has regulated naturopathy by the law “on the provision of non-conventional therapies”. **Romania** has recognized naturopathy as a CAM therapy in the group “alternative therapies” in the CAM law.

In **31 countries** we did not find specific naturopathy regulations. General CAM and health regulations may bear influence on naturopathy treatments.

5.11 Neural therapy

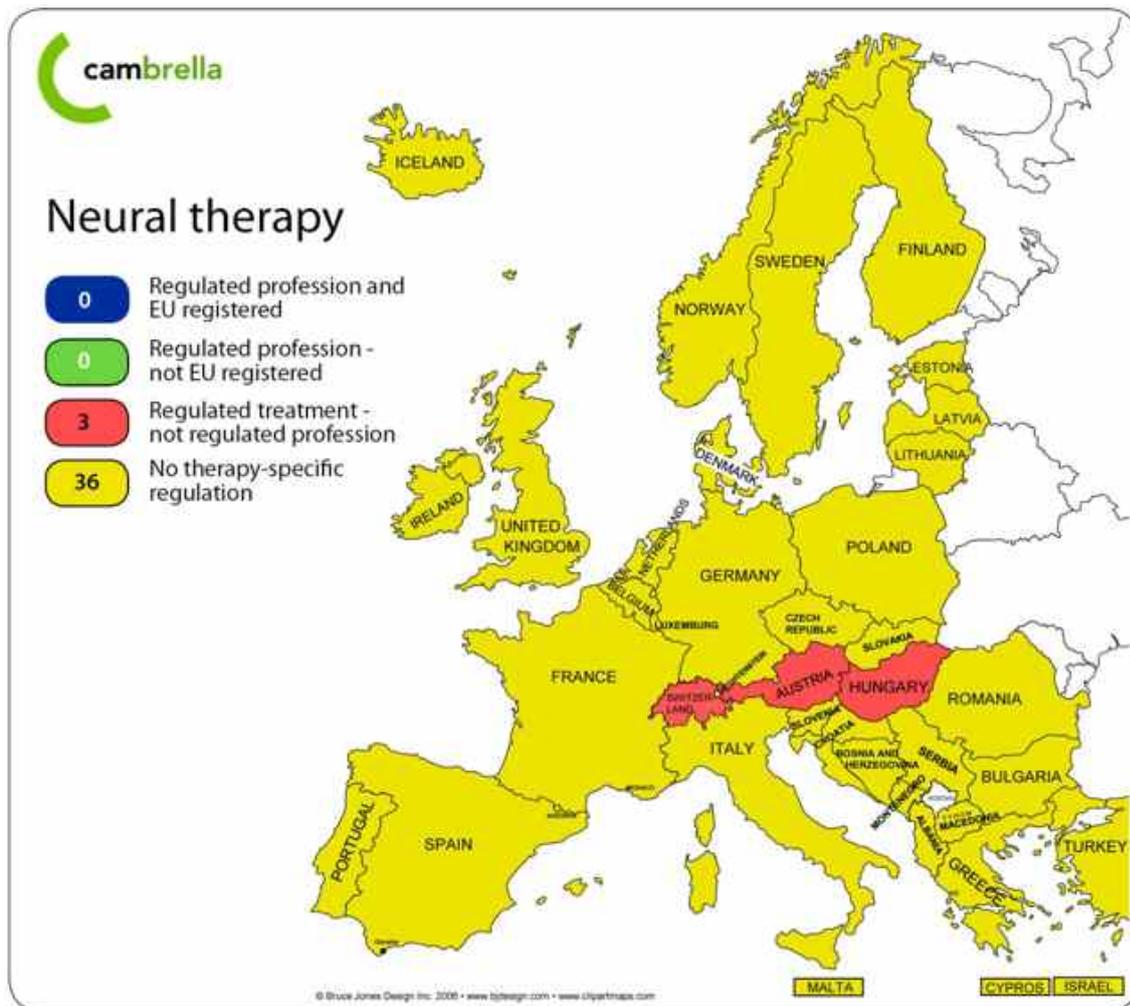


Figure 5.11.1 Neural therapy map

Table 5.11.1 Neural therapy regulations - countries

Regulated profession and EU registered (0)	Regulated profession Not EU registered (0)	Regulated treatment Not regulated profession (3)	No regulation (36)
		Austria	
		Hungary	
		Switzerland	

3 countries (Austria, Hungary, Switzerland) have specific regulation on neural therapy. In **Austria** diplomas awarded by the medical association specialise physicians in neural therapy. In **Hungary** CAM legislation regulates neural therapy. In **Switzerland** neural therapy is included in federal laws.

36 countries have no specific regulation on neural therapy. General CAM and health regulations may influence neural therapy practices.

5.12 Osteopathy

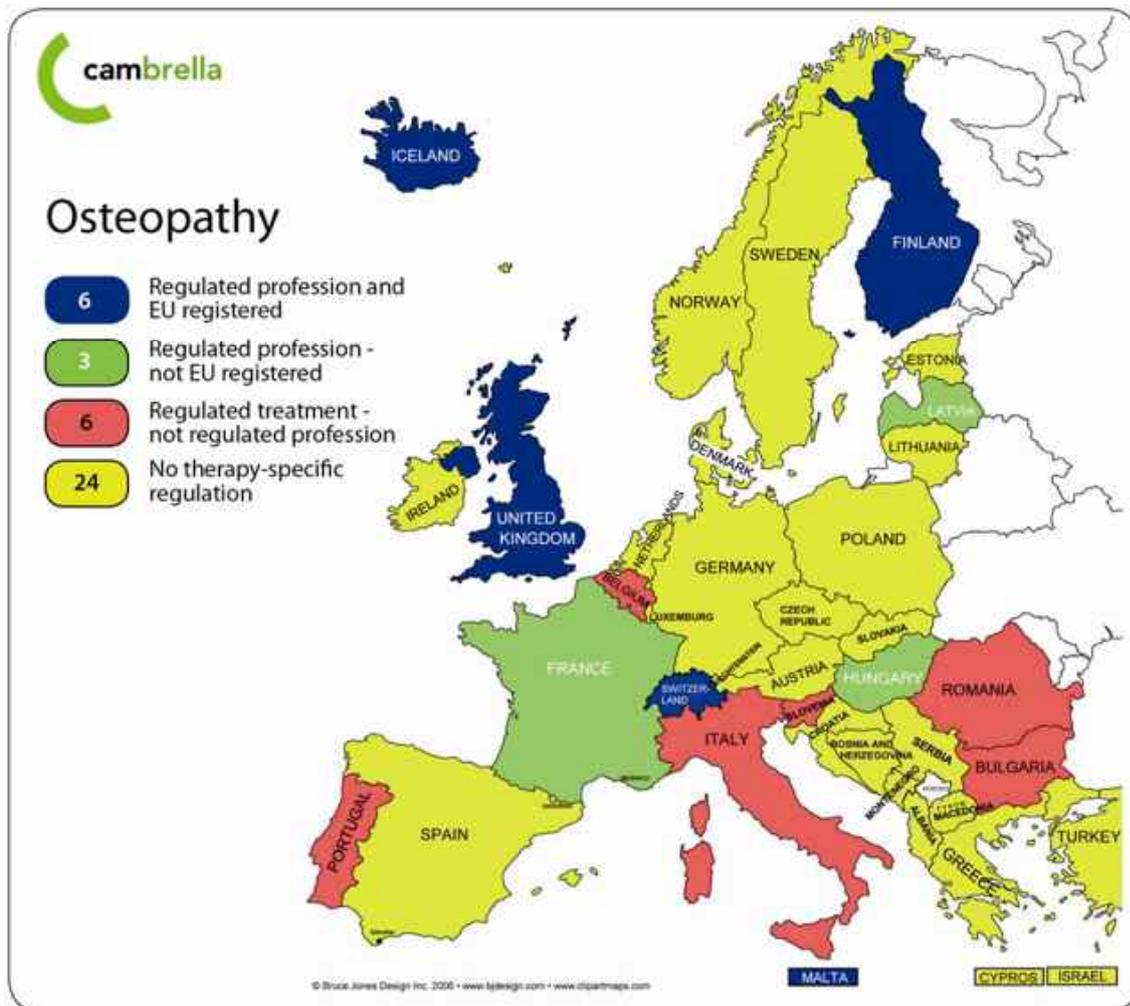


Figure 5.12.1 Osteopathy map

Table 5.12.1 Osteopathy regulations - countries

Regulated profession and EU registered (6)	Regulated profession Not EU registered (3)	Regulated treatment Not regulated profession (6)	No regulation (24)
Finland	France	Belgium	
Iceland	Hungary	Bulgaria	
Liechtenstein	Latvia	Italy	
Malta		Portugal	
Switzerland		Romania	
UK		Slovenia	

In **9 countries** osteopath is a **regulated profession**. 6 countries have registered the profession in the EU regulated professions database. (**Finland, Iceland, Liechtenstein, Malta, Switzerland, UK**). **Finland, Iceland, Liechtenstein, Malta** require a qualification level PS3 – diploma of post-secondary level (3-4 years). In **Switzerland** the qualification level is 5 years

plus 2 years of internship. In **UK** “osteopath” is registered with a qualification level PS4-diploma of post-secondary level (exactly 4 years). In **France, Hungary and Latvia** the osteopath profession is regulated, but not registered in the EU database. In **France** legislation provides a medical qualification to practise osteopathy. A new law on chiropractic and osteopathy is in progress. In **Hungary** only doctors may practise and osteopathy is regulated as “**manual therapy**”. In **Latvia** doctors may have a doctoral degree of osteopathy and a rank as “**doctor of osteopathy**”.

6 countries have regulations on osteopathy treatment, but not regulated the profession (**Belgium, Bulgaria, Italy, Portugal, Romania, Slovenia**). In **Belgium** the CAM law includes a “Chamber of osteopathy”. In “**Bulgaria**” the health law includes “non-conventional physical methods” which may include osteopathy. In **Italy** court rulings and the medical association have acknowledged osteopathic treatment for health professionals with approved international osteopathic education. In **Portugal** the CAM law “on the provision of non-conventional therapies” regulates osteopathy. In **Romania** the CAM law recognizes osteopathy in the group “manual therapies”. In **Slovenia** osteopathy is listed in the CAM law as “other CAM systems”, a method defined within “manipulative and body –based methods”.

In 24 countries we have not found specific osteopathy regulations. General CAM and health regulations may influence osteopathic treatment.

5.13 Traditional Chinese Medicine (TCM)

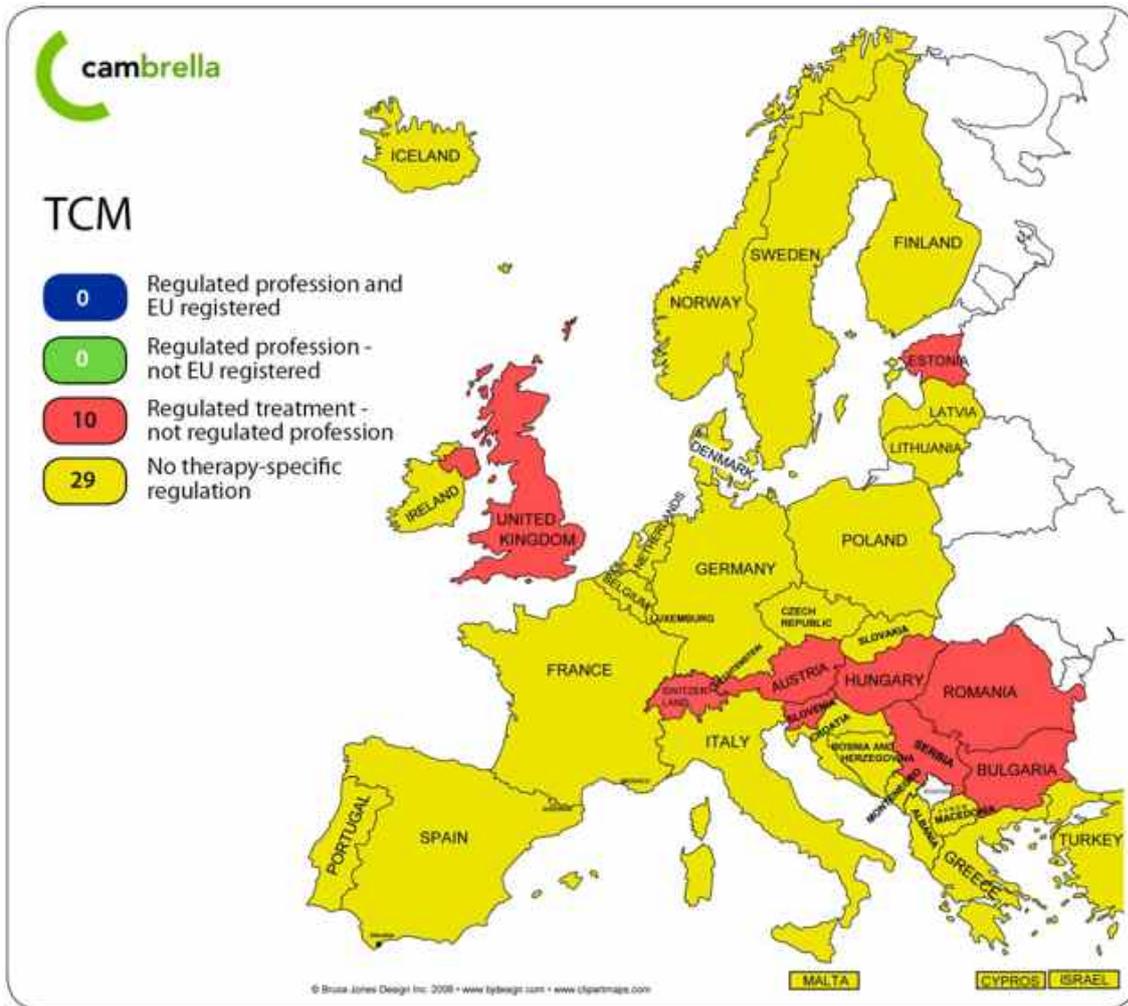


Figure 5.13.1 TCM map

Table 5.13.1 TCM regulations - countries

Regulated profession and EU registered (0)	Regulated profession Not EU registered (0)	Regulated treatment Not regulated profession (10)	No regulation (29)
		Austria	
		Bulgaria	
		Estonia	
		Hungary	
		Liechtenstein	
		Romania	
		Serbia	
		Slovenia	
		Switzerland	
		UK	

Traditional Chinese medicine is a therapeutic system consisting of different treatments. We have not found any professions called TCM practitioner, but some countries regulate TCM as acupuncture.

10 countries out of 39 have specific regulations on TCM (acupuncture is separately described). In **Austria** TCM is only allowed for medical doctors. In **Bulgaria** the health law regulates the use of non-pharmaceutical products of organic or mineral origin. Further, acupuncture and acupressure are regulated. TCM is in **Estonia** regulated as a professional standard according to the Professions act. Certificate as a Chinese natural therapist can be issued. In **Hungary** TCM follows the regulations of acupuncture. **Liechtenstein** has regulated TCM in the health law as a treatment that may be provided by the “Naturheilpraktiker”. In **Romania** the CAM law recognizes Chinese medicine in the group “alternative therapies”. Only doctors, dentists and pharmacists with approved additional qualifications may practise TCM in Romania. In **Serbia** TCM is listed in the CAM bylaw as “a method of treatment suitable for practise”. Regulated health personnel may practise TCM in Serbia. **Slovenia** has listed TCM in the CAM act as “a CAM system that may be used when carrying out CAM practices”. Practitioners with educational level of at least secondary education in healthcare may practise TCM in Slovenia. In **Switzerland** TCM is included in federal laws and detailed regulation delegated to medical and non-medical associations. In the **UK** a TCM practitioner may register voluntarily with a professional body. A statutory regulation on those prescribing Chinese herbal medicines is in progress.

In **29 countries** we have not found specific TCM regulations. General CAM and health regulations may influence TCM treatment. Note also the **acupuncture** regulations for all the 39 countries.

6 Discussion on CAM aspects related to EU/EFTA/EEA legislation and regulations

In this report we have both presented country-specific legal and regulatory issues in 39 European states as well as summaries of the situation for twelve CAM therapies. CAM treatment is in general either unregulated or regulated within the framework of the public health system. Most countries in northern Europe have a more or less unregulated system while many of the countries in southern and Eastern Europe have to a large degree regulated all health practices. The only common factor we have found across all 39 nations is the amazing ability they have demonstrated of structuring legislation and regulation differently in every single country, no matter how small the size of the population.

This country-specific regulation can be seen as a beneficial willingness on behalf of the local government to introduce legislation and regulation that resonates with the local context. The CAM landscape has developed quite differently in various regions of Europe, some treatment modalities that have a long-standing tradition in Central Europe may be virtually unknown in the UK and Scandinavia and vice versa. The cultural attitudes to “freedom of practice” may also differ substantially. It is, of course, impossible to determine which system of regulation that best serves the needs of the population. Stake holders in a country will have different opinions. Some will ask for more tight regulation, even in countries that are thoroughly regulated already, while others will see any government regulation as unnecessary interference in their treatment activities.

The situation is, in principle, the same as in conventional medicine, but the diversity is in reality considerably higher. As long as the local population, treatment providers and researchers remain within their country’s boundaries they will adjust to the current situation. As soon as anyone attempts to initiate cross-border treatment and research activity, they will, however, run into incompatible systems that will be experienced as impossible to navigate.

6.1 Methodological considerations

Collecting the relevant documents and documentation from 39 different states was challenging. Some legislation and regulatory documents could have evaded us in this effort, despite the in-depth literature search and personal contact with the national health authorities, either in person or by phone/e-mail. If this has happened in one or more countries, the information given will be inaccurate, and will be updated in a later online version of this document.

Inaccuracies in the information can also be caused by misunderstandings in the translation of the documents to English. In countries where official English versions were unavailable, we have used local health authorities to assist us with the translation; official translation agencies have not been involved. We foresee that these potential inaccuracies will be rectified when the document has been exposed to the international public.

Legislation and regulations are also constantly under revision, and we can only describe the current situation. In some countries there have been imminent plans for revisions. If this has been the case, we have included the planned changes in the text. Again, a dynamic online document following this report will include regularly updated information for the European and international public.

6.2 Consequences for European patients and citizens

With patients more willing to cross borders in their search for health care (encouraged by the recent Cross-border Health Directive(6)), it is imperative that they are aware of the widely different status of CAM legislation and regulation in culturally similar European nations. When patients cross European borders in search of CAM treatment, they may encounter substantial differences in the professional background of apparently identical CAM providers. They may also face a completely different reimbursement system, and if the treatment they undergo results in unwanted adverse or side effects they will be differently safeguarded depending on which state they are in.

Although the European Regulations and Directives listed in this document all indirectly influence the practice of CAM in Europe, the intention of the European Parliament outlined in its 1997 Resolution(8) has not been achieved. This document thoroughly documents that a European patient will experience a wide variation in CAM treatment situations depending on country of residence. She will face the following challenges:

1. A wide diversity in which treatments and providers that are available.
2. A wide diversity of available treatments and providers.
3. For similarly labelled treatments; a totally unpredictable level of professional competence.
4. Very differing systems of authority regulation of quality of the services provided.
5. Unpredictable system of reimbursement for services provided.
6. Limited and complex opportunities for complaints.

Every aspect of the current situation can be a threat to patient safety. In post-modern Europe where patient choice in health care is seen as a core value, this confusing European market makes any informed treatment-seeking very challenging. It also indirectly discourages any cross-border treatment-seeking activity. For patients, health insurances and treatment providers there is an unacceptably high level of confusion.

Patient respect and protection are most likely the underlying motives for each state to organize their regulation so differently. It is, however, difficult to understand that small European countries (which represent small population groups) need widely different legislation and regulations tailored to their own uniquely defined safety requirements. Realizing that a substantial proportion of European citizens at any one time are seeking CAM treatment, it seems strange that a culturally homogeneous continent like Europe can accept this unpredictable situation for its citizens.

In conventional medicine there is a relatively high level of predictability with regard to which health professions a patient can gain access to across Europe. The Professional Qualifications Directive established an automatic recognition on the basis of harmonization of minimum training conditions for doctors, nurses, midwives, pharmacists and dentists within the health care system. In the CAM sector there is some mutual recognition according to the “General System” in the Directive, but patients cannot expect to find the provider of their choice as an authorized/licensed treatment provider in all European countries. They might not even find that the treatment modality they are seeking exists at all in another country.

The reimbursement systems of CAM treatments also differ widely between the states. Cross-border CAM treatments are currently, in practice, only available for patients that can afford the cost of treatment and travel with only partial or no reimbursement in the home state. This means that patients must have detailed knowledge on how CAM is regulated in the relevant countries according to the Cross-border healthcare(6) or Social Security Directive (9). However, these two insurance and reimbursement systems are not coherent. The member states can limit reimbursement relating to the quality and safety of the health care provided. CAM treatment is generally less documented than conventional medicine and CAM is in many countries not included in the national health supervision system. This means that reimbursement of CAM treatment can be refused because regulation of CAM in the country of affiliation differs from the country of treatment.

6.3 Consequences for CAM practitioners

When CAM professions in some countries are tightly regulated while the same professional categories in other countries are totally unregulated, an establishment of collegial common ground is very challenging. Despite these challenges, there have been numerous organizations ([Attachment 1](#)) established who have attempted to coordinate international collaboration and facilitate research. Most of these organizations have as one of their goals to attain scientific, legal and regulatory recognition and approval of their CAM treatment modality. The current legal and regulatory landscape would most likely have appeared even more confusing without their efforts.

6.3.1 Authorized/licensed health care providers

For medical doctors the Directive 2005/36/EC facilitates the mutual recognition of conventional medical qualifications (basic training, additional training as general practitioners or medical specialists, if applicable)(5). The system does, however, not easily handle their possible additional qualifications in specific CAM therapies.

The authorized/licensed health care providers with or without a local specialty can practise CAM in another state according to legislation in that specific country. However, such practice is sometimes impossible due to the heterogeneous regulation in Europe.

Obstacles can be:

- Authorizations and licences allowing the practice of CAM differ between states.
- There are differences from state to state with regard to which CAM treatments that can be provided by the authorized/licensed health care providers included in the Directive 2005/36/EC(5).
- Education and training programmes both for health professionals included in Directive 2005/36/EC(5) and for other CAM providers differ from state to state. Consequently a doctor of medicine in one state could have some training in the CAM field included in the curriculum, while CAM training is not included in the curriculum in another state. Both curricula can, however, have been accepted according to the professionals Directive.

Within the current legislation at the EU/EFTA level there is therefore room for a variety of CAM practise performed by authorized/licensed health care providers. This ranges from providers with no training in CAM practising in a state where no, or only a select few, CAM modalities are permitted used by these providers, to, at the other extreme, providers practising in states where there is considerable CAM training within the current curriculum, post-graduate accredited CME training courses in several CAM modalities, and authorization/licensing of CAM specialists in the respective professions.

This situation raises concerns with regard to the predictability, quality and safety of health care delivery to European citizens by licensed health care providers practising CAM.

6.3.2 CAM provider without an authorization /license as a health care provider

Directive 2005/36/EC) on the recognition of professional qualifications influences the provision of CAM treatment in Europe also for those CAM providers who are not authorized/licensed as health care personnel(5). A few countries have established separate authorization/licensing systems for some categories of CAM providers (for example acupuncturists and chiropractors), and these are included in the professional groups

regulated by Directive 2005/36/EC. These CAM providers can seek professional recognition within the countries that regulate them. CAM providers share the basic right to work in all European states under the Directive 2004/38/EC (Rights of Union citizens to move and reside freely)(10). However the country-specific nature of member states' recognition of CAM professions means they cannot exercise this right across all member states. They can thus possibly be legally recognized in their own country, but not recognized in other EU or EFTA countries. They are required to follow national legislation/regulations in each state with regard to what treatment they are allowed to give, and relate to the provider and insurance regulations within the state's private or public health systems. This severely hampers the free movement of providers despite the Cross-border Healthcare Directive and Social Security Regulation.

Within the current legislation at the EU/EFTA level there is therefore room for a variety of CAM practice performed by providers who are not authorized/licensed health care providers. This ranges from an extreme of being refused to practise at all, because all treatment of people with health conditions is reserved for authorized/licensed health care personnel only, to another extreme in some European countries where anyone can practise CAM without any CAM education or training. Another extreme situation is being allowed to practise CAM as a fully trained provider with an authorization/license on equal terms to an authorized/licenced health care provider.

This diverse situation raises, as in the case of authorized/licensed health care providers, concerns with regard to the predictability, quality and safety of CAM health care delivery to European citizens.

6.4 Consequences for CAM researchers

A third important issue is **clinical research collaboration**. Research on efficacy and effectiveness of CAM is severely hampered by the conglomerate of European regulation. Practices and practitioners are not comparable across national boundaries, and any observational or experimental study will therefore be generalizable only within a narrow national or cultural context. Research should be strengthened on the monitoring and safety aspects on CAM practices. An essential discussion to be initiated is how to develop the current regulatory system in Europe to improve and facilitate cross-border clinical CAM research, and what would the advantages and disadvantages be for researchers if CAM were regulated at an EU/EEA level?

6.5 Possible ways forward

Patients, practitioners (authorized/licensed as well as those without an authorization/licence) and researchers would all benefit if there was a higher degree of harmonization of legislation and regulation of CAM in Europe. The four freedoms form the political platform of the EU/EEA area. These freedoms can only be fully practised if the citizens can enjoy a predictable and safe system of health care. Conventional medicine across Europe is predictable enough through the various directives passed over recent years. CAM has, however, not been given a similar degree of attention despite its widespread use.

There are in principle two options that can be chosen to achieve a higher degree of harmonization: legislation and regulation at the EU/EEA level or voluntary harmonization. We do not foresee EU/EEA level legislation/regulation in the foreseeable future since the EU repeatedly has upheld its position of leaving this to the individual country.

Voluntary harmonization is, however, possible within current legislation. Directive 2005/36/EC outlines how countries can enable mutual professional recognition for categories of professionals (5). The successful mutual recognition of physiotherapists across Europe shows how this can be done. Physiotherapists represent a profession in conventional medicine that is not regulated as one of the “Sectorial professions” giving automatic recognition on the basis of harmonization of minimum training requirements. Physiotherapy has therefore been harmonized according to the “General system” of mutual recognition of professional qualifications, and could serve as a potential template for development of harmonized regulation of CAM professions in Europe. **Physiotherapy is recognized as a conventional regulated health profession** in 38 of the 39 countries we have described, and 29 of 31 EU/EEA members have registered the profession in the EU regulated professions database (Figure 6.5.1). Physiotherapy professionals can thus with few obstacles move from one European country to another, and patients are ensured that, across Europe, they will encounter professionals with similar background and experience.

Chiropractic, massage, osteopathy, naprapathy could be similarly regulated and entered into the common EU regulated professions database. This would establish a situation similar to physiotherapy to which they are fairly closely related. Several countries in the eastern region of Europe have entered their **massage therapist** profession into the database, and have thereby established a “common market” for this profession in the region. This demonstrates that this approach is viable also in the CAM area.

We think a pan-European professional initiative could influence national health authorities to register the relevant profession in the EU regulated professions database. If this is done, EU-level regulation will turn out to be unnecessary.

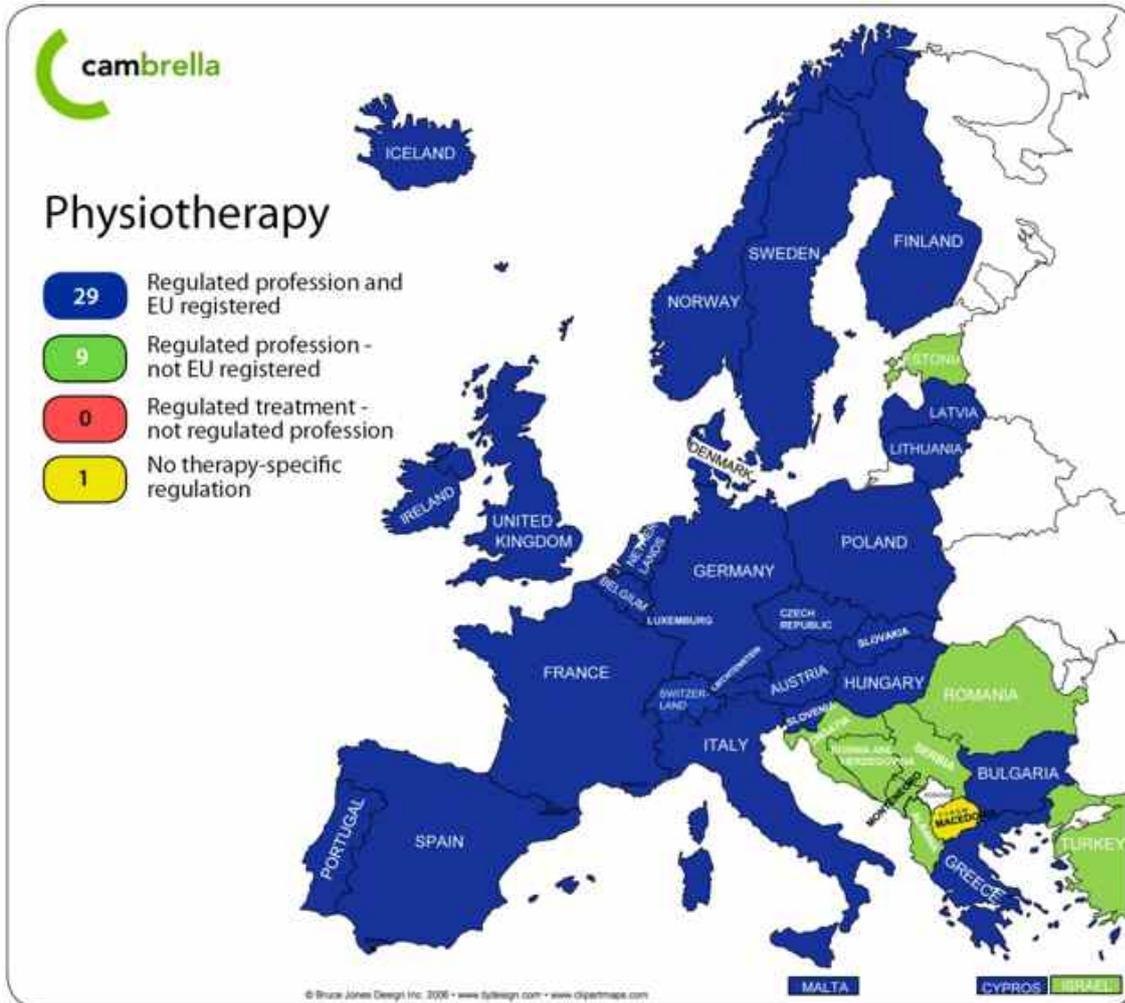


Figure 6.5.1 Physiotherapy map

Table 6.5.1 Physiotherapy regulations - countries

Regulated profession and EU registered (29)	Regulated profession Not EU registered (9)	Regulated treatment Not regulated profession (0)	No regulation (1)
29 countries	Albania		Macedonia
	Bosnia & Herzegovina		
	Croatia		
	Estonia		
	Israel		
	Montenegro		
	Romania		
	Serbia		
	Turkey		

7 Conclusions

The EU treaties have repeatedly established that health policies are a national responsibility for the member states, and this is clearly reflected in the current situation with regard to CAM legislation and regulation. Despite several EU Directives, Regulations and Resolutions that influence how member states organize their national health policy and services, no two countries described in this report have a common approach to legislation and regulation in this area. The diversity applies to whether the field is regulated at all, what treatments are considered to be CAM, whether CAM treatments should be only practiced by practitioners with education/training in the discipline, whether license to practise should be limited to authorized/licensed health personnel and even whether medical doctors need a several-year specialization to be allowed to practice CAM. There appears to be no predictable pattern with regard to geography, political history, population size or cultural diversity. This diversity will clearly influence patients, practitioners and researchers crossing European borders (encouraged by the recent Cross-border Health Directive).

When patients cross European borders in search of CAM treatment, they may encounter substantial differences in the professional background of apparently identical CAM providers. They may also face a completely different reimbursement system, and if the treatment they undergo results in unwanted adverse or side effects they will be differently safeguarded depending on which state they are in. Every aspect of the current situation can thus be a threat to patient safety. In post-modern Europe where patient choice in health care is seen as a core value, this confusing European market makes any informed treatment-seeking very challenging.

There is room for a substantial variety of CAM practise in Europe. This ranges from an extreme in some countries where anyone can practise CAM without any CAM education or training to the other extreme where only medical doctors with a specialization in the relevant CAM discipline are allowed to practise. This situation raises serious concerns with regard to the predictability, quality and safety of health care delivery to European citizens. When CAM professions in some countries are tightly regulated while the same professional categories in other countries are totally unregulated, an establishment of collegial common ground is very challenging.

Research on efficacy and effectiveness of CAM is also severely hampered by the conglomerate of European regulation. Practices and practitioners are not comparable across national boundaries, and any observational or experimental study will therefore be generalisable only within a narrow national or cultural context.

There are in principle two options that can be chosen to achieve a higher degree of harmonization: legislation and regulation at the EU/EEA level or voluntary harmonization. We do not foresee EU/EEA level legislation/regulation in the foreseeable future since the EU repeatedly has upheld its position of leaving this to the individual country. Voluntary

harmonization is, however, possible within current legislation. The successful mutual recognition of physiotherapists across Europe shows how this can be done, and could be a potential template for development of harmonized regulation also of CAM professions in Europe.

8 Countries

8.1 Albania

The Republic of Albania (hereafter Albania) applied for European Union (EU) membership on 28. April 2009 and is listed as a potential candidate country to EU (11). Albania is connected to the FP7 research programme through a memorandum of understanding and as such included in the CAMbrella survey of CAM legislation in Europe. Albania has been a member of the Council of Europe since 1995 (12).

8.1.1 The legal and regulatory status of CAM and CAM practices

In Albania alternative medicine is regulated, and some CAM treatments are mentioned in the regulation. Article 20 of "**Law on Health Care** in the Republic of Albania" from 2009 states that (13);

1. **Alternative Medicine** is a set of preventive and curative health practices, such as **homeopatia, naturopatia, chiropractic and herbal medicine**, which does not follow the general medical methods that are accepted and may not have a scientific explanation for their effectiveness.
2. Treatments, conditions and manner of use of unconventional therapeutic methods are **determined by order of the Minister of Health**.
3. **Advertisement and practice** of alternative medicine methods unlicensed by the Ministry of Health are prohibited.

There are **no follow-up regulations** of this activity approved by the Ministry of Health (MOH).

Article 19 of the **health care law of 2009** regulates **sport and rehabilitation medicine**, including **physiotherapy** (see below)(13). **Article 31** states that registration of health professionals is a mandatory process, headed by the Ministry of Health. Operational orders are regulated by separate laws(13). **Article 33** states that the Ministry of Health establishes mandatory programs for continuing education (CME) for health care professionals (13).

Albania has a health care system that is mainly public (14). Private medical practice has been legal since 1992 (15). Private practice licences are no longer issued by the MOH. The private sector includes most of the pharmaceutical services (14).

The Act on regulated professions in Albania from 2009 applies to every person who wants to exercise a regulated profession in the Republic of Albania. The law does not apply for the professions, which, according to the legislation in force, have special requirements, but not necessarily the character of formation or qualification required for regulated professions (16). According to the **professionals act article 5, regulated health professionals** in Albania are **doctor, dentist, pharmacist, nurse, midwife, physiotherapist and veterinarian** (16).

A. To earn the right to exercise a regulated profession, each candidate must:

- a) Perform professional practice.
- b) Perform the state examination.
- c) Be registered in the respective UP (national professional register)(16).

8.1.2 The governmental supervision of CAM Practices

Law on health care 2009 article 4 states that the Health Minister directs the policy, organization and supervision of the health care system (13).

According to the law on Public Health, inspection shall be performed by the State Health Inspectorate as a dependant body to the Minister of Health, and the Chief Inspector of state health, in order to perform his duties, shall technically rely on the Institute of Public Health (17). Regulated health services and regulated health professionals (including CAM licensed professionals) are included in the supervision programme under the State Health Inspectorate.

The Ministry of Health has special attention to “The National Centre of Quality, Safety and Accreditation of Health Institutions” and “The Centre of Continuous Medical Education” to increase their authority (14).

8.1.3 The reimbursement status of CAM practices and medicinal products

The Health insurance scheme in Albania is governed by law Nr. 10 383, dated 24 February 2011 on Compulsory Health Care Insurance (18). “This law defines the legal status, the structure, functions and the activity of the Health Care Insurance Fund which manages the funding of the health care services onto the compulsory health care insurance scheme”(18).

The health care insurance scheme in Albania covers health care services funded by the private and public sector (18). Patient services covered are:

- a) medical examinations and treatment in public health care centres and public hospitals and additional services in public hospitals.
- b) medical examinations and treatment in private medical practices and private hospitals to an extent agreed with the Health Insurance Fund (HIF).
- c) drugs, medical products and treatment by other persons in the medical profession.

The Health Insurance Institute (HII) was established in 1995 as a national statutory body. Reimbursement coverage has been introduced and extended in planned stages. Additional funding comes from patients and foreign aid. Even if patients co-payments is low, it is likely that out-of-pocket payments prevent low-income people from obtaining health care services

and pharmaceuticals (15). Private insurance has been legal in Albania since 1992 (15). Medical doctors are employed by the State, general practitioners (GP's) are paid by the Health Insurance Institute (HII) according to a capitation system, specialists are paid a fixed salary by the MOH (19).

The pharmaceutical services in Albania are mainly private with rigorous monitoring from the MoH and the National Center of Drugs Control (14). The Drug Commission on Drafting and Reviewing the Reimbursement List selects the drugs that are going to be reimbursed (14). In 2009 450 drugs were on the reimbursement list. Albania collaborates with the European Drug Agency to adjust national legislation to the European Union Directives (14).

The health insurance act of 2011, article 10 includes insurance services by defining: “the list of reimbursable drugs and also the measure of coverage from compulsory insurance. The structure of the drug list is defined based on the list of the basic drugs according to classification INN (active principle of drug) as defined by WHO and also to the cheapest alternative” (18).

The Instrument for Pre-accession Assistance (IPA) programme was launched by the European Medicines Agency in late 2009 in order to support and foster links between the European Medicines Agency and the Beneficiaries (including Albania) in order to ensure future co-operation in the Agency's networks and to prepare the countries for integration into the European regulatory network for medicines (www.ema.europa.eu).

8.1.4 Acupuncture

No specific regulation has been found on acupuncture.

8.1.5 Anthroposophic medicine

No specific regulation has been found on anthroposophic medicine.

8.1.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.1.7 Chiropractic

Chiropractic is regulated in the “Law on Health Care” from 2009, article 20, Alternative Medicine, as a therapeutic system that does not follow the general medical methods that are accepted and may not have a scientific explanation for their effectiveness (13).

Treatments, conditions and manner of use of chiropractic shall be determined by order of the Minister of Health (13). Advertisement and practice of chiropractic unlicensed by MoH are prohibited (13).

There are no follow up regulations approved by MoH that regulates chiropractic.

8.1.8 Herbal medicine/Phytotherapy

Herbal medicine is regulated in the “Law on Health Care” from 2009, section 20, Alternative medicine, as a therapeutic system that does not follow the general medical methods that are accepted and may not have a scientific explanation for their effectiveness (13).

Treatments, conditions and manner of use of herbal medicine shall be determined by order of the Minister of Health (13). Advertisement and practice of herbal medicine treatment unlicensed by MoH are prohibited (13). There are no follow up regulations approved by MoH that regulates herbal medicine treatment.

8.1.9 Homeopathy

Homeopathy is regulated in the “Law on Health Care” from 2009, section 20, Alternative medicine, as a therapeutic system that does not follow the general medical methods that are accepted and may not have a scientific explanation for their effectiveness (13).

Treatments, conditions and manner of use of homeopathy shall be determined by order of the Minister of Health (13). Advertisement and practice of homeopathy unlicensed by MoH are prohibited (13). There are no follow up regulations approved by MoH that regulates homeopathy treatment.

8.1.10 Massage

No specific regulation has been found on massage.

8.1.11 Naprapathy

No specific regulation has been found on naprapathy.

8.1.12 Naturopathy

Naturopathy is regulated in the “Law on Health Care” from 2009, section 20, Alternative medicine, as a therapeutic system that does not follow the general medical methods that are accepted and may not have a scientific explanation for their effectiveness (13).

Treatments, conditions and manner of use of naturopathy shall be determined by order of the Minister of Health (13). Advertisement and practice of naturopathy unlicensed by MoH are prohibited (13). There are no follow up regulations approved by MoH that regulates naturopathy.

8.1.13 Neural therapy

No specific regulation has been found on neural therapy.

8.1.14 Osteopathy

No specific regulation has been found on osteopathy.

8.1.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM.

8.1.16 Other treatments (mentioned if found in legislation)

Physiotherapy is a **regulated health profession** in Albania according to the Act on regulated professions article 5(16) and Act on health care, article 19; Rehabilitation and Sports Medicine (13). Rehabilitation Medicine is provided by a physiotherapist with a university degree. The order of MOH 2011 on professional practise of health professions, point 3, regulates that physiotherapy internship practice is 3 months (20). Sports Medicine is a form of providing health care for active sportsmen, implemented as part of health care services. The Minister of Health determines, by-laws, rules of organization and operation of the Sports Medicine Service (13).

8.2 Austria

Austria became a member of the European Union(EU) in 1995(11) and of the Council of Europe on 16 April 1956 (12).

8.2.1 The legal and regulatory status of CAM and CAM practices

We have found no specific CAM regulations in Austria. Physicians are, however, implicitly permitted to use alternative treatments (21).

The Bundesgesetz über die Gesundheit Österreich GmbH (GÖGG) (the Health Care Act Austria)(22) managed by Österreichisches Bundesinstitut für Gesundheitswesen (ÖBIIIG) regulates the basic health system in Austria (22).

The Ärztegesetz BGBl, I Nr. 169/1998 (Law on physicians)(3) regulates the profession of medical doctors in Austria. The Physiotherapy Act regulates physiotherapy and occupational therapists BGB1. Nr. 460/1992 (23). Different medical massage professions are regulated by the BGBl. I Nr. 169/2002 (24). Midwives are subject to the “Hebammengesetz” BGB1. Nr. 310/1994 (25).

Medical practise is limited to medical doctors. The “Ärztegesetz”(Federal Medical Law) states that practicing as a medical doctor includes every task based on medical-scientific knowledge that is performed directly on a person or for the person (25). All doctors are mandatory members of a medical chamber in their respective province (Landesärztekammer) who jointly constitute the Austrian Medical Chamber (Österreichische Ärztekammer)(26). The “Österreichische Ärztekammer” manages the mandatory list of medical doctors (27).

The Federal Medical Law states in section 1.2; “Only legally qualified and authorized professionals are allowed to practise medicine” (28). Medicine is defined in the Ärztegesetz as: “All activities based on medico-scientific knowledge carried out directly or indirectly on human beings” – “performed for the purposes of diagnosis, treatment, and prophylaxis” (§2, Ärztegesetz).

Many physicians in Austria have a diploma of at least one form of CAM. The training in CAM methods is located in the different scientific/medical CAM societies, which specialize in one of the CAM traditions, like homeopathy (Österreichische Gesellschaft für Homöopathische Medizin-ÖGHM) (www.homöopathie.at), anthroposophic medicine (Gesellschaft für Anthroposophische Medizin in Österreich- GAMÖ) (www.anthromed.at) and others. CAM training courses require certain standards to be achieved before awarding an “Ärztekammerdiplom”.

The diplomas are awarded by the Austrian Medical Board. The most common methods are **acupuncture, anthroposophic medicine chiropractic manipulation, homeopathy, neural therapy and traditional Chinese medicine** (29).

“A fundamental question is if the term “treatment” (“Heilverfahren”) is subject to legal regulation. An explicit legal norm for treatment, in particular regarding osteopathy does not exist in Austria. Who and with which methods and concepts is permitted to “heal” respectively perform treatments on patients, can be gathered from the respective medical fields” (25).

Medical acts that are not provided by authorized health professionals, such as midwives, medical-technical assistants, and nurses, are reserved for physicians (Ärztegesetz (Law on Physicians) of 1984 (173,174) (28).

According to the Law on Health Services, only scientifically recognized medical care can be provided in hospitals. Acupuncture, neuraltherapy, and chiropractic are recognized, but not homeopathy (22).

8.2.2 The governmental supervision of CAM Practices

The ‘Gesundheitsreformgesetz’ (health care reform act) BGBl I No. 179/2004 regulates health quality in Austria (30).

The ‘Bundesinstitut für Qualität im Gesundheitswesen (BIQG)’ (The Federal Institute for Quality in the Health Care System (BIQG)) manages health quality coordination (31, 32). BIQG is a unit of ‘Gesundheit Österreich GmbH’ (32). The legal basis for BIQG is ‘Das Gesundheitsqualitätsgesetz (GQG)’ (The Health Quality Act)(30) and the ‘Gesetz über die Gesundheit Österreich GmbH (GÖGG)’ (The Health Care Act Austria)(31).

“These actors include social security institutions, federal ministries, provinces, professional societies, chambers and professional representations, patient advocacies and patient support groups” (32). “The Austrian Society of Medical Quality Assurance and Quality Management LLC (ÖQMED, www.oeqmed.at), which is fully owned by the Austrian Medical Chamber, periodically publishes a Medical Quality Report in which the results of its evaluation of physician’s practices are given” (32).

Austrian doctors are answerable to courts of law and to their competent local disciplinary commission, which acts under the supervision of the disciplinary council of the Austrian Medical Chamber (26). Article 136 of the Austrian Ärztegesetz (Act on the medical profession) regulates breach of discipline (Disziplinarvergehen)(27).

In the same way physiotherapy is regulated by article 33 “Strafbestimmungen in MTD-Gesetz” (23) and massage professions by article 78 “Strafbestimmungen in MMhm-Gesetz” (23).

The Criminal law; [BGBl Nr. 60/1974](#) (33) draws the boundaries for appropriate conduct by medical professionals (26) (§ 80 and §110 in special)(33).

Unskilled persons who practise medical acts or activities reserved for physicians, risk a fine or imprisonment of up to three months (Article 184 of the Penal Code). The court is tolerant, and the law is enforced only on practitioners that use methods with no scientific support (28).

8.2.3 The reimbursement status of CAM practices and medicinal products

For acupuncture a small reimbursement is provided by the social security services, if the indication is pain. All other possible acupuncture indications are not reimbursed.

Costs for CAM treatments in general are not reimbursed by social security services, but in special cases this is negotiable (cancer patients, children). Patients have to consider that themselves and negotiate reimbursements on their own initiative. Private insurance companies offer packages that include CAM.

8.2.4 Acupuncture

Acupuncture is legally recognized for pain therapy within the limits of conventional medicine and acknowledged by the “Oberster Sanitätsrat” 1986. Diplomas are awarded by the Austrian Medical Board. Acupuncture is perceived as a part of conventional medicine called Integrative medicine. For acupuncture some reimbursement is given in special cases (34).

According to the Law on Health Services, acupuncture is a scientifically recognized treatment that can be provided in hospitals (22).

8.2.5 Anthroposophic medicine

Diplomas awarded by the Austrian Medical Board specialise physicians in anthroposophic medicine.

8.2.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.2.7 Chiropractic

Diplomas awarded by the Austrian Medical Board specialise physicians in chiropractic manipulation.

8.2.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy.

8.2.9 Homeopathy

The federal medical Law and Ärztegesetz (Law on Physicians of 1984 (173,174)) states that “only medical professionals are allowed to practise medicine” (28). The “Österreichische Ärztekammer” (ÖÄK - Austrian Medical Council) issues the Complementary medicine Homeopathy diploma – ‘ÖÄK Diplom Komplementäre Medizin Homöopathie’ - to medical doctors who have successfully passed an examination in homeopathy (28).

8.2.10 Massage

The Act “Medizinischer Masseur- und Heilmasseurgesetz – MMHmG”- BGBl. I Nr. 169/2002, regulates massage professions in Austria (24). Different massage titles are registered in the national register for registered professions as well as in the EU regulated professionals database.

Masseur/Massage therapist/Spa therapist/Masseur-Aesthetician is a directly related regulated profession with title “**Masseur**” recognized under Directive 2005/36/EC(5), ID 654. General system of recognition - primary application. National legislation: Gewerbeordnung 1994. Qualification level: DSE - Diploma (post-secondary education), including Annex II (ex 92/51, Annex C,D). Art.11 c(7). Useful link: nihil.

“**Physiotherapy assistant**” (formerly ‘Heilbademeister/in und Heilmasseur/in’)(EN) is a directly related regulated profession with title “**Medizinischer/r Masseur/in (AT)**” under Directive 2005/36/EC(5), ID 631. General system of recognition- primary application. Qualification level: SEC-Certificate attesting the completion of a secondary course, Art. 11b (7). Useful link: <http://www.bmgf.gv.at/cms/site/inhalte.htm?channel=CH0003&thema=CH0012>

Physiotherapy assistant is a directly related regulated profession with title “**Heilmasseurin/Heilmasseur (AT)**” (formerly Heilbadenmeister/in und Heilmasseur/in (EN) recognized under Directive 2005/36/EC(5), ID 3795. General system of recognition – primary application. Qualification level: SEC – Certificate attesting the completion of a secondary course Art. 11 b.(7).

Useful link: <http://www.bmgf.gv.at/cms/site/inhalte.htm?channel=CH0003&thema=CH0012>

The commercial masseur (“**gewerblicher Masseur**”) is a regulated trade BGB1. Nr. 194/1994, 1994a (25).

8.2.11 Naprapathy

No specific regulation has been found on naprapathy.

8.2.12 Naturopathy

No specific regulation has been found on naturopathy.

8.2.13 Neural therapy

Diplomas awarded by the Austrian Medical Board specialise physicians in neural therapy.

8.2.14 Osteopathy

Austria has no legal regulation of osteopathy (25) "Osteopathy is neither recognized nor prohibited and can be practised by different people with different professional qualifications, with or without medical background and training" (25). "It is legally unclear if osteopathy represents a 'specialisation' of medical-scientific professions (e.g. doctor, physiotherapist) or if it is an 'independent' treatment method". According to the current legal status, the practise of osteopathy (as mechano therapeutic measure of patient treatment) by doctors and physiotherapists is possible" (25).

8.2.15 Traditional Chinese Medicine (TCM)

Practise of TCM is only allowed for medical doctors. Diplomas awarded by the Austrian Medical Board specialise physicians in traditional Chinese medicine.

8.2.16 Other treatments (mentioned if found in legislation)

In Austria **physiotherapy** is regulated by "Bundesgesetz über die Regelung der gehobenen medizinisch-technischen Dienste (MTD-Gesetz)" BGB1. Nr. 460/1992(3).

The title "**Physiotherapeutin**", "**Physiotherapeut**"(EN) and the professional activity is protected by the state. The rules of professional conduct are determined directly by the state through national legislation. The physiotherapist must obtain a licence to practise. Austria has a code of ethics for physiotherapists. The national authority responsible for legislation concerning the physiotherapy profession in Austria is the "Bundesministerium für Gesundheit" (35).

Physiotherapist is a directly related regulated profession with title "**Physiotherapeutin/Physiotherapeut(AT)**" recognized under Directive 2005/36/EC(5), ID 617. General system of recognition – primary application. Qualification level: PS3 – Diploma of post-secondary level (3-4 years), Art.11 d(7).

Useful link: <http://www.bmgf.gv.at/cms/site/inhalte.htm?channel=CH0003&thema=CH0012>

8.3 Belgium

Belgium was a founding member of the European Union in 1952 (11) and a founding member of the Council of Europe since 5 May 1949 (12).

8.3.1 The legal and regulatory status of CAM and CAM practices

The practice of health care professionals in Belgium is regulated by the practice of health care professions act, the Royal Decree No. 78 of 10 November 1967 (36). The act includes **physicians, dentists, physiotherapists, pharmacists, nurses, midwives and paramedical practitioners** (37). According to Article 2 of this act, making a diagnosis and establishing the treatment of a physical or mental disorder are reserved for the holders of a medical diploma approved by the competent medical commission (38). Consequently only physicians, dentists or midwives are entitled to make a diagnosis and to prescribe treatment, and only these professions may practise CAM treatments (37). The rights and duties of physicians and patients are regulated in the law on the rights of patients of 22 August 2002 (39, 40).

Doctors can recommend CAM to their patients (or practise CAM themselves), and a number of CAM treatments may be dispensed legally by **physiotherapists** on medical prescription (41).

Professional exercise of a non-conventional practice by a non-doctor is a punishable offence. In real life, however, many non-doctors practise one or another non-conventional treatment.

In order to regulate the practice of non-conventional systems, and give the population a freedom of choice concerning therapeutic treatments, the act on non-conventional practices (the “Law of minister Colla”) was adopted by the Belgian Parliament in 1999 (42, 43). Four chambers were to be installed, for **acupuncture, chiropractic, homeopathy and osteopathy**, and the number of non-conventional practices could be extended by the government (37). Practitioners of non-conventional medicine, as defined in the Act of 29 April 1999, are also **health professionals** (39). The law should take effect after a series of implementing orders had been engaged (43).

The Colla act 1999, article 3, established that a joint commission should advise the government on the practice of CAM, particularly registration of practitioners, membership in recognized professional organizations and restrictions on medical acts (44). This should be ensured mainly by a dual registration system for both non-conventional practices and registers for individual practitioners (for which both should satisfy certain conditions)(38).

However, since this joint commission has still not been established (January 2011), it cannot play its key role and consequently the law cannot be fully executed (38). The Colla Act was published in the Belgisch Staatsblad/Moniteur Belge (Official Journal) on 1999-06-24 (45).

In Article 9 of the Colla act of 1999, CAM practitioners who are not also conventional physicians must obtain a recent physician's diagnosis from their patient prior to commencing treatment (44). If patients choose not to consult a physician before seeing CAM, they must put their wishes in writing. Registered CAM practitioners must take precautions to ensure that patients are not deprived of conventional treatment. As a result, CAM practitioners who are not also physicians must keep physicians informed of the health of their patients. With a patient consent, CAM practitioners are permitted to seek the advice of other CAM practitioners who are not conventional physicians (44).

“At the request of two associations representing osteopaths, the Brussels court of first instance ordered the Belgian state on 22 January 2010 to set up the joint commission. The government appealed but the judgement was for immediate execution”(38). The practitioner members of the joint commission must be appointed by the chambers, which must be established, with one chamber per non-conventional medicine referred to in the Colla law”(38).

The Belgian Parliament approved by a Royal Decree of 6 April 2010 the recognition of 13 professional organizations of medical and non-medical practitioners of non-conventional medicine (28, 38, 46). The 13 associations are within the field of the 4 “recognized” CAM treatments, some are only representing physicians, some only non-physicians and some are mixed (45). These organizations nominate members of the Chambers”(28). The act says that every royal decree on the recognition of the professionals’ organizations or their members must be agreed by the parliament. The decree was not approved by the Parliament within sixth months after its publication in the Belgian Official Journal. “The members of the professional association that will be recognized in the future therefore have no legal guarantee as to the delays in which their ‘Royal Decree of recognition’ would be confirmed by law” (38).

Since the Colla law is not fully in effect, the practice of a CAM by a non-doctor is still illegal. Several non-medical practitioners of CAM have been sentenced for this offence (38). In the autumn of 2010 a trial against a physiotherapist practising acupuncture was won by the prosecuted physiotherapist. An appeal in 2010 confirmed the acquittal because the physiotherapist complied with the prerequisite of medical prescription. The judge reserved the diagnosis for the prescribing doctor (47).

In conclusion, when the Colla law is fully executed, Belgium will still restrict the practice of medicine to doctors, with the exception of certain treatments such as those provided by the four mentioned non-conventional medicines (38).

8.3.2 The governmental supervision of CAM Practices

The conduct of medical doctors in Belgium is supervised by the Order of Physicians (47) in application of existing laws. The Order is not legislative nor a governmental institution. It serves as an exclusive tribunal for the conduct of doctors only, directly if (even anonymous) complaint against one doctor is received by the Order, or indirectly, but systematically, after a civil- or criminal court already has convicted a doctor (so a doctor is always convicted twice, once by the regular court and after that by the Order of Physicians (47)). The code of professional ethics contains the rules concerning continuity of care, medical secrecy, handing over of medical data to colleagues and the individual relations between a physician and patients, colleagues, dentists, pharmacists and allied health professionals (48).

A doctor risks a fine (under Article 11) or suspension or withdrawal of his/her licence to practise (under Article 8) if the law is trespassed. The Order of Physicians does not preside over paramedical professions. The Order discourages the practice of any alternative medicine (irrespective of whether the therapist is a doctor or not), as long as the proof of working mechanisms or clinical evidence remain insufficient (47).

According to the code, physicians are expected to practise medicine according to the current knowledge of scientific medicine. On the other hand, physicians have a freedom of therapy, so they can freely practise CAM if they bring no harm to their patients (45).

8.3.3 The reimbursement status of CAM practices and medicinal products

CAM is not reimbursed by compulsory health insurance, organized by the National Institute for Health and Disability Insurance (RIZIV-INAMI), but several health insurance funds incorporate CAM partially in their voluntary health insurance (37).

8.3.4 Acupuncture

The Chamber of Acupuncture was proposed based on the Colla law in 1999. Member nominations have been made according to the Royal Decree in the Belgian Parliament in 2010 (28). The Belgium Association of Medical Doctors Acupuncturists (B.A.M.D.A.) was founded in 1973 (47).

There are two Academies of medicine in Belgium, one in each linguistic region of the country. Both Academies have issued, although separately, concordant advice of reserving the practice of acupuncture exclusively to doctors, but at the same time they discourage this practice altogether. The future of acupuncture will be decided by political feasibility (47).

At the end of 2011 the Chamber of Acupuncture, which serves as an advisory body to the Minister of Health and Social Security was constituted with representatives of the universities, the professional unions of doctor-acupuncturists and non-doctor acupuncturists (47).

8.3.5 Anthroposophic medicine

No specific regulation has been found on anthroposophic medicine.

8.3.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.3.7 Chiropractic

The Chamber of Chiropractic was established based on the Colla law in 1999. Member nominations have been made according to a Royal Decree in the Belgian Parliament in 2010 (28).

8.3.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy.

8.3.9 Homeopathy

The Chamber of Homeopathy was established based on the Colla law in 1999. Member nominations have been made according to the Royal Decree in the Belgian Parliament in 2010 (28). Homeopaths must be registered with a professional association accepted by the government (49, 50).

8.3.10 Massage

Masseur is regulated according to national regulation “Royal decree of the 21st December 2006 about the professional competence for the independent practice of bodily care, of the optician, the dental technician and the undertaker”(47).

Massage is registered in the EU regulated professions database as follows:

Massage, reconditioning and regeneration services (EN) is a directly related regulated profession with title “Masseur-Masseus” recognized under Directive 2005/36/EC (5), ID 7773. General system of recognition: recognition of professional experience “Crafts”.ex-Directive 1999/42. National legislation: ‘Arrêté royal du 21 décembre 2006 relatif à la compétence professionnelle pour l'exercice des activités indépendantes relatives aux soins corporels, d'opticien, de technicien dentaire et d'entrepreneur de pompes funèbres’. 21 DECEMBER 2006. - Koninklijk besluit betreffende de beroepsbekwaamheid voor de uitoefening van zelfstandige activiteiten op het gebied van lichaamsverzorging, van opticien, dentaaltechnicus en begrafenisondernemer (7). Useful webpage: http://mineco.fgov.be/ministry/formalities/detail_formalities_fr.asp?idformalite=153.

8.3.11 Naprapathy

No specific regulation has been found on naprapathy.

8.3.12 Naturopathy

No specific regulation has been found on naturopathy.

8.3.13 Neural therapy

No specific regulation has been found on neural therapy.

8.3.14 Osteopathy

The Chamber of Osteopathy was established based on the Colla law in 1999. Member nominations have been made according to Royal Decree in the Belgian Parliament in 2010 (28).

8.3.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on traditional Chinese medicine (TCM).

8.3.16 Other treatments (mentioned if found in legislation)

Physiotherapy is a regulated profession in Belgium with the professional title “**Kinesitherapeut(e)**”. The title and the professional activity are protected by the law. National legislation is found in “Article 21 bis of the Royal Decree number 78 about the professional practice of health care” (47). Physiotherapists are regulated therapists working on prescription of a physician. In Belgium many **physiotherapists practise osteopathy or chiropractic**, but also other “**non-recognized**” **CAM therapies** (45). The rules of professional conduct (code of ethics) are determined directly by the Ministry of Public Health through national legislation. Belgium requires a registration to practise by the Ministry of Public Health, which is the national authority responsible for the physiotherapy profession in Belgium (51).

Physiotherapy is registered in the EU regulated professions database as follows:

Physiotherapy is a directly related regulated profession with title “**kinésithérapeute/ kinesitherapeut**” recognized under Directive 2005/36/EC (5), ID 160. General system of recognition: PS3 - Diploma of post-secondary level (3-4 years), Art. 11 d. National legislation: Article 21bis del’arrêté royal n° 78 relatif à l’exercice des professions des soins de santé / Artikel 21bis van het koninklijk besluit nr. 78 betreffende de uitoefening van de gezondheidsberoepen (7).

Useful webpage: http://www.juridat.be/cgi_loi/loi_F.pl?cn=1967111008.

8.4 Bosnia and Herzegovina

Bosnia and Herzegovina is listed as a potential candidate for European Union membership (52) and has been a member of the Council of Europe since 2002 (12).

Following the dissolution of former Yugoslavia the Dayton Peace Agreement (DPA) ended a 1992-1995 war, and established Bosnia and Herzegovina (BiH) as a state consisting of two entities: Federation of Bosnia and Herzegovina (FBiH) and Republika Srpska (RS), and later the Brcko District (BD). The Federation of BiH consists of ten Cantons, each of them with its own administration.

Under the DPA constitutional construction BiH is a sovereign state with a decentralized political and administrative structure, where the responsibility for social policy, health and education is allocated to the level of entities and BD. In practice, the social sector is organized in three (3) distinct systems with ten subsystems in FBiH. Since 2003, there has been a loose coordination mechanism, among others in the areas of health, social policy and education, established at the state level within the Ministry of Civil Affairs.

8.4.1 The legal and regulatory status of CAM and CAM practices

There is no general CAM law neither at the state level of Bosnia and Herzegovina or the levels of Federation BiH, Republika Srpska or Brcko district. However, recent laws on health care both in Federation BiH and Republika Srpska, have introduced CAM for the first time.

In BiH, graduate and postgraduate education of doctors, dentists and pharmacists is organized by the relevant ministries for education, and held at five faculties of medicine (Universities of Sarajevo, Tuzla, Mostar, Banja Luka, Istočno Sarajevo), three faculties of dentistry (Sarajevo, Banja Luka and Istočno Sarajevo), and three faculties of pharmacy (Sarajevo, Banja Luka and Tuzla). The curricula and syllabi for medicine and dentistry are designed to cover 6 years of study, including both theoretical and practical courses. The faculty of pharmacy provides a 5-year education for undergraduates. Upon completion of the full training course, there is a mandatory 1-year residency (registration course) for newly graduated general practitioners (GPs) and dentists, mostly at the primary health care level. Such “residents” are expected to take the professional state examination, whereby they are then authorized to perform medical duties independently as licensed GPs, or to continue with a specialization training program in a particular field of medicine/dentistry/pharmacy. Specialized training programs take 3–5 years, depending on the professional branch (53).

8.4.2 Republika Srpska

Law on Health Care (Official Gazette of the RS, No 106/2009 (54), Article 121):

(1) Alternative Medicine, in terms of this Act, includes traditional and alternative methods and procedures for diagnosis, treatment and rehabilitation (hereinafter referred to as alternative medicine), which beneficially affect or might have a beneficial impact on human health or the health condition and that in accordance with a valid medical doctrine are not covered by health services.

(2) The minister shall prescribe the methods, procedures, and approval for the performance of alternative medicine in paragraph 1 of this article in the medical institutions.

Additionally, a draft of a bylaw currently under preparation, envisages that only health professionals with a university degree education and with licence issued by responsible chambers will be allowed to practise CAM in the RS. Health professionals with so-called secondary degree education (nurses, physiotherapists and midwives) will be allowed to practise CAM if they possess a valid diploma as well as a licence issued by a responsible chamber (5). The following CAM methods will be covered in this bylaw: **ayurveda, acupuncture, traditional Chinese medicine, homeopathy, phytotherapy, quantum medicine, chiropractic, macrobiotics, traditional domestic medicine, apitherapy, aromatherapy, qigong, reiki, yoga and t'ai chi ch'uan.**

8.4.3 Federation of Bosnia and Herzegovina (BiH)

Law on Health Care of Federation BiH (Official Gazette of FBiH. No. 46/10) (55), Article 46:

“Alternative medicine, in terms of this Act, include those proven and by experts not forbidden complementary and alternative methods and procedures for diagnosis, treatment and rehabilitation (hereinafter referred to as alternative medicine), which has a beneficial impact or which could have a beneficial impact on human health or the health status and which, in accordance with a valid medical doctrine are not covered by health services.

Methods and procedures of alternative medicine in paragraph 1 of this article, can only be introduced in a medical institution or private practice with the consent of the competent Cantonal Ministries of health (hereinafter: Cantonal Ministry) and the relevant chamber.

Methods and procedures of alternative medicine cannot be implemented at the expense of the compulsory health insurance” (53).

Law on Health Care of Federation BiH (Official Gazette of FBiH. No. 46/10) (3), Article 47:

“Allowed are only those methods and procedures of alternative medicine that:

- 1) Have no adverse health effects.
- 2) The user - the patient does not distract from the use of valuable health care services.

- 3) Are performed in accordance with recognized standards of alternative medicine.

Methods and procedures of alternative medicine can be performed only by health workers who have permission to perform the methods and procedures of alternative medicine issued by the Cantonal Ministry. Further conditions, manner and procedure of the methods and procedures of alternative medicine in a medical institution, or private practice will be regulated in bylaws introduced by Federal Minister. Cantonal Ministry supervises the performance of the methods and practices of alternative medicine in institutions or private practice, in accordance with the law. Provisions of this legislation apply to health care workers who perform the procedures and methods of alternative medicine, on the issue, renewal and revocation of licences for independent work (hereinafter licence)"(53).

Law on Health Care of Federation BiH (Official Gazette of FBiH. No. 46/10) (3), Article 48:

"For his work, health care workers who perform the methods and practices of alternative medicine bear experts, ethical, criminal and material responsibility.

According to this law, relevant bylaws envisaged in the Art 47 will be adopted within 18 months of the law enforcement date (August 2011)"(53).

8.4.4 Brcko district of BiH

Law on Health Protection of Brcko District BiH (Official Gazette BD 2/01)(56).

-no provisions on CAM (53).

8.4.5 The governmental supervision of CAM Practices

In **Federation BiH**, supervision of the professional work of medical institutions, health workers, and private health workers is carried out by competent authorities for inspection: the Federal and Cantonal Health Inspectors. Federal health inspectors perform health inspections in health care institutions founded or co-founded by the Federation, and cantonal health inspectors do the same in the health care institutions founded by the canton or the natural (human being) or legal person, as well as private practice.

In cantons which have not established cantonal health inspection, health and work inspection may be performed by federal health inspectors in accordance with the special Law on inspections of the FBiH.

In case of technical failure made by health workers, or violations of the ethics and medical deontology, the competent health inspector will defer the subject to the action of the local Chamber (53).

In **Republika Srpska** supervision is regulated through Law on General Inspectorate and its regular day-to-day implementation. The General Inspectorate deals with any kind of inspectorate job in the RS including the health sector. In practice, health professionals who practise CAM are supposed to carry out their patient treatment in accordance with requirements of the above-mentioned bylaw (bylaw about space, equipment and personnel)(57).

8.4.6 The reimbursement status of CAM practices and medicinal products

In **Republika Srpska**, reimbursement of CAM practices is not regulated by law, and hence not covered by the obligatory health insurance scheme (57).

In **Federation BiH**, CAM reimbursement is regulated; the Law on Health Protection, art 46, para 3: "Methods and procedures of alternative medicine cannot be implemented at the expense of the compulsory health insurance" (53).

8.4.7 Acupuncture

Currently, there are no specific regulations for acupuncture.

8.4.8 Anthroposophic medicine

Currently, there are no specific provisions for anthroposophic medicine.

8.4.9 Ayurveda

Currently, there are no specific regulations for ayurvedic medicine.

8.4.10 Chiropractic

Currently, there are no specific regulations for chiropractic.

8.4.11 Herbal medicine/Phytotherapy

Currently, there are no specific regulations for herbal medicine/phytotherapy.

8.4.12 Homeopathy

Currently, there are no specific regulations for homeopathy.

8.4.13 Massage

Currently, there are no specific regulations for massage.

8.4.14 Naprapathy

Currently, there are no specific regulations for naprapathy.

8.4.15 Naturopathy

Currently, there are no specific regulations for naturopathy.

8.4.16 Neural therapy

Currently, there are no specific regulations for neural therapy.

8.4.17 Osteopathy

Currently, there are no specific regulations for osteopathy.

8.4.18 Traditional Chinese Medicine (TCM)

Currently, there are no specific regulations for traditional Chinese medicine (TCM).

8.4.19 Other treatments (mentioned if found in legislation)

In Republika Srbska (RS) **quantum medicine, macrobiotics, traditional domestic medicine, apitherapy, aromatherapy, qigong, reiki, yoga and t'ai chi ch'uan** will be covered by the above mentioned bylaw (57).

Physiotherapy is a regulated profession in Bosnia and Herzegovina, regulated by law and by-laws (57).

8.5 Bulgaria

Bulgaria became a member of the European union in 2007(11) and has been a member of the Council of Europe since 1992 (12).

8.5.1 The legal and regulatory status of CAM and CAM practices

The Health Law, effective from 1 January 2005, includes regulation of Complementary and Alternative Medicine in Chapter Six, Articles 166-173(58). Article 166 quotes:

“(1) The Minister of Health shall control the application of non-conventional methods for favorable impact on individual health, including:

1. The use of non-pharmaceutical products of organic origin;
2. The use of non-pharmaceutical products of mineral origin;
3. The use of non-conventional physical methods;
4. Homeopathy;
5. Acupuncture and acupressure;
6. Iris, pulse and auricular methods of testing;
7. Dietetics and curative hunger.

(2) The use of non-conventional method for favorable impact on individual health other than those under Paragraph 1 shall be prohibited” (58).

Except for homeopathy, eligible to practise under art.166.1 are holders of

- A master’s degree in the professional area of medicine, dental medicine or pharmacology.
- A specialist’s or bachelor’s degree in the professional area of health care.
- A secondary education diploma and a certificate of completed training of at least four semesters at a higher medical school under terms and conditions set out by the Minister of Health and the Minister of Education and Science.

Eligible to practise homeopathy are holders of a master’s degree in the professional areas of medicine or dental medicine (58). We interpret the educational level “Master’s degree in medicine” to be equivalent with “medical doctor”.

According to the health law article 170, practitioners shall register at the regional healthcare center (RHC) in the region where they operate (58). The regional healthcare centers manage a public register for non-conventional providers (58). In the health law article 173 patients of alternative medical practitioners have to be registered in the “visitor’s journal”. The visitor’s journal is managed by the regional healthcare center (RHC). Advertising for alternative treatment methods shall be prohibited according to article 169 (58).

The national office was established in 1988 and is organized as a department of Traditional medicine within the Ministry of Health (59).

Authorization, registration and supervision is delegated to the medical associations (60).

8.5.2 The governmental supervision of CAM Practices

Registered non-conventional practitioners are subject to supervision according to the health law 2005, Chapter six, articles 168-173 (58).

8.5.3 The reimbursement status of CAM practices and medicinal products

Alternative treatment is paid out-of-pocket by the patients themselves (61). The health insurance act, article 45 describes the treatments and medical care which are covered. Article 51 says that no other health service than those mentioned in art. 45 are covered. It is unclear if alternative treatment is covered according to those articles (62).

8.5.4 Acupuncture

Acupuncture and acupressure are regulated under the health law article 166.1.5. and article 167 (58). Providers can practise if they are holders of:

- A master's degree in the professional area of medicine, dental medicine or pharmacology.
- A specialist's or bachelor's degree in the professional area of health care.
- A secondary education diploma and a certificate of completed training of at least four semesters at a higher medical school under terms and conditions set out by the Minister of Health and the Minister of Education and Science.

8.5.5 Anthroposophic medicine

Anthroposophic medicine is statutory registered as an additional qualification for medical doctors (60).

8.5.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.5.7 Chiropractic

The use of non-conventional physical methods is regulated under the health law article 166.1.3. and article 167 (58). We understand that chiropractic may be covered by this regulation. Providers can practise if they are holders of:

- A master's degree in the professional area of medicine, dental medicine or pharmacology.
- A specialist's or bachelor's degree in the professional area of health care.
- A secondary education diploma and a certificate of completed training of at least four semesters at a higher medical school under terms and conditions set out by the Minister of Health and the Minister of Education and Science.

8.5.8 Herbal medicine/Phytotherapy

The use of non-pharmaceutical products of organic and mineral origin is regulated under the health law article 166.1.1 and 2. and art 167 (58). We understand that herbal medicine may be covered by this regulation. Providers can practise if they are holders of:

- A master's degree in the professional area of medicine, dental medicine or pharmacology.
- A specialist's or bachelor's degree in the professional area of health care.
- A secondary education diploma and a certificate of completed training of at least four semesters at a higher medical school under terms and conditions set out by the Minister of Health and the Minister of Education and Science.

8.5.9 Homeopathy

The Health Law from 1 January 2005 includes homeopathy in chapter six, articles 166-173 (28). Eligible to practise homeopathy are holders of a master's degree in the professional areas of medicine or dental medicine (58). ECH and ECCH interpret this as "only medical doctors and dentists are allowed to practise homeopathy" (28, 50). Until 1989 homeopathy was strictly prohibited (60).

8.5.10 Massage

Massage is a regulated profession in Bulgaria. The use of non-conventional physical methods is regulated under the health law article 166.1.3. and art 167 (58). As the European register for regulated professions refer to the health law we assume that **massage** is covered by the above regulation. Providers can practise if they are holders of:

- A master's degree in the professional area of medicine, dental medicine or pharmacology.
- A specialist's or bachelor's degree in the professional area of health care.
- A secondary education diploma and a certificate of completed training of at least four semesters at a higher medical school under terms and conditions set out by the Minister of Health and the Minister of Education and Science (58).

Massage is registered in the EU regulated professions database as follows:

Masseur/Massage therapist/Spa therapist/Masseur-Aesthetician is a directly related regulated profession with title "Масажист " (Qualified masseur/masseuse (EN)) recognized under Directive 2005/36/EC (5), ID 7563. General system of recognition- primary application.

National legislation: Law on Health. Qualification level: PS3 - Diploma of post-secondary level (3-4 years) , Art. 11 d (7). Useful link: nihil.

8.5.11 Naprapathy

No specific regulation has been found on naprapathy.

8.5.12 Naturopathy

No specific regulation has been found on naturopathy.

8.5.13 Neural therapy

No specific regulation has been found on neural therapy.

8.5.14 Osteopathy

The use of non-conventional physical methods is regulated under the health law article 166.1.3. and art 167 (58). We understand that **osteopathy** may be covered by this regulation. Providers can practise if they are holders of:

- A master's degree in the professional area of medicine, dental medicine or pharmacology.
- A specialist's or bachelor's degree in the professional area of health care.
- A secondary education diploma and a certificate of completed training of at least four semesters at a higher medical school under terms and conditions set out by the Minister of Health and the Minister of Education and Science (58).

8.5.15 Traditional Chinese Medicine (TCM)

The use of non-pharmaceutical products of organic or mineral origin is regulated under the health law article 166.1.1 and 2. and art 167 (58). We understand that TCM may be covered by this regulation. Providers can practise if they are holders of:

- A master's degree in the professional area of medicine, dental medicine or pharmacology.
- A specialist's or bachelor's degree in the professional area of health care.
- A secondary education diploma and a certificate of completed training of at least four semesters at a higher medical school under terms and conditions set out by the Minister of Health and the Minister of Education and Science (58).

Acupuncture and acupressure are regulated under art. 166.1.5.

8.5.16 Other treatments (mentioned if found in legislation)

Physiotherapy is regulated in Bulgaria. The title "**Kinesitherapist**" (for university graduates) "**Rehabilitator**" (for college graduates) is not protected by the Bulgarian state, nor is the professional activity. There are no official rules of professional conduct or other state legislations. Bulgaria does not require a registration or licence to practise. However, the Bulgarian physiotherapy association has established a code of ethics for physiotherapists. The national authority responsible for the physiotherapy profession in Bulgaria is the Ministry of Health (63).

The use of non-conventional physical methods is regulated under the health law article 166.1.3. and art 167 (58). We understand that **physiotherapy** may be covered by this regulation. Providers can practise if they are holders of:

- A master's degree in the professional area of medicine, dental medicine or pharmacology.
- A specialist's or bachelor's degree in the professional area of health care.
- A secondary education diploma and a certificate of completed training of at least four semesters at a higher medical school under terms and conditions set out by the Minister of Health and the Minister of Education and Science.

Physiotherapy is registered in the EU regulated professions database as follows:

Physiotherapist is a directly related regulated profession with title "**Рехабилитатор**" (Rehabilitation specialist (EN)) recognized under Directive 2005/36/EC(5), ID 11965. General system of recognition- primary application. National legislation: Law on Health. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11 d(7). Useful link: nihil.

8.6 Croatia

Croatia became an independent state in 1991 following the dissolution of the former Yugoslavia, has been listed as a candidate country for EU membership since June 2004, and the country will become the 28th EU member country on 1 July 2013 (52). Croatia has been a member of the Council of Europe since 1996 (12).

8.6.1 The legal and regulatory status of CAM and CAM practices

According to CRONES (Croatian federation for natural energy and spiritual medicine) there is no legal regulation of unconventional medicine in Croatia (64). From 2004 until today there have been different unsuccessful attempts at making legal regulation of CAM in Croatia (64). However, there seems to be consensus on having a separate legislation for CAM separate from the Law on Health Care (64).

The Criminal Law, article 244, mentions “quackery”:

(1) Whoever, lacking prescribed, professional qualifications, medically treats another or renders medical aid to such a person shall be punished by a fine of up to one hundred and fifty daily incomes or by imprisonment not exceeding six months.

(2) Whoever commits the criminal offence referred to in paragraph 1 of this Article for remuneration or pecuniary gain shall be punished by a fine or by imprisonment not exceeding one year (65).

Consequently CRONES claims that no one without medical qualifications may treat people (64). Further CRONES claims that CAM practitioners may only contribute to life quality improvement and they may advise the clients to do a medical check-up.

The practice of CAM can, however, be seen as regulated under Croatian government law from 31 May 2007, “the Law of national classification of services” (66, 67). Healthcare practitioners not statutorily regulated are registered under a separate code nr 2007/ 86.9 “Other services for health protection” (in 2002 code 85.14 “Other services for human medicine”). Practitioners may provide more than one healthcare service, but must list one therapy as their main service (67).

The European Central Council of Homeopaths (ECCH) has forwarded clarifying information on the interpretations of the Criminal Law, Quackery paragraph in September 2011. They write that Article 244 cover regulations for persons with NO education or diplomas but who claim to be conventional healthcare practitioners. ECCH writes that there is no law

restricting the practice of CAM therapies in Croatia and CAM practitioners practise under “law of national classification of services”.

8.6.2 The governmental supervision of CAM Practices

There is no supervision of CAM practitioners (according to CRONES)(64).

8.6.3 The reimbursement status of CAM practices and medicinal products

No CAM treatments or CAM medicinal products are reimbursed in Croatia (64).

8.6.4 Acupuncture

No specific regulation has been found on acupuncture.

8.6.5 Anthroposophic medicine

No specific regulation has been found on anthroposophic medicine.

8.6.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.6.7 Chiropractic

No specific regulation has been found on chiropractic.

8.6.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy.

8.6.9 Homeopathy

Croatia has no specific restrictions for homeopathy practices (50). Both medical doctors and non-medically qualified practitioners are allowed to practise homeopathy, and there is no statutory regulation of homeopathy in place (28, 60).

Homeopathy practitioners, who are not statutorily regulated healthcare personnel, are from 2007 practising under the “Law of national classification of services” (66, 67). A separate code for homeopathy practitioners are registered under Code 86.9 “Other services for health protection”(68).

8.6.10 Massage

No specific regulation has been found on massage.

8.6.11 Naprapathy

No specific regulation has been found on naprapathy.

8.6.12 Naturopathy

No specific regulation has been found on naturopathy.

8.6.13 Neural therapy

No specific regulation has been found on neural therapy.

8.6.14 Osteopathy

No specific regulation has been found on osteopathy.

8.6.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM.

8.6.16 Other treatments (mentioned if found in legislation)

Physiotherapy is a regulated profession in Croatia with the title **Bachelor Physiotherapists (Baccalureus Fizioterapeut)**. The Parliament of the Republic of Croatia on 3 October 2008 passed an act on physiotherapy services and initiated the establishment of the Croatian Association of Physiotherapists. The rules of professional conduct (code of ethics) are determined directly by Croatian Council for Physiotherapists. Croatia requires a registration to practise by the Croatian Council for Physiotherapists. The physiotherapist must be registered with the Croatian Council of Physiotherapists and obtain a licence to practise. The national authority responsible for the physiotherapy profession in Croatia is the Croatian Council for Physiotherapists (69).

8.7 Cyprus

The Republic of Cyprus (hereinafter Cyprus) has been a member of the European Union (EU) since 2004 (11) and became a member of the Council of Europe in 1961 (12).

8.7.1 The legal and regulatory status of CAM and CAM practices

Only medical doctors can provide medical treatment in Cyprus (44). “It is a criminal offence for others to practise medicine or give medications”. CAM is not integrated with medicine and only **chiropractic** treatment is recognized and regulated (44). Treatment is **restricted to legally regulated personnel**, however a practitioner approved to practise under United Kingdom regulations, is also approved to practise in Cyprus (43, 70).

The Cyprus Alternative Therapeutics is registered by the Cyprus Government in accordance with the Societies and Institutions Law No-57 of 1972, 1973. In 2004 all alternative Medicine Associations have come under one umbrella body thus forming the Cyprus General Council of Alternative and Complementary Medicine. The council has taken major steps towards self-regulation within the profession (71).

The Alternative Medicine Practitioners are not protected by law like the Medical Association’s members. Only the practice of modern, orthodox medicine by professionals is recognized, however various forms of complementary and alternative medicine practices are tolerated (71).

Alternative practitioners may register in “the Cyprus general council & register of alternative therapists”. Associations included are: Cyprus Alternative Therapies Association (Reg. No.1457), Cyprus Naturopathic Association (Reg.No. 1549), Cyprus Traditional Acupuncture Association (Reg.No. 2120)(71).

8.7.2 The governmental supervision of CAM Practices

No specific regulation has been found on supervision of CAM practices in Cyprus.

8.7.3 The reimbursement status of CAM practices and medicinal products

Information from 2001 states that there is no reimbursement of CAM treatments in Cyprus, and CAM is not included in the National Health Insurance Scheme (44).

8.7.4 Acupuncture

A new medical registration law on acupuncture was in preparation in 2004 (43). In Cyprus alternative practitioners may register in the “Cyprus general council & register of alternative therapists” where the “Cyprus Traditional Acupuncture Association” is included.

8.7.5 Anthroposophic medicine

No specific regulation has been found on anthroposophic medicine.

8.7.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.7.7 Chiropractic

In 1991 Cyprus introduced registration for chiropractors by approving the Chiropractors’ Registration Law (72). To practise chiropractic the practitioner must hold a recognized degree, diploma, or certificate. It is a criminal offence to practise chiropractic without being registered (44).

Chiropractic is registered in the EU regulated professions database as follows:

Chiropractic is a directly related regulated profession with title “Chiropractor(EN)” recognized under Directive 2005/26/EC (5), ID 5339. General system of recognition – primary application. Qualification level: DSE-diploma (post-secondary education) including Annex II (ex 92/51, Annex C, D), Art. 11 c (7).

8.7.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy.

8.7.9 Homeopathy

No specific regulation or recognition has been found on homeopathy in Cyprus. Medical doctors can provide homeopathy within their medical practise. Non-medically qualified practitioners are practising homeopathy, even if it is a criminal offence for others than medical doctors to practise medicine or give medications (28, 41).

8.7.10 Massage

No specific regulation has been found on massage.

8.7.11 Naprapathy

No specific regulation has been found on naprapathy.

8.7.12 Naturopathy

In Cyprus alternative practitioners may register in the “Cyprus general council & register of alternative therapists” where the “Cyprus Naturopathic Association” is included.

8.7.13 Neural therapy

No specific regulation has been found on neural therapy.

8.7.14 Osteopathy

No specific regulation has been found on osteopathy.

8.7.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM.

8.7.16 Other treatments (mentioned if found in legislation)

Physiotherapy is a regulated profession in Cyprus. The title and the professional activity are protected by the state. The rules of professional conduct are determined directly by the state through national legislation. The physiotherapist must be state registered and obtain a licence to practise. Cyprus has a code of ethics for physiotherapists. The national authority responsible for the physiotherapy profession in Cyprus is the Ministry of Health (73).

Physiotherapy is registered in the EU regulated professions database as follows:

Physiotherapist is a directly related regulated profession with title “**Φυσιοθεραπευτής**” (Physiotherapist (EN)) recognized under Directive 2005/36/EC (5), ID 1250. General system of recognition – primary application. Qualification level – PS3 –Diploma of post-secondary level (3-4 years), Art. 11 d. (7).

8.8 The Czech Republic

The Czech Republic became an independent state in January 1993 and a member of the EU in 2004 (74). The Czech Republic became a member of the Council of Europe in 1993 (12).

8.8.1 The general legal and regulatory status of CAM and CAM practices

There is no general CAM legislation in the Czech Republic, but regulation of **acupuncture, homeopathy, massage, chiropractic and physiotherapy** has been established. Information given by the Ministry of Health in the Czech Republic (75) in September 2011 confirms that **acupuncture and homeopathy** can only be provided by **physicians**, and **massage, chiropractic and physiotherapy** can only be provided by **health professionals** according to specific regulation (see below).

The Czech Republic has from 2004 harmonized its health legislation to the EU Directive 2005/36/EC (5,76). In 2004 two laws were enacted to establish new requirements for obtaining medical degrees and postgraduate specialized training for physicians and non-physician health professionals. From 2009 legislation for about 40 postgraduate medical specialties was prepared (76). The Ministry of Health in the Czech Republic offers a standardized state licensing exam for health professionals like physicians, dentists, nurses, pharmacists and paramedical personnel. Private health care providers must have a state licence and be registered by the regional health authorities to open a private health practice (76).

A NAFKAM representative visited the Czech Republic in October 2010 and was informed about national discussions in progress of developing CAM legislation in the country. **Acupuncture and homeopathy** treatment provided by physicians is regulated through The Trade Licensing Act (Zivnostenský zákon 455/1991 Sb). A national act about recognition of qualification of EU citizens (Zákon c. 18/2004 Sb)(77) is probably linked to the Directive 2005/36/EC (5). Our informants think that a legal regime can be facilitated by voluntary self-regulation together with creating new “professions” on the list in the Trade Licencing Act (77).

There is no professorial chair for CAM in the Czech Republic (78).

8.8.2 The governmental supervision of CAM Practices

No regulations regarding supervision of CAM practitioners has been found.

8.8.3 The reimbursement status of CAM practices and medicinal products

The Ministry of Health in the Czech Republic confirms in 2011 that acupuncture and homeopathy are listed in the Act on Public Health Insurance (48/1997) as methods of public health care not covered by insurance (75). We found no reimbursement regulations or insurance coverages for CAM therapies (77).

The reimbursement legislation seems unchanged from 2004. The Ministry of Health in the Czech Republic confirmed in 2004 that according to Act NO. 48/1997 Coll on Public Health Insurance there was no reimbursement of acupuncture and homeopathic remedies (79). Consequently changes in health regulation from 2004 to 2011 have not influenced the CAM reimbursement coverage.

8.8.4 Acupuncture

The Ministry of Health in the Czech Republic confirms that only physicians with specialization may practise acupuncture (75, 76).

A training course is jointly sponsored by the Institute for Further Education of Physicians and the Czech acupuncture chamber of the Czech Medical Society (JEPurkyně - in 2004: the Institute of Post-graduate Education in Healthcare (IPVZ))(75, 76).

Acupuncture is listed in the Act on Public Health Insurance (48/1997) as a method of public health care not covered by insurance. Education of physicians is conducted in accordance with the educational law č.95/2004 Coll (75).

Acupuncture is an additional qualification for medical doctors and veterinary surgeons and diplomas are issued by a national doctors' association of acupuncture. Postgraduate training for doctors is also offered at private teaching centres and acupuncture training is offered as optional for medical students. The official document "Vestník Ministerstva zdravotnictví České republiky 1981, částka 1, bod 2" describes how acupuncture can be applied and used (77).

8.8.5 Anthroposophic medicine

No specific regulation has been found on anthroposophic medicine.

8.8.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.8.7 Chiropractic

Chiropractic is considered to be a part of regular public health care and as such may only be performed as a part of treatment in health facilities by health care professionals like **doctors or physiotherapists** (75).

8.8.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy treatment.

8.8.9 Homeopathy

Homeopathy may only be provided **by physicians** after completion of courses organized by various homeopathic societies (75).

The Ministry of Health in the Czech Republic offers no homeopathy courses. Homeopathy is listed in the Act on Public Health Insurance (48/1997) as a method of public health not covered by insurance. Education of physicians is conducted in accordance with the educational law č.95/2004 Coll (75).

We have found few changes, rather clarifications, in regulation of homeopathy in the Czech Republic in the last decade. The Ministry of Health in the Czech Republic informed in 2004 that the Ministry “do not prohibit any physician with attestation to provide treatment involving homeopathy” (76).

In 2010 CAM practitioners in the Czech Republic responded in a CAMbrella questionnaire that homeopathy in the Czech Republic is recognized as an additional qualification for medical doctors and veterinary surgeons (77).

8.8.10 Massage

Massage is regulated in the Czech Republic. According to the Ministry of Health, massage performed to treat health problems associated with various **diseases** is regulated for **physiotherapists and medical staff appropriately trained in accordance with the Education Act** No.96/2004 Coll.. Massage **given to healthy people** by masseurs is regulated in the **Trade Licensing Act** (374/2004 Coll. Use of medical devices is only allowed for health professionals) (75).

A massage therapist has to document 150 hours of studies with some specification for theory and practice (or diploma from university- (medical doctor or physiotherapist))(77). See also “other treatments”.

No insurance is needed for massage therapists who are “consulting and advising”(77).

Massage is registered in the EU regulated health professions database as follows:

Masseur is a regulated profession with two national titles: the common EU ID no. 1260 includes two different titles:

Masseur/Blind and Asthenopic Masseur (EN) is a directly related regulated profession with title “Masér/nevidomý a slabozraký maser” recognized under Directive 2005/36/EC (5) , ID 7114. General system of recognition – primary application. National legislation: Act 96/2004 Coll., Art.37. Qualification level: ATT – Attestation competence, Art. 11a. (7). Useful webpage: <http://www.mzcr.cz>.

Massage, reconditioning and regeneration services (EN) is a directly related regulated profession with title “Masérské, rekondiční a regenerační služby” recognized under Directive 2005/36/EC (5), ID 14595. General system of recognition – primary application. National legislation: Sections 6, 7, 8, 24 of Act No 455/1991 Coll., the Trade Licensing Act, as amended. Qualification level: SEC – Certificate attesting the completion of a secondary course, Act 11 b (7). Useful webpage: <http://www.mzcr.cz>.

8.8.11 Naprapathy

No specific regulation has been found on naprapathy.

8.8.12 Naturopathy

No specific regulation has been found on naturopathy.

8.8.13 Neural therapy

No specific regulation has been found on neural therapy.

8.8.14 Osteopathy

No specific regulation has been found on osteopathy.

8.8.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM.

8.8.16 Other treatments (mentioned if found in legislation)

Physiotherapy is a regulated profession in the Czech Republic with the professional title “Fyzioterapeut”. The title is not protected, and the professional activity is regulated by law. The Czech Republic has established a code of ethics for physiotherapists. The national authority responsible for the physiotherapy profession in the Czech Republic is the Ministry of Health (80).

Physiotherapist is a directly related regulated profession with title “Fyzioterapeut” (Physiotherapist (EN)) recognized under Directive 2005/36/EC (5), ID 7111. General system of recognition - primary application. National legislation: Act No. 96/2004 Coll., Art.25. Qualification level: SEC-Certificate attesting the completion of secondary course, Art.11 b (7) Useful webpage: <http://www.mzcr.cz>.

8.9 Denmark

Denmark has been a member of the European Union since 1973 (11) and a founding member of the Council of Europe since 1949 (12).

8.9.1 The legal and regulatory status of CAM and CAM practices

Sundhedsloven(81) and “Lov om autorisation af sundhedspersoner og om sundhedsfaglig virksomhed”(82, 83) regulate health professionals’ practice in Denmark. Medical doctors are allowed to use the treatment options they find useful. Non-medically qualified practitioners are allowed to provide care with certain restrictions. Treating infectious diseases is considered as a medical act, and except for special regulations for acupuncturists only doctors may give injections (28, 82).

Health professions in Denmark are authorized according to Act no. 877 of 4 August 2011 on Authorization of Health Care Professionals and on Professional Health Care Practice section 12(82). Authorization is given only based on education and practice as described in this regulation. CAM practitioners are not authorized except for chiropractors and physiotherapists who are regulated health personnel and not regarded as CAM professionals (84). In Denmark authorization or not is mainly what separates health professionals from CAM professionals (83).

Denmark has adjusted to professionals’ regulation in (EU) European Union (5) with two main acts:

1. Assessment of Foreign Qualifications etc., 2007 (85).
2. Act on the Right to Exercise Certain Professions in Denmark, 2010 (86).

The law on a self-regulatory registration system for alternative practitioners from 2004 established a voluntary register for non-medically qualified CAM practitioners (87). The register includes practitioners who “fulfill well-defined criteria for education and are members of an organization for practitioners that take on the necessary tasks for registration and maintaining the register”(28).

In Denmark a CAM practitioner with a membership in one of the officially recognized CAM organizations may voluntarily register in the register for CAM professionals and add “Registered Alternative Practitioner” (RAB) to his/her CAM title (50). “Sundhedstilsynet” gives branch associations for CAM practitioners the right to issue RAB certificates to their members if the branch and the members fulfill certain requirements of education and court of appeal (83).

8.9.2 The governmental supervision of CAM Practices

Supervision of health professionals in Denmark is included in law on authorization of health personnel, Chapter 7, § 26 (82). Authorized health personnel are supervised after § 215 in Sundhedsloven (81). Chiropractors and physiotherapists are regulated health personnel in Denmark and as such included in the supervision regulative system of health professionals. There is no government supervision on non-medically trained CAM practitioners.

8.9.3 The reimbursement status of CAM practices and medicinal products

CAM practitioners are entitled to a lower VAT rate if they have specific training and the treatment follows certain characteristics (84, 88).

There is no reimbursement for CAM treatment or CAM medicinal products except for services given by medically qualified practitioners. Acupuncture is partially reimbursed (60, 88).

Chiropractic consultations are partially reimbursed according to Sundhedsloven chapter 4.2.5. Chiropractors. "The public health care scheme partly pays for treatment provided by chiropractors. It is not necessary to be referred by a general practitioner in order to receive a subsidy. There are approx. 300 chiropractors who have an agreement with the public health care scheme"(81, 88).

8.9.4 Acupuncture

Both medical and non-medical professionals may treat acupuncture in Denmark. There is no accredited training for acupuncture (89).

Needle acupuncture for patient treatment is allowed for persons with or without authorization. Conditions are that the practitioner must not put the patient at risk. Injections with medicinal products are only allowed for doctors and health personnel.

8.9.5 Anthroposophic medicine

No specific regulation has been found on anthroposophic medicine.

8.9.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.9.7 Chiropractic

Kiropraktor (Chiropractor) is a regulated health profession in Denmark and authorization is given according to Act no. 877 of 4 August 2011 on Authorization of Health Care Professionals and on Professional Health Care Practice, section 12 (82). Authorization is given only based on education and practice as described in this regulation. Permission to

practise independently as chiropractor is given in “Executive Order no. 650 of 26 June 2009 on permission to practise independently as chiropractor”(90).

Doctors and physiotherapists are allowed to practise chiropractic in Denmark.

According to Sundhedsloven (The Danish Health Act) 4.2.5 Chiropractors, “the public health care scheme” partly pays for treatment by chiropractors. It is not necessary to be referred by a general practitioner in order to receive a subsidy. There are approx. 300 chiropractors who have an agreement with the public health care scheme”(81, 88).

Chiropractic is registered in the EU regulated professions database as follows:

Chiropractor is a directly related regulated profession with the title “**Kiropraktor**” recognized under Directive 2005/36/EC, ID 386. General system of recognition – primary application. National legislation ACT NO.415 of 6 June 1991 concerning chiropractors. Qualification level: PS3 – Diploma of post-secondary level (3-4 years), Art. 11 d. (7). Useful webpage; <http://le.iu.dk/DetailEN.aspx?aldErhverv=30>

8.9.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy.

8.9.9 Homeopathy

The law on a self-regulatory registration system for alternative practitioners from 2004 established a voluntary register for non-medically qualified CAM practitioners including homeopaths (28, 87).

Medical doctors and health professionals may practise homeopathy within the frames of Sundhedsloven (81) and Authorization of Health Care Professionals and on Professional Health Care Practice section 12 (82). For use of homeopathic medicinal products the law “Bekendtgørelse om homøopatiske lægemidler m.v.” gives the regulations (91).

ECCH has detailed information on the terms for being accepted onto the “Registry on Alternative Practitioners” in their report “The legal situation for the Practice of Homeopathy in Europe” from 2010 (50).

8.9.10 Massage

No specific regulation has been found on massage.

8.9.11 Naprapathy

No specific regulation has been found on naprapathy.

8.9.12 Naturopathy

No specific regulation has been found on naturopathy.

8.9.13 Neural therapy

No specific regulation has been found on neural therapy.

8.9.14 Osteopathy

No specific regulation has been found on osteopathy.

8.9.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM.

8.9.16 Other treatments (mentioned if found in legislation)

Physiotherapist are regulated as health personnel and not regarded as a CAM profession in Denmark (86). The professional title “**Fysioterapeut**” is protected, but the professional activity is not protected. A physiotherapist must have an authorization to practise and agreements with the social security authorities to obtain reimbursement for the patients. Rules of professional conduct are established by the association “Danske Fysioterapeuter” who apply jurisdiction. The association has developed a code of ethics for physiotherapists. The national authority responsible for the physiotherapy profession in Denmark is the Ministry of Health (92).

Physiotherapy is registered in the EU regulated professions database as follows:

Physiotherapist is a directly related regulated profession with title “**Fysioterapeut**” (Physiotherapist (EN)) recognized under Directive 2005/36/EC (5), ID 380. General system of recognition – primary application. National legislation: Order NO 631 of 30 August 1991 concerning the Therapy Assistant’s Act. Qualification level – PS3 –Diploma of post-secondary level (3-4 years), Art. 11 d. (7, 86).

Useful webpage: <http://le.iu.dk/DetailEN.aspx?aldErhverv=21>

The public health care scheme partly pays for treatment by physiotherapists, but persons who have serious physical disabilities due to illness may receive physiotherapy free of charge. The treatment is only subsidized if it has been prescribed by a general practitioner (81).

8.10 Estonia

Estonia regained its independence from the Soviet Union in 1991, and became a member of the European Union in 2004 (11). Estonia became a member of the Council of Europe in 1993 (12).

8.10.1 The legal and regulatory status of CAM and CAM practices

There is no specific CAM legislation in Estonia (41, 43). However, health professionals may provide CAM treatments and consequently CAM is regulated within legislation for health care providers (see chiropractic, massage, osteopathy).

Estonian health care regulation has been rapidly changed firstly after independence from the Soviet Union in 1991 and later after joining the European Union in 2002. The system is changing towards more decentralized primary health care and towards more evidence-based medicine. Estonia has a long tradition of use of herbal products, and healthcare based on traditions and practice experience is accepted and developed in the transition of the Estonian society (93).

The Health Services Organisation Act regulates health care service and health personnel (94). § 2. The act defines health services as: “(1) the activities of health care professionals for the prevention, diagnosis or treatment of diseases, injuries or intoxication in order to reduce the malaise of persons, prevent the deterioration of their state of health or development of the diseases, and restore their health. The Minister of Social Affairs shall establish the list of health services” (94).

No CAM health services were found in Estonian health regulations (94). There are no restrictions of CAM treatment provided by listed health personnel as long as the treatment is according to The Health Services Organisation Act (94).

Health care professionals are **doctors, dentists, nurses and midwives** if they are registered with the Health Board (§3, the health services organisation act) (94). A health care professional may provide health services within the acquired specialty with regard to which the Health Board has issued a certificate of registration of the person as a health care professional. **Health care providers** are health care professionals or legal persons providing health services, §4 (94). The Health Board maintains the registers of health care professionals and activity licences §57 (94).

Regulated professions are regulated according to the Professions act 2008 (95).

§14 states; “The register of professions is a state database used to collect, preserve and systemize information on professional councils, professions, professional standards, awarders of profession and valid professional certificates”(95). According to the Professions

act registered professions follow the criteria set in the EU regulated professions database or the national professions database (95). We could not find any CAM professions from Estonia in the EU regulated professions database (7). In the Estonian professions database there are several CAM-related professional standards and certificated professionals (96). Main professions are **aroma-therapist, homeopath, reflexologist, physiotherapist, masseur and Chinese natural therapist** (95).

The Estonian Manual Medicine & Chiropractic Association (EMMCA) is a professional association and governing body representing and regulating Estonian health care professionals in the fields of manual and natural medicine (97). EMMCA represents the **chiropractic, osteopathic and massage therapy professions** (97). The EMMCA intends to create the Manual Medicine Doctor "M.M.D." to be recognized and regulated. "All M.M.D.'s in Estonia will have subspecialties in their respective areas of expertise such as **Chiropractic Medicine, Osteopathic Medicine, Naturopathic Medicine, Traditional Chinese Medicine** etc."(97).

8.10.2 The governmental supervision of CAM Practices

Health care professionals like **doctors, dentists, nurses and midwives** registered with the Health Board, are supervised according to the health services organisation act, §55 (94). The classifications indicated in the health services list, section 1, shall serve as the basis for organisation of financing, quality control, and supervision of national statistical health observations and health-related activities (98). CAM providers are not included in the health supervision regulative system.

8.10.3 The reimbursement status of CAM practices and medicinal products

We did not find any direct regulation of CAM treatments in the health insurance regulations. According to the health insurance act 2002, § 29 and 30, health services are covered if entered in the list of the health insurance fund and the provision thereof is therapeutically justified (99). According to §31 the following criteria shall be taken into account upon entry of a service in the list of health services:

- 1) the proven medical efficacy of the health service;
- 2) the cost-effectiveness of the health service;
- 3) the necessity of the health service in society and the compatibility of the service with national health policy;
- 4) correspondence to the financial resources of health insurance.

Regulation No. 13 of Minister of Social Affairs of 10 January 2002 § 1 regulates the following health services to be included in the health services list:

- 1) Health services associated with diagnosis and treatment of diseases listed in the International Statistical Classification of Diseases and Related Health Problems Tenth Revision (ICD-10).
- 2) Surgical procedures listed in the Classification of Surgical Procedures of the Nordic Medico-Statistical Committee (NOMESCO NCSP)(98).

Since 1997 **acupuncture is excluded from the list** of medical services covered by government medical insurance. Acupuncture is occasionally reimbursed in very small amounts under the title of rehabilitation packages (100).

Homeopathy is not listed as a regulated health service, thus homeopathic treatment is not reimbursed (41).

8.10.4 Acupuncture

No specific regulation was found on acupuncture. Regulated health personnel may provide acupuncture treatment.

In 1993 the Estonian Acupuncture and Traditional Chinese Medicine Association (EATMA) was founded. From 1995 the name changed to The Estonian Acupuncture Association ((EAA - Eesti Akupunktuuri Assotsiatsioon)). EAA is “a voluntary society that unites medical professionals practising Oriental medicine living and/or working in Estonia”. Since 1994 EAA has been a member of ICMART (International Council of Medical Acupuncture and Related Techniques) and is following its principles of scientific and clinical work (100).

The Centre for Reflexotherapy Methods was founded in 1979 by a decree of the Ministry of Health of the then Estonian SSR. Legally the Centre for Reflexotherapy Methods is part of the Tallinn State Hospital. USSR acupuncture was considered a part of neurology and should therefore belong to the corresponding society. The acupuncture specialists formed the Reflexotherapy Section to the Society of Psychiatrists, Neurologists and Neurosurgeons (100).

8.10.5 Anthroposophic medicine

No specific regulations have been found on anthroposophic medicine. Regulated health personnel may provide anthroposophic medicine.

The Estonian anthroposophic association (Eesti Antroposooofiliste Arstide Selts) organizes the anthroposophic doctors (41).

8.10.6 Ayurveda

No specific regulation has been found on ayurvedic medicine. Regulated health personnel may provide ayurvedic medicine.

8.10.7 Chiropractic

The Chiropractic division of EMMCA specifically represents and regulates Estonian Doctors of Chiropractic Medicine (97).

Estonian Chiropractic Physicians have full medical diagnostic skills and are trained to provide physiotherapeutic modalities as well as prescriptive therapeutics and rehabilitative exercises (97).

“Currently, there is a process in Estonia to have the titles "Doctor of Chiropractic Medicine", Doctor of Chiropractic", 'Chiropractor' and "Chiropractic Physician" fully protected by government legislation so that only qualified Chiropractic Doctors who have graduated from accredited institutions of higher learning are legally allowed to use these titles” (97).

8.10.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy. Regulated health personnel may provide herbal medicine and phytotherapy treatment.

8.10.9 Homeopathy

There is no statutory regulation or restricting legislation of homeopathy in Estonia. Both medical health professionals and non-medically qualified practitioners are allowed to practise homeopathy (28, 41, 50). The profession of homeopathy is regulated with special professional standards (96). At present 14 professionals have obtained a certificate as homeopath and 3 of them (1 doctor, 2 nurses) are also registered with the Health Board (101).

The Estonian Homeopathic Association (Eesti Homöopaatia Ühing) is a member of ECH (the European Committee for Homeopathy)(28).

Non-medical homeopaths that have passed the Professional Board exam (the Professional CAM Board is a state-recognized entity) are free to practice (101, 102).

8.10.10 Massage

The Estonian Manual Medicine & Chiropractic Association (EMMCA) represents the massage therapy profession (9). "Massage" as opposed to "massage therapy" is normally practised by non-licensed individuals who are not qualified to provide therapeutic care and who normally practise simple "relaxation" body rub procedures. "Massage therapy is performed in Estonia by professional Massage Therapists who are registered with EMMCA and licensed to practise massage therapy with the designation of Registered Massage Therapist or R.M.T.”(97).

“Various advanced forms of massage therapy and soft tissue techniques may also be used by other Healthcare practitioners such as Chiropractors, Osteopaths and Physical Therapists. Unqualified masseurs without licence have not met the professional educational and ethical standards set by EMMCA and may not be competent in providing therapeutic care or treatment”(97).

Sports masseurs and paramedical masseurs are not regulated professions, but accepted as professions of which education is not acquired according to regulation RT I 2001, 21, 118, § 34. *"5) services not classified elsewhere, except the services of sports masseurs, paramedical masseurs and mountain guides (subclass 859)"*(103).

8.10.11 Naprapathy

No specific regulation has been found on naprapathy. Regulated health personnel may provide naprapathy treatment.

8.10.12 Naturopathy

No specific regulation has been found on naturopathy. Regulated health personnel may provide naturopathy treatment.

8.10.13 Neural therapy

No specific regulation has been found on neural therapy. Regulated health personnel may provide neural therapy.

8.10.14 Osteopathy

The Estonian Manual Medicine & Chiropractic Association EMMCA represents doctors of osteopathic medicine (D.O.s). D.O.s practise osteopathic manual medicine (OMM), sometimes called osteopathic manipulative therapy (OMT)(97).

8.10.15 Traditional Chinese Medicine (TCM)

TCM is regulated as a professional standard according to the Professions Act 2008(95), but is not regulated in the Health Service Organization Act (94).

In 1993 the Estonian Acupuncture and Traditional Chinese Medicine Association (EATMA) was founded. In 1994 EATMA became a member of ICMART (International Council of Medical Acupuncture and Related Techniques). In 1995 EATMA changed its name to EAA (the Estonian Acupuncture Association)(100).

8.10.16 Other treatments (mentioned if found in legislation)

Physiotherapy (Füsioteraapia) with the professional title **"Füsioterapeut"** is **not** a protected title or regulated health profession in Estonia. Physiotherapy is an accepted profession according to the Professions Act (95). There are no rules of professional conduct or regulations on the physiotherapy profession, and no registration or licence to practise is required. However, Estonia has established a code of ethics for physiotherapists (104). The education follows the Bologna 3+2 system (101, 104). The national authority responsible for the physiotherapy profession in Estonia is the Ministry of Social Affairs (104).

8.11 Finland

Finland became a member of the European Union in 1995(11) and accessed the Council of Europe on 5 May 1989 (12).

8.11.1 The legal and regulatory status of CAM and CAM practices

The Health Care Professionals Act (105) regulates health professionals with a protected occupational title. “The profession of professionals with a protected occupational title can also be practised by other persons with adequate training, experience and professional skills and knowledge” (105). Consequently, in Finland anybody (medically and non-medically qualified) may practise CAM (43, 106).

The National Supervisory Authority for Welfare and Health grants the right to practise the profession of reference (105) and coordinates the automatic recognition of EEA professionals accepted by the act on recognition of professional qualifications (193/2007)(105). According to section 24a, a central register of health care professionals is managed by the National Supervisory Authority for Welfare and Health (105). In addition to medical doctors, nurses, midwives and other conventional health professionals, **masseurs and physiotherapists** are directly mentioned in the law (105). Registered professions of interest in the EU professions database are **chiropractors, naprapaths, osteopaths, masseurs and physiotherapists** (7). These professions are allowed to practise medicine, diagnose patients and charge fees (44, 105).

8.11.2 The governmental supervision of CAM Practices

The National Supervisory Authority for Welfare and Health is responsible for the national guidance and supervision of health care professionals, chapter 5, section 24, health care professionals act (105). Only CAM practitioners regulated as health care practitioners will be supervised according to this law. **Medical doctors and registered chiropractors, naprapaths, osteopaths, masseurs and physiotherapists** are supervised by the medical authorities in practising medicine. Other CAM practitioners are not supervised, nor is their licensing regulated (44).

The Finnish Medical Board gives the advice in their “Ethical Guidelines”, that “...it is unethical for a doctor to provide treatments that are not ‘generally accepted’...”. However, as also many conventional treatments are not fulfilling the criteria for Evidence Based Medicine (EBM), nobody is controlling or prosecuting a doctor who provides CAM therapies,

as long as the doctor treats the patient well. Problems could arise if a doctor would advertise to a third party that he or she is practising something else than mainstream medicine (107).

8.11.3 The reimbursement status of CAM practices and medicinal products

CAM treatment is reimbursed if provided by physicians (43). Chiropractic, naprapathy and osteopathy are reimbursed if provided in collaboration with physicians (43). Private insurance companies cover some CAM treatments (43). The national healthcare insurance system covers fees for consultation with an anthroposophic physician (106). The patient receives partial reimbursement of any consultation with a doctor, independently of what sort of treatment the doctor provides, whether this is homeopathy, acupuncture or anthroposophic medicine (107).

8.11.4 Acupuncture

No specific legislation has been found on acupuncture (106).

In Finland some physicians practise acupuncture. There is a doctors' association for doctors practising acupuncture "Suomen Lääkäreiden Akupunktioyhdistys r.y." (107).

The Finnish Acupuncture Association for physiotherapists have a website partly in English <http://www.akupunktuuriyhdistys.net/index.php/etusivu/68> (107).

8.11.5 Anthroposophic medicine

In Finland diplomas in anthroposophic medicine are not recognized, but consultation fees are covered (106). Postgraduate medical training courses are provided at private teaching centres (106).

8.11.6 Ayurveda

No specific legislation has been found on ayurvedic medicine.

8.11.7 Chiropractic

Chiropractic is from 1994 accepted as part of the ordinary health service by governmental statutory regulation, and the title is protected (43, 106).

Chiropractic is registered in the EU regulated professions database as follows:

Chiropractor is a directly related regulated profession with title "**Kiropraktikko / kiropraktor**" recognized under Directive 2005/36/EC(5), ID 743. General system of recognition- primary application. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11 d (7).

8.11.8 Herbal medicine/Phytotherapy

No specific legislation has been found on herbal medicine/phytotherapy.

8.11.9 Homeopathy

ECCH (50) categorizes homeopathy in Finland as allowed to practise by anyone since there is no restricting legislation. A few medical doctors practise homeopathy in Finland (107). Homeopathy is mostly practised by non-medically qualified practitioners (28).

8.11.10 Massage

Masseur is a regulated profession by the act on recognition of professional qualifications (193/2007)(105). According to section 24a, a central register of health care professionals is managed by the National Supervisory Authority for Welfare and Health, and **masseur** is directly mentioned in the law (105).

Massage is registered in the EU regulated professions database as follows:

Masseur/Massage therapist/Spa therapist/Masseur-Aesthetician is a directly related regulated profession with title “**Koulutettu hieroja / utbildad massör**” (Masseur (EN)) recognized under Directive 2005/36/EC(5), ID 742. General system of recognition- primary application. Qualification level: SEC - Certificate attesting the completion of a secondary course , Art. 11 b (7). Useful link: nihil.

8.11.11 Naprapathy

Naprapathy is from 1994 accepted as part of the ordinary health care system and the title is protected (43). **Naprapath** is a regulated profession by the act on recognition of professional qualifications (193/2007)(105). According to section 24a, a central register of health care professionals is managed by the National Supervisory Authority for Welfare and Health, and **naprapath** is a registered profession (105).

Naprapath is registered in the EU regulated professions database as follows:

Physical therapist is a directly related regulated profession with title “**Naprapaatti / naprapat**” (Naprapath (EN)) recognized under Directive 2005/36/EC(5), ID 744. General system of recognition- primary application. Qualification level: DSE - Diploma (post-secondary education), including Annex II (ex 92/51, Annex C, D) , Art. 11c(7). Useful link: nihil.

8.11.12 Naturopathy

No specific legislation has been found on naturopathy.

8.11.13 Neural therapy

No specific legislation has been found on neural therapy.

8.11.14 Osteopathy

Osteopathy is from 1993 accepted as part of the ordinary health service by governmental statutory regulation, and the title is protected (43, 106). **Osteopath** is a regulated profession by the act on recognition of professional qualifications (193/2007)(105). According to section 24a, a central register of health care professionals is managed by the National Supervisory Authority for Welfare and Health, and osteopath is a registered profession (105).

Osteopath is registered in the EU regulated professions database as follows:

Osteopath is a directly related regulated profession with title “**Koulutettu osteopaatti / utbildad osteopat**” recognized under Directive 2005/36/EC(5), ID 745. General system of recognition- primary application. All regions. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11 d (7).

8.11.15 Traditional Chinese Medicine (TCM)

No specific legislation has been found on TCM.

8.11.16 Other treatments (mentioned if found in legislation)

Physiotherapist is a regulated and protected title in Finland (105). The professional title is “Fysioterapeutti”. Legal protection of the title and activity of physiotherapists has been established and they have founded rules of professional conduct for physiotherapists. All physiotherapist members must be registered and obtain a licence to practise physiotherapy. Finland has established a code of ethics for physiotherapists. The "National Authority for Medicolegal Affairs" is responsible for the physiotherapy profession in Finland (108).

Physiotherapy is registered in the EU regulated professions database as follows:

Physiotherapy is a directly related regulated profession with title “**Fysioterapeutti/ fysioterapeut**” (Physiotherapist (EN)) recognized under Directive 2005/36/EC(109) , ID 729. General system of recognition- primary application. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11 d (7).

8.12 France

France was a founding member of the European Union (EU) in 1952 (11), and a founding member of the Council of Europe on 5 May 1949 (12).

8.12.1 The legal and regulatory status of CAM and CAM practices

There is no CAM law in France (43, 106). Only legally regulated personnel may treat patients, and by that only medically qualified professionals are allowed to practise CAM (43, 106). Acupuncture, anthroposophic medicine and homeopathy are regulated by the medical association and osteopathy is statutory regulated by the government (106, 110). In the later years the practice of chiropractic, osteopathy and acupuncture are by the medical orders considered as “responsible professional conduct”(43).

Other health professionals provide treatment according to regulations provided by the State Council decree issued after consultation with the National Academy of Medicine (111).

Teaching complementary/alternative medicine to physicians is permitted. Private schools, however, may not issue diplomas to their graduates. According to Article 4 of the Act of 18 March 1880, only the State has this power (44).

The University of Bobigny established the Department of Natural Medicines in 1982. Since then, diplomas have been awarded in acupuncture, homeopathy, phytotherapy, osteopathy, auriculotherapy, naturopathy, oligotherapy, and mesotherapy and from 1990, the University Diploma in Natural Medicines (44).

In addition to the medical acts usually reserved for physicians, the following is strictly restricted to physicians:

- All manipulations of joints, enclosing slipped disc, **osteopathy**, vertebral therapy and **chiropractics**; and
- **Specific physiotherapeutic acts** (112).

8.12.2 The governmental supervision of CAM Practices

The Ministry of Health includes a directorate of social security who is supervising social security organizations including the health insurance funds and schemes (112).

According to “Le code de santé publique” (The Code of Public Health), article L4161-1, “persons other than licensed physicians who habitually or continuously diagnose or treat

illnesses, real or supposed, or who perform activities constituting medical procedures are illegally practising medicine” (28, 111).

Supervision is managed by two types of professional organizations:

- Professional associations for doctors, pharmacists, dentists and midwives who are concerned with medical ethics and the supervision of professional practice.
- Trade unions looking after the interests of different professional groups (112).

Doctors, dental surgeons and pharmacists are self-regulated through their professional organizations at national and department level, in terms of professional ethics and the right to practice (112). The National Agency for Accreditation and Health Care Evaluation (ANAES) is responsible for issuing and disseminating recommendations and practice guidelines and for assisting doctors in evaluating their practices (112).

8.12.3 The reimbursement status of CAM practices and medicinal products

The health insurance schemes are under the supervision of the Social Security Directorate of the Ministry of Social Security. Every year the parliament passes an Act on Social Security (112). The 2001 Act improved the benefits provided by the health insurance scheme for self-employed people, aligning them with those provided by the health insurance scheme for salaried workers. The 2002 Act has renewed an agreement between the health insurance funds and health care professionals’ organizations.

Consultation with a statutorily recognized healthcare practitioner is free of charge (70). Acupuncture, homeopathy and massage is reimbursed by the national insurance system (acupuncture treatment by national and private insurance, consultation with an anthroposophic physician is partially covered by national and private insurance companies)(106, 110). Homeopathic remedies are partly reimbursed (35%) by the basic national insurance system.

Specific medical activities and products are covered, including chiropractic, medical phytotherapy consultations, and complementary/alternative technical sessions with an approved kinesiotherapist (44).

8.12.4 Acupuncture

Acupuncture is regulated by law in France, is offered in hospitals and provided by doctors, midwives and veterinarians (113). Since 1950 the medical association has recognized acupuncture as an additional medical qualification which can be legally practised by medical doctors (106, 110).

The national Capacity Diploma for Acupuncture is implemented by the decree of 26 April 2007 (Official Gazette No.126 of June 2, 2007, page 9993).

In a decision dated February 9, 2010, the Supreme Court affirmed that the practice of acupuncture is reserved only for medical doctors, midwives and veterinarians because it is a medical procedure whose practice is limited to medical doctors (Court of Cassation, Criminal Division, February 9, 2010, appeal No.: 09-80681).

Familiarization courses in acupuncture are offered as separate subjects in the undergraduate curriculum and postgraduate training courses at the universities (106). The medical association issues the National Capacity Diploma for Acupuncture (Diplôme de Capacité en Acupuncture)(106).

A non-physician acupuncturist, whose status is not regulated by the Code of Public Health, commits the offense of illegal practise of medicine as defined in Article L.4161-1 of the Code Law No. 2001-504 of 12 June 2001. The penalty of this offense has been strengthened.

Acupuncture training for doctors with a national diploma has been provided since 2007 (113).

8.12.5 Anthroposophic medicine

Anthroposophic medicine is offered by MDs or regulated health personnel (113). There is no national regulation of anthroposophic medicine in France. Diplomas in anthroposophic medicine are not recognized by the national association for medical doctors. Postgraduate medical training courses in anthroposophic medicine are offered at private teaching centres (106).

8.12.6 Ayurveda

No specific regulation has been found on ayurvedic medicine in France (113).

8.12.7 Chiropractic

Chiropractic is regulated in France. Ministerial Decree No. 2011-32 of 7 January 2011 allows medical doctors, midwives, physiotherapists, nurse practitioners and other practitioners to practise chiropractic. Practitioners not being medical doctors themselves are only allowed to treat patients after a diagnosis is made by a medical doctor (114).

In September 2011 a new bill on chiropractic and osteopathy was proposed with the purpose of establishing a High Council of chiropractic and osteopathy. Additional medical qualifications in osteopathy and chiropractic as well as Master's degrees in osteopathy and chiropractic could give individuals the right to practise these therapies as distinct disciplines in themselves (115). The bill is not yet passed.

8.12.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy.

8.12.9 Homeopathy

Homeopathy is officially recognized as a therapy since 1965 when it was incorporated in the French Pharmacopoeia. Only medical doctors, dentists, midwives and veterinarians are allowed to practise homeopathy in France (28). Non-medically qualified practitioners are not

authorized to prescribe and may even be prosecuted for “illegal practise for medicine“. The Ordre National des Médecins (National Medical Council) in their report of 27 February 1997 (Labatard-Sartre report) recognized homeopathy as a medical therapeutic method and recommended the creation of a Diplôme Inter-Universitaire (DIU) of homeopathy”(28).

The Ordre National des Médecins allows General Practitioners (GPs) who have taken additional training in homeopathy to use the qualification “orientation homéopathie”, but without submission of diplomas (28). Both undergraduate and postgraduate courses in homeopathy are offered at the universities. Some hospitals offer homeopathic treatment (106).

8.12.10 Massage

Massage therapy is not regulated, but offered in hospitals and provided only by other medical practitioners (113).

8.12.11 Naprapathy

No specific regulation has been found on naprapathy.

8.12.12 Naturopathy

The profession of naturopathy belongs to the category "Self-employed". To register as a naturopath a code NAF (Nomenclature of French Activities) assigned to the profession is NAF 8690 F "human health activities not elsewhere classified".

There are two categories of professionals:

- One category is protected by registration with a professional order requiring a state diploma or equivalent French licence validated for the exercise of the national territory.
- The other is a set of activities that do not, to date, guarantee a degree of training of professional activity in question. The consultancy work or that of "health practitioner", unacknowledged by the French state, falls into the latter category. This professional activity can be exercised in different structures, either personally, or in partnership” (<http://www.omnes.fr/sinstaller/profession-liberale>).

Naturopathy is not statutory legally regulated or offered in hospitals in France (113) (www.omnes.fr/).

8.12.13 Neural therapy

No specific regulation has been found on neural therapy.

8.12.14 Osteopathy

The legislation provides that it is necessary to have a medical qualification to practise osteopathy in France (116, 117). The Ordre National des Médecins (National Medical Council) has recognized the validity of a University Diploma (DIU) of Manual Medicine (Osteopathy)(118).

In September 2011 a new bill on chiropractic and osteopathy was proposed with the purpose of establishing a High Council of chiropractic and osteopathy. Additional medical qualifications in osteopathy and chiropractic as well as Master's degrees in osteopathy and chiropractic could give individuals the right to practise these therapies as distinct disciplines in themselves (115). The bill is not yet passed.

The Union of Medical Osteopaths of France, the only organization representing medical doctors of practising osteopathy, are opposing the bill (118).

8.12.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM.

8.12.16 Other treatments (mentioned if found in legislation)

Balneotherapy (bath, spa) is considered as a part of conventional treatment and offered in hospitals (113).

Physiotherapy is coordinated by the “**Fédération Française des Masseurs Kinésithérapeutes Rééducateurs (F.F.M.K.R.)**” There is a State Diploma course of 3 years for physiotherapy studies, but this is currently outside the academic structure, with access to postgraduate education at universities. There are developments to extend physiotherapy education to 4 years with the first year shared with medical students (119). The professional title is **Diplome d'Etat de Masseur Kinesithérapeute** (119). There is a medical code of ethics and professional secrecy is determined by law. The activity of the physiotherapist is also defined by law. The Ministry of Health is the national authority responsible for the physiotherapy profession in France (119).

Physiotherapy is registered in the EU regulated professions database as follows:

Physiotherapy is a directly related regulated profession with title “**Masseur-kinésithérapeute**” recognized under Directive 2005/36/EC (5), ID 238. General system of recognition - primary application. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11 d (7). Useful link: nihil.

8.13 Germany

Germany was a founding member of the European Union (EU) in 1952 (11) and became a member of The Council of Europe on 13 July 1950 (12).

8.13.1 The legal and regulatory status of CAM and CAM practices

CAM given by non-physicians has been legally regulated in Germany since 1939 by the passing of the “Heilpraktikergesetz” (HeilprG), which also established the protected title “Heilpraktiker” (120, 121). According to the Heilpraktiker act practitioners of homeopathy must be registered after passing an exam administered by local healthcare authorities in order to prove that they possess sufficient knowledge in medicine and healthcare legislation (50, 121).

The HeilprG states among others that:

- § (1) Whoever wants to practise medical treatments without being accredited as a medical doctor needs a special permission.
- §2 Medical science/treatment in the meaning of the law is every kind of activity, which is practised as a profession, directed at diagnosing, treating or relieving illnesses, sicknesses, or disabilities in humans, also if they are practised in the service of others.
- §3 A person who has practised medical science/treatment at a professional level up to date and plans to continue to do so, will receive permission in accordance to the rules of the implementing regulations (121).

In order to practise medicine or carry out specialty training in Germany, all physicians must be in possession of a valid full or temporary licence to practise (122). The “Bundesärztekammer” offers additional certificates in some CAM treatments, so called “Zusatzbezeichnungen”, treatments are naturopathy, acupuncture, homeopathy, manual medicine, physiotherapy.

Only **medical doctors and Heilpraktikers** (non-medically qualified practitioners) are allowed to provide CAM treatments, but there are restrictions on the performance of particular medical acts (28, 41). Only medical doctors are allowed to treat sexually-transmitted, communicable and epidemic diseases, deliver specific medications, give or provide anaesthetics and narcotics, practise obstetrics and gynecology, take X-rays, perform autopsies and issue death certificates (28, 123).

A Heilpraktiker(non-conventional health practitioner) must meet certain criteria, pass a public exam and register in order to get the licence to practice (41). According to the HeilprG, implementing provisions §2 (120), permission is not granted:

- If the applicant has not yet reached the age of 26 (a).
- If he/she does not have German citizenship (b).
- If he/she cannot prove at least completion of primary education (d).
- If it appears that he/she lacks moral reliability, especially heavy criminal or ethical misconduct(f).
- If, in terms of health he/she is unfit to practise (g).
- If it can be assumed with certainty that he/she is practising medicine in addition to any other profession (h).
- If a review of the knowledge and skills of the applicant by the Health Department indicates that the practice of medicine by the person would mean a danger to the Public Health (i).

Acupuncture, anthroposophic medicine, homeopathy and naturopathy are legally regulated as therapeutic systems (28). The Medicines Act have accredited treatment forms in homeopathy, anthroposophy, and phytotherapy in a special law called “Besondere Therapierichtungen“, "Special treatment directions" (124).

8.13.2 The governmental supervision of CAM Practices

The medical associations focus on regulation of the professional practice and specify requirements for CME training, the professional code of conduct and routines for accusations of medical malpractice (125). Breach of regulations for treating patients may result in penalties (28). The health insurance companies are supervised by the state (125).

8.13.3 The reimbursement status of CAM practices and medicinal products

The statutory health insurance system (SHI) (since 2009 funded by the “Gesundheitsfonds”) manages the covering of health care services in Germany. Physicians must be approved and registered as “SHI physicians” to bill the statutory health insurance companies for treatment of patients (125).

The state insurance companies reimburse partly acupuncture (only for chronic knee pain due to osteoarthritis and for chronic low back pain), homeopathic and anthroposophic treatment performed by contracted (SHI) qualified medical doctors, but patients must pay for medicines (41, 106, 125). Anthroposophic medicine is also reimbursed by private insurance companies (106). Some private insurance companies cover homeopathic remedies and acupuncture (106).

The health insurance will pay the costs for normal physiotherapy sessions, but most likely the patient will co-pay for the osteopathy part of it.

From 2012 a new law (GKV-Versorgungsstrukturgesetz)(126) came into effect. The law allows the statutory health insurances to offer additional benefits to its customers. E.g. the Technical Krankenkasse (TK) decided to take over costs of up to 100€ per year and per insured person for homeopathic, phytotherapeutical and anthroposophic medicinal products which are obtainable only in pharmacies, but without a prescription.

8.13.4 Acupuncture

Acupuncture is regulated by law as a distinct therapeutic system (Besondere Therapierichtung) in the Code of Social Law (Sozialgesetzbuch V), and additional medical qualification and diplomas as medical acupuncturist are recognized and issued by the German medical association. Acupuncture training is provided within the CAM courses as a part of the medical undergraduate curriculum. Acupuncture training is an official part of the Continuous medical educational programme (CME) for doctors, and CME is mandatory for doctors included in the national insurance system(SHI)(106,122).

8.13.5 Anthroposophic medicine

Anthroposophic medicine is regulated by law as a specific therapeutic system (Besondere Therapierichtung) by the Medicines Act- Arzneimittelgesetz (AMG) and by the Code of Social Law (Sozialgesetzbuch V)(106,124,127). The statutory regulation of anthroposophic medicine is delegated to the German medical association, and recognized as an additional qualification for medical doctors. The medical association of anthroposophic doctors issues and recognizes diplomas and regulates the statutory, mandatory Continuous Medical Educational programme (CME) for anthroposophic doctors (106, 122).

Optional introductory courses in anthroposophic medicine are provided as part of the medical undergraduate curriculum at some universities (106). Postgraduate training is offered at private teaching centres (106). Anthroposophic medicine is offered at some hospitals in Germany (106).

In Germany there is a small group of anthroposophic Heilpraktikers with their own professional body (106).

8.13.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.13.7 Chiropractic

Chiropractic is regulated by law within the medical association (106, 128). The German Medical Assembly (German Ärztetag) in 2003, introduced the additional term "Chiropractic" for "Manual medicine" and a training programme "(Muster-) Kursbuch – manuelle medizin/chirotherapie" for doctors. The term manual medicine or chiropractic therapy may both be used (128).

8.13.8 Herbal medicine/Phytotherapy

The treatment is common among German doctors and Heilpraktikers. Phytotherapy in Germany is regulated by the Medicines Act 'Arzneimittelgesetz (AMG)' as a distinct therapeutic system (Besondere Therapierichtung)(124, 127).

8.13.9 Homeopathy

Both doctors and Heilpraktikers are allowed to practise homeopathy (28).

Homeopathy in Germany is regulated by law as a distinct therapeutic system (Besondere Therapierichtung) by the Medicines Act- Arzneimittelgesetz (AMG) and by the Code of Social Law (Sozialgesetzbuch V) since 1998 (106, 124, 127). The German Medical Association (The "Bundesärztekammer") acknowledges homeopathy as an official additional qualification "homeopathic doctor", for medical doctors who have passed an examination in homeopathy (28). The national medical association issues diplomas. Optional courses in CAM/homeopathy in the medical undergraduate curriculum are offered at one university and postgraduate homeopathy courses are offered at some universities in Germany (28, 106).

Homeopathy is provided by physicians at some hospitals in Germany (106). Homeopathy was in 1978 recognized as a particular therapeutic approach "Besondere Therapierichtung" in the Medical Products Act – "Arzneimittelgesetz" – section 25, sub (2)2 and section 105, sub 4f (28).

8.13.10 Massage

"Masseur – nicht-medizinischer Bademeister/in" is a regulated health profession in Germany and is registered in the European regulated professions database as follows:

Masseur/Massage therapist/Spa therapist/Masseur-Aesthetician is a directly related regulated profession with title "Masseur – nicht- medizinischer Bademeister/in" recognized under Directive 2005/36/EC (5), ID 2770. General system of recognition - primary application. Qualification level: SEC - Certificate attesting the completion of a secondary course, Art. 11 b (7). Useful link: nihil.

8.13.11 Naprapathy

No specific regulation has been found on naprapathy.

8.13.12 Naturopathy

The Code of Social Law (1998) recognizes naturopathic medicine as a distinct therapeutic system (106). The Medical Chamber has recognized a specific naturopathic curriculum leading to an official additional qualification for medical doctors (106).

Various medical associations provide postgraduate training courses in naturopathic medicine, issue diplomas, and have developed quality standards (106).

Naturopathic medicine is commonly offered by trained doctors in many rehabilitation clinics, acute care hospitals within "naturopathy departments" and also in regular hospitals (106).

8.13.13 Neural therapy

No specific regulation has been found on neural therapy, but some aspects of neural therapy such as injection treatment are provided in Germany on a regular basis.

8.13.14 Osteopathy

There are presently no statutes or regulations defining the scope of practise of osteopathy. Osteopathy has recently been recognized by the national Ministry of Health (129). "The regulation of the profession is presently adequate through the existing medical societies for physicians and the Heilpraktiker organizations"(129).

"There is a difference in the osteopathic education between non-physician osteopaths, physiotherapists, and medical physicians. Physiotherapists are a recognized health profession, but they have to meet a lower educational standard and can achieve a degree of "Diploma in Osteopathic Therapy (D.O.T.)", whereas physicians achieve a degree of "D.O.-DAAO" or "D.O.M.", from the DAAO and DGOM respectively. Osteopathic physicians in Germany are fully licensed with at least 6,500 hours in 6-years medical school, at least 7,000 hours in specialty training, which is 3 to 6 years, plus at least 680 hours of training in manual medicine and osteopathy before attaining their degree"(129).

"Non-physician osteopaths are not medically licensed. They have an average total of 1200 hours of training, roughly half being in manual therapy and osteopathy, with no medical specialization before they attain their degree. Non-physician osteopaths in Germany officially work under the "Heilpraktiker" law" (129).

There are many schools of osteopathy in Germany. There is presently no official national recognition.

8.13.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM except acupuncture.

8.13.16 Other treatments (mentioned if found in legislation)

Physiotherapy is a 3 year education in Germany (including 1/3 of practical work at hospitals/private practices), at private or state schools. After graduating, you are "staatlich anerkannter Physiotherapeut" (129-131).

Physiotherapy is registered in the European regulated profession database as follows:

Physiotherapy is a directly related regulated profession with title "**Physiotherapeut/in Krankengymnast/in** under Directive 2005/36/EC (5), ID 954. General system of recognition-primary application. Qualification level: SEC - Certificate attesting the completion of a secondary course, Art. 11 b (7). Useful link: nihil.

Physiotherapists from EU-and EEA-countries are governed by the EU Directive 2005/36/EC. For physiotherapists from a non-EU country a corresponding law has been adopted by the Federal Government to improve the assessment and recognition of foreign professional qualifications approved by the Bundesrat (4 November, 2011)(130).

8.14 Greece

Greece became a member of the European Union (EU) in 1981 (11) and a member of the Council of Europe on August 9, 1949 (12).

8.14.1 The legal and regulatory status of CAM and CAM practices

There is no law governing the practice of CAM in Greece. Regulation of CAM practices is a difficult combination of self-regulation combined with statutory regulation. CAM is recognized as an additional qualification for medical doctors (132). Only medical doctors are authorized to practise acupuncture, and diplomas are issued by a national doctors' association (132). Postgraduate training is provided by private teaching centers (132). Other CAM treatments are practised by both doctors and non-doctors, and there are no official qualification requirements for such treatment (132). The Ministry of Trade is responsible for CAM (homeopathy)(41, 132).

The Ministry of Health and social solidarity in Greece has in a report dated 27.8.2010 (133) evaluated how the EU Directive 2005/36/EC(5) about recognition of professional qualifications has been followed up from 2005 to 2008. Doctors, nurses, general practitioners, dentists and orthodontists have used the automatic recognition system without any problems. Physiotherapists are included in the evaluation (17.9.2010/ref No. 115870/IA). The Health Directorate of the Prefectural Authority is responsible for granting an authorization to practise a profession. From 2011 this is delegated to the competent regional authorities. We have not found any description of CAM professionals in this evaluation (133).

8.14.2 The governmental supervision of CAM Practices

Authorization, diplomas and CME training are delegated to and controlled by the medical associations (132). No law requires any formal qualifications for practising CAM, on the other hand practitioners have complete responsibility for their practice (132).

8.14.3 The reimbursement status of CAM practices and medicinal products

The tax offices have certain codes for reflexology, aromatherapy, homeopathy and acupuncture for tax purposes. Some private insurance companies cover CAM treatments

(like acupuncture and homeopathy) provided by doctors, but CAM medicines are not reimbursed (41, 132). CAM provided by non-medical practitioners is not reimbursed (41).

8.14.4 Acupuncture

Acupuncture is regulated by law as a distinct therapeutic system in Greece (106). According to the decree 574/A4/1191/21-2-1980 of the Greek Ministry of Health, "Acupuncture can be applied only by physicians, dentists and veterinarians with adequate experience and proper training in acupuncture"(134-136). Doctors practising acupuncture must be a member of the medical association (136). The Ministry of Health (MOH) has given instructions for practising acupuncture (132). The medical association has recognized acupuncture as an additional medical qualification, and as an official part of the Continuous Education Programme (CME) for doctors (106).

Even if only medical doctors are authorized to practise acupuncture, other CAM therapists provide the treatment (135). Acupuncture clinics are established in some university faculties of medicine and hospitals of education and research (132).

The "Hellenic Medical Society of Acupuncture" was founded in 1992 and is a member of the "International Council of Medical Acupuncture and Related Techniques" (I.C.M.A.R.T). There are various acupuncture associations in Greece. In 2010 the "Scientific Association of Medical Acupuncture Greece" was founded (134).

8.14.5 Anthroposophic medicine

No specific regulation has been found on anthroposophic medicine.

8.14.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.14.7 Chiropractic

No specific regulation has been found on chiropractic medicine.

8.14.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy.

8.14.9 Homeopathy

There is no specific regulation on homeopathy within health care in Greece (28, 41). Medical doctors are allowed to practise homeopathy as a part of their medical profession (28). The profession of homeopathy is mentioned in legislation for labour and employment under the Ministry of Trade/Economics (41). Non-medical practitioners of homeopathy may practise under legislation of labour registered within the Ministry of Economics (50).

Postgraduate training in homeopathy for doctors is provided at universities in Greece (106).

The Hellenic Homeopathic Medical Society (H.H.M.S.) supports homeopathy in Greece. The association is a member of the European Committee for Homeopathy (ECH)(28). Various homeopathic associations support homeopathic practitioners in Greece.

8.14.10 Massage

No specific regulation has been found on massage.

8.14.11 Naprapathy

No specific regulation has been found on naprapathy.

8.14.12 Naturopathy

No specific regulation has been found on naturopathy.

8.14.13 Neural therapy

No specific regulation has been found on neural therapy.

8.14.14 Osteopathy

No specific regulation has been found on osteopathy.

The Greek Osteopathic Association is a member of the European Federation of Osteopaths (137).

8.14.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM.

8.14.16 Other treatments (mentioned if found in legislation)

Physiotherapists in Greece may practise CAM (like shiatsu, reflexology and/or aromatherapy) (132). Physiotherapist is a regulated health profession. “The title and the professional activity are protected by the state. The rules of professional conduct are determined directly by the state through national legislation. The physiotherapist must be state registered and obtain a licence to practise. Greece has established a code of ethics for physiotherapists. The national authority responsible for the physiotherapy profession in Greece is the Ministry of Health”(138).

Physiotherapy in Greece is registered in the EU regulated professions database as follows:

Physiotherapy is a directly related regulated profession with title “**Physiotherapeftís**” (**TEI**) recognized under Directive 2005/36/EC (109) ID 421. General system of recognition - primary application. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11d (7).

8.15 Hungary

Hungary declared itself an independent republic on October 23, 1989 (139). Hungary became a member of the European Union in 2004 (11) and of the Council of Europe on November 6, 1990 (12).

8.15.1 The legal and regulatory status of CAM and CAM practices

Comprehensive changes in the national and regional health legislation has been introduced in Hungary over the last decade (140). In Hungary CAM legislation is integrated in the public health system and all CAM providers must be a part of the official health system (140). All CAM practitioners must have a licence to practise; for MD-s a university exam, and for no-MD-s an education in health care and a licence to practise from the Hungarian Further Education institute for nurses and other health providers (140). **Medical acupuncture, traditional Chinese medicine, neural therapy, antroposophic medicine, ayurvedic medicine and manual medicine** have been accepted as post graduate courses (2 year study period) since 1997. A final exam performed at medical universities is accepted as a licence for specialist practise in those medical fields (141).

The comprehensive CAM legislation came into force on 1 July, 1997(139, 142-144). The Act CLIV of 1997 on Health institutionalized the “National health promotion programme” with the principles “health for all” and “equal access to health services”(139, 144). The Act on Health (144), the Governmental Decree on CAM (143) and the Decree of the Ministry of Social Welfare on the practice of CAM (142) confirm a definition of CAM treatment, regulate the scope of CAM treatments, and state that “non-conventional procedures that substitute conventional therapy shall only be applied under the supervision of a physician”(28, 140, 144).

The CAM legislation from 1997 (142) regulates the following CAM treatments; **acupuncture, chiropractic, homeopathy, naprapathy, naturopathy, osteopathy, and phytotherapy**. CAM physicians and practitioners must have a licence to practise according to regulations. The non-medical practitioners have to be official registered members of the public health system. The CAM law is under reconstruction by the Ministry of Health and the revised version is expected to be passed in 2012.

Hungary follows the tradition of detailed regulation of practitioners and treatments; consequently each CAM treatment has been included in the public health system and legislation with regulation of education, licences, authorization etc. (140). Act XXVIII of 1994 made membership of the Hungarian Medical Chamber compulsory for practising physicians and dentists. The Chamber of Non-medical Health Professionals (2003/13) was established

to extend professional self-regulation to other qualified health care workers (139). The Chambers are responsible for the follow-up of CAM regulations (139).

There are three categories of authorized medical practitioners in Hungary; **physicians, practitioners** with a non-academic higher health qualification and **other practitioners** (43). In 2011 a wide range of CAM treatments were regulated in detail and most medical universities and schools offer training courses. **Only physicians** are allowed to practise acupuncture, anthroposophic medicine, ayurvedic medicine, chiropractic, homeopathy, manual medicine, traditional Chinese medicine (TCM), traditional Tibetan medicine and Kneipp practices (28, 50). Acupressure, kinesiology, shiatsu (in complementary moving and massage therapies), phytotherapy and reflexology may be **provided by practitioners** (non-medical doctors)(50).

The University of Pécs is the unique CAM educational institution for medical doctors in Hungary (141). All providers of CAM in Hungary must take a 2 year education in CAM and pass a licence exam. Medical doctors are offered continuing medical education (CME) mostly at universities; non-MD practitioners take courses mostly at the Institute of Continuing Education for health workers in registered evaluated courses. The CAM Department of the University of Pécs provides education, controls and exams. Studies are offered for MDs only, and the following treatments are examples of courses provided: acupuncture, TCM, manual medicine (chiropractic, osteopathy), neuraltherapy, anthroposophic medicine, life-style adviser (140).

Courses at other educational institutions offer studies for **non-medical providers** (= natural healers, additionally part of the health system) for courses like acupressure, reflexology, NADA (detoxification), eye training, herbal medicine, kinesiology, complementary moving and massage therapies, complementary physiotherapies (Kneipp courses, electro, magneto, UV e.t. practice)(140).

Health practitioners (non-medical educated practitioners) may offer CAM treatments like; acupressure, reflexology, NADA (detoxification), eye training, herbal medicine, kinesiology, complementary moving and massage therapies, complementary physiotherapies (Kneipp courses, electro, magneto, UV e.t.) practice (4).

National CAM legislation regulates health products and the use, practice and education of CAM. However, CAM non-medical practitioners (herbalist, many non-MDs, and acupressure therapist and others) are not regulated by the state. The Provincial and Territorial Government Agency regulates and controls regional health care practitioners. This public health system constitutes a heterogeneous regulation system in Hungary and challenges the CAM legislation (141). Legislative review and re-organization in several provinces have resulted in the establishment of permanent mechanisms for regulation of CAM practitioners including possible statutory self-regulation as health care practitioners in the future (141).

8.15.2 The governmental supervision of CAM Practices

The national government of Hungary exercise statutory supervision of health services, including the Health Insurance Fund (HIF)(144). The National CAM Supervisor Committee has the right to control and punish. Regulated CAM providers are included in the governmental supervisor Head Physician-system (141).

8.15.3 The reimbursement status of CAM practices and medicinal products

The Health Insurance Fund (HIF) and the National Health Insurance Fund Administration (NHIFA) contract with health care providers and reimburse them according to various payment methods (139). Act XCVI of 1993 on Voluntary Mutual Insurance Funds is the legal platform for private non-profit health insurance (139). Act LXXXIII of 1997 define treatments excluded from reimbursement by the national health insurance fund. Among others are treatments not proved effective in improving health (1997/8), and recreational purposes massage (1997/11)(139). CAM is partially covered; massage, acupuncture, manual medicine, neuraltherapy in state hospitals or state outpatients surgeries have an agreement with NHIFA. Insurance is, however, mostly covered by additional private insurance companies (140).

8.15.4 Acupuncture

Acupuncture is a part of TCM treatment and is provided only by medical doctors in Hungary. The University of PECS offers educational acupuncture courses only for MDs (141). The Hungarian Medical Acupuncture Association was founded in 1987 (www.maot.hu). Since then the acupuncture education is official in Hungary.

8.15.5 Anthroposophic medicine

Anthroposophic medicine may be provided only by medical doctors in Hungary. Educational courses are offered only for MDs at the University of Pécs (141).

8.15.6 Ayurveda

Ayurvedic Medicine is recognized as an individual complex medical system (diagnostic and treatment) provided only by medical doctors in Hungary (141).

8.15.7 Chiropractic

Chiropractic (as not separated from manual medicine) is a registered treatment and profession only for MDs with an exam from a medical university (141).

8.15.8 Herbal medicine/Phytotherapy

The CAM legislation from 1997 (142) regulates Phytotherapy. Physicians and practitioners must have a licence to practise according to regulations. The non-medical practitioners have to be official registered members of the public health system.

8.15.9 Homeopathy

Only medical doctors may practise homeopathy in Hungary (142, 143). The Magyar Homeopata Orvosi Egyesület (Hungarian Homeopathic Medical Association) was founded in 1991 (www.homeopata.hu). The University of Pécs offers a 3-year educational programme for homeopathy only for medical doctors (60). Homeopaths are registered in a statutory register.

8.15.10 Massage

In 2011 massage was regulated in detail and training courses are offered by most medical universities and schools. Massage therapies may be provided by practitioners (non-medical doctors)(50).

Massage is a registered profession in the EU regulated professions database as follows:

Masseur/Massage therapist/Spa therapist/Masseur-Aesthetician is a directly related regulated profession with title “**gyógymasszőr**” (**Massage therapist** (EN)) recognized under Directive 2005/36/EC (5), ID 16907. General system of recognition - primary application. Qualification level: DSE - Diploma (post-secondary education), including Annex II (ex 92/51, Annex C, D), Art. 11 c (7). Useful link: <http://www.professionalrecognition.gov.hu>.

8.15.11 Naprapathy

This terminology is not used in Hungary.

8.15.12 Naturopathy

This terminology is not used in Hungary.

8.15.13 Neural therapy

Neural therapy has been regulated by the CAM laws since 1997 (142-144). The University of Pécs (PTE) provides a 2- years course in neural therapy for medical doctors (141).

8.15.14 Osteopathy

The CAM legislation from 1997 (142) regulates osteopathy as manual medicine. **Only physicians** are allowed to practise **manual medicine**. CAM physicians must have a licence to practise according to regulations.

8.15.15 Traditional Chinese Medicine (TCM)

TCM is regulated as acupuncture.

8.15.16 Other treatments (mentioned if found in legislation)

The “Natural health practitioner” is a regulated health profession in Hungary since 1997 (142) and is registered in the EU regulated professions database as:

The “**Natural health practitioner**” is a directly related regulated profession with the title “**természetgyógyászati/nemkonvencionális tevékenység**” recognized under Directive 2005/36/EC (5), ID 14428. General system of recognition - primary application. National Legislation: 11/1997. (V.28.) NM rendelet). Qualification level: SEC - Certificate attesting the completion of a secondary course, Art. 11 b. All regions included. Qualification obtained in

Germany from 2009 with a Positive Automatic General System (no compensation measures imposed (7)). Useful link: <http://www.professionalrecognition.hu>.

Physiotherapy is a regulated health profession in Hungary with the title “Fizioterápia”. The title and the professional activity are protected by the state. The rules of professional conduct are determined directly by the state through national legislation. The physiotherapist must be state registered and obtain a licence to practise. Hungary has established a code of ethics for physiotherapists. The national authority responsible for the physiotherapy profession in Hungary is the Educational Ministry (145).

8.16 Iceland

Iceland is an EFTA and European Economic Area (EEA) member. Iceland is listed as a European Union candidate country and submitted its application for EU membership to the European Council in July 2009 (11). Iceland became a member of the Council of Europe on 7th March 1950 (12).

8.16.1 The legal and regulatory status of CAM and CAM practices

Lög um græðara (Healers Act) No. 34/2005, as amended by Act No. 88/2008 (Law on criminal procedure) regulates CAM in Iceland (146). Græðari (healer) in the law refers to those who provide health-related services outside the general health system. Services included in the law are, among others, treatments with the aim of improving health, relieving pain, reducing discomfort and promoting healing (§2)(146). Both medically and non-medically qualified professionals are allowed to practise CAM (106).

A voluntary registration system for healers is established. The healer will be registered as a member of a professional association if the practitioner fulfills the qualifications and standards acquired by the association in question (146). Regulation No. 877/2006 specifies the criteria a professional association and its members must fulfill to be accepted to the registration system, and to be allowed to use the title “registered” in connection with the CAM profession (146, 147).

Restrictions on healers health-related services is dealt with in article 7 in the healers act (146). “Treatment for serious diseases shall be provided only by licensed health workers, or by a healer after consultation with a physician” (146). Healers must not provide treatment which “entail grave risk to the patient’s health”. “The same applies to treatment of diseases which are subject to the provisions of the Communicable Diseases Act and entail a risk to the public” (146).

Althingi (The Icelandic Parliament) has passed different acts to incorporate and harmonize The Professionals Directive 2005/36/(5) and EEA agreements into national legislation. Recognition of health professionals’ qualifications and titles have been harmonized with the EU regulated professionals database and national legislation (148). In the report to the European Commission of the changes in national legislation a list of new health laws is attached in chapter 3 (148). The following health professions are registered in the EU professionals database: **Chiropractor** (Hnykkir)(149), **Masseur** (Sjúkranuddari)(150), **Osteopath** (Osteópati)(151), **Natural health practitioner** (Náttúrufræðingur í heilbrigðisþjónustu) - EU translation “**Biologist in a specialized health institution (EN)**”, **Physiotherapist** (Sjúkraþjálfari), **Doctor of medicine with a specialist medical training** (Orku- og endurhæfingarlækningar, Physiotherapy (EN)).

8.16.2 The governmental supervision of CAM Practices

The Federation of Icelandic Healers supervises the voluntary register for healers (§3)(146). Regulation No 876/2006 regulates the minimum insurance coverage required for a healer practitioner (146). The Directorate of Health is responsible for issuing licences to health personnel. The General Criminal Code Act NO.88/2008 (152) regulates the penalties for violating the healers act (146).

8.16.3 The reimbursement status of CAM practices and medicinal products

Patients are insured by the Act on health Insurance NO 112/2008, and reimbursement for treatment is covered according to the law (153). Physiotherapy treatment is reimbursed according to article 21 (153). Other specialized health services will be covered (a co-payment may be charged) if provided by contract professionals according to article 22 (Reg. 1215/2008) and chapter IV (153). No specific reimbursement regulations have been found on CAM treatments. If regulated practitioners like chiropractors, osteopaths, natural health practitioners and masseurs are contracted, consultation fees will be reimbursed (153).

8.16.4 Acupuncture

No specific regulation has been found on acupuncture.

8.16.5 Anthroposophic medicine

No specific regulation has been found on anthroposophic medicine.

8.16.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.16.7 Chiropractic

Chiropractor is a regulated health profession in Iceland since 1990 (7, 106).

Chiropractor is registered in the EU regulated professions database as follows:

Chiropractor is a directly related regulated profession with title “**Hnykkir**” recognized under Directive 2005/36/EC(5), ID 568. General system of recognition- primary application. National legislation: Act no. 24/1985 on the professional titles and professional rights of health professions and regulation 60/1990 on the education, rights and duties of chiropractors(149). Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11 d (7).

8.16.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy.

8.16.9 Homeopathy

No specific regulation has been found on homeopathy.

8.16.10 Massage

Masseur is a regulated health profession in Iceland since 1987.

Masseur is registered in the EU regulated professions database as follows:

Masseur/Massage therapist/Spa therapist/Masseur-Aesthetician is a directly related regulated profession with title “**Sjúkranuddari**” (Massage therapist (EN)) recognized under Directive 2005/36/EC (5), ID 3624. General system of recognition- primary application. National legislation: Act no. 24/1985 on the professional titles and professional rights of health professions and regulation no. 204/1987 on the education, rights and duties of massage therapists. Qualification level: DSE - Diploma (post-secondary education), including Annex II (ex 92/51, Annex C, D), Art. 11 c (7).

8.16.11 Naprapathy

No specific regulation has been found on naprapathy.

8.16.12 Naturopathy

No specific regulation has been found on naturopathy.

8.16.13 Neural therapy

No specific regulation has been found on neural therapy.

8.16.14 Osteopathy

Osteopathy is a regulated health profession in Iceland since 2005 (106). The Icelandic Osteopathic Association (Osteópatafélag Íslands) was founded in 2002 (154). No one can work or call themselves osteopaths in Iceland unless they are registered as such with the Ministry of Health which seeks an opinion from the Icelandic Osteopathic Association before granting a registration (154). The Icelandic osteopathic profession is a registered health profession according to regulation 229/2005 (151, 154).

Osteopathy is registered in the EU regulated professions database as follows:

Osteopathy is a directly related regulated profession with title “**Osteópati**” recognized under Directive 2005/36/EC(5), ID 14467 General system of recognition- primary application. All regions. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11 d.(7).

8.16.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM:

8.16.16 Other treatments (mentioned if found in legislation)

Natural health practitioner is a regulated profession in Iceland.

The profession is registered in the EU regulated professions database as follows:

Natural health practitioner is a directly related regulated profession with title “**Náttúrufræðingur í heilbrigðisþjónustu**” recognized under Directive 2005/36/EC(5), ID 576. EU translation “**Biologist in a specialized health institution (EN)**”. General system of recognition - primary application. National Legislation: **Act no. 24/1985** on the professional titles and professional rights of health professions and **regulation no. 272/1991** on the education, rights and duties of natural scientists in the health service. Incorporated EEA **Decision No 142/2007 in 2009** (155). Qualification level PS3 - Diploma of post-secondary level (3-4 years), Art. 11 d (7) All regions included.

Useful link: <http://www.llv.li/amtsstellen/llv-agd-home.htm>

Physiotherapist is a regulated profession in Iceland. Legal protection of the title of physiotherapists has been established, but not for the professional activity. All physiotherapist members must be registered and obtain a licence to practise physiotherapy. Iceland has established a code of ethics for physiotherapists. The "Ministry of Health" is responsible for the physiotherapy profession in Iceland (156).

Physiotherapy is registered in the EU regulated professions database with two titles:

Physiotherapy is a directly related regulated profession with title “**Sjúkraþjálfari**” recognized under Directive 2005/36/EC (5), ID 583. General system of recognition- primary application. National legislation: **Act no. 58/1976 on physiotherapy**. All regions. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11 d (7).

Doctor of medicine with a specialist medical training (Article 25 of Directive 2005/36/EC) is a directly related regulated profession with title “**Orku- og endurhæfingarlækningar**” (**Physiotherapy (EN)**). Recognition under Directive 2005/36/EC(5), ID 11689. Qualification level undefined. Doctor in basic and specialized medicine both listed in Annex V (7).

8.17 Ireland

Ireland became a member of the European Union (EU) in 1973 (11). Ireland was a founding member of the Council of Europe on 5 May 1949 (12).

8.17.1 The legal and regulatory status of CAM and CAM practices

None of the CAM treatments are regulated or restricted in Ireland (41) Consequently, both medically and non-medically qualified professionals are allowed to practise CAM (106). Medically qualified practitioners with a university degree in medicine (MD, nurse, midwife) and physiotherapists are recognized as regulated health professionals (7, 157). The Medical Practitioners Act 25/2007 establishes that medical personnel must be registered in the General Register of Medical Practitioners, and article 47 links this act to the EU Directive 2005/36/EC (5, 157). Different sources from 2002 – 2010 categorize Ireland as a country with “CAM legislation in preparation”(28, 43, 106). Only medical doctors are permitted to “treat venereal diseases, practise obstetrics, certify death, issue medical certificates for official purposes, prescribe a wide range of controlled drugs, give advice in court on specific issues, supply services to police for alcohol-linked traffic offences and administer anaesthetics” (28).

Two Ministry of Health reports consider establishment of a register for CAM practitioners:

1. Report on the regulation of practitioners of complementary and alternative medicine in Ireland (2002)(158).
2. Report of the National Working Group on the regulation of Complementary Therapists to the Minister for Health and Children, December 2005 (159).

The 2005 (159) report made 7 recommendations which were accepted by the Minister of Health:

1. Statutory regulation for herbalists/acupuncturists/Traditional Chinese Medicine Practitioners.
(Meetings held, but no proposals for regulation produced so far(160)).
2. A robust system of “voluntary self-regulation” (VSR) for all others.
(FICTA, the national umbrella body for CAM professional associations, has implemented a VSR framework for its members and has sent it to the Department of Health. The response received stated that the priority of the DoHC is to progress statutory regulation for the concerned therapies and that they support greater voluntary self-regulation for all other therapies(160)).
3. Arrange workshop to encourage federation into one representative organization for those therapies where there was more than one.
(A few have been held(160)).

4. A report on the state of the sector following the workshops.
(Has not been produced (160)).
5. Publication of an information booklet with a client/therapist charter for the public.
(A general leaflet (not a booklet) was published that advised people to check that therapists were qualified and members of a professional association (160)).
6. Establishment of a forum for dialogue between the complementary and conventional medical sectors.
(Has not happened)(160).
7. Establishment of a National Annual Forum for the sector.
(Has not happened (160)).
8. Establishment of a working group to establish a Complementary Therapies Council to oversee issues in the complementary therapies area.
(Has not happened)(160)).

8.17.2 The governmental supervision of CAM Practices

No specific CAM regulations found on supervision of health practices in Ireland.

8.17.3 The reimbursement status of CAM practices and medicinal products

No CAM treatment is reimbursed in Ireland (41). Private insurance may partially cover some treatments (41).

8.17.4 Acupuncture

No specific legislation has been found on acupuncture.

8.17.5 Anthroposophic medicine

No specific legislation has been found on anthroposophic medicine.

8.17.6 Ayurveda

No specific legislation has been found on ayurvedic medicine.

8.17.7 Chiropractic

No specific legislation has been found on chiropractic.

8.17.8 Herbal medicine/Phytotherapy

No specific legislation has been found on herbal medicine/phytotherapy.

8.17.9 Homeopathy

“Absence of legislation which specifically restricts the practice of homeopathy to any particular type of practitioner means that anyone may practise”(50).

Homeopathy is mainly practised by non-medically qualified practitioners in Ireland. However, also medical doctors provide homeopathic treatment in their practices (28).

8.17.10 Massage

No specific legislation has been found on massage.

8.17.11 Naprapathy

No specific legislation has been found on naprapathy.

8.17.12 Naturopathy

No specific legislation has been found on naturopathy.

8.17.13 Neural therapy

No specific legislation has been found on neural therapy.

8.17.14 Osteopathy

No specific legislation has been found on osteopathy.

8.17.15 Traditional Chinese Medicine (TCM)

No specific legislation found on traditional Chinese medicine.

8.17.16 Other treatments (mentioned if found in legislation)

Physiotherapy is regulated in Irish legislation S.I No 135 of 1996, Regulation 19, part 1, professions and professional activities regulated by law. There is no legal protection of the title of physiotherapist; membership of the Irish Society confers the right to use the term Chartered Physiotherapist (161). There is no legal protection of activity of physiotherapists but nor is there any legal limitation of activity (161). The Irish Society of Chartered Physiotherapists is acting with the approval of the Minister for Health. Professions and professional activities are regulated by professional bodies which are recognized in a special form by the State. Physiotherapist is organized in MISCP (The Irish Society of Chartered Physiotherapists)(162). Ireland has a code of ethics for physiotherapists and The Irish Society has adopted the European Core Standards of Physiotherapy Practice (161).

Physiotherapy is registered in the EU regulated professions database as follows:

Physiotherapy is a directly related regulated profession with title “**chartered physiotherapist**” recognized under Directive 2005/36/EC (5), ID 100. General system of recognition- primary application. National legislation: S.I. Number 135 of 1996. All regions. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11 d (7).

8.18 Israel

Israel is connected to the European Commission Seventh Framework Programme (FP7) Third Country Agreement: Israel (EC) – the Science and Technology Agreement 2007, and as such included in the CAMbrella survey of CAM legislation in Europe. Israel is neither a member of the Council of Europe nor listed as a candidate or potential candidate country to the European Union (11).

8.18.1 The legal and regulatory status of CAM and CAM practices

There is no regulation of CAM in Israel at the moment (2010)(163). The Israeli parliament “Knesset” in February 2010 ordered a paper (document only in Hebrew) on future discussion of the subject of CAM regulation (164). In 1988 a committee appointed by the Minister of Health examined the subject of natural medicine. “The committee recommended that only those therapies proven to be efficient by scientific standards should be authorized (Eilon Committee, 1988)”. In the year 2002 no legislation had yet been passed (165).

According to WHO Israel was in 2005 in the process of developing a national policy, laws and regulations, a national programme and a national office for TM/CAM (28).

On 30 July, 2008, the Israeli Parliament “Knesset” passed the law regulating the practice of medical professions (166). The Ministry of Health licenses professionals working in the legally recognized medical professions. The professionals are legally required to obtain a license to practise or obtain a status recognition from the Ministry of Health. For most professions, the applicants are required to pass government licensing examinations (167). Listed regulated professions of interest are chiropractic and physiotherapy.

CAM is offered in most of the “Not-for-profit public health maintenance organizations” (HMOs) clinics. Practitioners are mostly physicians, apart from those providing reflexology and shiatsu treatment (165).

Among other educational institutions, The Medicine College and the Complementary Medicine College had already in 2002 introduced CAM studies (165).

8.18.2 The governmental supervision of CAM Practices

There is no regulation of CAM supervision in Israel. Several governmental committees have been working on a framework, but none have been approved (163).

8.18.3 The reimbursement status of CAM practices and medicinal products

The Compulsory Health Insurance Law was passed in 1995, with discussions on how to include CAM treatments in the insurance scheme (165). In 2002 the law only referred to acupuncture. The Health Insurance Law, clause 8 recognized the use of acupuncture in pain relief clinics for treatments of patients with tumors (165).

“Not-for-profit public health maintenance organizations” (HMOs) are clinics funded by the Israeli health funds (165). If CAM/acupuncture treatment is provided in a public HMO or hospital clinic the patient pays a low co-payment as a member of that HMO. If the treatment is provided by a private practitioner reimbursement may be covered if the patient has a private health insurance (163).

8.18.4 Acupuncture

The practice of acupuncture is not regulated in Israel. Medical doctors are practicing acupuncture without the need for a special licence. The non-medical practitioners of acupuncture usually graduate from a 4-year programme at a CAM college (163).

There have been several government-assigned committees suggesting a framework for the definition of the CAM practice, with a special emphasis on acupuncture. This framework has not yet been approved by all the relevant parties (163).

Reimbursement of Acupuncture is regulated in the Health Insurance Law from 1995 (165).

8.18.5 Anthroposophic medicine

No specific regulation has been found on anthroposophic medicine.

8.18.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.18.7 Chiropractic

Chiropractor is from 2010 a regulated health profession in Israel.

“On March 24, 2010, an amendment to the law regulating the practice of medical professions, 2008 (the “Health Professions” law, hereinafter), was published. As a part of this, the practice of chiropractic was regulated. Those who meet the legal requirements, will be eligible for a chiropractic certificate from the Ministry of Health”(167).

“The Ministry of Health is currently preparing for the implementation of the law. At present, only those who had a Chiropractic Status Recognition Certificate from the Ministry of Health, either permanent or temporary, which was valid on July 22, 2005, are permitted to submit an application for a chiropractic certificate, provided that the application is submitted before March 24, 2012”(167).

“The Medical Professions Licensing Department will later on publish the procedures for applying for a certificate for those who do not have a Status Recognition Certificate (permanent or temporary)”(167).

8.18.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy.

8.18.9 Homeopathy

“The absence of legislation which specifically restricts the practice of homeopathy to any particular type of practitioner means that anyone may practise”(50). Homeopathy is offered within the setting of the national health care system, but it is no reimbursed (70).

8.18.10 Massage

No specific regulation has been found on massage.

8.18.11 Naprapathy

No specific regulation has been found on naprapathy.

8.18.12 Naturopathy

No specific regulation has been found on naturopathy.

8.18.13 Neural therapy

No specific regulation has been found on neural therapy.

8.18.14 Osteopathy

No specific regulation has been found on osteopathy.

8.18.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM.

8.18.16 Other treatments (mentioned if found in legislation)

Physiotherapy is a recognized health profession in Israel (166). According to the law, the Ministry of Health issues a certificate of practice for the physiotherapy profession. By law, applicants for the certificate are required to be holders of a Bachelor’s degree as a minimum and they must pass a government examination in this profession (166).

“Whoever began their studies in a non-academic course (which was recognized by The Medical Professions Licensing Department for the purpose of a Status Recognition Certificate) until January 30, 2009, and who will be completing their studies no later than July 30, 2012, and who has completed practical training in the course of the studies and has successfully passed a special examination, is eligible to submit to a request for a certificate of practice for physiotherapy, provided that the request is forwarded no more than one year after completion of the studies (meaning no later than July 30, 2013)” (166).

8.19 Italy

Italy was a founding member of the European Union in 1957 (11) and a founding member of the Council of Europe on 5 May 1949 (12).

8.19.1 The legal and regulatory status of CAM and CAM practices

Italy has no general CAM legislation. The Italian Parliament and government have several times been requested to pass CAM legislation (28, 168). The Supreme Court of Justice (Suprema Corte di Cassazione (1982, 1999, 2003, 2005, 2007) has ruled that Non-Conventional Medicines may be practised only by medical doctors. The Supreme court stated that acupuncture is a medical act, homeopathic remedies must be prescribed only by medical doctors and it is an infringement of medical powers for anyone without a degree in medicine to practise Traditional and Non-Conventional Medicines (169-172).

The Italian “National Federation of the Orders of Doctors and Dentists” (Federazione Nazionale Ordini dei Medici Chirurghi e Odontoiatri) (**FNOMCeO**) has by statement of 18 May 2002 urged the Italian Parliament to approve legislation of practice as a responsibility of a medical doctor, a dentist or regulated health professionals for the following treatments: Acupuncture, Traditional Chinese medicine, ayurvedic medicine, homeopathic medicine, anthroposophic medicine, homotoxicology, phytotherapy, chiropractic and osteopathy (28, 168).

The professional ethical code for medical doctors and dentists, approved 16 December 2006, article 15, confirms the following statement adopted in 2002: “physicians must not collaborate in any way with, or promote the activities of any person who is not a physician in the professional practice on Non-Conventional Medicines (in Italy)”(173).

The Permanent Conference of the Deans and Presidents of the Italian Schools of Medicine issued on July 2011 its position paper saying that the acquisition of skills related to CAM is not an educational goal of the Degree in Medicine at the Italian Schools of Medicine, quoting the Italian text is "L'acquisizione di competenze relative alle CAM non rappresenta un obiettivo didattico del Corso di Laurea in Medicina."

“Non-medically qualified practitioners can be prosecuted under Article 348 of the Italian Penal Code, although this rarely occurs”(28).

8.19.2 The governmental supervision of CAM Practices

We have found no specific governmental supervision regulations of CAM practice in Italy.

8.19.3 The reimbursement status of CAM practices and medicinal products

CAM in general is not included in the national health insurance service (60). If decided by the regional health authorities, CAM treatments provided by medical doctors may be reimbursed by both public and private insurance companies. Chiropractic may be reimbursed (43). Each Italian region has its own reimbursement regulation on medical acts (21). In some Italian regions acupuncture treatment is covered by the national health insurance system (106). Anthroposophic treatment is partially covered only by private insurance (106). Homeopathy treatment is covered by private insurance (106).

8.19.4 Acupuncture

Acupuncture in Italy must be provided only by medical doctors. The Supreme Court of Justice (Suprema Corte di Cassazione(1982, 1999, 2003, 2005, 2007) has ruled that acupuncture is a medical act and it is an infringement of medical powers for anyone without a degree in medicine to practise Traditional and Non-Conventional Medicines (168, 170-172).

The Italian “National Federation of the Orders of Doctors and Dentists” (FNOMCeO) has acknowledged acupuncture treatment as a responsibility and an additional medical treatment of a medical doctor or a dentist (106, 168). Diplomas of medical acupuncturists are issued and approved by the national medical council/chamber in Italy (106).

8.19.5 Anthroposophic medicine

The Italian “National Federation of the Orders of Doctors and Dentists” (FNOMCeO) has acknowledged anthroposophic treatment as a responsibility of a medical doctor or a dentist (168, 170-172). Anthroposophic medicine is recognized through a statutory regulation by the local medical associations in Bologna, Terni and Palermo (106).

Diplomas are issued by the associations of anthroposophic doctors and recognized by the national medical association. Anthroposophic medicine is provided in some hospitals in Italy (106).

8.19.6 Ayurveda

The Italian “National Federation of the Orders of Doctors and Dentists” (FNOMCeO) has acknowledged ayurvedic treatment as a responsibility of a medical doctor or a dentist (168, 170-172).

8.19.7 Chiropractic

Both The Italian “National Federation of the Orders of Doctors and Dentists” (FNOMCeO) and different court rulings have acknowledged chiropractic treatment as a responsibility of a medical doctor, a dentist or primary health professionals with internationally approved chiropractic education (170-172, 174, 175).

The Register of Chiropractic doctors is established, but not yet activated, within the Italian Labour, Health and Social Policy Ministry under art 2, comma 355, of Law N° 244/2007 (168, 170-172). “In Italy there are *de facto* local regulations, administrative rules or court-stated guidelines” for regulation of chiropractic treatment (174, 175).

8.19.8 Herbal medicine/Phytotherapy

The Italian “National Federation of the Orders of Doctors and Dentists” (FNOMCeO) has acknowledged phytotherapy treatment as a responsibility of a medical doctor or a dentist (168, 170-172).

8.19.9 Homeopathy

Practise of homeopathy is restricted to medical doctors and veterinarians (60). The Supreme Court of Justice (Suprema Corte di Cassazione(1982, 1999, 2003, 2005, 2007) has ruled that homeopathic products must be prescribed only by medical doctors and that it is an infringement of medical powers for anyone without a degree in medicine to practise Traditional and Non-Conventional Medicines (168, 170-172).

Both The Italian “National Federation of the Orders of Doctors and Dentists” (FNOMCeO) and different court rulings have acknowledged homeopathic treatment as an additional medical qualification and a responsibility of a medical doctor or dentist (106, 168). FNOMCeO has called on the government to provide necessary legislation (106).

Public registers for homeopaths is not yet in force. Italian medical practitioners of homeopathy have completed post-graduate training in homeopathy, anthroposophic medicine or homotoxicology (60).

8.19.10 Massage

Massage is a regulated health profession in Italy.

Masseur is registered in the EU regulated professions database as follows:

Masseur/Massage therapist/Spa therapist/Masseur-Aesthetician is a directly related regulated profession with title “**Massaggiatore e bagnino terapeutico/ balneoterapista/ idroterapista**” recognized under Directive 2005/36/EC(5), ID 3305. General system of recognition- primary application. Qualification level: DSE - Diploma (post-secondary education), including Annex II (ex 92/51, Annex C,D) , Art. 11 c(7). Useful link: nihil.

8.19.11 Naprapathy

No specific regulation has been found on naprapathy.

8.19.12 Naturopathy

No specific regulation has been found on naturopathy.

8.19.13 Neural therapy

No specific regulation has been found on neural therapy.

8.19.14 Osteopathy

Both The Italian “National Federation of the Orders of Doctors and Dentists” (FNOMCeO) and different court rulings have acknowledged osteopathic treatment as a responsibility of a medical doctor, a dentist or regulated health professionals with internationally approved education in osteopathy (168, 170-172).

8.19.15 Traditional Chinese Medicine (TCM)

The Italian “National Federation of the Orders of Doctors and Dentists” (FNOMCeO) has acknowledged TCM treatment as a responsibility of a medical doctor or a dentist (168, 170-172).

8.19.16 Other treatments (mentioned if found in legislation)

Physiotherapy is a **regulated profession** in Italy with the title “**Fisioterapista**”. Legal protection of the title and the professional activity of the physiotherapist profession have been established. Professional ethics have been established, and disciplinary jurisdiction is established by the State. There is no requirement for the physiotherapist to be registered and/or have a license to practise. The "Ministero della Salute" is responsible for the physiotherapy profession in Italy, and the "Ministero dell'Università" for the education (176).

Physiotherapy is registered in the EU regulated professions database with two professions:

Physiotherapy is a directly related regulated profession with title “**Terapista della riabilitazione**” (Physiotherapist (EN)) recognized under Directive 2005/36/EC(109). General system of recognition - primary application. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11 d (7).

Physiotherapy is a directly related regulated profession with title “**Fisioterapista**” (Physiotherapist (EN)) recognized under Directive 2005/36/EC(109). Since 2003 this profession corresponds only to terapista della riabilitazione) (EN)(7).

8.20 Latvia

The Baltic state Latvia regained its independence from the Soviet Union in 1991, and became a member of the European Union in 2004 (11). Latvia became a member state of the Council of Europe on 10 February 1995 (12).

8.20.1 The legal and regulatory status of CAM and CAM practices

Acupuncture, anthroposophic medicine and homeopathy, are regulated in Latvia, and only medically qualified professionals are allowed to practise CAM (50, 106). Acupuncture and homeopathy are considered medical specialties since 1993 (177).

Only qualified Medical Doctors have the legal right to provide CAM diagnostic methods and treatment (178). The regulation of acupuncture, homeopathy and ayurvedic medicine is delegated to the Latvian medical society (Latvijas Ārstu biedrība) (28, 50).

“The Administrative Codex prohibits non-medically qualified practitioners for practising medicine of any kind”(28, 178). The Cabinet Regulation No. 431/1997 gives “Procedures for Certification of Medical Practitioners”(179).

Regulated professions in medicine and pharmacy are described in Chapter III and chapter IX, § 50 in “the Act on regulated professions and recognition of professional qualifications” (180). Doctor, dentist, pharmacist, nurse (medical nurse), assistants of those professions and physiotherapist are professions of interest for CAM (180).

If unified requirements exists for all foreign countries for the above professions, chapter VII, article 34 regulates the special system for recognition of foreign citizens (180). If a person applies for temporary or occasional work in Latvia the professionals act recognizes the persons’ professional qualifications if his profession is regulated in an EU/EFTA country and in Latvia. If the profession is not regulated in the applicant’s state of residence, he may practise if the profession is regulated in Latvia and he fulfills specific practise claims (181).

8.20.2 The governmental supervision of CAM Practices

CAM professionals providing acupuncture, homeopathy and ayurvedic medicine are supervised by a commission of experts representing the Medical Society of the Republic of Latvia and the professional medical associations (28, 50).

8.20.3 The reimbursement status of CAM practices and medicinal products

CAM, in particular acupuncture and homeopathic treatments, are partially covered by some private insurance companies in Latvia (41, 106, 177).

8.20.4 Acupuncture

Acupuncture is recognized as an “equal-in rights” therapeutic system and a medical specialty for doctors in Latvia (106). The Cabinet Regulation No. 431/1997 Procedures for Certification of Medical Practitioners item 29 (the Register of Medical Specialties and Methods) has authorized the status of additional medical specialty “Acupuncture” (code SS-07). Post-graduate training courses in acupuncture for doctors are provided through the professional medical Association of Medical Society of Latvia at the academic level (106, 178).

The certification authority and control of any professional activities of doctors in the field of acupuncture is delegated to the professional Association of Medical Acupuncture and Related Techniques (founded 30.11.1990)(178).

8.20.5 Anthroposophic medicine

Anthroposophic medicine is statutorily regulated and recognized by the medical association as an additional qualification for doctors in Latvia (41, 106). Diplomas are issued by the national association of anthroposophic doctors and recognized by the national medical association (106).

8.20.6 Ayurveda

Ayurvedic medicine is legally recognized and was recommended as safe with wide applications in the institutions of public health services of Latvia (178).

8.20.7 Chiropractic

No specific regulation has been found on chiropractic.

8.20.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy.

8.20.9 Homeopathy

Homeopathy is since 1997 recognized by law as a distinct therapeutic specialty in Latvia, with regulation and supervision delegated to the Latvian Homeopathic Medical Association. Only medical doctors may practise homeopathy, and the medical by-law recognized homeopathy as a medical specialty in 1998 (106, 182). The national homeopathic doctors' association issues diplomas recognized by the national medical council in Latvia. CME (continuous medical education) is obligatory for all homeopathic doctors (106). Since 1988, the Latvian medical association granted medical doctors the right to add the title “homeopath” if they have more than 4 years of practical experience (41).

8.20.10 Massage

No specific regulation has been found on massage.

8.20.11 Naprapathy

No specific regulation has been found on naprapathy.

8.20.12 Naturopathy

No specific regulation has been found on naturopathy.

8.20.13 Neural therapy

No specific regulation has been found on neural therapy.

8.20.14 Osteopathy

On the grounds of the order of the Latvian Ministry of Health from 28 May 2002 osteopathy was declared as a method of treatment and science, as well as specialty (183).

“The Latvian osteopathic centre” was created in 1988, and in 2005, was re-registered as the Baltic Osteopathic Association (183). The association has a licence from the Ministry of Health of Republic of Latvia Nr. 11, supplement 2 from 16.09.2005. BOA is a public professional society, the members have a doctor of osteopathy (D.O.) degree and are practising in this sphere (183). All the doctors who serve patients have a rank of “**Doctor of osteopathy**”, which is confirmed by the diploma in accordance with international standards (183).

There are about 10 osteopaths in Latvia who have the diploma of the Higher School of Osteopathy – a branch of the European osteopathic university in Geneva. They are also members of the Baltic Osteopathic Association (BOA) and are included in the European Register of osteopaths (183).

8.20.15 Traditional Chinese Medicine (TCM)

There is no specific regulation on TCM in Latvia, since the theory of TCM is a basic and inseparable part of the training process of the acupuncture specialty for doctors (177).

8.20.16 Other treatments (mentioned if found in legislation)

Physiotherapy is a regulated profession in Latvia, with the professional title **Physiotherapist (Bachelor degree)**. Legal protection of the title and activity of physiotherapists has been established and they have founded rules of professional conduct for physiotherapists. Whether physiotherapist members must be registered and obtain a licence to practise physiotherapy has not been specified by the Latvian association. Latvia has established a code of ethics for physiotherapists. The "Welfare Ministry" is responsible for the physiotherapy profession in Latvia (184).

Physiotherapy in Latvia is registered in the EU regulated professions database as follows:

“**Physiotherapist**” is a directly related regulated profession with title “**Fizioterapeits**” recognized under Directive 2005/36/EC(109), ID 12365. General system of recognition-primary application. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11 d.(7).

8.21 Liechtenstein

Liechtenstein has been a member of The European Free Trade Association (EFTA) since 1960, and became a full participant of The European Economic Area (EEA) from 1 May 1995. Liechtenstein is included in the CAMbrella survey through The European Commission Seventh Framework Programme (FP7) Third Country Agreement: EFTA: (Article 1 of protocol 31 of the EEA agreement amended on 15 June 2007 by a decision of the EEA Joint Committee).

8.21.1 The legal and regulatory status of CAM and CAM practices

The new health care law, "Gesundheitsgesetz" (GesG) of 2007, introduces the new profession and **protected title "Naturheilpraktiker"**(185). Practise of **homeopathy, naturopathy and Traditional Chinese Medicine (TCM)** must be practised by a registered "Naturheilpraktiker" (50, 185). **Chiropractic, medicinal massage and physiotherapy** are regulated professions (185). Details about the regulation of the above professions are found in the Gesundheitsverordnung (GesV) of 2008 (186).

CAM treatment is restricted to legally regulated health personnel (21). To be registered documentation must be provided to prove they have carried out education which enables them to practise the therapy in question. Non-medical providers using complementary medicine are regularly prosecuted, but overall Liechtenstein is practising a tolerant system for providers of "natural medicine" (21, 43).

Liechtenstein follows most of the Swiss regulation of CAM education, approval of training institutions and registration as CAM practitioners (186).

According to the health law of 2007 (185) license to practise homeopathy, TCM or the European traditional naturopathy is provided according to regulations of the newly regulated profession "**Naturheilpraktiker**". Licence is given by "Amt für Gesundheit" based on authorization from a governmental approved educational institution and a following statutory exam (185). Licence as **Naturheilpraktiker with homeopathy, TCM or naturopathy specialty** is depending on educational regulations and registration in Switzerland and the Swiss exam for each of the treatments (186). Useful webpage: <http://www.llv.li/amtstellen/llv-ag-gesundheitsberufe/llv-ag-gesundheitsberufe-naturheilpraktiker.htm>.

8.21.2 The governmental supervision of CAM Practices

Patient safety is managed by "Amt für Gesundheit" (185).

8.21.3 The reimbursement status of CAM practices and medicinal products

Except for homeopathy, CAM is not covered by the health insurance system. CAM treatment may unofficially be covered if provided by regulated health care personnel. Private insurance may cover some CAM therapies (21, 43).

By November 2011 we could not find that the profession Naturheilpraktiker was included in the reimbursement regulations.

8.21.4 Acupuncture

No specific regulation has been found on acupuncture.

8.21.5 Anthroposophic medicine

No specific regulation has been found on anthroposophic medicine.

8.21.6 Ayurveda

No specific regulation has been found on anthroposophic medicine.

8.21.7 Chiropractic

The national regulation of chiropractor follows the health law from 2007 art.6, 1c and E art. 27a, b. (185). According to **“Gesundheitsgesetz Art. 7 ff sowie Gesundheitsverordnung Art. 29 bis 31”**(186) educational demands for chiropractors practising in Liechtenstein are:

- a) a diploma documenting the accomplishment of the chiropractor educational programmes prescribed in Switzerland, or
- b) an external diploma according to the list of approved international educational programmes (according to “Art. 33 des schweizerischen Medizinalberufegesetzes durch Verordnung des Departements des Inneren” (EDI)) and minimum 2 years supervised by a chiropractor.

In regulation for **“Chiropraktoren”**, health law E art. 27 (185) a chiropractor is legally entitled to **submit medical questions** of a patient **to a physiotherapist** if they are not convinced what will be the best treatment (185).

Chiropractor is registered in the EU regulated professions database as follows:

Chiropractor is a directly related regulated profession with title **“Chiropraktiker”** recognized under Directive 2005/36/EC (5), ID 4755. General system of recognition- primary application. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11 d.

National Legislation: Art. 6 Abs. 1 lit. c Gesundheitsgesetz, LGBl. 2008 Nr. 30 iVm. Art. 29 ff Gesundheitsverordnung, LGBl. 2008 Nr. 39 (7, 185, 186).

8.21.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy.

8.21.9 Homeopathy

According to the health law of 2007 (185) licence to practise homeopathy is provided according to regulations of the newly regulated profession “**Naturheilpraktiker**”. Licence is given by “Amt für Gesundheit” based on authorization from a governmental approved educational institution and a following statutory exam (185). Licence as **Naturheilpraktiker with homeopathy specialty** is depending on homeopathic education and registration in Switzerland and the Swiss homeopathic exam (186). See more information under the description of Naturheilpraktiker.

Liechtenstein has a statutory regulation by Act of Parliament of non-conventional homeopaths. Homeopaths must be registered through the Government established system (50).

8.21.10 Massage

„**Medizinischer Masseur**“ is regulated according to the national legislation “Gesundheitsgesetz Art. 7 ff sowie Gesundheitsverordnung Art. 51 bis 53” (185, 186). The work specifications include water-, heat- chill- and electrotherapy as well as manual massage. The educational level is at least two years of training at an approved school of medicinal massage. The law describes in detail post-graduate training and restrictions of treatment like diagnoses and prescriptions.

Massage is registered with two professions in the EU regulated professions database as follows:

Masseur/Massage therapist/Spa therapist/Masseur-Aesthetician is a directly related regulated profession with title “**Medizinischer Masseur**” recognized under Directive 2005/36/EC (5), ID 3304. General system of recognition- primary application. Qualification level: SEC - Certificate attesting the completion of a secondary course, Art. 11 b (7). Useful link: <http://www.llv.li/amtsstellen/llv-agd-home.htm>.

Masseur/Massage therapist/Spa therapist/Masseur-Aesthetician is a directly related regulated profession with title “**Medizinischer Masseur**” recognized under Directive 2005/36/EC (5), ID 287. General system of recognition- primary application. National legislation: Art. 6 Abs. 1 lit. I Gesundheitsgesetz, LGBl. 2008 Nr. 30 iVm. Art. 51 ff Gesundheitsverordnung, LGBl. 2008 Nr. 39. Qualification level: SEC - Certificate attesting the completion of a secondary course, Art. 11 b (7). Useful link: <http://www.ag.llv.li>.

8.21.11 Naprapathy

No regulation has been found on naprapathy.

8.21.12 Naturopathy

According to the health law of 2007 (185) licence to practise naturopathy is provided according to regulations of the newly regulated profession “**Naturheilpraktiker**”. Licence is given by “Amt für Gesundheit” based on authorization from a governmental approved educational institution and a following statutory exam (185). Licence as Naturheilpraktiker

with naturopathy specialty is depending on naturopathic education and registration in Switzerland and the Swiss naturopathic exam (186). See more information under the description of Naturheilpraktiker.

For the European Traditional Naturopathy the approval is given by the “Naturärztevereinigung der Schweiz” (SPAK)(186).

8.21.13 Neural therapy

No specific regulation has been found on neural therapy.

8.21.14 Osteopathy

Osteopathy is regulated by national legislation under the health law art 6 n (185) and regulation of the professions 13 art 57-59 (‘Gesundheitsgesetz Art. 7ff sowie Gesundheitsverordnung Art. 57 bis 59’)(187). Educational requirements are either “interkantonale Prüfung für Osteopathie in der Schweiz mit Erfolg bestanden hat” or another approved bachelor study of Osteopathy (187).

Osteopathy is registered in the EU regulated professions database as follows:

Osteopath is a directly related regulated profession with title “**Osteopath**” recognized under Directive 2005/36/EC (5), ID 14805. General system of recognition- primary application. All regions. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11 d. National legislation: Art. 6 Abs. 1 lit. n Gesundheitsgesetz, LGBl. 2008 Nr. 30 iVm Art. 57 ff. Gesundheitsverordnung, 2008 Nr. 39 (7)

Useful link: <http://www.llv.li/amtsstellen/llv-agd-home.htm>

8.21.15 Traditional Chinese Medicine (TCM)

TCM is legally regulated in Liechtenstein as a treatment that may be provided by the “**Naturheilpraktiker**” (185). According to the health law of 2007(185) licence to practise TCM is provided according to regulations of the newly regulated profession the **Natural health practitioner – “Naturheilpraktiker”**. Licence is given by “Amt für Gesundheit” based on authorization from a governmental approved educational institution and a following statutory exam (185). Licence as Naturheilpraktiker with TCM specialty is depending on TCM education and registration in Switzerland and the Swiss TCM exam (186). See more information under the description of Naturheilpraktiker. Practitioners must register. See more details under the description of the Natural health practitioner (Naturheilpraktiker).

8.21.16 Other treatments (mentioned if found in legislation)

In national legislation **Naturheilpraktiker** is regulated by the health law of 2007 Art 6 m and D art 22-24 (185). The working fields are homeopathy, Traditional Chinese Medicine and Traditional European naturopathy treatment. Restrictions of treatment for the Naturheilpraktiker are described in the health law art 24 (185).

Natural health practitioner is registered in the EU regulated professions database as follows:

Natural health practitioner is a directly related regulated profession with title “**Naturheilpraktiker**” recognized under Directive 2005/36/EC (5), ID 14807. General system

of recognition - primary application. Qualification level PS3 - Diploma of post-secondary level (3-4 years), Art. 11 d. All regions included. National legislation: Art. 6 Abs. 1 lit. m Gesundheitsgesetz, LGBl. 2008 Nr. 30 iVm Art. 54 ff. Gesundheitsverordnung, 2008 Nr. 39 (7, 185, 186). Useful link: <http://www.llv.li/amtstellen/llv-agd-home.htm>.

Physiotherapy is a regulated profession with the title **Physiotherapeut** according to national legislation in the health law Art.6 p. and “Gesundheitsgesetz Art. 7ff sowie Gesundheitsverordnung Art. 63 bis 65”(185, 186). The title and the professional activity is protected by the state (188). The physiotherapist must be state registered and obtain a licence to practice (188). In regulation for “Chiropraktoren”, health law E art. 27 (185) chiropractors are legally entitled to submit medical questions of a patient to a physiotherapist if they are not convinced what will be the best treatment (185).

Physiotherapy is registered in the EU regulated professions database as follows:

Physiotherapist is a directly related regulated profession with title “**Physiotherapeut**” (Physiotherapist (EN)) recognized under Directive 2005/36/EC (5), ID 285. General system of recognition – primary application. National legislation: Art. 6 Abs. 1 lit. p Gesundheitsgesetz, LGBl. 2008 Nr. 30 iVm. Art. 63 ff Gesundheitsverordnung, LGBl. 2008 Nr. 39 (185-187). Qualification level: SEC - Certificate attesting the completion of a secondary course, Art. 11b (7). Useful webpage: <http://www.ag.llv.li>.

8.22 Lithuania

Lithuania regained its sovereignty from the Soviet Union via the declaration of independence on 11 March 1990 (11). Lithuania became a member of the European Union in 2004 (11) and became a member state of the Council of Europe on 14 May 1993 (12).

8.22.1 The legal and regulatory status of CAM and CAM practices

Since independence, medical education has undergone substantial reforms following EU requirements and WHO recommendations (189). Only medically qualified professionals are allowed to practise CAM treatment in Lithuania (106, 190). In Regulation 1999 No. 62, homeopathy, manual therapy and reflexology are listed as medical specialties only to be practised by medical doctors (191).

Only practices offered by licensed medical professionals are regulated by the state. Any other practices (health promotion or similar) are allowed, unless they are dangerous, called “medical” or offered as treatment (190).

The State Accreditation Agency, Ministry of Health (MOH) is responsible for licensing and certification of health care professionals in both the public and private sector. Specialists require a certificate from the Ministry of Health to practice (50, 189). The act of medical practice No 68-2365 on 28 June 2004 states that a physician must have a basic licence for medical practise in some specialty. No CAM specialties are listed in the this law (190, 192). Consequently no CAM therapists are certified by the state (190).

Other specialties called “narrow specialization of medical practice” (No.V-469) are not certified by the State Accreditation Agency. The specialist only needs a certificate for fulfilled introductory course in the specific CAM practice (Order No. V-680)(190).

If the physician wants to practise legally as a CAM therapist (homeopath, manual therapist, reflexotherapist) he has to work in an institution, public or private, which is licensed to offer such therapy. An order of MOH, V-364 of 14 May 2004, lists the out-patient health care services which require a licence given by State service for accreditation in health care. Homeopathy, manual therapy and acupuncture are the only CAM therapies listed as such services. The document was published in the Official Gazette “Valstybės žinios” No 86-3152 on 28 May 2004 (193). Other CAM treatment may be offered as “good practice” within the specialty of the physician, not as a CAM practitioner.

The National Board of Health is responsible for the coordination of health policy in Lithuania. It coordinates and regulates education and training, licensing and certification, and performance standards. The Ministry of Health is responsible for establishing standards in CME (continuing medical education) and partly funding it (189).

The list of professionals is the basis for licensing of health professionals. In the absence of licence, having an expired licence or no issued licence in the specialty, it is illegal to provide medical practice which legally is to be performed by a defined "doctor by professional qualification and the competence of health care", including personal health condition, disease prevention, diagnosis and treatment of patients.

8.22.2 The governmental supervision of CAM Practices

The Medical Audit Inspectorate under the Ministry of Health, established in 1998, is involved in the establishment of medical standards and quality control with respect to health care providers (189). In the period between 1995 and 2001, the Ministry of Health, in conjunction with the Ministry of Education, the universities and the professional organizations, prepared and approved medical standards for different categories of physicians and nurses (189).

8.22.3 The reimbursement status of CAM practices and medicinal products

Health care, provided by public or private health care, are covered from the Compulsory Health Insurance Fund (CHIF). Acupuncture and manual therapy are included in the Health Care approved by the Ministry of Health as paid medical services.

Homeopathic treatment is not reimbursed in Lithuania (41).

8.22.4 Acupuncture

A medical doctor may practise acupuncture as a specialty called "narrow specialization of medical practice" (No.V-469), which are not certified by the State Accreditation Agency. The specialist only needs a certificate for fulfilled introductory course in the specific CAM practice (Order No. V-680)(190).

If the physician wants to practise legally as a CAM therapist (homeopath, manual therapist, reflexotherapist) he has to work in an institution, public or private, which is licensed to offer such therapy. An order of MOH, V-364 of 14 May 2004, lists the out-patient health care services which require a licence given by State service for accreditation in health care. Homeopathy, manual therapy and **acupuncture** are the only CAM therapies listed as such services. The document was published in the Official Gazette "Valstybės žinios" No 86-3152 on 28 May 2004 (193).

No other specific regulation has been found on acupuncture.

8.22.5 Anthroposophic medicine

No specific regulation has been found on anthroposophic medicine. Lithuania has no Anthroposophic Medical Association, but there are a few anthroposophic doctors.

8.22.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.22.7 Chiropractic

No specific regulation has been found on chiropractic.

8.22.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy.

8.22.9 Homeopathy

Only physicians may legally practise homeopathy in Lithuania(190). From 1999 (No. 62, 5 February 1999, updated in the order of Health care Minister V-680 of 29th of September 2004) homeopathy is listed as “a narrow specializations of medicine” (190). There is no governmental certification system for those specializations (190). To be allowed to practise a person must have a licence of medical doctor of any specialty and have fulfilled basic training (at the Vilnius University or the Kaunas Medical University), in addition to 80 hours of postgraduate education in this specialty every 5 years (“Valstybės žinios“ No 149-5426 of 9 October 2004)(194).

With the order of MOH-V-364/2004 homeopathy is listed as an out-patient health care service which requires a licence given by state service for accreditation in health care (193). The medical association recognizes homeopathy as an additional medical qualification (almost specialty) and issues diplomas as such (106).

An institution can get a licence of homeopathic practice if in addition to other requirements the documents of a person who is allowed to practise homeopathy are provided to the state institution for licensing (193). There is no procedure of personal licensing for homeopathic doctors (190).

The right to practise homeopathy for medical doctors is retained after additional homeopathy training for about five years (50). The title homeopath is in some way protected through governmental regulation (50).

The following diseases may not be treated with homeopathy: cancer, tuberculosis, acute infectious diseases, schizophrenia and affective insanity (41).

8.22.10 Massage

Massage is a regulated professional qualification (listed as manual therapy). As a legally licensed treatment, massage service is health care, and may only be provide by persons who meet the professional masseur qualification and only in institutions with health care licence for this activity.

Massage in Lithuania is registered in the EU regulated professions database as follows:

Masseur/Massage therapist/Spa therapist/Masseur-Aesthetician is a directly related regulated profession with title “**Masažuotojas**” (Masseur (EN)) recognized under Directive 2005/36/EC (5),ID 4858. General system of recognition- primary application. Qualification level: DSE - Diploma (post-secondary education), including Annex II (ex 92/51, Annex C, D), Art. 11 c (7). Useful link: <http://www.sam.lt>.

8.22.11 Naprapathy

No specific regulation has been found on naprapathy.

8.22.12 Naturopathy

No specific regulation has been found on naturopathy.

8.22.13 Neural therapy

No specific regulation has been found on neural therapy.

8.22.14 Osteopathy

No specific regulation has been found on osteopathy.

8.22.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM.

8.22.16 Other treatments (mentioned if found in legislation)

Licensed ambulatory health care services depend on physical therapy and massage. Physical therapy is listed as "next higher" - meaning non-medical educated health care specialties. Physical therapist practice in health care facilities is licensed to provide medical rehabilitation services for children with disabilities in educational institutions, and health and recovery services. The Lithuanian Kinesitherapy Association is a member of The World Confederation of Physio Therapy (195).

Physiotherapy in Lithuania is registered in the EU regulated professions database as follows:

Physiotherapy is a directly related regulated profession with title “**Kineziterapeutas**” (Physiotherapist(EN)) recognized under Directive 2005/36/EC (5),ID 4812. General system of recognition - primary application. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11d (7). Useful link: <http://www.sam.lt>.

8.23 Luxembourg

Luxembourg is a founding member of the European Union since 1952 (11), and a founding member of the Council of Europe on 5 May 1949 (12).

8.23.1 The legal and regulatory status of CAM and CAM practices

Treatment is restricted to legally regulated health personnel (both doctors and other regulated health personnel) in Luxembourg (41, 43). CAM in general is not regulated (43).

The act of 29 April 1983 on the professions of doctors, dentists and veterinarians regulates the practice of medicine. Authorization is given by the Minister of Health, issued on the advice of the medical college (196). According to article 7, only doctors may provide treatment, diagnosis and prevention of disease. Persons who practise or participate in the diagnosis or treatment of real or supposed pathological disorders through personal acts, oral or written consultations and without the required qualifications and authorizations can be prosecuted (28, 196). The Act of 14 July 2010 harmonizes the provisions of Directive 2005/36/EC on the recognition of professional qualifications of the professions of doctor, dentist, veterinary surgeon, pharmacist and certain other health professions (197).

The Code of Professional Ethics states that it is unethical for allopathic physicians to recommend, to either their patients or acquaintances, therapies that are based on illusory methods or which are not scientifically proven (44).

The Code de la Santé (The Code of Health) compiles the legislation in the field of Health. It is regularly updated so as to present the state of such act, regulation, order or other normative act on the day of its date of update. The Health Portal (www.sante.lu) also offers a set of laws in the field of Health and Social.

The modified law of 29 April 1983 regulates doctors, dentist and veterinarians (198). The modified law of 26 March 1992 regulates certain regulated health professions like nurse, masseur, midwife and physiotherapist (199). The exercise of these professions requires a licence issued by the Minister of Health under the following conditions: the candidate must hold a diploma in Luxembourg on the relevant profession, or a foreign degree recognized by the Minister of National Education or the Minister of Higher Education (199).

A national of a Member State of the European Community, established in another Member State of the Community, with an European professions subject to an EU directive on mutual recognition of degrees, can practise in Luxembourg in service delivery activities of self-employed without the profession concerned obtaining authorization from the Minister (199).

The person authorized to exercise one of these professions has the professional title corresponding to that profession. The person authorized to exercise one of these professions must be registered by the Department of Health (199).

It is highly possible that the practise of unregulated techniques (see below) implicates actions/manipulations that fall under the sphere of competence of a regulated health profession. Thus the practise of such actions/manipulations can only be carried out by a health professional authorized to practise by the Minister of Health. Persons who don't have an authorization to practise and carry out such actions/manipulations face possible prosecution (200).

8.23.2 The governmental supervision of CAM Practices

The Ministry of Health supervises the application of the provisions of the modified law of 26 March 1992 (199).

A higher council for the health care professions governed by this law supervises the adherence of these professionals to the code of ethics and is the competent authority for disciplinary actions against these professionals (199).

8.23.3 The reimbursement status of CAM practices

Homeopathy is not officially reimbursed, but may be covered if provided by a recognized health personnel (41).

8.23.4 Acupuncture

Only medical doctors may practise acupuncture in Luxembourg (200). Regulations are managed by the Ministry of Health (200).

The Luxemburg Medical Association of Acupuncture (Association Luxembourgeoise des médecins-acupuncteurs) is a professional association within ICMART (International council of medical acupuncture and related techniques).

8.23.5 Anthroposophic medicine

No specific regulation has been found on anthroposophic medicine.

8.23.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.23.7 Chiropractic

Chiropractic is not a recognized profession in Luxembourg (200). No specific regulation has been found on chiropractic.

8.23.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy.

8.23.9 Homeopathy

Homeopathy is not regulated nor officially recognized by the state, but may be practised by medical doctors, although they are not allowed to advertise their homeopathic practice (28, 41).

8.23.10 Massage

Masseur and **masseur-kinésithérapeute** are recognized as **regulated health personnel** in Luxembourg. The practice of these professions is subject to a prior authorization to practise by the Minister of Health (201). **Masseur-kinésithérapeute** and **masseur** is regulated since 1969 within certain **paramedic** professions (202)(see physiotherapy).

“**Spa-therapists**” or “**Masseur-Aestheticians**” are not regulated health care professions in Luxembourg. However, since every kind of massage falls under the sphere of competence of the masseur or masseur-kinésithérapeute, even spa- or wellness massages can only be carried out by authorized masseurs (200).

Massage is registered in the European regulated professions database as follows:

Masseur/Massage therapist/Spa therapist/Masseur-Aesthician is a directly related regulated profession with title “**Masseur (infirmier)**” recognized under Directive 2005/36/EC, ID 2114. General system of recognition- primary application. Qualification level: DSE - Diploma (post-secondary education), including Annex II (ex 92/51, Annex C, D) , Art. 11 c (7). Useful link: nihil

8.23.11 Naprapathy

No specific regulation has been found on naprapathy.

8.23.12 Naturopathy

No specific regulation has been found on naturopathy.

8.23.13 Neural therapy

No specific regulation has been found on neural therapy.

8.23.14 Osteopathy

No specific regulation found on osteopathy.

8.23.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM.

8.23.16 Other treatments (mentioned if found in legislation)

Physiotherapy is regulated as “**Masseur-Kinésithérapeute**”. **Masseur** and **masseur-kinésithérapeute** are recognized as **regulated health personnel** in Luxembourg. The title and the professional activity is protected by the state (203). The practice of these professions is subject to a prior authorization to practise by the Minister of Health (201, 202). The physiotherapist must be state registered (203). **Masseur-kinésithérapeute** and **masseur** is regulated since 1969 within certain **paramedic** professions (202)(see massage). The national authority responsible for the physiotherapy profession in Luxembourg is the "Ministère de L'Éducation Nationale" and the "Ministère de la Santé" (203).

Physiotherapy is registered in the European regulated professions database as follows:

Physiotherapist is a directly related regulated profession with title “**Masseur – kinésithérapeute**” recognized under Directive 2005/36/EC (5), ID 348. General system of recognition- primary application. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11 d(7). Useful link: nihil.

8.24 Macedonia (Former Yugoslav Republic of Macedonia)

The Former Yugoslav Republic of Macedonia (hereinafter Macedonia) became independent in 1991 following the break-up of Yugoslavia (11), and was granted candidate country status for European Union (EU) membership in 2005 (11). Macedonia became a member of the Council of Europe on 9 November 1995 (12).

8.24.1 The legal and regulatory status of CAM and CAM practices

The process of reviewing health legislation in Macedonia started in 1991 (204). The Law on Public Health (2010) has included CAM in chapter VI Special provisions: *“Traditional and complementary medicine, tattoo, piercing, permanent makeup, acupuncture and beauty care activities”* (205). *“A legal and natural person (human being) can perform activities related to CAM... only if a permit from the Minister of Health is obtained”*. Permits are issued if criterias regarding the facilities, equipment and skilled staff are fulfilled (205). Further, according to article 35, information of health effects and risk to the client shall be prescribed by the Minister of Health (205). The Law on health care (206) and the Health Insurance Act (207) regulate the health care services (204). According to Kamcev N et al.(2010); *“The terms such as complementary and alternative medicine do not exist in the national law legislation in Macedonia”* (208). However, the use of homeopathic and traditional herbal drugs is accepted, described and regulated as practice in providing health care for the general population. Non-qualified professionals do not have rights to practise CAM”(208). *“The ongoing process on EU accession shall reflect the need to follow EU policy and legislation related to free movement of people, goods and profession regarding implementation of CAM practices in the country”*(208). WHO reports that laws and regulations on TCM/CAM were issued in 1998 (59). CAM medicinal products were included in legislation from 1998 and CAM practices have been introduced in legislation from 2010.

On 19 December 2009 a visa liberalization with EU came into force (11). A web-news report from MOH 7 July 2009 commented that this would contribute to increased mobility for health personnel and medical students and Macedonian diplomas would be acknowledged in the countries in Europe. Since Macedonia is a candidate country we have not found any health professions from Macedonia registered within the EU regulated professions database (7, 133).

8.24.2 The governmental supervision of CAM Practices

According to the Public Health Law, VIII Supervision, article 42 (205) supervision will be carried out by the Ministry of Health and the State Sanitary and Health Inspectorate. Complementary and traditional medicine, with acupuncture treatment specified, is included in the law, and by that included in the supervision regulative system.

8.24.3 The reimbursement status of CAM practices and medicinal products

We have no information of the status of reimbursement of CAM treatment.

8.24.4 Acupuncture

Acupuncture is regulated by the Public Health law, article 33 (205). Acupuncture can be performed by a legal or natural person (human being) if a permit by the Ministry of Health is obtained (205). Criteria regarding the facilities, equipment and skilled staff must be fulfilled as prescribed by the Minister of Health (205). According to the Public Health law, article 35(205), Information about health effects and risk to the clients of the services shall be prescribed by the Minister of Health (205).

8.24.5 Anthroposophic medicine

No specific regulation has been found on anthroposophic medicine.

8.24.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.24.7 Chiropractic

No specific regulation has been found on chiropractic.

8.24.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy.

8.24.9 Homeopathy

Non-conventional practitioners may practise homeopathy in Macedonia under the absence of specific legislation (50).

8.24.10 Massage

No specific regulation has been found on massage.

8.24.11 Naprapathy

No specific regulation has been found on naprapathy.

8.24.12 Naturopathy

No specific regulation has been found on naturopathy.

8.24.13 Neural therapy

No specific regulation has been found on neural therapy.

8.24.14 Osteopathy

No specific regulation has been found on osteopathy.

8.24.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM.

8.24.16 Other treatments (mentioned if found in legislation)

Physiotherapy is not a regulated profession in Macedonia (209).

8.25 Malta

Malta became a member of the European Union in 2004 (11) and a member of the Council of Europe on 29 April 1965 (12).

8.25.1 The legal and regulatory status of CAM and CAM practices

According to the Health Care Profession Act 2003, part V “No person shall practise any of the professions complementary to medicine unless his name is entered in the respective register kept by the Council for Professions Complementary to Medicine, in accordance with the provisions of this act” (210). The health care profession act, third schedule, article 28 lists **acupuncture, chiropractic, osteopathy and physiotherapy** as statutory regulated CAM treatments (210), and the professions are registered in the EU regulated professions database (106). Other CAM providers are not legally regulated in Malta, so anybody may treat if the treatment is not restricted to regulated CAM practitioners (43). Physicians may practise CAM (43).

8.25.2 The governmental supervision of CAM Practices

According to the Health Care professions act, part VII, article 31-41 the relevant Council (Council for each profession) have the power to investigate misconduct or a breach of ethics by registered professionals falling under its supervision (210). There are restrictions on advertising treatments and clinics (43).

8.25.3 The reimbursement status of CAM practices and medicinal products

Some therapies are covered by public insurance in Malta (60).

8.25.4 Acupuncture

Acupuncture is a legally regulated CAM profession regulated by the Health Care Profession Act (210). Licence to practise is granted for persons registered by the Council for Professions Complementary to medicine (210) and who fulfill conditions of qualifications and minimum 2 years of practise (subsidiary legislation 464.16 licence to practise regulations)(211). In 2010, 15 acupuncturists was registered in Malta (212).

Acupuncture is registered in the EU regulated professions database as follows:

Acupuncturist is a directly related regulated profession with title “**acupuncturist**” recognized under Directive 2005/36/EC (5), ID 4748. General system of recognition-primary application. Qualification level: PS3- Diploma of post-secondary level (3-4 years), Art.11 d (7).

Qualifications are obtained in Switzerland from 2007 with “negative Automatic General System and professional experience (‘crafts’)(7).

8.25.5 Anthroposophic medicine

No specific regulation has been found on anthroposophic medicine.

8.25.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.25.7 Chiropractic

Chiropractic is a legally regulated CAM profession regulated by the Health Care Profession Act (210). Licence to practise is granted for persons registered by the Council for Professions Complementary to medicine (210) and fulfill conditions of qualifications and minimum 2 years of practise (subsidiary legislation 464.16 licence to practise regulations)(211). In 2010, seven chiropractors were registered in Malta (212).

Chiropractic is registered in the EU regulated professions database as follows:

Chiropractor is a directly related regulated profession with title “**chiropractor**” recognized under Directive 2005/36/EC (5), ID 4755. General system of recognition - primary application. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art.11d (7).

8.25.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine or phytotherapy treatment.

8.25.9 Homeopathy

The title “homeopath” is not protected in Malta (60). Absence of statutory regulation of homeopathy and legislation which restricts the practice of homeopathy allow medical and non-medically qualified practitioners to practise homeopathy (28, 50).

8.25.10 Massage

No specific regulation has been found on massage treatment.

8.25.11 Naprapathy

No specific regulation has been found on massage treatment.

8.25.12 Naturopathy

No specific regulation has been found on naturopathy treatment.

8.25.13 Neural therapy

No specific regulation has been found on neural therapy.

8.25.14 Osteopathy

Osteopathy is a legally regulated CAM profession regulated by the Health Care Profession Act(210). Licence to practise is granted for persons registered by the Council for Professions Complementary to medicine (210) and fulfill conditions of qualifications and minimum 2 years of practise (subsidiary legislation 464.16 licence to practise regulations)(211). We found no registered osteopaths (212).

Osteopathy is registered in the EU regulated professions database as follows:

Osteopathy is a directly related regulated profession with title “**osteopath**” recognized under Directive 2005/36/EC (5), ID 4756. General system of recognition - primary application. All regions. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art.11d. (7).

8.25.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM treatment.

8.25.16 Other treatments (mentioned if found in legislation)

Physiotherapy is a legally regulated CAM profession regulated by the Health Care Profession Act (210). Licence to practise is granted for persons registered by the Council for Professions Complementary to medicine (210) and fulfill conditions of qualifications and minimum 2 years of practise (subsidiary legislation 464.16 licence to practise regulations)(211). In 2010, 324 physiotherapists were registered in Malta (212).

Physiotherapy is registered in the EU regulated professions database as follows:

Physiotherapy is a directly related regulated profession with title “**physiotherapist**” recognized under Directive 2005/36/EC(5), ID 736. General system of recognition - primary application. All regions. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art.11d (7).

8.26 Montenegro

Following the dissolution of former Yugoslavia Montenegro became an independent state in 2006, recognized by the EU Member States the same year. Montenegro submitted an application for EU membership on 15 December 2008. From 17 December 2010 the European Union granted Montenegro the official status of candidate country (11).

Montenegro is connected to the FP7 research programme through a memorandum of understanding and as such included in the CAMbrella survey of CAM legislation in Europe. As Serbia and Montenegro was in a union from 2003-2006 some of the documents found in our survey include both countries.

Montenegro became 11 May 2007 a member of the Council of Europe (12).

8.26.1 The legal and regulatory status of CAM and CAM practices

Montenegro currently (April 2012) has no CAM laws or regulations. The Ministry of Health of Montenegro confirmed in a meeting with NAFKAM in October 2011 that establishing a national CAM law and regulations of CAM practices is in progress. The work is attended to by a comprehensive compounded governmental committee. How to regulate conventional health professionals who practise CAM is mostly clarified, the inconclusive part of the work is how to regulate non-medical CAM providers. It seems that the legislation will follow the tradition of “all-regulating”, which means that all types of CAM treatments allowed to practise will be defined in the new law. Montenegro has no formal CAM education at University level. There are CAM training programmes offered in cooperation with CAM associations and MOH.

According to the master plan of healthcare development for 2010-2013 (213) the healthcare regulation is based on Law on Health Care and Law on Health Insurance from 2004. The health policy introduces the principle of integrated and interdisciplinary care and transition from structurally-based to process-based health care. The health care system of Montenegro will be developed with national values and strategies. At the same time health is a priority task in defining and implementing all policies and activities of the EU (213). We found no professions in Montenegro registered in the EU regulated professions database according to DIRECTIVE 2005/36/EC (5).

We were informed that introducing CAM chambers and professional bodies could be a way of undertaking the role of quality and safety. According to the master plan of healthcare “Traditional treatment under surveillance is an additional opportunity for a patient, if so decided”(213).

8.26.2 The governmental supervision of CAM Practices

As CAM practitioners are not regulated professions there is no supervision of CAM practices.

8.26.3 The reimbursement status of CAM practices and medicinal products

As CAM is not regulated there is no reimbursement of CAM treatment in Montenegro.

8.26.4 Acupuncture

Acupuncture is not legally recognized in Montenegro, but will be included in the CAM legislation in progress.

8.26.5 Anthroposophic medicine

No specific regulation has been found on anthroposophic medicine.

8.26.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.26.7 Chiropractic

No specific regulation has been found on chiropractic

8.26.8 Herbal medicine/Phytotherapy

No specific regulation found on herbal medicine/phytotherapy except for medicinal products regulated according to EU Directives.

8.26.9 Homeopathy

No specific regulation has been found on homeopathy. Non-conventional practitioners may practise under absence of legislation which restricts the practice of homeopathy (50).

8.26.10 Massage

No specific regulation has been found on massage.

8.26.11 Naprapathy

No specific regulation has been found on naprapathy.

8.26.12 Naturopathy

No specific regulation has been found on naturopathy.

8.26.13 Neural therapy

No specific regulation has been found on neural therapy.

8.26.14 Osteopathy

No specific regulation has been found on osteopathy.

8.26.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM.

8.26.16 Other treatments (mentioned if found in legislation)

Physiotherapy is a **regulated profession** in Montenegro. The University of Montenegro, Faculty of Applied Physiotherapy is located in Igalo. From the 2004/2005 school year the degree is called Applied Bachelor's degree in physical therapy (214).

8.27 Norway

Norway has been a member of EFTA (The European Free Trade Association) since 1960 (215) and a founding member of the Council of Europe since 1949 (12).

8.27.1 The legal and regulatory status of CAM and CAM practices

Alternative treatment in Norway is from 1 January 2004 regulated by LOV-2003-06-27-64 Lov om alternativ behandling av sykdom mv.) (English version: Act No.64 of 27 June 2003 relating to the alternative treatment of disease, illness, etc.)(216). The law is based on the governmental policy document OT.prp. nr.27 (2003-2003) Om lov om alternativ behandling av sykdom mv. (About act of alternative disease etc.) (217). The regulation recognizes that alternative treatment can be provided by both medical and non-medical professionals and within or outside of health services. No specific CAM practitioners or treatments are mentioned.

Norway has two national regulations on CAM complementing the act related to alternative treatment of disease, illness etc.

LOV-2003-06-27-64 section 3 says: “**Section 3 Registration scheme.** The Ministry shall issue regulations regarding a voluntary registration scheme for health personnel and others who practise alternative treatment”(216). To fulfil this section the Ministry of Health passed the following national regulation: **FOR-2003-12-11-1500** Forskrift om frivillig registerordning for utøvere av alternativ behandling (Regulation of a voluntary registration system for practitioners of alternative treatment)(218). The Brønnøysund Register Centre (Brønnøysundregistret) is a government body under the Norwegian Ministry of Trade and Industry, and consists of several different national computerised registers, including registers for alternative treatment practitioners.

LOV-2003-06-27-64 (216) **section 8 Protected title and marketing** refers to the **Health Personnel Act Section 48 to 51** (219) which regulate protected titles for health professionals in Norway. “Only persons who have been granted authorisation, a licence or specialist approval pursuant to Section 48 to 51 of the Health Personnel Act may use a title designating the group of health personnel concerned. Only persons who are registered as practitioners of alternative treatment in the register established pursuant to Section 3 of this Act may use the designation ‘**registered**’ along with their professional title of alternative therapist”.

To fulfil the marketing section the Ministry of Health passed the following national regulation: **FOR 2003-12-11 nr 1501:** Forskrift om markedsføring av alternativ behandling av sykdom (220) (Regulation related to marketing of alternative treatment of disease).

LOV-2003-06-27-64 section 5, 6 and 7 restricts treatment with medical intervention, treatment which may entail a serious health hazard for patients and treatment for communicable diseases or other serious diseases and disorders only to be practised by health personnel (216).

To strengthen the development of CAM research the Norwegian Research Council in 2000 established a research group in complementary and alternative medicine at the University of Tromsø which later became the National Research Center in Complementary and Alternative Medicine (NAFKAM). In 2005 the Ministry of Health and the Norwegian Directorate of Health initiated improved CAM-related information to the public by establishing the National Information Center for Complementary and Alternative Medicine (NIFAB). NIFAB is organized as a unit within NAFKAM and launched their first websites in 2007.

The Norwegian Directorate of Health (221) has established positions responsible for CAM-related health questions.

8.27.2 The governmental supervision of CAM Practices

CAM practitioners with a health profession are supervised as health personnel according to the Supervision Act (222). Non-medical CAM practitioners fall within the jurisdiction of the Criminal Act.

8.27.3 The reimbursement status of CAM practices and medicinal products

CAM treatment in hospitals is fully reimbursed in Norway. Norwegian Health Insurance covers treatment, medication or hospital accommodation when you are admitted to hospital and are a member of the National Insurance Scheme. Out-patient CAM treatment at hospitals are partially reimbursed.

If you undergo a health check or receive medical treatment with a GP or as an outpatient at a health institution in Norway you are obliged to pay a 'user fee'. CAM treatment given out of hospitals is mainly not covered, but may be reimbursed if combined with conventional treatment given by health personnel. More information can be found on The Norwegian Health Economics Administration's web site (HELFO)(223).

CAM treatment given by practitioners that are not registered health care professionals is not reimbursed.

8.27.4 Acupuncture

The Norwegian Health College (Norges Helsehøgskole Campus Kristiania (NHCK)) is now the owner of The Acupuncture College (Akupunkturhøgskolen). They issue an accredited Bachelor degree in acupuncture.

In Norway acupuncture is partly integrated in hospital treatments. Some associations who organize acupuncturists are listed at The Brønnøysund Register Centre (Brønnøysundregistret).

8.27.5 Anthroposophic medicine

No specific regulation has been found on anthroposophic medicine.

8.27.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.27.7 Chiropractic

Chiropractors are from 1988 approved as regulated health care personnel in Norway and by that regulated under the Health Personnel Act (219). Chiropractic treatment is reimbursed as conventional health treatment.

Chiropractic is registered in the EU regulated professions database as follows:

Chiropractor is a directly regulated profession with title “**Kiropraktor**” recognized under Directive 2005/36/EC(5), ID 593. General system of recognition-primary application. Qualification level: PS3- Diploma of post-secondary level (3-4 years), Art 11d (7).

Useful link: <http://www.safh.no/>

8.27.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy.

8.27.9 Homeopathy

Some homeopathy associations are registered at The Brønnøysund Register Centre (Brønnøysundregistret).

8.27.10 Massage

Some massage associations are registered at The Brønnøysund Register Centre (Brønnøysundregistret).

8.27.11 Naprapathy

One naprapath association is registered at The Brønnøysund Register Centre (Brønnøysundregistret).

8.27.12 Naturopathy

One naturopath association is registered at The Brønnøysund Register Centre (Brønnøysundregistret).

8.27.13 Neural therapy

No specific regulation has been found on neural therapy.

8.27.14 Osteopathy

The Norwegian Health College (Norges Helsehøyskole Campus Kristiania (NHCK)) has in 2011 forwarded an application to the national authorities (NOKUT) for accreditation of a Bachelor degree in Osteopathy. One osteopath association is registered at The Brønnøysund Register Centre (Brønnøysundregistret).

8.27.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM.

8.27.16 Other treatments (mentioned if found in legislation)

Physiotherapist is a regulated profession in Norway with the title **“Fysioterapeut”**. “The title is protected by the state, but the professional activity is not. The rules of professional conduct are determined directly by the state through national legislation. The physiotherapist must be state registrated and obtain a licence to practise. Norway has established a code of ethics for physiotherapists. The national authority responsible for the physiotherapy profession in Norway is “The National Ministry of Health and Care Services” (224).

Physiotherapist is a directly related regulated profession with title **“Fysioterapeut”** recognized under Directive 2005/36/EC (5), ID 2996. General system of recognition - primary application. Qualification level: PS3 – Diploma of post-secondary level (3-4 years), Art. 11d (7).

8.28 Poland

Poland became a member of the European Union (EU) in 2004 (11) and a member of the Council of Europe on 26 November 1991 (12).

8.28.1 The legal and regulatory status of CAM and CAM practices

In Poland only medical doctors and dentists are allowed to treat patients (225). Consequently only medically qualified professionals may provide CAM treatment (106).

Legal regulation of professions describe that all medical professions may be divided into two categories: professions regulated by law and others. The first category includes **physicians, dentists, veterinary surgeons, laboratory technicians, pharmacists, psychologists, nurses and midwives, barber surgeons, and dental technicians.**

To practise the medical profession for doctors and dentists means to provide health services, in particular to: examine patients' health condition, diagnose diseases and prevent them, apply appropriate therapy and rehabilitation, ensure consultations, issue expert opinions and health certificates (226). Only physicians who have completed specialisation in one of the basic disciplines may apply for admission to specialisation courses in any other discipline (226).

According to Law on Nursing and Midwifery Professions, the professions of nurse and midwife are independent professions. They are entitled to provide health and particularly medical services on their own not being entirely dependent on doctors orders (226).

The National Centre for Quality Assessment in Health Care manages the accreditation of health care providers and the training of health care professionals (189).

8.28.2 The governmental supervision of CAM Practices

Health professions are organized by statute into three associations, or chambers, membership of which is mandatory. The chambers cover physicians and dentists, nurses and midwives, and pharmacists. All oversee claims of professional malpractice and can revoke the permission to practise. District chambers represent each profession at regional level and maintain a register of eligible practitioners and private practices. The chambers also issue licences to physicians, nurses and midwives for private practice (189).

8.28.3 The reimbursement status of CAM practices and medicinal products

Homeopathy consultations are free of charge, provided the patient is treated by a homeopathic doctor working within the national healthcare service. Homeopathic treatment may be free of charge if provided by a homeopathic doctor in a hospital (70).

Health care funding in Poland is regulated mainly by the law on health benefits funded from public means (227).

From 2012 the Polish Parliament adopted a new law governing the reimbursement of medicinal products, medical devices and food for special medical purposes (228).

8.28.4 Acupuncture

No specific regulation has been found on acupuncture.

8.28.5 Anthroposophic medicine

The medical association of doctors does not recognize diplomas in anthroposophic medicine (106). The Polish national association of anthroposophic doctors offers postgraduate courses in anthroposophic medicine at private teaching centres (106).

8.28.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.28.7 Chiropractic

No specific regulation has been found on chiropractic.

8.28.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy treatment other than the general EU regulation of medicinal products.

8.28.9 Homeopathy

Homeopathy is not a regulated treatment in Poland. Only medical doctors or dentists are allowed to treat patients, by that doctors can treat homeopathically without any interference (28, 225).

Non-doctor practitioners may practise CAM if they do not claim to treat patients (50). This is legal according to Polish Classification of Goods and Services, according to which a homeopath registers his activity at point 85.14.13-00.30 defined as (55): "Services delivered by paramedical personnel, including homeopathic services and similar, excluding services delivered by medical doctors"(70).

A law published in April 2010 defines "Practitioners of unconventional or complementary methods of therapy" and the title "homeopath" is specifically mentioned (50). Art. 5 of the

Articles of Association “The Company’s scope of business activities” refers to homeopathy treatment in *PKD 86.90.D) Activities of paramedics include homeopathy treatment* (226).

Homeopathy in Poland is not recognized as a medical specialization (41). “On 4 April 2008 Poland’s Supreme Medical Council adopted a resolution disapproving of homeopathy” (41, 225). The resolution seems to be not consistent with the Polish and European Pharmaceutical Law which accepts Pharmacopeia with homeopathic remedies (225).

Polish homeopaths are associated in a few homeopathic associations (225). Basic homeopathic training for medical doctors is organized by Center for Practical Training in Classical Homeopathy (Ośrodek Praktycznego Szkolenia Homeopatii Klasycznej). Seminars in classical homeopathy are held by Polish Homeopathic Association (PTH) and Great Poland Homeopathic Physicians' and Pharmacist' Association (WSHLiF)(225).

8.28.10 Massage

Masseur is a regulated profession in Poland and registered in the European regulated professions database as follows:

Masseur/Massage therapist/Spa therapist/Masseur-Aesthetician is a directly related regulated profession with title “**Masażysta**” (Massager (EN)) recognized under Directive 2005/36/EC (5), ID 4621 General system of recognition- primary application. Qualification level: DSE - Diploma (post-secondary education), including Annex II (ex 92/51, Annex C, D) , Art. 11 c (7). Useful link: <http://www.mz.gov.pl> .

8.28.11 Naprapathy

No specific regulation has been found on naprapathy.

8.28.12 Naturopathy

No specific regulation has been found on naturopathy.

8.28.13 Neural therapy

No specific regulation has been found on neural therapy.

8.28.14 Osteopathy

No specific regulation has been found on osteopathy.

The Polish Osteopathy Society accepts members with recognized diplomas from osteopathy schools (Polska Szkoła Osteopatii /European School of Osteopathy)(229).

8.28.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM.

8.28.16 Other treatments (mentioned if found in legislation)

Physiotherapy is regulated in Poland with the title “**Fizjoterapeuta**”. There is no state protection of the physiotherapy title or the professional activity. The rules of professional conduct are determined directly by the state through national legislation. Registration or

licence to practise is not required but a code of ethics for physiotherapists has been established (230).

Physiotherapist is regulated as two professions in the European regulated professions database as follows:

Directly related regulated profession **“Physiotherapist”** with title **“Fizjoterapeuta (magister)” (Physiotherapist (Master) (EN))** recognized under Directive 2005/36/EC (5), ID 13747. General system of recognition- primary application. All regions. Qualification level: PSM - Diploma from post-secondary level (more than 4 years), Art. 11e (7).

Useful link: <http://www.mz.gov.pl>.

Directly related regulated profession **“Physiotherapist”** with title **“Fizjoterapeuta (technik/licencjat - Aneks A - Kodeks Dobrej Praktyki)** recognized under Directive 2005/36/EC (5), ID 6989 General system of recognition- primary application. All regions. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11d (7). Useful link: <http://www.acss.min-saude.pt>

8.29 Portugal

Portugal became a member of the European Union in 1986 (11) and a member of the Council of Europe in 1976 (12).

8.29.1 The legal and regulatory status of CAM and CAM practices

Since 2003 six CAM therapies have been recognized by the Portuguese Law No 45/2003 of 22 August 2003 on the provision of non-conventional therapies. The regulated CAM therapies are **acupuncture, homeopathy, osteopathy, chiropractic, naturopathy and phytotherapy** (231). CAM terminology adopted by governmental policy in Portugal is “non-conventional therapeutics” (232, 233). The word “medicine” was banned from the term and the new bill legitimises and defines “non-conventional therapeutics” (233).

Since 2002 the Medical Council has included acupuncture as a “medical competency” (233, 234).

The recognition of non-conventional therapeutics as different from conventional medicine and the use of distinct processes of diagnosis and their own therapeutics is expressed in the law (231, 232). Further the law recognized technical and ideological autonomy in the professional activity of the practice of non-conventional therapeutics (231, 232). Article 13 on the Law No. 45/2003 states that “the citizens have right to choose freely the therapeutic that they prefer”(231).

The law No 45/2003 did not define criteria for practise and curriculum for CAM professionals (233). The statutory regulation for non-conventional practitioners states that in order for someone to practise a regulated therapy they have to be registered through the Government established system (Article 10)(50, 231). An official Portuguese Government/ State Inter-Ministerial Commission to Study and Propose the Regulation of “Non-Conventional Therapeutics” was to be established to draft detailed law regulations of CAM professionals (235). Rules relating to qualifications and professional status, including procedure for accreditation, training and certification of non-conventional therapy professionals were to be implemented before the end of 2005. Up to date that has not happened.

On 21 October 2011 in the National Assembly (RA), there was a unanimous vote of approval to the draft resolution No 146/2011, with publication in the Official Gazette No 215, Series I, 09/11/2011. The Government recommends that the regulations on Law no 45/2003 of 22 August, based on the framework of the therapeutic/non-conventional medicine are approved (<http://dre.pt/redirect.html>).

No protected titles were found for the regulated CAM therapies. The regulated professions physiotherapist and masseur are registered in the EU regulated professions database.

8.29.2 The governmental supervision of CAM Practices

The practice of non-conventional therapeutics is to be accredited and supervised by the Ministry of Health (CAM law 2003, article 6 “Supervision and Professional Accreditation”)(231).

8.29.3 The reimbursement status of CAM practices and medicinal products

Reimbursement is covered if the treatment is given by medical doctors (234).

8.29.4 Acupuncture

From 2002 the Medical Council included acupuncture as a medical competency (233).

Since 2003 Acupuncture treatment has been regulated by the Portuguese Law No 45/2003 of 22 August 2003 on the provision of non-conventional therapies (231).

8.29.5 Anthroposophic medicine

No specific regulation has been found on anthroposophic medicine.

8.29.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.29.7 Chiropractic

Since 2003 chiropractic treatment has been regulated by the Portuguese Law No 45/2003 of 22 August 2003 on the provision of non-conventional therapies (231).

8.29.8 Herbal medicine/Phytotherapy

Since 2003 Phytotherapy treatment has been regulated by the Portuguese Law No 45/2003 of 22 August 2003 on the provision of non-conventional therapies (231).

8.29.9 Homeopathy

Since 2003 Homeopathy treatment has been regulated by the Portuguese Law No 45/2003 of 22 August 2003 on the provision of non-conventional therapies (231). It is legal to practise homeopathy in Portugal both for health professionals and for non-medical professionals according to the legislation passed in 2003 (50).

Homeopath is not a protected title in Portugal (50). Homeopathy is neither reimbursed by social security nor covered by private insurance (60).

The statutory regulation for non-conventional practitioners states that in order for someone to practise homeopathy they have to be registered through the Government established system (50, 231). Homeopathy is registered as no. 2230.2 in the Portuguese Classification of Occupations 2010 (<http://aphomeopatia.weebly.com>).

The Portuguese Medical Association does not recognise homeopathy. However doctors are allowed to prescribe as they deem right for their patients (Freedom of Therapy)(60).

8.29.10 Massage

Masseur is a regulated profession in Portugal and registered in the EU regulated professions database as follows:

Masseur/Massage therapist/Spa therapist/Masseur-Aesthetician is a directly related regulated profession with title “Massagista de Estética” (Masseur-aesthetician (EN) recognized under Directive 2005/26/EC (5), ID 4621. General system of recognition – primary application. National legislation : Portaria n° 799/90 de 6 Setembro; regulamento n° 22/70 de 30 Novembro. Qualification level : SEC – Certificate attesting the completion of a secondary course. Art. 11b (7). Useful link: <http://www.iefp.pt> .

8.29.11 Naprapathy

No specific regulation has been found on naprapathy.

8.29.12 Naturopathy

From 2003 Naturopathy treatment was regulated by Portuguese Law No 45/2003 of 22 August 2003 on the provision of non-conventional therapies (231).

8.29.13 Neural therapy

No specific regulation has been found on neural therapy.

8.29.14 Osteopathy

Since 2003 Osteopathy treatment has been regulated by the Portuguese Law No 45/2003 of 22 August 2003 on the provision of non-conventional therapies (231).

Detailed regulation of Osteopathy was approved by Resolution No 64/2003 (235). Osteopathy regulation is included in the tasks for the Official Portuguese Government / State Inter-Ministerial Commission to Study and Propose the Regulation of Osteopathy (Law 45 / 2003 - Conjunct Dispatch n° 261 / 2005; - Resolution of the Portuguese Parliament for Osteopathy n° 64 / 2003) (235).

8.29.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM.

8.29.16 Other treatments (mentioned if found in legislation)

Physiotherapist is a regulated profession in Portugal with the title “Fisioterapeuta”. The title is protected by state legislation but not the professional activity. The rules of professional conduct are determined directly by the state through national legislation. Registration or licence to practise is not required but a code of ethics for physiotherapists has been

established. The national authority responsible for the physiotherapy profession in Portugal is the "Ministry of Health" (236).

Physiotherapy is registered in the EU regulated professions database as follows:

Physiotherapist is a directly regulated profession with title "**Fisioterapeuta**" recognized under Directive 2005/36/EC (5), ID 1493. General system of recognition – primary application. Qualification level: PS3 – Diploma of post- secondary level (3-4 years), Art 11 d (7). Useful link: <http://www.acss.min-saude.pt> .

8.30 Romania

Romania has been a member of the European Union since 1 January 2007 (11). Romania became a member of the Council of Europe in 1993 (12).

8.30.1 The legal and regulatory status of CAM and CAM practices

In 2005 and 2007 national CAM legislation was introduced and from 2007 adjusted to EU Directives and Regulations. The new classification of occupation issued by order of the government 1832/2011 includes for the first time the denomination “non-MD associate practitioners of CAM”(237).

From 2007 citizens' rights and access to CAM therapies are regulated by “Law on Complementary and Alternative Medicine **nr. 118/2007**” (238). The law regulates the activities and practices of Complementary and Alternative Medicine for the prevention of illnesses and the promotion of health, healing of diseases and optimization of the human health from the biopsychosocial and spiritual points of view (28, 238).

According to chapter III, Art.16 in the Law on CAM nr. 118/2007 (238) all persons have free access to the treatments and practices of complementary and alternative medicine, regulated according to the law. Law nr. 118/2007 states that patients receiving CAM treatment must receive information, preferably written, accessible and easy to understand of the benefits and risks of CAM treatment (237). CAM therapies legally practised in Romania are grouped in pharmacologic and biological therapies, herbal practice, diet-nutrition and lifestyle, alternative therapies, manual therapies, energetic and bio-electromagnetic applications. The therapy group “**alternative therapies**” includes among others **acupuncture, homeopathy, naturopathy, ayurveda and Chinese medicine** (237). Among others the group “**manual therapies**” includes **chiropractic, osteopathy and massage**.

In 2005 the Ordin nr. 418/2005 National Catalogue of Programmes for CAM studies was established. The studies were organized, according to Art I, in order to certify the competence of medical doctors, dentists and pharmacists and the methodological standards for its organisation and progress (28, 239). CAM studies included were among others acupuncture, homeopathy phytotherapy and apitherapy.

According to the Ordin nr. 418/2005 “Certification of graduation in the programme of complementary studies implied obtaining a competence issued exclusively by the Ministry of Health through the National Center of Continuous Education Bucharest only for medical doctors, dentists and pharmacists” (239).

Only medical doctors (MDs), dentists and pharmacists are allowed to practise **acupuncture, homeopathy, apitherapy, phytotherapy, chiropractic, osteopathy and TCM**. CAM practices

are regulated by the Ministry of Health (29) and the CAM professions are recognized as an additional qualification for medical doctors (240). “In order to become a practitioner of complementary/alternative medicine, the persons (medical doctors, dentists, pharmacists, psychologists) are obliged to add the specific competence obtained (acupuncture, phytotherapy, homeopathy..), with the approval of the National Center of Continuous Education for Medical Doctors, Dentists and Pharmacists Bucharest (238) on the authorization of free practise provided, according to the law, by the Ministry of Public Health”. CME is not obligatory for approved CAM therapy doctors (240).

According to the CAM Medical Practitioners Order specialized committees for certain areas of practice (e.g. **acupuncture, herbal therapy, homeopathy, apitherapy**) will regulate professionals (239).

“In medical schools or faculties of pharmacy, students can take optional courses in **homeopathy, phytotherapy or acupuncture**, but none of the CAM modalities are taught in the core curriculum. Attempts are being made to arrange postgraduate courses in integrative medicine, accredited by the Romanian College of Physicians and addressed mainly to general practitioners”(29).

Romanian national CAM law on patients’ rights complement the formulations given in the 2011/24/EU Directive on the application of patients' rights in cross-border healthcare (6, 29).

“Practitioners without a diploma of MD, dentist or pharmacist are authorized to practise CAM therapies (except those allowed only to MDs) after a short special training accredited by the Ministry of Health” (29).

We found no CAM professions registered for Romania in the EU regulated professions database (Directive 2005/36/EC) (7).

8.30.2 The governmental supervision of CAM Practices

Supervision and practice control activities of CAM in Romania is regulated by the law on professional organizations of medical practitioners of CAM (237).

- With the Medical Practitioners Order, CAM specialized committees for each area of practise of CAM, are bound to regulate professional practitioners in the specific area.
- The Order of Practitioners of CAM is required to develop code of ethics, supported by specialist committees. Code of ethics includes the rights to practise, disciplinary sanctions for professional incompetence, practise restrictions in case of incompatibility or damage to patient health.
- A register of practitioners of CAM is held at the headquarters of the Order of Practitioners of CAM, communicating with the National Centre for Training in Healthcare.

- The Ministry of Public Health, College of Physicians in Romania, Dental College and College of Pharmacists in Romania shall, in consultation with the Order of Practitioners of CAM, approve studys curricula for institutions that prepare practitioners of CAM to ensure level qualification.
- The Ministry of Public Health and the National Training Center in Healthcare, Department of CAM directs and controls activities in the field, including professional training for practitioners of CAM. Department of CAM supplies and accredits training programs for practitioners of CAM (237).

8.30.3 The reimbursement status of CAM practices and medicinal products

CAM treatment and medicinal costs are partially covered for acupuncture, homeopathy, phytotherapy and psychotherapy (House of National insurance of Health)(106, 240). Since 2010 manual therapies are not covered anymore due to the economic crisis in Romania (237).

8.30.4 Acupuncture

Acupuncture is legally recognized as a CAM therapy in the group “alternative therapies” in the law on CAM 118/2007 (238).

Only medical doctors, dentists and pharmacists with approved additional qualification are allowed to practise acupuncture in Romania (239). A specialized committee for acupuncture regulates the profession (NATL)(239).

In medical schools or faculties of pharmacy students can take optional courses in acupuncture (29).

There is a professional society of acupuncture that has annual national congresses. There is a National Institute of research in CAM in Bucharest; its present director is also the president of the Romanian association of Acupuncturists (237).

There is no professorial chair for CAM therapy in Romania, but there are clinics of acupuncture in some faculties of medicine and hospitals of education and research (240).

8.30.5 Anthroposophic medicine

In Romania diplomas for anthroposophic doctors are not recognized. Postgraduate training courses in anthroposophic medicine are provided at private teaching centers (106). “The national associations of anthroposophic doctors require their members to complete significant numbers of hours of CME in anthroposophic medicine”(106).

8.30.6 Ayurveda

Ayurveda is legally recognized as a CAM therapy in the group “alternative therapies” in the law on CAM 118/2007 (238).

There is a course that provides accredited qualifications in Ayurveda organized by the NATL Center for Training in Health care. Only MD’s, dentists, nutritionists can participate (237).

8.30.7 Chiropractic

Chiropractic is legally recognized as a CAM therapy in the group “manual therapies” in the law on CAM 118/2007 (238).

Only medical doctors, dentists and pharmacists with approved additional qualifications are allowed to practise chiropractic in Romania (239). The therapists allowed to practise specialized kinetic therapies are called kinetotherapists in Romania (see other treatments)(237).

8.30.8 Herbal medicine/Phytotherapy

Herbal therapy is legally recognized as a CAM therapy in the group “herbal practice” in the law on CAM 118/2007 (238).

Only medical doctors, dentists and pharmacists with approved additional qualification, minimum a one year course with a diploma of competences, are allowed to practise phytotherapy in Romania (239). A specialized committee for herbal therapy regulates the profession (239) and there is an association of MD phytotherapists. ANATECOR (national association for CAM therapies) organizes courses of herbal therapies for practitioners, and the courses are approved by the Ministry of Labour (237).

In medical schools or faculties of pharmacy students can take optional courses in phytotherapy (29).

8.30.9 Homeopathy

Homeopathy is legally recognized as a CAM therapy in the group “alternative therapies” in the law on CAM 118/2007 (238).

Homeopathy has historically from 1981 and 1995 been recognized by law as a distinct therapeutic system in Romania. Practise has been limited to medical doctors with specific homeopathic training (106).

Only medical doctors, dentists and pharmacists with approved additional qualification are allowed to practise homeopathy in Romania (239). A specialized committee for homeopathy regulates the profession (239) and, both by law and by the medical association, homeopathy is recognized as a medical specialty (106, 239). Diplomas of homeopathic doctors are approved by the government according to law and regulations (106, 239).

In medical schools or faculties of pharmacy students can take optional courses in homeopathy (29). Postgraduate training courses in homeopathy for doctors are provided at

universities and homeopathy is an official part of the Continuous Education Programme for doctors (106, 239). Homeopathic doctors' associations require a number of obligatory CME for their members (106).

8.30.10 Massage

Massage is legally recognized as a CAM therapy in the group "manual therapies" in the law on CAM 118/2007 (238).

Massage courses are offered by training providers authorised by CNFPA – Consiliul National de Formare Profesionala a Adultilor. Participants to the courses are awarded with a Certificate, recognized by the Ministry of Labour, Family and Social Protection and Ministry of Education, Youth and Sports. The Certificate will be accompanied by a transcript explaining the professional competencies acquired (237).

Certificates awarded for the courses enjoy professional recognition, according to law (OUG 129/2000 republished) and can be registered in the Employment Record for the relevant professional occupation, based on the Classification of Occupations in Romania (COR)(241).

Further qualifications can be obtained, as detailed on the website of the Association of Professional Masseurs, www.maseuri.ro/useful/certified.php (237).

8.30.11 Naprapathy

We have not found legislation on naprapathy in Romania.

8.30.12 Naturopathy

Naturopathy is legally recognized as a CAM therapy in the group "alternative therapies" in the law on CAM 118/2007 (238).

8.30.13 Neural therapy

We have not found legislation on neural therapy in Romania.

8.30.14 Osteopathy

Osteopathy is legally recognized as a CAM therapy in the group "manual therapies" in the law on CAM 118/2007 (238).

Only medical doctors, dentists and pharmacists with approved additional qualification are allowed to practise osteopathy in Romania (239).

8.30.15 Traditional Chinese Medicine (TCM)

Chinese medicine is legally recognized as a CAM therapy in the group "alternative therapies" in the law on CAM 118/2007 (238).

Only medical doctors, dentists and pharmacists with approved additional qualification are allowed to practise TCM in Romania (239).

8.30.16 Other treatments (mentioned if found in legislation)

Physiotherapy/Kinetotherapy (physiotherapy/chiropractic) is a regulated profession in Romania with the title “**Kinetoteraput**”. The title and the professional activity are protected by the state. The rules of professional conduct are determined directly by the state through national legislation. The physiotherapist must be state registered and obtain a licence to practice (242). Kinetotherapists have a higher education, usually 3 or 4 years. The law regulating kinetotherapy was issued in December 2009. The profession is regulated by the National Order of Kinetotherapists. <http://kinetoprofesional.blogspot.com/2009/03/proiect-lege-al-ordinului.html> (237). Romania has established a code of ethics for physiotherapists. The national authority responsible for the physiotherapy profession in Romania is the Romanian Federation for Physical Therapy (FRAK)(242).

8.31 Serbia

The Republic of Serbia (hereinafter Serbia) applied for European Union (EU) membership 22 December 2009 and is listed as a potential candidate country to EU (11). Serbia is connected to the FP7 research programme through a memorandum of understanding and as such included in the CAMbrella survey of CAM legislation in Europe. Serbia became a member state of the Council of Europe on 3 April 2003 (12).

8.31.1 The legal and regulatory status of CAM and CAM practices

The health legislation in Serbia is in transition towards mainstream European healthcare regulation and European standards (243). Different health strategy documents are issued for the period from 2002-2015. The perception of health and illness has moved towards life-style and health risk factors and consequently national health problems are addressed with preventive healthcare programs (243).

Complementary and alternative medicine in Serbia has been legally regulated since 2005. The new Law on Civil Health Protection (Healthcare Law) includes three articles dealing with alternative medicine (244). A CAM bylaw to the Healthcare law was approved by the Minister of Health in December 2007. ("Pravilnik o blizim uslovima, nacinu I postupku obavljanja metoda I postupaka tradicionalne medicine")(245).

The bylaw lists the following CAM methods as suitable for practise in Serbia:

- A. **Methods of treatment:** Ayurveda, Chinese traditional medicine, Homeopathy, Phytotherapy, Bioresonance therapy, Chiropractic, Macrobiotics, Traditional local medicine.
- B. **Methods of health promotion:** Apitherapy, Aromatherapy, Chi Gong, Spiritual medicine, Energy medicine, Yoga, Tai chi chuan, others.

According to the bylaw, CAM may be **practised only by health workers, i.e. physicians, stomatologists, pharmacists, nurses and medical technicians (like physiotherapists)**(246). CAM is recognized by the national medical association as an additional qualification for medical doctors (247). Postgraduate training courses in CAM therapies are offered at private teaching centers (247).

For all health workers and all CAM treatments the regulation is the same. Officially **all health workers are allowed to practise CAM after relevant education**. There are variations regarding education in various methods, and efforts are introduced to stimulate and support the improvement of the education (246).

The Commission for Traditional medicine within the Ministry of health is dealing with various matters covered by the bylaw. The main task of the commission so far has been to refer to

the Minister of health which institutions and which practitioners that are eligible for obtaining work permits. The Minister of Health issues permits (246).

Diplomas are issued by both relevant “sections” of the Serbian medical association (there are e.g. section of acupuncture and section of homeopathy) and by associations organized by (mostly) health workers interested in a relevant CAM method. The local medical association is not involved in recognition of diplomas (246).

8.31.2 The governmental supervision of CAM Practices

CAM practice is supervised by the Traditional Medicine Committee of the Serbian Ministry of Health (34).

The Minister shall issue “Regulation on detailed conditions for issuing, renewal and revocation of licences of health professionals” to Members of Commerce. The "Official Gazette of the Republic of Serbia (RS)", no. 119/2007 on the basis of Article 190 Paragraph 8. Law on Health Care ("Official Gazette of RS", No. 107/05), (16) gives details.

8.31.3 The reimbursement status of CAM practices and medicinal products

CAM is not a part of the existing health insurance scheme. It is practised by private practitioners and in some health care institutions but patients have to pay for the treatment (246, 248).

The regulation of CAM products is a difficult issue which still has to be resolved (246). Medicinal products are recognized through the Medicines and Medical Devices Agency of Serbia (34).

8.31.4 Acupuncture

The CAM bylaw lists acupuncture as a method of treatment suitable for practise in Serbia (245). According to the bylaw, acupuncture can be practised only by health workers, i.e. physicians, stomatologists, pharmacists, nurses and health/medical technicians like physiotherapists (246). All regulated practitioners are allowed to practise after relevant CAM education. Today only medical doctors are practising acupuncture (246).

The Section of acupuncture of Serbian Physicians’ Association organizes acupuncture education for medical doctors (246).

8.31.5 Anthroposophic medicine

No specific regulation found on anthroposophic medicine. Regulated health workers are allowed to practise CAM after relevant education.

8.31.6 Ayurveda

The CAM bylaw lists Ayurvedic medicine as a method of treatment suitable for practise in Serbia (245). According to the bylaw, Ayurveda may be practised only by health workers, i.e. physicians, stomatologists, pharmacists, nurses and health/medical technicians like physiotherapists. All regulated practitioners are allowed to practise after relevant CAM education (246).

8.31.7 Chiropractic

The CAM bylaw lists chiropractic as a method of treatment suitable for practise in Serbia (245). According to the bylaw, chiropractic can be practised only by health workers, i.e. physicians, stomatologists, pharmacists, nurses and health/medical technicians like physiotherapists. All regulated practitioners are allowed to practise after relevant CAM education (246).

8.31.8 Herbal medicine/Phytotherapy

The CAM bylaw lists phytotherapy as a method of treatment suitable for practise in Serbia (245). According to the bylaw, phytotherapy can be practised only by health workers, i.e. physicians, stomatologists, pharmacists, nurses and health/medical technicians like physiotherapists. All regulated practitioners are allowed to practise after relevant CAM education (246).

8.31.9 Homeopathy

The CAM bylaw lists homeopathy as a method of treatment suitable for practise in Serbia (245). According to the bylaw, homeopathy can be practised only by health workers, i.e. physicians, stomatologists, pharmacists, nurses and health/medical technicians like physiotherapists (246).

All regulated practitioners are allowed to practise after relevant CAM education. The Section of homeopathy of the Serbian physicians' association provides homeopathy education for medical doctors. The Association of Classical Homeopathy provides homeopathy education for regulated health workers and others (246).

8.31.10 Massage

No specific regulation has been found on massage.

8.31.11 Naprapathy

No specific regulation has been found on naprapathy.

8.31.12 Naturopathy

No specific regulation has been found on naturopathy.

8.31.13 Neural therapy

No specific regulation has been found on neural therapy.

8.31.14 Osteopathy

No specific regulation has been found on osteopathy.

8.31.15 Traditional Chinese Medicine (TCM)

The CAM bylaw lists Traditional Chinese Medicine (TCM) as a method of treatment suitable for practise in Serbia (245). According to the bylaw, TCM can be practised only by health workers, i.e. physicians, stomatologists, pharmacists, nurses and health/medical technicians like physiotherapists. All regulated practitioners are allowed to practise after relevant CAM education (246).

8.31.16 Other treatments (mentioned if found in legislation)

The CAM bylaw lists Bioresonance therapy, Macrobiotics and Traditional local medicine as methods of treatment suitable for practise in Serbia (245). The bylaw lists the following methods of health promotion suitable for practise in Serbia: Apitherapy, Aromatherapy, Chi Gong, Spiritual medicine, Energy medicine, Yoga, Tai chi chuan, Others (245). According to the bylaw, CAM can be practised only by health workers, i.e. physicians, stomatologists, pharmacists, nurses and health/medical technicians like physiotherapists (246).

Physiotherapy is a **regulated profession** called physiotherapist (физиотерапевт). It is managed by the legal department of the Chamber of medical nurses and medical technicians of Serbia; however, a medical technician is a broader term including also other orientations. Educationally it is more than required for a nursing degree (two years of education more) but less than the university degree. It is mostly practised under the guidance and supervision of physicians (specialists of physiatry)(246). The Serbian Society of Physiotherapists was established in 2001, and they founded the Society of Occupational Therapists of Serbia.

8.32 Slovakia

The Slovak Republic became an independent state in January 1993 after Czechoslovakia split into its two constituent parts. Slovakia joined the European Union in 2004 (11). Slovakia became a member of the Council of Europe on 30 June 1993 (12).

8.32.1 The legal and regulatory status of CAM and CAM practices

The term Complementary and Alternative medicine (CAM) or similar terminology is not found in health legislation in Slovakia. A few regulations concern or influence CAM treatments and CAM practitioners.

Two main acts regulate health care and health care providers; **Act No. 576/2004 Coll.** on healthcare, health care-related services and on the amendment and supplementing of certain acts (249), and **Act No. 578/2004 Coll.** on health care providers, health workers and professional organizations in the health service, and amending and supplementing certain acts, as amended by later regulations (250). The regulated health professions (medical workers) of interest are **doctors, nurses, midwives, physiotherapists, public health workers, medical assistants and masseurs** (250).

According to **Act 576/2004 Coll §2** (249) **“healthcare** is a set of professional activities **performed by medical workers**, *“including provision of medicaments, medical aids and dietetic foodstuffs in order to prolong life of a natural person (hereinafter “person”), improve the quality of his/her life and ensure the healthy development of future generations; healthcare includes prevention, dispensation, diagnostics, treatment, bio-medical research, nursing care and midwifery”*. This act **does not express that healthcare should be provided exclusively by medical workers**. Act 576/2004 §50 article III(249) **regulates and recognizes natural springs and natural healing springs including declarations of spa towns and natural treatment spas**.

The Ethical code- attachment No 4 of the Act No.578/2004 Coll. regulates that “the health worker must not support the activities of non-health workers pursuing an activity which can be performed only by medical staff”(251).

It is unclear how legislation on healthcare and health providers influence CAM treatment practised by non-medical workers. Since practising CAM treatments is not forbidden by law it may be practised by anybody according to the Slovak Constitution. On the other hand, if you do so and harm the individual you can be punished according to the Penal Code- Act No.300/2005 Coll, §162 *“Damage to health”*(251). Act No 348/2008 Coll. Trades Licensing Act may effect professional (for profit) CAM practice (251).

According to **the Act No. 578/2004**, and recognized by The Ministry of Education of the Slovak Republic, **the medical chambers** (associations) manage qualified health personnel, **licences and registration** (252). Of relevance are **the Slovak Chamber of Nurses and Midwives** (Slovenská komora sestier a pôrodných asistentiek) and **the Slovak Medical Chamber** for physicians (Slovenská lekárska komora). According to **Article 50 of Act No. 578/2004** membership of the Slovak Medical Chamber is voluntary (250).

Slovakia has harmonized national legislation to the European Union Directives and Regulations since they became an EU member state in 2004. Examples of acts are (252):

- Gov.regulation 212/2004 Coll of 24 March 2004 Coll on the competence of health professionals.
- Gov.regulation 213/2004 Coll of 24 March 2004 Coll on continuing education of health professionals.
- Ordinance of Ministry of Health 366/2005 of 24 June 2005 Coll on the criteria and the evaluation of continuing education of health professionals.
- Act No. 576/2004 Coll of 22 September 2004 on healthcare, healthcare-related services and on the amendment and supplementing of certain acts.
- Act No 577/2004 Coll of 21 October 2004 on the scope of healthcare covered by public health insurance and on the reimbursement of healthcare-related services, as amended by later regulations.
- Act No 578/2004 Coll. of 21 October 2004 on healthcare providers, health workers and professional organizations in the health service, and amending and supplementing certain laws, as amended by later regulations.

A list of changes in national acts is given in the declaration by the Slovak Republic pursuant to Article 5 of Council Regulation (EEC) No 1408/71 of 14 June 1971 on the application of social security schemes to employed persons, to self-employed persons and to members of their families moving within the Community (253).

8.32.2 The governmental supervision of CAM Practices

Since 1 November, 2004, the provision of health care and public health care insurance is supervised by the Health Care Surveillance Authority (Úrad pre dohľad nad zdravotnou starostlivosťou)(254). Their work is based on Act. No 581/2004 Coll. on health insurance companies and healthcare supervision, and amending and supplementing certain acts as amended (255). The authority applies only to regulated health care personnel, consequently only CAM treatment provided by regulated health care personnel will be subject to supervision.

8.32.3 The reimbursement status of CAM practices and medicinal products

Since 1 January, 1993, the Health Insurance Fund (part of the National Insurance Agency) has ensured compulsory health insurance. Since 1 January, 1995 health insurance companies have executed the collection of health insurance contributions and reimbursement of health care expenditures. CAM is not directly reimbursed.

Act No.577/2004 Coll. on the scope of healthcare covered by public health insurance and on the reimbursement of healthcare-related services, as amended by later regulations, states what treatment is covered by the national health insurance (252, 253, 256).

Acupuncture is excluded from public health insurance system by legislation. Government regulation No 777/2004 Coll. attachment No.2, part I, establishes a list of diseases for which medical services are partially reimbursed or not reimbursed by public health insurance.

On 13 September 2011, the members of the National Council of the Slovak Republic adopted the bill on the scope and conditions of reimbursement of drugs, medical devices and dietary foods covered by public health insurance and on the changes and amendments to certain laws, replacing the existing law on reimbursement of drugs, medical devices and dietary foods – Act No. 577/2004 Coll. At the same time they approved the new act on drugs and medical devices, replacing the Act No.140/1998 Coll.

The above Insurance laws include direct provision for medical treatment in hospitals, special health institutions, specialized facilities for children and **spa treatment** (ústavná starostlivosť v nemocniciach, odborných liečebných ústavoch a kúpeľná starostivosť). Public (state or regional), non-profit and private health care institutions are contracted by the health insurance agencies (information: Eurostat section S1111211 NMT)(257).

8.32.4 Acupuncture

Acupuncture in Slovakia is influenced by and included in the following regulations (251):

- The Government regulation 513/2011 Coll. on the use of professional titles and corresponding abbreviations are bound to the competence to perform medical profession.
- The Government regulation 296/2010 Coll. on the competence to perform a medical profession, on methods of training of health workers, on the system of training courses, and on the system of certified work activities.
- The Government regulation 743/2004 Coll. on further education of health professionals, on the system specialized training courses, and on the system of certified work activities.

8.32.5 Anthroposophic medicine

No specific legislation has been found on anthroposophic medicine.

8.32.6 Ayurveda

No specific legislation has been found on ayurvedic medicine.

8.32.7 Chiropractic

Chiropractic in Slovakia is legal pursuant to general law. Among others are Act. No. 477/2003 Coll, on recognition of professional qualifications (classification “any other medical worker”), and supplementing Act of the National Council of the Slovak Republic. 145/1995 Z.z. on Administrative Fees as amended.

8.32.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy except for medicinal products.

8.32.9 Homeopathy

There is no statutory regulation of homeopathy in Slovakia (28, 106). Obligatory Continuing Medical Education (CME) is required for the members of the national homeopathic doctors' association (106).

Practising homeopathy is not forbidden by law and therefore according to the Slovak Constitution it can be practised by anybody. On the other hand, when you do so and harm an individual you can be punished according to the Penal Code - Act No. 300/2005 Coll., §162 Damage to health.

8.32.10 Massage

Masseur is a regulated health profession in Slovakia (250).

Massage is registered in the EU regulated professions database with two professions:

Masseur/Massage therapist/Spa therapist/Masseur-Aesthetician is a directly related regulated profession with title “**Masér (kondičné, rekondične, regeneračné a športové masáže)**” (**Self-employed masseur (reconditioning and regenerating and sport massages) (EN)**) recognized under Directive 2005/36/EC (5), ID 5972. General system of recognition- Level to be checked. Qualification level: undefined (7).

Masseur/Massage therapist/Spa therapist/Masseur-Aesthetician is a directly related regulated profession with title “**Masér - zdravotnícky pracovník v kategórii asistent**” (**Masseur - medical worker in the category assistant (EN)**) recognized under Directive 2005/36/EC (5), ID 5901. General system of recognition- Level to be checked. Qualification level: undefined (7).

8.32.11 Naprapathy

No specific regulation has been found on naprapathy.

8.32.12 Naturopathy

No specific regulation has been found on naturopathy.

8.32.13 Neural therapy

No specific regulation has been found on neural therapy.

8.32.14 Osteopathy

No specific regulation has been found on osteopathy.

8.32.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on naprapathy.

8.32.16 Other treatments (mentioned if found in legislation)

Physiotherapist is a regulated profession in Slovakia (258).

Physiotherapy is registered in the EU regulated professions database with 2 professions:

Physiotherapy is a directly related regulated profession with title **“Diplomovaný fyzioterapeut - zdravotnícky pracovník v kategórii asistent” (Certified physiotherapist - medical worker in the category assistant (EN))** recognized under Directive 2005/36/EC (5), ID 5899. System of recognition and application to be checked. All regions. Qualification level: Undefined (7).

Physiotherapy is a directly related regulated profession with title **“Fyzioterapia - zdravotnícky pracovník v kategórii asistent (Physiotherapy - medical worker in the category assistant (EN))”** recognized under Directive 2005/36/EC (5), ID 5624. General system of recognition- primary application. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11d (7).

8.33 Slovenia

Slovenia became an independent state in 1991 following the dissolution of the Republic of Yugoslavia (11) and became a member state of the European Union in 2004 (11). Slovenia acceded the Council of Europe on May 14, 1993 (12).

8.33.1 The legal and regulatory status of CAM and CAM practices

Slovenia passed the Complementary and Alternative Medicine Act (**Official Gazette of the Republic of Slovenia, No. 94/2007; Act Zakon o zdravilstvu (ZZdrav)**) in October 2007 (259). CAM treatments included (§4) are **Traditional Chinese medicine (TCM), Ayurveda (traditional Indian medicine), homeopathy and other CAM systems like “methods of interaction between mind and body”, “biological methods”, “manipulative and body-based methods”, “energy methods”** (259). The Chamber of CAM should be a legal body with the aim to manage CAM interests, registers and in addition control CAM systems, CAM methods and practitioners (§5, §23, §24)(259). The CAM Chamber was not properly established, and is now closed down (260). The CAM act enables practitioners of CAM to be registered if they have at least a secondary education in the domain of healthcare or secondary education and a knowledge test in healthcare, plus a valid licence (details in §39). Article 35 and 36 give the criteria for CAM practitioner licences (259).

However, **homeopathy, chiropractic and osteopathy** can only be legally practised by those who have a **diploma from a medical faculty**, knowledge of homeopathy, chiropractic or osteopathy and a valid licence. Those **MDs** who apply for such a licence are also obliged not to ‘discourage anyone from the use of biomedicine’ (Uradni list, paragraph 15, line 2, p. p. 12646 / No. 94 / 16. 10. 2007)(259, 260).

According to §9 the CAM chamber sets criteria for CAM practices, CAM companies, technical and sanitary requirements of the treatment premises and professional titles (259).

The CAM act includes regulations for practitioners insurance, advertisement of services and patient information(259). In accordance with the Act provisions, the Chamber of CAM has the authority of licensing professionals for a period of seven years (28).

The consequences of closing down the CAM chamber is that the CAM act is not yet fully implemented (28, 260).

In June 2008 the Medical Chamber of Slovenia introduced an article in the Medical Doctors Service Act (Official Gazette of the Republic of Slovenia, No. 58/2008) to strictly prohibit medical doctors from practising **homeopathy** (28). As we understand it is the intention of the Slovene Medical Chamber to take licence to practise away from those who practise homeopathy (260, 261).

8.33.2 The governmental supervision of CAM Practices

According to the CAM act (259) the CAM chamber shall pass a code of ethics for the CAM profession, perform monitoring and evaluations of CAM practices , including checking CAM practitioners' conduct by carrying out professional supervision, as well as take measures in connection with code violations. Article 42 of the CAM act gives specifications for technical supervision over CAM practitioners' remedies and equipment (259).

Legal entities and individuals already practising CAM shall bring their operations into compliance with article 9 of the CAM act within 2 years of the establishment of the chamber (259).

8.33.3 The reimbursement status of CAM practices and medicinal products

No CAM treatments are reimbursed in Slovenia (260).

8.33.4 Acupuncture

Acupuncture is included in the Traditional Chinese Medicine (TCM) CAM treatment system (§4) in the CAM act (259). **Medical doctors** with a licence can practise acupuncture (28).

8.33.5 Anthroposophic medicine

We found no direct regulation of anthroposophic medicine. Probably this treatment may fit into some of the "other CAM systems" mentioned in the CAM act (259).

8.33.6 Ayurveda

Ayurveda is listed in the CAM act §4 as a CAM system that may be used when carrying out CAM practices (259). The CAM act enables practitioners of Ayurvedic medicine to be registered if they have at least a secondary education in the domain of healthcare or secondary education and a knowledge test in healthcare, plus a valid licence (details in §36 and §39)(259).

8.33.7 Chiropractic

Chiropractic is listed within "other CAM systems", a method defined within "manipulative and body-based methods"(§4)(259). Chiropractic shall only be practised by those who have a diploma from a medical faculty, knowledge of chiropractic and a valid licence (259).

8.33.8 Herbal medicine/Phytotherapy

We found no direct regulation on herbal medicine/phytotherapy other than the common EU regulation of medicinal products. However this treatment may well fit into some of the CAM treatments included in the CAM act, like Traditional Chinese medicine (TCM), Ayurveda, homeopathy and other CAM systems (259).

8.33.9 Homeopathy

Homeopathy is listed as a CAM system in the CAM act(§4)(259). Homeopathy shall only be practised by those who have a diploma from a medical faculty, knowledge of homeopathy and a valid licence (259).

In June 2008 the Medical Chamber of Slovenia introduced an article in the Medical Doctors Service Act (Official Gazette of the Republic of Slovenia, No. 58/2008) to strictly prohibit medical doctors from practising homeopathy (28). As we understand it is the intention of the Slovene Medical Chamber to take the licence to practise away from those who practise homeopathy (260, 261). If implemented, the Medical Chamber may never issue a first licence or may withdraw the medical doctor's licence either temporarily or permanently and she/he will be struck off from the Register of medical doctors (28).

8.33.10 Massage

Massage is included in the CAM act(§4) as "other CAM systems" (259). We found one professional massage title registered in the EU regulated professions register.

Massage is registered in the EU regulated professions database as follows:

Masseur/Massage therapist/Spa therapist/Masseur-Aesthetician is a directly related regulated profession with title "**Maser v zdravstveni dejavnosti** " (Masseur in health sector (EN)) recognized under Directive 2005/36/EC (5), ID 6592. General system of recognition – primary application. All regions. Qualification level: SEC - Certificate attesting the completion of a secondary course, Art. 11 b (7).

8.33.11 Naprapathy

We found no direct regulation of naprapathy. Probably this treatment may fit into some of the "other CAM systems" mentioned in the CAM act (259).

8.33.12 Naturopathy

We found no direct regulation of naturopathy. Probably this treatment may fit into some of the "other CAM systems" mentioned in the CAM act (259).

8.33.13 Neural therapy

We found no direct regulation of neural therapy. Probably this treatment may fit into some of the "other CAM systems" mentioned in the CAM act (259).

8.33.14 Osteopathy

Osteopathy is listed within "other CAM systems", a method defined within "manipulative and body-based methods"(§4)(259). Osteopathy shall only be practised by those who have a diploma from a medical faculty, knowledge of osteopathy and a valid licence (259).

8.33.15 Traditional Chinese Medicine (TCM)

Traditional Chinese Medicine (TCM) is listed in the CAM act §4 as a CAM system that may be used when carrying out CAM practices (259). The CAM act enables practitioners of TCM to be registered if they have at least a secondary education in the domain of healthcare or a

secondary education and a knowledge test in healthcare, plus a valid licence (details in §39)(259).

8.33.16 Other treatments (mentioned if found in legislation)

Physiotherapy in Slovenia is a regulated profession with the title "**diplomirani fizioterapevt**". The title and the professional activity are protected by the state, and the rules of professional conduct are determined directly by the state through national legislation. The physiotherapist must be state registered and obtain a licence to practise. The Slovenian Association of Physiotherapists has established a code of ethics for physiotherapists. The national authority responsible for the physiotherapy profession in Slovenia is the Ministry of Health (262).

Physiotherapy is registered in the EU regulated professions database as follows:

Physiotherapy is a directly related regulated profession with title "**Diplomirani fizioterapevt**" recognized under Directive 2005/36/EC (5), ID 6072. General system of recognition – primary application. All regions. Qualification level: PS3 – Diploma of post-secondary level (3-4 years), Art.11 d (7).

8.34 Spain

Spain is a member of the European Union since 1986 (11) and a member of the Council of Europe since 1977 (12).

8.34.1 The legal and regulatory status of CAM and CAM practices

Health care is provided by the Regional Governments in Spain, and national health regulations are consequently implemented by the regional governments (263).

CAM in general is not regulated in Spain (43, 106). The Congress adopted 29 September 2009 a proposal forwarded by the Committee on Health and Consumer Affairs of the Spanish Parliament on a new act recognizing some CAM treatments (acupuncture, homeopathy and natural medicine) as a medical act (28, 263). The law was planned to come into force in 2011 (263). CAM practices provided by medical doctors are regulated within the authorization system for health care services and centers (263).

WHO reported in 2005 that “Spain does not have a national policy, laws, regulations, a national programme, a national office ... nor are there currently any plans to establish these”(59). According to the Royal Decree 3166/1966 only authorized health care professionals are allowed to perform medical acts. Licensed paramedics are allowed to perform medical acts only under the supervision of an allopathic physician (43).

The Royal Decree (RD) 1277/2003 (10 October) regulates the health care services and centers (public or private)(264). Within the integrated care units in healthcare facilities, the so called U.101 units “Terapias no convencionales”(unconventional therapies) may be found (263). The U.101 unit is a “health care unit where a **medical doctor (MD)** is responsible for making treatment through natural medicine, homeopathic medication or using techniques for peripheral stimulation with needles, or any other treatments that demonstrate efficacy and safety”(263). It needs no specific requirement other than those given in RD 1277/2003 (263). The regional governments authorize the installation, operation, modification and closure when required of health care services, facilities and units located in its territory (263).

Consequently, the centers for non-conventional therapies are considered as **health centers (public or private)** if the person performing the **acupuncture, homeopathy or herbal medicine** is a **MD** and are subject to prior approval by the regional regulations (263).

Most of the centers that provide CAM in Spain are not health centers according to the law, but “**non-sanitary centers**” or “**parasaniary centers**” where there is no need of a MD providing therapies (263).

There is no specific regulation regarding the training and qualifications of CAM providers in Spain. To conduct their business activity in these areas, undergraduate providers (non-MDs) are classified in group 841 of activities related to **paramedical professionals (naturopaths, acupuncturist and other paramedical professionals)**, professional activity described in RD 1175/1990, (28 September), "Agrupación 84.- Profesionales relacionados con Actividades Parasitarias (PARAMEDIC activities) GRUPO 841. NATUROPATAS, ACUPUNTORES Y OTROS PROFESIONALES (263, 265). The Royal Decree 127/1984 regarding medical specialties does not include CAM (43).

8.34.2 The governmental supervision of CAM Practices

The Council of Medical Colleges has been delegated the authority of supervision of physicians (43). The state authorities are tolerant to CAM as a counseling service not intruding on the health care service. According to the Penal Code intrusions made by non-medical providers are illegal (43).

8.34.3 The reimbursement status of CAM practices and medicinal products

CAM treatment is not reimbursed in the public insurance system. Under Article 94 of Law 26/1990 of 20 December 1990 there is no justification for homeopathic products to be funded through the State insurance system, INSALUD (44). Some insurance companies provide coverage for CAM (43, 44). Acupuncture treatment is covered by the national health insurance system in one region (106).

8.34.4 Acupuncture

The Congress adopted 29 September 2009 a proposal forwarded by the Committee on Health and Consumer Affairs of the Spanish Parliament on a new act recognizing acupuncture as a medical act (28, 263). The law is planned to come into force in 2011 (263). Acupuncture treatment as a medical act can only be legally practised by medical doctors (263).

Acupuncture is regulated by the government to be **provided only by medical doctors (MDs)**(106). Acupuncture treatment may be provided at **health centers (public or private)** if the person performing the acupuncture is a **MD** and the center is approved by the regional regulations as appropriate (263). Statutory regulation and issuing of diplomas of medical acupuncturists is approved by the Medical Association Council (106). Undergraduate and postgraduate acupuncture training is offered at universities (106).

8.34.5 Anthroposophic medicine

Courses in anthroposophic medicine are offered at universities and medical schools as an optional part of the medical undergraduate curriculum. Postgraduate medical training courses in anthroposophic medicine are provided at private teaching centers (106).

The national association of anthroposophic doctors issues diplomas, recognized by the national medical association council (106).

8.34.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.34.7 Chiropractic

No specific regulation has been found on chiropractic.

8.34.8 Herbal medicine/Phytotherapy

The Congress adopted 29 September 2009 a proposal forwarded by the Committee on Health and Consumer Affairs of the Spanish Parliament on a new act recognizing natural medicine as a medical act (28, 263). The law was planned to come into force in 2011 (263). Nature medicine as a medical act can only be legally practised by medical doctors (263).

8.34.9 Homeopathy

The Congress adopted 29 September 2009 a proposal forwarded by the Committee on Health and Consumer Affairs of the Spanish Parliament on a new act recognizing homeopathy as a medical act (28, 263). The law was planned to come into force in 2011 (263). Homeopathy as a medical act can only be legally practised by medical doctors (28).

Homeopathy is recognized as a medical act by the Committee on Health and Consumer Affairs of the Spanish Parliament, Act dated 29 September 2009 (28). The act urges the governments to “take the measures necessary for the exercise of homeopathy exclusively by graduates in medicine and surgery”(28). The Spanish Medical Council (Consejo General de Colegios Oficiales de Médicos) passed 17 December 2009 a resolution that recognized the practice of homeopathy as a medical act (28).

The Spanish Medical Association Council supports homeopathy, provided it is practised by physicians. Homeopathy training is offered as postgraduate medical studies at the university level (60). Postgraduate homeopathy training for doctors is provided at universities in Spain (106). Homeopathy treatment is provided in two hospitals in Spain (106).

8.34.10 Massage

No specific regulation has been found on massage.

8.34.11 Naprapathy

No specific regulation has been found on naprapathy.

8.34.12 Naturopathy

No specific regulation has been found on naturopathy.

8.34.13 Neural therapy

No specific regulation has been found on neural therapy.

8.34.14 Osteopathy

No specific regulation has been found on osteopathy.

8.34.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM.

8.34.16 Other treatments (mentioned if found in legislation)

Physiotherapy is a regulated profession in Spain with the title "**Fisioterapeuta**". The title and the professional activity is protected by the state through national legislation. The physiotherapist must be state registered and obtain a licence to practise. Spain has established a code of ethics for physiotherapists. The national authority responsible for the physiotherapy profession in Spain is "Ministerio de Educacion, Cultura y Deporte" (266).

Physiotherapy is registered in the EU regulated professions database as follows: **Physiotherapist** is a directly related regulated profession with title "**Fisioterapeuta**" recognized under Directive 2005/36/EC (5), ID 460. General system of recognition- primary application. All regions. Qualification level: PS3- Diploma of post-secondary level (3-4 years), Art.11d (7).

8.35 Sweden

Sweden has been a member of the European Union since 1995 (11), and a founding member of the Council of Europe since 5 May 1949 (12).

8.35.1 The legal and regulatory status of CAM and CAM practices

The health and medical services in Sweden are regulated by two main acts; Hälso-och sjukvårdslagen (1982:763) (The Health and Medical Service Act), that has been amended to Svensk förfatningssamling (SFS) 2010:1314 (267) and Patientsäkerhetslagen (2010:659) (The Patient Safety Act), as of January 1, 2011 (268). These acts define which professionals are to be considered health professionals and what responsibilities they have.

The Patient Safety Act (268) defines twenty-one professional titles as registered health care professionals, including **Pharmacists, Occupational therapists, Dietitians, Chiropractors, Physicians, Naprapaths, Nurses, Physiotherapists, Psychologists**. In general, CAM professionals are not included in the definition of health professionals according to this act.

The Patient Safety Act, chapter 6, §1 defines that registered health care professionals shall practise according to “science and tested experience” (268). In practice, this means that registered health care professionals are not allowed to use or recommend any CAM that is not evidence-based. As Knox et al. (269) write “there is a small exception to this rule: registered health care providers may be permitted to practise CAM on the rare occasion when a patient request for it, no alternative conventional treatment options exist, and the treatment is given in conjunction with conventional care”. Also, the CAM treatment must be documented as safe (269). However, with the new Patient Safety Act (268) these conditions may have shifted towards a stronger focus on patient safety and patient preference. In a recent court case, the highest court acquitted a medical doctor who had prescribed homeopathic remedies to his patients. The basis for this decision were:

- 1) The homeopathic remedies that were described had not been a threat to the patients’ safety.
- 2) Patients themselves had asked for homeopathic treatment.
- 3) Conventional treatment was given in parallel to the homeopathic remedies (270, 271).

This court case may be seen as establishing a precedent for other cases involving the prescription or practice of CAM services by registered health care professionals.

CAM professionals are not governed by any explicit law or regulation other than their own professional rules of conduct. However, the Patient Safety Act, Chapter 5 (268), provides limitations for individuals other than registered health professionals (i.e. CAM professionals)

to offer any services to patients for prevention, cure or symptom relief in association with the following conditions:

- Contagious diseases obliged to be reported.
- Cancer, other malignant tumors, diabetes, epilepsy or illness symptoms in association with pregnancy and delivery.
- Examination or treatment of patients undergoing anaesthesia or hypnosis.
- Treatment using radiology.
- Without personal examination, give written advice or recommendations for treatment.
- Examination or treatment of children under the age of eight.
- Adjust contact lenses.

WHO reports in 2005 that “Sweden does not have national policy, laws, regulations or a national programme on TM/CAM, and there are no plans to establish them” (59).

With the exception of herbal medicinal products, Naprapathy, Chiropractic and Anthroposophic care at the Vidar Clinic hospital, a hospital with special research and development status- no CAM practice is explicitly mentioned in the Swedish health care laws.

8.35.2 The governmental supervision of CAM Practices

The Public Health Care Services (including registered health care professionals) are supervised by “Socialstyrelsen” according to The Patient Safety Act, chapter 7, §1 (268).

8.35.3 The reimbursement status of CAM practices and medicinal products

CAM treatments provided by non-registered health care professional are not covered by the official Swedish health insurance system. Herbal products registered as Herbal medicinal products except traditional herbal medicinal products are covered by the official reimbursement system like other medicinal products.

Acupuncture is covered by national health insurance when practised by registered health care professionals, primarily for the treatment of pain and nausea (106). When acupuncture is practised by non-registered health care professionals it is not covered by the national health insurance.

Anthroposophic care given under the supervision of the Vidar Clinic (see description below) is covered by the national health insurance system (60, 106).

8.35.4 Acupuncture

Acupuncture is covered by national health insurance when practised by registered health care professionals, primarily for the treatment of pain and nausea (106). When acupuncture is practised by non-registered health care professionals it is not covered by the national health insurance.

8.35.5 Anthroposophic medicine

The Vidar hospital near Stockholm is an anthroposophic hospital. The hospital is also a research center for anthroposophic medicine (60). The “Vidar Clinic” hospital has a permit from the Minister of Social affairs (60) and is the only hospital with authorization to practise anthroposophic medicine in Sweden (106). Medical doctors are only allowed to practise anthroposophic medicine within the Vidar clinic authorization (106).

8.35.6 Ayurveda

No specific regulation has been found for Ayurvedic medicine.

8.35.7 Chiropractic

Chiropractors are classified as a regulated health care profession in Sweden from 1989 (106) and listed as health professionals in the Patient Safety Act, Chapter 4, §1 and §5 (268). Educational and occupational regulations can be found in the bylaw (268).

Chiropractor is registered in the EU regulated professions database as follows:

Chiropractor is a directly related regulated profession with title “**Kiropractor**” recognized under Directive 2005/36/EC (5), ID 15605. General system of recognition- primary application. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11d (7).

8.35.8 Herbal medicine/Phytotherapy

No specific regulation has been found on Phytotherapy treatment.

8.35.9 Homeopathy

Homeopathy is allowed to be practised by non-medically qualified practitioners outside the healthcare system (28). Professionals (non-medical homeopaths) may practise on completion of 600 hours of training (60).

A high court case from 2011 must be seen as precedential for allowing the prescription or practice of CAM services by medical doctors and other registered health care professionals (272).

8.35.10 Massage

No specific regulation has been found for massage.

8.35.11 Naprapathy

Naprapaths are classified as a regulated health care profession in Sweden and listed as health personnel in the Patient Safety Act, chapter 4, §1 and §5 (268). Educational and occupational regulations can be found in the bylaw (268).

Naprapath is registered under title **chiropractor** in the EU regulated professions database: Naprapath is a directly related regulated profession with title "Naprapat" recognized under Directive 2005/36/EC (5), ID 15606. General system of recognition- primary application. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11d (7).

8.35.12 Naturopathy

No specific regulation has been found for naturopathy.

8.35.13 Neural therapy

No specific regulation has been found for neural therapy.

8.35.14 Osteopathy

No specific regulation has been found for osteopathy.

8.35.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found for traditional Chinese medicine (TCM).

8.35.16 Other treatments (mentioned if found in legislation)

Physiotherapy is a regulated profession in Sweden with the title "**Registered Physical Therapist**". The title is protected by the state, but the professional activity is not. The rules of professional conduct are determined directly by the state through national legislation. The physical therapist must be state-registered and obtain a licence to practise. The Swedish physiotherapy association has established a code of ethics for physical therapists. The national authority responsible for the physiotherapy profession in Sweden is "The National Board of Health and Welfare"(273).

Physiotherapy is registered in the EU regulated professions database as follows: "**Physiotherapist**" is a directly related regulated profession with title "**Sjukgymnast**" recognized under Directive 2005/36/EC (5), ID 2492. General system of recognition- primary application. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11d (7).

8.36 Switzerland

Switzerland is a Federal State composed of the federal level, 26 Cantons and the municipalities (274). Switzerland is an EFTA member state since 1966 with bilateral agreements to EEA (215) and joined the Council of Europe in 1963 (12).

8.36.1 The legal and regulatory status of CAM and CAM practices

Regulation of the Swiss healthcare system is decentralized (274) and the legislative authority in the cantons is a unicameral parliament (275). In principle, each Canton has its own regulations for health practice, but there are some federal regulations (276).

Complementary medicine is included in the Federal Constitution of the Swiss Confederation Art. 118a 52 since 2009; "The Confederation and the Cantons shall within the scope of their powers ensure that consideration is given to complementary medicine" (277).

The cantons have a high degree of independence regarding licensing of the health professions, authorizations to open a medical practice or pharmacy and the structure of healthcare services (275). The regulatory power of the federal government over the health care system is increasing. The Federal Health Act became effective on 1 January 1996 (278) and from 18 April 1999 the new federal constitution confirmed the federal responsibility for the training of health-related professionals other than doctors (275).

By definition, Swiss CAM is divided in two terms: Complementary Medicine (CM) is reserved for Medical Doctors' (MD's) practices, whereas Alternative Medicine (AM) dominates non-medically trained practitioners' practices (276).

Federal law defines criteria for a medical profession. (Updated Federal Law on Medical Professions (MedBG) is expected in 2012). Regulations include MD's and non-medically trained practitioners' education, training, certification, and Continuous Medical Education (CME). For MDs, the latter is delegated to the Swiss Association of Medical Doctors („Foederatio Medicorum Helveticorum“, FMH), for CM it is delegated to the respective CM associations. Most insurance companies delegate non-medically trained practitioners' certification to a private registry of experience medicine ("Erfahrungsmedizinisches Register", EMR).

Practice establishment is regulated by the Cantons for both, MDs, and non-medical practitioners (276).

8.36.2 The governmental supervision of CAM Practices

Licensed CM practice by MDs is restricted to certified MDs with an additional and certified CM qualification, to be renewed (CME) every 3 years (106, 276).

Registered non-medical professionals' practice will be regulated in 2013. Currently, in 6 Cantons there are almost no regulations at all (free setting-of practice), whereas in other Cantons (eg. Berne), strict regulations, similar to MD practices, exist.

8.36.3 The reimbursement status of CAM practices and medicinal products

The 'Gemeinsame Einrichtung KVG' (Common Institution under the Fed. Health Insurance Act) was established by the insurers when the Federal Health Act became effective on 1 January 1996(4). In 1999 compulsory health insurance (OKP) was introduced by passing The Health Insurance Law (2).

Reimbursement MD practices

Acupuncture treatment is reimbursed (included in KVG) from 1 July 1999 (279).

Five CM disciplines, practised by certified CM physicians, were included in KVG temporarily, 1 July 1999 - 30 June 2006: **Anthroposophic Medicine, Classical Homeopathy, Herbal Medicine (Phytotherapy), Neural Therapy, and non-acupuncture TCM**. In that time period cost reimbursement of these CM disciplines was restricted to additional insurances (VVG) in a similar way as generally non-medical AM practices. Since 1 July 2011, local and segmental **Neural Therapy** is permanently included in KVG. Neural Therapy according to Huneke („Störfeldtherapie“, interference field therapy) is still restricted to additional insurances (VVG). Due to a referendum (17 May 2009) **Anthroposophic Medicine, Classical Homeopathy, Herbal Medicine (Phytotherapy) and non-acupuncture TCM**, practised by certified MDs, are again temporarily included in KVG of compulsory health insurance (OKP) in the period from 1 January 2012 up to 31 December 2017. Regulations are based on proof of efficacy as well as clinical- and cost-effectiveness (276, 279). The Physicians' association of Neural Therapy according to Huneke withdrew their attempt for temporary implementation on 4 November 2011.

Reimbursement of non-certified disciplines or practices of MDs, (partially) trained in CM or AM, are restricted to additional insurances (VVG), according to individual contracts or paid out-of-pocket (276).

Reimbursement non-medically trained professionals' practices

Cost reimbursement of most (registered) non-medical AM practices is restricted to additional insurances (VVG) according to a nation-wide registry (EMR) of disciplines and non-medical AM practitioners, and individual companies' contracts. Some insurance companies

also reimburse non-registered AM disciplines, and practices, according to individual contracts. Other non-medical AM practice is paid out-of-pocket (276).

Reimbursement medicinal products (see CAM medicinal product report)

CAM products, registered by Swiss Agency for Therapeutic Products (swissmedic) in a special list ("Spezialitäten-Liste", SL), are reimbursed by KVG, whereas others are reimbursed due to individual contracts according to VVG or out-of-pocket (276).

8.36.4 Acupuncture

Acupuncture is included in federal laws and detailed regulation is delegated to medical and non-medical associations. The medical association has recognized acupuncture as an additional medical qualification and issues diplomas of medical acupuncturists (106).

Acupuncture treatment is reimbursed and permanently covered by the health insurance act (279) (see reimbursement section).

Acupuncture is registered in the EU regulated professions database as follows:

Acupuncturist is a directly related regulated profession with title "**Akupunkteur(DE)/ Acupuncteur(FR)**" recognized under Directive 2005/36/EC (5), ID 10045. System of recognition and application to be checked. Qualification level: undefined (7).

8.36.5 Anthroposophic medicine

Anthroposophic medicine is recognized by federal law as a CAM specific therapeutic system and detailed regulation and issuing of diplomas is delegated to medical and non-medical associations (106, 276).

Anthroposophic medicine is provided in some hospitals in Switzerland (106).

Anthroposophic medicine treatment is reimbursed with certain limitations (see reimbursement section). A professional chair of CAM including anthroposophic medicine exists at the University of Bern (106).

8.36.6 Ayurveda

No specific regulations have been found on ayurvedic medicine.

8.36.7 Chiropractic

Chiropractors are regulated as a conventional health profession and the Federal Law on Medical Professions (MedBG) regulates chiropractor accreditation (280).

A professional chair of chiropractic, funded by their association, exists at the University of Zürich (276).

Chiropractor is registered in the EU regulated professions database as follows:

Chiropractor is a directly related regulated profession with title "**Chiropractor(DE)/ chiropracticien(FR)**" recognized under Directive 2005/36/EC (5), ID 5980. General system of

recognition- primary application. National legislation all regions: législation cantonale. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11 d (7).

8.36.8 Herbal medicine/Phytotherapy

Herbal medicine/Phytotherapy is included in federal laws and detailed regulation is delegated to medical and non-medical associations.

Herbal medicine/Phytotherapy treatment is reimbursed with certain limitations (see reimbursements section).

8.36.9 Homeopathy

Homeopathy is included in federal laws and detailed regulation is delegated to medical and non-medical associations. Statutory regulation has been introduced by the Swiss national medical association (106). According to ECH (28) "based on a contract between the Swiss National Medical Association FMH and the Swiss Homeopathic Medical Association SVHA/SSMH/SSMO, the FMH recognizes the qualification 'Homeopathy' - 'Fähigkeitsausweis Homöopathie' - for those medical doctors who have acquired the diploma 'physician for homeopathy SVHA'".

A professional chair of CAM including homeopathy exists at the University of Bern (106). Homeopathy treatment is reimbursed with certain limitations (see reimbursement section).

Homeopath is registered in the EU regulated professions database as follows:

"Natural health practitioner" is a directly related regulated profession with title **"Naturopathe/Homéopathe(FR)/ Naturheilpraktiker/Homöopath (DE)"** recognized under Directive 2005/36/EC (5), ID 10050. Level of recognition and application to be checked. Qualification level undefined. All regions included (7).

8.36.10 Massage

Masseur is a regulated profession in Switzerland, registered in the EU regulated professions database as follows:

Masseur/Massage therapist/Spa therapist/Masseur-Aesthetician is a directly related regulated profession with title **"Masseur médical" (Masseur (EN))** recognized under Directive 2005/36/EC (5), ID 10304. All regions. General system of recognition - level to be checked. Qualification level: undefined (7).

8.36.11 Naprapathy

No specific regulation found on naprapathy.

8.36.12 Naturopathy

Natural health practitioner is a regulated profession in Switzerland. Two different professions are registered in the EU regulated professions database as follows:

"Natural health practitioner" is a directly related regulated profession with title **"Naturopathe/Homéopathe(FR)/ Naturheilpraktiker/Homöopath (DE)"** recognized under

Directive 2005/36/EC (5), **ID 10050**. Level of recognition and application to be checked. Qualification level undefined. All regions included (7).

“**Natural health practitioner**” is a directly related regulated profession with title “**Naturopathe (de tradition Européenne)/ Traditionnelle Europäische Naturheilkunde (DE)**” recognized under Directive 2005/36/EC (5), **ID 15454**. Level of recognition and application to be checked. Qualification level undefined. All regions included (7).

A professional chair of CAM, including naturotherapy (“Naturheilkunde”) exists at the University of Zurich (276).

8.36.13 Neural therapy

Neural therapy is included in federal laws and detailed regulation is delegated to medical and non-medical associations.

Neural therapy treatment is reimbursed with certain limitations (see reimbursement section).

A professional chair of CAM including neural therapy exists at the University of Bern (276).

8.36.14 Osteopathy

In Switzerland, osteopathy is a licensed profession but is not considered as an academic program. This means that osteopathy is not offered at any state Swiss university.

“In 2007 Switzerland passed a law to regulate the practice of osteopathy, which had previously been controlled by each individual canton. Although many cantons had already fully recognized the practice of osteopathy, on 1 January 2007 the Swiss Conference of the Cantonal Ministers of Public Health published directives to the cantons on the regulation of osteopathy and set up a list of requirements to qualify for the Inter-Cantonal Osteopathy Diploma. Since 2007 these requirements have included 5 years of full-time study and a 2-year internship”. “The Swiss School of Osteopathy in Lausanne was founded in 1991, and is one of two centres training osteopaths in Switzerland. Students complete five years of full-time university training before working for two years as interns” (281).

Osteopathy is registered in the EU regulated professions database as follows:

Osteopath is a directly related regulated profession with title “**Osteopath(DE)/ Ostéopathe(FR)**” recognized under Directive 2005/36/EC (5), ID 10323. System of recognition and application level to be checked. All regions. Qualification level: undefined (7).

8.36.15 Traditional Chinese Medicine (TCM)

TCM is included in federal laws and detailed regulation is delegated to medical and non-medical associations.

TCM treatment is regulated and reimbursed with certain limitations (see reimbursement section). A professional chair of CAM including TCM/acupuncture exists at the University of Bern (276).

8.36.16 Other treatments (mentioned if found in legislation)

“Health care by gymnastics” is a Swiss regulated profession registered in the EU regulated professions database as follows:

“Health care by gymnastics” is a directly related regulated profession with title **“Gymnastique curative”** (Heilgymnastik (DE)) (recognized under Directive 2005/36/EC (5), ID 15453. System of recognition and application to be checked. Qualification level: undefined (7).

Physiotherapy is a regulated profession with the title **“Diplomierter Physiotherapeut FH (BSc)”** “The title and the professional activity are protected by the state. The rules of professional conduct are determined directly by the state through national legislation. The physiotherapist must be state registrated and obtain a licence to practise. Switzerland has established a code of ethics for physiotherapists”(282).

Physiotherapy is registered in the EU regulated professions database as follows: Physiotherapy is a directly related regulated profession with title **“Physiothérapeute”** recognized under Directive 2005/36/EC (5), ID 10324. System of recognition and application to be checked. All regions. Qualification level: Undefined (7).

“Alternative Care” is a regulated profession in Switzerland registered in the EU regulated professions database as follows:

“Alternative Care” is a directly related regulated professions with titles **“Thérapie respiratoire, Eurythmie curative, Shiatsu, biorésonance”** under Directive 2005/36/EC (5), ID 15458. System of recognition and application: level to be checked. All regions (7).

8.37 The Netherlands

The Netherlands was a founding member of the European Union (EU) in 1952 (11), and a founding member of the Council of Europe on 5 May 1949 (11).

8.37.1 The legal and regulatory status of CAM and CAM practices

In the Netherlands provision of alternative care is legal (283). Both medically and non-medically qualified professionals are allowed to practise CAM (106, 284). By passing amendments to the Individual Health Care Professions Act on 1.12.1997 (Beroepen in de Individuele Gezondheidszorg), practice of medicine is open to all with some limitations; some procedures may be carried out only by categories of professional practitioners authorized to do so by law (see supervision)(284).

“Professions can be regulated in two ways: by Act of Parliament (section 3 of the Individual Health Care Professions Act lays down rules governing eight) or by an Order in Council pursuant to an act (section 34 of the aforementioned legislation). Both regulations enable titles to be legally protected; the most important differences are that the government only maintains a register for the professions covered by section 3, and that the government regulates the disciplinary procedures applying to practitioners of these professions”(284).

The act introduced a system to protect the titles of a limited number of professional groups. Persons practising a regulated profession may use a professional title, protected under public law, if they are registered in the legal status register (284). They must meet a number of statutory requirements, the most important of which are of an educational nature (284). The eight health professions regulated by Section 3 of the Individual Health Care Professions Act are: **doctor, dentist, pharmacist, health care psychologist, psychotherapist, physiotherapist, midwife, nurse**. The new registration and title protection of these professions started 1 December 1997. At the same time professions not governed by law but by an Order in Council (regulations based on section 34, applying mainly to paramedical professions) will likewise enjoy title protection (284).

The criteria applicable to **a profession under section 34** are the need for public information (protected title), the need for a regulation to govern the independent carrying out of reserved procedures in practice, and the need for a legal regulation to govern training.

The declaration of professional competence and registration of persons with foreign qualifications who wish to practise their profession in the Netherlands is regulated in the Individual Health Care Professions Act (284).

In 2008 the Minister of Health, Welfare and Sport announced that he intended to investigate a further regulation and restriction of alternative treatments (283, 285).

8.37.2 The governmental supervision of CAM Practices

According to the Individual Health Care Professions Act, the performance of certain medical procedures are limited to categories of professional practitioners authorized to do so by law (284). Performance of such a procedure by an unauthorized practitioner is a criminal offence. The procedures specified are: surgical procedures, obstetric procedures, catheterizations and endoscopies, punctures and injections, general anaesthetics, procedures involving the use of radioactive substances and ionizing radiation, cardio version, defibrillation, electroconvulsive therapy, lithotripsy, artificial insemination (3).

8.37.3 The reimbursement status of CAM practices and medicinal products

A new health insurance system was introduced in 2006 (283). CAM treatments are not covered by basic health insurance, but health insurers cover alternative treatment as either additional “free” benefits or covered by complementary Voluntary Health Insurance (VHI)(283).

Acupuncture treatment, fees for consultation with an anthroposophic physician and anthroposophic medicines are partially covered by private insurance companies (106). Homeopathy treatment and homeopathic medicines are covered by private insurance companies (106). Chiropractic treatment is covered by private insurance if the chiropractor is connected with a professional body such as De Nederlandse Chiropractoren Associatie (NCA) and that he/she is registered at the Netherlands Foundation for Chiropractic (SCN)(286).

If osteopathy treatment is offered by an osteopath registered in the Nederlands Register voor Osteopathie (NRO) all health insurers reimburse all or part of osteopathic consultation under the supplementary package. Most insurers require no referral from a doctor to osteopathic treatment (287).

8.37.4 Acupuncture

Some acupuncture training is offered in the CAM courses provided in the medical undergraduate curriculum (106). The medical acupuncturists’ associations require a defined amount of Continuous Medical Education (CME)(106).

8.37.5 Anthroposophic medicine

There is no statutory regulation of anthroposophic medicine in the Netherlands, and diplomas in anthroposophic medicine are not recognized by the medical associations (106).

Anthroposophic medicine is offered in several hospitals in the Netherlands, and postgraduate training is offered by private teaching centres (106). The national association of anthroposophic doctors requires their members to complete a defined amount of CME in anthroposophic medicine (106).

8.37.6 Ayurveda

No specific regulation has been found on ayurvedic medicine.

8.37.7 Chiropractic

In the Netherlands chiropractic is a profession that falls under the heading of "alternative or complementary medicine" and to date the profession is not officially recognized and regulated by the government (286). The Foundation for Chiropractic Netherlands (SCN) is an independent institute for quality promotion and monitoring of the performance of chiropractic in the Netherlands. They work towards recognition of work requirements for chiropractic treatment under the Individual Health Care act (BIG)(286). The chiropractic discipline has been made more transparent for patients and healthcare professionals by these quality descriptions. The quality of registered chiropractors in the SCN by the Netherlands Foundation for Chiropractic is periodically checked. The re-registration period is a period of five years (286).

The "Nederlandse Chiropractoren Associatie" is a member of the European chiropractors' association (286).

8.37.8 Herbal medicine/Phytotherapy

No specific regulation has been found on herbal medicine/phytotherapy treatment.

8.37.9 Homeopathy

There is no statutory regulation of homeopathy in the Netherlands (106).

Optional courses in homeopathy are offered in the medical undergraduate curriculum at most of the universities in the Netherlands. The national association of homeopathic doctors requires their members to complete a defined amount of CME in homeopathy (106).

8.37.10 Massage

No specific regulation has been found on massage.

8.37.11 Naprapathy

No specific regulation has been found on naprapathy.

8.37.12 Naturopathy

No specific regulation has been found on naturopathy.

8.37.13 Neural therapy

No specific regulation found on neural therapy.

8.37.14 Osteopathy

“The Stichting Nederlands Register voor Osteopathie (NRO) is the executive and supervising organ for the registered rules for the profession of osteopathy in the Netherlands” (287). “The Nederlandse Vereniging voor Osteopathie (NVO) promotes the interests of the osteopath and the client in general” (287).

By specifying the professional profile and code of osteopathy, including the recognition criteria of training, the College voor Osteopathie determines the requirements for the registration in the Registry NRO (287).

In the Netherlands the following authorities for osteopathy are active: College voor Osteopathie (CvO), Stichting Nederlands Register voor Osteopathie (NRO), Nederlandse Vereniging voor Osteopathie (NVO)(287). The College voor Osteopathie (CvO) is an independent council whose responsibility is the promotion of the quality of the osteopath profession (287).

8.37.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM.

8.37.16 Other treatments (mentioned if found in legislation)

Physiotherapist is a regulated profession in the Netherlands according to section 3 in the Individual Healthcare Professions Act (284). The title “**Physical therapist Bachelor**” is protected through state legislation, but not the professional activity. The rules of professional conduct are determined by the association. The physiotherapist must be state registered and obtain a licence to practise. The association has established a code of ethics for physiotherapists. The national authority responsible for the physiotherapy profession in The Netherlands is the "Department of Health Care" (288).

Physiotherapy is registered with three titles in the EU regulated professions database:

Physiotherapy is a directly related regulated profession with the title “**Fysiotherapeut**” recognized under Directive 2005/36/EC (5), ID 815 General system of recognition- primary application. All regions. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11d (7).

Physiotherapy is a directly related regulated profession with the title “**Oefentherapeut-cesar**” recognized under Directive 2005/36/EC (5), ID 3167 General system of recognition- primary application. All regions. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11d (7).

Physiotherapy is a directly related regulated profession with title “**Oefentherapeut-mensendieck**” recognized under Directive 2005/36/EC (5), ID 3211 General system of recognition- primary application. All regions. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11d (7).

8.38 Turkey

Turkey is a candidate country for European Union (EU) membership. On 18 February 2008 the Council adopted a revised Accession Partnership with Turkey (11). The EU established a Customs Union with Turkey in 1995 (11). Turkey became member of the Council of Europe on 9 August 1949 (12).

8.38.1 The legal and regulatory status of CAM and CAM practices

There is no general legislation or regulations on Traditional, Complementary and Alternative Medicine (CAM) in Turkey (289). Physicians preserve the right to treat their patients with all approaches, including the use of CAM (289). Consequently CAM therapy is recognized in Turkey as approved directly by the Ministry of Health (MOH)(290). In 1991 and 2002 by-laws on acupuncture were approved by the MOH (290-292).

Laws and regulations on Herbal Medical Products were issued in 1985 in the “Permanent Notice concerning Shops, Spice Shops and Similar Stores”, at the same time as the Expert committee for Licensing Herbal Medicinal Products was established (59) http://www.iegm.gov.tr/Default.aspx?sayfa=gel_bit_tib_urun&lang=tr-tr. Turkey has a long cultural tradition of self-medication and common folk medicine uses herbal medicines and CAM treatments. However, among physicians the knowledge and provision of CAM treatment is low (293). In 2002 WHO reported that the regulation of the pharmaceutical and herbal medicine sector needed improvements (294).

Since Turkey is a candidate country and not a member state of the EU, no CAM professions are registered in the EU regulated professionals’ database.

In Turkey CAM training has not been mandatory in the medical curriculums, but recently some universities, medical schools and hospitals have started to offer lectures or training courses in CAM (291, 293).

8.38.2 The governmental supervision of CAM Practices

On 2 November 2011, the Ministry of Health used the term ‘CAM’ for the first time and stated that Traditional, Alternative and Complementary Medicine regulations, treatment approvals and inspection tasks belongs to the General of Health Services Directorate (295).

In the ninth development plan (2007-2013) Turkey has developed a patient-oriented health system with legal regulations set up to prevent malpractice in medicine and the regulatory

and supervisory role of the Ministry of Health (MOH) has been strengthened (296, 297). The Communication report from **The European Commission on enlargement challenges 2011-2012** concludes that Turkey has not yet completed the improvement process on health legislation and safety status of the population (298).

Due to the strong tradition of self-medication and use of herbal medicine in Turkey, health personnel (physicians) must be aware of possible harmful side-effects and possible negative drug-herb interactions (293). The Ministry of Health of Turkey, General directorate of pharmaceuticals and pharmacy, has aimed at harmonizing their new legislation on medicinal products with the EU Directives.

<http://www.ieg.gov.tr/Default.aspx?sayfa=regulations&lang=en&thelawtype=11>

8.38.3 The reimbursement status of CAM practices and medicinal products

CAM therapy treatment or CAM medicinal products are not covered by any insurance in Turkey (291).

Some CAM therapies are available through physiotherapy and pain clinics, but the vast majority of CAM provision in Turkey is within the private sector. None of the private health insurance companies cover CAM treatments in their policies. Even if acupuncture is regulated it is not covered by the private insurance companies in Turkey.

8.38.4 Acupuncture

Acupuncture is regulated by the Ministry of Health in 1991/2002 (290). By the regulation in 1991 MOH established the “Higher Acupuncture Commission” under the Ministry of Health in order to “decide who and under which circumstances they can treat various diseases and give the necessary education for the acupuncture treatment together with a certificate” (290).

Acupuncture can only be **applied by physicians**. To get the Authorization of Acupuncture Treatment Application the provider must have a medical degree according to the law numbered 1219, concerning the Art of Medication and Treatment applications (290).

Physicians who want to apply acupuncture treatment must have completed the courses that are affiliated with the Ministry of Health. These courses are given by the 3 universities approved by the Ministry of Health. There are 4 societies for Acupuncture. Acupuncture treatment rooms and other aspects of the physical environment are strictly described by the Ministry of Health and regularly controlled by the regional agencies of Ministry of Health. Acupuncture courses are integrated in a few medical undergraduate curriculums (like Yeditepe University), and a professional chair of acupuncture exists at Yeditepe and Gazi Universities (291).

Physiotherapy and Rehabilitation is a 4-year residency program for medical doctors. If these doctors have a Ministry of Health affiliated course for acupuncture during or after their residency education they can apply acupuncture in physiotherapy, rehabilitation and pain clinics. If an anesthesiologist has the same certificates then he or she can also apply acupuncture in the pain clinics (289).

Additionally acupuncture treatment can be applied by physicians;

- a) If holding a certificate received abroad that is regarded as appropriate and confirmed by the Higher Commission,
- b) and successfully pass a course offered by the Acupuncture Higher Commission (292).

There are clinics of acupuncture in some faculties of medicine and teaching and research hospital (291).

8.38.5 Anthroposophic medicine

No specific regulation found on anthroposophic medicine (291). Medical doctors with an additional qualification may practise anthroposophic medicine.

8.38.6 Ayurveda

No specific regulation found on ayurvedic medicine (291). Medical doctors with an additional qualification may practise ayurvedic medicine.

8.38.7 Chiropractic

No specific regulation found on chiropractic (291). Medical doctors with an additional qualification may practise chiropractic medicine.

The Turkish Chiropractic Spinal Health Association was founded in 2007 (291).
<http://www.kayropraktikdernegi.org/en/about-kosd/about>

8.38.8 Herbal medicine/Phytotherapy

No specific regulation found for therapists or medical doctors' clinical use of herbal medicine/phytotherapy (291). Medical doctors with an additional qualification may practise herbal medicine/phytotherapy. Laws and regulations on Herbal Medicinal Products were issued in 1985 in the "Permanent Notice concerning Shops, Spice Shops and Similar Stores", at the same time as the Expert committee for Licensing the Herbal Medicinal Products was established (59).

At 2 November 2011, the Ministry of Health stated that Traditional, Alternative and Complementary Medicine (and thereby herbal medicine) regulations, treatment approvals and inspection tasks belongs to the General of Health Services Directorate (295).

There are courses and Master programs of Phytotherapy offered at some universities (like Yeditepe University). Phytotherapy courses are integrated in a few medical undergraduate curriculums (like Yeditepe University), and a professional chair of phytotherapy exists at some universities (like Yeditepe University)(291).

8.38.9 Homeopathy

As there is no general CAM or specific homeopathic regulation in Turkey, homeopathy is not legally recognized. Physicians preserve the right to treat their patients with all means, including the use of homeopathy (289). The inaccessibility of homeopathic remedies and homeopathic text books in Turkish is a great obstacle for homeopathy practitioners in Turkey (289).

The Turkish Classical Homeopathy Association, www.turkiyehomeopati.com, established in 2003, is a full member of the international homeopathic medical society (Liga Medicorum Homoeopathica Internationalis (LMHI))(289). In 2008 they had a goal of joining the European Committee for Homeopathy (ECH)(289). The association consists of about 90 medical doctors, dentists and veterinarians with diverse training in classical homeopathy. They collaborate with InHom (European Institute of Homeopathy) for courses and training. In 2008, nine medical doctors had completed proper training and were full-time practicing classical homeopaths (289).

The association offers guidance for the recognition and regulation of classical homeopathy in Turkey and had in 2008 (289) forwarded suggestions of laws and by-laws to the MOH (289).

8.38.10 Massage

The first legal regulation was declared on 25 July 2010. 520 hours of education which is approved by Ministry of Education is needed in order to practice (291, 299).

8.38.11 Naprapathy

No specific regulation has been found on naprapathy treatment (291). Medical doctors with an additional qualification may practise naprapathy.

8.38.12 Naturopathy

No specific regulation has been found on naturopathy treatment (291). Medical doctors with an additional qualification may practise naturopathy.

8.38.13 Neural therapy

No specific regulation has been found on neural therapy. Medical doctors with an additional qualification may practise neural therapy.

The National Society for Neural Therapy was founded on 1 December 2004. Only physicians and dentists are accepted in the society, and courses of 120 hours are offered (291).

8.38.14 Osteopathy

No specific regulation has been found on Osteopathy treatment. Medical doctors with an additional qualification may practise osteopathic medicine.

The Turkish Institute for Adapted Osteopathy was founded in 2009, and 47 candidates have graduated from their courses (291).

8.38.15 Traditional Chinese Medicine (TCM)

No specific regulation has been found on TCM treatment except for acupuncture (291). Medical doctors with an additional qualification may practise TCM.

8.38.16 Other treatments (mentioned if found in legislation)

Physiotherapy is a **regulated profession** in Turkey. The law on practice of medicine states; "b) the physiotherapist, physiotherapy undergraduate education in the field belong to a faculty or Graduate schools graduated from the medical profession"(300). In 1994, with the decision of the Council of Ministers, the "Physiotherapists Association of Turkey" and the ethical principles of the profession of physiotherapy was approved (300).

Physiotherapist and **Physiotherapist doctor** are completely different terms for Turkey. Physiotherapists have 2 years of education after high school and they cannot apply acupuncture. Physiotherapy and Rehabilitation is a 4-year residency program for medical doctors (289).

8.39 The United Kingdom (UK)

The United Kingdom (UK) entered the European Union in 1973 (11) and consists of England, Wales, Scotland (who together make up Great Britain) and Northern Ireland (11). UK became a founding member of the Council of Europe from 5 May 1949 (12).

8.39.1 The legal and regulatory status of CAM and CAM practices

Under Common Law all practitioners have a duty of care towards their patients, and non-medically qualified individuals are prohibited from curing or treating specific illnesses and medical conditions, for example cancer and venereal disease (301). The Health and Safety at work Act 1974 places a statutory duty of employers to ensure the health and safety of people affected by the various activities undertaken on their premises (301). According to the House of Lords' report 2000 5.9.(301). "The Common Law right to practise medicine means that in UK anyone can treat a sick person even if they have no training in any type of healthcare whatsoever, provided that the individual treated has given informed consent".

Osteopathy and chiropractic are statutorily regulated while acupuncture and other CAM treatments are voluntarily regulated (or not) depending on the associations/groups (234). The UK Government has announced that it is planning to statutorily regulate practitioners supplying unauthorized herbal medicines on a one-to-one basis (after an individual consultation) under the aegis of the Health Professions Council. Both statutory and voluntary regulations are based on minimum standards for practices. However, for voluntary self-regulated practitioners there are no legal sanctions against practitioners who fail to meet these standards (302).

The Government's Command Paper Enabling Excellence (February 2011) stated that the Council for Healthcare Regulatory Excellence (CHRE) was to be given new powers to accredit voluntary registers of health professionals who are currently not regulated by statute. These powers will be enacted when the Health and Social Care Bill becomes law, and the CHRE is expected to commence the implementation scheme in the autumn of 2012 (303).

On 1 March 2012 the Law Commissions of Scotland, England & Wales, and Northern Ireland published a joint consultation "REGULATION OF HEALTH CARE PROFESSIONALS", seeking views on how the regulation of health care professionals in the UK and social workers in England can be made clearer, simpler, more modern and more consistent. Chiropractic and osteopathy are listed among the regulated professions in question (304).

Non-medically trained homeopaths, acupuncturists, and herbal medicine practitioners are all registered and self-regulated in their own individual councils. A number of other disciplinary groups of non-medically trained CAM practitioners are registered under the banner of the

Complementary and Natural Healthcare Council (CNHC). CNHC has put into place the policies and procedures necessary for an effective running of a regulatory body, including an on-line multi-disciplinary register that opened in January 2009 (305).

8.39.2 The governmental supervision of CAM Practices

In England the Care Quality Commission, established under the Health and Social Care Act of 2008, regulates health and adult social care under the Care Standards Act 2003 (302). Similar inspectorates are established for the other UK states, but they do not regulate CAM services under current legislation (302).

Anyone may practise and provide various CAM treatments as long as they do not claim to be a medical practitioner registered under the Medical Act or claim to cure diseases as proscribed by the law (301). The above mentioned groups fall outside the governmental health supervision systems.

8.39.3 The reimbursement status of CAM practices and medicinal products

A number of private health insurance companies cover some CAM treatments in their policies but many private insurance companies will only reimburse treatments carried out by statutorily regulated practitioners. Some acupuncture treatments (largely for pain) is covered mainly by private insurance companies in the UK (106). Some acupuncture, anthroposophic medicine and homeopathy treatments are also provided by the NHS (60, 106). Some therapies are available through the NHS in pain clinics and terminal care environments but the vast majority of CAM provision in the UK is within the private sector and is not covered by medical insurance.

8.39.4 Acupuncture

Most UK acupuncturists are not statutorily regulated. As a member of the British Medical Acupuncture Society (BMAS) healthcare professionals subject to statutory regulation are offered training in Western medical acupuncture up to full accreditation status with the Diploma of Medical Acupuncture (Dip Med AC). Professionals included are doctors, dentists, nurses, midwives, health visitors, physiotherapists, osteopaths, chiropractors, and podiatrists (306). The Acupuncture Association of Chartered Physiotherapists (AACP) offers training courses for registered physiotherapists (307). The British Acupuncture Council (BAcC) is a self-regulating body for the practice of traditional acupuncture and represents most of the non-medically qualified acupuncturists (308). The Local Government Act 2003

(similar laws in Wales, Scotland, Northern Ireland) gives local authorities specific powers to regulate acupuncture practices (302).

8.39.5 Anthroposophic medicine

In the UK anthroposophic medicine is not regulated as a distinct therapeutic system and diplomas in anthroposophic medicine are not recognized. However, anthroposophic medicinal products are regulated (106) (see report WP2: CAM medicinal products). Anthroposophic medicine is provided in some hospitals in the UK (106). Five bodies represent different categories of statutory regulated practitioners providing anthroposophic medicine in the UK; a medical association, a nursing association, an art therapists association, a movement therapists association, while the last represents massage (301).

8.39.6 Ayurveda

Ayurvedic medicine is not statutorily regulated in the UK but ayurvedic practitioners supplying unlicensed herbal medicines on a one-to-one basis are set to be statutorily regulated under the Health Professions Council along with other traditional or herbal medicine practitioners. There are approximately 200 qualified Ayurvedic practitioners in the UK most of whom are registered with one of the two existing voluntary regulation bodies: either with the Ayurvedic Practitioners Association (APA) or the British Association of Accredited Ayurvedic Practitioners (BAAAP). The only currently existing training course is the 4-year integrated MSc programme offered by the College of Ayurveda in conjunction with Middlesex University. Middlesex University has re-validated this programme for another 5 years in 2011 and intends to accredit the course through the EHTPA Accreditation Board before statutory regulation commences in 2013 (309).

8.39.7 Chiropractic

The Chiropractors Act of 1994 established The General Chiropractic Council (GCC) with a statutory register for chiropractors (310). The title “chiropractor” is protected, and GCC regulates and develops the chiropractic profession. It is a criminal offence to claim to be chiropractor if not registered with the GCC (311, 312).

Chiropractic in the UK is registered in the **EU regulated professions database** as follows:

Chiropractor is a directly related regulated profession with the title “Chiropraktor” recognized under Directive 2005/36/EC (5), ID 3762. General system of recognition - application (primary or secondary to be defined). Qualification level: PS4- Diploma of post-secondary level (exactly 4 years)(7).

8.39.8 Herbal medicine/Phytotherapy

Regulation of herbal medicine practitioners in the UK is currently voluntary. Most herbalists are registered in one or more of a number of professional associations on a voluntary basis (302). However in February 2011, the UK Government announced that it intends to statutorily regulate practitioners supplying unlicensed herbal medicines on a one-to-one basis (after an individual consultation) under the aegis of the Health Professions Council (313).

8.39.9 Homeopathy

Homeopathy practices are not statutorily regulated in the UK (60) and registration is not compulsory. There are three major professional associations that between them regulate some 2500 non-medical practitioners. Homeopathy has been recognized by law as a distinct therapeutic system for doctors since the Faculty of Homeopathy in the UK was established by the Faculty of Homeopathy Act of 1950 (314). The faculty offers homeopathy training courses to statutorily registered healthcare professionals like dentists, doctors, nurses, midwives, osteopaths, pharmacists, podiatrists and veterinary surgeons (314). At some universities optional CAM courses including homeopathy are offered but not as part of normal medical training (106). Within the NHS in the UK there are 3 homeopathic hospitals, 7 NHS referral clinics and in many areas GPs integrate homeopathy in their primary care practice (106, 309).

8.39.10 Massage

Massage is not statutorily regulated in the UK (301).

8.39.11 Naprapathy

No specific regulation has been found on naprapathy treatment.

8.39.12 Naturopathy

Naturopathy treatment is not statutorily regulated in the UK.

8.39.13 Neural therapy

No specific regulation has been found on neural therapy.

8.39.14 Osteopathy

The Osteopaths Act of 1993 (315) established the General Osteopathic Council (GOC) with the UK Statutory register of Osteopaths (316). The title 'osteopath' is protected by law and it is a criminal offence to claim to be an osteopath if not registered with GOC (316).

Osteopathy in the UK is registered in the **EU regulated professions database** as follows:

Osteopathy is a directly related regulated profession with the title "Osteopath" recognized under Directive 2005/36/EC (5) ID 4381. General system of recognition - application (primary or secondary) to be defined. All regions. Qualification level: PS4 - Diploma of post-secondary level (exactly 4 years), Art. 11e (7).

8.39.15 Traditional Chinese Medicine (TCM)

A TCM practitioner in the UK may currently register voluntarily with a professional body (302). However, the UK Government has announced that it is to statutorily regulate those prescribing Chinese herbal medicines on a one-to-one basis (after an individual consultation) under the aegis of the Health Professions Council.

8.39.16 Other treatments (mentioned if found in legislation)

Physiotherapy is a **regulated health profession** in the UK. The title 'Physiotherapist' is protected by the state, regulated by the Health Professions Council (HPC). Physiotherapists

must be registered with the HPC and obtain a licence to practise. Legislation also requires that they meet the HPC's generic standards of proficiency, conduct and performance. The Chartered Society of Physiotherapy has established a code of professional values and the CSP standards (317).

Physiotherapy in the UK is registered in **the EU regulated professions database** as follows:

Physiotherapy is a directly related regulated profession with title "Physiotherapist" recognized under Directive 2005/36/EC (5), ID 1180. General system of recognition - primary application. Qualification level: PS3 - Diploma of post-secondary level (3-4 years), Art. 11d (7)

References

1. Wiesener S, Fønnebø V, editors. CAMbrella- a pan-European research network for complementary and alternative medicine (CAM); FP7 - HEALTH-2009, GA No.241951; Work Package 2 (WP2): Deliverable 9 - Legal status and regulation of CAM in Europe, 2012.
2. Fønnebø V, Kristiansen Tunby T, Falkenberg T, Hegyi G, Høk J, Roberti di Sarsina P, Wiesener S. Deliverable 9 - report No. 2 - Herbal and homopathic medicinal products. In: Wiesener S, Fønnebø V, editors. CAMbrella project FP7-HEALTH-2009, GA No.241951; Work Package 2; Deliverable 9 - Legal status and regulation of CAM in Europe, 2012.
3. Wiesener S, Falkenberg T, Hegyi G, Høk J, Roberti di Sarsina P, Fønnebø V. Deliverable 9 - Report No. 3 - CAM Regulations in EU/EFTA/EEA. In: Wiesener S, Fønnebø V, editors. CAMbrella project FP7-HEALTH-2009, GA No.241951; Work Package 2; Deliverable 9 - Legal status and regulation of CAM in Europe, 2012.
4. Treaty of Lisbon amending the Treaty on European Union and the Treaty establishing the European Community, signed at Lisbon, 13 December 2007, entered into force December 1, 2009, (2007).
5. DIRECTIVE 2005/36/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 7 September 2005 on the recognition of professional qualifications (Text with EEA relevance) (OJ L 255, 30.9.2005, p. 22) Amended up to March 2011, (2005).
6. DIRECTIVE 2011/24/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 9 March 2011, on the application of patients' rights in cross-border healthcare (OJ L 88, 4.4.2011, p.45), (2011).
7. The European Commission. Regulated professions database. Brussels: EUROPA; 2011 [cited 2012 February 10,]; Available from: http://ec.europa.eu/internal_market/qualifications/regprof/index.cfm?fuseaction=regProf.index.
8. The European Parliament. Resolution on the status of non-conventional medicine. Brussels: The European Union, 1997 OJ C 182 , 16/06/1997 P. 0067.
9. REGULATION (EC) No 883/2004 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 29 April 2004 on the coordination of social security systems (Text with relevance for the EEA and for Switzerland), (2004).
10. DIRECTIVE 2004/38/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 29 April 2004 on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States, (2004).
11. EUROPA. Gateway to the European Union; member countries. Brussels EUROPA Communication department of the European Commission; 2011 [cited 2011 November 3]; Available from: http://europa.eu/about-eu/countries/index_en.htm.
12. Council of Europe. Council of Europe. Strasbourg: Council of Europe; 2011 [cited 2011 November 7]; Available from: <http://www.coe.int/lportal/web/coe-portal>.
13. Assembly of the Republic of Albania. LAW No. 10 107, dated 30.3.2009 on Health care in the Republic of Albania Pursuant to Articles 78 and 83 1 of the Constitution, proposed by the Council Ministers; Article 20 Alternative medicine; Article 19 Physiotherapy. 2009 [cited 2012 March 8]; Available from:

<http://www.moh.gov.al/faqet/ligje/Per%20kujdesin%20shendetesor%20ne%20republiken%20e%20shqipërisë.pdf>

<http://www.moh.gov.al/index.php?module=2&item=57>.

14. The Republic of Albania Ministry of Health. An overview of the health care system in Albania; some performance indicators. Tirana: Ministry of Health 2009.
15. Nuri B. Health Care Systems in Transition: Albania. Copenhagen: European Observatory on Health Care Systems: WHO Regional Office for Europe 2002 Contract No.: EUR/02/5037245 (ALB) 2002.
16. Assembly of the Republic of Albania. Law No. 10171, dated 22.10.2009 "On the regulated professions in the Republic of Albania Pursuant to Articles 78 and 83 1 of the Constitution, proposed by the Council of Ministers: LIGJ Nr.10 171, datë 22.10.2009 PËR PROFESIONET E RREGULLUARA NË REPUBLIKËN E SHQIPËRISË. Pharmacist's order of Albania, 2009 [cited 2012 March 15]; Available from: http://www.pronaindi.com/ufsh/index.php?option=com_content&view=article&id=80:ligj-per-profesionet-e-rregulluara-ne-republiken-e-shqipërisë&catid=39:ligjshmeria&Itemid=84.
17. Assembly of the republic of Albania. LAW No. 10 138 Dated 11. 05. 2009 FOR THE PUBLIC HEALTH Pursuant to articles 78 and 83, item 1 of Constitution, upon the proposal of Council of Ministers. Ministry of Health Albania2009 [cited 2012 March 8]; Available from: <http://www.moh.gov.al/faqet/ligje/en/For%20the%20Public%20Health.pdf>.
18. The Parliament of the Republic of Albania. Act Nr. 10 383, date 24.2.2011 on compulsory health care insurance. 2011 [cited 2012 March 8].
19. Council of Europe. Summary Health Care Council of Europe; 2008 [cited 2011 November 4]; Available from: www.coe.int/t/dg3/socialpolicies/.../EN-2-Summary-2008.pdf.
20. Ministry of Health Albania. Order of Minister of Health No.73, dated 01.03.2011 on professional practice of health professions. Physiotherapists point 3. 2011 [cited 2012 March 15]; Available from: <http://www.urdhrimjekeve.org.al/>.
21. Maddalena S. Alternative medicines: on the way towards integration?; A comparative legal analysis in Western countries. Bern: University of Neuchâtel School of Law and Economics, Peter Lang Pub, Inc; 2005. 648 p.
22. Bundesgesetz über die Gesundheit Österreich GmbH (GÖGG) 132/2006, Bundesrat Austria(2006).
23. Bundesgesetz über die Regelung der gehobenen medizinisch-technischen Dienste (MTD-Gesetz) (Physiotherapy Act) StF: BGBl. Nr. 460/1992 Bundesrat Austria(1992).
24. Bundesgesetz über die Berufe und die Ausbildungen zum medizinischen Masseur und zum Heilmasseur (Medizinischer Masseur- und Heilmasseuresgesetz - MMHmG) StF: BGBl. I Nr. 169/2002, Bundestag Austria(2002).
25. Wilfling E. Survey, Systematisation and Comparison of Professional, Advanced and Continuing Training Programs for Osteopathy available in Austria in the Winter Term 2006/2007. Wien: Donau Universität Krems; 2007.
26. Bernhard A. Koch. Medical malpractice in Austria. Tort and insurance law. 2011. This paper is based upon a contribution to MEDICAL LIABILITY IN EUROPE. A COMPARISON OF SELECTED JURISDICTIONS (Bernhard A. Koch ed., 2011).

27. Ärztesgesetz 1998 (Act on the medical profession) Bundesgesetzblatt [BGBl] I No. 169/1998, as amended to 2008. Bundesgesetz vom 10. November 1998, Bundesrat Austria(1998).
28. ECH (European Committee for Homeopathy). ECH in European Countries. Brussels: ECH; 2011 [cited 2011 September 12]; Available from: <http://www.homeopathyeurope.org/countries>.
29. CAMbrella. CAMbrella news. München: CAMbrella; 2011 [cited 2011 November 03]; Available from: <http://www.cambrella.eu/home.php?il=1&l=deu>.
30. Auszug aus dem Gesundheitsreformgesetz 2005, BGBl. I Nr. 179/2004. Bundesgesetz zur Qualität von Gesundheitsleistungen (Gesundheitsqualitätsgesetz – GQG), Bundestag Austria(2004).
31. Gesundheit Österreich GmbH. Dem Bundesinstitut für Qualität im Gesundheitswesen (BIQG). 2012 [cited 2012 January 18]; Available from: <http://www.goeg.at/de/BIQG-Aufgaben.html>.
32. GmbH GÖ. The Austrian Health Care System; Key facts. Radetzkystrasse 2, 1030 Vienna, Austria: Österreichisches Bundesministerium für Gesundheit /Austrian Federal Ministry of Health; 2010 [cited 2010 January 18]; 1st edition, June 2010:[Available from: http://www.bmg.gv.at/cms/home/attachments/2/1/2/CH1015/CMS1287855495948/the_austrian_health_care_system_2010_e1.pdf.
33. Strafgesetzbuch (StGB) (Penal code) BGBl No. 60/1974, as amended, Bundestag Austria(1974).
34. WP1 CAMbrella questionnaire. CAMbrella data for Work Package 2 "Legal Status of CAM" München: CAMbrella WP1; 2010.
35. Physio Austria, Bundesverband der PhysiotherapeutInnen Österreichs, Austrian Physiotherapy Association. Physiotherapy in Austria. The World Confederation for Physical Therapy; 2012 [cited 2012 April 17]; Available from: <http://www.physio-europe.org/index.php?action=15&subaction=details&member=2>.
36. The practice of health care professions act of 10 November 1967 (Belgium Statute Book of 14 November 1967), The Parliament of Belgium(1967).
37. Corens D, WHO. Health Systems in Transition: Belgium: Health System Review. In: Merkur S, Jemai N, Palm W, editors. Copenhagen: WHO Regional Office for Europe, on behalf of the European Observatory on Health Systems and Policies; 2007.
38. Goossens M HG, Léonard C, Mertens R, Piérart J, Robays J, Roberfroid D, Schmitz O, Van den Bruel A, Vinck I, Kohn L. Acupuncture: State of affairs in Belgium. Synthesis. Health Services Research (HSR). Brussels: Belgian Health Care Knowledge Centre (KCE). 2011. KCE Reports 153C. D/2011/10.273/22. 2011.
39. The Centre for Biomedical Ethics and Law of the Catholic University of Leuven Belgium. National Patient Rights Legislation - Belgium. Leuven: Katholieke Universiteit Leuven; 2012 [cited 2012 February 7,]; Available from: http://europatientrights.eu/countries/not_ratified_not_signed/belgium/belgium.html.
40. The patients rights act of 22 August 2002 (Belgian Statute Book of 26 September 2002), The Parliament of Belgium(2002).
41. ECHAMP. Homeopathy and anthroposophic medicine in the EU: Facts and Figures 2011 (Third edition). In: European Coalition on Homeopathic and Anthroposophic Medical Products, editor. Third ed. Brussels: ECHAMP E.E.I.G.; 2011.
42. Non-conventional practices act of 29 April 1999 (Belgian Statute Book of 24 June 1999). Loi du 29 avril 1999 relative aux pratiques non conventionnelles dans les domaines de l'art médical, de l'art

pharmaceutique, de la kinésithérapie, de l'art infirmier et des professions médicales. Moniteur Beige, 24 June 1999, 169. , The Belgian Parliament(1999).

43. Ersdal G, CAM-CANCER consortium. How are European patients safeguarded when using complementary and alternative medicine (CAM)? Jurisdiction, supervision and reimbursement status in the EEA area (EU and EFTA) and Switzerland. Tromsø: NAFKAM, University of Tromsø 2005 28 October Report No.: Report CAM 21.11.05-1.doc.

44. Legal Status of Traditional Medicine and Complementary/Alternative Medicine : A Worldwide Review [database on the Internet]. World Health Organization. 2001 [cited 9 March 2010]. Available from: http://whqlibdoc.who.int/hq/2001/WHO_EDM_TRM_2001.2.pdf

<http://hinfo.humaninfo.ro/gsd/whohss/1.00.0000/en/d/Jh2943e/>.

45. Marnix Schaubroek Belgian IVAA-Representative. Email: CAM legislation in Belgium. 2012.

46. Fait au nom de la commission des affaires sociales par M. du Bus de Warnaffe et Mme Franssen. 5 - 407/2 Session de 2010-2011, 9 Novembre 2010 Projet de loi portant confirmation de l'arrêté royal du 6 avril 2010 portant reconnaissance des organisations professionnelles de praticiens d'une pratique non conventionnelle ou d'une pratique susceptible d'être qualifiée de non conventionnelle reconnues. SÉNAT DE BELGIQUE; 2010 [cited 2012 February 7,]; Available from: <http://www.homeopathyeurope.org/regulatory-status/national-regulations/belgium-statutory-regulation-documents/BelgianSenateDecision.pdf>.

47. Fossion JP. Email: Some questions about Belgium. 2010.

48. Time.lex, European Commission Directorate General Information Society. SMART 2007/0059 Study on Legal Framework of Interoperable eHealth in Europe- National profile Belgium. Brussels: EUROPA; 2007 [cited 2012 February 7,]; Available from: http://ec.europa.eu/information_society/activities/health/docs/studies/legal-fw-interop/ehealth-legal-country-profile_belgium.pdf.

49. Belgisch Staatsblad. Beroepsvereniging "Vereniging voor Klassieke Homeopatie - Liga Homeopathica Classica" gevestigd te Antwerpen. C - 2007/22240, Pub. L. No. C - 2007/22240(2003).

50. ECCH. The Legal Situation for the Practice of Homeopathy in Europe; An ECCH report; Oct 2010; Revised Edition 2011,. Brussels: European Central Council of Homeopaths 2010.

51. Axxon PTiB. Physiotherapy in Belgium. The World Confederation for Physical Therapy (WCPT) 2012 [cited 2012 March 29]; Available from: <http://www.physio-europe.org/index.php?action=15&subaction=details&member=6>.

52. The European Commission. European commission enlargement. Brussels: EUROPA; 2012 [cited 2012 October 16]; Available from: http://ec.europa.eu/enlargement/index_en.htm.

53. Godinjak Š. Email: Complementary and alternative medicine legislation. Meeting with Solveig Wiesener in Bosnia & Herzegovina in October week 41. Sarajevo: Ministry of health; 2011.

54. Law on Health Care (Official Gazette of the RS, vol. 106, December 2nd 2009, Banja Luka, Parliament of the Republika Srpska (2009).

55. Law on Health Care of Federation BiH (Official Gazette of FBiH. No. 46/10) Parliament of federation of Bosnia and Herzegovina(2010).

56. Law on Health Protection of Brcko District BiH (Official Gazette BD 2/01). Assembly of the Brčko District of Bosnia and Herzegovina(2001).

57. Jelic G. Meeting with Solveig Wiesener in Ministry of Health, Banja Luka. Banja Luka: Gordan Jelic MD, MSc ,PCU Director, Ministry of Health and Social Welfare; 2011.
58. Solicitor Bulgaria. Bulgarian Health Act, part 2 Section, Promulgated, SG No. 70/10.08.2004, effective 1.01.2005, Chapter Six, Non-conventional methods for favourable impact on individual health Sofia: Copyright 2011 by SOLICITOR LTD; 2011 [cited 2011 November 2011]; Available from: <http://solicitorbulgaria.com/index.php/legislation/health-law:45>.
59. WHO. National policy on traditional medicine and regulation of herbal medicines: Report of a WHO global survey. Geneva: World Health Organization 2005 May 2005. Report No.
60. ECHAMP. Homeopathic and Anthroposophic Medicine: Facts and Figures. Second Edition ed: ECHAMP E.E.I.G: European Coalition on Homeopathic and Anthroposophic Medicinal Products E.E.I.G; 2007.
61. Georgieva L, Salchev P, Dimitrova R, Dimova A, Avdeeva O. Health Systems in Transition: Bulgaria: Health system review. In: Avdeeva O, Elias M, editors. Copenhagen: WHO Regional Office for Europe, on behalf of the European Observatory on Health Systems and Policies; 2007. p. 1-156.
62. Health insurance act, New, SG No107/2002 with amendments, (2002).
63. Bulgarian Association of Physiotherapists (BAPT). Physiotherapy in Bulgaria. The World Confederation for Physical Therapy (WCPT) 2012 [cited 2012 March 29]; Available from: <http://www.physio-europe.org/index.php?action=15&subaction=details&member=19>.
64. CRONES. The position of unconventional medicine in Croatia. Zagreb: CRONES (Croatian federation for natural, energy and spiritual medicine); 2010 [cited 2011 5 September]; Available from: <http://www.huped.hr/englishlaw.asp>.
65. The Official Gazette of the Republic of Croatia "Narodne novine"(hereinafter: NN) No. 110 of October 21, 1997 (entered into force on January 1, 1998), (1997/2003).
66. VLADA REPUBLIKE HRVATSKE: Na temelju članka 4. stavka 2. Zakona o Nacionalnoj klasifikaciji djelatnosti («Narodne novine«, broj 98/94), Vlada Republike Hrvatske je na sjednici održanoj 31. svibnja 2007. Godine donijela ODLUKU O NACIONALNOJ KLASIFIKACIJI DJELATNOSTI 2007. – NKD 2007. Law of national classification of services., (2007).
67. Viksveen P, ECCH (European Central Council of Homeopaths). Email: Legal situation for CAM in Croatia. 2011.
68. NACIONALNA KLASIFIKACIJA DJELATNOSTI 2007. Other services for health protection. Sect. NKD 86.9 (2007).
69. Croatian Council of Physiotherapists. Physiotherapy in Croatia. The World Confederation for Physical Therapy (WCPT); 2012 [cited 2012 March 17]; Available from: <http://www.physio-europe.org/index.php?action=15&subaction=details&member=20>.
70. ECCH. The Legal Situation for the Practice of Homeopathy in Europe; Revised Edition 2009. European Council for Classical Homeopathy (ECCH), 2009 May 2006. Report No.: 2009.
71. The Cyprus Associations of Alternative Therapeutics. The Cyprus Associations of Alternative Therapeutics; About us. 2011 [cited 2011 November 8]; Available from: http://www.cyprusaat.org/index.php?option=com_content&view=article&id=22&Itemid=29.
72. The Chiropractors' Registration Law of 1991 (No. 62), House of Representatives (1991).

73. Cyprus Association of Physiotherapists. Physiotherapy Cyprus. : The World Confederation for Physical Therapy (WCPT) 2012 [cited 2012 March 16]; Available from: <http://www.physio-europe.org/index.php?action=15&subaction=details&member=21&textZoom=100>.
74. The European Commission. Czech Republic. Brussels: EUROPA; 2010 [cited 2011 21 September]; Available from: http://europa.eu/about-eu/member-countries/countries/member-states/czechrepublic/index_en.htm.
75. Baculíková I. Email: CAM health professionals regulation in the Check Republik. Prague: The Ministry of Health Czech Republic, department of medical profession and the recognition of qualifications; 2011.
76. Bryndová L, Pavloková K, Roubal T, Gaskins M. Health Systems in Transition: Czech Republic: Health system review. In: Gaskins M, Ginneken Ev, editors. Copenhagen: WHO Regional Office for Europe, on behalf of the European Observatory on Health Systems and Policies; 2009. p. 1-122.
77. Miroslav Krutina, Ludmila Bendova. Email and meeting: Law governing the practice of CAM in Czech Republic- notes, discussion and questionnaire. Prague: Miroslav Krutina; 2010. p. 2.
78. Ladislav Fildan MD. Questionnaire about the status of CAM therapies. In: Hegyi G, editor. Prague: CAMbrella; 2010.
79. Czech Republic Ministry of Health, Mácal Tomás Mgr. Email: laws concerning alternative/complementary medicine. Ministry of Health, Czech Republic; 2004.
80. Union of Physiotherapists of the Czech Republic, Unie fyzioterapeutu České republiky. Physiotherapy in the Czech Republik. The World Confederation for Physical Therapy; 2012 [cited 2012 March 29]; Available from: <http://www.physio-europe.org/index.php?action=15&subaction=details&member=22>.
81. Sundhedsloven 913 af 13/07 2010 (Earlier: The practice of Medicine Act (lov om udøvelse av lægegjerning) of 1970), Folketinget(2010).
82. Lov om autorisation af sundhedspersoner og om sundhedsfaglig virksomhed nr 877 af 04/08/2011, Folketinget(2011).
83. Johannessen H. Email: Comments to country description Denmark. Copenhagen 2011.
84. Videns- og Forskningscenter for Alternativ Behandling (ViFAB). Alternativ behandling regler og rettigheter autorisert eller eksaminert behandler. Copenhagen 2011 [cited 2011 28 September]; Available from: <http://www.vifab.dk/alternativ+behandling/regler+og+rettigheder/autorisation+og+behandling/autoriseret+eller+eksamineret+behandler?>
85. Assessment of Foreign Qualifications Act, cf. Consolidation Act No. 74 of 24 January 2003, with the amendments following from Act No. 315 of 30 March 2007, (2007).
86. Act on the Right to Exercise Certain Professions in Denmark, cf. Consolidated Act No. 189 of 12 February 2010, Folketinget(2010).
87. Lov om en brancheadministreret registreringsordning for alternative behandlere LOV nr 351 af 19/05/2004 (RAB-loven), Folketinget(2004).
88. Ministeriet Sundhed forebyggelse. Chapter 4 The primary health care service. 2012 [cited 2012 March 29]; Available from: http://www.sum.dk/Aktuelt/Publikationer/Publikationer/UK_Healthcare_in_DK/Chapter%2004.aspx.

89. Johannessen H. Email: Danmark og uddanning. Copenhagen Videns- og forskningscenter for alternativ behandling; 2010
90. Ministry of Health Denmark. Fact about professional recognition Chiropractor. Copenhagen 2011 [cited 2011 28 September]; Available from: <http://le.iu.dk/DetailEN.aspx?aldErhverv=30>.
91. Bekendtgørelse om homøopatiske lægemidler m.v. , Indenrigs- og Sundhedsministerie(2005).
92. Danske Fysioterapeuter. Physiotherapy in Denmark. The World Confederation for Physical Therapy (WCPT) 2012 [cited 2012 March 29]; Available from: <http://www.physio-europe.org/index.php?action=15&subaction=details&member=23>.
93. Volmer D, Lilja J, Hamilton D, Bell JS, Veski P. Self-reported competence of Estonian community pharmacists in relation to herbal products: findings from a health-system in transition. *Phytotherapy Research*. 2011;25(3):381-6.
94. The Riigikogu (State Assembly). Health Services Organisation Act Passed 9 May 2001 (RT I 2001, 50, 284), entered into force 1 January 2002, amended by the following Acts: 17.12.2009 entered into force 01.01.2010, partially 01.04.2010 - RT I 2009, 67, 461; 30.09.2009 entered into force 01.01.2010, partially 01.04.2010. Tallinn 2001 [cited 2012 February 9,]; Available from: http://www.haigekassa.ee/uploads/userfiles/Health_Services_Organisation_Act.pdf.
95. The Riigikogu (State Assembly). The Professions act. Passed 22 May 2008. Tallinn: The ministry of Education; 2008 [cited 2012 February 7]; Available from: <http://www.legaltext.ee/en/andmebaas/ava.asp?m=022>.
96. Estonian Qualifications Authority. The professional qualifications system- register of professionals. Tallinn 2012 [cited 2012 February 14]; Available from: <http://www.kutsekoda.ee/et/kutseregister/kutsestandardid/katalog>.
97. Estonian Manual Medicine & Chiropractic Association (EMMCA). Estonian Manual Medicine & Chiropractic Association Tallinn2012 [cited 2012 February 9,]; Available from: <http://www.emmks.com/english/chiropractic.html>.
98. The Minister of Social Affairs. Regulation No. 13 of Minister of Social Affairs of 10 January 2002 Establishment of Health Services List. RT reference RTL 2002, 14, 180 Subject: Administrative Law Tallinn: Ministry of Social Affairs; 2002 [cited 2012 February 7,]; Available from: <http://www.legaltext.ee/en/andmebaas/ava.asp?m=022>.
99. The Riigikogu (State Assembly). Health Insurance Act Passed 19 June 2002 (RT I 2002, 62, 377), entered into force 1 October 2002, amended up to 2008. Tallinn 2002 [cited 2012 February 7,]; Available from: <http://www.legaltext.ee/en/andmebaas/ava.asp?m=022>.
100. Association EA. Estonian Acupuncture Association. Tallinn: Estonian Acupuncture Association; 2012 [cited 2012 February 8,]; Available from: http://www.akupunktuur.ee/?mida=1_12.
101. Harald Kitzmann; ECH Estonia. Email: CAM legislation Estonia. 2012.
102. IVAA Estonia; Anne Daniel Karlsen. Email: CAM legislation in Estonia. 2012.
103. Government of the Republic of Estonia. RT I 2001, 21, 118 List of Regulated Posts and Regulated Professional Activities in Case of Which Education Acquired in an Educational Institution is not required. Regulation No. 75 of the Government of the Republic 20 February 2001. This Regulation is established on the basis of subsection 1 (4) of the Recognition of Professional Qualification Acquired in a Foreign State Act (RT I 2000, 29, 168). Tallinn 2001 [cited 2012 February 9]; Available from: <http://www.legaltext.ee/en/andmebaas/ava.asp?m=022>.

104. Estonian Physiotherapists Association (EPTA). Physiotherapy in Esthonia. Tallinn: The World Confederation for Physical Therapy; 2012 [cited 2012 19 February]; Available from: <http://www.physio-europe.org/index.php?action=15&subaction=details&member=14>.
105. No. 559/1994 Act on Health Care Professionals, amended 312/2011 on 1 May 2011, Ministry of Social Affairs and Health, Finland(1994).
106. CAMDOC Alliance ECH ECPM ICMART and IVAA. The regulatory status of Complementary and Alternative Medicine for medical doctors in Europe. Brussels 2010 January 2010. Report No.: 2010.
107. Dr. Peter Zimmermann President International Federation of anthroposophic medical associations (IVAA). Email: Finland CAM legislation. Helsinki 2012.
108. Finnish Association of Physiotherapists FAP. Physiotherapy in Finland. The World Confederation for Physical Therapy (WCPT); 2012 [cited 2012 March 29]; Available from: <http://www.physio-europe.org/index.php?action=15&subaction=details&member=24>.
109. DIRECTIVE 2006/123/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 12 December 2006 on services in the internal market, (2006).
110. Robard I. Legislation et médecines complémentaires appelée aussi médecines alternatives ou médecines douces. 2012 [cited 2012 March 7]; Available from: <http://www.bio-sante.fr/legislation-et-medecines-complementaires.html>
http://www.soleil-levant.org/presse/article.php3?id_article=679.
111. Legifrance. Code de la santé publique. Legifrance.gouv.fr: Legifrance; 2012 [cited 2012 March 7]; Available from: <http://www.legifrance.gouv.fr/affichCode.do?cidTexte=LEGITEXT000006072665&dateTexte=20120306#>.
112. Sandier S, Paris V, Polton D. Health Care Systems in Transition: France. In: Thomson S, Mossialos E, editors. Copenhagen: WHO Regional Office for Europe, on behalf of the European Observatory on Health Systems and Policies; 2004. p. 1–168.
113. Delahaye G. Email: CAM in France. Paris 2011.
114. Le Premier ministre; sur le rapport du ministre du travail; de l'emploi et de la santé. Décret n° 2011-32 du 7 janvier 2011 relatif aux actes et aux conditions d'exercice de la chiropraxie. Legifrance.gouv.fr 2011 [cited 2012 March 8]; Available from: <http://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000023387301>.
115. Assemblée Nationale de la France. N° 3752 ASSEMBLÉE NATIONALE CONSTITUTION DU 4 OCTOBRE 1958 TREIZIÈME LÉGISLATURE Enregistré à la Présidence de l'Assemblée nationale le 21 septembre 2011. PROPOSITION DE LOI portant création d'un haut conseil de l'ostéopathie et de la chiropraxie. Legifrance.gouv.fr; 2011 [cited 2012 March 8]; Available from: <http://www.assemblee-nationale.fr/13/propositions/pion3752.asp>.
116. Assemblée Nationale de la France. Loi n° 2002-303 du 4 mars 2002 relative aux droits des malades et à la qualité du système de santé (1) Paris: Legifrance.gouv.fr; 2002 [cited 2012 October 16]; Available from: <http://www.legifrance.gouv.fr/affichTexteArticle.do?cidTexte=JORFTEXT000000227015&idArticle=LEGIARTI000006697464&dateTexte=&categorieLien=cid>.
117. Assemblée Nationale de la France. Décret n° 2007-435 du 25 mars 2007 relatif aux actes et aux conditions d'exercice de l'ostéopathie. Paris: Legifrance.gouv.fr; 2007 [cited 2012 October 16];

Available from:

<http://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000000462001&dateTexte=&categorieLien=id>.

118. Osteos de France; Le Site des Médecins Ostéopathes de France. Osteos de France. Osteos de France; Le site de 2012 [cited 2012 March 7]; Available from: <http://www.osteos.net/p08.php>.

119. "Fédération Française des Masseurs Kinésithérapeutes Rééducateurs (F.F.M.K.R.)" Physiotherapy in France. 2012 [cited 2012 March 7]; Available from: <http://www.physio-europe.org/index.php?action=15&subaction=details&member=25&textZoom=25>.

120. Die Reichsregierung Deutschland. "Erste Durchführungsverordnung zum Gesetz über die berufsmäßige Ausübung der Heilkunde ohne Bestallung (Heilpraktikergesetz) in der im Bundesgesetzblatt Teil III, Gliederungsnummer 2122-2-1, veröffentlichten bereinigten Fassung, die zuletzt durch Artikel 2 der Verordnung vom 4. Dezember 2002 (BGBl. I S. 4456) geändert worden ist". 2002 [cited 2012 March 6]; Available from: http://www.gesetze-im-internet.de/bundesrecht/heilprgdv_1/gesamt.pdf.

121. Die Reichsregierung Deutschland. Gesetz über die berufsmäßige Ausübung der Heilkunde ohne Bestallung (Heilpraktikergesetz); Ausfertigungsdatum: 17.02.1939. (Law on the professional practice of Medicine without appointment (medical Practitioners); HeilprG: "Heilpraktikergesetz in der im Bundesgesetzblatt Teil III, Gliederungsnummer 2122-2, veröffentlichten bereinigten Fassung, das zuletzt durch Artikel 15 des Gesetzes vom 23. Oktober 2001 (BGBl. I S. 2702) geändert worden ist". 1939 [cited 2012 March 4]; Available from: <http://www.gesetze-im-internet.de/heilprg/BJNR002510939.html>.

122. Die Bundesärztekammer Deutschland. Work and training in Germany 2012 [cited 2012 March 7]; Available from: <http://www.bundesaerztekammer.de/page.asp?his=4.3575>.

123. Des Bundesrates Deutschland. Gesetz zur Verhütung und Bekämpfung von Infektionskrankheiten beim Menschen (Infektionsschutzgesetz - IfSG), 5. Abschnitt, §24. Zuletzt geändert durch Art. 1 G v. 28.7.2011 I 1622. Bundesministerium des Justiz; 2000 [cited 2012 March 16]; Available from: <http://www.gesetze-im-internet.de/ifsg/BJNR104510000.html>.

124. Bundesministerium für Justiz Deutschland. Medicinal Products Act: Gesetz über den Verkehr mit Arzneimitteln (Arzneimittelgesetz - AMG) Ausfertigungsdatum: 24.08.1976 Vollzitat: "Arzneimittelgesetz in der Fassung der Bekanntmachung vom 12. Dezember 2005 (BGBl. I S. 3394), das zuletzt durch Artikel 13 des Gesetzes vom 22. Dezember 2011 (BGBl. I S. 2983) geändert worden ist". 1976 [updated 22 December 2011; cited 2012 March 7]; Available from: http://www.gesetze-im-internet.de/englisch_amg/englisch_amg.html#AMGengl_000G1.

125. Döring A, Paul F. The German healthcare system. The EPMA Journal. 2010;1(4):535-47.

126. Der Bundestag Deutschland. Gesetz zur Verbesserung der Versorgungsstrukturen in der gesetzlichen Krankenversicherung (GKV-VStG). Bundesgesetzblatt Jahrgang 2011, Teil I, Nr. 70. . Bundesanzeiger Verlag 2011 [cited 2012 March 16]; Available from: http://www.bgbl.de/Xaver/start.xav?startbk=Bundesanzeiger_BGBl&bk=Bundesanzeiger_BGBl&start=//%5B@attr_id=%27bgbl111s2983.pdf%27%5D.

127. Bundesinstitut für Arzneimittel und Medizinprodukte (BfArM). Besondere Therapierichtungen und Traditionelle Arzneimittel (Traditional drug therapy and special directions). 2012 [cited 2012 March 16]; Available from: http://www.bfarm.de/DE/Arzneimittel/2_zulassung/zulArten/besTherap/bestherap-node.html.

128. Der Bundesärztekammer. Specialty Training Regulation for Manual Medicine / Chirotherapy. German Medical Association (Bundesärztekammer). 2005 [cited 2005 March 16]; Available from: <http://www.baek.de/downloads/kursbuchmm.pdf>.
129. O.I.A. Osteopathic International Alliance. Osteopathy in Germany. Clearinghouse; 2012 [cited 2012 March 7]; Available from: http://www.oialliance.org/pdf/germany_osteopathy.pdf.
130. The World Confederation for Physical Therapy. National Migration Procedures : Physiotherapist Germany. 2012 [cited 2012 March 7]; Available from: <http://www.physio-europe.org/index.php?action=42&subaction=details&procedure=7>.
131. Des Bundesrat Deutschland. Gesetz über die Berufe in der Physiotherapie. Masseur- und Physiotherapeutengesetz – MPhG. 26 May 1994, last revision 25 Sep. 2009; Available from: <http://www.gesetze-im-internet.de/bundesrecht/mphg/gesamt.pdf>.
132. Hegyui G. Questionnaire about the status of CAM therapies: ("CAMbrella" Project, EU FP 7): Greece. Budapest: CAMbrella WP2 2010.
133. Hellenic republic ministry of health & social solidarity, Directorate-general for health services, Directorate for health and medical care professions section A. Recognition of professional qualifications. Athens: The European Commission, 2010 28.8.2010. Report No.: Ref: Your Document ref No 75346/IA/28-6-2010 Contract No.: Ref.No Y7a/G.P 81298.
134. 2ed TCM Congress in Athens 2012. A Short History of Acupuncture in Greece. Athens 2012 [cited 2012 February 25]; Available from: <http://www.yinyang.gr/index.php?t=pages&alias=HistoryofTCMGreece>.
135. Theodoratou K, CAMbrella WP1. CAMbrella data for WP1 "definition and terminology of CAM. Athens 2011.
136. Charisios N, Karanikiotis MD, Phil Rogers MRCVS. Hellenic Medical Acupuncture Associations. The Medical Acupuncture Web Page 2012 [cited 2012 February 25]; Available from: <http://med-vetacupuncture.org/english/associat.htm>.
137. The European Federation of Osteopaths. The Greek Osteopathic Association 2012 [cited 2012 February 25].
138. Panhellenic Physical Therapy Association (T.A.). Physiotherapy in Greece. The World Confederation for Physical Therapy (WCPT) 2012 [cited 2012 March 28]; Available from: <http://www.physio-europe.org/index.php?action=15&subaction=details&member=27>.
139. Gaál P. Health Care Systems in Transition: Hungary:. In: Riesberg A, editor. Copenhagen: WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies; 2004.
140. Ministry of Health, Hegyi G. Meeting with MOH in Budapest and Gabriella Hegyi: PTE Pecs University Medical School CAM Departm, Chair of CAM Department, President of Hungarian Medical Acupuncture Association, Secretary of CAM Advisory Committee of Health Minister. Budapest 2010.
141. Hegyi G. Meeting and emails: CAM in Hungary 2010. Budapest 2010.
142. 11/1997(V.28.) NM rendelet a természetgyógyászati tevékenység gyakorlásának egyes kérdéseiről (Decree of the Ministry of Social Welfare on the practice of CAM), The government of Hungary(1997).
143. 40/1997(III.5.) Korm.rendelet a természetgyógyászati tevékenységről (Governmental decree on CAM), The Parliament of Hungary(1997).

144. Törvény az egészségügyről; (Health Law, act CLIV/16 of 1997, (specific section 104), (1997).
145. Association of Hungarian Physiotherapists (A.H.P.) Magyar Gyógytornászok Társasága. Pysiotherapy in Hungary. The World Confederation for Physical Therapy (WCPT) 2012 [cited 2012 March 28]; Available from: <http://www.physio-europe.org/index.php?action=15&subaction=details&member=28>.
146. Althingi (The Icelandic Parliament). Healers Act No. 34/2005, 11 May 2005, as amended by Act No. 88/2008. 2005 [cited 2012 January, 25]; Available from: http://eng.velferdarraduneyti.is/media/acrobat-enskar_sidur/16012012_Healers-Act-No-34-2005-as-amended.pdf.
147. Ministry of Health and Social Security. Regulations on a voluntary registration system for healers No. 877/2006. 2006 [cited 2012 January 25,]; Available from: <http://eng.velferdarraduneyti.is/legislation/regulations/nr/20162>.
148. The European Commission. SEC(2010)1328 COMMISSION STAFF WORKING DOCUMENT ICELAND 2010 PROGRESS REPORT accompanying the Enlargement Strategy and Main hallenges 2010-2011 EN {COM(2010)660}. Brussels: 2010 9 November 2010. Report No.
149. Act no. 24/1985 on the professional titles and professional rights of health professions and regulation 60/1990 on the education, rights and duties of chiropractors, Althingi (The Icelandic Parliament) (1990).
150. Althingi (The Icelandic Parliament). Act no. 24/1985 on the professional titles and professional rights of health professions and regulation no. 204/1987 on the education, rights and duties of massage therapists. 1987 [cited 2012 January 12].
151. Heilbrigðis- og tryggingamálaráðuneytinu. Reglugerð um menntun, réttindi og skyldur osteópata 229/2005. Reykjavík 2005 [cited 2012 January 25]; Available from: <http://www.reglugerd.is/interpro/dkm/WebGuard.nsf/printview/b91f2f98ef5ffe0800256fb2004e5c0b?OpenDocument>.
152. Althingi (The Icelandic Parliament). Law on criminal procedure 88/2008. 2008 [cited 2012 January 25,]; Available from: <http://eng.innanrikisraduneyti.is/laws-and-regulations/nr/1339>.
153. Althingi (The Icelandic Parliament). Act on Health Insurance No 112/2008 (with amendments according to Act No 173/2008 and Act No 55/2009) Act on Health Insurance 2008 no. 112, 16 September. 2008 [cited 2012 January 25]; Available from: <http://eng.velferdarraduneyti.is/acts-of-Parliament/nr/20110>.
154. The Icelandic Osteopathic Association (Osteópatafélag Íslands). Osteópatafélag Íslands. Reykjavík 2012 [cited 2012 January 25]; Available from: <http://www.osteopatia.is/node/10>.
155. Act no. 24/1985 on the professional titles and professional rights of health professions and regulation no. 272/1991 on the education, rights and duties of natural scientists in the health service, Althingi (The Icelandic Parliament), EEA Decision No 142/2007 Sess. (2009).
156. Félag íslenskra sjúkraþjálfara. Physiotherapy in Iceland. The World Confederation for Physical Therapy; 2012 [cited 2012 March 27]; Available from: <http://www.physio-europe.org/index.php?action=15&subaction=details&member=29>.
157. Medical practitioners act, No. 25 of 2007. 2007 [cited 2012 January 26]; Available from: <http://www.irishstatutebook.ie/2007/en/act/pub/0025/index.html>.

158. Tim o'Sullivan. Report on the regulation of practitioners of complementary and alternative medicine in Ireland. Dublin: Health services development unit, 2002.
159. The National Working Group. Report of the National Working Group on the Regulation of Complementary Therapists to the Minister for Health and Children December 2005 BAILE A´ THA CLIATH ARNA FHOILSIU´ AG OIFIG AN tSOLA´ THAIR Le ceannach di´reach o´n OIFIG DHI. Dublin: 2005.
160. Connolly S. Email: CAM in Ireland- comments from EFCAM (the European Federation for Complementary and Alternative Medicine) Dublin 2012.
161. Irish Society of Chartered Physiotherapists (ISCP). Physiotherapy in Ireland. The World Confederation for Physical Therapy 2012 [cited 2012 21 April]; Available from: <http://www.physio-europe.org/index.php?action=15&subaction=details&member=30>.
162. Niamh Bhreathnach Minister for Education. S.I. No. 135/1996 — Regulations Entitled European Communities (Second General System For The Recognition of Professional Education and Training) Regulations, 1996.: Ministry of Education; 1996 [cited 2012 January 26,]; Available from: <http://www.irishstatutebook.ie/1996/en/si/0135.html>.
163. Ratmansky S. CAMbrella data for Work Package 2; Legal status of CAM 2010
164. Kneset. <http://www.kneset.gov.il/mmm/data/pdf/m02531.pdf>. In: Israel MoH, editor.: Israeli Parliament Kneset; 2010.
165. Grinstein O, Elhayany A, Goldberg A, Shvarts S. Complementary Medicine in Israel. The Journal of Alternative and Complementary Medicine. 2002;8(4):437-43.
166. The Health Professions law. The law regulating the practice of medical professions, On July 30, 2008, effect on January 30, 2009 . The prohibitions listed in the law took effect on February 1, 2011. 2008 [updated July 30 2008; cited 2012 January 25]; Available from: <http://www.health.gov.il/English/Services/MedicalAndHealthProfessions/Physiotherapy/Pages/default.aspx>.
167. Israel MoH. Medical and Health Professions 2011 [cited 2011 November 9]; Available from: <http://www.health.gov.il/English/Services/MedicalAndHealthProfessions/Pages/default.aspx>.
168. Roberti di Sarsina P, Iseppato I, editors. Non Conventional Medicine within the Italian Medical Profession. ECIM 2011; 2011; Berlin.
169. Roberti di Sarsina P, Iseppato I. Traditional and Non Conventional Medicines: the Socio-anthropological and Bioethical Paradigm for Person-Centred medicine. The Italian context. EPMA. 2011;2:439-49.
170. Roberti di Sarsina P, Iseppato I. State of Art of the Regulative Situation of Non Conventional Medicines in Italy. The Journal of Alternative and Complementary Medicine 2010;16(2):141-2.
171. Roberti di Sarsina P, Iseppato I. Looking for a Person-Centered Medicine: Non Conventional Medicine in the Conventional European and Italian Setting. Evidence-Based Complementary and Alternative Medicine 2011;2011.
172. Roberti di Sarsina P, Iseppato I. Non-Conventional Medicine in Italy: The present situation. European Journal of Integrative Medicine. 2009;1(2):65-71.
173. Nuzzi R. Non Conventional Medicine in Italy. History, Problems, Prospects for Integration. Evidence-Based Complementary and Alternative Medicine. 2008;5(4):491-2.

174. The Italian Parliament. Law 244 of December 24, 2007, art.2, paragraph 355. 2007 [cited 2012 March 27]; Available from: <http://www.chiropratica.it/legislazione/riconoscimento-della-chiropratica/>
175. Frattari L, Khanchandani B, P. Roberti di Sarsina, Williams J. The Evolution of Chiropractic Regulation in Italy; Association of Italian Chiropractors submission to CAMbrella, 31 December 2011.
176. Associazione Italiana Fisioterapisti (A.I.FI.). Physiotherapy in Italy. The World Confederation for Physical Therapy (WCPT) 2012 [cited 2012 March 17]; Available from: <http://www.physio-europe.org/index.php?action=15#i>.
177. Nikolajs Nikolajevs; Professor: ICMART. Email: CAM legislation Latvia. 2012.
178. Presiden ICMART Professor Nikolajs Nikolajevs. Complimentary medicine in Latvia. AROGYA 2007- International Meet of TM Regulators and Industry; October 27; New Dehli, India: Pharmexcil; 2007.
179. Cabinet Regulation No. 431 Adopted 23 December 1997 Procedures for Certification of Medical Practitioners Issued Pursuant to Section 29 of the Medical Treatment Law, The Cabinet of the Republic of Latvia(1997).
180. Law on regulated professions and recognition of professional qualifications, In force from July 2001, published in Latvijas Vestnesis NO 105 on July 6, 2001, The Parliament of the republic of Latvia(2001).
181. Irina Arhipova; Acting deputy state secretary on policy issues. Evaluating the Professional Qualifications Directive In: Jürgen Tiedje; head of professional qualifications Unit; DG Internal Market & Services; European Commission, editor. Riga: Republic of Latvia Ministry of Education and Science; 2010.
182. Latvijas Ārstu Biedrība. Reference NR.-02/05.48 delare speciality doctor-homoeopath as and additional speciality (PP 06). Riga Latvijas Ārstu Biedrība; 1998.
183. Baltic Osteopathic Association (BOA). Latvia osteopathy - Baltic Osteopathic Association (BOA). 2012 [cited 2012 February 16,]; Available from: <http://www.osteopat.lv/eng/about-boa>.
184. Latvian Physiotherapists Association. Physiotherapy in Latvia. The World Confederation for Physical Therapy 2012 [cited 2012 March 22]; Available from: <http://www.physio-europe.org/index.php?action=15#i>.
185. Gesundheitsgesetz (GesG) vom 13.Dezember 2007. Liechtensteinisches Landesgesetzblatt 811.01, Jahrgang 2008, Nr. 30, am 31 Januar 2008, Parliament of Liechtenstein(2007).
186. Gesundheitsverordnung(GesV) vom 29. Januar 2008. Liechtensteinisches Landesgesetzblatt 811.011, Jahrgang 2008, Nr. 39, am 1 Februar 2008, Parliament of Liechtenstein(2008).
187. Art. 6 Abs. 1 lit. p Gesundheitsgesetz, LGBl. 2008 Nr. 30 iVm. Art. 63 ff Gesundheitsverordnung, LGBl. 2008, Nr. 39, Parliament of Liechtenstein(2008).
188. Physiotherapeuten Verband Fuerstentum Liechtenstein (PVFL). Physiotherapy in Liechtenstein. The World Confederation for Physical Therapy 2012 [cited 2012 24 April]; Available from: <http://www.physio-europe.org/index.php?action=15&subaction=details&member=34>.
189. WHO; European Observatory on Health Systems and Policies. The Health Care Workforce in Europe; Learning from experience. The United Kingdom by The Cromwell Press, Trowbridge, Wilts: World Health Organization, 2006.

190. Dr. Gabrielle Germanavicene. Email: CAM in Lithuania. 2012.
191. Ministry of Health Lithuania; the Seimas. Resolution 1999. 5 February. No. 62 List of personal health care subspecialty of medical practice; Based on the Ministry of Health Resolution 1999 No. 01 21. 3; and the performance of medical licensing and certifications. Vilnius 1999.
192. The Parliament of Lithuania. The Medical Practice Act (Official Gazette Valst., 1996, no. 102-2313, 2004, Nr. 68-2365). EUROPA 2004 [cited 2012 22 April]; Available from: www.rppc.lt/files/323/sveikatos%20prieziura.pdf.
193. Order of the Minister of health care V-364 of 14th May 2004: list of out-patient health care services which require a licence given by State service for accreditation in health care; Official Gazette "Valstybės žinios" No 86-3152 on 28th of May 2004, (2004).
194. Order of the Health Care Minister V-680 of 29th of September 2004: Specializations of medicine. Official gazette "Valstybės žinios" No 149-5426 of 09th of October 2004, (2004).
195. Lithuanian Kinesitherapy Association. Physiotherapy in Lithuania. The World Confederation for Physical Therapy 2012 [cited 2012 March 20]; Available from: <http://www.physio-europe.org/index.php?action=15#s>.
196. Le Ministre de la Santé, Le Ministre de la Justice. Mémorial A n° 31 de 1983; Act of 29 April 1983 on the professions of doctors, dentists and veterinarians; Loi du 29 avril 1983 concernant l'exercice des professions de médecin, de médecin-dentiste et de médecin-vétérinaire. modifiée par: Loi du 27 juillet 1992 et Loi du 31 juillet 1995; Texte coordonné: Mém. A - 84 du 10 octobre 1995, p. 1802. Château de Berg.; MEMORIAL Journal Officiel du Grand-Duché Luxembourg; 1983 [cited 2012 February 29]; Available from: <http://www.legilux.public.lu/leg/a/archives/1983/0031/index.html>.
197. Memorial Journal Officiel du Grand-Duché de Luxembourg. Au Mémorial A n° 112 du 19.07.2010 Exercice des professions de médecin Legilux 2010 [cited 2012 March 7].
198. De Grand-Duché de Luxembourg. Exercice des professions médicales; Recueil de législation A – N° 160 30 août; Texte coordonné de la loi du 29 avril 1983 concernant l'exercice des professions de médecin, de médecin-dentiste et de médecin-vétérinaire. Memorial Journal Officiel du Grand-Duché de Luxembourg 2010 [cited 2012 March 26]; Available from: <http://www.legilux.public.lu/leg/a/archives/2010/0160/a160.pdf#page=2>.
199. De Grand-Duché de Luxembourg. Exercice de certaines professions de santé; Recueil de législations A — N° 83 6 mai 2011; Texte coordonné de la loi modifiée du 26 mars 1992 sur l'exercice et la revalorisation de certaines professions de santé. Memorial Journal Officiel du Grand-Duché de Luxembourg 2011 [cited 2012 March 26]; Available from: <http://www.legilux.public.lu/leg/a/archives/2011/0083/a083.pdf#page=2>
200. HEMMER-NIES Léa; Inspecteur principal 1er en rang; Service des Professions de Santé: Chef de service. Email: CAM in Luxembourg. 2012.
201. Règlement grand-ducal. Règlement grand-ducal du 21 janvier 1998 portant sur l'exercice de la profession de masseur; Publication: Au Mémorial A n° 10 du 18.02.1998. Legilux 1998 [cited 2012 March 7]; Available from: <http://www.legilux.public.lu/leg/a/archives/1998/0010/1998A01691.html?highlight=>.
202. Règlement grand-ducal. Règlement grand-ducal du 24 septembre 1969 portant exécution des articles 1er et 5 de la loi du 18 novembre 1967 portant réglementation de certaines professions paramédicales, en ce qui concerne la profession de masseur-kinésithérapeute; Au Mémorial A n° 52 du 08.10.1969. Legilux 1969 [cited 2012 March 7]; Available from: <http://www.legilux.public.lu/leg/a/archives/1969/0052/index.html#1969A12342>.

203. Association Luxembourgeoise des Kinésithérapeutes (ALK). Physiotherapy in Luxembourg. : The World Confederation for Physical Therapy 2012 [cited 2012 24 April]; Available from: <http://www.physio-europe.org/index.php?action=15&subaction=details&member=36>.
204. Kamcev N, Angelovska B, Kamceva G, Richter K. Health Organization in Republic of Macedonia—the place of preventive health care in the medical health system: advantages and disadvantages. The EPMA Journal. 2010;1(4):595-9.
205. The law on Public Health, No. 22 of 15.02.2010, Parliament of the Republik of Macedonia(2010).
206. Sobranie na Republika Makedonija, Zakon za zdravstvena zastita, Sl.vesnik na RM br.38/91, 46/93, 55/95 i br. 5/2007 (Law on health care), Assembly of the Republic of Macedonia(1991).
207. Sobranie na Republika Makedonija, Zakon za zdravstveno osiguruvanje, Sl.vesnik na RM br. 25/2000 i br. 18//2007 (Health Insurance Act), Assembly of the Republic of Macedonia(2000).
208. Снежана ЧИЧЕВАЛИЕВА (Snezana CHICHEVALIEVA), Билјана ЦЕЛЕВСКА (Biljana CELEVSKA), Роберт ВЕЛИЧКОВСКИ (Robert VELICHKOVSKI). КОМПЛЕМЕНТАРНА И АЛТЕРНАТИВНА МЕДИЦИНА (КАМ) ВО РЕПУБЛИКА МАКЕДОНИЈА: ПРАВНА АНАЛИЗА (Complementary and alternative medicine(CAM) in the republic of Maceconia).
209. Ms Snezana Chicevalieva; the Head of the Sector for EU integration and collaboration in the MOH. Email: CAM in Macedonia. 2012.
210. CHAPTER 464, HEALTH CARE PROFESSIONS ACT; To regulate the practice of health care professions in Malta, 21st November, 2003: Part V Professions Complementary to Medicine, Parliament of Malta(2003).
211. Professions complementary to medicine (licence to practise) regulation (S.L.464.16) subsidiary legislation, 1st January, 2009 Legal notice 277 of 2008, Parliament of Malta(2009).
212. The Council for the Professions Complementary to Medicine. Annual report 2010. 2010.
213. Ministry of Health of Montenegro. Master plan; Development of healthcare system of Montenegro for the period 2010-2013. Podgorica Ministry of Health of Montenegro 2010.
214. Physiotherapists' Association of Montenegro, Društvo fizioterapeuta Crne Gore. Physiotherapy in Montenegro. The World Association for Physical Therapy; 2012 [cited 2012 March 20]; Available from: <http://www.physio-europe.org/index.php?action=15#m>.
215. EFTA. EFTA through the years EFTA (The European Free Trade Association); 2011 [cited 2011 November 8]; Available from: <http://www.efta.int/about-efta/history.aspx>.
216. LOV-2003-06-27-64 Lov om alternativ behandling av sykdom mv : English: Act relating to the alternative treatment of disease, illness, etc, Helse- og omsorgsdepartementet, 2002-2003 Sess. (2003).
217. Helsedepartementet. Ot.prp. nr. 27 (2002–2003) Om lov om alternativ behandling av sykdom mv. Oslo: HOD (Helse- og omsorgsdepartementet); 2002. p. 228
218. FOR-2003-12-11-1500 Forskrift om frivillig registerordning for utøvere av alternativ behandling; (English translation unauthorized: Regulation on public register for providers of alternative treatment), (2003).
219. LOV-1999-07-02-64 Lov om helsepersonell m.v. (helsepersonelloven- hlsp) HOD (Helse-og omsorgsdepartementet)(1999).

220. FOR 2003-12-11 nr 1501: Forskrift om markedsføring av alternativ behandling av sykdom: (English translation unauthorized: Regulation related to marketing of alternative treatment of disease) (2003).
221. Ministry of Health and Care Services. Norwegian Directorate of Health. Oslo 2011 [cited 2011 October 1]; Available from: <http://www.regjeringen.no/en/dep/hod/About-the-Ministry/Subordinate-institutions/the-directorate-for-health-and-social-af.html?id=213297>.
222. Lov- 1984- 03-30-15 Lov om statlig tilsyn med helsetjenesten, HOD (Helse- og omsorgsdepartementet) (1984).
223. The Norwegian Directorate of Health. The Norwegian Health Economics Administration's web site (HELFO). Oslo: The Norwegian Directorate of Health; 2011 [cited 2011 October 31]; Available from: <http://www.helfo.no/omhelfo/Sider/about-helfo.aspx>.
224. Norwegian Physiotherapist Association (NFF). Physiotherapy in Norway. The World Confederation for Physical Therapy (WCPT) 2012 [cited 2012 March 20]; Available from: <http://www.physio-europe.org/index.php?action=15#n>.
225. Tomasz Kokoszczński; Polish Homeopathic Society. Report about Homeopathy in Poland 2007/2008. Berlin: Liga Medicorum Homoeopathica Internationalis (LMHI); 2012 [cited 2012 February 28]; Available from: <http://liga.iwmh.net/index.php?menuid=1&reporeid=111>.
226. Ministry of Health Poland. Medical Education: The system and challenges. 2012 [cited 2012 February 27]; Available from: <http://www.mz.gov.pl/wwwmzold/index?mr=m0&ms=&ml=en&mi=535&mx=0&mt=&my=464&ma=5168>.
227. Kuszewski K, Gericke C. Health Systems in Transition: Poland. In: Gericke C, Busse R, editors. Copenhagen: WHO Regional Office for Europe, on behalf of the European Observatory on Health Systems and Policies; 2005.
228. CMS Cameron McKenna, Duszyńska M, Sławatyniec L. New reimbursement procedure for medicinal products; comes into force 1 January 2012.: Lexology - Globe Business Publishing Ltd.; 2012 [cited 2012 February 27]; Available from: <http://www.lexology.com/library/detail.aspx?g=2ac4373e-fba0-4cc2-8be6-2f45a662c43e>.
229. The Polish society of osteopaths. Osteopathy in Poland. 2012 [cited 2012 February 27]; Available from: http://osteopatia.pl/top/akty_prawne.
230. Polish Society of Physiotherapy. Physiotherapy in Poland. The World Confederation for Physical Therapy; 2012 [cited 2012 March 20]; Available from: <http://www.physio-europe.org/index.php?action=15#p>.
231. Portuguese Law No 45/2003 of 22 august 2003 on the provision of non-conventional therapies: Project of law No 263/IX (for framing the base of the non-conventional medicines) and Project of law No 27/IX (Legal procedures of the non-conventional therapies). Assembleia da República(2003).
232. WHO. Challenges and progress on integration of TM/CAM Into national health system Brazil 2008 [updated 13 May 08; cited 2011 02 October]; Available from: http://www.google.com/url?sa=t&source=web&cd=1&sqi=2&ved=0CB0QFjAA&url=http%3A%2F%2F189.28.128.100%2Fdab%2Fdocs%2Feventos%2Fseminario_pnpic%2Fdia13_05%2Fdra_xiaorui_zhang_china.pdf&ei=IEalTqqUHu314QTymLWVDw&usq=AFQjCNF4LWrUaKQTBaM2deYxnV0QZJ2Jlg.
233. Almeida J. Email: Some information about CAM and Portugal. Birmingham 2011

234. CAMbrella Work Package 1. Questionnaire definition and terminology of CAM and Legal status of CAM. In: CAMbrella WP1, editor. München 2010
235. The Assembly of the Republic of Portugal. The Official Portuguese Government / State Inter-Ministerial Commission to Study and Propose the Regulation of Osteopathy (Law 45 / 2003 - Conjunct Dispatch nº 261 / 2005; - Resolution of the Assembly of the Republic No. 64/2003 of 15 July 2003 on the regulation of osteopathy. (Diário da República, Part I-A, 28 July 2003, No. 172, p. 4389) 2003 [cited 2012 March 2012]; Available from: <http://www.osteopathy.org/find-an-osteopath/Augusto-Henriques-RuaViscondedeSeabra>.
236. Associação Portuguesa de Fisioterapeutas (A.P.F.). Physiotherapy in Portugal. The World Confederation for Physical Therapy (WCPT) 2012 [cited 2012 March 20]; Available from: <http://www.physio-europe.org/index.php?action=15#p>.
237. Dragan S. Email: Legislation of CAM in Romania. Timisoara: University of Medicine and Pharmacy Victor Babes, Romania; 2011.
238. Law nr. 118/2007 privind organizarea și funcționarea activităților și practicilor de medicină complementară/alternativă (Concerning the organisation and functioning of the practices of complementary/alternative medicine), The Parliament of Romania(2007).
239. Ordin nr. 418 din 20/04/2005 for the approval of the National Catalogue of Programmes for Complementary studies organised to certify the competence of medical doctors, dentists and pharmacists and the methodological standards for its organisation and progress., Parliament of Romania(2005).
240. Hegyi G. Questionnaire about the status of CAM therapies Romania. 2011.
241. COR - Noua Clasificare a Ocupatiilor din Romania - ordinul 1832/2011, (2011).
242. Romanian Federation for Physical Therapy (FRAK). Physiotherapy in Romania. The World Confederation for Physical Therapy (WCPT) 2012 [cited 2012 March 19]; Available from: <http://www.physio-europe.org/index.php?action=15&subaction=details&member=40>.
243. Vlahovic Z, Radojkovic D. Healthcare in Serbia in transition period. The EPMA Journal. 2010;1(4):601-6.
244. Health care law adopted 28.11.2005, came into force 10.12.2005, The Parliament of Serbia(2005).
245. "Pravilnik o blizim uslovima, nacinu I postupku obavljanja metoda I postupaka tradicionalne medicine"; Complementary and Alternative medicine, bylaw, Ministry of Health, December 2007, (2007).
246. Dr. Vuk Stambolovic. Email: CAM legislation in Serbia. Belgrade Head, Institute of Social Medicine School of Medicine, University of Belgrade; 2011.
247. Hegyui G. Questionnaire about the status of CAM therapies :("CAMbrella" Project, EU FP 7): Serbia. Budapest: CAMbrella project; 2010.
248. Health insurance law adopted 28.11.2005, came into force 10.12.2005, The Parliament of Serbia(2005).
249. The National Council of the Slovak Republic. Act No. 576/2004 Coll of 22 September 2004 on healthcare, healthcare-related services and on the amendment and supplementing of certain acts. 2004 [February 2,]; Available from: http://www.privireal.org/content/rec/documents/Slovakia_ActNo576_Healthcare_2004.pdf.

250. The National Council of the Slovak Republic. Act No 578/2004 Coll. of 21 October 2004 on healthcare providers, health workers and professional organisations in the health service, and amending and supplementing certain laws, as amended by later regulations. (Zákon č. 578/2004 Z.z. o poskytovateľoch zdravotnej starostlivosti, zdravotníckych pracovníkoch, stavovských organizáciách v zdravotníctve a o zmene a doplnení niektorých zákonov). Brussel 2004 [cited 2012 January 27]; Available from: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2006:040:0004:0005:EN:PDF>.
251. Kapalla M. Email: CAM legislation in Slovakia. 2012.
252. Kapalla M, Kapallová D, Turecký L. An overview of the healthcare system in the Slovak Republic. The EPMA Journal. 2010;1(4):549-61.
253. The Slovak Republic. Declaration by the Slovak Republic pursuant to Article 5 of Council Regulation (EEC) No 1408/71 of 14 June 1971 on the application of social security schemes to employed persons, to selfemployed persons and to members of their families moving within the Community (2006/C 40/03). Official Journal C 040 , 17/02/2006 P. 0004 - 0005. Brussel: EUROPA, ; 2010 [cited 2012 JANUARY 27,]; Available from: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2006:040:0004:0005:EN:PDF>.
254. UDZS (the Healthcare Surveillance Authority) The Healthcare Surveillance Authority (Úrad pre dohľad nad zdravotnou starostlivosťou). Bratislava: UDZS; 2012 [cited 2012 February 2,]; Available from: <http://www.udzs.sk/?lang=en>.
255. The National Council of the Slovak Republic. Act No. 581/2004 Coll. on Healthcare Insurance Companies and Surveillance over Health Care and on Amendment and amendments of certain acts (Zákon č. 581/2004 Z.z. o zdravotných poisťovniach, dohľade nad zdravotnou starostlivosťou a o zmene a oplnení niektorých zákonov). Bratislava 2004 [cited 2012 February 2,]; Available from: <http://www.udzs.sk/?lang=en>.
256. The National Council of the Slovak Republic. Act No. 577/2004 Coll: Zákon č. 577/2004 Z on the scope of healthcare covered by public health insurance and on the reimbursement of healthcare-related services, as amended by later regulations. z. o rozsahu zdravotnej starostlivosti uhrádzanej na základe verejného zdravotného poistenia a o úhradách za služby súvisiace s poskytovaním zdravotnej starostlivosti (Zmena: 720/2004 Z.z., 347/2005 Z.z., 538/2005 Z.z., 660/2005 Z.z., 342/2006 Z.z., 522/2006 Z.z., 661/2007 Z.z., 81/2009 Z.z., 402/2009 Z.z.). Bratislava The Ministry of Health; 2004 [cited 2012 January 27]; Available from: <http://www.health.gov.sk/?zakony>.
257. European Commission. Social protection: Slovak Republic; Scheme 4. EUROSTAT; 2012 [cited 2012 19 March]; Available from: http://circa.europa.eu/irc/dsis/esspros/info/data/esspros_public_data/qualitative/Qbase/Slovak_Public_Scheme4.html.
258. Slovak Chamber of Physiotherapists. Physiotherapy in Slovakia. The World Confederation for Physical Therapy (WCPT) 2012 [cited 2012 March 19]; Available from: <http://www.physio-europe.org/index.php?action=15#s>.
259. The Complementary and Alternative Medicine Act (Official Gazette of the Republic of Slovenia, No. 94/2007; Zakon o zdravilstvu (ZZdrav), National Assembly of the Republic of Slovenia 2 October 2007 Sess. (2007).
260. Ferkov K. Email: CAMbrella EU project contact support. 2011.
261. Connolly S. Email: CAM in Slovenia- comments from EFCAM (the European Federation for Complementary and Alternative Medicine). 2012.

262. Slovenian Association of Physiotherapists. Physiotherapy in Slovenia. The World Confederation for Physical Therapy (WCPT) 2012 [cited 2012 March 19]; Available from: <http://www.physio-europe.org/index.php?action=15#s>.
263. Koldo Santos Rey. Email: Regulation of CAM in Spain. Dos Hermanas 2011.
264. 19572 REAL DECRETO 1277/2003, de 10 de octubre, por el que se establecen las bases generales sobre autorización de centros, servicios y establecimientos sanitarios, (2003).
265. REAL DECRETO LEGISLATIVO 1.175/1990, DE 28 DE SEPTIEMBRE; "Agrupación 84.- Profesionales relacionados con Actividades Parasitarias (PARAMEDIC activities) GRUPO 841. NATUROPATAS, ACUPUNTORES Y OTROS PROFESIONALES ARASANITARIOS", (1990).
266. Asociación Española de Fisioterapeutas (A.E.F.). Physiotherapy in Spain. The World Confederation for Physical Therapy (WCPT) 2012 [cited 2012 March 18]; Available from: <http://www.physio-europe.org/index.php?action=15#s>.
267. Hälso- och sjukvårdslag (1982:763), (The Health and Medical Service Act (1982:763)): Amended up to SFS 2010:1314 Svensk Riksdag(1982).
268. Patientsäkerhetslag (2010:659) (The Patient Safety Act), Svensk Riksdag(2010).
269. Knox KE, Fonnebo V, Falkenberg T. Emerging complementary and alternative medicine policy initiatives and the need for dialogue. *Journal of Alternative & Complementary Medicine*. 2009;15(9):959-62.
270. The Local (Swedens news in English). 'Doctors can recommend homeopathy': court. Stockholm2011 [cited 2011 24 September]; Available from: <http://www.thelocal.se/36332/20110924/>.
271. Högsta förvaltningsdomstolens dom, Mål 66-349, 23/9 2011., (2011).
272. Högsta Förvaltningsdomstolen. HÖGSTA FÖRVALTNINGSDOMSTOLENS DOM Dok.Id 111006 Mål nr 6634-10 meddelad i Stockholm den 23 september 2011. 2011; Available from: <http://www.hogstaforvaltningsdomstolen.se/Domstolar/regeringsratten/Avg%C3%B6randen/2011/September/6634-10.pdf>.
273. Swedish Association of Registered Physical Therapists. Physiotherapy in Sweden. The World Confederation for Physical Therapy (WCPT) 2012 [cited 2012 March 18]; Available from: <http://www.physio-europe.org/index.php?action=15#s>.
274. Berchtold P, Peytremann-Bridevaux I. Ten years of integrated care in Switzerland. *International Journal of Integrated Care*. 2011;11(5).
275. Minder A, Schoenholzer H, Amiet M. Health Care Systems in Transition:Switzerland. In: Dixon A, Mossialos E, editors. Copenhagen: WHO Regional Office for Europe, on behalf of the European Observatory on Health Systems and Policies; 2000. p. 1-90.
276. Klaus von Ammon. Email: WP2 Switzerland. Bern 2011
277. Federal Constitution of the Swiss Confederation of 18 April 1999 (Status as of 1 January 2011), The Parliament of Switzerland(1999).
278. The Gemeinsame Einrichtung KVG (Common Institution under the Fed. Health Insurance Act) according to Art. 18 KVG: Institution for progress in the prevention of diseases according to Art. 19 KVG, Federal Constitution of the Swiss Confederation(2011).

279. Verordnung des EDI über Leistungen in der obligatorischen Krankenpflegeversicherung: Änderung vom 31 Mai 2011, Sect. Art 12, Anhang I, number 10 (2011).
280. Bundesgesetz über die universitären Medizinalberufe (Medizinalberufegesetz, MedBG) vom 23. Juni 2006 (Stand am 1. September 2007), (2006).
281. Grangier N. What is the status of osteopathy in Switzerland? Lausanne 2011 [cited 2011 November 2]; Available from: <http://www.osteopathelausanne.com/osteopathy.htm>.
282. Physioswiss - Schweizer Physiotherapie Verband; Swiss Association of Physiotherapy. Physiotherapy in Switzerland. World Confederation for Physical Therapy (WCPT); 2012 [cited 2012 March 18]; Available from: <http://www.physio-europe.org/index.php?action=15&subaction=details&member=45>.
283. Schäfer W, Kroneman M, Boerma W, Berg Mvd, Westert G, Devillé W, et al. Health Systems in Transition: The Netherlands: Health system review. Copenhagen: WHO Regional Office for Europe, on behalf of the European Observatory on Health Systems and Policies; 2010. p. 1–229.
284. Ministerie van Volksgezondheid Welzijn en Sport – NL. The Individual Health Care Professions Act (Beroepen in de Individuele Gezondheidszorg); Act of 11 November 1993, amended December 1, 1997; Text of the act as per 1-1-2001. The Hague 2001.
285. The Ministry of Health; Welfare and Sport. Klink wil alternative genezers aanpakken (Klink wants to regulate alternative healers); press release. The Hague: Ministry of Health, Welfare and Sport; 2008 [cited 2012 February 27]; Available from: <http://www.rijksoverheid.nl/nieuws/2008/03/28/klink-wil-alternatieve-genezers-aanpakken.html>.
286. De Nederlandse Chiropractoren Associatie. Vergoedingen (Fees). Be Joure: NCA; 2012 [cited 2012 February 27,]; Available from: <http://www.nca.nl/home/>.
287. Osteopathie Maastricht. Osteopathy in the Netherlands: the Netherlands Register voor Osteopathie (NRO). Maastricht 2012 [cited 2012 February 27,]; Available from: <http://www.osteopathiemaastricht.nl/en/reimbursement.htm>.
288. Koninklijk Nederlands Genootschap Voor Fysiotherapie (K.N.G.F.). Physiotherapy in The Netherlands. The World Confederation for Physical Therapy; 2012 [cited 2012 March 20]; Available from: <http://www.physio-europe.org/index.php?action=15#n>.
289. Dr. Altunay Söylemez Ağaoğlu. Turkish Classical Homeopathy Association. Izmir: Liga Medicorum Homoeopathica Internationalis (LMHI); 2012 [cited 2012 February 23]; Available from: <http://liga.iwmh.net/index.php?menuid=1&reporeid=162>.
290. Ministry of Health Turkey. Acupuncture Regulation; Turkish Ministry of Health, bearing the date of 29 May 1991, Official Gazette 29.05.1991, Issue: 20885, (pp.3-5): AKUPUNKTUR TEDAVİ YÖNETMELİĞİ Resmi Gazete Tarih: 29.5.1991; Sayı: 20885. 1991 [cited 2012 February 25]; Available from: http://www.burdur.saglik.gov.tr/mevzuatlar/tipmeslek/29051991_20885.pdf.
291. Yusuf Ozgur Cakmak MD Phd; Acupuncture Program for Physicians; Department of Anatomy: School of Medicine; University of Yeditepe. Email: CAM in Turkey - CAMbrella project. 2012.
292. Ministry of Health Turkey. Acupuncture Regulation of the Ministry of Health, bearing the date of 17 September 2002. Regulation concerning the Application of Treatment and Private Health Institutions in Which Acupuncture is Applied. Official Gazette Date: 17.09.2002; Issue: 24879.: AKUPUNKTUR TEDAVİSİ UYGULANAN ÖZEL SAĞLIK KURULUŞLARI İLE BU TEDAVİNİN UYGULANMASI HAKKINDA YÖNETMELİK 17 Eylül 2002 - Sayı : 24879. Turkish Physicians Society; 2002 [cited 2012 February 24]; Available from:

http://www.ttb.org.tr/mevzuat/index.php?option=com_content&view=article&id=206:akupunktur-tedavuygulanan-el-saik-kuruluari-e-bu-tedav-uygulanmasi-hakkinda-yetmel&catid=2:ymelik&Itemid=33

293. ALIS OZCAKIR MD, GANIME SADIKOGLU MD, NURAN BAYRAM PD, M. MUMTAZ MAZICIOGLU MD, NAZAN BILGEL MD, ISIK BEYHAN MD. Turkish General Practitioners and Complementary/ Alternative Medicine. The Journal of Alternative and Complementary medicine. 2007;13(9):1007-10.

294. Savas BS, Karahan Ö, Saka RÖ. Health Care Systems in Transition:Turkey. In: Thomson S, Mossialos E, editors. Copenhagen: WHO Regional Office for Europe, on behalf of the European Observatory on Health Systems and Policies; 2002. p. 1-118.

295. Ministry of Health Turkey. 2 Kasım 2011 ÇARŞAMBA Resmî Gazete Sayı : 28103 (Mükerrer) Kanun Hükmünde Kararname: SAĞLIK BAKANLIĞI VE BAĞLI KURULUŞLARININ TEŞKİLAT VE GÖREVLERİ HAKKINDA KANUN HÜKMÜNDE KARARNAME 2011 [cited 2012 February 24]; Available from: <http://www.resmigazete.gov.tr/eskiler/2011/11/20111102M1-3.htm>.

296. Dunder M, Uzak A, Karabulut Y. Healthcare in overview of Turkey. The EPMA Journal. 2010;1(4):587-94.

297. Grand National Assembly of Turkey. Official Gazette, Decision of Turkish grand national assembly; Decision on the approval of Ninth Development Plan (2007-2013) Decision No: 877 Decision Date: 28.06.2006: approved in the 121st plenary session (section 605/609). Istanbul 2006.

298. The European Commission. extract from the Communication from the Commission to the European Parliament and the Council "Enlargement Strategy and Main Challenges 2011-2012", COM (2011)666 final. EUROPA 2011.

299. The Ministry of Health Turkey. 2010/671 Opening Business and Regulation Amending the Regulation on Work Permits: İşyeri Açma ve Çalışma Ruhsatlarına İlişkin Yönetmelikte Değişiklik Yapılmasına Dair Yönetmelik; 25 Temmuz 2010 PAZAR Resmî Gazete Sayı : 27652 2010 [cited 2012 February 25]; Available from: <http://www.resmi-gazete.org/rega/2010-671-isyeri-acma-ve-calisma-ruhsatlarina-iliskin-yonetmelikte-degisiklik-yapilmasina-dair-yonetmelik-3671.htm>.

300. Türkiye Fizyoterapistler Derneği. ARTICLE 9 - No. 1219 dated 04/11/1928 on the Practice of Medicine and the Law San'atlarının Şuabatı following article is added.: The World Confederation for Physical Therapy (WCPT); 2012 [cited 2012 March 17]; Available from: <http://www.e-fizyoterapist.com/>.

301. House of Lords Select Committee on Science and Technology. Session 1999-2000, 6th Report, Complementary and Alternative Medicine. HL Paper 123 London: Her Majesty's Stationary Office; 2000.

302. DH (Department of Health) Professional Standards Division. Joint UK-wide consultation on the Report to Ministers from the DH steering Group on the statutory regulation of practitioners of herbal medicine, traditional Chinese medicine and other traditional medicine systems practised in the UK. London: 2009 Contract No.: 12123.

303. Paul W Long, Council for healthcare regulatory excellence. Email: Developing a risk assessment tool for CHRE's voluntary registers accreditation scheme. 2012.

304. Law Commission, Scottish Law Commission, Northern Ireland Law Commission. Joint Consultation Paper LCCP 202 / SLCDP 153 / NILC 12 (2012); Regulation of health care professionals; regulation of social care professionals in England: A Joint Consultation Paper. Lexology 2012 [cited 2012 March 08]; Available from: <http://www.scotlawcom.gov.uk/consultations/>

<http://www.lexology.com/library/detail.aspx?g=f42820ac-ac72-453a-ae7d-45f6775c3f26>.

305. Complementary & Natural Healthcare Council (CNHC). Background The Complementary and Natural Healthcare Council 2012 [cited 2012 January 11,]; Available from: http://www.cnhc.org.uk/pages/index.cfm?page_id=15.
306. The British Medical Acupuncture Society (BMAS). Acupuncture Training Courses. The British Medical Acupuncture Society; 2012 [cited 2012 January 11,]; Available from: <http://www.medical-acupuncture.co.uk/Default.aspx?tabid=63>.
307. Acupuncture Association of Chartered Physiotherapists (AACP). Acupuncture Association of Chartered Physiotherapists: Integrating evidence-based acupuncture into physiotherapy for the benefit of the patient. 2012 [cited 2012 January 11,]; Available from: <http://www.aacp.org.uk/>.
308. British Acupuncture Council (BAC). Statutory regulation. British Acupuncture Council; 2012 [cited 2012 January 11]; Available from: <http://www.acupuncture.org.uk/about-us/statutory-regulation.html>.
309. Ton Nicolai; President; European Committee for Homeopathy. Email: CAM in Europe- different comments on countrywide regulations. 2012.
310. Chiropractors Act 1994, chapter 17, with amendments, The Parliament(1994).
311. Bonnet J. Complementary medicine information pack for medical care groups. <http://www.fih.org.uk>: DH(Department of health); 2000.
312. The General Chiropractic Council (GCC). The General Chiropractic Council (GCC). <http://www.gcc-uk.org/page.cfm2012> [cited 2012 January 11]; Available from: <http://www.gcc-uk.org/page.cfm>.
313. The Medicines and Healthcare products Regulatory Agency (MHRA). Department of Health announcement about the regulation of herbal practitioners - including questions and answers: News 18 February 2011. London: MHRA; 2011 [cited 2012 26 April]; Available from: <http://www.mhra.gov.uk/NewsCentre/CON108789>.
314. Faculty of homopathy. Faculty of homopathy: ensuring the highest standards in homeopathy education and practice. Faculty of homopathy; 2012 [cited 2012 January 11,]; Available from: http://www.facultyofhomeopathy.org/about_us/how_the_faculty_works.html.
315. Osteopath Act 1993, chapter 23, with amendments, The Parliament(1993).
316. General Osteopathic council (GOC). General Osteopathic Council. 2012 [cited 2012 January 11]; Available from: <http://www.osteopathy.org.uk/>.
317. Chartered Society of Physiotherapy (C.S.P.). Physiotherapy in The United Kingdom. The European region of the World Confederation of Physio Therapy (WCPT); 2012 [cited 2012 March 18]; Available from: <http://www.physio-europe.org/index.php?action=15&subaction=details&member=8>.

Attachment 1: European CAM associations:

ANME (Association of Natural Medicine in Europe)

CAMDOC Alliance (alliance of the four major European medical CAM umbrella organizations ECH, ECPM, ICMART and IVAA)

ECCH (European Central Council of Homeopaths)

ECH (European Committee for Homeopathy)

ECHAMP (European Coalition on Homeopathic and Anthroposophic Medicinal Products E.E.I.G.)

ECPM (European Council of Doctors for Plurality in Medicine)

EFCAM (European Forum for Complementary and Alternative Medicine)

EHTPA (European Herbal and Traditional Medicine Practitioners' Association)

EICCAM (European Information Centre for Complementary and Alternative Medicine)

ELIANT (European Alliance for Applied Anthroposophy)

EPHA (European Public Health Association)

ICMART (International Council of Medical Acupuncture and Related Techniques)

IVAA (International Federation of Anthroposophic Medical Association)

KB (Kneipp-Bund eV)

Attachment 2: Directive 2005/36/EC

30.9.2005 EN Official Journal of the European Union L 255/31

TITLE III FREEDOM OF ESTABLISHMENT CHAPTER I**General system for the recognition of evidence of training****Article 10 Scope**

This Chapter applies to all professions which are not covered by Chapters II and III of this Title and in the following cases in which the applicant, for specific and exceptional reasons, does not satisfy the conditions laid down in those Chapters:

- (a) for activities listed in Annex IV, when the migrant does not meet the requirements set out in Articles 17, 18 and 19;
- (b) for doctors with basic training, specialised doctors, nurses responsible for general care, dental practitioners, specialised dental practitioners, veterinary surgeons, midwives, pharmacists and architects, when the migrant does not meet the requirements of effective and lawful professional practice referred to in Articles 23, 27, 33, 37, 39, 43 and 49;
- (c) for architects, when the migrant holds evidence of formal qualification not listed in Annex V, point 5.7;
- (d) without prejudice to Articles 21(1), 23 and 27, for doctors, nurses, dental practitioners, veterinary surgeons, midwives, pharmacists and architects holding evidence of formal qualifications as a specialist, which must follow the training leading to the possession of a title listed in Annex V, points 5.1.1, 5.2.2, 5.3.2, 5.4.2, 5.5.2, 5.6.2 and 5.7.1, and solely for the purpose of the recognition of the relevant specialty;
- (e) for nurses responsible for general care and specialised nurses holding evidence of formal qualifications as a specialist which follows the training leading to the possession of a title listed in Annex V, point 5.2.2, when the migrant seeks recognition in another Member State where the relevant professional activities are pursued by specialised nurses without training as general care nurse;
- (f) for specialised nurses without training as general care nurse, when the migrant seeks recognition in another Member State where the relevant professional activities are pursued by nurses responsible for general care, specialised nurses without training as general care nurse or specialised nurses holding evidence of formal qualifications as a specialist which follows the training leading to the possession of the titles listed in Annex V, point 5.2.2;
- (g) for migrants meeting the requirements set out in Article 3(3).

Article 11

Levels of qualification

For the purpose of applying Article 13, the professional **qualifications are grouped under the following levels** as described below:

(a) an attestation of competence issued by a competent authority in the home Member State designated pursuant to legislative, regulatory or administrative provisions of that Member State, on the basis of:

(i) either a training course not forming part of a certificate or diploma within the meaning of points (b), (c), (d) or (e), or a specific examination without prior training, or full-time pursuit of the profession in a Member State for three consecutive years or for an equivalent duration on a part-time basis during the previous 10 years,

(ii) or general primary or secondary education, attesting that the holder has acquired general knowledge;

(b) a certificate attesting to a successful completion of a secondary course,

(i) either general in character, supplemented by a course of study or professional training other than those referred to in point (c) and/or by the probationary or professional practice required in addition to that course,

(ii) or technical or professional in character, supplemented where appropriate by a course of study or professional training as referred to in point (i), and/or by the probationary or professional practice required in addition to that course;

(c) a diploma certifying successful completion of

(i) either training at **post-secondary level other than that referred to in points (d) and (e)** of a **duration of at least one year** or of an equivalent duration on a part-time basis, one of the conditions of entry of which is, as a general rule, the successful completion of the secondary course required to obtain entry to university or higher education or the completion of equivalent school education of the second secondary level, as well as the professional training which may be required in addition to that post-secondary course; or

(ii) in the case of a regulated profession, training with a special structure, included in Annex II, equivalent to the level of training provided for under (i), which provides a comparable professional standard and which prepares the trainee for a comparable level of responsibilities and functions. The list in Annex II may be amended in accordance with the procedure referred to in Article 58(2) in order to take account of training which meets the requirements provided for in the previous sentence;

(d) a diploma certifying successful completion of training at **post-secondary level of at least three and not more than four years' duration**, or of an equivalent duration on a parttime basis, at a university or establishment of higher education or another establishment providing the same level of training, as well as the professional training which may be required in addition to that post-secondary course;

(e) a diploma certifying that the holder has successfully completed a **post-secondary course of at least four years' duration**, or of an equivalent duration on a part-time basis, at a university or establishment of higher education or another establishment of equivalent level and, where appropriate, that he has successfully completed the professional training required in addition to the post-secondary course.