

Sir,
 Recruiting properly qualified practice counsellors is no easy task. The problem, and one possible solution, was accurately described by C V Newman of the British Psychological Society (September *Journal*, p.388). As general practitioners and psychiatrists working in a university health service we would encourage readers to use a larger net with smaller holes when trawling for staff and to sort carefully through the resulting catch. Chartered counselling psychologists are not the only fish in the sea; scientific psychology is not the only way to a sympathetic understanding of human nature. The psychological and emotional problems seen in our practice differ markedly from those managed by psychologists working in specialist hospital and community based psychiatric services.

Medical staff at the London School of Economics work closely and cooperatively with competent and effective lay counsellors and psychotherapists. In recent years none have been members of the British Psychological Society. Several had undergraduate degrees in the arts, humanities and social sciences while others were experienced teachers, nurses and social workers. All had trained with reputable psychodynamically oriented organizations affiliated to the 'Rugby conference' at the British Association for Counselling, which has a division which looks at counselling in medical settings. The affiliated organizations include the Guild of Psychotherapists, the British Association of Psychotherapists, the Institute of Psychoanalysis and the Westminster Pastoral Foundation.

There is not yet a broadly based statutory body which registers and regulates the psychotherapists and counsellors that we choose to employ. The 'Rugby conference' is too broad a coalition of the mainline and the esoteric while the British Psychological Society sounds too restrictive.

Perhaps the prospect of National Health Service employment and family practitioner committee scrutiny will encourage the psychotherapy and counselling professions to organize themselves along the lines suggested by Holmes and Lindley.¹ Well informed general practitioners, as prospective employers, are in a good position to use selection pressure to help this process along. Until then the following criteria may be useful. Prospective counsellors must:

1. Be mature, educated and 'orthodox' enough to be respected by their clients and colleagues.
2. Have satisfactorily completed at least two years training with an organization af-

filiated to the 'Rugby conference'; this should include theory, personal therapy and supervised practice.

3. Be aware of their own limitations and of the value of medical treatment of psychiatric disorder.

4. Be able to recognize borderline, psychotic and suicidal patients.

5. Work to a code of ethics, have regular supervision and carry their own indemnity insurance.

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Complementary and allopathic cooperation

Sir,

The interesting and timely paper by Budd and colleagues concerning cooperation between complementary and allopathic medicine (September *Journal*, p.376) suggested a need for debate about the formal acceptance of some complementary disciplines and that such discussions would need to include the views of alternative practitioners' organizations. Perhaps, in my dual role of orthodox scientist and scientific officer of the Osteopathic Association of Great Britain, I can offer some comment on the subject.

There would seem to be two fundamental issues which need to be clarified before considering the integration of a complementary discipline with general practice. First, does the complementary discipline consider itself to be offering a therapy or an alternative system of 'medicine'? Secondly, is the approach of the complementary discipline effective and does it offer something which allopathic management does not?

If a complementary discipline feels that it is providing an alternative system, which by definition renders competing systems potentially redundant, it is difficult to see how the orthodox and heterodox can peacefully coexist. However, if the complementary discipline believes it is offering a novel method of treatment (albeit based on peculiar diagnostic and assessment abilities) then open dialogue and assessment of efficacy is facilitated. As far as osteopathy is concerned it has been argued that what is being provided is a therapy which does not require invocation

of alternative systems to explain its claimed efficacy.¹ Thus, for this profession at least, there is the possibility of following a conventional scientific route to explore its value for specific and recognizable conditions. The need for research in this field has been stressed by a government committee² as well as in statements by orthodox³ and heterodox⁴ practitioners alike.

Accepting that such research is required, the question then arises as to where it should be conducted. One possibility is that of hospital outpatient departments which arguably are a site of research expertise. However, it has been shown that patient populations in hospital departments and office practices are significantly dissimilar in a number of important respects.⁵ Since complementary therapies are practised in office-based environments, drawing on the general population, it would seem appropriate that investigative studies of their efficacy should be performed within general medical practice. Indeed one of the problems that has faced researchers in this field has been the lack of a suitable clinical population and study location. In this respect the paper by Budd and colleagues is particularly relevant as they have shown that the orthodox and heterodox can coexist clinically without apparent problems, and that the range of conditions treated (at least by the osteopath) closely resembled that found in private practice.

That large numbers of patients seek complementary health care is not in doubt, nor is the fact that financial constraints prevent many others from obtaining these forms of care. To move dramatically to wholesale provision of complementary therapy within orthodox primary care would be inadvisable (even if it were practicable), but the paper by Budd and colleagues can be seen to have removed one of the major impediments to essential clinical trials of complementary medicine. Furthermore, now that there are orthodox and heterodox practitioners fully prepared to cooperate, it is to be hoped that funds can be made available for extensive clinical research.

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3. Hewitt D, Wood PHN. Heterodox practitioners and the availability of specialist advice. *Rheumatol Rehabil* 1975; 14: 191-199.