THE LINK





Issue 32 Winter 2011-12



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from the editor

Welcome to the Winter edition of The Link.

When I look out at my garden this time of year it's not a very pretty picture. Everything looks drab and uncared for and even the birds don't seem to be feeding as much from my feeder. This is what it feels like when I start preparing for my next LINK issue. Most of what was covered in the last issue is now past and will probably be soon forgotten, just like the beauty and colour of last year's blooms.

Each issue I look for something new and colourful; something that will want you to read and enjoy the newsletter. Being a bit of a gardener I know that there is a lot of promise in the soil just waiting to emerge, so I get out my gardening tools and make a start. Whilst I can plant and nurture my own garden I always hope that someone will bring me something new and exciting to plant. THE LINK is your garden and it's really exciting when someone sends in something new and different to give THE LINK more colour and variation. I appreciate that some of you do send articles and I hope you will continue, and that we can encourage more members to be gardeners in their own patch. Let's have a beautiful garden this year. Remember, even weeds can often bloom into beautiful flowers.

Vedant Wood

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Copy deadline for the next Newsletter is: 20th of April 2012

Next issue will be published beginning of May 2012

YOUR LINK NEEDS YOU!

The Link is YOUR newsletter and I need YOUR contributions!

If you can provide an insight into your therapy; or would like to write an article on your religion's perspective on spirituality and complementary therapy; or report on events that have happened in your region; an experience you would like to share or send in some poetry then I need to hear from you.

Please send all contributions to me either by post or by e-mail to **vedantwood@aol.com**

THANK YOU – Vedant

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www.nacthpc.org.uk



We are now on Facebook!

Sign up at:

comptherapy@groups.facebook.com

This is a private group. You will have to be approved by the moderator.

The posts can only be viewed by members of the group.

Letter from the Chair

Have you settled in to the New Year yet? It is already flying by; it is easy to feel under pressure of time with all the things we have to do. I find it is always worth taking a little time to breathe and sit with yourself and listen to the guidance of your inner voice. It can be quite surprising what it comes up with. What is it that you really want for yourself this year?

I am delighted to see that two special interest groups have already begun. One in clinical aromatherapy called *Aromasig* - initiated and co-ordinated by Stella Reeve; the other for those interested in Tai Chi and Chi Gung started by Gerry Crossman. I look forward with interest to see how these groups evolve. You can read a little more about them and how to join in this issue. If you have a special interest in something, why not start a group of your own? In this way we can begin to deepen our understanding of particular subjects and improve our connection and mutual support.

We are planning some study days to look at a couple of the subjects introduced at last year's conference in a bit more detail. We were disappointed that Felicity Warner was unable to make conference due to sickness. Thankfully she is fully recovered and planning to run a couple of one day workshops for NACTHPC members this year about the work of the Soul Midwives. Dates have yet to be finalized but are likely to be in May and September. Joe Hoare, who talked about Quantum Laughter at conference, is proposing to run a 2 day workshop on laughter therapy that will give participants some extra skills which they will be able to

incorporate into their practice for the benefit of themselves and their patients.

In a time when services of all kinds are being cut throughout the UK, we need to be aware of the vulnerability of non-mainstream services like complementary therapies. Now, more than ever, as a profession, we need to be looking at how to talk about the value of what we do and to be constructing the kind of evidence base that enables us to talk with authority about the benefit to patients and the wider society. By working together to increase our knowledge base, communication and professionalism, we have a voice that can be heard. Let's make sure that we speak loud and clear.

With all good wishes.

Chris West, Chair



Towel Fires Safety Warning

Wiltshire Fire & Rescue Service has issued a warning about the risk of fire breaking out in towels and linen that have absorbed essential oils.

A number of recent incidents in launderettes, salons and homes have been traced back to the same issue.

Group Manager Julian Parsons, from the Technical Fire Safety department, explained: "We've seen fires in tumble dryers, linen baskets and airing cupboards where towels that have had oil on them have caught alight. The problem only seems to arise when the wash cycle has been at a cool heat. It is now common to have washes at lower temperatures – sometimes as low as 15°C. When the wash has been at 40°C or above, the oil residue is more likely to be safely broken down by the washing detergents."

He added: "At lower temperatures, the oil isn't removed from the fabric. When the material is then heated in the tumble dryer, the residue can self-combust either in the dryer or when the linen is stacked."

A beauty therapy room at Swindon College was badly damaged in April after a blaze broke out in a pile of towels, and fire investigators have now identified at least half a dozen other incidents that appear to have been caused in the same way.

Group Manager Parsons said: "Our message is simple – if you use essential oils at home or in your business, make sure you use a wash temperature of at least 40°C to clean the affected towels and linen. It is hard to believe that fire can just break out in a pile of fabric, but we have seen a great deal of damage caused by this type of blaze."

Wiltshire Fire & Rescue Service is now liaising with other Fire & Rescue Services across the country to ensure this safety message is spread as widely as possible.

Regional Group News

The South East Regional Group NACTHPC

SERG Study Day - Friday 22nd December 2011

It seems like no time at all since this time last year when we gathered on a very cold day at Kent & Canterbury Hospital. This year the weather was far more clement.

It was good to see some new faces to the group. Matthew gave us a warm welcome and started the introductions round the room. We actually stayed with Matthew for some time as he imparted the news that he would be joining the Macmillan Centre at Maidstone in February 2012. We all wish Mathew the best in his new job and hopefully we will still see him at future SERG meetings.

After introductions we settled down to the first topic of the day: **Chinese paper folding**.

Katy and Basma produced a beautiful paper lotus flower and told a true story of a Chinese woman who made these every day her grandmother was imprisoned in China. It somehow made the activity more poignant.

Of course there is always the "noisy end of the table"! But such was the concentration there were a few tongues almost being bitten off as we focused on the folding of our coloured sheets. The end products were all so individual – including the beautiful artichoke made by Steve.

Everyone agreed that this would make an ideal craft activity for some of our patients – not too hard to remember the instructions but resulting in such wonderful flowers.

We broke for a leisurely lunch and then re-gathered for the afternoon.

Nathalie gave a wonderful talk on Health through the Seasons. Being an acupuncturist, Nathalie's work is based on Chinese medicine. Nathalie took us on a trip through the year, taking each season in turn and showing how we can observe and connect with what nature is doing and plan our life accordingly.

We learnt that in Chinese medicine each season has a particular affinity with an organ in our body: Spring – liver; Summer – heart; Autumn – lungs; Winter – kidneys. Diet and rest should reflect the seasons. Good news – you should take more rest in winter and don't do anything like decorating! But beware you must keep those kidneys covered – remember to wear your vest at all times.

We finished the afternoon in a very quiet, tranquil way. Jan Munns allowed us to experience Music Therapy. Jan takes this therapy to both young and old. Listening and reacting to different types of music can lift our senses and moods. She told us how music can give us a voice (we can all sing, maybe not in tune),

give the body movement which can be so beneficial to young and old alike, provoke thoughts and memories and all in all give us a holistic experience.

Of course being the reserved group that we are – did we really want to wave cheerleader pom-poms around with bells on and then shake tambourines and maracas. Oh Yes – bring it on!!! We had a great time – although we must feel sorry for poor Steve who only had one maraca to shake – but shake it he did – very proficiently!!

Many thanks to the therapists who took the time to talk and show us the various skills they have and thank you to Matthew for being host for the day.

Best wishes for the New Year. Alyson Luff

SERG Spring Study Day

- Canterbury College, Date to be confirmed

Quiz the FHT! – members from the association will be there to answer your questions, particularly about regulation.

The Therapeutic Value of Spa Days – experience it yourself at Canterbury College's new Health & Beauty Centre.

For information email Martyn: martynathome46@yahoo.co.uk

The South West Regional Group Meeting NACTHPC

Minutes of the meeting held at St Margaret's Somerset Hospice, Yeovil, Friday 4th November 2011

Welcome

Amy Wheeler introduced herself as Chair of the meeting and gave housekeeping and health and safety issues. Ann Lee, director of nursing and patient services, welcomed everyone to the meeting. An overview of the history of the organisation and current set up was given

Key issues were:

- 16 acute SPC beds, 8 Continuing Health care beds and 8 charitable funded beds which had been allocated for the winter bed usage
- Growing hospice at home team
- Change of emphasis from a primarily hospice based service now aiming to at least double their community care capacity, in line with delivering choice strategy
- Advice line with one point of referral- rapid response team seven days a week
- Bereavement services
- Complementary Therapy being integral for all aspects of the service and much valued by the organisation

Regional Group News

Warm up and settle in with a Tai Chi Kung taster session with Sarah Massey

All invited to participate in a gentle taster session throughout which Sarah discussed how she had trained, how the therapy evolved and how it's used in the hospice – examples given of how it had benefited individuals.

- There are both similarities and differences between Tai Chi and Chi Kung. Chi Kung (working with energy/movement in meditation) being perhaps slower, more adaptable and health focused
- Being aware of physical issues but working only up to 70% of ones ability
- Can be done sitting
- Can enhance feelings of control and empowerment
- Pacing and discipline being helpful for people with breathlessness and has been shown to have a range of physiological benefits. Can help those that are unable to participate physically as it has aspects of visualisation and intent.
- Training variable Andy Wright in the Devizes area
- CD used "Introducing Reiki" by Christopher Wilson ISBN 1-84660-345-5 from the mind body and soul series. Sarah also recommends Jonathon Goldman recordings.

Questions followed – asked c/o peripheral neuropathy – may promote increased awareness of the body and help with balance

Introductions were given. It was generally found that hospices varied on the range of services and how these were funded. Welcomed Julie Caruso as new co-ordinator of Prospect hospice. Tina Roberts is enjoying her new job.

Some of the issues that members raised were:

- Pamper days as fundraising events
- Foot care access for courses and services such as: podiatry, chiropody.
- Nail care and hairdressing / beauty treatments are offered by some members
- Notified members if their membership renewal was due.

NACTHPC issues

- Need to keep our area of website up to date with notice of meetings, etc.
- Jean Burgess has given notice of stepping down from her current post. Thanked for her commitment and hard work. Some discussion about who will be taking over this role. It was questioned that renewal of NACTHPC membership is always given- It needed to be clarified if the organisation notified members if their membership renewal was due (Note from ed. All individual members and member units receive a reminder regarding renewal at the beginning of March (by email unless a request has been made to receive by post))

 From the co coordinators meeting it was suggested that a small working party be formed to consider generic templates such as: policy and procedures, job descriptions etc for members to utilise – Janet Le Sueur from Dorothy House Hospice (Winsley) would welcome any contributions from this group.

Annual NACTHPC conference

There had been alteration to the speakers – Felicity Warner being unwell

- Capacitar workshop
- Caroline McAfee spoke about practical spirituality and asked the audience to participate in a "loss exercise" which was challenging
- Jenny Grainger life coach discussed her 5 simple practices for spiritual well being:
 - 1. mindfulness mediation, especially breathing!
 - 2. living in the now, "this too will pass"
 - 3. gratitude, keeping a journal
 - 4. time for yourself, positively selfish
 - 5. acceptance (3 levels: grudging, peaceful, grateful) notice where you are resisting
- Joe Hoare "quantum laughter"
- AGM

Speaker

Felicity Warner founder of Soul Midwives foundation and author of "*Gentle dying*" (2008) and "*A Safe Journey home*". How it started, who participates, what it incorporates, what the training involves More detailed notes to be circulated asap.

AOB

Questionnaire filled in to give some idea about CT provision across the South West – how many hospices have full-time co-ordinators, can provide home visits, number of paid therapists and volunteers etc.

Date and Venue of Next Meeting

16th March 2012 at Dorothy House Hospice. For information contact Amy Wheeler: amy.wheeler@st-margarets-hospice.org.uk.

The Midlands Regional Group Meeting-NACTHPC West Midlands Regional Meeting Dec 2011.

The meeting was held at the Shakespeare Hospice in Stratford on Avon and was well attended (considering the closeness to Christmas). We had very interesting talks from the staff at Shakespeare who kindly shared their experiences with us on specific massage techniques and Bach flower remedies. The meeting finished with a "round robin", and as always it was good to swap knowledge and experiences with others who have the same unique roles. *Ruth Davies*

Regional Group News

The date of the next meeting will be Wednesday 20th June at St Richard's Hospice, Wildwood Drive Worcester, WR5 2LG. For further details contact Niki Nourse, 01905 763963, web address www.strichards.org.uk

The Northern Ireland Regional Group - NACTHPC

Dear Colleagues

On behalf of the Hospice's Board of Trustees I just wanted to celebrate with you the wonderful news that our Chief Executive, Judith Hill, has been appointed Dame Commander of the Order of the British Empire in the Queen's New Year's Honours list in recognition of her services to palliative care in Northern Ireland. We are absolutely delighted that Judith has received such a prestigious award, for she is a tremendous asset to the Hospice and it is wonderful to see someone so deserving being acknowledged in this way.

I am sure you will share with us in wishing her our warmest congratulations on a most worthy achievement.

Alan Corry Finn Chairman

Northern Ireland Hospice

(The Northern Ireland Regional Group wanted to share this good news with all of us. I'm sure we would all like to give our warmest congratulations for this worthy achievement.) Editor

The date for N.Ireland NACTHPC Regional meeting is Wednesday 14th March, 10-2pm at Northern Ireland Children's Hospice, O'Neill Road, Belfast.

Michelle Gordon

The M Technique Practitioner Course









This established course is highly recommended for practitioners with a recognised Anatomy & Physiology qualification. Touch is one of the basic forms of communications, yet many of us are afraid to touch those who need it most.

The 'M' technique® is a simple method of structured touch. Each movement and sequence is done in a set pattern at a set pressure and set speed, which never change.

The 'M' technique is different from massage and can be learned in a weekend.

The 'M' technique® is suitable for the very fragile; the critically ill, actively dying, or when the giver is not trained in massage. The 'M' technique® works on skin receptors which send signals to the brain and has been described as 'physical hypnotherapy' and a 'spiritual dance'.

Anyone can learn the 'M' technique® – it is suitable for caregivers, family members, volunteers and friends as well as nurses and doctors.

The The 'M' technique® course is accredited by FHT (Federation of Holistic Therapists) and CThA (Complementary Therapists Association) for CPD credit and is insured by Balens Ltd.

The two-day course covers a full body 'M' technique®. A Practitioner Certificate is only available to health professionals (such as nurses and doctors) or complementary therapists (such as reflexologists and aromatherapists who have completed a recognised Anatomy & Physiology course).

Instructor: Dr Jane Buckle PhD RGN Date: March 24/25th, 2012

Location: Velindre Cancer Centre, Whitechurch, Cardiff. CF14 2TL

Contact: Angela Green, Clinical Lead

Complementary Therapies **Phone**: 02920-615888. Ext 6187 **Email**: angela.green@wales.nhs.uk

Cost: £200

Course is accredited by FHT and CThA

Network of Professional Association Meeting

November 2011 – Attended on behalf of NACTHPC by Vedant Wood

A cross fertilisation meeting between representatives of the various professional associations and representatives from the management team of Help the Hospices

Summary of points directly relevant to NACTHPC members:

• Support for members around NHS commissioning

Karen Lynch, the Policy Implementation Manager for HtH outlined what HtH planned to do to assist members during NHS commissioning.

The reform of the NHS in England means major changes to the way in which hospice care will be commissioned in the future. The introduction of competition, and a stronger focus on quality and outcomes, coupled with the future challenges of a new funding system for palliative care, means that the commissioning environment will be very different for members in the coming months and years.

Help the Hospices has been monitoring the development of the NHS commissioning framework and looking at the type of support we can provide for members. During the summer we ran a series of workshops for senior staff and trustees to help members develop their responses to the new framework. We are now looking at how we can develop this work further. We will update members with more details in due course.

• NACTHPC Report

Vedant Wood reported that the NACTHPC 2011 conference was very successful and well attended. He suggested that a central list of speakers and topics would be extremely useful for future use when required for conferences, meetings, workshops, etc.

It was further reported that NACTHPC will not be hosting a conference in 2012. However, the Association plans to hold 3 study days in 2012.

• Hospice Care Week 8-14 October 2011

This was extremely successful with 91 hospices involved, together with corporate support from Football league clubs and Clydesdale and Yorkshire banks. There was considerable media coverage, particularly social media. Hospice Care Week is essentially a public awareness campaign, although it is recognised that it is linked to world hospice day and some hospices use both events for fundraising initiatives.

• Education Update: George Bell

As previously stated HtH plans to develop its education courses into an on-line learning environment, linked to End of Life Care (EOLC) framework. Current courses are free at the point of delivery, although delegates are asked to register and provide

on-line evaluation. This will help inform HtH about the profile of users, and enable us to evaluate the courses and capture emerging trends.

 Currently available to access; newly updated CLIP (Current Learning in Palliative Care) resources, which cover introductory and intermediate levels. http://www.helpthehospices.org.uk/clip/index.htm

Further development will bring CLIP for Kids, and an update on learning associated with the Mental Capacity Act – planned launch is early 2012.

- 2. Mandatory training: Help has also been requested from hospices for this. Currently this is delivered by hospices, sometimes in conjunction with the NHS. The possibility of setting up templates for this is being considered.
- 3. The trustee induction and good governance tool kit, sponsored by Monument Trust, will be updated and revised into an e-learning format.
- 4. MA in Hospice Leadership: all members of the second cohort have graduated; the third cohort will begin studies in January 2012. 18 places are confirmed, with a further 3 considering their options.
- 5. Citrus Training: George Bell recently met Mark Fegan, based in Burnley, Lancashire. The organisation has funding to deliver NVQ 3, 4 and 5 in hospices, free of charge to groups of 8 or more. Courses cover those for care assistants, back office function, estates, etc. and offer the chance for delegates to develop a personalised diploma. This could be useful for professional associations. Contact details: markfegan@citrustrainingsolutions.co.uk

• HtH Information Hub: Melanie Hodson.

This is the development of a web based case study and resource bank, accessible though the HtH website, to be a resource for members. The new Directory will be available in December, and will be sent with a survey. All Associations with an entry will receive a copy.

If anyone has information they would like to share, or contribute to the resource bank, then please contact Melanie: M.Hodson@ helpthehospices.org.uk

• The role of Clinical Director: Heather Richardson

Heather gave a presentation outlining her role within Help the Hospices, and the opportunities available to work more closely with professional associations for mutual benefit in the future. Heather will give an update of the Commission's work at the next meeting. Heather can be contacted at: h.richardson@helpthehospices.org.uk

Education Section

COMPLEMENTARY THERAPY COURSES AT THE CHRISTIE - Research and Education School of Oncology

STAND ALONE STUDY DAYS	DATES	
Acupressure for Complementary Therapists	19th May 2012	
Acupuncture Approaches for Acupuncturists Working in Hospice Environment	20th May 2012	
Adapting Chair Massage for Hospice and Cancer Care	18th-19th February 2012	
Adapting Creative Imagery for Individual and Groups	19th-20th May or 17th-18th Nov 2012	
Adapting Head Massage for Hospice and Cancer Care	5th-6th May 2012	
Adapting Reflexology for Hospice and Cancer Care	3rd-4th March 2012 or 17th-18th Nov 2012	
Anxiety States	7th July 2012 or 1st Dec 2012	
Aromatherapy 1: Making the most of the Oils	18th-19th February 2012	
Aromatherapy 2: Clinical Applications and Developments	9th-10th June 2012	
Aromatherapy 3: Using Essential Oils in Acute Cancer Care	14th September 2012	
Breathlessness; Minimise distress and maximise the Breath	20th-21st October 2012	
Clinical Issues in Cancer Care	7th April 2012 or 7th September 2012	
Clinical Reflexology 1 – Expanding your skills	13th-14th October 2012	
Clinical Reflexology 2 – Master Class	18th-19th February 2012	
Cognitive Behavioural Therapy: Uses and Potential for Supportive Care	3rd March 2012 or 18th November 2012	
Coordinating and Developing Complementary Therapy Services	9th-10th November 2012	
End of Life approaches to complementary therapies	24th November 2012	
Enhancing Relaxation Techniques	13th-14th October 2012	
Evaluation, Evidence and Research for Complementary Therapy Coordinators	11th November 2012	
Exploring Hand Reflexology	1st-2nd December 2012	
Healing Modalities	24th-25th November 2012	
Hearts Process	7th-8th July 2012	
Hypnotherapy – Confidence with Rapid Inductions	24th March 2012	
Introduction to Mindfulness	7th-8th July 2012	
Panic and Phobia	8th July 2012 or 2nd December 2012	
Practical Issues in Cancer Care	6th April 2012 or 8th September 2012	
Precision Reflexology – Palliative Care approach	29th-30th September 2012	
Transactional Analysis: An Introduction to develop your skills	2nd March 2012 or 17th November 2012	
CONFERENCES	DATES	
14th Annual Clinical Reflexology Conference Theme: Working in Challenging Areas of Practice	Saturday 25th March 2012	
PACKAGES AND DIPLOMAS		
Aromatherapy and Cancer Care Diploma	Note: Start dates for diplomas occur at any time throughout the year	
Aromatherapy Five-Day Post Graduate Certificate		
Clinical Reflexology Diploma		
Adapting Complementary Therapies for Cancer Care Diploma		
Relaxation and Creative Imagery Interventions Diploma	1	

To book please contact: Joanne Barber or Peter Mackereth – joanne.barber@christie.nhs.net – 0161 446 8328 Alternative booking: www.christie.nhs.uk/pro/cs/comp/training

Education Section

Complementary Therapy Courses at the Seven Wellbeing Centre

Aromatherapy for Children
Butterwick Hospice Stockton
Commencing Monday 20th February 2012 for 3 days

This 3 day course is aimed at qualified aromatherapists who wish to extend their knowledge and skills to enable them to work confidently with children and young people from the ages of birth to 17 years. Previous experience of working with children is not required. This course attracts 12 CThA CPD credits

This course is delivered within our education room at Butterwick Hospice in Stockton. 20th February, 5th and 19th March

Complementary Therapy Approaches to Pain Management

Butterwick Hospice Stockton Commencing Thursday 8th March 2012

This workshop is for Nurses, Doctors, Allied Health professionals and Complementary Therapists with an interest in managing patients with pain. There are no pre-requisites to attendance.

Complementary Therapy Approaches to Pain Management is delivered at Butterwick Hospice, Stockton by a range of experienced practitioners.

Certificate in Palliative Care for Complementary Therapists

Butterwick Hospice Stockton Commencing Thursday 15th March 2012 for 4 days

The course is delivered by a wide range of specialist practitioners working within the field of cancer and palliative care. Tutors include complementary therapists, physiotherapist, palliative doctor, specialist nursing staff, Haematology nurse specialist, and Macmillan team. Induction to Teesside University, academic writing skills and pupil support will be provided by senior lecturer, Ann French, from the School of Health and Social Care. This course provides a solid foundation for complementary therapists from all disciplines who would like to work in the specialist fields of cancer and palliative care. 15th March, 19th April, 10th May, 10th June

This course has been delivered successfully for over 10 years at Butterwick Hospice Care and is a pre-requisite for complementary therapists working within some hospices and NHS services.

For those students who wish to travel into the area for training, discounted bed and breakfast accommodation can be secured at the special rate of £20 per person per night if required.

For more course or booking information about these or other courses run by Seven Wellbeing Centre Ltd and Butterwick Hospice please contact:

Gwyn Featonby, Director, Seven Wellbeing Centre Ltd, Butterwick Hospice Care, Middlefield Road, Stockton on Tees, TS19 8XN

Tel: 01642 607742 • Fax: 01642 617641 • E-mail: gwynfeatonby@butterwick.org.uk • www.sevenwellbeingcentre.org.uk

An Holistic Model

The Use of Indian Head Massage in Palliative Care

At St Wilfrid's Hospice in Chichester, West Sussex, adapted Indian Head Massage has become a popular therapy for patients, carers and bereaved. Much of the joy of using Indian Head Massage in a palliative care setting lies in its simplicity and accessibility – no special equipment is needed except a chair and a gentle pair of hands.

Indian Head Massage can be defined as a seated massage therapy that involves the systematic use of massage techniques on the area surrounding the head: scalp, ears, face and neck, and extending to the shoulders, upper back and upper arms. However, such is its versatility that massage movements and treatment positions can be adapted in many different ways. Treatment can be given through light clothing or with a choice of oils. Qualified aromatherapists may choose to use a blend of essential oils in carrier oil.

A Gentle Treatment

Adapted Indian Head Massage always takes into account the fluctuating physical, emotional and energetic condition of the individual. In general terms, practitioners start gently and slowly – increasing pressure to suit the person, avoiding heavy percussion moves or very deep kneading, vigorous stretching or manipulation. Treatment includes plenty of stroking, holds and repetitive moves. Sessions tend to be of less duration, usually 20-30 minutes, but sometimes as little as five to ten minutes, which includes time spent on relaxation and breathing exercises.

The practitioner needs to be flexible and creative at all times, always aware of the body language of the patient. In some instances, treatment positions and massage moves may need to be adapted to such an extent that the Indian Head Massage bears little resemblance to original training. Skin can be very sensitive and fragile, mobility can be seriously impaired, there may be drips and dressings to work around – and hospital beds can present a variety of challenges!

Benefits of Indian Head Massage

Reported benefits of Indian Head Massage within palliative care settings include reduction in mild depression and anxiety, increased relaxation and a feeling of safety and reassurance. An adapted Indian Head Massage can also be helpful for relieving tension headaches, general aches and pains and improving sleep patterns. Touching the head is especially intimate and can act as a releasing mechanism for expression of emotions. Above all, many people explain that with regular Indian Head Massage they are able to "cope better" with their devastating effects of their illness.

One gentleman with Motor Neurone Disease commented that Indian Head Massage helped slow down his breathing which in

turn, helped him relax and enjoy the psychological benefits of gentle touch. A lady, who had lost her hair whilst undergoing chemotherapy, found that Indian Head Massage using organic sunflower oil helped boost her body image and confidence. A third person reported that her Indian Head Massage session offered her a safe haven and was one of the only times when she felt free from fear of the future. These evaluations show that the importance of communication and empathy with supportive and caring touch can never be underestimated.

It is vital that therapists working within a clinical setting are issued with a policies and guidelines which include issues surrounding consent to treatment, as well as cautions and contra-indications to Indian Head Massage which may be additional to those already covered as part of training.

Once cautions and contra-indications are taken into account and the person has offered consent to Indian Head Massage, then the therapist's role is to offer a safe and appropriate treatment for the individual. It is so important that therapists learn to change their 'mind-set' from actively 'doing' to offering a calm presence and 'being' alongside the person. The therapist's attitude and intention to share a comforting Indian Head Massage, is as important as the choice of particular techniques or oils.

New Diploma Course

St Wilfrid's Hospice Education Centre, Chichester, are running a three day FHT accredited Diploma course in Indian Head Massage with special emphasis on techniques suitable for palliative care. The course will run in March 2012 and the tutor is Mary Atkinson, author of The Art of Indian Head Massage, who has many years of experience working as a complementary therapist in palliative care. For more information please contact The Education Administrator on 01243 755812 — education@stwh.co.uk

Mary Atkinson

Top Five Regrets of the Dying

For many years I worked in palliative care. My patients were those who had gone home to die. Some incredibly special times were shared. I was with them for the last three to twelve weeks of their lives.

People grow a lot when they are faced with their own mortality. I learned never to underestimate someone's capacity for growth. Some changes were phenomenal. Each experienced a variety of emotions, as expected, denial, fear, anger, remorse, more denial and eventually acceptance. Every single patient found their peace before they departed though, every one of them.

An Holistic Model

When questioned about any regrets they had or anything they would do differently, common themes surfaced again and again. Here are the most common five:

1. I wish I'd had the courage to live a life true to myself, not the life others expected of me.

This was the most common regret of all. When people realize that their life is almost over and look back clearly on it, it is easy to see how many dreams have gone unfulfilled. Most people have not honoured even a half of their dreams and had to die knowing that it was due to choices they had made, or not made.

It is very important to try and honour at least some of your dreams along the way. From the moment that you lose your health, it is too late. Health brings a freedom very few realise, until they no longer have it.

2. I wish I didn't work so hard.

This came from every male patient that I nursed. They missed their children's youth and their partner's companionship. Women also spoke of this regret. But as most were from an older generation, many of the female patients had not been breadwinners. All of the men I nursed deeply regretted spending so much of their lives on the treadmill of a work existence.

By simplifying your lifestyle and making conscious choices along the way, it is possible to not need the income that you think you do. And by creating more space in your life, you become happier and more open to new opportunities, ones more suited to your new lifestyle.

3. I wish I'd had the courage to express my feelings.

Many people suppressed their feelings in order to keep peace with others. As a result, they settled for a mediocre existence and never became who they were truly capable of becoming. Many developed illnesses relating to the bitterness and resentment they carried as a result.

We cannot control the reactions of others. However, although people may initially react when you change the way you are by speaking honestly, in the end it raises the relationship to a whole new and healthier level. Either that or it releases the unhealthy relationship from your life. Either way, you win.

4. I wish I had stayed in touch with my friends.

Often they would not truly realise the full benefits of old friends until their dying weeks and it was not always possible to track them down. Many had become so caught up in their own lives that they had let golden friendships slip by over the years. There were many deep regrets about not giving friendships the time and effort that they deserved. Everyone misses their friends when they are dying.

It is common for anyone in a busy lifestyle to let friendships slip. But when you are faced with your approaching death, the physical details of life fall away. People do want to get their financial affairs in order if possible. But it is not money or status that holds the true importance for them. They want to get things in order more for the benefit of those they love. Usually though, they are too ill and weary to ever manage this task. It all comes down to love and relationships in the end. That is all that remains in the final weeks, love and relationships.

5. I wish that I had let myself be happier.

This is a surprisingly common one. Many did not realise until the end that happiness is a choice. They had stayed stuck in old patterns and habits. The so-called 'comfort' of familiarity overflowed into their emotions, as well as their physical lives. Fear of change had them pretending to others, and to their selves, that they were content. When deep within, they longed to laugh properly and have silliness in their life again.

When you are on your deathbed, what others think of you is a long way from your mind. How wonderful to be able to let go and smile again, long before you are dying.

Life is a choice. It is YOUR life. Choose consciously, choose wisely, choose honestly. Choose happiness.

Bronnie Ware

http://inspirationandchai.com/Regrets-of-the-Dying.html



Bronnie Ware is a writer and songwriter from Australia who spent several years caring for dying people in their homes. She has recently released a full-length book titled 'The Top Five Regrets of the Dying - A Life Transformed by the Dearly Departing'. It is a memoir of her own

life and how it was transformed through the regrets of the dying people she cared for. For more information, please visit Bronnie's official website at: www.bronnieware.com or her blog at: www.inspirationandchai.com.

Poetry and Prose

A Request

As we draw to the end of another year to strengthen and hold them near.

For those who are ill and can barely stand, We ask the touch of a healing hand.

For those who are facing an uphill climb We ask to carry them through this time.

As we come to the start of a brand new year,
We pray for the ones that we hold so dear.
We ask for the gifts that the world can't buy:
Contentment, joy, peace and good health to all

Anon

The Joy of Life

This is the true joy of life, the being used for a purpose recognised by yourself as a mighty one, the being thoroughly worn out before you are thrown on the scrap heap, the being a force of nature instead of a feverish little clod of ailments and grievances complaining that the world will not devote itself to making you happy.

George Bernard Shaw

Meditation

(for those who do it or don't do it)

Meditation is needed only because you have not chosen to be happy. If you have chosen to be happy there is no need for any meditation.

Meditation is medicinal.

If you are ill, then medicine is needed.

Once you have started choosing happiness,
Once you have decided that you have to be happy, then no meditation is needed.

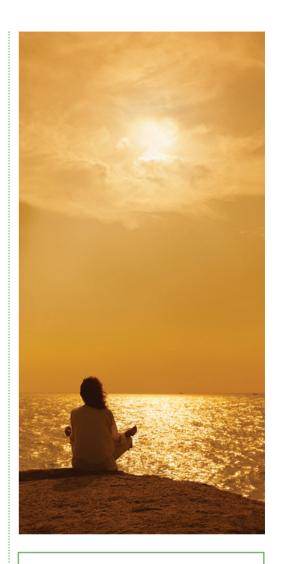
Then meditation starts happening of its own accord.

Meditation is a function of being happy.

Meditation follows a happy person like a shadow.

Wherever they go, whatsoever they are doing, they are meditative.

Osho



NATIONAL ASSOCIATION of COMPLEMENTARY THERAPISTS in HOSPICE and PALLIATIVE CARE

CT Unit Leads Meeting

8th March 2012
10 am to 3.30 pm
at
Hospice House,
34-44 Britannia Street,
London WC1X 9JG

Enquiries to: courses@helpthehospices.org.uk

Complementary Therapy Courses and Conferences

The Christie Research and Education School of Oncology

Stand alone Study Days	Dates	
Accessible Massage	10th-11th Dec. 2011, 8th-9th Dec 2012	
Acupressure for Complementary Therapists	19th May 2012	
Acupuncture Approaches for Acupuncturists Working in Hospice Environment	20th May 2012	
Adapting Chair Massage for Hospice and Cancer Care	18th-19th February 2012	
Adapting Creative Imagery for Individual and Groups	19th-20th May or 17th-18th Nov 2012	
Adapting Head Massage for Hospice and Cancer Care	5th-6th May 2012	
Adapting Massage and Bodywork in Healthcare Settings	10th-11th Dec 2011 or 8th-9th Dec 2012	
Adapting Reflexology for Hospice and Cancer Care	3rd-4th March 2012 or 17th-18th Nov 2012	
Anxiety States	3rd Dec 2011 or 7th July 2012 or 1st Dec 2012	
Aromatherapy 1: Making the most of the Oils	18th-19th February 2012	
Aromatherapy 2: Clinical Applications and Developments	9th-10th June 2012	
Aromatherapy 3: Using Essential Oils in Acute Cancer Care	14th September 2012	
Breathlessness; Minimise distress and maximise the Breath	20th-21st October 2012	
Clinical Issues in Cancer Care	7th April 2012 or 7th September 2012	
Clinical Reflexology 1 – Expanding your skills 13th-14th October 2012		
Clinical Reflexology 2 – Master Class 18th-19th February 2012		
Sognitive Behavioural Therapy: Uses and Potential for Supportive Care 3rd March 2012 or 18th November 201		
Coordinating and Developing Complementary Therapy Services 9th-10th November 2012		
End of Life approaches to complementary therapies	24th November 2012	
Enhancing Relaxation Techniques	13th-14th October 2012	
Evaluation, Evidence and Research for Complementary Therapy Coordinators	11th November 2012	
Exploring Hand Reflexology	1st-2nd December 2012	
Healing Modalities	24th-25th November 2012	
Hearts Process	7th-8th July 2012	
Hypnotherapy – Emotional Eating and Ethical Hypnobanding	4th-5th February 2012	
Hypnotherapy – Confidence with Rapid Inductions	24th March 2012	
Introduction to Mindfulness	7th-8th July 2012	
Panic and Phobia	4th December 2011	
Practical Issues in Cancer Care	6th April 2012 or 8th September 2012	
Precision Reflexology – Palliative Care approach	29th-30th September 2012	
Transactional Analysis: An Introduction to develop your skills	2nd March 2012 or 17th November 2012	
Conferences	Dates	
14th Annual Clinical Reflexology Conference	Saturday 25th March 2012	
Theme: Working in Challenging Areas of Practice		
Packages and Diplomas	Dates	
Aromatherapy and Cancer Care Diploma	Note:	
Aromatherapy Five-Day Post Graduate Certificate	Start dates for diplomas occur at any time	
Clinical Reflexology Diploma	throughout the year	
Adapting Complementary Therapies for Cancer Care Diploma	7	
Relaxation and Creative Imagery Interventions Diploma	7	

To book please contact: Joanne Barber or Peter Mackereth joanne.barber@christie.nhs.net or tel. 0161 446 8328 Alternative booking: www.christie.nhs.uk/pro/cs/comp/training

Special Interest Groups

Do you have an interest in Aromatherapy?

Would you like some friendly support and contacts?

Would you like to exchange ideas with others?

- Discover which oils others have found useful with particular conditions?
- Do you have views on 'clinical' aromatherapy v 'holistic' aromatherapy?
- Would you like to use oils in mouth care or wound care but are unsure where to start?
- Would you like to be kept informed of useful events, training courses, etc?

If the answer is 'yes' then you may be interested in joining the Aromatherapy Special Interest Group (AROMASIG)

The idea of SIGs was introduced by Chris West at the last AGM and they may already be familiar to you if you are a nurse.

In a nutshell a SIG is for mutual support, information and contact so what it does will be up to those who join. They are generally 'virtual' groups rather than 'physical'. We envisage the group being run as an online discussion group, maybe using Facebook – it depends what the response is!

Interested? Then please contact Stella Reeve at St Richards Hospice, Worcester: therapies@strichards.org.uk

Stella Reeve





Qi Gong / Tai Chi

Hi there my name is Gerry Crossman and I'm the research and education officer for NACTHPC and presently I'm in the process of conducting a study of Qi gong in a hospice and palliative care setting.

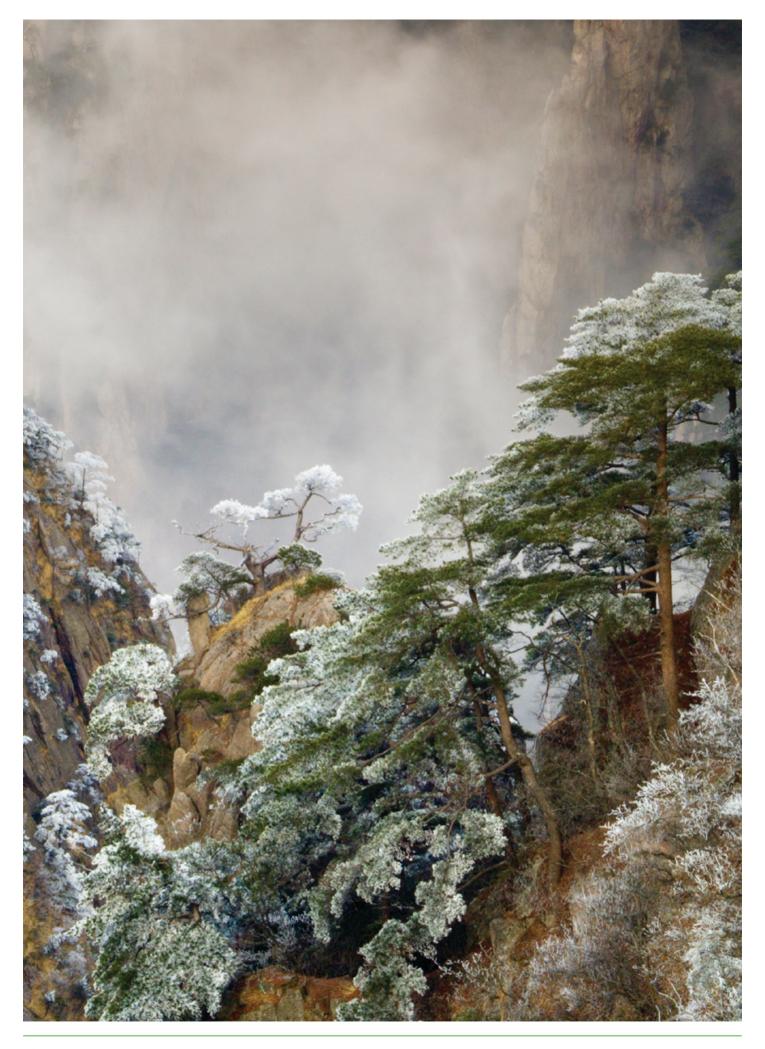
I would be interested to know if there are interested parties out there and especially the subjects of:

- · Qi Gong / Tai Chi
- Bowen therapy
- Emotional freedom technique

You can contact me on my e-mail address: Gerxman@aol.com

Gerry Crossman





NACTHPC Regional Group Organisation (revised)

In the past we have received enquiries from members asking how to organise an existing group or how to start a new group. This is a copy of a booklet produced from a collation of the group survey details carried out earlier this year (2011). It is not however, meant to tell regional groups how to run their groups. Firstly it can help to generate thoughts on other ways of operating their groups, if necessary or desirable for the members. Secondly, it will act as a guide for any new groups wishing to start or new group members who would like some overall guidance of how other groups are operating.

NOTES ON REGIONAL GROUP ORGANISATION

Mission Statement

NACTHPC is committed to the development of the use of complementary therapies in hospice and palliative care. We offer professional advice, promote good practice, and share knowledge and expertise amongst members and other professionals.

The objectives of the Association are:

- To develop a national and regional support network for
- To encourage and promote an exchange of knowledge, experience and best practice
- To raise the profile of the use of complementary therapies at local, regional and national levels
- To provide professional advice on the development of complementary therapy services
- To collaborate with other professional bodies at regional and national levels

NOTES ON REGIONAL GROUP ORGANISATION

Our regional groups are one of the key functions of our organisation. Without them we would certainly not be able to be aware of what is actually happening in our organisation around the country. Feedback from the regional groups is vital if we are to operate as one voice in demonstrating what we stand for nationally and it goes without saying that our regional group leads are doing a great job of keeping things together in their region.

Style of Operation

Generally, the style of the running of the groups is as a committee with a chair person, an agenda and minutes, but with the possibility of informal discussions when appropriate. This method enables the agenda and the minutes of previous meeting to be circulated, thereby acting as a reminder to members of what occurred at the last meeting and the format for the next meeting. Usually the regional group lead would take the chair at the meetings although other members could do it either on a rota or as an alternative suggestion from the members. The regional coordinator is usually responsible for taking minutes but this can be varied by choice

Number of Members and Attendance

Attendance records can be kept and also a data base of all ! Submit the expenses form as soon as possible after the event. members details i.e. names, addresses, phone numbers, and e mail

addresses. It would be agreed by members that these details could be issued to all members and would provide a sound member communication link.

Meetings

Groups generally meet on an average of 2-3 times per year and in all cases with existing groups the venue is changed. However this is entirely up to the members as to whether this is suitable and whether there are available venues on offer within the region.

Speakers

All groups seem to engage outside speakers at some stage and all seem to want outside speakers, or at least consider suggestions. If a regional group is finding it difficult to find a speaker then the regional group liaison will be prepared to assist where possible. Generally members should be consulted as to the type of speaker they would like. Some members may want a workshop speaker so that they can have "hands on" participation. Others may prefer a topical speaker followed by discussion. Getting the opinion of the members in advance is recommended.

Group Expenses

What expenses you can claim for:

- Administration Costs eg: telephone, stationery, postage
- Speakers' fees
- Speakers' travelling expenses
- Cost of venue

How to claim for Expenses

You can take it to your meetings, fill it in, get it signed by your speaker or sign it yourself if you are claiming for allowed running expenses. If you want a cheque in advance for a speaker you can sign the claim form in lieu of the speaker and hopefully this will enable the cheque to be returned in time for the meeting (please allow a couple of weeks). The claim forms need to be returned to the treasurer (Islay Grieve) by e-mail with a copy to myself as regional group liaison. (isgrieve@talktalk.net, vedantwood@aol. com) Please retain a blank copy for future use.

If you need to post the form please email for address.

Expenses not claimed within 1 year after an event will be forfeit.

Receipts must accompany all expense forms.

Expenses could take up to 3 – 4 weeks before they are reimbursed.

Expense Limitations

It is expected that groups can plan ahead to estimate their possible expenses for a particular financial year to enable the treasurer to control cash flow.

Regional groups can claim expenses up to £200 per annum without informing committee in advance. If it is planned to incur an annual total expense of more than £200 then it is essential that the group liaison be informed as soon as is reasonably possible for executive committee approval

This expenses system will be reviewed annually.

Units Covered

It is important to try to establish the palliative care units within your region as these can vary quite considerably. It may be that some of them are not members of your group, or indeed members of NACTHPC and if invited to the group meeting they may well wish to join thus increasing membership.

Comments/Suggestions

It would be helpful to write a report of the meeting for publication in The Link and also perhaps on the web site

Encourage the group's creativity by considering leading on joint projects with the committee and other groups. For example if someone had a proposal for a bit of joint research, the committee could be approached for approval and financial support and advice

Examples of Types of Group Meetings

These are typical outlines of how groups might operate but they are meant only as suggested methods to give some kind of guidance to aspiring group organisers

Style A - Formal

Prior to the meeting:

Minutes of previous meeting, date and time of new meeting with new agenda. Travel directions to chosen venue and suggestions how individuals might organise joint travel.

At the meeting:

The attendees will be welcomed by someone from the chosen venue or by the regional coordinator and the chair person will take the chair. Apologies for absence taken and a register of attendees kept. Chair will outline details of "housekeeping", health and

safety, break times, etc. Guest speakers can be introduced and give talk before lunch.

Break for lunch and some networking

Discussion on general and specific topics to follow. Any other business. Date time and venue for next meeting arranged. This is often followed by a guided tour of the hospice or institution

Style B - Informal

Prior to the meeting:

There is no formal agenda and no minutes or register is taken. There is no chair other than the host member who has organised the meeting. Members can be informed by e-mail, etc.

At the meeting:

The organiser will welcome members and a speaker if appropriate. "house keeping" details will be given to any new members. The meeting will then start with a speaker or with an informal "chat" style where all members will be able to bring issues. After a lunch break there may be a tour of the venue and then continue with as an informal "chat" or whatever the members would like to suggest. A date, time and possible venue can then be decided amongst members.

Style C - 50-50

With this style a mix of the other two styles can work equally as well. For example you can have a chair perhaps chosen on the day of the meeting. An agenda and register can be kept as it helps to keep in touch with members. Minutes can be taken but in a very informal way and the meeting can be directed by the chair but kept at an informal level, in accordance with the members' wishes. Minutes can also be helpful if you want to send in a report for the LINK, although this can be done by simply taking brief notes

Generally speaking regional groups can be run in whatever way the members decide and periodically discussed to see if the method is fulfilling the needs of the members

Conclusion

It is hoped that this booklet will serve the purpose for which it is intended; as a guide and a help and perhaps to stimulate further links between groups. Each regional group will have its own method of operating but we can often learn alternate ways by networking with others. As you are aware the contact details are in the LINK newsletter for all groups and their leads so I hope that you can use this information and gain maximum benefit from your group meetings. I would welcome and consider any comments and/ or further suggestions which may improve this booklet

Best of luck

Vedant Wood Regional Group Liaison
(vedantwood@aol.com)

Job Opportunities



Position

Volunteer complementary therapist.

Qualifications & Training

St Oswald's Hospice is currently looking for an experienced Aromatherapist to work with patients on the in-patient unit. You will need to have NVQ or VTCT Level 3 in Aromatherapy Massage & have relevant professional membership & insurance.

Experience

Experience working in a health care setting.

Experience working within a multidisciplinary team.

Experience working with patients with life limiting illnesses.

Personal qualities & attributes

Demonstrate highly developed interpersonal and communication skills.

Working with patients with life limiting illnesses and their families.

High level of commitment to work.

Reliability & flexibility.

Able to work autonomously as well as under supervision.

Confident & self assured to work within a busy environment.

Calm & professional manner.

Able to adapt to changed circumstances.

Able to build effective relationships with staff & volunteers.

Gaenor Evans Complementary Therapy Team Leader St Oswald's Hospice Ltd.

Switchboard: 0191 285 0063 Ext: 270 http://www.stoswaldsuk.org/

Committee Vacancies

Nominations are invited for the following vacancies on the committee. You can nominate yourself or someone else (with their permission, of course).

Please contact Chris West to discuss your interest.

You do not need to have previous experience or knowledge as you will be supported in learning and developing the role. You will need to be able to commit to attending committee meetings 4 times per year which last a day and may require you to travel. You will also need to be able to devote some additional time to the fulfilment of the role.

Vice Chair

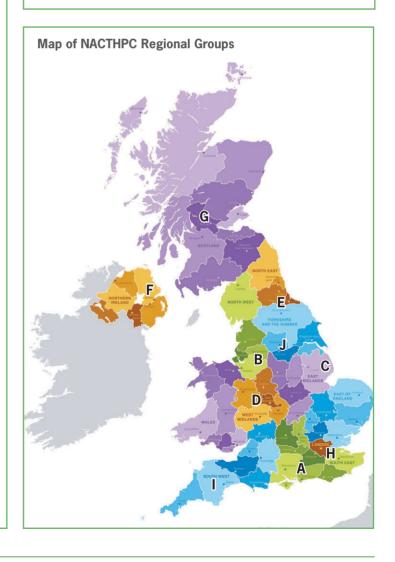
Support Chair with designated tasks and stand in for Chair in her absence

Website Liaison

Manage, develop and maintain website

Press and Public Relations Officer

Liaise with the Press
Promote association with external agencies

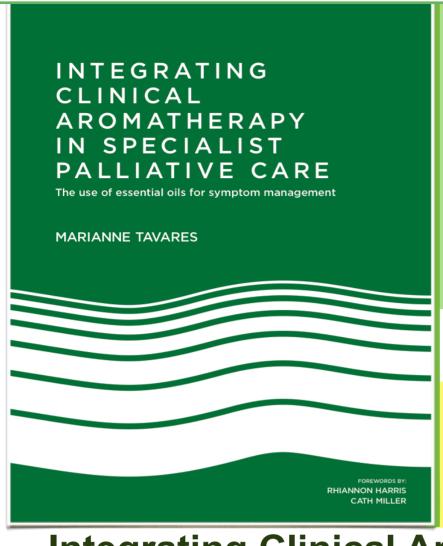


NACTHPC Executive Committee

Name	Committee Role(s)	Contact Details	
Gerry Crossman	Education and Research Lead	Gerxman@aol.com Mobile: 07543 540 416	
Ruth Davies	CT Unit Leads Liaison Special Interest Group Link	NeDv357@aol.com Mobile: 0776 624 1890	
Michele Gordon	Project Link, Minutes Secretary	michele.gordon@nihospicecare.com Work: 02890 781 836 ext 3079	
Islay Grieve	Treasurer Conference Organiser	isgrieve@talktalk.net	
Sue Holland	Secretary	wonderwoman02@googlemail.com Mobile: 0773 773 4496	
Christine West	Chair Website Liaison (acting) nacthpcchair@hotmail.co.uk c/o St Lukes Hospice 385 Kenton Road, Harrow, HA3 OYG		
Vedant Wood	Editor, The Link Regional Group Liaison	vedantwood@aol.com Mobile: 07939 144 174	

NACTHPC Regional Groups

Gı	roup	Contact	Email & Telephone	Address
Α	Central Southern England	Anne Bennett	anne.bennett@stwh.co.uk 01243 755 833	St Wilfred's Hospice Grosvenor Road Chichester PO19 8PF
В	Greater Manchester	Anita Mehrez	kameld5@aol.com 0161 432 7381	Rehabilitation Unit, Christie Hospital NHS Foundation Trust Manchester M20 4BX
С	Lincolnshire and North Lincolnshire	Sarah Holmes	sarah.holmes@stbarnabashospice. co.uk 01522 518 209	St Barnabas Hospice Lincoln LN12 1RE
D	Midlands	Ruth Davies	NeDv357@aol.com	Mary Stevens Hospice DY8 2JR
Ε	North East	Glynis Finnigan	glynisfinnigan@butterwick.org.uk 01642 607 742	Butterwick Hospice Care Stockton on Tees TS19 8XN
F	Northern Ireland	Michele Gordon	michele.gordon@nihospicecare.com 02890 781 836	Northern Ireland Hospice Belfast BT36 6WB
G	Scottish	Jen Wood	jenwood2@gmail.com 0773 935 0322	St Columba's Hospice Edinburgh
Н	South Eastern	Martyn Yates	martynathome46@yahoo.co.uk	
I	South West		Awaiting new regional coordinator	
J	West and South Yorkshire	Pam Colley	pam.colley@suerydercare.org 0113 278 7249	Sue Ryder Wheatfields Leeds LS6 2AE



- The best available evidence
- Framework for clinical practice
- *Wound care
- *Skin care
- *Mouth Care

Working in partnership with nursing and medical teams ...

Essentíal oils may be integrated safely and in simple ways into palliative care for symptom management, alongside conventional measures.

Integrating Clinical Aromatherapy in Specialist Palliative Care

The use of essential oils in symptom management

Marianne Tayares

Othis new book is set to take clinical aromatherapy care provision in cancer and palliative care to an international level. This evidence-based book ... will no doubt quickly become another benchmark for practice worldwide.

Essential Oil Resource Consultants

Ò... the author provides guidance to support practitioners to deliver clinical aromatherapy to the right people, in the right environment, at the right time.Ó

Cath Miller

Director of Nursing, St. Gemma 6 Hospice

For enquiries, please contact:

Ann Carter, Email: coffeecups@tiscali.co.uk • Tel. 0161 860 0047 Marianne Tavares, Email: mariannetavares@hotmail.com



PRESS RELEASE BOTANICA2012

Botanica2012
an international conference of clinical aromatherapy and plant therapeutics
7-10th September 2012
Trinity College Dublin
www.botanica2012.com

Botanica2012 is the key phytoaromatherapy conference of the year for Northern Europe. This inaugural and innovative event is hosted and organised by Rhiannon Harris, aromatherapy expert, editor of the International Journal of Clinical Aromatherapy (www.ijca.net) and director of Essential Oil Resource Consultants (www.essentialorc.com).

Botanica2012 aims to

- Promote and publicise the use of plant-based medicine in clinical settings around the world
- Raise the profile of evidence-based integrated clinical aromatherapy interventions
- Foster international exchanges of research and clinical information.

Attendees will

- Obtain an up-to-date and global overview of the potentials, challenges and future of clinical aromatherapy and herbal therapeutics
- Understand the place of essential oils and herbal remedies in integrative medicine
- Be inspired, encouraged and motivated to improve general health and well being with diverse preparations of plant origin.

Highlights include

- Three full days of conference (7th-9th September)
- International trade show (7th-9th September)
- One day of intensive post-conference workshops (10th September)
- The chance to hear and network with international experts and researchers
- Spotlights on essential themes such as cancer care, women's health, infection, hydrolatherapy, herbalism and phyto-aromatherapy integration
- The opportunity to network with colleagues and peers
- A stimulating social program with the best of Irish hospitality
- Certificates of attendance given for evidence of CPD

Dublin is directly and easily accessed from a number of countries including UK and USA. Trinity College Dublin is situated in the heart of the city and offers on campus accommodation and meals.

Please visit the official conference website for the full programme, speaker line-up and to reserve a place: www.botanica2012.com. Early bird discount for places booked before March 1st

For more information contact Rhiannon at editorijca@club-internet.fr

Dates for your Diary

Details of more events, education and training at www.nacthpc.org.uk

Date	Event/Venue	Contact
8th March 2012	CT Unit Leads Meeting Hospice House, 34-44 Britannia Street, London, WC1X 9JG	Ruth Davies NeDv357@aol.com
25th March 2012	14th Annual Clinical Reflexology Conference	joanee.barber@christie.nhs.uk
15th May 2012 28 September 2012	Soul Midwives workshop Hospice House, London	Islay Grieve isgrieve@talktalk.net
7th to 10th Botanica 2012 Aromatherapy Conference September 2012 Trinity College Dublin		www.ijca.net/botanica2012.php see advert below



Join clinical aromatherapists from around the world for 3 days of conference and trade show

7-9th September 2012 – Trinity College Dublin

Save the date!

Hosted by Rhiannon Harris
International Journal of Clinical Aromatherapy

Register your interest and reserve your place now at www.ijca.net/botanica2012.php

"THE LINK" NOTICE BOARD

Please note that while the Association is pleased to include details of courses, forums and events in The Link newsletter it is unable to accept responsibility for the quality or the content of these courses. The charges below only apply to courses and events etc. that are profit making. Any courses, events etc. which are free and of benefit to members will be advertised with no charge.

To place an advert on the Notice Board in an edition of 'The Link' send details of your forthcoming event to the editor:

Vedant Wood, 51 Roxborough Road, Harrow, Middlesex HA1 1NS.

Tel: 0208 863 0261 e-mail: vedantwood@aol.com

Rates: ¹/₄ Page: £10 (per issue) ¹/₂ Page: £18 (per issue) Full page £35 (per issue)

Cheques should be made payable to NACTHPC and reach Vedant together with the course/event details no later than 20th April 2012. Next edition published beginning of May 2012.