CROSS-CUTTING THEMES FROM NON-MEMBER-COUNTRIES

1. Professional recognition and state regulation

This area has become even more central. The spectrum ranges from very stable recognition in Switzerland, through state recognition of therapies requiring a licence in Slovenia, to very diverse situations: legally uncertain or developing structures in Croatia, Portugal, Bosnia and Serbia, as well as a CAM structure in Estonia that is not state-regulated but is self-organised via the Estonian CAM Council. France, on the other hand, illustrates how professional certification and recognition pathways can once again be weakened or blocked by changes in state requirements.

Switzerland is highlighted even more clearly as a reference model in this supplement: complementary therapy is a state-recognised profession there, and Shiatsu is integrated into this professional framework as a recognised method. At the same time, the Swiss example shows that recognition becomes particularly sustainable when it is linked to clear training pathways, quality standards, insurability and professional credibility within the healthcare system.

2. Licensing, Examinations and State Regulation

Slovenia introduces a new and significant aspect: not only training, but also state examinations and licensing. Slovenia requires written and oral examinations before a medical panel and permits professional practice only with a licence. This differs significantly from countries where Shiatsu is permitted but subject to little regulation.

Switzerland demonstrates a different form of state-embedded quality assurance and professional examination: not via a medically oriented healer's licence as in Slovenia, but via the complementary therapy career path involving an industry certificate, supervised professional practice, supervision and a federal diploma. This also results in high standards, albeit within an independent complementary therapy framework.

3. Qualifications frameworks: EQF/NQF as an opportunity, but not universally accessible

Switzerland, Bosnia, Croatia, Estonia and France refer directly or indirectly to EQF/NQF structures. A distinction must be made between state-anchored qualification pathways and self-organised, EQF-oriented standards: In Estonia, qualifications have been awarded independently by the CAM Council since 2018, whilst the state is aware of this but remains largely indifferent. At the same time, Slovenia demonstrates that state recognition does not automatically imply EQF alignment: there, EQF alignment is currently not a realistic prospect because Shiatsu is not categorised as an academic profession.

Switzerland remains particularly relevant in this area because the federal diploma in complementary therapy is classified at NQF/EQF Level 6. However, the path to achieving this is a long one: at least three years to obtain the sector certificate, followed by at least two years of supervised professional practice, supervision and, in most cases, a preparatory course prior to the federal examination. From October 2026, the supervision requirement will be reduced to 18 hours. The Swiss model thus demonstrates both the opportunities offered by a clear qualifications framework and the considerable effort involved.

4. Language, ethics and legal distinction from the medical field

This issue is particularly evident in FFST France and Croatia: terms such as ‘therapy’, ‘diagnosis’, ‘pain’, ‘health’ or ‘medical effect’ can be legally problematic. In France, this even applies to phrases such as ‘pain relief’ or ‘health support’; in Croatia, the Adult Education Agency’s criticism is specifically directed at health-related terms such as ‘diagnosis’ and ‘therapy’ in the curriculum. Slovenia presents a contrast in this regard, as Shiatsu is explicitly recognised as a therapy there, but is consequently subject to greater state medical scrutiny.

Switzerland, in turn, demonstrates a third approach: there, Shiatsu is not simply categorised within the wellness sector, but is recognised as a method of complementary therapy. This creates a professionally legitimised link to the healthcare system, without Shiatsu having to completely surrender its independent identity as a complementary therapy to a medical framework.

5. Training Standards and Quality Assurance

The differences are considerable: short courses in some countries, a target of 500+ hours in Croatia, approximately 600 hours plus state examinations in Slovenia, and a training programme lasting several years in Switzerland comprising 2,500–3,000 hours of study or at least three years to obtain the industry certificate. Anyone in Switzerland wishing to obtain the federal diploma in addition must subsequently complete at least two years of supervised professional practice, fulfil supervision requirements and, as a rule, attend a preparatory course.

This presents an important strategic area for the ESF: a European focus, minimum standards and comparability, without ignoring national particularities. At the same time, the Swiss model makes it clear that high training standards not only ensure quality but also create barriers to entry: time, energy and financial investment become key factors in recruiting new talent and developing schools. Meanwhile, Estonia presents an important counter-perspective: there, it is emphasised that the number of training hours alone does not necessarily guarantee quality; what is decisive is high-quality vocational training and sufficient practical experience.

6. Establishment, Reconstruction and Stabilisation of National Structures

APAJap in Portugal, Bosnia, Serbia, Croatia and Slovenia each demonstrate different processes of establishment or reconstruction. In Slovenia, the focus is less on initial recognition and more on reactivation: a website, the reopening of the school, a small membership base and prospective ESF membership.

In Bosnia, it would be more accurate to speak of a young Shiatsu school or a developing structure; the exact name of the association is still to be decided. Portugal is establishing a new, visible structure through APAJap; Serbia is still in its infancy, with no official school and no national association; Croatia wishes to re-establish a professional association; and Slovenia is reactivating existing, already recognised structures.

Switzerland adds to this discussion from a different perspective: there, the focus is not on fundamental structural development, but on stabilising a system that is already highly professionalised. Swiss Shiatsu schools, too, have experienced declining participant numbers in recent years. However, recent feedback suggests that the figures have stabilised and, in some cases,

are rising again. This makes it clear that even established systems must continually work to attract new talent, maintain their appeal and ensure institutional stability.

7. European Networking and the Role of the ESF

Several interviewees are seeking links with the ESF – partly with a view to membership, partly as a platform for exchange, and partly for resources on standards, recognition and ethics. Of particular relevance are France, Germany/GSD, Portugal, Croatia, Bosnia, Serbia and now also Slovenia. Switzerland is also relevant in this context, though less as a candidate for development and more as a reference model and as part of the European ISN/network context, which is becoming more active again.

Switzerland can play an important reference role in this context. Its model demonstrates how state recognition, NQF/EQF Level 6, insurability, quality standards and a clear career path can work together. At the same time, the Swiss example is not easily transferable, as it is based on specific national conditions, such as state funding for higher vocational education and reimbursement through supplementary insurance.

8. Visibility, communication and cultural relevance

Apart from legal recognition, the key question remains how Shiatsu can become visible, understandable and socially relevant today. FISieo emphasises cultural renewal; Ivan Bel, media and online visibility; Portugal and Bosnia, public events and community building; Estonia, podcasts and seminars; and Slovenia, initially the development of a website as a basis for visibility and links to the ESF. Ivan Bel also explicitly focuses on professional digital strategy, SEO, and greater linking and visibility for Shiatsu Resources Worldwide.

Switzerland demonstrates that visibility can also arise through institutional credibility: when Shiatsu treatments are reimbursed by many supplementary health insurance schemes and therapists must meet recognised quality standards, the profession gains greater public and professional legitimacy. At the same time, reliable data on student numbers, graduates and full-time employment remains an open issue that could be better documented in future.

9. The tension between proximity to medicine and an independent identity

The minutes reveal a recurring dilemma: proximity to the healthcare system can facilitate recognition, but also entails control, language requirements and medical examinations. France and Croatia face severe restrictions due to medical demarcation; Slovenia receives recognition as a therapy, but under a medical examination framework; Switzerland integrates Shiatsu as a complementary therapy with its own professional framework.

The Swiss approach clarifies this tension: It demonstrates that an independent complementary therapy framework can enable professional recognition, insurability and quality assurance without fully classifying Shiatsu within a medical profession. At the same time, this path remains challenging, as high standards, lengthy training periods and financial burdens affect the attractiveness of the career path.

10. Financial viability and accessibility of the career path

The Swiss model highlights another overarching issue: professionalisation requires not only standards but also financial viability. The Swiss training pathway is long and costly, but is cushioned by state support: the federal government reimburses 50 per cent of eligible training costs up to a maximum of CHF 10,500, provided the entire pathway to the federal diploma is completed within seven years.

The reimbursement of Shiatsu treatments by many supplementary health insurance schemes also enhances the profession’s appeal and credibility. In this respect, Switzerland differs significantly from countries where recognition, income and the security of one’s livelihood as a practitioner remain uncertain. France/SPS, in particular, explicitly identifies financial viability as a core problem: only a few practitioners can make a living exclusively from Shiatsu; many require a second job.

Croatia also highlights a financial dimension, as the future status of the school would have implications for VAT and turnover issues should the curriculum not be recognised. At the same time, Switzerland demonstrates that even well-established systems must actively monitor issues relating to the next generation of practitioners and access to training.