

The British Acupuncture Council

Guidelines for Acupuncture Education

April 2000

**© 2000 The British Acupuncture Council
63 Jeddo Road, London W12 9HQ**

All rights reserved. No part of this publication may be reproduced, stored on a retrieval system or transmitted in any form by any means without prior permission of the British Acupuncture Council.

CONTENTS

| | | |
|----|--|----|
| | Foreword | i |
| 1. | Introduction | 1 |
| 2. | Statement of professional values | 1 |
| 3. | Course organisation | 3 |
| | 3.1 Entrance requirements | 3 |
| | 3.2 Level of the course | 3 |
| | 3.3 Clinical environment | 3 |
| 4. | Curriculum design | 3 |
| | 4.1 Introduction | 3 |
| | 4.2 Aims | 4 |
| | 4.3 Learning, teaching and assessment processes | 4 |
| | 4.4 Length of the course | 4 |
| | 4.5 Staff | 5 |
| 5. | Core content | 5 |
| | 5.1 Acupuncture | 6 |
| | 5.1.1 History and philosophy of acupuncture | 6 |
| | 5.1.2 Understanding health and harmony | 6 |
| | 5.1.3 Understanding causes of disharmony | 6 |
| | 5.1.4 Diagnostic methods | 6 |
| | 5.1.5 Patterns of disharmony | 7 |
| | 5.1.6 Differentiation and treatment of common diseases | 7 |
| | 5.1.7 Establishing principles and priorities for treatment | 7 |
| | 5.1.8 Knowledge of acupuncture points | 8 |
| | 5.1.9 Treatment techniques | 8 |
| | 5.2 Biomedical science | 9 |
| | 5.2.1 Language and communication | 9 |
| | 5.2.2 Mechanisms and diseases | 9 |
| | 5.2.3 Anatomy and safe needling | 9 |
| | 5.2.4 Diagnosis of serious underlying pathology | 9 |
| | 5.2.5 Patient medication | 9 |
| | 5.2.6 Knowledge of clinical medicine | 10 |
| | 5.2.7 Emergency first aid | 10 |
| | 5.3 Research and reflective practice | 10 |
| | 5.4 Practitioner development and ethics | 10 |
| | 5.4.1 Practitioner development | 10 |
| | 5.4.2 Informed consent | 11 |
| | 5.4.3 Confidentiality | 11 |
| | 5.4.4 Referral | 11 |
| | 5.4.5 Code of ethics | 11 |
| | 5.5 Practice skills and management | 11 |
| | 5.5.1 Setting up in practice | 11 |
| | 5.5.2 Record keeping | 12 |
| | 5.5.3 Code of practice | 12 |
| | 5.5.4 Ongoing responsibilities to patients | 12 |
| | 5.6 Continuing professional development | 12 |
| | Appendix | 14 |

FOREWORD

The following document replaces Appendix A of the British Acupuncture Accreditation Board (BAAB) Handbook, first published in May 1991. It was produced by the Education Policy Committee of the British Acupuncture Council (BAC) after extensive consultation over a two year period with the stakeholders listed below:

- The BAAB Accreditation Committee
- The BAAB Accreditation Officer
- The BAC Admissions Committee
- The BAC Ethics Committees
- The BAC Executive Committee
- The College of Integrated Chinese Medicine
- The College of Traditional Acupuncture
- The International College of Oriental Medicine (UK)
- The London College of Traditional Acupuncture
- The Northern College of Acupuncture
- The School of Five Element Acupuncture
- University of Westminster – Traditional Chinese Medicine/Acupuncture

These Guidelines for Acupuncture Education were unanimously adopted by the Executive Committee of the British Acupuncture Council on 27 October 1999.

Acknowledgements

A list of the contributing Education Policy Committee members appears at the end of this document. In the development of these guidelines, the British Acupuncture Council wishes to acknowledge the editorial skill of Gwen Hampshire and the secretarial and administrative support provided by Joan Maynard.

GUIDELINES FOR ACUPUNCTURE EDUCATION

1. INTRODUCTION

The following guidelines of the British Acupuncture Council are designed for educational institutions who are working towards, or who have attained accreditation, with the British Acupuncture Accreditation Board. This document should be read in conjunction with the Board's Accreditation Handbook which contains the principles and guidelines for acupuncture education endorsed by the British Acupuncture Council¹. These guidelines have been developed by the British Acupuncture Council and present requirements and recommendations for acupuncture education to meet the entry standards necessary for professional membership of the British Acupuncture Council. They are informed by the values that underlie the work of acupuncturists and are subject to periodic review.

2. STATEMENT OF PROFESSIONAL VALUES

The practice of acupuncture is informed by values and principles which include the following. It seeks to be:

patient-centred - patients are at the centre of the therapeutic process and their individual experiences of health and illness are acknowledged and respected.

compassionate - an approach that brings sensitivity, empathy, humility and compassion to the therapeutic relationship.

ethical - where personal and professional boundaries are monitored and maintained, confidentiality is upheld, dignity is respected, informed consent is ensured and trust is honoured.

holistic - because treatment is based on an understanding that mind, body and spirit are integral, acupuncture can offer the possibility for (re)discovering what it might mean to be fully oneself.

dynamic - an awareness of rhythm, flow, balance, harmony and resonance, and the ways that changes in seasons and cycles of life inform both diagnosis and treatment.

therapeutic - acupuncture acts as a catalyst for change and self-healing.

enabling - creating opportunities for patients to learn about themselves and their health and supporting them in making informed choices, such as lifestyle changes, which may advance the healing process.

¹ See page (ii) of the 1998 edition of the BAAB Accreditation Handbook.

responsive - the practitioner engages with, and responds to, the changes in the patient's condition over time, and integrates the patient's evolving priorities and choices.

practice-led - understanding that acupuncture evolves and develops from a synthesis of practice and theory, where practice is both informed by theory and creative of theory.

effective - drawing on acupuncture's roots in both science and tradition, practitioners are committed to providing effective treatments with successful outcomes.

creative - every therapeutic encounter brings with it the potential for a fresh and creative response and for the development of the practitioner's artistry and the patient's self-awareness.

reflective – engaging in an ongoing and cumulative process of self-evaluation with cycles of reflection, deliberation and action.

preventive - the practitioner may identify potential disharmonies, often before symptoms are present, and may work with the patient to restore and maintain good health.

collaborative - working with colleagues and other professionals to ensure that the patient receives the best possible care and advice.

accountable - where practitioners individually and collectively are committed to transparent systems of accountability.

competent - practitioners have a commitment to practising skilfully and competently, which includes knowing the limits of their competence; to recognising that professional judgements are open to question; and to building their knowledge base by giving a high priority to their continuing professional development.

safe - maintaining high standards of hygiene and cleanliness, handling emergencies and adverse events correctly, knowing when and where treatment is contraindicated, and taking responsibility for referral where appropriate.

3. COURSE ORGANISATION

3.1 Entrance requirements

The minimum entrance requirements for students shall normally be equivalent to those required for higher education. Mature students without these qualifications should be considered on individual merit. When determining the admission requirements for a course, credit may be given for prior learning and/or relevant experience. It is expected that equal opportunities policies shall operate on admission procedures and that a high value will be placed on the appropriate life experience of the prospective student.

3.2 Level of the course

The minimum level of the course should be equivalent to a first degree. Courses must achieve accreditation through the British Acupuncture Accreditation Board. Students who successfully complete a course which has achieved Stage 2 Accreditation by the British Acupuncture Accreditation Board are eligible for automatic entry to membership of the British Acupuncture Council.

3.3 Clinical environment

The institution must provide a teaching clinic for students as part of the educational programme. The teaching clinic must meet the standards *set* by the British Acupuncture Council's Code of Safe Practice. The British Acupuncture Accreditation Board will be responsible for verifying the teaching institution's self audit of their compliance in the teaching clinic with the Council's Code of Safe Practice.

4. CURRICULUM DESIGN

4.1 Introduction

The requirements and recommendations that follow represent an agreed core of professional knowledge and understanding, attitudes, values and skills. These provide the basis for the curriculum design for acupuncture education. A curriculum encompasses all the educational activities and learning opportunities - intended, offered and received - provided by the institution². Each institution will design and develop its own curriculum. It is recognised that the emphasis will vary according to the different traditions of acupuncture and the ethos of the respective institutions. Modes of course design will vary, such as modular or integrated, and teaching and learning approaches will be flexible, offering opportunities provided by lectures, tutorials, supervision groups, guided home study, interning with experienced practitioners, and media-based learning. Courses may also be validated independently by an institution of higher education but it should be recognised that, while validation provides evidence of academic standards, it does not replace accreditation which provides evidence that the entry standards set by the profession have been met.

² For a definition of curriculum, see the Glossary on page 98 of the 1998 edition of the BAAB Accreditation Handbook.

4.2 Aims

The aims of curriculum design should be to promote students' learning and personal development and to prepare them for the opportunities, responsibilities and experiences of working as professional acupuncturists. The curriculum should have breadth and depth, with balance and relevance. The course should be planned with explicit teaching and learning intentions to provide continuity and progression of learning. Equality of opportunity for students to participate, learn and make progress must be a priority.

4.3 Learning, teaching and assessment processes

The curriculum in action must provide evidence that students are given opportunities to listen, think critically, participate, communicate, deliberate, make decisions, observe, question, reflect, perform, investigate and research. Their experiences should not be wholly, or mainly, of the written word, nor their learning mainly from texts, but should include those that are tactile, physical, oral, aural, olfactory, kinaesthetic, emotional and spiritual. Their experiences should be based on engendering positive attitudes and a sense of achievement in a mutually supportive and respectful atmosphere.

Assessment must ensure that students attain a level of knowledge, understanding and skills, and the values and attitudes appropriate to the established standards of the acupuncture profession, and must ensure that these standards are maintained. Assessment should be used to monitor and evaluate students' achievements as they progress through the course, to encourage those students who are succeeding, and to identify any students inappropriately placed on a course of study or who will need to undertake remedial work. Assessment should enable students to use self-evaluation and reflective practice throughout the course and as a foundation for continuing professional development.

Assessments should be designed to match the desired outcomes of the learning process, vary according to the learning intentions, and be relevant to the context within which the learning takes place. They should build on existing assessment and recording procedures. It is expected that knowledge and understanding and practical and clinical skills will be assessed by a variety of methods drawn from the following: formative and summative, norm and criterion referenced, quantitative and qualitative, formal and informal, and process and product oriented.

4.4 Length of the course

The overall length of the course must not be less than three years full-time or the part-time equivalent. The hours must be based on a three year total of 3,600 hours. The ratio of staff-student contact to non-contact time should be not less than one to two i.e. no less than one third of 3,600 must be contact hours. Contact hours must be structured time when students are in direct contact with a member of staff of the institution. The remaining two thirds of the hours should be guided and monitored home study.

Of the 1200 staff-student contact hours, a minimum of 400 hours must be spent in a clinical setting. These hours are spent in supervised clinical practice, incorporating the diagnosis and treatment of patients and the planning of treatment strategies. Students should take increasing responsibility for patient care through these clinical experiences. Students must spend a minimum of 200 hours being responsible for the personal management of patients through all aspects of the treatment encounter.

Students should have experience of a broad range of presenting conditions which reflect those commonly seen in acupuncture practice in the UK. By the end of the course students should be able to take full professional responsibility for the safe, ethical and competent treatment of patients.

Institutions must develop policies and procedures for the provision of supervision which will support the learning process and ensure that patient care is not compromised. For the 200 hours of personal management of patients, it is recommended that the educational value of this supervision is best served by a ratio of not more than four students to one supervisor.

Institutions must maintain a policy on student attendance. An attendance level of 100% is expected for each module or its equivalent and must be strictly adhered to for the patient-student contact hours.

For institutions who are not yet meeting these minimum requirements of contact hours, the British Acupuncture Council expects that the institution will attain the minimum requirements for courses commencing from September 2002.

4.5 Staff

Teaching staff must be able to demonstrate an appropriate level of knowledge and experience in the subject they teach. Core staff who teach the acupuncture components of the course must be members of the British Acupuncture Council or have an equivalent full acupuncture education, be members of professional body with an active Code of Ethics and have full professional indemnity insurance, these individuals being recognised by the British Acupuncture Accreditation Board. Institutions should demonstrate a commitment to the development of their staff as educators and as clinicians.

Footnote: Institutions are responsible for ensuring that all staff they appoint have the appropriate education, experience and professional integrity to undertake the role to which they have been appointed. If institutions wish to appoint members of Core staff to teach the acupuncture components of the course (including the supervision of practice), who are not BAAC members, they are responsible for ensuring that these staff have full acupuncture education, at least equivalent to that laid down in the BAAC Guidelines and accredited by the British Acupuncture Accreditation Board, and are members of a professional body with a Code of Ethics/Professional Practice for which there is evidence that sanctions may be imposed on individuals who contravene that Code and be appropriately insured. The British Acupuncture Accreditation Board, through accreditation processes, including annual reports and reviews, will look for evidence that institutions have followed this guidance, and may challenge the appointment of staff where the evidence is not clear.

5. CORE CONTENT

The following represents the core content required of acupuncture courses as part of the medical paradigm informing the field of traditional acupuncture and moxibustion. This must include the teaching of biomedicine to a sufficient level to ensure the safe and competent practice of acupuncture. It is acknowledged that different institutions choose to emphasise and develop different aspects of these medical traditions, and it is the responsibility of each institution to demonstrate the integrity and viability of the pathway it chooses. This means that the following need not be represented to the same degree or depth and that variations should be cogently argued for.

5.1 Acupuncture

5.1.1 History and philosophy of acupuncture

By the end of the course, students should have an understanding of the history and philosophy of acupuncture from its early origins in China through to the present day. Students should know about the ways in which acupuncture has spread out of China and how it has been translated, adapted and transformed in other countries and cultures, including the UK. Students should be encouraged to develop a critical appreciation of this diversity and of the related texts.

5.1.2 Understanding health and harmony

Students should know and understand the basic concepts underlying acupuncture, which include:

- *yin/yang* - qualities and inter-relationships
- *wu xing* - five elements/phases: qualities, correspondences and interactions
- cyclical rhythms – seasonal, lunar and diurnal changes; 7 and 8 year cycles; the Chinese clock; stems and branches
- *qi, xue* and *jin ye* - *qi, blood* and *body fluids*: qualities, types, production, functions, circulation and inter-relationships
- different levels of *qi* - *jing, qi, shen*: the three treasures; heaven/earth/humanity: the three powers
- 12 *zang fu*, 12 Officials, 6 extraordinary *fu*
- *jing luo* - 12 main channels/meridians, the secondary (*luo*, divergent and collateral) channels/meridians and the 8 extraordinary vessels.

5.1.3 Understanding causes of disharmony

Students should be able to understand and identify the following causes of disharmony:

- internal causes (mental/emotional)
- external causes (environmental)
- miscellaneous (constitution, diet, exercise, work, sexual activity, poisons, trauma, lifestyle, parasites, iatrogenic factors, epidemics)
- secondary causes (stagnant *blood, phlegm*).

5.1.4 Diagnostic methods

Students should know and be able to use, in the context of taking a case history, the four traditional diagnostic methods: looking, listening (and smelling), asking and touching. Looking includes observation of the patient's colour and tongue and

touching includes palpation of the body and pulse. Through careful observation, a student should be able to identify and interpret a patient's non-verbal communication, such as appearance, eye contact, body build, posture, movement and emotion. Students should be able to draw together the results of these observations and investigations thereby forming a coherent diagnostic picture from which the pattern(s) of disharmony can be discerned and differentiated.

5.1.5 Patterns of disharmony

Students should be able to identify, differentiate and interpret the patterns of disharmony using the following. Emphasis will depend on the traditions of practice that are the focus of the institution's curriculum.

- *yin/yang*
- *wu xing* - five elements/phases (including the concept of the causative factor)
- *ba gang*- eight principles
- *qi, xue, jin ye* - fundamental/vital substances: *qi, blood and body fluids*
- *liu yin* or *liu xie* - pathogenic factors/pernicious influences: *wind, cold, damp, heat, dryness*
- *zang fu bian zheng* - the syndromes of the organs,
- 12 Officials – imbalances of the Officials
- *jing luo* - the 12 channels and collaterals/meridians, the 8 extraordinary vessels
- *san jiao* - the *three burners/triple heater*
- *wei qi ying xue bian zheng* - four levels/stages
- *liu jing bian zheng* - six divisions/levels.

Students should be able to understand the connections between patterns of disharmony, aetiological factors and pathological processes.

5.1.6 Differentiation and treatment of common diseases

Students should know and understand the biomedical disease labels that patients commonly bring to the acupuncture clinic. They should be able to interpret the relevance of these labels in relation to their understanding of traditional acupuncture. Students should know the main syndromes or other patterns of disharmony for the common diseases, including respiratory and infectious diseases, cardiovascular and blood diseases, urogenital disorders, neurological and musculoskeletal conditions, digestive diseases, skin conditions, gynaecological problems, endocrine diseases and mental and emotional disorders, interpreting the particular configuration of symptoms, and differentiating according to the patterns of disharmony as outlined above in 5.1.5. They should also have the knowledge and skills to treat the wide range of commonly seen disharmonies which have no formal biomedical diagnostic label.

Students should know whether or not, as well as when and how, to treat in all the following situations where the patient:

- is pregnant or in labour
- is an infant or child
- has a notifiable disease
- has cancer or other life-threatening disorders
- is in need of emergency treatment
- has a serious mental health problem.

5.1.7 Establishing principles and priorities for treatment

By the end of the course students should be able to:

- identify the appropriateness of treating with acupuncture, knowing when and how to refer, thereby minimising the risk of missing any symptoms which might indicate serious underlying pathology,
- interpret the overall signs and symptoms, including the cause, the nature and the location of the patient's condition according to the principles of traditional acupuncture,
- identify the principles of treatment, which includes an assessment of the balance of excess (*shi*) and deficiency (*xu*) and the emphasis of treatment directed towards the root (*ben*) or the branch (*biao*),
- determine a treatment plan, based on the patient's presenting condition and the principles of treatment, and including where appropriate other health professionals and a wider network of support,
- succinctly and clearly communicate their findings, diagnosis, treatment plan and prognosis to the patient in everyday language, in such a way that the patient's own needs, expectations and commitment to treatment are taken into consideration,
- choose an appropriate selection of points, needling methods and auxiliary techniques,
- identify the key lifestyle factors, such as nutrition and exercise, that are either causing the patient's condition or are limiting potential recovery, and know how and when to give appropriate advice.

5.1.8 Knowledge of acupuncture points

Students should know in detail the pathways of the 14 main channels/meridians and the major acupuncture points and they should be able to locate these by practical demonstration. Names, classifications, actions, indications and contraindications of commonly used points should be known. Students should know how to develop rapport through touch and learn the skills of palpation in order to refine point location. Students must know the insertion depths and directions required for effective and safe needling, and be aware of the vulnerability of the patient to needling at certain point locations and depths.

5.1.9 Treatment techniques

By the end of the course, students should be skilled in managing the overall treatment process which includes:

- selection of types, lengths and gauges of needles, competent and sensitively performed insertion, manipulation and withdrawal and familiarity with a range of needling techniques
- sterile techniques to avoid cross-infection
- safety from local trauma (including pneumothorax)
- minimising/obviating the risk of undesirable physiological responses such as bruising and fainting.

Students must also be skilled in the application of moxibustion, cupping, ear acupuncture, bleeding, and plum blossom needling. Students should know when and how to use these appropriately and when and where contraindications exist.

Students should know the appropriate use of, and contraindications for, the auxiliary techniques of electro-acupuncture and *tui na*. Students should be introduced to the wider range of techniques allied to acupuncture.

Students must know, and know how to respond to, the adverse events and healing reactions that can be caused by acupuncture and related techniques either during or after treatment.

5.2 Biomedical science

The study of biomedical science should provide students with knowledge and understanding of medical practice in the West including its history and philosophy, and its similarities and differences when compared with traditional acupuncture. In order that students learn to practise acupuncture safely, competently and appropriately, the following areas must be included.

5.2.1 Language and communication

The study of biomedical science should provide students with the language to describe, and the knowledge of, a wide range of diseases and conditions with which patients present, including the results of any tests and investigations and their biomedical diagnoses. Students must have sufficient knowledge and understanding of biomedical science in order to be able to communicate confidently with patients and health professionals. Students should develop the ability to make a critical analysis of the discourses of biomedical literature, to include explanations or the mechanisms of acupuncture.

5.2.2 Mechanisms and diseases

Students should know about the basic mechanisms of disease and the cultural factors that influence them, including nutritional, genetic, environmental and socio-economic; as well as the aetiology, distribution, incidence and epidemiology of the common diseases. This knowledge should be based on an understanding of the levels of organisation within cells, tissues, systems, individuals and groups.

5.2.3 Anatomy and safe needling

Students should know regional and surface anatomy, including the location of bones, muscles, major nerves and blood vessels, and the location and depth of internal organs. This knowledge is required for accurate point location and safe needling depths and directions, and to ensure that any soft tissue palpation or massage is sensitive and safe and not contraindicated.

5.2.4 Diagnosis of serious underlying pathology

Students should be able to identify signs and symptoms in a patient which might suggest serious underlying pathology. Such signs and symptoms would lead to a requirement that further investigations take place to exclude the possibility that the patient has a condition that is potentially serious or life-threatening. Students should know how to refer appropriately so that patients can receive the necessary investigations and tests to eliminate or confirm the diagnosis of serious underlying pathology.

5.2.5 Patient medication

Students should have knowledge and understanding of pharmacology to a sufficient depth, so that they understand the role of medication in the overall management of a patient's condition. Students should be able to discuss with patients their medication, reinforce the necessity of maintaining medication at prescribed levels where indicated, and discuss drug reduction with the patient where appropriate, ensuring that changes to medication are made with the patient's informed consent and in collaboration with the prescribing doctor.

5.2.6 Knowledge of clinical medicine

Students should have sufficient knowledge of, and skills in, orthodox clinical medicine to enable them to present the relative advantages and disadvantages of the treatment options available from orthodox medicine and traditional acupuncture. Students must be able to resist imposing their own solutions on patients, but rather help the patient to make their own informed decisions. Skills should include measurement of blood pressure and evaluation of joint mobility, and might include peak flow monitoring, testing of reflexes, and the use of the otoscope and stethoscope.

5.2.7 Emergency first aid

Students should know and be able to implement emergency first aid procedures to the level required for health and safety of people at work. The training should cover dealing with accidents, unconsciousness, resuscitation, control of bleeding, shock and burns. Students must pass an assessment in emergency first aid procedures.

5.3 Research and reflective practice

Students should be able to make a critical analysis and evaluation of existing research. Students should know and understand a full range of approaches appropriate to acupuncture. Students should be aware of the benefits of research in developing good practice and promoting acupuncture more widely. By the end of the course, students should have had direct experience of reflective practice, and clearly understand the links between research and practice. Students should be able to utilise a range of research strategies for improving personal and professional standards in the practice of acupuncture.

5.4 Practitioner development and ethics

5.4.1 Practitioner development

By the end of the course, students should have demonstrated:

- self-awareness, and self-confidence, and an understanding of the ways that one's personal health and well-being are of crucial importance to the therapeutic relationship,
- interpersonal skills, including an awareness of the therapeutic relationship and of personal and professional boundaries,
- awareness of the spiritual dimension of traditional acupuncture,
- awareness of the issues around death and dying, including the implications of the care of a terminally ill patient, and an understanding of related issues which include grief, bereavement and the role of religion and spiritual beliefs,

- awareness of the issues of age, gender, race, sexuality, disability and an understanding of the ways in which prejudice limits, or even harms, the therapeutic relationship.

Treatment with acupuncture can bring to the surface various aspects of the emotional, mental and spiritual dimension of a patient's life, including issues of identity, authenticity, meaning, purpose and life direction. The course should support students to ensure that their beliefs and their personal agendas do not compromise their judgement, introduce a bias into their relationships with the patient or lead to the provision of inappropriate advice.

5.4.2 Informed consent

Students must know that informed consent is an ongoing requirement throughout treatment, and that the patient has the right, at the outset or at any other time, to refuse or withdraw from treatment. Students must demonstrate an understanding of the issues of competence and autonomy which surround the problems and paradoxes of informed consent. Students should know when and how to obtain informed consent to the receiving of acupuncture as well as any auxiliary treatments. For physical examinations of a sensitive nature, students should be aware that either a chaperone or written consent may be desirable. For patients under 16 years of age, students should be aware of the circumstances under which parental consent or the patient's written consent should be obtained.

5.4.3 Confidentiality

Students must know and understand the implicit duty to keep all information concerning patients entirely confidential. Students should also know the circumstances under which the disclosure of confidential information to a third party can take place.

5.4.4 Referral

Students should be able to implement proper procedures for referral, knowing when and how to utilise other healthcare professionals, including general practitioners, complementary health practitioners and counsellors, where appropriate. Students should be familiar with the major complementary health modalities, and their appropriateness as a treatment option for individual patients in the context of a decision whether or not to refer.

5.4.5 Code of Ethics

Students should know and be able to implement the Code of Ethics as published by the British Acupuncture Council. This Code covers practitioners' responsibility for their relations with patients including maintaining professional boundaries and ensuring confidentiality and informed consent, for their relations with members of the public, for their obligations to other practitioners including procedures for transfer and referral of patients, for appropriate advertising, for meeting statutory legislation, and for ensuring that their practices are managed on a strictly professional basis. The Code also covers the implications of infringement and liability for disciplinary action and loss of privileges and benefits.

5.5 Practice skills and management

5.5.1 Setting up in practice

Students should understand the full implications of setting up in practice and be ready by the end of the course, to establish suitable practice facilities, attain the necessary permissions (planning, environmental health), ensure adequate cleanliness and hygiene procedures are in place, employ staff, undertake promotion and ethical advertising of the practice, insure adequately for medical malpractice and public/product liability, meet legal requirements including contracting and registration with local authorities, fulfil requirements for health and safety, and attend to financial and accounting considerations, including keeping adequate accounts.

5.5.2 Record keeping

Students should accurately and systematically record all relevant case history information and treatment procedures at every session, and maintain and store these records for future use. As a minimum, records should be maintained of the patient's name, address and age; name and address of GP and other relevant health practitioners; presenting condition; duration of condition; date of consultation and the treatment given. Students should know the requirement of confidentiality for all patient records and for compliance with the current Data Protection Act and other relevant legislation.

5.5.3 Code of Practice

Students should know and be able to implement the Code of Practice as published by the British Acupuncture Council. This Code covers practitioners' responsibility for health and safety in the workplace, hygiene and cleanliness in premises, recommended equipment for hygienic practice, clean and sterile needle techniques and procedures, disposal of needles and clinical waste, the use of disinfectants, the health of the acupuncturist, and the health and safety of the patient. Students should be aware of the requirements of any local authority byelaws or other relevant regulations in their area which may affect the practice of acupuncture.

5.5.4 Ongoing responsibilities to patients

Students should know that, once they are in practice, they will have an ongoing responsibility towards their patients to continue to provide their professional services, and should ensure that issues such as health or accommodation problems should not cause discontinuity to patient care.

5.6 Continuing professional development

Students should know and understand that practitioners of acupuncture have a duty to continually reflect on and re-evaluate their clinical work and their professional standards of practice. Practitioners are responsible for ensuring that they give full attention to their own ongoing professional development by making a reasonable and realistic commitment to a range of continuing educational activities which can include: subscribing to and reading relevant newsletters, journals and articles, and attending seminars, conferences, peer group meetings and regional gatherings. Practitioners need to understand that the development of skilled practice requires systematic enquiry and reflection. Practitioners should appreciate the need for undertaking, collaborating in, and making use of practice-based activities such as case

studies, critical incident inquiry, service monitoring, audit studies, user focus groups and surveys.

Appendix

Members of the Education Policy Committee contributing to the Guidelines for Acupuncture Education, published April 2000: Peter Burt-Jones; Cecil Chen; Diana Eckersley; Hugh MacPherson; Jasmine Uddin; Jane Wilson.