

Minimum Educational Criteria for Membership of the ETCMA

Introduction

In 2011 members of the ETCMA began to discuss creating minimum educational criteria for membership of the ETCMA.

Until then it had been the custom and practice of the ETCMA to operate an 'open door' policy on applications from TCM professional associations wanting to join the organisation. We had not specified any minimum educational criteria for entry, only an acceptance to work towards the objectives of the Mems and Arts of the ETCMA, which do contain educational aims and objectives.

After discussion and consultation during 2011 and 2012, the ETCMA General Assembly in Feb 2013 decided to adopt minimum educational criteria for entry to the ETCMA. They are based on the *minimum* standards of education necessary to produce an acupuncture or TCM practitioner capable of independent practice, who is safe, ethical and competent.

Minimum Educational Criteria for Membership of the ETCMA

These criteria are divided into 3 sections:

1. A suggested minimum number of hours
2. A sample outline of learning outcomes for student practitioners studying
3. acupuncture/TCM
4. A sample core curriculum for an education programme in acupuncture/TCM

Compliance

Many teaching institutions currently supported by ETCMA member organisations already meet the recommended educational criteria and those who do not, have a 5 year implementation period to fulfil the required criteria, starting from 01/03/13.

New applicant organisations will also have a 5 year implementation period from the start date of their membership of the ETCMA to get the teaching institutions they are involved with to comply.

Non-compliance

If the teaching institutions do not comply with the guidelines/criteria recommended by their professional association as members of ETCMA within these 5 years, then the association will have to make a decision whether to accept the graduates from these teaching institutions automatically into membership and the ETCMA will have to make a decision about the organisation's continued membership of the ETCMA.

We appreciate that some ETCMA members may have difficulty fulfilling these criteria, even within a 5 year time frame, because of the relatively recent introduction of more developed acupuncture/TCM courses in their countries. The ETCMA educational team will offer whatever assistance it can, including being flexible about time frames, and wishes to be developmental in its approach, as long as there is a genuine effort being made by the organisation to comply with the educational criteria currently being recommended.

Failure to progress may result in future loss of membership of the ETCMA.

The ETCMA will view each organisation having difficulty on a case by case basis and will require a yearly written report to be presented to the Executive Committee of the ETCMA by the end of January each year, prior to the General Assembly in February, about the progress it is making.

Whilst compliance with these educational standards for future applicants will be a 'requirement' for the ETCMA, the hours and learning outcomes for entry criteria to the ETCMA should be regarded as 'guidelines'. We are not in a position as yet to prescribe a common core curriculum for all the schools in a relationship with ETCMA organisations, although our Mems allows for that possibility:

§ 6 The ETCMA shall work to establish defining criteria for TCM education programmes and minimum criteria for the proficient practice of TCM.

Jurisdiction

The jurisdiction of the ETCMA over its member organisations does not extend to the imposition of standards on any member. Membership of all organisations to the ETCMA is voluntary. We do, however, expect that when decisions are made at the General Assembly, in this case to adopt these educational entry criteria, that members will respect and accept them.

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1. Minimum number of hours

Although learning outcomes are generally what educationalists look for when validating courses rather than hours, a minimum number of hours provides some indication of the length and complexity that a course programme in acupuncture/TCM requires, where acupuncture/TCM is practised as a main treatment modality.

The following hours and ratios represent suggested guidelines for a course in acupuncture/TCM at a first degree level or its equivalent:

1. The total number of training hours should not be less than 3,600 (and duration of training not less than three years full time or the part-time equivalent). This is based on a first degree equivalent programme of between 10 to 15 attended hours a week (the standard in the UK and not dissimilar in other countries).
2. The ratio between contact hours and self study hours could be 1:2 ie 1200 contact to 2400 self-study hours. (As examples the ECTS points system uses 1 credit per 28 hours workload and the UK generally uses a ratio of 1 interactive/contact hour to 2 hours non-interactive/contact.)
3. The proposed ratio between TCM, Western Medicine and Practice could be 4: 2: 3

Sample Curriculum

	TCM	Western M	Practice	Total
Contact hours	533	266	400	1200
Self Study hours	1066	533	800	2400
Total	1600	800	1200	3600

The hours suggested here are not definitive, they are guidelines and are based on the *minimum* standards of education necessary to produce an acupuncture or TCM practitioner capable of independent practice. Teaching institutions in different European countries may have different national legislative and educational requirements to comply with and there may be some variation in hours depending on course structure. The point here for the ETCMA is that acupuncture/TCM is not something that can be studied in a few weekends, if it is practised as a main treatment modality and that it requires extensive study over a period of time.

Students without any prior medical training

If a teaching institution is teaching students who have no prior conventional medical training, then Western medical training appropriate to the practice of acupuncture/TCM as a main treatment modality must be included in the course, as indicated above.

Students with medical backgrounds

In some European countries, only those with a Western medical background can practise any form of medicine. In these cases teaching institutions running acupuncture/TCM courses will take students who already have a western medical background and so the 'hours' outlined above for Western medicine will normally have been covered elsewhere.

These teaching institutions will, however, need to have a policy in place for the Accreditation of Prior Learning (APL) or the Accreditation of Prior Experience and Learning (APEL) for their students. This is necessary because not all students who have trained previously as MDs, physiotherapists/physical therapists or nurses will have equivalent or similar training backgrounds, or will have gained their qualifications recently or necessarily have been in practice. In the case of heilpraktikers, there is no standardisation for heilpraktiker courses in Germany, which means there may be very wide variations in standards and achievement. The teaching institution will therefore have to make a judgement about the suitability and relevance of the Western medical training of their students for the practice of acupuncture/TCM and accredit this prior learning. If the training is considered inadequate, teaching institutions will need to decide whether to run western medical modules for 'refresher' training themselves, or refer students to other courses where this may be obtained.

2. A Sample Outline of Learning Outcomes for Student Practitioners Studying Acupuncture/TCM

This sample outline is not comprehensive but includes the major outcomes which need to be included in any course of acupuncture/TCM.

Upon completion of a course in Acupuncture /TCM, a student practitioner will be able to:

- a) take and interpret a patient's case history. This should include:
 - information about the patient's presenting condition
 - Information about predisposing, precipitating and maintaining factors
 - Information about the patient's medical, psychological, social and family history
- b) conduct and interpret the necessary diagnostic procedures, including:
 - pulse reading
 - tongue examination
 - body palpation
 - the student practitioner should have sufficient knowledge of anatomy, physiology, pathology and clinical medicine in order to carry out these procedures safely and interpret them competently.
- c) make an appropriate differential diagnosis based upon their findings. This should be based upon knowledge of current and traditional Chinese medical knowledge.
- d) integrate patterns of disharmony with aetiological factors and pathological processes, identifying how these different aspects interconnect.
- e) have an awareness of their limits to competence. In the context of knowledge of the medical sciences the student practitioner should be able to recognise clinical situations where:
 - treatment may be inappropriate
 - treatment may be contraindicated
 - treatment may be inadequate when used on its own.
- f) communicate with and make the appropriate referral to other registered medical and health care practitioners where necessary, as outlined in e)
- g) when treatment is appropriate, formulate a treatment principle, appropriate treatment plan and strategy and method of treatment based upon the use of Traditional Chinese Medicine.
- h) if a herbalist, have the appropriate practical skills to dispense Chinese herbal medicine. This includes knowledge related to the safe storage of herbs and legal requirements related to this.

- i) succinctly and clearly communicate their findings, diagnosis, treatment plan and prognosis to the patient in such a way that the patient's own needs, expectations and culture are taken into consideration.
- j) identify key lifestyle factors which are:
 - causing or contributing to the patient's condition
 - limiting their potential for recovery
 - and be able to discuss these factors with the patient and where possible encourage the patient to help himself/herself.
- k) understand the roles of all forms of prescribed medication in the overall management of a patient's condition, and that with regard to any proposed changes in the management of the medication, the practitioner should liaise with the patient and where appropriate with the patient's medical practitioner
- l) understand that they are required to:
 - systematically and accurately record all relevant information and details of treatment given or prescribed at every session,
 - maintain and store these records for future reference and in accordance with statutory requirements
 - make these records available to their patients
- m) monitor a patient's condition as a result of treatment, re-evaluate diagnostic information and differential diagnosis as necessary, and modify and implement new treatment strategies as the patient's condition changes over time.
- n) evaluate any ethical considerations which might affect the practitioner/patient relationship. Such considerations include:
 - issues relating to age, gender, religion or race
 - issues arising out of prejudice or ignorance
 - issues relating to confidentiality
 - the impact of the practitioner's personality and circumstances (both physical and emotional)
 - issues of a financial nature
 - issues relating to informed consent
- o) have an awareness of the potential for rare but sometimes serious adverse events when using acupuncture needles or herbal medicines . This includes:
 - knowledge of previous occurrences
 - the issues relating to their causes
 - knowledge of the role of liver function testing
 - knowledge of 'red flags'
 - the ability to identify signs and symptoms of possible adverse reactions and respond appropriately
 - compliance with requirements of notification of adverse events

- p) have an awareness of the requirements of the Professional Codes of Ethics and Practice of their professional organisation, and the legal framework governing their practice within their jurisdiction.
- q) have acquired the attitudes and skills which are necessary for life long learning and professional development, and be aware that they are essential to continuing effective practice of acupuncture and Traditional Chinese Medicine.
- r) be aware of significant research issues relating to medicine in general and to TCM in particular.

3. Sample Core Curriculum

This sample core curriculum has been modified from the British Acupuncture Council's 'Guidelines for Acupuncture Education 2000'.

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 Western medicine 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 teaching 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 in different teaching institutions.

3.1. Acupuncture

- a) 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/East Asia and how it has been translated, adapted and transformed in other countries and cultures. Students should be encouraged to develop a critical appreciation of this diversity and of the related texts.
- b) 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 interrelationships
- 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 and the 8 extraordinary vessels

c) 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*).

d) 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.

e) 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*
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- *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.

f) Differentiation and treatment of common diseases

Students should know and understand the Western medical/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. 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.

g) 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,

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- choose an appropriate selection of points, needling methods and auxiliary techniques,
- identify the key lifestyle factors, such as dietary factors and exercise, that are either causing the patient's condition or are limiting potential recovery, and know how and when to give appropriate advice.

h) 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.

i) 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.

3.2. Western Medicine/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.

a) 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.

b) 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.

c) 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.

d) 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.

e) 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.

f) 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.

g) 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.

3.3. 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.

4.3. Practitioner development and ethics

a) 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.

b) 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.

c) 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.

d) 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.

e) Code of Ethics

Students should know and be able to implement the Code of Ethics of their professional association. Codes of Ethics cover 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. They also cover the implications of infringement and liability for disciplinary action and loss of privileges and benefits.