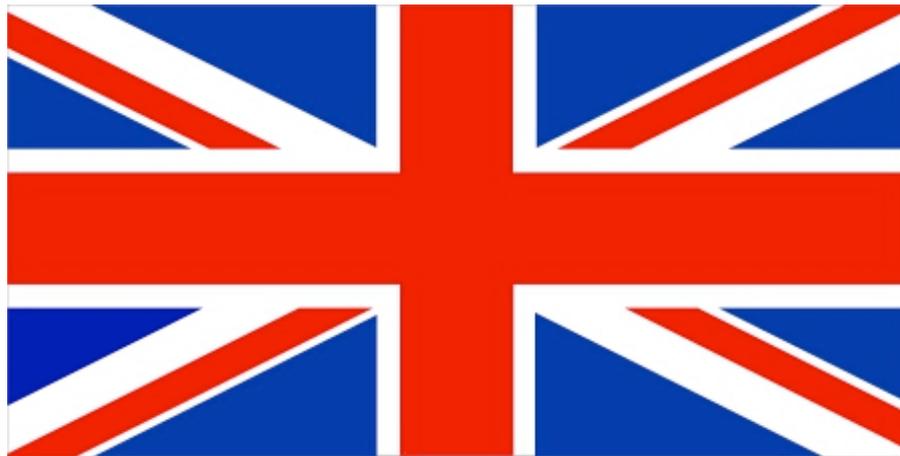


ICMART LEXICON of Medical Acupuncture

ICMART

International
Council of
Medical
Acupuncture and
Related
Techniques





UNITED KINGDOM



UNITED KINGDOM

NATIONAL/REGIONAL ACUPUNCTURE PRACTICES

A. Type(s) of Medical Acupuncture most commonly practiced:

Western medical acupuncture (WMA)

- Western medical acupuncture is a therapeutic modality involving the insertion of fine needles; it is an adaptation of Chinese acupuncture using current knowledge of anatomy, physiology and pathology, and the principles of evidence based medicine.

B. Education/Training Requirements

Medical Acupuncture Modality	Theoretical Hours	Clinical Hours	Proficiency Testing	Preliminary Practice
BMAS CoBC	85	40*		
BMAS SaCA	300	40*		
BMAS Diploma	300	110*		
WMA PG Cert	600	40*		
WMA PG Diploma	1200	100*		
WMA MSc	1800	100*		

* estimated minimum number of hours spent in clinical practice to complete the requirements for this award – these hours are included within the total in the “Theoretical hours” column.



CORE CURRICULUM

Regulations for the Certificate of Basic Competence in Medical Acupuncture

The following general notes for guidance to candidates should be read in conjunction with the more detailed *CoBC Assessment Instructions*, found in the Portfolio materials and on the website.

Prior qualifications

Candidates must be health professionals who are registered with their appropriate statutory regulatory body and must be a current Member of the British Medical Acupuncture Society (BMAS).

Outcomes, competences and their assessment

<i>Outcomes</i>	<i>Assessment</i>
Basic awareness of the historical and philosophical background of acupuncture	Certificate of Attendance on BMAS Foundation Course (or equivalent) and completed portfolio workbook
Working understanding of the procedures for the safe and effective use of medical acupuncture	
Working understanding of safety principles, and possible contraindications and cautions	Safety test and points checklists, signed off by suitably qualified assessor in workshop or appropriate assessment setting. Candidates must complete and return a short assessment paper on the safety aspects of acupuncture (for CoBC). Notes and textbooks may be referred to when completing this paper.
Factual knowledge of the use of: ⇒ trigger points ⇒ neurophysiology of acupuncture ⇒ segmental acupuncture	Points checklists 1 to 4 Case studies 1 to 12 (in two sets) and case presentations. Final quiz and ongoing self-reflection questions A logbook of 30 <i>short</i> cases that the candidate has treated, and two <i>long</i> cases written in detail.



University of Hertfordshire module

The first module towards the Postgraduate Certificate in Western Medical Acupuncture is called Western Medical Acupuncture in Clinical Practice. It is a 30-credit module, and has been designed around the CoBC requirements with additional academic discussion at Masters level (M-level). This module may be undertaken following the CoBC or instead of the CoBC.

Outline syllabus for the BMAS Diploma in WMA

Note: those who have studied the Foundation Course and achieved CoBC will have already covered some areas of this syllabus, but will revisit them at a new level of sophistication through Intermediate-level study. The first section of this indicative syllabus should be covered in order to achieve the National Professional Standard.

Western medical acupuncture

Acupuncture history
Clinical aspects in general

Traditional acupuncture

Historical aspects
Overview of concepts
Development of appropriate attitudes to the subject

Professional issues

Professional practice (eg ethics, communicating with patients, relationships with colleagues)
Regulation
Safe practice
Running clinics

Practical skills

Needling (classical, trigger point, periosteal, superficial)
Safe needling techniques
Electroacupuncture and TENS
Auriculotherapy



Treatment of clinical conditions in musculoskeletal medicine 1 (knowledge and skills)

Headache and neck pain

Shoulder pain

Lumbogluteal pain

Knee and ankle pain

Scientific aspects of acupuncture

Neurophysiological pathways of pain

Mechanisms of action of acupuncture in pain modulation

Pathophysiology of Myofascial Trigger points

Potential mechanisms of other effects eg wound healing, autonomic modulation, immunological modulation

Methodology of point-selection

Neurophysiological rationale for point selection

Segmental acupuncture

Approach to general complaints

Approach to areas with insufficient clinical data on efficacy or effectiveness of acupuncture

Research and audit

Audit

Critical reading relevant to WMA

The role of acupuncture in the medical systems: clinical topics

Addictions

Allergies

Anaesthetics and Pain Medicine

Cardiology

ENT and Respiratory Medicine

Gastroenterology

Gynaecology

Neurology

Obstetrics



Palliative Medicine
Psychiatry and Psychology
Rheumatology
Urology

Studying for the Diploma in Medical Acupuncture (accreditation)

Accreditation will involve two elements: Training and Clinical Experience. The training will be a minimum of 100 'training hours', normally achieved by a combination of participation at courses and meetings, and distance learning. The clinical experience will be assessed by inspection of a logbook of at least 100 case histories and by a clinical assessment.

Practitioners who have had long clinical experience in acupuncture (perhaps through practice outside the UK) may be granted exemption from part or all of the requirements for accreditation, by special agreement of the Competence, Accreditation and Examining Board (CAEB).

Advice may be sought on suitability of distance learning from the CAEB via the BMAS office.

Training

(100 hours)

The following list of educational activities should not be regarded as prescriptive, but rather as a guide. Your BMAS Portfolio and the completed workbook pages should provide a useful structure to organise evidence of your learning in the different modes detailed below.

In general, if CPD time has been granted for a course or meeting, this will be used as the training hours; if not, the length of the programme will be used. Programmed discussion time is accepted, but not meal times. A limited element of (not more than 10 hours) non-acupuncture training will be accepted in relevant medical topics, but a reasonable case must be made for the inclusion of subjects outside those given in the list.

For distance learning with some commonly used textbooks and journals, including acupuncture related material from non-acupuncture books and individual articles from other journals, a short synopsis should be submitted and training hours will be awarded on receipt.



It should be noted that the BMAS does not accredit courses, and any non-BMAS hours used towards accreditation need to be detailed. For courses or meetings a copy of the programme and certificate of attendance should be supplied. Western medical acupuncture (WMA) training is expected to make up the majority of the hours towards accreditation. TCM-based training is allowable for a maximum of 50% of the hours required (ie 50 of the 100 hours required for accreditation), and each TCM-based course will be allowable for half of the programmed hours.

A *Participation learning (Minimum of 50 hours)*

1. *Courses*

- ⇒ BMAS Courses (CPD time - generally 6 hours per day)
- ⇒ Non BMAS WMA Courses (PGEA/CME time, but if not PGEA/CME approved – programme time)
- ⇒ Non BMAS TCM-based Courses (half of programme time)

2. *BMAS and national meetings*

- ⇒ BMAS Scientific Meetings (PGEA/CME time - generally 6 hours per day)
- ⇒ ICMART and International Symposia (Programme time)
- ⇒ Non BMAS WMA Meetings (PGEA/CME time, but if not PGEA/CME approved – programme time)
- ⇒ Non BMAS TCM-based Meetings (half of programme time)

3. *Acupuncture clinics*

- ⇒ BMAS London Teaching Clinic – attendance as trainee or observer (Clinic time)
- ⇒ Clinics run by BMAS member with the DipMedAc – attendance as trainee or observer (Clinic time)
- ⇒ Other clinics – up to 1 hour per nominal half day session by submission of learning objectives and outcomes

B *Distance learning (maximum of 30 hours)*

1. *BMAS DVDs/CDs/Videos*

- ⇒ as running time, by submission of listed learning outcomes, critique or synopsis

2. *Acupuncture books*

- ⇒ up to 2 hours per item, by submission of listed learning outcomes, critique or synopsis

3. *Acupuncture In Medicine ISQs*

- ⇒ hours awarded by marking scheme



4. *Other journals*

- ⇒ up to 2 hours per item, by submission of listed learning outcomes, critique or synopsis

C *Preparation learning (maximum of 10 hours)*

1. *Presentation of lecture, research paper or poster*

- ⇒ to BMAS or ICMART (3 hours)
 - ⇒ to medical audience or nursing, physiotherapy, dental or veterinary audience (3 hours)
 - ⇒ to lay audience (2 hours)

2. *Media interview*

- ⇒ Broadcast TV or Radio (1 hour)

3. *Publication of article*

- ⇒ if based on a presentation the maximum combined time of 4 hours is awarded
 - ⇒ in an acupuncture journal (3 hours)
 - ⇒ in any other medical journal (3 hours)
 - ⇒ in the lay press (2 hours)

4. *Research and audit*

- ⇒ Preparation (2 hours)
 - ⇒ Publication (+1 hour)

D *Related medical learning (maximum of 10 hours)*

Basic Medical Sciences
 Neurophysiology
 Pain Management
 Neurology
 Rheumatology
 Orthopaedics
 Sports Injuries

- ⇒ Lectures or case presentations (CME or CPD time)
 - ⇒ Out-patient observer (Clinic time)
 - ⇒ Non-acupuncture books & journals – up to 2 hours per item by submission of listed learning outcomes



Clinical experience: requirements for submission

(Minimum 100 Cases)

Case history records

A copy of a logbook must be submitted consisting of a minimum of 100 cases treated with acupuncture. A good variety of diseases treated, and acupuncture points and techniques used will normally be expected.

The number of cases needed for accreditation may include the 30 presented for the Certificate of Basic Competence. There is a range of submission options, giving a different balance between short and detailed cases and publications: it is very important that you review the notes, below, before you decide on your options. You must present your work to a standard that is considerate of your assessors and appropriate to a professional award.

Completing the logbook

This is the same logbook as that used for the COBC and a sample is available at the BMAS Website and in the FC Portfolio Workbook.

The logbook should only include treatments that you have carried out yourself, and you must sign the attached declaration to that effect.

It is useful to indicate the nature of the population from which the patients are selected, ie urban/rural primary care, pain clinic, private, etc.

Logbooks should have anonymous patient data.

Cases must be grouped and presented in diagnostic categories ie back pain, knee pain, etc.

A success rate for each category should be given, as should an overall success rate.

It is easier to accomplish this grouping if a database is used for the Dip Med Ac logbook.

Outcome categories should be simple, and you should provide a key defining each one (see sample).



If you are using the sample key provided, this should be copied and included with the logbook.

Logbook entries should be typewritten to aid legibility.

Detailed case reports

(See also Appendix A for assessment criteria)

Detailed reports should demonstrate that you have a deeper understanding of the principles of acupuncture treatment.

These detailed case histories should all describe treatments that you have carried out yourself and must be your own original work except where stated otherwise. You must sign the declaration to that effect.

You should choose a wide variety of cases and present each one separately, typewritten on A4 size paper.

It is easier to read a case history that is written in narrative form than note form. Narrative is expected at Dip Med Ac level.

It is sometimes helpful to use the diagnostic category as a title, eg Case One – Tennis Elbow.

Discuss the relevance of the past history including family history, social history and occupational history.

Pay particular attention to the presenting complaint and the history of the presenting complaint with other treatments tried and the results of the treatment.

List any investigations and results.

Examine the patient and record your findings with extra emphasis on the aspects of the examination related to acupuncture treatment.



If myofascial trigger points are present, specify which muscles are affected.

A pain diagram marked on a body outline is recommended, if relevant. Colour may be used to differentiate between symptoms, and various symbols may be used for trigger points, acupuncture points, etc.

Set out a treatment plan, and include your rationale for the points selected. It is good practice to decide what you are going to do, and how you are going to assess outcomes, before you start treatment. Your documented treatment plan should include length of proposed course of treatment, frequency of sessions, style of intervention, and how outcomes are to be assessed.

WHO standard abbreviations should be used to describe points.

Accurately record the treatments given and discuss the response to the treatment, though it is not necessary to list every point and every session in detail. You should give an impression of the approach used, any changes to treatment resulting from the response, and the strength of stimulus used.

A discussion section is a crucial part of the case report. It allows you to convey your background knowledge of the area, and give a considered analysis of the case. It should show that you understand the evidence-based approach, and that you are prepared to be flexible in your approach and analysis. Other relevant topics may include potential adverse effects, assessment of outcome, service management implications, potential questions for audit, and your educational needs.

Provide references to support your treatment rationale, set out in the standard format used for publication. (See the back page of *Acupuncture in Medicine – Instructions for Authors*)

At the Dip Med Ac level long cases should be adequately referenced. Reference to and informed discussion of the latest research from medical literature should be presented, and relevant knowledge of standard textbooks should be demonstrated. This does not mean that you are expected to perform a systematic review for each condition, but citing



the recent papers of relevance to the case is required. You will find AIM and the online discussion groups helpful in keeping abreast of latest research.

Published papers (optional)

Under Application Option B, ten of the fifteen detailed cases required under Option A may be replaced by submission of two papers which have been published in peer reviewed journals.

The papers must reflect the practice of the candidate or must involve clinical acupuncture research.

Suitable papers would include:

- ⇒ case reports
 - ⇒ evidence based case reports
 - ⇒ case series
 - ⇒ audits
 - ⇒ clinical acupuncture studies (cohorts, CCTs, RCTs)

Submission to CAEB

Please check that you are submitting:

Option A:

- ⇒ a logbook of 100 cases treated
 - ⇒ fifteen detailed case histories
 - ⇒ a signed declaration of originality

Option B:

- ⇒ a logbook of 150 cases treated
 - ⇒ five detailed case histories
 - ⇒ two published papers
 - ⇒ a signed declaration of originality

Candidates must keep a copy of all paperwork submitted.

Digital submissions should be as Word documents.



Copyright 2013 © ICMART

International Congress of Medical Acupuncture and Related Technologies (ICMART)

All rights reserved. No part of this book may be reproduced or utilized in any form, by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system without permission, in writing, from the International Congress of Medical Acupuncture and Related Technologies (ICMART).

Designed and Compiled by Marshall H. Sager, D.O., D.A.B.M.A, F.A.A.M.A.

With thanks to the contributors:

Mehmet Abut, Steven Aung, Francois Beyens, Chin Chan, Mike Cummings, Isabel Giralt, Gabriella Hegyi, Emil Iliev, Helmut Liertzer, Walburg Maric-Oehler, Nikolaj Nikolajev, Chun Lee Oei Tan, Helena Pinto-Ferreira, Krunoslav Reljanović, Marshall Sager, Tatjana Solomonidou, S. Sukarto, Khatuna Urushadze, Dimitrios Vasilakos and others.