

Who Owns Acupuncture? Can It Be Owned?

John Amaro, LAc, DC, Dipl. Ac.(NCCAOM), Dipl.Med.Ac.(IAMA)

In December 2007, the American Association of Acupuncture and Oriental Medicine (AAAOM) launched what was called the "Task Force on Inter-Professional Standards." This task force has apparently adopted the primary objective to attempt to censor any other duly qualified health care professional practitioner to utilize acupuncture per their scope of practice. This list includes medical doctors, physical therapists, doctors of osteopathy and doctors of chiropractic.[BANNER]

The April issue of *Acupuncture Today* carried a front page article "AAAOM Expresses Concerns Over New NCCAM Appointees," in which it protested the appointment of a medical doctor to the advisory council of the National Center for Complementary and Alternative Medicine (NCCAM). The doctor teaches an acupuncture program for physicians. The article which was published in this international venue and available online worldwide pointed out to the profession that "The AAAOM does not consider short-course trained individuals to be qualified representatives of the profession."

The World Health Organization (WHO) has encouraged and supported countries to identify safe and effective practices of acupuncture through research and proper application worldwide and has set specific guidelines to the practice of acupuncture. However, the AAAOM has reinterpreted and altered the intent of the World Health Organization's recommendations for training in acupuncture to meet their personal agenda.

I question the AAAOM's attempt to create a monopoly of acupuncture practitioners despite their statement that "[These standards] are not meant to prevent other health professions from practicing acupuncture, but are meant to support the safe and effective practice of acupuncture." Of course, this is as long as other health professions submit to the standards set out for the WHO, Level 1 which is the basic program for nonphysicians. Level 1 would be required for those not having attained a higher degree such as MD, DO, DC, etc.

In 1995, a scientific group assembled by the WHO of more than 50 international experts developed a series of statements and guidelines on acupuncture relating to basic training, safety in clinical practice, indications and contraindications. These guidelines were intended to assist national health authorities in setting standards and establishing official examinations and also for medical schools and institutions wishing to arrange training programs. The guidelines cover basic requirements for training nonphysician acupuncturists and physicians wishing to use acupuncture in their clinical work. The guidelines also include a core syllabus for education.

Regarding basic training in acupuncture, the WHO guidelines clearly state, "The increasing popularity in recent years of acupuncture as a form of therapy and the interest of some countries in introducing it into primary health care means that national health authorities must ensure safety and competence in its use."

The WHO guidelines go on to say, "Making use of acupuncture in modern medical care means taking it out of its traditional context and applying it as a therapeutic technique for a limited number of conditions for which it has been shown to be effective, without having to reconcile the

underlying theories of modern and traditional medicine. In this type of situation, lengthy periods of instruction in traditional medicine as a background to acupuncture are neither feasible nor necessary and shorter training must suffice."

Continuing, the guidelines state, "It seems useful ... to provide guidelines for relatively short periods of theoretical and practical training in acupuncture which with well designed curricula and skilled instructors would be sufficient to ensure the safety and competence of those so trained."

The guidelines for the use of acupuncture in national health systems specifically recommend in item 2.2 under Examination and Licensing, "A system of examination and licensing would be needed to ensure the competence of those trained and to prevent unauthorized practice of acupuncture."

The National Board of Chiropractic Examiners (NBCE) is to the chiropractic profession what the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM) is to the acupuncture profession. In as much as the NBCE conducts a national acupuncture certification exam, the chiropractic profession meets that guideline. Just as the acupuncture profession is served by the NCCAOM.

The state of Florida has specifically conducted a state-administered acupuncture examination for doctors of chiropractic since 1988 and the state of Arizona has conducted one since 1983. Both states now use the NBCE exam as their benchmark for state proficiency. Likewise, the medical profession has its own certification process and does not answer to the NCCAOM or the NBCE. Perhaps the most significant portion of the WHO guidelines for the general requirements for the practice of acupuncture concern the four levels of training with educational requirements and core curriculum for each level. The four levels are:

1. Full training for those with little or no prior medical education or experience who wish to qualify as recognized acupuncture practitioners licensed to practice independently, subject to the limitations imposed by the Ministry of Health.
2. Full training of qualified physicians (modern Western medicine) in acupuncture.
3. Training of qualified physicians (and certain other medical graduates) from schools of modern Western medicine who wish to include acupuncture as a technique in their clinical work.
4. Limited training of other health personnel (modern Western medicine) working in the primary health care system of their country.

Level 1 identifies those "with little or no formal training or experience in modern Western health care." The entrance requirement for this level is "completion of secondary schooling, university entrance or equivalent and appropriate training in the basic biosciences." In the U.S. this level would include those individuals seeking education in "acupuncture and traditional Chinese medicine school who graduate to become 'acupuncturists.'" This level specifically calls for "two years full time (2,500 hours) or the part time equivalent, with not less than 1,000 hours of practical and clinical work."

Level 2 lays out the guidelines for "full training in acupuncture for qualified physicians" This guideline specifically states: "Qualified physicians who already have adequate knowledge and skills in modern Western medicine, would only need to follow the Core Syllabus for acupuncture. The theoretical course could be shortened, as qualified physicians can learn traditional medicine more easily than those with no prior medical education." The guidelines for level 2 full training of physicians are 500 hours of theory, 500 hours of clinical, and 500 hours of supervised practice.

Level 3 is specifically categorized in the WHO guidelines as "limited training in acupuncture for

qualified physicians." This category is specific to medical, osteopathic, chiropractic, podiatric, dental and other professionals having attained the degree of "doctor" in the healing arts. This category would include the practice of acupuncture, within the scope of their licensed profession and utilized as an adjunct to their usual practice. The guidelines specifically states: "Shorter training courses would be suitable for qualified physicians (and certain other graduates) who wish to become competent in acupuncture as a form of therapy in modern Western clinical practice (or as a subject for scientific research). For them, a brief introduction to traditional acupuncture (derived from the core syllabus) would probably suffice and the training would then be largely orientated to the use of acupuncture in modern Western medicine."

The course should comprise at least 200 hours of formal training and should include the following components:

1. Introduction to traditional Chinese acupuncture

2. Acupuncture points

- Location of the 361 classical points on the 14 meridians and the 48 extraordinary points.
- Alphanumeric codes and names, classifications of points, direction and depth of needle insertion, actions and indications of the commonly used points selected for basic training.

3. Applications of acupuncture in modern Western medicine

- Principal clinical conditions in which acupuncture has been shown to be beneficial.
- Selection of patients and evaluation of progress/benefit.
- Planning of treatment, selection of points and methods of needle manipulation and use of medication or other forms of therapy concurrently with acupuncture.

4. Guidelines on safety in acupuncture

5. Treatment techniques

- General principles.
- Specific clinical conditions.

On completion of the course, and after passing an official examination, participants should be able to integrate acupuncture into their clinical work or specialty. The "Core Syllabus in Acupuncture," specifically written and recommended by the WHO guidelines, includes every one of the individual items common to each of the specific syllabus of the nine Council on Chiropractic Education (CCE) chiropractic colleges currently offering postgraduate training in acupuncture.

As a member of the AAAOM, I fully understand the position this organization has taken in order to protect itself as the voice of acupuncture for its members. However, DCs and MDs have used acupuncture points, and the practice of acupuncture as part of "applied kinesiology" and a host of other techniques and procedures from the early 1960s and before. Acupuncture is an established part of many professions and cannot be claimed by any one specific group.

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