

British
Acupuncture
Council

The logo of the British Acupuncture Council is a large red circle in the top right corner. Inside the circle, the text "British Acupuncture Council" is written in white, stacked vertically. Below the text is a white wavy line that curves from left to right.

The Standards of Practice for Acupuncture

Second edition January 2009

THE STANDARDS OF PRACTICE FOR ACUPUNCTURE

Second edition January 2009

British
Acupuncture
Council



Second Edition 01/01/09

©BAcC 2009

These Standards of Practice for Acupuncture and associated documents are informed by the principles and values which underlie the work of acupuncturists and will be subject to periodic review and amendment by the BAcC.

No part of this document may be reproduced or transmitted in any form or by any means without the prior permission of the BAcC.

CONTENTS

Acknowledgments	
Introduction to the Standards of Practice for Acupuncture	1
Introduction	2
Summary of the Standards of Practice	5
How the Standards are organised and how to use them	7
Practice Context – Standard 1	8
<i>PC 1 - 9</i>	
<i>PC 2 - 10-11</i>	
<i>PC 3 - 12</i>	
Diagnosis and Treatment – Standard 2	13
<i>DT 1 – 15</i>	
<i>DT 2 – 16-17</i>	
<i>DT 3 – 18-19</i>	
<i>DT 4 – 20-21</i>	
Communications and Interaction - Standard 3	22
<i>CI 1 – 24 -27</i>	
<i>CI 2 – 28 -30</i>	
Safety - Standard 4	31
<i>S 1 – 33-35</i>	
<i>S 2 – 36</i>	
<i>S 3 – 37</i>	
Professional Development - Standard 5	38
<i>PD 1 – 40-41</i>	
<i>PD 2 – 42</i>	
<i>PD 3 – 43</i>	
<i>PD 4 – 44 -45</i>	
Business Management - Standard 6	46
<i>BM 1 – 47-48</i>	
<i>BM 2 –49-50</i>	
Bibliography	51

Second Edition January 2009

THE STANDARDS OF PRACTICE FOR THE ACUPUNCTURE PROFESSION

**A rationale and description of the standards to which
acupuncture practitioners aspire, with cue questions to
stimulate continuing professional development**

Following on from the Introduction, this document is divided into six main sections, each of which contains a Headline Statement from which the Standards of Practice are derived.

The six sections are as follows:

- ◆ Practice Context
- ◆ Diagnosis and Treatment
- ◆ Communications and Interaction
- ◆ Safety
- ◆ Professional Development
- ◆ Business Management

The section on Diagnosis and Treatment relates to our ultimate purpose as acupuncturists, and is therefore at the heart of our practice.

The sections on Practice Context, Communications and Interaction, Safety, Professional Development and Business Management relate to the other major elements that contribute to or influence professional practice.

Under each of these headings, there is an overarching statement which is then subdivided into two or more **standards** as presented **below on pages 5-6**.

THE STANDARDS OF PRACTICE FOR THE ACUPUNCTURE PROFESSION

INTRODUCTION

The Standards of Practice for Acupuncture that follow reflect the artistry of professional practice expected of an experienced practitioner and to which a graduate might aspire. Developing the artistry of practice is dependent on the willingness of the practitioner to reflect on their own processes and choices. In addition it is important to undertake the study and research necessary to contextualise themselves as a practitioner of acupuncture working in a modern society often dominated by a different set of constructs from the ones inherent in the theoretical framework of their practice. The artistry and science of professional practice embodies a subtle blend of skills that includes the acquisition of a comprehensive knowledge base alongside the complexities and 'intangibles' of practice, the development of 'intuitive' and other non-cognitive faculties. This will take time and is part of the process of becoming a mature and experienced practitioner.

All systems of medicine are subject to change over time through political, economic and social pressures. Chinese medicine is no exception and its journey across continents and over 2000 years of history makes its acceptance into modern western society a particularly interesting example of the tension created between preserving authenticity and accepting change.

Practitioners of Chinese medicine often find themselves in the ironic position of enjoying greater acceptance and respect, the more their medicine 'resembles', or is subtly made to resemble, the dominant medical ideology of the society in which they work. As Chinese medicine seeks and gains greater legitimacy in the West, there is a creeping tendency for diagnosis to be made by disease name and for the use of formulaic acupuncture, introducing reductionist explanations for what are often subtle processes. This tendency towards the bio-medicalisation of acupuncture is as much a product of internal pressures as external ones and may be, to some extent, inevitable. Practitioners acquire greater recognition through using language that more resembles the language of their peers, whether they are writing books or communicating with practitioners of other healthcare disciplines. Teaching institutions demand greater 'clarity', interpreted as logical or rational explanations, in order to apply assessment criteria capable of withstanding external scrutiny. The need for evidence-based medicine pushes researchers into more 'recognisable' territory in order to attract funding, and the process of statutory regulation itself may impose models which blur the differences between distinct disciplines.

It is precisely because of these tensions that the BAAC decided to create its own standards of practice for the acupuncture profession, in order to find a language that better expresses those specific features of the practice of Chinese medicine which are central to the way that acupuncturists work. To say that these features are specific is not to say that they are exclusive to the practice of Chinese medicine, as some are shared with other healthcare disciplines, particularly in the world of complementary and alternative medicine.

The use of the term Chinese medicine in this text is generic and encapsulates later developments in other countries in East Asia and the West.

The features that most acupuncture practitioners take as 'given' are:

- the importance of the theoretical framework of Chinese medicine
- qi as central to all aspects of the therapeutic encounter
- a holistic approach to healthcare
- unity of mind, body, spirit
- a tolerance of contradiction
- the legitimacy of the use of metaphorical language in translation
- a respect for subjectivity
- highly individualised diagnoses
- an appreciation of the role of intention in treatment
- the embracing of change.

The importance of the theoretical framework of Chinese medicine

Chinese medicine is valued as a substantive system of medicine in its own right which flourished for over 2000 years without reference to Western medicine.

It is based on the naturalist philosophy of Daoism and sees the body as a microcosm subject to universal laws. It embodies a process-oriented world-view, which observes the continuous change and rhythms of the natural world and views health as a state of harmony and balance and ill health as a varying loss of both.

Qi as central to all aspects of the therapeutic encounter

One thing which characterises acupuncturists is that they consciously work with qi. They take for granted that they are using their own qi in working with patients and that it is qi that they are influencing in treatment. For both patient and practitioner, it is the interaction of qi which helps or hinders rapport and the focus and direction of qi which hinders or fosters recovery.

A holistic approach to healthcare

Acupuncturists work holistically in two related ways. Not only do practitioners take all aspects of a person's life into account – work, relationships, lifestyle, emotions, exercise etc i.e. looking at the whole context of their illness, but they also use a medicine which itself is systemically holistic in nature, acknowledging the resonance of human beings and the natural world.

Unity of mind, body, spirit

Whilst not all practitioners may agree about the extent to which they can influence each or all of these expressions of being, there is an overall acceptance that being ill or well impacts on all aspects of our being simultaneously. Mind, body, spirit are seen as integrated.

A tolerance of contradiction

The dualistic nature and logical sequencing of much of western thinking and science derives from a mechanistic model of the world which is not suited to describing the 'messiness' and complexity of living beings. Oriental thinking is rooted in an organic,

naturalistic view of the universe which embraces 'both/and' rather than 'either/or' and is therefore more accepting of anomaly. A practitioner looks for patterns and correspondences, not just linear cause and effect.

The legitimacy of the use of metaphorical language in translation

Chinese medical terminology is difficult to translate because one word cannot encapsulate the whole meaning of a Chinese character with all its contextual flavours and cultural references. As a consequence, the translations of Chinese medical concepts often sound unscientific and simplistic to other healthcare practitioners, even though the concepts are in fact sophisticated and precise. Acupuncturists are therefore often dependent on arriving at an understanding of Chinese philosophical concepts through the use of metaphor and a study of the etymology of Chinese characters. Metaphor will continue to form part of the language of communication with other healthcare professionals and patients, even if practitioners themselves decide to learn Chinese in order to preserve the integrity of Chinese medicine. Their understanding of Chinese medicine will be reflected in the language that they use.

A respect for subjectivity

Acupuncturists partially make their diagnoses based on the subjective experience of their senses, through questioning, palpation, listening, observing, pulse taking and tongue diagnosis. They treat patients as 'subjects' able to relate their stories through the language of experience. This is not to say that this subjectivity cannot be communicated to colleagues in order to arrive at a more 'objective' understanding of a clinical reality that can be shared.

Highly individualised diagnoses

Traditionally, Chinese medicine treats the whole person and arrives at a diagnosis through symptom pattern recognition and systematic correspondence, taking into account the unique features of every individual and life. The treatment itself can also be highly individualised and the treatment approach flexible.

An appreciation of the role of intention in Chinese medicine

Acupuncturists are aware that the intention (*yi*) with which a practitioner treats a patient will have a significant bearing on the outcome of treatment, as does the way in which the patient faces their own illness.

The embracing of change

Not only is acupuncture treatment seen as a catalyst for change and self-healing, but Chinese medicine itself has been flexible enough to accommodate many ideas in its long history, including those of modern physics and western psychology. Our practice involves being part of, and being bearers of, a collectively evolving tradition and community.

The extent to which acupuncture practitioners will be able to defend and uphold the above 'givens' in a climate of increasing demands for specialisation within both biomedicine and acupuncture itself will be a continual challenge. Medical specialisation presents opportunities, which may raise the expectations of patients, putting pressure on acupuncture clinical practice to develop along more biomedical lines to meet those expectations.

The challenge for acupuncture practitioners will be to develop the necessary expertise without sacrificing the 'givens'; whilst at the same time not being tempted to practise outside the limits of their competence, with all the accompanying ethical questions that this presents to what is understood as informed consent.

SUMMARY OF THE STANDARDS

Practice Context: Acupuncture practitioners recognise that they work within a specific context, or set of contexts, and that this necessarily plays a part in shaping their practice and influencing their relationships with patients, carers, colleagues and other healthcare professionals.

- PC 1 acupuncture practitioners locate their clinical practice within the historical development of Chinese medicine in East Asia and in the West.
- PC 2 acupuncture practitioners recognise and understand that they always operate within a set of contexts influenced by political, societal and cultural considerations which will impact on their practice.
- PC 3 acupuncture practitioners seek to identify those aspects of their personal biography which will influence how they work and their relationships with patients, colleagues and other healthcare professionals.

Diagnosis and Treatment: Acupuncture practitioners, following the BAcC Education Guidelines (April 2000), make a diagnosis, formulate a treatment plan and treat patients using needles and other techniques that have an impact on the flow of qi in the channels. Through the manipulation of qi within the body, acupuncture treatment is aimed at awakening the body's ability to protect and heal itself.

- DT 1 acupuncture practitioners gather information from patients using the four examinations (*si zhen*).
- DT 2 acupuncture practitioners identify the distinguishing patterns (*bianzheng*) using Chinese medical guiding principles of health and disease.
- DT 3 acupuncture practitioners formulate a treatment strategy, treatment plan and method of treatment that meets the specific needs of each patient and aims to harmonise their qi.
- DT 4 acupuncture practitioners carry out treatments according to the principles of the flow of qi in the channels.

Communications and Interaction: Acupuncture practitioners maintain high standards in a range of communications skills in their interactions with patients, carers, colleagues and other healthcare professionals, according to the BAcC Codes of Professional Conduct and Safe Practice.

- CI 1 acupuncture practitioners offer empathic, effective and ethical interaction and communication with patients, carers, colleagues and other healthcare professionals.
- CI 2 acupuncture practitioners provide relevant and appropriate information to patients, carers or prospective patients on aspects of diagnosis and treatment to enable informed choices to be made; and also to other healthcare professionals, members of the public, public bodies and organisations.

Safety: Acupuncture practitioners ensure safety for patients and themselves within a therapeutic relationship, according to the BAAC Codes of Safe Practice and Professional Conduct.

- S 1 acupuncture practitioners generate a safe environment for the patient.
- S 2 acupuncture practitioners support their own safety within the context of their practice.
- S 3 acupuncture practitioners seek to engender a safer environment and society.

Professional Development: Acupuncture practitioners engage in professional development to improve their practice, based on the examination of, and reflection upon, their work. They participate in the Continuing Professional Development Programme of the BAAC.

- PD1 acupuncture practitioners carry out their professional learning in a systematic way based on the needs of their practice.
- PD2 acupuncture practitioners seek support and guidance when undertaking their learning, development and research activity.
- PD3 acupuncture practitioners seek creative ways of recognising, developing and sustaining their qi as the basis for self-cultivation.
- PD4 acupuncture practitioners contribute to the research base of the profession and the growth and development of the profession as a whole.

Business Management: Acupuncture practitioners manage their practice following sound business, legal and ethical principles and in accordance with the BAAC Codes of Safe Practice and Professional Conduct for the benefit of themselves and patients.

- BM1 acupuncture practitioners operate an effective, legally and professionally sound practice.
- BM2 acupuncture practitioners run a viable practice and are able to market their practice, including within the NHS.

HOW THE STANDARDS ARE ORGANISED AND HOW TO USE THEM

In the following pages, each **Standard** is expanded further in the form of two or more **Principles**. These **Principles** articulate the key components of the main standard. These make explicit what is expected within the Standard and enable practitioners to focus their attention on potential areas for analysis and reflection. The Standards and Principles are listed in the left hand column(s).

Each **Principle** has one or more **Descriptors** (*• bulleted and italicised* in the middle column) associated with it. These are fuller descriptions of each principle and may be seen as practice criteria to which practitioners can reasonably be expected to aspire in the search for best practice.

Then, in turn, (in the right hand column), several **Practitioner Cues** are posed as questions for practitioners to ask of themselves and others in reflection and assessment of their practice. They serve as a stimulus for review and reflection. You may decide to ask some of your own questions or perhaps pose them in a different way. The **Practitioner Cues** are aimed at helping you to engage in a 'dialogue' with yourself and others about your practice, by challenging yourself, by recognising your strengths and weaknesses in relation to issues of practice.

You may extract Cues from a particular section to work on, for example, from Safety or a particular Principle of Safety.

Where appropriate, cross-reference between the Principles has been made, which should enable you to select Cues by using the cross-references in the text, for example, from Communications & Interaction Standard 2 you might wish to link with Diagnosis & Treatment, Business Management and/or Safety.

You are not expected to complete the whole of this document as an exercise in compliance, but rather to make use of it as a working tool for review, audit and professional development.

You should be able to apply the questions to your current level of practice within and between each component of practice, with the aim of improving practice. The process should inform your Professional Development Plan (PDP) by helping you identify your learning needs at any stage of your career.

Most of all, try working with them, challenge them, challenge yourself and enjoy discussing them and your practice with colleagues.

The Standards may be evidenced by, but are not limited to, the Principles, Descriptors and their Practitioner Cues.

Practitioners should make use of the additional documents:

- BAcC CPD Handbook accompanying this document
- BAcC Code of Safe Practice and Audit Tool
- BAcC Code of Professional Conduct and Audit Tool
- BAcC Guidelines for Acupuncture Education (April 2000).

SPA SUMMARY PRACTICE CONTEXT

Standard 1 Acupuncture practitioners recognise that they work within a specific context, or set of contexts, and that this necessarily plays a part in shaping their practice and influencing their relationships with patients, carers, colleagues and other healthcare professionals.

Developing an awareness and understanding of the many contexts which impact on practice is not unlike building up a differential diagnosis from the many signs and symptoms presented by a patient. To be able to contextualise information is central to exercising judgement and the decision-making processes inherent in the practice of an acupuncturist, and is a skill that becomes more sophisticated with time and experience.

An awareness of the several contexts which inform the motives, judgements and decisions of the practitioner and patient alike will help foster a safe and ethical environment for treatment to take place, where the power that is invested in the practitioner and the potential vulnerability of the patient can both be managed with wisdom and skill.

None of the contexts mentioned below are mutually exclusive, nor can they be arranged in a hierarchy of relevance or importance. Practice always needs to be tuned to the particular settings and circumstances of the therapeutic encounter, involving a practical and principled reasoning based upon the inseparability of all contexts, knowledge, skills and actions.

These overlapping contexts have been grouped into the following three practice principles:

Standard PC 1 acupuncture practitioners locate their clinical practice within the historical development of Chinese medicine in East Asia and in the West:

There are many and diverse ways of knowing which underpin the meaning and practice of acupuncture in our society today, and which act as the background to our practice. Much of the formal, technical and procedural knowledge is rooted in both ancient and more contemporary China before its transmission to the West during the last century. Since then it has continued to evolve in relation to our time, culture and society. In understanding and acting within the historical context acupuncturists become part of a collective tradition and a community endeavour.

Standard PC 2 acupuncture practitioners recognise and understand that they always operate within a set of contexts influenced by political, societal and cultural considerations which will impact on their practice:

Each person in a therapeutic relationship brings to it their own individual narrative informed by personal, societal, cultural, political and historical perspectives. Recognising and understanding these perspectives forms an important part of being a reflective practitioner able to navigate and negotiate the assumptions and expectations of themselves and their patients in the common endeavour created by a therapeutic setting. Our sensibilities, concerns and beliefs, which combine to make up our way of being with patients, are shaped by the place and times in which we live.

Standard PC 3 acupuncture practitioners seek to identify those aspects of their personal biography which will influence how they work and their relationships with patients, colleagues and other healthcare professionals:

The personal contexts of practitioners and patients are a critically important dimension in the dynamic of the therapeutic encounter. The values which emerge from the life experiences of the acupuncture practitioner should not be allowed to impose on the patient in treatment. Reflective practitioners have insight into their beliefs, attitudes and behaviours in order to conduct themselves positively and ethically in the practice situation.

'The same technical word uttered in different social contexts need not refer to the same concept....(they) have more than referential meaning and their connotations, pragmatics and significances vary as do the mood and modality of the utterances in which they are mentioned...because the styles of knowing in practice are different.' Elisabeth Hsu 1999

Standard PC 1 acupuncture practitioners locate their clinical practice within the historical development of Chinese medicine in East Asia and in the West

Principles	Descriptors	Practitioner Cues
<p>PC1.1. Practitioners have a knowledge of the history of the development of Chinese medicine in East Asia and the West.</p> <p>X-ref. DT/PD</p>	<ul style="list-style-type: none"> • <i>As practitioners of Chinese medicine in the West, we understand how the role and practice of Chinese medicine in both ancient Eastern and modern Western societies will have imbued Chinese medical concepts with differing nuances and meanings. This process continues into the present affecting our own understanding of these concepts and how we use them in clinical practice;</i> • <i>We can locate the origins and context of the particular aspects of Chinese medicine which inform our own clinical practice;</i> • <i>In choosing to develop a particular style of acupuncture, we can provide an explanation for our choice to a wide range of interested parties.</i> 	<ul style="list-style-type: none"> ➤ In what ways do you think your understanding of qi differs from that of Li Shi Zhen (born 1518 CE) or from that of a western medical acupuncturist using trigger points? ➤ From where did the style of acupuncture that you practise originate? How did you make your decision to practise in this way? How have you changed and developed your thinking since you first trained as an acupuncturist? ➤ What explanation would you give a patient/ colleague who asked you why you practise the particular style of acupuncture that you do? ➤ How do you integrate your western medical knowledge with traditional Chinese medical concepts? ➤ How does the language of the 'specialisations' of biomedicine affect your understanding of Chinese medical theories? ➤ Do you know when and how acupuncture was first practised in the West? ➤ Have you been to China as part of your initial or later training? What benefits did you derive from this? ➤ Have you found ways of articulating your own theories to others in order to contribute to the knowledge base of the profession? ➤ How often do you read acupuncture journals or your own profession's newsletter to keep abreast of current thinking and practice?

Standard PC 2 acupuncture practitioners recognise and understand that they always operate within a set of contexts influenced by political, societal and cultural considerations, which will impact on their practice

Principles	Descriptors	Practitioner Cues
<p>PC 2.1. Practitioners recognise that political ideologies and agendas affect their practice through legislation, the allocation of resources, research and the manner in which healthcare is delivered.</p>	<ul style="list-style-type: none"> • <i>Medicine is always subject to political pressures, be they economic or ideological, and the prevailing or dominant medical approach taken in any country will reflect the dominant ideology of that particular society. This has implications for any practitioner practising a traditional medicine and affects their bargaining power in the allocation of resources and the choices open to them, such as working in the NHS;</i> • <i>Through keeping abreast of the political and economic developments which may impact on medicine in general and on acupuncture in particular, we may better understand the treatment choices available to our patients and the conflicts that both practitioners and patients face in choosing different approaches to healthcare;</i> • <i>An awareness of current political and economic pressures may help us develop the research protocols which will promote, respect and safeguard the philosophical values underpinning the integrity of the medicine we practise. It will also create the context from which to examine and question key concepts informing practice; political awareness will help us understand how orthodox medicine is organised and how the pressures facing the NHS impact on patient care.</i> 	<ul style="list-style-type: none"> ➤ How often do you read newspapers, medical journals or your own profession's newsletter to keep abreast of current political agendas? ➤ Do you know who sits on your local Primary Care Trust? ➤ What star ratings do your local hospitals have and are any of them in the red? What are the implications of these findings for patients? ➤ How might statutory regulation affect the profession, your practice and patients? In what ways are you starting to prepare for any changes this might bring? ➤ What current acupuncture research projects are you aware of and how are they funded? ➤ How well do you understand what happens within the organisation of the health service; and what the experience is in the NHS and in private medicine for patients? ➤ Do you critically read articles on conventional medical issues such as new pharmaceuticals, medical discoveries, new procedures, investigations, examples of good and bad practice; how do you keep up to date in order to better inform patients?

<p>PC 2.2. Medicine holds a powerful position in society and acupuncture practitioners have to exercise the power conferred on them wisely and justly.</p> <p>X-ref. CI/S</p>	<ul style="list-style-type: none"> • <i>We should always remember to mediate our power by taking into account issues which relate to physical contact, gender, age, class, race, religion, ethnicity, sexuality and disability;</i> • <i>We hold power not only through the knowledge base we have acquired but also in the case of Chinese medicine through the 'exotic' nature of the theories and language we use. Working in a patient-centred way means we negotiate with our patients to allow them to make choices and become fully involved in treatment planning. The need to empower and involve patients in decision-making requires developing communication skills to make the aims and rationale of treatment accessible in everyday language;</i> • <i>Abiding by the Codes of Professional Conduct and Safe Practice will provide patients with the assurance that the trust that they invest in their practitioner and the need for the practitioner to be trustworthy are backed up by accountability to a professional body.</i> 	<ul style="list-style-type: none"> ➤ How do you ensure that the power invested in you by society does not exploit the potential vulnerability of the patient? Do you routinely explain what you are doing? Do you ask permission to touch people in sensitive areas? What would you not wear to clinic? ➤ In what way have you adapted your clinic to be more user-friendly for the disabled or the elderly? ➤ How familiar are you with your BAoC Codes of Safe Practice and Professional Conduct? ➤ How do you make yourself aware of the different beliefs, customs and practices with which your patients may present e.g. removal of clothing, discussing emotional problems?
<p>PC 2.3. Acupuncture practitioners recognise that different language and belief systems in a multi-cultural society may influence therapeutic expectations and outcomes.</p> <p>X-ref. CI/DT</p>	<ul style="list-style-type: none"> • <i>We need to understand that words and ideas in traditional Chinese culture may have different meanings and values to those of the cultural background of the practitioner and patient or the cultural milieu in which the practitioner works, so that we can develop a language which is meaningful to the patient by creating a shared frame of reference for clinical discussion;</i> • <i>Understanding these cultural differences in meaning will help us to evaluate the relevance of the philosophical theories and practical methodology of Chinese medicine in a culture dominated by different medical theories;</i> • <i>Therapeutic expectations and outcomes may be supported by harmonising the language we use when working collaboratively with other health care professionals and may even invite collaboration.</i> 	<ul style="list-style-type: none"> ➤ What is your own definition of spirit and what influences helped you shape it? ➤ Shen has been variously translated as spirits, spirit and psyche by different authors. How does this affect your understanding of Shen? ➤ Would it matter if a patient had a different understanding of the terms spirit, energy or wind, for example, to your own? ➤ Do you routinely communicate with patients what you mean by unity of mind, body, spirit or balancing their qi? Do you think you have patients who may be alienated by such concepts? ➤ Do you generally use Chinese terminology with your patients to explain your diagnosis or describe what you are doing or do you 'translate'? What informs your choice? ➤ Have you considered how your understanding of terms which are used with very different meanings in Chinese and Western medicine (such as the organ names, Heart, Liver and Lung) may be understood differently by your patients, and how this might affect communication about organ syndromes? ➤ In what ways do you modify your language when speaking to other health care professionals from different disciplines?

Standard PC 3 acupuncture practitioners seek to identify those aspects of their personal biography which may influence their work and their relationships with patients, colleagues and other healthcare professionals

Principles	Descriptors	Practitioner Cues
<p>PC 3.1. An acupuncturist should explore their reasons for choosing to be an acupuncturist.</p>	<ul style="list-style-type: none"> • <i>Not all therapies are invasive, nor do they originate from a different culture with a particular medical language at variance with mainstream medicine. As acupuncturists we need, as far as possible, to be aware of what our conscious and unconscious motives are for making this choice. If our choice, for example, is inspired by our own need to be different, then this will have implications for how we present ourselves to our patients and the wider world, and how we are seen. It may influence our attitudes towards other healthcare professionals and how we see or relate to 'authority'.</i> 	<ul style="list-style-type: none"> ➤ Do you think that being different in terms of the medicine we practise gives you more power or less power? When communicating with other healthcare professionals do you emphasise your difference or play down that difference? ➤ Does your treatment room reflect an 'oriental' feel? If it does, what are you saying about yourself? If it does not, what are you saying?
<p>PC 3.2. Practitioners need to be aware of how their belief systems and personal experiences may influence or impinge on their decision-making processes and the choices they make for themselves and their patients.</p> <p>X-ref. CI/S/PD/BM</p>	<ul style="list-style-type: none"> • <i>As practitioners we need to be able to protect our patients from whatever personal problems we may have which might affect their treatment. Our attention is focused on the patient when we are treating and not on trying to resolve our own issues;</i> • <i>We all inevitably operate from a set of values and beliefs, and these can enhance the therapeutic encounter and outcome or provide a platform for reinforcing our view of the world;</i> • <i>Awareness of our belief systems and values can support ethical decision making in both our therapeutic and business practices;</i> • <i>Self-reflection on our attitudes, beliefs and values can guide self-development and continuing professional development and help us understand and manage the transformational dimensions of the therapeutic encounter for both our patients and ourselves.</i> 	<ul style="list-style-type: none"> ➤ How do you 'clear your mind' and calm your self before you start treating? ➤ Do your recommendations and advice to patients reflect your own lifestyle choices? ➤ How do you feel when patients ignore or reject your explanations or advice? ➤ What guides your fee structure? ➤ Do you have a mentor or are you in supervision where the complexities and dilemmas of practice can be discussed or shared? If not, how do you check your own processes and decisions?

SPA SUMMARY

DIAGNOSIS AND TREATMENT

Standard 2 Acupuncture practitioners, following the BAcC Education Guidelines (April 2000), make a diagnosis, formulate a treatment plan and treat patients using needles and other techniques that have an impact on the flow of qi in the channels. Through the manipulation of qi within the body, acupuncture treatment is aimed at awakening the body's ability to protect and heal itself.

The description of the process of diagnosis and treatment below represents the core of our practice as acupuncturists and is permeated by the other key standards which follow. In coming to a diagnosis and carrying out treatment, acupuncture practitioners are guided by the principles and strategies of Chinese medicine and by the evidence of practice which has been developed and recorded over the last 2000 years. This evidence does not confine its focus to illness and disease but as *Farquhar (1994:103)* comments:

With its "vast records of healing experience (it) knows how to enfold the sufferer in a wholesome history, one that is more richly collective than the narrow personal history that has produced an illness"

Our practice also includes that which cannot be written – insight, intention (*yi*) and virtuosity (*linghuo*), which can be experienced and sometimes witnessed but remains intangible.

Diagnosis and treatment is what we do, it is our central purpose, and its activity is premised on the notion of qi as movement, change and transformation. Qi is both a function and a substance which is also insubstantial, and for our purposes we equate it with 'life energy'. Qi is all that exists in whole or part, as we continuously form and reform our lives in each moment. It can be seen as an 'energy' which manifests simultaneously on the physical-spiritual plane and is in a constant state of flux and in varying degrees of aggregation. Through the manipulation of qi within the body, acupuncture treatment is aimed at awakening the body's ability to protect and heal itself.

The following four practice standards incorporate the principles and content of the BAcC Guidelines for Education (April 2000):

Standard DT 1 acupuncture practitioners gather information from patients using the four examinations (*si zhen*):

As Hammer (1990:38) describes, *qi* provides 'the force-field matrix that shapes all ... function and functional relationships'. Illness or imbalance of a person's mental, physical, spiritual state is manifested through outward signs and symptoms that can be recognised by the practitioner through the four examinations of looking, asking, listening/smelling and palpation. Through the power of intellect and imagination, together with the power of the written word, Chinese medicine has, over the centuries, contextualised information gained from the four examinations and formed a written descriptive construct of the meaning of symptoms, situation, events and relationships. This assessment of qi in its continual state of transformation is at the centre of Chinese medical practice.

Standard DT 2 acupuncture practitioners identify the distinguishing patterns (*bianzheng*) using Chinese medical guiding principles of health and disease:

Through extensive observation and written record a substantive, body of knowledge has formed. Over the last 2000 years and more, many currents of thought have developed and are still developing, that attempt to understand and explain diagnostic information. This diversity is part of the richness of Chinese medicine and is encouraged within the profession. The principles of Chinese medicine guide our recognition of patients' patterns of disharmony and their state of qi.

Standard DT 3 acupuncture practitioners formulate a treatment strategy, treatment plan and method of treatment that meets the specific needs of each patient and aims to harmonise their qi:

In collaboration with patients we determine a course of action that will bring about the desired change. It is the mutual participation of practitioner and patient in exploring a more effective way of being that is seen as key. Chinese medical theories of aetiology and pathological process guide us on the appropriate approach to treatment, the focus of the treatment and the prognosis. At the centre of this is the patient.

Standard DT 4 acupuncture practitioners carry out treatment according to the principles of the flow of qi in the channels:

The medical intervention taken by acupuncturists incorporates a dynamic in which we first discern and then manipulate the flow of qi in the channels with needles and adjunctive therapies. Through skill (*fa*) and mindfulness (*yi*) we guide the qi to produce healing. We recognise that treatment is not just the insertion of needles or the application of moxa but the totality of the relationship between the practitioner and the patient.

'To study and at times practise what one has learned, is that not a pleasure?'
Confucius

'Medicine is a combination of fixed principles and their flexible usage that makes them come alive in the magic of the moment. The former transmits the truth of the ages, while the latter follows the subtle dynamics of time. Both of them need to be adhered to.' Sun Zhixiong

'A medical system always takes a patient on a journey that is at least partly self-discovery. The more dimensions of the human personality contained in a medical conceptual model, the greater its' potential for self-recognition. The more 'humanness' in the system, the more capacity to reveal, encounter and transform..'
T J Kaptchuk 1983

Standard DT 1 acupuncture practitioners gather information from patients using the four examinations (<i>si zhen</i>)		
Principles	Descriptors	Practitioner Cues
<p>DT1.1. Practitioners use the four examinations (<i>si zhen</i>) to discern the signs and symptoms of the patient.</p> <p>X-ref. CI/2</p>	<ul style="list-style-type: none"> • <i>As practitioners of Chinese medicine we collect information on all aspects of patients – body, mind and spirit using the four examinations: looking, asking, listening/smelling and palpation and the specific techniques inherent in them;</i> • <i>We collect information that is only relevant to inform our diagnosis and treatment strategy and explain to patients why we might need to ask more intimate or indirect questions or conduct specific examinations;</i> • <i>We conduct the consultation with empathy and compassion.</i> 	<ul style="list-style-type: none"> ➤ What methods of examination do you use routinely? Are there any you rely on more than others? Are there any you do not feel comfortable in doing? ➤ Are there any patients you do not feel comfortable with using a specific examination method? ➤ How do you check the sensitivity and accuracy of your examining methods? ➤ How much do you see informed consent entering into this phase of the therapeutic encounter?
<p>DT1.2. Practitioners collect verbal and non-verbal information on current signs and symptoms, medical history and familial medical history, personal, family and social situation.</p> <p>X-ref. CI</p>	<ul style="list-style-type: none"> • <i>In collecting information on patients we observe and take a thorough case history as we understand the interconnectedness of a persons life and contexts and how past personal and family medical history can affect them;</i> • <i>When taking a case history we combine and cross check all the complex and subtle perceptions and sensory information we are gathering so as to direct our investigations;</i> • <i>We use palpation with skill and sensitivity recognising patients different personal and cultural approaches to touch;</i> • <i>In coming to our working hypothesis we use both inductive and deductive reasoning.</i> 	<ul style="list-style-type: none"> ➤ How do you conduct the interview when taking a case history? What do you cover in a consultation? Do you ask the 'ten questions'? ➤ Do you record the patient's main complaint, past medical history, family medical history? Name of GP? Do you record the patient's personal relationships, work situation, exercise/rest and diet? Do you find out what their support mechanism is? ➤ How do you check that a patient is comfortable with touch and different levels of touch? ➤ How do you organise your impressions, evidence and information in order to support your reasoning for a diagnosis?
<p>DT1.3. Practitioners may utilise information from other diagnostic systems to inform their understanding of the patient.</p>	<ul style="list-style-type: none"> • <i>Diagnostic information from other systems of medicine such as x-rays or blood tests may help inform our understanding of the patient and may impact on our treatment plan and strategy, but we are careful to balance this with the information from the four examinations.</i> 	<ul style="list-style-type: none"> ➤ Do you routinely ask patients for information about their medication, medical tests/ investigations? ➤ How do you incorporate this information into your diagnosis and/or treatment plan and strategy?

Standard DT 2 acupuncture practitioners identify the distinguishing patterns (*bianzheng*) using Chinese medical guiding principles of health and disease

Principles	Descriptors	Practitioner Cues
<p>DT2.1. In distinguishing the patterns of disharmony the practitioner uses the language of Chinese Medicine. These patterns are based on Chinese medical principles of health and disease. The method(s) of pattern and constitutional identification and analysis are chosen according to the practitioner's particular area of knowledge.</p> <p>X-ref. PC/CI</p>	<ul style="list-style-type: none"> • <i>The pattern identification we make uses the language and guiding principles of Chinese medicine;</i> • <i>In differentiating the patterns of disharmony of our patient we attempt to understand the particular aetiological and pathological processes at play. To do this we will call on all the principles of Chinese medicine and attempt to weave this into the patient's story and particular contexts, discerning the themes and narratives of their lives;</i> • <i>There are various methods of pattern/syndrome/constitutional identification and analysis we can use and we utilise those that will best explain our patient's picture and in which we are skilled. Often multiple pattern differentiations are employed; our aim is to find the best way of describing the patient's presentation rather than fitting the patient into a particular box;</i> • <i>We recognise that seeking the root of the disease is a primary aim;</i> • <i>What we write down conforms to an agreed system that other practitioners with similar diagnostic methods could understand.</i> 	<ul style="list-style-type: none"> ➤ What organisational framework do you routinely use and how do you write down your diagnosis? ➤ Have you added different methods since you first trained? How do you develop your skills? ➤ When differentiating disharmonies and diseases do you record the aetiologies and pathological process? ➤ What sources do you use to check your conclusions? ➤ Do you routinely differentiate your pattern identification into root and branch/symptoms (<i>ben</i> and <i>biao</i>)? What do you understand by 'treat the not yet disease'? How much of your work is preventative? ➤ What language and style do you use to express this? Would another practitioner with a similar diagnostic system be able to understand your notes?
<p>DT2.2. Practitioners make an initial working hypothesis based on their diagnostic framework in order to come to a treatment principle and treatment plan.</p>	<ul style="list-style-type: none"> • <i>The initial interpretation we make is often the best fit for the information we have at the time and our synthesis of the information gathered and enables us to consider a treatment strategy;</i> • <i>We often recognise that there are contradictory signs and symptoms to the conceptual matrix we have made and will pay attention to this when determining our treatment principles;</i> • <i>We may have alternative patterns which we reject in the moment, and again hold them in readiness within the first and subsequent treatments;</i> • <i>We often will have an intuitive (tacit, insightful) feeling of the person and the pattern and we try to make that feeling tangible in order to record it and see how it determines our treatment.</i> 	<ul style="list-style-type: none"> ➤ How do you manage the simultaneous collection, interpretation and organisation of signs and symptoms? ➤ How do you reconcile contradictory signs and symptoms or information? ➤ How do you work with your 'intuitive' feelings about a patient? How do you recognise and record these? ➤ Do you also record any alternative patterns or approaches?

<p>DT2.3. Practitioners constantly develop and modify the pattern identification, including changes while actually treating the patient.</p> <p>X-ref. CI</p>	<ul style="list-style-type: none"> • <i>Because our pattern identification is based on information gathered from all our senses we are constantly gathering new information that might affect our pattern identification and treatment approach;</i> • <i>This may happen within the treatment or over time as the patient changes or as we gain a deeper understanding of them and their pattern;</i> • <i>At each session we record changes in the patients, both major and subtle, observed and reported.</i> 	<ul style="list-style-type: none"> ➤ How do you check changes in patients during treatment? What are you looking for or feeling or asking? ➤ How might your level of treatment or your focus change? How do you know your patient is getting better? How does the patient know? ➤ Do you have a system for recording change in a patient? What are the main areas that you routinely record? ➤ Do you routinely reconsider your diagnosis? What seems to trigger this reappraisal?
<p>DT2.4. Information from other medical models (diagnostic tests, medication etc.) is reconciled within the practitioners' interpretation of the patient.</p> <p>X-ref. S</p>	<ul style="list-style-type: none"> • <i>At times a western medical model or other model may enhance our understanding of the patient but we are clear that we are not making a western diagnosis;</i> • <i>We interpret any information from other medical models carefully and with the best interests of the patient in mind. We use this information to help us recognise our limits of competence;</i> • <i>Those practitioners who treat children are knowledgeable of the differences in presentation, diagnosis and treatment compared with adults.</i> 	<ul style="list-style-type: none"> ➤ How do you try to reconcile information from other diagnostic systems into your Chinese Medical diagnosis? ➤ Are you able, when appropriate, to carry out with sensitivity and confidence the conventional clinical skills of e.g. taking blood pressure, joint and muscular examination and palpation, peak flow assessment, abdominal and lymphatic examination? ➤ What resources do you use to check your understanding of the western diagnosis, medications and tests? How up to date are you with the latest western medical information? How do you interpret this back to the patient? ➤ What do you know about the biomedical understanding of the changing physiology of infants and children, of pregnant women? Can you interpret the medical terminology of pregnancy? What do you recognise as or by mental illness? Are you aware of the different diagnostic signs in 2 year olds?

Standard DT 3 acupuncture practitioners formulate a treatment strategy, treatment plan and method of treatment that meets the specific needs of each patient and aims to harmonise their qi.

Principles	Descriptors	Practitioner Cues
<p>DT3.1. Practitioners formulate treatment principles that relate to the patterns/ syndromes/ causative factor identification and analysis made during diagnosis.</p>	<ul style="list-style-type: none"> • <i>The configuration of patterns we make leads us to treatment principles that focus our attention on the way we will try to bring about change and harmony, the priorities of treatment, whether we treat the ben or biao separately or simultaneously.</i> 	<ul style="list-style-type: none"> ➤ How do you decide on and record the treatment principles? Do you prioritise your treatment principles? How do you select the best points to accord with your treatment principles?
<p>DT3.2. Practitioners formulate a comprehensive treatment plan/strategy and a considered prognosis that takes into account the whole person. X-ref. CI/S</p>	<ul style="list-style-type: none"> • <i>Our treatment plan/strategy takes into account the whole person: their constitution, age and gender, their presenting disease, signs and symptoms, their personal, social and cultural context. For women the time they are in their menstrual cycle may modify our treatment approach; specific patient groups have differing needs;</i> • <i>It includes a treatment objective, priorities for treatment, referral, lifestyle advice, number & frequency of treatments and a considered prognosis;</i> • <i>In combination with our own developed sense of pattern aetiology, pathological process and principles of development of disharmony, we utilise written material, research findings, consultation with other practitioners to augment our understanding of the plan and prognosis;</i> • <i>We take an integrated approach to health and refer patients to other practitioners or systems of medicine to achieve the best outcome for the patient.</i> 	<ul style="list-style-type: none"> ➤ How do you record your treatment plan/strategy? What aspects do you routinely record? Do you integrate all aspects of the person and their complaint(s) into your diagnosis and treatment strategy? ➤ What resources do you use to help you determine your treatment plan? ➤ What information do you use to help you make a prognosis? How do you answer the patient's questions of how long will it take to get better and how will you know? ➤ How often do you refer patients to other practitioners? Are there consistent types of problems that you regularly refer? In what circumstances would you seek a second opinion? ➤ How current is your knowledge of different patient groups? ➤ If you treat children are you aware of issues of child protection and how they impact on the practice of Chinese Medicine? Do you know the age at which you are permitted to treat a child unaccompanied by a parent or guardian?
<p>DT3.3. Practitioners discuss their findings with the patient and agree a treatment plan/strategy and treatment methods, for which they gain informed and valid consent.</p>	<ul style="list-style-type: none"> • <i>We discuss and come to an agreement with our patients about our findings and realistic expectations from treatment;</i> • <i>We discuss our findings in easily accessible terms with the patient in order to check that our intentions coincide and agree a treatment strategy;</i> • <i>Patients usually present with specific symptoms/diseases that they wish to address. There are times however when we find a more complex picture or our experience</i> 	<ul style="list-style-type: none"> ➤ What strategies do you use to explain Chinese medical concepts to patients? Do you discuss your conclusions with the patient? ➤ How do you come to agreements with patients? ➤ What do you do if your intentions and that of the patient don't coincide? Do you offer choices? Are there times when you have agreed not to treat a patient? Is there any recurring pattern to those occasions? ➤ Do you routinely inform your patient about the methods of treatment you are

<p>X-ref. CI/S</p>	<p><i>informs us that a different approach would be more beneficial to the patient;</i></p> <ul style="list-style-type: none"> • <i>We select methods of treatment that will have the appropriate impact from the range of acupuncture methods in which we are skilled. We use methods from other systems of medicine according to our training and skills;</i> • <i>Because of our understanding of informed and valid consent we will discuss the methods we are planning to use with patients, giving sufficient and clear information about them, including any possible adverse effects, for patients to make an informed decision.</i> 	<p>going to use? What do you understand by informed or valid consent?</p> <ul style="list-style-type: none"> ➤ If you plan to use patients' notes for teaching or research purposes do you seek written consent from the patient? ➤ How can you avoid not being tempted to practise outside your limits of competence when faced with increased expectations from your patients?
<p>DT3.4. Practitioners select channel and point combinations that meet the particular energetic pattern of the patient, and is in harmony with natural rhythms.</p> <p>X-ref. PC</p>	<ul style="list-style-type: none"> • <i>We understand that a treatment prescription works as a therapeutic whole. The combination of points must relate to the state of the patient's flow of qi at that time, and take into account the ebb and flow of the qi according to, for example, the day, the climate or the season;</i> • <i>Through observation and touch acupuncture practitioners are aware of the nature of the qi of their patients and the robustness of their constitution and are able to adapt their techniques to gain the required therapeutic results.</i> 	<ul style="list-style-type: none"> ➤ How do you go about selecting channel and point combinations? Do you take account of the seasons and time of day when you are treating? ➤ What other factors do you take into account to individualise your prescriptions? ➤ How do you adapt your techniques to meet the qi of the patient?
<p>DT3.5. Practitioners change and adapt the treatment plan according to perceived changes and developments in the patient's condition or situation over time.</p> <p>X-ref. P</p>	<ul style="list-style-type: none"> • <i>We constantly evaluate the treatment we are giving for its suitability and effectiveness and use a range of methods to determine if a treatment is working;</i> • <i>We always record changes to the treatment plan or treatment principle or treatment method;</i> • <i>We recognise and acknowledge that patients are our major tool for learning.</i> 	<ul style="list-style-type: none"> ➤ What methods do you use to determine if a treatment is working? Do you routinely use objective measures (patient diaries, medication use, MYMOP, range of movement, etc.)? ➤ How often do you reflect on patients and your treatments in order to make the most of learning opportunities and improve the effectiveness of treatments?

Standard DT 4 acupuncture practitioners carry out a treatment according to the principles of the flow of qi in the channels

Principles	Descriptors	Practitioner Cues
<p>DT4.1. The practitioner carries out treatment using a variety of techniques and treatment modalities and recognises that the skill (fa) and the yi (intention) work together to enhance the therapeutic effect.</p> <p>X-ref. S</p>	<ul style="list-style-type: none"> • <i>Acupuncture treatment can involve a variety of methods including needles, moxibustion, cupping, guasha, electrical stimulus, qigong, tuina which we utilise according to the patients presenting condition and within the limits of our own skills and knowledge;</i> • <i>We employ a variety of techniques to transform the qi of our patients such as clearing, moving and draining or supplementation and reinforcement with needles, scattering and moving with cupping, warming with moxa etc. depending on the relative deficiencies (xu) or excesses (shi) of the patient;</i> • <i>We practise with skill, attention and intention, at all times aware of the nature of the qi at the point and within the channel and ways to obtain qi (de qi). We rely on both the feedback from patients and what we feel to determine if we have obtained deqi;</i> • <i>We work at all times with a focus on safe practice.</i> 	<ul style="list-style-type: none"> ➤ What treatment methods and points do you use most frequently? How have you developed these ways of working? ➤ Do you use a variety of needling techniques and treatment modalities? How would you know if your methods or techniques were common practice for the conditions you are treating? ➤ How do you develop your awareness of qi? Do you take care of your posture and relaxing the body and mind when treating patients? ➤ What do you understand by intention and how do you focus your attention when treating? ➤ How do you 'feel' for the qi? Do you aim for de qi and how do you know you have reached it? How have you developed your feeling over time? ➤ Do you always know if you get <i>deqi</i>? Do the patients know the differences of sensation in needling? ➤ Are you up to date with the BAAC Codes of Safe Practice and Professional Conduct and their audit tools?
<p>DT4.2. Practitioners are sensitive to the specific health status and needs of the patient.</p> <p>X-ref. S/CI</p>	<ul style="list-style-type: none"> • <i>Patients have a variety of responses to treatment and we are sensitive to this and learn as we proceed with treatment;</i> • <i>We understand the nature of physical and psychic pain and how our therapeutic intervention can help, but also aggravate some patients and some conditions;</i> • <i>We recognise how important it is to inform patients about the treatments we are using and give them permission to stop treatment at any point. There are times when a specific treatment can be uncomfortable, but we may feel it is in the best therapeutic interests of the patient if they can tolerate this and try to find a balance in treatment.</i> 	<ul style="list-style-type: none"> ➤ What do you look for in order to check if a patient is responding appropriately or inappropriately to a treatment? ➤ Do you inform patients of what they might feel from specific points or therapeutic procedures? ➤ Have you ever had a patient ask you to stop treatment? How do you respond to patients who find the treatment too painful or disturbing?
<p>DT4.3. Practitioners use clear and positive intention to minimise our position of power and seek to involve the patient at all</p>	<ul style="list-style-type: none"> • <i>We recognise how we may use our position of power to the detriment of our patients, especially through our manipulation of qi and our use of invasive techniques;</i> • <i>We strive at all times to maintain unconditional positive regard and employ techniques of clear and positive intention to minimise any</i> 	<ul style="list-style-type: none"> ➤ How do you include patients in the therapeutic process? ➤ In what ways do you take care to treat patients with respect and appropriate sensitivity at all times?

<p>levels of treatment. X-ref. CI/PC/S</p>	<p><i>negative therapeutic affects;</i></p> <ul style="list-style-type: none"> • <i>We encourage patients to be actively involved in their treatment.</i> 	
<p>DT4.4. Practitioners recommend and promote self-help strategies and advice in order to support the treatment plan and encourage the most effective improvement for the patient; and also acknowledge patients right to refuse our advice. X-ref. CI/S/PC</p>	<ul style="list-style-type: none"> • <i>We recommend and discuss self-help strategies in the context of our determination of the aetiology and knowledge of pathological process.</i> • <i>Our intention is to work with the patient and help them come to an understanding of their disharmony</i> • <i>We take into account the personal and cultural context of the patient in determining advice;</i> • <i>We inform patients of the possible implications of not following the advice given but accept their right to refuse advice;</i> • <i>We give clear instructions, written if necessary, on how to carry out the self help and inform patients of what reaction they might expect and how to manage it.</i> 	<ul style="list-style-type: none"> ➤ Do you give patients clear instructions in relation to self-help programmes? Do you write down their self-help strategies or give them verbally? ➤ How do you make sure that the information and advice you are offering is sound and appropriate? ➤ How do you respond to patients if they do not follow your advice? How does a patient contact you to check the advice given?

SPA SUMMARY COMMUNICATIONS AND INTERACTION

Standard 3 Acupuncture practitioners maintain high standards in a range of communications skills in their interactions with patients, carers, colleagues and other healthcare professionals according to the BAAC Codes of Professional Conduct and Safe Practice.

The nature of the relationship and interaction process between practitioner and patient and/or carer is pivotal to the effectiveness of the therapeutic encounter. It is this dimension that gives it the dynamism and potential creativity within which a transformation may take place, in which the patient or the patient's energy (*qi*) changes in some way(s) to effect an improvement in their health at the level, or combination of levels, of body, mind, spirit. The meaning and efficacy of each treatment depends on the relationship of the *qi* of the practitioner with that of the patient. Woven into this interactive process between practitioner and patient is the movement of the emotions (*qing*), within and between each individual as the encounter unfolds. Some processes of experience, learning and change occur in greater manifest depth, complexity and detail within the context of therapeutic interactions than in other social situations as the practitioner reaches for different layers of understanding.

The practitioner is aware of the two aspects of communications and interaction:

- that of the values, skills and attributes required for the processes, and
- that of the interpersonal dynamics within each or a series of events.

The former has a theoretical basis although a practical and affective experience, whilst the latter makes the theory tentative or even unpredictable and demands flexibility, attention, intention (*yi*) and humility on the part of the practitioner as s/he strives to balance the requirement for information of clinical importance with the maintenance of rapport with the patient and/or carer.

The quality and congruence of the interaction from beginning to end to beginning again is determined by the virtuosity (*linghuo*) of the practitioner in the deployment of the arts and skills of clear perception, cognition, interpretation and communication.

"It is as though s/he listened

And such listening as this enfolds us in a silence

In which at last we begin to hear

What we are meant to be" Lao Tsu 600 BC

These two aspects are also of similar importance in the:

- intra- and inter-professional communications and interactions which take place frequently in professional clinical practice in relation to patient care, and
- communications and interactions with individual members of the public, interested groups, commercial, public and government bodies and organisations, which includes the BAAC and BAAB.

Woven into the interactions are issues of power. These are inherent in any relationship between healthcare professionals and their patients and acupuncture is no exception. Power is:

- to do with the potential vulnerability in the patients expressing his or her need for treatment and asking for help.
- within the practitioner's knowledge and skills in what, to many patients, is a form of treatment based on unknown theories.
- also in the way in which the patient chooses to present their health needs to the practitioner and consciously or unconsciously inputs to and controls the encounter.
- in the way the practitioner presents themselves within their practice environment and in the nature of their interaction with the patient and the information they impart.
- in the practitioner's engagement with the patient as person, as a unique individual, and their capacity to mediate their intention (*yi*) through their selection of treatment plan and their needling, and use of other techniques.

- in the use of needles which are invasive, penetrating the outer layers of a patient's defence system and which, for some, carry memories of pain and fear.
- to do with social and cultural understanding and expectation of medicine in all its forms.

Acupuncture practitioners are therefore expected to adopt the following two standards and always be mindful of the Codes of Professional Conduct and Safe Practice in respect of communications and interaction:

Standard CI 1 acupuncture practitioners offer empathic, effective and ethical interaction and communication with patients, carers, colleagues and other healthcare professionals:

This standard is concerned with the values, skills and processes inherent in all interpersonal communication and interaction and which becomes refined and sometimes specialised within the therapeutic relationship and in professional relationships with other colleagues.

Standard CI 2 acupuncture practitioners provide relevant and appropriate information to patients, carers or prospective patients on aspects of diagnosis and treatment to enable informed choices to be made; and also to other healthcare professionals, members of the public, public bodies and organisations:

This standard is particularly concerned with the content as well as the processes of giving information to patients and other people concerned with the theory and practice of acupuncture. It is important to take into consideration the context of patients and that effective communication with carers or other healthcare providers may be the most effective intervention we can offer.

'To use words wrongly is not only a fault in itself. It also corrupts the soul.'

Socrates

Remember that 'listen' and 'silent' are anagrams of each other.

Standard CI 1 acupuncture practitioners offer empathic, effective and ethical interaction and communication with patients, carers, colleagues and other healthcare professionals

Principles	Descriptors	Practitioner Cues
<p>CI1.1. Practitioners show consistent ability to establish and maintain rapport with patients, carers or prospective patients and also with colleagues and other healthcare professionals.</p> <p>X-ref. DT/S/PC</p>	<ul style="list-style-type: none"> • <i>We aim to conduct ourselves appropriately and with confidence and flexibility in the interactive skills of listening, observation, rapport, expression, touch, emotional assessment and maintenance of resourceful inner states in order to integrate these into a cohesive diagnostic picture for the benefit of the patient;</i> • <i>Having a well- developed auditory, visual and kinaesthetic understanding of the surface anatomy and the body state of patients and ourselves enables us to be safe, sensitive and effective in our practice of acupuncture;</i> • <i>We are able to establish and maintain rapport, follow a staged plan when interviewing patients, exchange constructive feedback and develop ways of anticipating and resolving potential and actual difficulties with appropriate professional behaviours;</i> • <i>Appropriate use of interpersonal and communications skills are used to engage in, and disengage from, therapeutic relationships.</i> • <i>We understand that communication skills can be learned and enhanced for the benefit of the public, other health professionals, our colleagues, our patients and ourselves. This includes personal face to face interaction, use of the telephone and electronic communication.</i> 	<ul style="list-style-type: none"> ➤ How wide is your application of the range of sensory, observational and palpation skills to identify and evaluate the verbal and non-verbal communication of patients? In which areas are you strongest and are there areas which need more practise? ➤ Do you act with confidence and sensitivity in the art and skill of seeing, hearing, smelling, asking questions, pulse-taking and tongue observation? Are some of your skills more developed than others? ➤ Do you have confidence in varied ways of talking, interacting with and sending and receiving communications to/from patients, carers and other healthcare professionals about acupuncture and treatment? ➤ Are you able to describe and use a structured yet adaptable plan for talking with and interviewing patients and/or carers which would include introduction, history, presenting concerns, planning and contracting, closure? ➤ How do you adapt your communication style and skills to work effectively with different groups of patients? ➤ Are you aware of the special issues of communicating with children of different stages of development, and of communication difficulties that you might encounter with parents? How well do you communicate with parents who have high expectations and high anxieties when their children are ill? ➤ How do you ensure that your electronic communication is always polite?

<p>CI1.2. Practitioners communicate and interact with patients, carers, prospective patients and colleagues with clarity, sensitivity and empathy.</p> <p>X-ref. PC/DT</p>	<ul style="list-style-type: none"> • <i>The practice of awareness, presence and focused attention, which engender mutual trust and respect, enables us to create and maintain rapport throughout the treatment encounter;</i> • <i>We are aware of the complexity of human experience and the need to understand our own experiences and motivations within the spiral of interpersonal perceptions;</i> • <i>We try to be open to addressing personal, social, psycho-emotional and/or spiritual issues for ourselves which might inhibit as well as enhance sensitive and effective acupuncture practice;</i> • <i>A compassionate understanding (ren) of how ill-health may affect patients differently on all or some levels of body, mind, spirit, is based on our knowledge of the social and psychological context of health, disharmony and disease.</i> 	<ul style="list-style-type: none"> ➤ In what ways are you sensitive to the environmental context, to individual patient differences or to developments which transpire during the treatment or interview process? Do you listen with your eyes and your heart? What does this mean to you? ➤ Are you always flexible and do you act appropriately towards the changing circumstances of patients, practice and the acupuncture profession? ➤ What are your best attributes in communicating with patients, carers, other colleagues? Ask yourself, what would it be like meeting you? Are you aware of the significance of first and last words? How would you rate your performance if you were the patient? Would you like to be treated by you? ➤ How do you balance the need to collect relevant clinical information with concern for the patient's feelings? Do you always use a facilitative approach in gathering information or do you sometimes change your approach? Can you respond from different angles to yield new insights into diagnosis and treatment? When and how might you do this? ➤ In what ways do you exemplify principles of conduct which are considered, respectful, empathic, positive and have integrity? Do you recognise the difference between sympathy and empathy? ➤ How might you check yourself to ensure you are not diverted or preoccupied, Do you always show awareness, sensitivity and empathy with patients whose lifestyles are dissimilar to your own? With whom do you most identify and which patients affect you the most? ➤ Do you always interact with awareness and understanding of issues concerning prejudice and the therapeutic relationship? ➤ Do you know how to refer to and/or liaise with agencies of social and mental care as well as general practitioners in relation to your patients? ➤ How might you show empathy to the particular needs and difficulties of patients who have been recently bereaved or experienced other major trauma or adverse event?
--	--	---

<p>CI1.3. Practitioners communicate and interact ethically with patients, carers, prospective patients and also with colleagues and other healthcare professionals.</p> <p>X-ref. BM/PC/S/DT</p>	<ul style="list-style-type: none"> • <i>Ethical and legal issues and responsibilities relating to the practice of acupuncture are understood to be central to communication and interaction with patients, carers, health care practitioners and also external agencies when appropriate.</i> • <i>In abiding by the Codes of Professional Conduct and Safe Practice, we are able to articulate and debate the ethical and legal issues relevant to the acupuncture treatment of patients, account for informed advice on such treatments, recognise and act appropriately, legally and ethically on limits to competence;</i> • <i>We recognise and act upon the requirement for patient confidentiality and accurate, clear case notes;</i> • <i>Interacting and communicating confidentially with colleagues in conventional and other complementary medical professions about patient signs, symptoms and lifestyles is essential in our work;</i> • <i>We communicate effectively utilising a wide range of appropriate and effective interpersonal and communications skills with patients, carers and prospective patients, colleagues and other healthcare professionals;</i> • <i>We are able to demonstrate, in a range of formats, the ability to coherently present ideas and information, which are relevant and accurate, creative, sensitive and discriminating, and apply these communications skills to the patient-practitioner relationship.</i> 	<ul style="list-style-type: none"> ➤ Do you conduct yourself in an appropriately professional and ethical manner in practice and in the planning, organisation and business management of your practice? ➤ How do you ensure a safe and confidential environment for patients and/or carers? How do you inform and advise patients about issues of confidentiality? ➤ Do you always maintain appropriate professional boundaries when dealing with patient management issues, including conflict resolution, which arise during the course of treatment? ➤ Are you confident in producing critical, coherent and detailed verbal and written reports about diagnosis and treatment options? ➤ Are you able to act and communicate confidently upon situations which require liaison with and/or referral to a doctor or other medical practitioner and the level of urgency for appropriate action, knowing the limits to your competence?
--	---	---

<p>CI1.4. Practitioners recognise, develop, maintain and use their power as an enabler of healing. They are concerned to achieve right relationship as a precursor to developing effective systems and circumstances for exemplary professional practice.</p>	<ul style="list-style-type: none"> • <i>We recognise, explore and utilise patient's knowledge and understanding of themselves, their health state and of acupuncture in order to better inform our interactions, diagnosis and treatments;</i> • <i>Through our training and by further practices we are able to intentionally use qi in all our interactions with patients to enable healing to take place;</i> • <i>We recognise that we do not fully know ourselves and our motivations. Our blind-spots have the potential to inhibit our best practice, so we aim to remain committed to doing inner work and examining our behaviours and the effect they have on our practice relationships including those with our co-workers and professional colleagues;</i> • <i>By consciously and purposefully exploring the patient perspective and fitting that experience to our practice framework, we are able to create an empowering therapeutic environment for patients and ourselves;</i> • <i>The essential importance of managing the dynamics of the practitioner-patient relationship is recognised and utilised;</i> • <i>We exercise personal and professional responsibility for ethical living, genuineness and rationality which can be brought to each treatment encounter.</i> 	<ul style="list-style-type: none"> ➤ Are you aware of your own experiences, perceptions and actions in the therapeutic relationship? Are you aware of the reciprocal nature of the encounter? ➤ How do you ensure a respectful and valuing environment for patients and/or carers? Do you transfer this outside the treatment room with co-workers, colleagues, students, friends, family etc? ➤ Do you check yourself for barriers and blocks to effective listening and an accepting attitude? How well do you deal with information which jars with or differs from your view of yourself? ➤ Are you aware of your own blind-spots and anxieties? Which of these might they be – specific strong emotions, trigger words and phrases, unfinished business, anxiety-provoking topics, situations or people, prejudices, physical barriers, your past? ➤ Have you tried keeping a reflective diary, including an analysis of interactions with patients, and other factors that influence you as a practitioner? Are you engaged in improving your reflective skills? At what level are these skills? ➤ How might you identify and assess your own abilities to enable healing in others? ➤ Have you carried out an analysis of some or all of your professional records relating treatment to patient outcomes? ➤ Do you regularly assess your own qi and related health issues? Are you aware of the lifestyle factors which deplete your qi and might adversely effect your abilities to communicate effectively? ➤ In what ways do you actively maintain your own health and qi? Do you practise what you preach? ➤ Do you have a professional support network as well as a personal one? How often do you engage in clinical supervision for your growth, development and support? Are you able to act as a mentor or supervisor to others? ➤ Are you aware of the right and appropriate actions to take if your health state is compromised and potentially harmful to your patients? ➤ Have you a variety of strategies to protect yourself from negative qi in the treatment room? Do you feel drained, relaxed or energised at the end of treatment sessions or days, and do you know why?
---	---	--

X-ref. PC/DT/S/PD

Standard CI 2 acupuncture practitioners provide relevant and appropriate information to patients, carers or prospective patients on aspects of diagnosis and treatment to enable informed choices to be made; and also to other healthcare professionals, members of the public, public bodies and organisations

Principles	Descriptors	Practitioner Cues
<p>CI 2.1. Practitioners clearly communicate their understanding of the possible combinations of aetiological and pathological factors involved in the genesis of ill-health and disease, and their treatment plans for the patient.</p> <p>X-ref. DT</p>	<ul style="list-style-type: none"> • <i>We have an in-depth knowledge and understanding of the underlying philosophy and practice of Chinese Medicine depending on our training and subsequent learning; of health and harmony; of the causes and patterns of disharmony, the differentiation and treatment of common diseases, including up- to-date conventional medical treatments; diagnostic methods; establishing principles and priorities for treatment; and are able to convey this knowledge as and when appropriate in a variety of situations which requires a skilled communications and interactive process;</i> • <i>We are able to articulate and debate the ethical and legal issues relevant to the conventional medical treatment of patients, account for informed advice on such treatments, and recognise and act appropriately, legally and ethically on our limits to competence particularly in relation to the warning signs and symptoms of serious disease and the level of urgency for appropriate actions.</i> 	<ul style="list-style-type: none"> ➤ How do you apply your knowledge and own criteria of judgement to suggest a diagnosis or treatment plan to a patient or carer? ➤ In what ways do you enter into 'contracts' with patients or assess progress towards meeting agreed outcomes or targets? ➤ How do you access information to provide an evidence base for treatments, information and advice? ➤ In what ways do you describe the clinical investigations which may be performed on a patient, distinguish between the risks and benefits of their medication, recognise and explain the diagnostic features of the common diseases and convey the appropriate response to the warning symptoms and signs of a potentially serious disease? ➤ When about to carry out conventional medical and clinical skills do you explain and gain consent about the proposed examinations and tests? Are you able to interpret test results? ➤ Can you describe how you would manage, in a professional manner, a situation which may give rise to an ethical dilemma? Are you clear about the need for maintaining professional boundaries? ➤ How do you ensure that you are very knowledgeable about advice or treatment particularly so if this advice is in contradiction to that of the patient's doctor? ➤ Are you aware of the importance of clear records? Are you clear about what constitutes informed and valid consent? ➤ Do you know how and where to obtain advice? Are you in supervision? Are you a member of a professional support group?
<p>CI 2.2. Practitioners inform patients, carers and prospective patients both preceding and after treatment of what to expect in coming for treatment, how to be best prepared for treatment and the effects of treatment(s).</p>	<ul style="list-style-type: none"> • <i>We recognise that not all patients and not all health issues are suitable for acupuncture treatment and practitioners try to ascertain this on first contact with a prospective patient or patient. There may be patients who some practitioners are not experienced enough or sufficiently trained to treat effectively;</i> • <i>All patients are informed before their first treatment of the time, place, length of session and possible costs as well as what they may expect from treatment and what we may expect from them;</i> 	<ul style="list-style-type: none"> ➤ Do you always make an initial determination of whether the patient can be best treated with acupuncture and competently and safely by yourself? ➤ Are there any patient groups or those with particular health issues which you feel you are not skilled to treat? What sorts of problems are these? Do you treat children and are you aware of the particular issues around their treatment with acupuncture? Have you the training and skills to treat patients with major psychological/mental problems? What special measures do you take when treating especially vulnerable patients, the elderly, the disabled, pregnant women?

<p>X-ref. BM/S/DT/PD</p>	<ul style="list-style-type: none"> • <i>We inform patients about appropriate dress and issues of eating and drinking before and after treatment in order to provide the best circumstances for effective treatment;</i> • <i>We recognise that informed choice for the patient operates from the first communication with the patient/carer.</i> 	<ul style="list-style-type: none"> ➤ If you are a private practitioner do you always inform patients of the fees you charge and the methods of payment you accept before treatment and how do you inform patients of this? Is this also displayed in your clinic? ➤ What methods do you use for informing your patients of their appointment times, place, costs, session length and possible treatment frequencies and modalities? Or what you expect if they wish to change or cancel appointments? Or that you may require them to remove clothing, or of any restrictions on food and drink, or to bring details of medications? ➤ Do you always remember to give clear information about contacting you between appointments and what to do when you are, for example, on holiday? ➤ How do you inform and advise patients about issues of examination methods, difficult or sensitive points, possible treatment effects and how to cope with them?
<p>CI 2.3. Practitioners are able to inform, instruct, advise and offer professional opinion to patients and /or carers, colleagues and other healthcare professionals about treatments and aspects of lifestyle which may be harmful or beneficial to the health of the patient.</p> <p>X-ref. S/DT/PD</p>	<ul style="list-style-type: none"> • <i>We are able to assess, plan, implement and evaluate patient care to meet the physical and psycho- emotional needs of the patients, including discussion of diagnosis, treatment and strategy with them or their carers as appropriate;</i> • <i>Because of our knowledge and skills we are able to involve and/or educate patients, carers, colleagues or other healthcare professionals in the ongoing effectiveness of a treatment plan and the health behaviour of patients;</i> • <i>We are able to inform patients and/or carers about any additional adjunctive techniques or therapeutic interventions that we propose to use and in which we are trained and/or qualified;</i> • <i>In respect of lifestyle adjustments we actively seek feedback from patients and carers about aspects of their treatment and progress.</i> 	<ul style="list-style-type: none"> ➤ Are you able to use different ways of talking, interacting with and informing patients, carers and prospective patients using accessible everyday and medical language? ➤ Do you balance a variety of helping strategies to best fit any particular situation e.g. giving advice, giving information, direct action, teaching, counselling, reviewing? ➤ In what ways do you utilise the professional skills of writing and speaking coherently to present ideas which have clarity and enable understanding? ➤ Are you able to give specific, up to date and appropriate information to patients on potential lifestyle changes in order to support their health, including that on diet, lifestyle and medication? ➤ Do you articulate clearly the importance of diet and particular and general dietary modifications for patients? ➤ Can you demonstrate with assurance the ability to discuss with and inform patients about the best management practices for maintenance, withdrawal or reduction of medical and other drugs including appropriate liaison with a medical doctor? ➤ If appropriate can you explain and show how to teach a patient e.g.a simple postural or qi gong exercise, or use of moxa, and indicate its potential benefits? ➤ If appropriate can you readily and clearly give patients and/or carers information about the purpose, potential benefits and cautions of any adjunctive technique or

		therapeutic intervention which you would recommend using in treatment or in referral to another health care professional? Are you properly qualified and insured to carry out adjunctive techniques within or outside the scope of acupuncture?
<p>CI 2.4. Practitioners provide relevant and appropriate information to members of the healthcare professions, the public, commercial and public bodies and organisations, on aspects of acupuncture, including diagnosis and treatment, to enable them to be better informed about patients and/or professional practice.</p> <p>X-ref. DT</p> <p>X-ref. BM</p>	<ul style="list-style-type: none"> • <i>We are able to show understanding of the possible combinations of aetiological and pathological factors involved in the genesis of the disease or ill-health and demonstrate the knowledge to enable patients to be informed and advised appropriately;</i> • <i>Appropriate and effective communications skills are used by us with colleagues and those in other medical and other health care disciplines;</i> • <i>There are many ways in which we are able to use written, including ICT, and spoken format to coherently present ideas and information which are both relevant and accurate, creative, sensitive and discriminating, and apply these communications skills to the practitioner-doctor or other medical practitioner relationship.</i> 	<ul style="list-style-type: none"> ➤ Do you make effective and efficient use of information and communication technology? ➤ To what extent do you collaborate with colleagues and other health care professionals to discuss patient treatment and practice and how effective are your contributions within a group? ➤ Can you express a language used by conventional medical staff and give examples of some conventional medical terms so that you feel confident when discussing patient issues with medical and other health care professionals? ➤ Can you act with assurance in liaison with a medical doctor about patients concerning the best management practices for maintenance, withdrawal or reduction of medical and other drugs? ➤ In what ways do you show the interest and ability to engage effectively and professionally in discussion within practitioner groups and individuals about patients? ➤ Do you have confidence in different ways of talking, interacting with and informing prospective patients, the public and other groups and organisations about acupuncture, including presentations, using accessible everyday and medical language? Are you careful to ensure that you maintain professional ethics at all times?

SPA SUMMARY SAFETY

Standard 4 Acupuncture Practitioners ensure safety for patients and themselves within a therapeutic relationship, according to the BAAC Codes of Safe Practice and Professional Conduct

All therapeutic encounters involve a potential for change that can be beneficial or detrimental to the patient, the practitioner and to society as a whole, whether overt intervention has occurred or not. Issues of safety must be a feature openly acknowledged by the practitioner and encouraged in the patient. Safety has at its core a sense of respect, a respect for the patient and the desire for their well-being and health, a respect for self and one's personal integrity; a respect for other people that will mean that their best aspects are nurtured and a respect for the environment. Within the inter-relationship of *yi* (intention) and *fa* (skills) is the recognition that safety relates to and interweaves with the body, mind, spirit of the patient, self and society.

The following three practice standards should be considered in relation to the BAAC Codes and Audit Tools of Safe Practice and Professional Conduct:

Standard S 1 acupuncture practitioners generate a safe environment for the patient:

Safety features in the specific skills we have of *zhenjiu* (acupuncture and moxibustion), cupping, tuina and other techniques. It is in the instruments we use within our therapy, the needles, moxa and cups and how we maintain cleanliness. It is in the way we touch and move patients, the premises we have. It is featured in how we record what we do, how we deal with accidents and injuries. Safety is integral to the way we listen to patients, how we adapt to meet their needs, the choices we offer them and our awareness of our limits to competence. It is in the dialogue we have with other health professionals.

Standard S 2 acupuncture practitioners support their own safety within the context of their practice:

Safety is enabled and managed through our own 'self-cultivation', the recognition of our own strengths and weaknesses, the way we strive to improve those and how we go about seeking help. It is maintained through our ability to check that trust is maintained and how to regain it if it is lost. It is secured by our keeping abreast of the literature, research, changes in health parameters, changes in health policies, of developments within Western biomedicine through dialogue with other practitioners. Being a member of a professional body ensures a system of guidance and support for us as practitioners, but from this comes benefit to the patient. Safety is demonstrated through our skills, knowledge and approaches (attitudes/ attributes) and interactions.

Standard S 3 acupuncture practitioners seek to engender a safer society and environment:

Safety goes beyond the treatment room to the wider environment. As healthcare practitioners our interests should encompass societal and environmental issues that impact on patients.

"Declare the past, diagnose the present, foretell the future; practise these acts. As to diseases, make a habit of two things — to help, or at least to do no harm." Hippocrates, Epidemics, Bk. I, Sect. XI.

.. I will follow that system of regimen which, according to my ability and judgement, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest any such counsel.... With purity, beneficence and with holiness I will pass my life and practise my Art. Except for the prudent correction of an imminent danger, I will neither treat any patient nor carry out any research on any human being without the valid informed consent of the subject or the appropriate legal protector thereof, understanding that research must have as its purpose the furtherance of the health of that individual. I will continue with diligence to keep abreast of advances in medicine. I will treat without exception all who seek my ministrations, so long as the treatment of others is not compromised thereby, and I will seek the counsel of particularly skilled physicians where indicated for the benefit of my patient. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further from the seduction of any patient. Whatever, in connection with my professional practice or not, in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret.... Hippocratic Oath c.400BC trans. from Classical Greek by Francis Adams 1849, adapted in modern versions.

Standard S1 acupuncture practitioners generate a safe environment for the patient		
Principles	Descriptors	Practitioner Cues
<p>S1.1. Practitioners consistently demonstrate safe practice in all aspects of patient management including the techniques used.....</p> <p>X-ref. PC/DT/CI/BM</p>	<ul style="list-style-type: none"> • <i>Even with the best of intentions, mistakes and accidents can happen and therefore as practitioners we conduct ourselves in ways that will prevent, recognise and minimise adverse reactions and appropriately record and deal with accidents when they happen. To that end acupuncture practitioners keep themselves aware of and constantly work within the Codes of Safe Practice and Professional Conduct (CoSPCAT) of their professional body and any other legal requirements that relate to their specific practice e.g. NHS or hospital regulations, local authority in relation to techniques, instruments and premises;</i> • <i>Acupuncture practitioners understand the influence of the environment they work within as an aspect of patient and self- respect and so maintain safe and clean premises and practice with safety as a focus;</i> • <i>We always try to ask questions of ourselves to identify our own limits to competence based on our educational and training history as well as clinical experience;</i> • <i>At all times we exercise our duty of care to patients.</i> 	<ul style="list-style-type: none"> ➤ Are you working within the Code of Professional Conduct and Code of Safe Practice of the BAoC; are you up to date with your CoSPCAT? ➤ Can you identify and show compliance with the legal requirements of practice? ➤ Are you aware of what your indemnity insurance covers and how to proceed with a claim? Do you record accidents if and when they happen? Who do you inform? ➤ Do your premises meet health & safety guidelines and do you think you maximise patient safety, comfort & well being? ➤ Are you aware of the way infection can be transmitted? ➤ Do you have a system to safeguard against leaving needles in patients? ➤ What special care do you take of patients during the time the needles are in situ, especially vulnerable patients? ➤ Do you regularly check supplies for use by dates? Are toxic or hazardous substances kept in a safe place? ➤ How safe is your clinic with reference to specific patient groups? Have you done a risk analysis of your practice? How did it inform you of any changes to be made and did you take action? ➤ How do you keep abreast of conventional medical practice and relate this to your practice of acupuncture? ➤ How do you ensure that you are aware of and knowledgeable about the 'red flags', patient medications, risks and contra-indications to certain treatments, procedures, points and advice which you may offer to the patient? ➤ Can you describe the practicalities of making a referral of a patient who presents with a warning sign or symptom?
<p>S1.2. Practitioners consistently demonstrate safe practice in all aspects of patient management..... ...and in any interaction with the patient.</p> <p>X-ref. CI/PC</p>	<ul style="list-style-type: none"> • <i>We believe in empowering patients by recommending self-help programmes and check that patients know how to do these appropriately and safely.</i> • <i>Practitioners are aware of the issues of informed consent and recognise the link of this to patient empowerment and thus change;</i> • <i>We are aware of the specific requirements of working with children and vulnerable patients;</i> • <i>Working in a multi-cultural society we are aware of problems</i> 	<ul style="list-style-type: none"> ➤ What advice do you give patients for before and after care? In what ways do you give self-help advice and how do you check the patient understands it? How do they contact you if further advice is needed? ➤ Do you clearly communicate and discuss with patients and/or carers key aspects of the therapeutic encounter: appointment times, cost of treatment, the diagnosis & treatment plan and options, explaining potential risks? ➤ Are you aware of the requirements for working with children and vulnerable

	<p><i>that can arise from language and cultural differences and seek to maximise effective communication;</i></p> <ul style="list-style-type: none"> • <i>We seek to include others as necessary in the treatment plan and check their roles within the patient's network of support.</i> 	<p>patients especially the issue of informed consent? What extra precautions do you take with pregnant women or patients with mental health issues?</p> <ul style="list-style-type: none"> ➤ Do you stop treatment if requested? ➤ In what ways might you seek outside help if you feel you have a problem of communication with a patient from a different ethnic or cultural group?
<p>S1.3. Practitioners interact with other health care professionals so that the patient's best interests are served.</p> <p>X-ref. PD/BM/PC/CI</p>	<ul style="list-style-type: none"> • <i>Acupuncture practitioners work within their area of competence and either refer patients or seek help when they do not have the skills or knowledge to manage particular patient groups, cases or specific aspects of cases;</i> • <i>We recognise the strength of Chinese medicine acupuncture but also its limitations especially in a practice where we do not have emergency backup. We can recognise pathology that might indicate urgent or immediate referral;</i> • <i>Working in a multi-professional community we actively seek out and become informed of the different skills and knowledge that other professional groups offer; we believe that collaboration offers the best approach to health care.</i> 	<ul style="list-style-type: none"> ➤ How confident and competent do you feel in your knowledge of Chinese Medicine and Western medical sciences to underpin your practice? In what situations and at what point would you refer a patient to another health care practitioner? As a new practitioner do you think you might refer too soon or not soon enough? ➤ At what stage are you in your career as an acupuncturist? Have you just qualified, have you been in practice a few or many years? In what particular ways are your limits to competence affected by your experience of practice? How might this influence your decisions to treat a particular patient or patient groups? ➤ Do you respect the skills and knowledge of other health care practitioners and refer to other health care practitioners as needed? What would you do if you suspected that a patient was abusing or being abused? What do you do if someone says they will commit suicide? Do you know what the legal position is? ➤ Do you have a working knowledge of what other health care professions can offer? ➤ What level of confidence and competence do you have in the variety of techniques and therapeutic interventions you use, so that you always show skill, care and <i>yi</i>? How would you know if you were not? ➤ How often do you regularly update your skills e.g. attending workshops or observing other practitioners, maintaining first aid skills?
<p>S1.4. Practitioners keep appropriate records of their practice and treatments.</p> <p>X-ref. BM/DT/CI</p>	<ul style="list-style-type: none"> • <i>Practitioners keep records as an indicator of the factors that have determined their diagnosis and treatment plan and as a record of any intervention with the patient. We record change in the patient's disharmony and development of the treatment plan as a way of maintaining an overall perspective, learning from their practice, as a resource for the patient and for any legal or health inquiries;</i> 	<ul style="list-style-type: none"> ➤ Are your records legible and complete? Do you keep them in a safe environment? What data protection legislation applies to you? ➤ Do you give your patients access to their records? Do you know who has the right of access to your records? ➤ Would your records be easily available and legible if needed for legal or health inspection and in a format that could be understood by an expert witness? ➤ How do you record the patient's

	<ul style="list-style-type: none"> • <i>We comply with data protection legislation.</i> 	<p>conventional modern medical diagnosis, medication and other therapies they have or are receiving?</p>
<p>S1.5. Practitioners communicate with clients showing awareness of the emotional impact of that interaction.</p> <p>X-ref. CI/PC</p>	<ul style="list-style-type: none"> • <i>Practitioners are aware that safety is not just an issue of the techniques used but any intervention with a patient when there is a relationship of power. We are aware that our own beliefs and judgements constantly filter how we hear and respond to patients. Emotional safety for the patient is determined by the way we maintain the openness of communication, how we suspend judgement, and the 'unconditional positive regard' we give them;</i> • <i>Through awareness of our own qi acupuncture practitioners carry out any interventions with yi (mindfulness);</i> • <i>Maintaining confidentiality is a way by which we show respect for the patient.</i> 	<ul style="list-style-type: none"> ➤ Have you ways of identifying times when your own beliefs and judgements will and may come into conflict with those of the patient and do you respond appropriately? How do you check yourself? How do you check that your yi is harmonious and you are focused on the patient's needs? ➤ How do you maintain confidentiality in all your dealings with patients? ➤ Do you always seek the patient's agreement to discuss their case with another colleague? Do you seek their written agreement if you wish to use their information for research or publication (other than personal audit)?

Standard S 2 acupuncture practitioners support their own safety within the context of their practice		
Principles	Descriptors	Cues
<p>S 2.1. Practitioners seek to maintain their own health and do so by managing the environment in which they work and in the way they work and by pursuing professional and personal development activities.</p> <p>X-ref. PD/PC</p>	<ul style="list-style-type: none"> • <i>As acupuncture practitioners we are aware of the impact of our own qi on our clients and so endeavour to maintain our own health and vitality. We are aware of how we should aim to set example to patients through our own health maintenance;</i> • <i>The environment we work in determines the help we can give patients. As practitioners we seek to maximise the physical and energetic support of our place of work and the way in which we work;</i> • <i>We realise that continually pursuing 'self-cultivation' maintains and improves our practice and that of our professional group and thus protects the patient. There are many ways to develop personally and professionally and to actively pursue this value.</i> 	<ul style="list-style-type: none"> ➤ Are you aware of your own levels of qi? In what ways do you actively maintain your qi and do you take appropriate breaks and holidays? How do you maintain a balance between work and rest? ➤ Do you have back up for times when you might be ill or have a family or personal crisis? Do you keep patients numbers or addresses in a place that can be accessed in emergency? ➤ Within limits imposed, do you change your working environment in ways that support your well-being and health? ➤ Have you conducted a risk analysis of your place of work and the way you work or has one been done for you? ➤ Do you use approved methods for examining, moving and supporting patients?
<p>S 2.2. Practitioners maintain their own health and safety by being aware of patients' emotional, psychological and possible physical impact on them.</p> <p>X-ref. PD/PC</p>	<ul style="list-style-type: none"> • <i>Our own beliefs determine the way we interact with patients. As practitioners we are aware that patients can have impact on us and upset our physical and emotional qi;</i> • <i>Given that many of us work alone we understand the importance of maintaining boundaries and ways to achieve this. We recognise when our own personal issues are affecting our ability to treat effectively;</i> • <i>We are aware of the possible conflicts of interest when treating friends and family and are clear about our intentions and can refer on when necessary;</i> • <i>We make sure we have mechanisms and back up to protect ourselves from possible injury;</i> • <i>We are knowledgeable of the specific problems that can arise in treating patients with mental health issues.</i> 	<ul style="list-style-type: none"> ➤ In what ways do you check your own needs? How do you determine priorities? How do you feed your learning back into your practice? ➤ How do you recognise when the professional boundary may have been broken? Do you have a mentor or supervisor with whom you can discuss professional issues; do you have colleagues or friends you can talk to about your own personal issues? ➤ What are the particular risks of working alone? What particular support do you organise for yourself in relation to specific patient groups? ➤ What do you think the conflicts of interest are when treating friends and family – for your patient or for yourself? ➤ Do you have colleagues or friends who might challenge you if they think you are not working appropriately for health or relationship reasons? ➤ Are you aware of the specific problems that can arise in treating patients with mental health issues?
<p>S 2.3. Practitioners protect themselves by being a member of a professional body with personal</p>	<ul style="list-style-type: none"> • <i>Even with the best of intentions we can make mistakes or require advice so we need to protect ourselves in terms of the legal and financial aspects of litigation;</i> • <i>Membership of a professional body provides us with the insurance,</i> 	<ul style="list-style-type: none"> ➤ Are you aware of what your personal indemnity insurance covers and how to proceed if a complaint is made against you? ➤ What do you do if an accident happens? How do you record accidents or difficult incidents and dilemmas in the

<p>indemnity insurance and a support structure to help in times of need.</p> <p>X-ref. PD/BM</p>	<p><i>but also the professional, legal and personal support to help us in these circumstances;</i></p> <ul style="list-style-type: none"> • <i>Those of us who treat children and/or vulnerable adults have had a Criminal Records Bureau enhanced disclosure check.</i> 	<p>treatment encounter? Who do you go to for support and advice?</p> <ul style="list-style-type: none"> ➤ Are you able to use our professional ethical framework for in-depth reflective practice and analysis of difficult events? ➤ What are the benefits of having a police check if you are treating children?
--	---	--

Standard S 3 acupuncture practitioners seek to engender a safer society and environment		
Principles	Descriptors	Practitioner Cues
<p>S 3.1. Practitioners show awareness of their role in relation to society and their professional group.</p> <p>X-ref. PC/PD/CI</p>	<ul style="list-style-type: none"> • <i>The role of a professional has wider implications for society and there are certain expectations made of professionals in relation to setting example. While there is status gained through the role of a professional acupuncturist there are certain ethical obligations that this assumes;</i> • <i>Professional acupuncturists understand that even with the best of intentions it is not always possible to maintain a healthy and appropriate working relationship with patients; they actively support their colleagues and have the skills and compassion to be able to challenge colleagues when they feel their practice is not meeting the Code of Professional Conduct.</i> 	<ul style="list-style-type: none"> ➤ Do you act as mentor or critical friend for other colleagues? ➤ Do you know what activities are deemed legally as 'unprofessional' and might bar you from practice? ➤ What obligations do you take on by filling in 'sick leave' and 'blood donation' certificates? ➤ How would you act if you felt a colleague was not practising or conducting themselves to the standards set by the professional body? Who would you go to for advice, guidance and support? How do you always ensure you act with integrity?
<p>S 3.2. Practitioners show awareness of the impact of their practice on the environment.</p> <p>X-ref. PC/DT</p>	<ul style="list-style-type: none"> • <i>Chinese medicine has within its theoretical understanding a recognition of 'miscellaneous' causes of disease which can include poisons, pollutant and iatrogenic factors. We therefore work to prevent these impacting on ourselves, patients and society as a whole.</i> 	<ul style="list-style-type: none"> ➤ How do you dispose of used equipment in an appropriate and environmentally safe manner? What procedure do you use for disposing of used needles? ➤ How do you carry equipment when on home visits or moving equipment from one practice to another? ➤ What procedures do you use for disposing of any toxic or hazardous wastes? ➤ Do you select equipment and materials according to their environmental impact?

SPA SUMMARY

PROFESSIONAL DEVELOPMENT

Standard 5 Acupuncture practitioners engage in professional development to improve their practice, based on the examination of, and reflection upon, their work. They participate in the Continuing Professional Development programme of the BAAC.

Acupuncture practitioners, as with all other healthcare professionals, undertake CPD, both as an implicit and explicit obligation to provide best practice and in order to develop the practitioner. CPD is also important for career progression and personal development and acts as a motivating factor to the professional.

The following four practice standards incorporate the principles of the BAAC Continuing Professional Development Handbook as well as the Codes of Professional Conduct and Safe Practice:

Standard PD 1 acupuncture practitioners carry out their professional learning in a systematic way based on the needs of their practice:

Acupuncturists are healthcare practitioners who are committed to developing themselves and their knowledge and skills. They recognise that the practice of acupuncture is an art and a science that can be continuously refined by new learning experiences. The purpose of this learning and development is to enhance the care and treatment of each and every patient. They have a responsibility to remain curious, open-minded and motivated to learn and understand that the 'body of acupuncture knowledge' resides with practitioners. There is an understanding that development occurs at a pace and in ways unique to the practitioner and that this journey is influenced by personal context, educational opportunities, and the desired life path of the practitioner. Learning is planned in response to needs that are identified from within practice. Giving structure to continuing professional development allows for the freedom to develop and grow.

Standard PD 2 acupuncture practitioners seek support and guidance when undertaking their learning, development and research:

Acupuncture practitioners recognise that our work is challenging and that we need ongoing support to maintain ourselves and to be of optimum benefit to patients. The acupuncture practitioner recognises when they are in need of support and will take steps to find out about and access the most appropriate form of support. As a profession we have a responsibility to maintain standards. We have a collective responsibility to take care of our colleagues and safeguard the public. This includes helping colleagues to maintain best practice and acting appropriately in situations where unfitness to practice is evident.

Standard PD 3 acupuncture practitioners seek creative ways of recognising, developing and sustaining their qi as the basis for self- cultivation:

Practice is underpinned by many forms of knowledge, ways of knowing and ways to assess that knowledge. Absorbing and being absorbed into the tradition and community of acupuncture practice enhances development as a practitioner. Practitioners also understand that when working with *qi* they are sometimes working with the intangible and hard-to- express. The practice of acupuncture involves working with a 'felt sense' involving the whole of the self, as well as knowledge and skills. Acupuncturists also recognise that to practise to the optimum benefit of patients they need to take care of their own health and well-being and will do this in many different ways.

Standard PD 4 acupuncture practitioners contribute to the research base of the profession and the growth and development of the profession as a whole:

Acupuncture practitioners recognise that the acupuncture body of knowledge is constantly developing. Each practitioner recognises that they have a responsibility to contribute from their direct experience of practice, from study and research to the acupuncture body of knowledge and research base. They involve themselves with, and promote, collaborative activities in the areas of research and education to enhance the development of the profession as a whole. Practitioners can also work effectively with others across professional boundaries, in inter-professional teams, and cultivate helpful and constructive relationships. They have a good general knowledge and interest in what goes on around them.

'Nina had resisted the model because it involved writing things down. She had a barrier with any sort of paperwork which she felt interfered with being with the patient. As it was, the description of the experience she read was muddled. Yet the corner had been turned. In their next meeting Nina shared an experience using a model for structured reflection which led to a much deeper exploration of the experience.'
Chris Johns, 2000

Standard PD 1 acupuncture practitioners carry out their professional learning in a systematic way based on the needs of their practice.

Principles	Descriptors	Practitioner Cues
<p>PD1.1. Practitioners understand that they continue to learn and develop through their practice.</p> <p>X-ref. CI/S</p>	<ul style="list-style-type: none"> • <i>We are aware of situations arising within our practice where there is a need to extend our knowledge and /or skills; we can reflect on and articulate the specific challenges encountered in our practice;</i> • <i>We recognise that our professional learning is related to the needs of patients. There are particular circumstances in which practitioners may benefit from additional expertise, in order to equip us confidently to offer treatment which we may expect to be safe and to have an effective outcome for the patient;</i> • <i>All of our senses, including an embodied 'felt sense' are involved in giving us information about how we might need and want to develop;</i> • <i>It is expected that we may experience moments of confusion and concern when encountering unfamiliar and/or challenging situations in practice;</i> • <i>As we grow in experience our learning becomes truly embedded in our daily practice.</i> 	<ul style="list-style-type: none"> • When and where did you undertake your initial training in acupuncture and any other adjunctive technique or therapy you may use in your practice? At what level was this training and education? In what ways have you engaged in further education and training to supplement any shortfall you may have perceived or to update or advance your diagnostic and clinical knowledge and skills? • Do you have evidence of continuing learning over time by keeping a well developed portfolio / journal /PDP? • How do you routinely 'record' key moments' from within consultations that indicate a need for further learning? Can you begin to see patterns emerging in the gaps in your knowledge and skills? How many ways of receiving information concerning potential areas for development can you identify from within your practice? • Are you aware of how you reflect on your practice? Would you like to become more conscious of this process? How might you do this? • On which of your five senses do you most rely for information? Which would you like to develop further? • How do you become aware of what you don't know? How do you feel / what do you think when you discover there is something you need to learn? Do you accept that it is important to be able to say you don't know sometimes?
<p>PD 1.2. Practitioners effectively plan and undertake their learning in a systematic way.</p> <p>X-ref. CI</p>	<ul style="list-style-type: none"> • <i>Although there are many opportunities for us to learn from our daily practice with patients, we understand that to develop fully we need to undertake our learning systematically;</i> • <i>Practitioners can prioritise learning according to the needs of patients, the resources and the time available to them and always try to manage their time effectively;</i> • <i>Our learning is undertaken using a plan, by thinking about the outcome(s) we want from our learning and choosing the most appropriate methods to achieve them; we recognise that there are many ways to learn and the methods will vary according to individual preferences;</i> • <i>We record our learning in ways that are useful to ourselves and our</i> 	<ul style="list-style-type: none"> ➤ Think about how you prefer to learn, what might help/hinder your learning? ➤ Do the methods you choose vary with the content of what you are learning? What are you willing to try? ➤ Do you set aside regular time to undertake a planned piece of work? How do you record your learning? ➤ How do you make use of past learning you have undertaken? Is this work available in an easily accessible form? ➤ Do you take advantage of opportunistic learning e.g. participation in local CPD events? Conversations with other practitioners? ➤ How do you integrate new learning and skills into your practice? And how do you know that patients are benefiting from your learning /development? ➤ What is your understanding of 'personal development'? ➤ In what ways are you making use of

	<p><i>practice; we can articulate how each piece of learning is adding to our knowledge and skills and is of benefit to the care of patients;</i></p> <ul style="list-style-type: none"> <i>We can begin to anticipate what our next steps might be and remain alert to opportunities for learning; we know that our plans can change and try to remain flexible, recognising that there is always space for opportunistic learning;</i> <i>We recognise that conditions for membership of our professional body change over time. We systematically read documents and publications sent to us by our professional body and implement any recommended changes with regard to patient safety, ethical behaviour and our own development.</i> 	<p>your CPD handbook?</p> <ul style="list-style-type: none"> ➤ As you develop as a practitioner do you still approach learning with creativity and a sense of enthusiasm? If not how could you change this? ➤ Are you aware of the many different methods for learning? How do you select the one that is right for you in any given circumstance? ➤ Can you identify a logical progression in your learning that helps you move towards mastery? Can you answer the question 'How am I doing?' ➤ Do BAcC publications ever remain unread on your bookshelf? How could you remind yourself to read them? ➤ Before asking for help from the BAcC office, regional co-ordinators, CPD facilitators etc do you check if the information you want is already in your possession? ➤ Do you contribute to the members' area of the BAcC website? ➤ When asked to give feedback to the BAcC about aspects of practice and policy how do you respond?
<p>PD 1.3. Practitioners also recognise that practice wisdom lies at the heart of professional expertise and that they develop this wisdom appropriate to their professional level and identity in practice.</p> <p>X-ref. PC/T</p>	<ul style="list-style-type: none"> <i>As practitioners learn to deal with complexity, questions, problems, uncertainties and dilemmas in practice, we develop practice wisdom, which includes artistry, pragmatic reasoning, improvisation, intuitive and discretionary judgement and other aspects of learning in practice;</i> <i>Practice wisdom is learned but not easily taught and the knowledge which underpins it is not readily articulated by practitioners themselves;</i> <i>Central to learning in practice is the role of story-telling and professional conversations as well as that of reflection and deliberation on practice;</i> <i>We accept that assessment is a natural aspect of practice and feel comfortable with the notion that to practise is to be simultaneously engaged in action-knowing-learning.</i> 	<ul style="list-style-type: none"> ➤ In what ways do you challenge understanding of practice so that your judgements become more coherent and reasoned for yourself? ➤ Are you committed to the active and ongoing debates about practice? With whom do you meet to discuss, collaborate and learn about practice? ➤ Do you ever attempt to explain a sense of what matters in a practice situation even if this is difficult to do? ➤ What do you do if you make an occasional mistake? How do you learn and develop from this? Can you give an example of this learning? ➤ Are there times when you know that the significant moment of action in practice is doing and saying nothing? Can you give examples of this? ➤ As you develop are you aware of moments in consultations where disparate elements that you are struggling with suddenly come together and new understanding is reached? How can you keep hold of this change to your level of practice wisdom and integrate it into your work for the benefit of other patients?

Standard PD 2 acupuncture practitioners seek support and guidance when undertaking their learning, development and research

Principles	Descriptors	Practitioner Cues
<p>PD 2.1. Practitioners recognise the need for ongoing support and guidance throughout their careers.</p> <p>X-ref. CI/S/BM</p>	<ul style="list-style-type: none"> • <i>It is beneficial to practitioners, and therefore patients, that they are aware of and recognise a need for ongoing support and guidance as an essential part of their practice;</i> • <i>We show a willingness to seek support and advice from more experienced practitioners, our peers, our professional association and where appropriate, members of other professions;</i> • <i>We recognise an ongoing need for clinical supervision and support to contribute to our own development and to maintain safety for patients.</i> 	<ul style="list-style-type: none"> ➤ Who do you turn to when you need help and advice? Are you willing to ask more experienced colleagues/ tutors for help when you need it? ➤ Do you know where to seek formal advice on practice and business issues? Would you consider asking professionals from other disciplines for advice? ➤ Do you have a mentor? How often have you undertaken any form of regular clinical supervision? Do you offer support to your colleagues? ➤ Are you part of a practitioner support group? In what ways do you discuss practice issues with colleagues? Have you or do you offer mentorship or supervision opportunities to other colleagues?
<p>PD 2.2. Practitioners' responsibility for their own professional development extends to the development and maintenance of best practice in our colleagues and a need to protect the public from unsafe practice.</p> <p>X-ref. S/PC</p>	<ul style="list-style-type: none"> • <i>Practitioners understand the importance of keeping patients and themselves both emotionally and physically safe. Every practitioner has the responsibility for helping the profession as a whole maintain its high level of safe and ethical practice;</i> • <i>Practitioners are engaged in a constant review and reflection of their practice to be best able to recognise emotional signs and behaviours that might be leading them into poor standards of practice;</i> • <i>We aspire to be honest with and seek appropriate and timely help for any difficulty that may lead us into unfit practice;</i> • <i>It is essential that practitioners recognise when colleagues are exhibiting emotional signs and overt behaviours that suggest they may be no longer fit to practise safely;</i> • <i>As we develop we become aware of the supportive contribution we can make to other colleagues and the profession as a whole.</i> 	<ul style="list-style-type: none"> ➤ How would you recognise that a practitioner is likely to be unfit to continue to practise? What are your criteria? How do you rate your own practice against your own criteria as well as those of the BAoC Code of Professional Conduct? ➤ How do you think you would recognise signs and behaviours in yourself that would indicate that you need to change aspects of your practice / suspend practice/ stop practising? ➤ Do you think you would be able to remain open to an approach by another practitioner or the professional body with the suggestion that all is not well with you? In what ways do you react to 'negative' feedback? ➤ How much support do you have available to you <u>now</u> (who, when, how regular) to help you maintain yourself in your practice. ➤ What would you do if you thought a colleague was practising unethically or needed help? Where would you go for advice and support? What would make the difference for you between acting and keeping silent? ➤ If you are a new practitioner what skills and knowledge do you bring with you from your previous working and life experience? What can you offer to others?

Standard PD 3 acupuncture practitioners seek creative ways of recognising, developing and sustaining their qi as the basis for self- cultivation		
Principles	Descriptors	Practitioner Cues
<p>PD3.1. Practitioners understand the importance of having and developing a deep connection with qi.</p> <p>X-ref. CI/DT</p>	<ul style="list-style-type: none"> • <i>We may have experiences that are hard to put into words about what it feels like to connect deeply with another persons qi or being, but we have some felt sense of this connection; this felt experience may be different for each practitioner and change in the presence of different patients;</i> • <i>Practitioners are attuned to how they experience the practice of acupuncture in their body, as well as being aware of how they make clinical decisions and build the therapeutic relationship with patients;</i> • <i>We develop our own style of practice and knowing, responding flexibly to the needs of each patient in the moment;</i> • <i>With developing experience we remain vigilant in noticing the connection with our own qi and the felt sense of qi we experience with our patients. We recognise this is ever changing and however technically skilled we become our connection with qi underpins our practice.</i> 	<ul style="list-style-type: none"> ➤ How would you describe any changes you experience in relation to obtaining 'deqi' when needling a patient? ➤ Do you have an expanding vocabulary to describe different types of pulses? ➤ How do you know when you have got good rapport with a patient? ➤ How would you describe your connection to acupuncture to another practitioner? ➤ How would you rate your comfort level in your role as a practitioner? And how do you know this? ➤ Do you experience moments where different pieces of knowledge come together and 'click into place' (synthesis)? ➤ Have you developed practices or routines within your consultations that help promote your connection to qi? What could you do to maximise these moments of connection? Are you aware when rapport with patients has been lost? Have you developed a set of skills to help you reconnect to your patients? ➤ Are you aware when consultations, whilst still being effective, have become routine? Is this acceptable to you? If not how might you reinvigorate your practice?
<p>PD3.2. Practitioners have a responsibility for their own self-cultivation.</p> <p>X-ref. S</p>	<ul style="list-style-type: none"> • <i>Each practitioner recognises the relationship of their own qi and state of health to their ability to practise optimally with patients;</i> • <i>We are aware of the need to take active care of our physical and emotional well being.</i> 	<ul style="list-style-type: none"> ➤ How do you recognise that you are tired and need to take a rest from working? Do you take breaks from working when you need to on a daily, weekly and annual basis? Are there any times you are aware that you do not 'practise what you preach' in relationship to your own health and well being? How do you plan your breaks? ➤ Do you engage regularly in health maintaining practices e.g. qi gong, tai qi, yoga, meditation, or other exercise and health maintaining practices? ➤ What do you do to unwind? How often do you spend time in/with nature?

Standard PD 4 acupuncture practitioners contribute to the research base of the profession and the growth and development of the profession as a whole.

Principles	Descriptors	Practitioner Cues
<p>PD 4.1. Practitioners are actively involved in the acupuncture education and training network both as consumers and providers.</p> <p>X-ref. CI/PC</p>	<ul style="list-style-type: none"> • <i>We recognise that professional development is an ongoing and often collaborative process; practitioners share their knowledge and skills with each other and appreciate the value of learning with others; this may include organising and leading learning activities with and for others;</i> • <i>As members of the profession we participate in a range of educational activities both within and outside our practice according to our identified needs; we choose post-qualification courses and engage in self-directed learning appropriate to our level of practice and experience;</i> • <i>We are able to prepare presentations of our work to suit a variety of situations and learning groups including for inter-professional settings;</i> • <i>Practitioners write about their work in a way that can be shared with and understood by the profession;</i> • <i>We recognise that we all learn in many different ways and at our own pace. These differences are honoured and accommodated within the profession.</i> 	<ul style="list-style-type: none"> ➤ Do you have an appreciation of all the ways in which you continue to learn? ➤ How do you share your work with other practitioners? How often do you meet with other practitioners to share and promote good practice? ➤ How do you choose which post -graduate courses or other learning activities you might want to undertake? ➤ Do you organise any group learning activities? Do you attend Regional Group or CPD meetings? What sorts of learning opportunities do these provide for you and your colleagues? ➤ Have you or do you teach aspects of acupuncture theory and practice within a teaching institution? If you are a mature practitioner do you contribute to the work of committees and other groups within the professional organisation? In what ways does this give you satisfaction and benefit your own practice? What else might you contribute to others? ➤ Do you respond positively to undergraduate students who contact you to request information about you or your practice to help them complete their course work and graduate? ➤ How would you present your work to members of other health professions? ➤ Have you ever published a short practice-based article? Would you consider doing so and do you know how to go about it? ➤ Do you actively engage with others who learn in a different way to you? What might this give you?
<p>PD 4.2. Practitioners are engaged with research into their practice.</p> <p>X-ref. S</p>	<ul style="list-style-type: none"> • <i>The role of the practitioner-researcher is recognised as the key to the development of the acupuncture profession; practitioners recognise the need to explore, reflect upon and research their practice and we understand and use a range of research and audit tools appropriate for investigating our practice;</i> • <i>The practitioner has the skills to critically appraise research papers;</i> • <i>The practitioner has the skill to work collaboratively in the area of research;</i> • <i>It is recognised that all practitioners, whatever their level of experience, can contribute to the</i> 	<ul style="list-style-type: none"> ➤ Does the quality and style of your record-keeping make it easy for you to carry out an audit? How might you need to develop it in order to do this? How might you conduct a simple audit on your practice or include fellow practitioners in a combined audit? What would you do with the information you discover? ➤ How often do you read research papers on aspects of acupuncture practice? How do you make sense of what you read in relation to your practice? Are you able to critically appraise the appropriateness and rigour of the research methods and the conclusions reached? How might you learn more about this area? ➤ Have you an action plan arising from the

	<p><i>research base of our profession.</i></p>	<p>Code of Safe Practice audit for taking care of any areas of non- compliance? How do you use the audit to inform your action plans?</p> <ul style="list-style-type: none"> ➤ How are you dealing with issues that arise from the Code of Professional Conduct audit? ➤ Can you match the most appropriate research method to the question you want to ask about your practice? Where would you go for help with research into your practice? ➤ Do you know how to go about publishing your work in the professional magazines and journals you read? Have you already done this and can you help and encourage colleagues to gain the confidence to share their research? ➤ Do you need to participate in CPD activities which enhance your skills level in this area? ➤ How might you want to contribute to the formation and maintenance of a local practitioner –researcher network? Are you thinking of undertaking research in which others may be interested to collaborate? Do you know where you could go for support?
--	--	---

SPA SUMMARY

BUSINESS MANAGEMENT

Standard 6 Acupuncture practitioners manage their practice following sound business, legal and ethical principles and in accordance with the BAcC Codes of Safe Practice and Professional Conduct for the benefit of themselves and patients.

Acupuncturists practise in a variety of contexts; most are self-employed and practise in a private health clinic, on their own or with others, some contract on a self-employed basis for practise within the NHS, some are employed within a complementary health care clinic, others within the NHS. Whatever the context, it is important for an acupuncturist to think about and decide what opportunities they wish to create and pursue and to manage their practice in a professional and sustainable way. New practitioners need to be sufficiently knowledgeable about setting up and running a business and about marketing and working in a self-employed and employed capacity to enable them to make choices. Experienced practitioners may wish to develop their working into new areas and should be able to do this with knowledge and understanding of the risks that might be involved.

The following two practice Standards are therefore applicable both to new and experienced practitioners. In all aspects of business management practitioners are expected to comply with the spirit and letter of the Codes of Safe Practice and Professional Conduct:

Standard BM 1 acupuncture practitioners operate an effective, legally and professionally sound practice:

This standard specifies what is expected of practitioners in terms of legal and professional requirements, but also includes the need for understanding the health care context within which we work, being aware of our own life-work balance and thinking about the way in which we monitor our practice to ensure that we are effective as acupuncture practitioners.

Standard BM 2 acupuncture practitioners are able to run a viable practice and are able to market their practice, including within the NHS:

A significant challenge to practitioners new to practice and setting up their business is making a decision about where to start practising and whether to set up independently in practice. This standard spells out what is expected and reasonable in terms of business planning and marketing, as a basis for developing and sustaining a viable practice. It is also applicable to experienced practitioners who may be reviewing and possibly changing their practice arrangements.

'The primary consideration is the same as that required for success in any career. Your choice must derive from an innate sense that it is the correct work for you to be doing.' Lonny S. Jarrett 2003

Standard BM 1 acupuncture practitioners operate an effective, legally and professionally sound practice		
Principles	Descriptors	Practitioner Cues
<p>BM1.1. Practitioners ensure their practice is in compliance with the law.</p>	<ul style="list-style-type: none"> • <i>We are familiar with the local authority regulations relevant to our proposed or current clinic premises, including all safety and insurance certificates required;</i> • <i>If relevant we register as an acupuncture practitioner with the local authority;</i> • <i>We maintain appropriate financial records and comply with tax regulations.</i> 	<ul style="list-style-type: none"> ➤ Are you knowledgeable about the local authority regulations for premises use, including planning consent on premises and restrictive covenants, of environmental health and fire regulations, disability legislation? ➤ How do you keep your patient records? Are these secure? Do you comply with the Data Protection Act? ➤ Are you aware of the legal requirements related to establishing your practice or of practising within an established clinic? ➤ Do you know about tax regulations re. self-employed or PAYE categories, VAT? Have you sought tax advice? Who from – an expert or a colleague? ➤ How skilled are you at keeping your accounts? Do you use a book-keeper or accountant?
<p>BM1.2. Practitioners ensure that their practice is fully compliant with regulatory and professional body requirements.</p> <p>X-ref S/PD</p>	<ul style="list-style-type: none"> • <i>It is essential that we practise in accordance with the BAcC Code of Safe Practice and Guide to Safe Practice;</i> • <i>Behaving in an ethically informed way, based on a knowledge and understanding of the Code of Professional Conduct is fundamental to our practice;</i> • <i>We are aware of the developing regulatory frameworks, including the regulatory body, requirements for registration, CPD and continued registration.</i> 	<ul style="list-style-type: none"> ➤ Are your practice premises in compliance with the BAcC Code of Safe Practice? How often do you self audit? Do you have an action plan to resolve any areas of non-compliance? ➤ When did you last read the Code of Professional Conduct? Have you undertaken a self-audit? What questions did this raise for you about your practice? What have you done about this? Have you an action plan in place? ➤ Can you give examples of practice you would consider unethical? Do you discuss issues of, for example, boundaries, communication and informed consent with other acupuncture and healthcare practitioners? Are there areas which you find grey and in need of further discussion? Do you know how to find out answers to any questions you may have? ➤ In what ways are you becoming informed of the regulatory debate and issues surrounding registration and CPD? Is there anything more that you could do to ensure that you keep track of rapidly developing events?
<p>BM 1.3. Practitioners understand the operating environment for complementary therapies, and seek to work in an inter-professional way.</p>	<ul style="list-style-type: none"> • <i>We recognise the advantages of being aware of the local environment for complementary therapists. This includes their relationship with NHS provision, as well as the number, type and range of therapists practising in the locality;</i> • <i>We know of the GP surgeries in our locality and the provisions for different treatment modalities within those surgeries;</i> • <i>We recognise the need to build</i> 	<ul style="list-style-type: none"> ➤ Have you analysed the specific environment in which you are working, or are planning to work, for example, existing complementary therapy practices in the locality, NHS complementary therapy provision? ➤ How do your patients' GPs regard complementary therapy and acupuncture in particular? How many GPs or other healthcare practitioners offer acupuncture as an adjunctive technique to their main therapy?

X-ref CI/S	<p><i>up working relationships with GPs and complementary therapy clinics for referring patients appropriately for treatment other than acupuncture;</i></p> <ul style="list-style-type: none"> • <i>Understanding other ways of access to health care, such as NHS Direct, drop in NHS clinics, Accident and Emergency departments enables us to advise patients appropriately;</i> • <i>We recognise the importance of actively encouraging an inter-professional approach to health maintenance and the treatment of illness.</i> 	<ul style="list-style-type: none"> ➤ <i>In what kinds of circumstances might you refer patients for treatment other than acupuncture? How do you refer patients for other treatment and how do you liaise with the GP or other practitioner?</i> ➤ <i>Are you certain of being able to recognise signs and symptoms which might indicate referral to another healthcare professional? Do you know the degree of urgency with which you should act in certain circumstances? Have you ever had to dial 999?</i> ➤ <i>How many times have you contacted another healthcare professional other than for a patient referral? How do you make reference to other health professionals in your conversations with patients – with positive regard?</i>
BM 1.4. Practitioners plan work hours as an acupuncturist in relation to other life plans.	<ul style="list-style-type: none"> • <i>It is recognised by us that getting the balance right first is the precursor to developing good business systems and circumstances;</i> • <i>We are able to articulate immediate and medium term life goals;</i> • <i>Working out and reviewing life priorities and how professional acupuncture practice relates to these are important to us so that we are able to modify these in the light of experience and changing circumstances.</i> 	<ul style="list-style-type: none"> ➤ <i>How many days or sessions are you working as an acupuncturist? Is this your considered choice?</i> ➤ <i>How do you see your professional and personal life in two/five/ten years' time? Are you flexible and comfortable in dealing with change and the pace of change? In what ways do you set about modifying or changing the structure and patterns of your professional life? Whom do you seek for help?</i>
BM 1.5. Practitioners monitor the effectiveness of all aspects of their practice of acupuncture, including recent developments, maintenance of patient base, marketing, financial planning, premises.	<ul style="list-style-type: none"> • <i>There is recognition of the benefits of having a clear understanding and comprehensive plan of ways in which to monitor practice;</i> • <i>We recognise that it is essential to maintain patient and practice records in a clear and organised way, and according to the requirements of regulations, the BAaC Code of Professional Conduct and the Data Protection Act;</i> • <i>In order to enhance the effectiveness of our practice we attempt to make use of all forms of communication, including ICT if appropriate, with patients, carers, other colleagues and medical staff.</i> 	<ul style="list-style-type: none"> ➤ <i>How do you monitor how well you are doing? Do you double check on patient understanding and how they perceive the effect of your treatment on them? What mechanisms are in place to monitor take up of follow-up appointments?</i> ➤ <i>How do you keep your patient records? Are you able to examine them to check out the effectiveness of treatments– diagnosis, treatments given, outcomes, length of treatment?</i> ➤ <i>How often do you look through your records to check these things out?</i> ➤ <i>How often do you discuss your cases with an acupuncture colleague?</i> ➤ <i>What triggers change in either your practice, or in your working environment? Is this largely initiated by someone else or by you? How well do you manage situations beyond your immediate control?</i> ➤ <i>How would you know you were working in the wrong place?</i>

Standard BM 2 acupuncture practitioners run a viable practice and are able to market their practice, including within the NHS		
Principles	Descriptors	Practitioner Cues
<p>BM 2.1. Practitioners are able to identify for themselves the strengths, weaknesses, opportunities and threats of establishing differing work patterns – sole practitioner, participating in a group practice, working in the NHS. X-ref. PC</p>	<ul style="list-style-type: none"> • <i>We are able to undertake a systematic comparison of the advantages and disadvantages of practising in different types of setting;</i> • <i>If we share premises we are able to negotiate with other practitioners working agreements on all aspects that affect practice and to obtain written confirmation of this agreement.</i> 	<ul style="list-style-type: none"> ➤ Have you done an analysis of your practice? What do you consider to be your personal strengths and weaknesses? How do these relate to your different forms of practice? What is the current economic climate – interest rates on loans? ➤ Have you worked out what you think is essential and what you would like within your working environment... working hours, nature of the clinic room, advertising, reception of patients, cost sharing, and accessibility of the clinic for the patients, including those with disabilities?
<p>BM 2.2. Practitioners are able to identify the potential market for their practice X-ref. PC</p>	<ul style="list-style-type: none"> • <i>It is important to identify and describe the characteristics of the local population in terms of average income, ethnicity, key employment opportunities, leisure interests, spending patterns, health issues.</i> 	<ul style="list-style-type: none"> ➤ Have you identified who are the likely patients in your practice area? What sort of people are they? What are the likely sources of information ...library, supermarket, local papers, delivered trade leaflets, notice boards?
<p>BM 2.3. Practitioners develop and use marketing approaches and materials appropriate to professional healthcare practice. X-ref. CI</p>	<ul style="list-style-type: none"> • <i>We comply with the Code of Professional Conduct in all our marketing efforts;</i> • <i>We produce publicity materials which are accurate and clear and are realistic in the way outcomes are expressed;</i> • <i>We recognise that there is a tension between promoting ourselves and remaining ethical and honest in what we claim we can do.</i> 	<ul style="list-style-type: none"> ➤ What sort of practice do you want to offer? What are the key therapies being offered? What makes you different from other complementary practices in the area? What are your particular strengths? ➤ How do you want to present yourself and your practice? How does this relate to your client group and what you have to offer? Have you costed the varying approaches to advertising – leaflets, adverts, posters, demonstrations – in terms of both finance and effort? ➤ How do you deal with the tensions between self-promotion and ethical behaviour?
<p>BM 2.4. Practitioners are aware of support available for new businesses or re-location, and the financial implications of setting up in practice. X-ref. PC</p>	<ul style="list-style-type: none"> • <i>We know that we need to obtain comparable information from banks, Citizens advice and other agencies on the financial and other aspects of setting up in, or re-locating, business.</i> 	<ul style="list-style-type: none"> ➤ Have you talked with experienced practitioners about the business aspects of practice? Have you thought through your costs? ➤ In what ways do you ensure that you have the correct material resources to meet the demands of your planned practice? ➤ Have you included in your calculations tax, NI, insurance, VAT etc. ➤ Have you considered taking out a loan to expand or change your practice? Do you know the current interest rates on loans?

<p>BM 2.5. Practitioners are able to articulate the nature of the practice they wish to establish or develop, and to produce and present a realistic business plan based on the elements above.</p>	<ul style="list-style-type: none"> • <i>We are able to develop a business plan based on all of the above factors, and to present this in the context of our vision of their future practice;</i> • <i>We are also able to present this plan verbally, coherently, concisely and persuasively, with supporting evidence.</i> 	<ul style="list-style-type: none"> ➤ What is your vision of your acupuncture practice? Is this realistic given your desired location and type of practice you wish to establish? Have you, or are you able to acquire, the appropriate funds? How have you used the information from the previous points to inform your plan? Have you examined all of the negative as well as the positive aspects of your plan? Given what you know of yourself – is it realistic? ➤ What are your presentation skills like? How clear is your plan to others – have you rehearsed your presentation to family or friends? Have you changed it as a result of feedback?
---	---	---

BIBLIOGRAPHY

BAcC Code of Safe Practice and Audit Tool

BAcC Code of Professional Conduct and Audit Tool

BAcC CPD Handbook

BAcC Guidelines for Acupuncture Education (April 2000)

Burnard, P. 1997 2nd Ed. – Effective Communications Skills for Healthcare Professionals, Nelson Thames

Bynner, W. 1962 – The Way of Life according to Lao Tsu, Capricorn Books NY

Coles CR, Fleming WG, & Golding LG. 2003 – Baseline Review of Cancer Education in Four Professions, Report, Cancer Research UK

Dimond, B. 1998 - The Legal Aspects of Complementary Therapy Practice, Churchill Livingstone

Farquhar J. 1994:103 - Knowing Practice, The Clinical Encounter in Chinese Medicine, Perseus

Feng Gia-fu, English, J. 1973 – Trans., Lao Tsu, Tao Te Ching, Wildwood House

Fish, D. 1998 - Developing Professional Judgement in Health Care, Butterworth Heinemann

Hammer, L. 1990:38 Dragon Rises, Red Bird Flies Station Hill

Hicks, A, Hicks, J., & Mole, P. 2004 – Five Element Constitutional Acupuncture, Churchill Livingstone

Hsu, E. 1999 - The Transmission of Chinese Medicine, Cambridge University Press

Jarrett, LS. 1998 – Nourishing Destiny, Spirit Path Press

Jarrett, LS. 2003– The Clinical Practice of Chinese Medicine, Spirit Path Press

Johns, C, 2002 - Guided Reflection in Advancing Practice, Blackwell Oxford

Jonas, WB, & Crawford, CC. 2004 - Healing Intention and Energy Medicine, Churchill Livingstone

Kaptchuck, TJ 1983 – Chinese Medicine, The Web that has No Weaver, 2nd Ed. Rider 2000

Maciocia, G. 1984 - The Practice of Chinese Medicine, Churchill Livingstone

Maciocia, G. 2004 - Diagnosis in Chinese Medicine, Churchill Livingstone

Mitchell A. & Cormack M. 1998:Ch.10 - The Therapeutic Relationship in Complementary Care, Churchill Livingstone

Nias J. 1987 – Seeing anew: Teachers' theories of Action, Deakin University, Victoria

Ontario College of Teachers, 2004 – Standards of Practice for the Teaching Profession

Rogers, W. & Braunack-Mayer, A.J. 2004- Practical Ethics for General Practice, OU Press

Scheeres, H, et al. 1993 – The Adult Basic Education Profession and Competence: Promoting Best Practice, University of Technology, Sydney, NSW

Scheid, V. 2002:158, Ch. 6 - Chinese Medicine in Contemporary China, Plurality and Synthesis, Duke University Press.

Smyth, WJ. 1992 – A Rationale for Teachers' Critical Pedagogy: a Handbook, Deakin University, Victoria

Turner, F. 2004 – Language Referencing in the Teaching of Chinese Medicine, EJOM Vol.15, No.4, pg.5 –21

Wilson, Jane for BAcC Education Committee, 2005 - Unity in Diversity Report

Wright, SG, S-Adams, J. 2000 – Right Relationship & Spirituality in Healthcare, Churchill Livingstone

This document has been prepared for and on behalf of the BAcC. The members of the working group that devised and undertook the revisions to these standards were:

Di Eckersley, Co-ordinator; Gerry Harris; Felicity Moir; Jasmine Uddin; Ruth Champion.

The group is grateful for the considerable feedback they have received from practitioners, committees of the BAcC and BAAB and teaching institutions throughout the development and the revision, and particularly for the input of the critical readers of this revised edition:

Richard Blackwell; Belinda Coppock; Allen Parrott; Freidrich Staebler; Clare Stephenson.

British Acupuncture Council



British Acupuncture Council

63 Jeddo Road

London W12 9HQ

Tel +44 (0) 20 8735 0400

Fax +44 (0) 20 8735 0404

Email info@acupuncture.org.uk

Web www.acupuncture.org.uk