

Acupuncture Accreditation Standards Project

Review of Existing Standards and Processes

20 July 2011

Australian Physiotherapy Council

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Objective

To develop an accreditation standard to be used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program of study with the knowledge, skills and professional attributes to practise acupuncture.

Stage 1: Review of Existing Standards and Processes

Source and review the report entitled “Dry needling: a review of the evidence” commissioned by the Physiotherapy Registration Board of Victoria in June 2010 and any standards and processes published since that report, and to write a summary of the findings of the review of these documents.

Documents Reviewed

A search of available literature and websites found few new publications pertaining to accreditation standards and processes for approval of programs of study in the practice of acupuncture to have been published since the Victorian review. Thus this summary references the following documents:

1. “Dry Needling: a review of the evidence” Physiotherapy Registration Board of Victoria, June 2010.
2. “Acupuncture Education Standards in Australia: A Critical Review” Janz & Adams, Australian Journal of Acupuncture and Chinese Medicine, 2011.
3. “Guidelines for the Approval of Courses of Study in Chinese Medicine” Chinese Medicine Registration Board of Victoria, 2010. Retrieved July 2011 from:
<http://www.cmrb.vic.org.au/information/p&c/registration/GuidelinesCourseApprovalAugust2010v3.pdf>

The following documents cited by these publications are also referred to:

4. “Australian Guidelines for Traditional Chinese Medicine Education” Australian Acupuncture and Chinese Medicine Association, 2001. Retrieved July 2011 from:
http://www.acupuncture.org.au/education_guidelines.cfm
5. “Guidelines on Basic Safety and Training in Acupuncture” World Health Organisation, 1996. Retrieved July 2011 from: <http://apps.who.int/medicinedocs/pdf/whozip56e/whozip56e.pdf>

Findings

It is important to note the limitations on the material reviewed. In particular, the Victorian paper focuses on differentiating dry needling, as it is practised by physiotherapists, from the broader practice of acupuncture and considers only the programs of study available to physiotherapists. The Janz and Adams paper is written from a Traditional Chinese Medicine perspective and openly challenges the Boards to develop an accreditation standard(s) that is consistent across the professions and that “produces graduates that meet contemporary Australian entry level standards in acupuncture practice”².

These documents do, however, raise the concepts and issues critical to the development of this accreditation standard. These issues are outlined below.

Definition

Dry needling is a term utilised in the literature to describe a therapeutic modality practised in many countries by a range of health professionals. There is no universal agreement, however, on the definition of *acupuncture* vs. *dry needling* although some researchers and professional groups identify distinctions ¹.

Dry needling is described as a treatment modality which uses fine needles to stimulate specific myofascial trigger points in muscle and connective tissue in order to elicit a response that is said to release pain. Dry needling maybe used to treat musculoskeletal, neurological, dermatological and cardiorespiratory conditions¹.

The term 'dry' makes the distinction between this practice and the use of hollow needles for therapeutic injection of fluids.

The Victorian review describes a difference between dry needling and both traditional and western acupuncture as identified by the Acupuncture and Dry Needling Group of the Australian Physiotherapy Association as follows:

Western Acupuncture: utilises meridian points but applies it to 'western' reasoning with particular consideration to relevant neurophysiology and anatomy. It does not utilise any traditional Chinese medicine assessment methods or paradigms. Points are stimulated to create local, spinal segmental or supraspinal pain modulating effects.

Traditional Acupuncture: examines changes in the tissues through the prism of the meridians as well as the status of the qi, blood and fluids [fundamental substances]. Acupuncture is then applied to the meridians either utilising specific acupuncture points or non specific areas where tissue changes are evident such as trigger points. The clinical reasoning process includes information derived from theoretical constructs found in Oriental Medicine.

The literature is limited and inconclusive regarding the relative therapeutic merits of the different modalities as described. In fact the majority of the studies discussed compare dry needling to other, non-acupuncture treatment modalities ¹.

An important point in the context of regulation is that the consumer is unlikely to make a distinction between types of acupuncture and dry needling unless well informed by their practitioner (This is a requirement within US standards ¹).

Janz and Adams suggest that the term 'dry needling' is used by acupuncture practitioners, other than registered Chinese medicine practitioners, to circumvent the regulatory requirements in Victoria, particularly in regard to the promotion of two-three day musculoskeletal acupuncture courses. They point out that dry needling is not a protected practice under current legislation. This will not change following national registration of Traditional Chinese Medicine (TCM) in 2012. This contrasts the term acupuncturist which is currently not a protected title outside Victoria but will be from July 2012².

It is interesting to note that the Australian Guidelines for Traditional Chinese Medicine Education, within their definition of TCM, include acupuncture as a modality as distinct from an approach or philosophy:

"TCM is a system of primary healthcare, encompassing a range of therapeutic approaches (disciplines or treatment modalities), including but not limited to Acupuncture, Chinese Herbal Medicine, Tuina (therapeutic massage, acupressure, spinal and joint manipulation, and contemporary practice developments. Each TCM discipline is predicated upon a common

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philosophical, theoretical and diagnostic framework. Differences and diversity appear in the therapeutic and clinical applications of the component disciplines. Practitioners of TCM utilise one or more TCM treatment disciplines in clinical practice”⁴.

This suggests that there is congruence across professions providing acupuncture in Australia that acupuncture, including dry needling, is seen as a modality of treatment, often used in conjunction with other modalities, which may be applied from a divergent theoretical and philosophical basis.

Education and Training

There is a paucity of literature on acupuncture education standards in Australia.

The Guidelines for the Approval of Courses of Study in Chinese Medicine, revised by the Chinese Medicine Registration Board of Victoria (CMRBV) in late 2010, provide a standard applicable to the approval of courses of study as a qualification for registration as an Acupuncturist. Approved courses are acknowledged for registration of graduates by the CMRBV. The standard describes the minimum standard for approval to be:

- meets minimum levels of quality to ensure safe and ethical professional practice; and
- consistently produces graduates who have acquired an entry-level standard of competence that satisfies contemporary standards of practice in Chinese medicine in Australia.

The standard covers the key domains of graduate knowledge, skills and attributes; course structure and operation; course management; resources and physical environment; and curriculum. It appears consistent with contemporary accreditation standards for approval of entry level programs of study provided by higher education institutions. Whilst not prescriptive regarding content there is an expectation of a four year full time course with 500-800 hours of supervised practical clinical training³.

The standard includes detail on the approval process which includes institutional self assessment and assessment panel site visit. This standard does not differentiate for training of dry needling alone, however Appendix 4 does encompass education of non-TCM practitioners with a basis in biomedical sciences.

Janz and Adams contend that the only existing national standard for acupuncture education is the AGCME⁴. This standard requires a four year bachelor degree program of approximately 2500 hours of substantially face to face instruction. Whilst similar in content to the CMBV standard in describing the knowledge, skills and attributes of graduates, it is perhaps more prescriptive in terms of allocated contact hours and does not include approval process information.

The Victorian review contends that the Australian Physiotherapy Association training requirements as the only set of Australia-wide training requirements. As also reported by Janz and Adams they suggest a minimum of two days for dry needling and ‘western acupuncture’ and 50 hours for traditional acupuncture as they define it. Ongoing continuing professional development of 30 hours is advised for skill maintenance.

Janz and Adams call for education standards to meet the World Health Organisation Guidelines on basic safety and training in acupuncture⁵. The Victorian review points out that these guidelines do not recommend training for dry needling practices as distinct from traditional acupuncture. They

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suggest that training for medical practitioners comprise at least 200 hours of formal acupuncture training and that other primary care health personnel be trained in acupressure rather than acupuncture. Given that the WHO publication is 15 years old it may be that it is not consistent with multidisciplinary primary care practice in the Australian context.

Janz & Adams report on the varying degrees of education and training received by the broad range of Australian health practitioners, both regulated and unregulated. Duration and content of courses appear to vary widely.

Concerns are raised by both the Victorian review and Janz & Adams about the level and quality of training available for acupuncture in Australia. Both authors raise the concern of clinician dependence on short courses and professional development events based on the treatment technique rather than an understanding of the current scientific literature or evidence base. These 2-3 day courses target registered health practitioners other than TCM practitioners.

The Victorian review established that acupuncture competencies are not universally included in Australian entry level physiotherapy programs. Rather they are accessed at a post graduate level, through higher education institutions, association-accredited and private provider courses. No evaluation of the types of education was identified.

Practice Standards and Guidelines

The Victorian review identified a large number of practice standards and guidelines at national and state level that pertain to skin penetration and infection control in the context of dry needling and/or acupuncture. Physiotherapy registration boards in six of seven jurisdictions, prior to NRAS, published guidelines or policies on needling practices that varied in line with the variations in their legislation. Most referred to scope of practice, documentation and insurance requirements.

The Victorian review considered international standards, guidelines and competencies and found Canadian competencies for dry needling to be very close to the Australian Society of Acupuncture Physiotherapists: Guidelines for Safe Acupuncture and Dry Needling Practice (2007). Competencies referred to include knowledge and skills required, education, professional judgement and reasoning, client assessment, diagnosis, intervention planning and practice management. Other competencies included appropriate selection of trigger points, appropriate selection of patients and safe and clean practices.

Safety and Risk

The Victorian review considered the literature on the safety and risks associated with dry needling practices. They concluded that there is a need for adequate training in the prevention of needlestick and related injuries to practitioners and infection control to prevent transmission of blood borne pathogens to both patients and practitioners. They found the side effects and risks to patients to be the same for dry needling and acupuncture and to include:

- haemorrhage/bleeding and haematoma
- pneumothorax
- traumatic lesions, including spinal cord damage
- muscle and prolonged pain or discomfort

- dizziness, fainting and nausea

They also found studies that showed needle breakages to have caused: spinal cord injury, foreign bodies in organs, localised argyria, peripheral nerve injury, arterial injury, cardiac tamponade, cutaneous chromatosis, medullary lesion and subarachnoid haemorrhage¹.

Conclusion

In summary this review finds that the techniques and modalities of dry needling and acupuncture practice in Australia are very similar. The philosophy of treatment and theoretical and evidence base appear to vary considerably across practitioners. The level of training and education also vary considerably. There is minimal evidence of the efficacy of that training. The evidence of the relative efficacy of the divergent approaches is inconclusive. The risks to patients and practitioners maybe considered universal and indeed worthy of regulation.

This review therefore raises several questions for consideration when developing ... “an accreditation standard to be used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program of study with the knowledge, skills and professional attributes to practise acupuncture”.

1. Should the definition of acupuncture be inclusive of dry needling practices or alternatively differentiate dry needling from acupuncture?
2. Should Boards consider endorsement of ‘dry needling’ as opposed to ‘acupuncturist’?
3. Will limitation of scope of practice within professional practice boundaries assist?
4. Can a definition and standard be applied consistently by all participating Boards?