

Final document for submission to the CNHC

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Microsystems of Acupuncture Council (MAC)

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Secretary

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INTRODUCTION

The acupuncture profession is a complex mixture of full-time professional acupuncturists, statutorily regulated health care professionals who use acupuncture within their scope of practice, and a large number of microsystems acupuncturists who use the therapy in clearly defined therapeutic interventions. In the United Kingdom there is no single body representing all acupuncturists, although the main associations (with a history of 30 or more years representing the profession) are now grouped under the aegis of the Acupuncture Stakeholders Group (ASG). This group, which operates by a consensus decision, may well develop into a central reference point for the profession and the public after regulation. The Microsystems Acupuncture Council (MAC) developed from the ASG to explore the various robust routes to regulation for the microsystems profession. It is proposed by the MAC, a profession-specific single forum, that it will seek regulation with the Complementary and Natural Health Care Council (CNHC).

1 DEFINITION

Microsystems acupuncture definition:

The insertion of solid needles into specific, well-defined areas of the body that reflect the body as a whole, both structurally and functionally in a topographic manner, in order to reflexively regulate corresponding body structures and systems, for disease prevention, therapy or maintenance of health.

2 SCOPE OF PRACTICE

Acupuncture is a primary health-care profession, which emphasises, but is not limited to, the use of holistic oriental medical theory, art and science to assess, diagnose and treat illness, injury, pain and other conditions. It makes use of safe appropriate procedures, taking into account a person's individual variations in health status in order to promote, maintain or restore their physical, psychological and social health and well-being.

Acupuncturists work in a range of health-care settings, and operate both as independent practitioners and as members of integrated health-care teams. The majority of full-time acupuncturists work as self-employed individuals independently or in group practices. Statutorily regulated health-care professionals such as doctors, nurses, physiotherapists and substance misuse workers, may use acupuncture alongside or within their existing statutorily regulated scope of practice, in hospitals, community settings, GP practices, or in the private sector. Acupuncturists often operate as independent health-care professionals, from whom patients seek direct care via a self-referral route. Acupuncturists liaise in a professional manner with all health-care professionals and will refer patients for relevant professional intervention when appropriate.

A distinctive feature of the practice of acupuncture is the ability of individual practitioners to use solid, single-use, sterile needles, which are inserted into specific tissues of the human body for disease prevention, therapy or maintenance of health. Various other techniques, both invasive and non-invasive, are often performed or prescribed with acupuncture. These allied techniques and modalities may include electrical and magnetic stimulation;

moxibustion; heat therapy; sound, light and vibration therapy; cupping techniques; oriental massage; lifestyle and dietary advice; exercise and breathing routines such as Tai Chi and Qi Gong; and acupressure.

Acupuncture can be an effective individual treatment intervention, or as a supportive or integrated treatment to other medical interventions. Its practice is characterised by professional, reflective and systematic clinical reasoning, both contributing to and underpinning a problem-solving approach to patient-centred care.

Acupuncture practice is increasingly supported by a body of high-quality clinical research. Whilst much of the research has been performed overseas, and may not always meet the rigorous standards of Western research, overall the body of evidence suggests widespread effectiveness of acupuncture in treating many disease states and conditions. Practice is informed by acupuncture-specific research as well as general scientific and medical literature, and by strict professional and clinical standards and guidelines. In this way the acupuncture profession engages in evidence-based practice.

In the assessment, management, treatment and evaluation of an individual's needs, acupuncture practitioners will take into account the current physical, psychological, cultural and social factors, and their influence on the individual's functional ability. Practice also takes into account, where appropriate, the needs and perspectives of other health-care professionals to provide a coherent and holistic approach that maximises independence and function.

There are a number of accrediting bodies within the United Kingdom. The range of acupuncture-accredited courses is broadly split into three groups:

- i) undergraduate degree-level full-time acupuncture training;
- ii) postgraduate training in Western medical acupuncture undertaken by regulated health care professionals;
- iii) shorter courses in defined uses of microsystems acupuncture such as auricular acupuncture.

A number of acupuncture qualifying programmes are validated by independent accrediting bodies such as the British Acupuncture Accreditation Board (BAAB), which was established in 1991 and singled out as an exemplar of best practice in the House of Lords Select Committee on Science and Technology Report on Complementary and Alternative Medicine. Many programmes are jointly validated by higher education institutions (HEIs) as BSc degree and diploma programmes. Postgraduate and non-degree-level training is also recognised by a variety of accrediting and validating bodies. Microsystems practitioners actively work with external validators to establish external independent validation of the courses provided by the profession.

The education of acupuncturists takes place both in HEIs and in the private sector. Study may be full-time or part-time and all programmes include a practice component, assessment, evaluation etc.

2.1 Nature and extent of acupuncture

Acupuncture practitioners provide an important teaching and advisory role to the public and many patient and client groups. They may also provide mentorship for students and colleagues and utilise a range of communication and teaching skills.

Acupuncture is practised throughout the world and is recognised by the World Health Organisation (WHO) for its use in the treatment of a wide range of problems including: muscular and neurological disorders; digestive disorders; respiratory disorders; urinary, menstrual, and reproductive problems. Acupuncture can be used in the resolution of physical problems related to tension, anxiety, stress and other emotional conditions.

The breadth and scope of acupuncture practice encompasses, but is not limited to, the following:

- the age span of human development from neonate to old age;
- individuals with complex and challenging problems resulting from multiple pathologies in chronic illness;
- health promotion and injury prevention;
- the assessment, management and evaluation of interventions;
- the therapeutic management and treatment of individuals with recovering conditions;
- the symptomatic treatment of individuals with deteriorating conditions such as the area of palliative care or degenerative neurological disorders;
- the supportive management of individuals with stable conditions such as medication-controlled illnesses;
- working within a wide range of settings including private clinics, health-care facilities, and peripatetic home visiting;
- an understanding of the health-care issues associated with diverse cultures within society.

Acupuncture is a developing profession that operates within an ever-changing and evolving environment. This growing profession continues to pursue pioneering work in constructing written practice standards and clinical guidelines for a wide range of specialist areas. These standards are underpinned by current evidence at a variety of levels, and are embedded in clinical practice and training programmes.

(Adapted from ASG document 2009)

3 STANDARDS OF PROFICIENCY FOR MICROSYSTEMS ACUPUNCTURISTS

The following section is based on the Health Professional Council's (HPC) document on standards of proficiency for their members and has been amended to incorporate microsystems acupuncture. The level of specificity required has been discussed by microsystems professionals, and microsystems representatives are aware that other standards of proficiency exist within other CNHC-registered professions. The current standards are written to provide a suitable benchmark for the profession, which may not appear elsewhere in CNHC documentation.

This section in the document sets out the standards of proficiency for safe, effective and evidence-based practice that registrants are expected to meet. Registrants must maintain standards of conduct, performance and ethics that are published in a separate document.

The standards of proficiency in this document include both generic elements, which all CNHC registrants should meet, and profession-specific elements, which are relevant to registrants belonging to microsystems acupuncture. The microsystems acupuncture specific elements are written in blue italics and the generic standards, which apply to all HPC registrants, are in black. Any breach of the standards will be treated seriously with due procedures relating to unprofessional misconduct.

No attempt has been made to create exhaustive lists of all the areas that each generic standard covers. Each one explains the key obligations that are expected of registrants. From time to time specific elements of key obligations have been highlighted for illustrative purposes. For instance, there is emphasis on the fact that the key obligation of maintaining fitness to practise also includes a specific obligation about practitioner health and self-management.

Students may only practice under recognised supervision, until such time as competency, safety, knowledge and effectiveness have been assessed. Clinical placements will ensure that all these standards are achieved both within patient care and professional practice.

3.1 Professional autonomy and accountability

Minimal requirements for microsystems practitioners:

- a) to be able to practise within the legal and ethical boundaries of their profession;
 - i) have a full knowledge of CNHC and MAC requirements;
 - ii) understand the need to respect and, so far as possible, uphold, the rights, dignity and autonomy of every patient including their role in the diagnostic and therapeutic process;
- b) to be able to practise in a non-discriminatory manner;
- c) to be able to maintain confidentiality;
- d) to obtain informed consent;

- e) to be able to exercise a professional duty of care;
- f) to understand the scope of their practice and when to seek external advice/referral;
 - i) to be able to assess the nature and severity of the problem and use the required knowledge and experience to resolve it;
 - ii) to be able to problem-solve, clinically reason, and achieve a diagnosis;
- g) to recognise the need for effective self-management of workload and be able to practise accordingly;
- h) to understand the obligation to maintain fitness to practise;
 - i) to understand the importance of maintaining health and self-management;
- i) to understand the need for continuous self-directed learning using a variety of assessment and evaluation procedures, such as:
 - i) update/review of evidence; peer review; reflective practice; self-assessment.

3.2 Professional relationships

Minimal requirements for microsystems practitioners:

- a) to know the scope of microsystems practice and refer appropriately when required;
- b) to be able to work, where appropriate, with other professionals, support staff, patients, clients, users, their relatives and carers;
 - i) to understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team;
 - ii) to understand the need to engage patients, clients, users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals;
- c) to be able to contribute effectively as part of a multi-disciplinary team;
- d) to be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional advice to colleagues, patients, clients, users, their relatives and carers;
 - i) to be able to communicate in English to the standard equivalent of level 7 of the International English Language Testing System, with no element being below 6.5;
 - ii) to be aware of how communication skills affect the assessment of patients, clients and users, and how communication should be modified to address potential barriers such as age, physical dysfunction or learning disability;
 - iii) to be able to select, implement and use appropriate forms of verbal and non-verbal communication with patients, clients, users and others;
 - iv) to be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status;
 - v) to understand the need to provide patients, clients and users (or people acting on their behalf) with the information necessary to enable them to make informed decisions;

- vi) to understand the need to use an appropriate interpreter to assist patients whose first language is not English, wherever possible;
 - vii) to recognise that relationships with patients, clients and users should be based on mutual respect and trust, and be able to maintain high standards of care throughout the therapeutic alliance;
 - viii) *to be able to explain the techniques, evidence and effectiveness of microsystems acupuncture practice to patients, clients, users or other stakeholders;*
- e) to understand the need for effective communication throughout the care of the patient, client or user;
- i) to recognise the need to use interpersonal skills to encourage the active participation of patients, clients and users;
 - ii) *to recognise the need to provide relevant and appropriate information to patients, clients, or users to enable them to make informed choices.*

3.3 Identification and assessment of health and social-care needs

Minimal requirements for microsystems practitioners:

- a) to demonstrate the ability to gather appropriate information;
 - i) *according to the principles and methodologies of the relevant discipline of microsystems acupuncture;*
 - ii) *to demonstrate the ability to apply appropriate diagnostic techniques according to scope of training in the relevant discipline of microsystems acupuncture;*
- b) to demonstrate the ability to use appropriate assessment techniques;
 - i) to demonstrate the ability to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment;
- c) to demonstrate the ability to undertake or arrange clinical investigations as appropriate;
- d) to demonstrate the ability to analyse and evaluate the information collected;
 - i) *according to the principles of the relevant discipline of microsystems acupuncture, and use it to form an appropriate diagnosis, taking into account sources of information from other health-care professionals involved in the patient's care;*
 - ii) *to demonstrate the ability to investigate and monitor pathological processes and normal states according to the relevant discipline of microsystems acupuncture.*

3.4 Formulation and delivery of plans and strategies for meeting health and social-care needs

Minimal requirements for microsystems practitioners:

- a) to demonstrate competency in the analysis of clinical research, reasoning and problem-solving skills to determine appropriate actions;
 - i) to recognise the requirements of adequate research into the systematic evaluation of practice;
 - ii) to be able to conduct evidence-based practice and audit, and evaluate practice systematically;

- iii) to participate in audit procedures;
 - iv) to be familiar with methods commonly used in health-care research;
 - v) to be able to demonstrate a logical and systematic approach to problem-solving;
 - vi) to be able to evaluate research and other evidence to inform their own practice;
 - vii) *to recognise the need to discuss and be able to explain the rationale for microsystems acupuncture treatment;*
 - viii) *to be able to form a diagnosis based on the relevant discipline of microsystems acupuncture or Western medical principles of health and disease, using research, reasoning and problem-solving skills;*
- b) to be able to draw on extensive knowledge and skills to underpin professional judgement;
- i) to demonstrate a level of skill in the use of information technology appropriate to their profession;
- c) to be able to formulate specific and appropriate therapeutic management plans, including the setting of timelines in order to facilitate all client groups;
- i) *to be able to formulate a comprehensive treatment plan based upon informed, hypothesis-led, clinical reasoning;*
 - ii) *to be able to interact with clients to agree a treatment plan/strategy and treatment methods, adapting to and considering the patient's needs;*
- d) to be able to conduct appropriate diagnostic interventions or monitoring procedures, treatment, therapy, or other actions, safely and skilfully;
- i) to maintain effective safety standards for patients, clients and users, and those involved in their care;
 - ii) to ensure patients, clients and users are positioned for safe and effective interventions;
 - iii) *to be effective with required diagnostic and monitoring procedures;*
 - iv) *to be able to select and apply safe and effective microsystems acupuncture treatment techniques;*
 - v) *to be able to use a variety of methods including: needles, moxibustion, electrical stimulus, Qi Gong, light stimulus and Tui Na, according to the patient's condition and the practitioner's scope of practice;*
- e) to be able to maintain clinical and professional records as required;
- i) to be able to keep accurate, legible records and recognise the need to handle these records and all other clinical information in accordance with the relevant legislation, protocols and confidentiality guidelines;
 - ii) to understand the need to use only accepted terminology (which includes abbreviations) in making clinical records;
 - iii) to store records in a secure, confidential system.

3.5 Critical evaluation of the impact of, or response to, the registrant's actions

Minimal requirements for microsystems practitioners:

- a) to determine effective, safe, evidence-based interventions and be prepared to modify them accordingly;

- i) to be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of patients, clients and users to their care;
 - ii) to be able to evaluate management plans against treatment milestones using recognised health outcome measures and revise the plans as necessary in conjunction with the patient, client or user;
 - iii) to recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and clinical, effective programmes;
 - iv) to be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately;
 - v) to understand that outcomes may not always conform to expectations but may still meet the needs of patients, clients or users;
- b) to be able to audit, reflect on and review practice by using a variety of methods;
- i) the principles of quality control and quality assurance;
 - ii) to be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures;
 - iii) to be able to maintain an effective audit trail and work towards continual improvement;
 - iv) cost-analysis programmes;
 - v) to understand the value of reflection on clinical practice and the need to record the outcome of such reflection for enhancement of quality assurance;
 - vi) to recognise the value of, and implement, case conferences and other methods of review.

3.6 Knowledge, understanding and skills

Minimal requirements for microsystems practitioners:

- a) to understand and apply the key concepts of the biological, physical, social, psychological and clinical sciences relevant to their profession-specific practice;
- i) to understand the structure and function of the human body, relevant to their practice, together with a knowledge of health, disease, disorder and dysfunction;
 - ii) to be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process;
 - iii) to recognise the role of other professions in health and social care;
 - iv) to understand the theoretical basis of, and the variety of approaches to, assessment and intervention;
 - v) *to understand the key concepts and approaches that inform the development of microsystems acupuncture;*
 - vi) *to understand the key diagnostic methods relevant to their practice;*
 - vii) *to understand the key causes of aetiology, pathology and diseases processes.*
- b) to understand and apply professional principles and be able to translate into action through a number of different assessment, treatment and management approaches, and select or modify approaches to meet the needs of an individual;
- c) to understand the need for, and be able to establish and maintain, a safe practice environment;

- i) to be aware of local, national and international health and safety legislation that may directly impact on practice, and any relevant safety policies and procedures in force at the workplace, such as incident reporting; to be able to act in accordance with these;
- ii) to be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation;
- iii) to be able to select appropriate personal protective equipment and use it in compliance with standards;
- iv) to be able to establish safe environments for clinical practice that minimise risks to patients, clients and users, those treating them, and others, including the use of hazard control and, in particular, infection control;
- v) *to be able to select appropriate equipment; to competently, safely and sensitively perform insertion, manipulation and withdrawal of needles;*
- vi) *to be able to recognise and appropriately apply contra-indications for auxiliary techniques such as electro-acupuncture, moxibustion, cupping, or other interventions if these skills are within the scope of practice.*

4 BRITISH ACUPUNCTURE COUNCIL CODE OF SAFE PRACTICE

The Code of Safe Practice is published by the British Acupuncture Council (BACc) to define the hygiene and safety standards relating to the practice of acupuncture. All practitioners are required to achieve the minimum standards of safe practice.

The code defines the minimum standards required of safe microsystems acupuncture practice. As a professional acupuncturist, the duty of care to patients involves taking every reasonable precaution against cross-infection. Poor hygienic procedures can result in serious damage to the health of both the practitioner and the patient. The best means of avoiding cross-infection in acupuncture practice is to follow scrupulously the hygiene and sterilisation methods outlined in this code at all times.

The procedures described in this code, when properly carried out, provide protection against all known cross-infection of blood-borne viruses. The practitioner must also be aware of, and compliant with, the relevant by-laws of the Local Authority under whose jurisdiction he/she practises. Advice on the by-laws and equipment relating to acupuncturists is available from the relevant Environmental Health Department.

Where Local Authority by-laws have been enacted that set higher standards than those in this code, these should be referred to as the definitive document for legal purposes. Where no by-laws have been enacted, or where by-laws require standards lower than those in the code, the practitioner must always comply with the standards set by this code.

This code has been written and published in the English language. The BACc is aware that many of its members use English as a second language, as will many patients. In order to ensure that the provisions of this code are understood and complied with by all of its members and that its requirements can be understood by all members of the general public, the Council has adopted the following principles:

- a) It is the responsibility of every member of the MAC to read and familiarise themselves with the English language version of this code, employing at their own expense translation services where necessary, and to be able to explain satisfactorily to their patients, if asked, the main requirements of the code.
- b) The Council undertakes to identify a pool of practitioner members or independent translators, where necessary, as a resource to enable members of the public for whom English is not the first language to be given explanations of the main requirements of the code in their native tongue.

4.1 Premises

a) Acupuncture must only be carried out:

- i) in premises suitable for professional medical work of this kind;
- ii) in premises that are clean and capable of being kept clean;
- iii) in treatment rooms used solely for acupuncture practice or other similar work requiring a comparable level of hygiene and cleanliness;
- iv) in private rooms that are for designated use;
- v) in premises where there are suitable and sufficient sanitary facilities for all users of the clinic/practice;
- vi) in premises with sufficient and satisfactory health and safety guidelines.

b) Hand-washing facilities must include:

- i) a wash basin with a hot and cold water supply, located in or in the vicinity of the treatment room for practitioner use only;
- ii) dispenser liquid soap and disposable paper towels;
- iii) an adequately sized bin, pedal-operated, situated close to the basin, with a disposable sealable polythene liner for used tissues and other similar waste matter.

c) The treatment room must provide:

- i) sufficient space to allow free movement, safe handling of equipment and performance of procedures;
- ii) sufficient space to establish a clean treatment area for acupuncture equipment;
- iii) sufficient clean and suitable storage for all items, so as to avoid, as far as possible, the risk of contamination;
- iv) furniture that is clean and maintained in good repair;

- v) smooth, easily cleanable surfaces on table tops, shelves and all working surfaces;
- vi) smooth, impervious surfaces on treatment couches, chairs and other furniture that is used for treatment;
- vii) smooth, impervious flooring or short-pile (not looped) commercial carpeting;
- viii) adequate artificial lighting, heating and ventilation.

d) The treatment surfaces must be:

- i) covered with fresh paper couch roll that is disposed of after treating each patient;
- ii) if covered by towels or sheets alone, covered by those that are fresh for each patient and machine-washed on the 40-60 °C setting before being reused;
- iii) if covered by towels, sheets or pillowcases underneath a paper couch roll, covered by those that are fresh each day, machine-washed on a 40-60 °C setting before being reused; and removed after treatment and placed in yellow clinical waste-disposal bags if any spillage of blood or body fluid takes place during a treatment;
- iv) regularly cleaned with an appropriate anti-bacterial agent, at least at the beginning or end of every working day.

e) The cleanliness of the treatment room must be maintained by:

- i) cleaning and dusting at least weekly all table tops, shelves and impervious surfaces with a damp cloth and occasionally with hot water and detergent;
- ii) washing daily all impervious floor surfaces with appropriate disinfectant cleansers;
- iii) vacuum-cleaning daily and professionally steam-cleaning at least once every year all carpets in the areas adjacent to treatment surfaces;
- iv) laundering all blankets used in treatment, as required, by washing at 40-60 °C.

4.2 Equipment

a) The following equipment, all of which must be CE-marked and conform with current Medical Devices Agency legislation and EEC Directive 93/42/EC, must be used for safe and hygienic practice:

- i) single-use, pre-sterilised disposable, solid needles (**reusable needles are not acceptable**);

- ii) guide-tubes that, if used, must be pre-sterilised, come packaged with each individual needle or set of needles, and must not be used or stored for use beyond the treatment session in which the seal on the package has been broken;
- iii) plum blossom needles ('seven star hammers'), which, whether plastic or stainless steel, must be pre-sterilised and single-use only;
- iv) glass cups, derma rollers and other reuseable clinical equipment that have been properly washed and/or sterilised and stored (see Guide to Safe Practice Appendix F on Sterilisation);
- v) single-use paper tissues, paper towels, and couch roll;
- vi) disinfectants, including pre-packed 70% isopropyl alcohol swabs or products that contain 0.5% chlorhexidine (as recommended in Appendix H of the Guide to Safe Practice)
- vii) sterile cotton wool and non-sterile cotton wool/buds;
- viii) sharps box conforming to BS 7320:1990 and clearly marked 'Danger - Contaminated Needles - To Be Incinerated' adjacent to the treatment surface and placed at a convenient height on a stable surface;
- ix) a First Aid kit complying with current Health and Safety (First Aid) Regulations containing a sufficient supply of suitable bandages, dressings, antiseptic creams and plasters;
- x) disposable surgical gloves.

4.3 Clean, hygienic procedure

a) Professional standards of self-care:

- i) All cuts and wounds must be covered with a waterproof dressing.
- ii) Nails must be kept short and clean.
- iii) Suitable, clean clothing and, optionally, a clean, white coat or overall should be worn at all times.
- iv) Smoking, eating or drinking whilst engaged in treatment must be refrained from.
- v) Large, loose or dangling jewellery or rings, loose clothing or hair that might contaminate the treatment area or the patient's skin must be avoided.
- vi) If a practitioner suspects that he/she is suffering from, or has been in contact with, an infectious notifiable disease, he/she must inform a general practitioner early, ensuring that his/her general practitioner is aware that he/she is engaged in the practice of acupuncture.

- vii) Giving treatment when suffering from an infectious or contagious condition should be avoided.

b) The duty of care for patient health and safety:

- i) Ensure that any planned treatment takes full account of the patient's known medical history and potential allergic reactions.
- ii) Ensure that informed consent has been obtained in accordance with the requirements of the Code of Professional Conduct.
- iii) Ensure that the part of the body to be treated is clean and free of any cuts or wounds and that patients are asked to cover cuts or wounds before coming for treatment.
- iv) Ensure that the practitioner does not under any circumstances needle through clothing, even if requested or given approval to do so by the patient.
- v) Ensure that, immediately before use, any paper or other material used as a covering on a chair, seat or couch, and any towel, cloth or other article that is applied to the patient's skin should be clean, and should not have been used in connection with any other patient without having been cleaned or, where appropriate, disinfected.
- vi) Caution patients left unattended with needles in place during a treatment about any movement that might cause them injury through bending or damaging a needle.
- vii) Ensure that patients are able to gain the attention of the practitioner at all times that they are left unattended with needles in place.
- viii) Remain with the patient at all times when moxibustion is carried out in order to avoid any risk of burn injury.

c) In preparing to treat, the practitioner must:

- i) wash his/her hands thoroughly with liquid soap and warm water immediately before the acupuncture procedure;
- ii) ensure that a clean field is established.

d) In order to needle hygienically and safely, the practitioner must:

- i) ensure that the skin at the needle site is clean;
- ii) ensure that any areas of the body where moisture or exudates may collect, such as the groin and genital area, ears, feet, underarms and the area below the breasts, near the mouth, nose, scalp and other hair-covered areas, are swabbed

with 70% isopropyl alcohol or products that contain 0.5% chlorhexidine before needling;

- iii) if points are marked prior to needling, ensure that needles are never inserted through any ink marks;
- iv) open all single-use pre-sterilised needles and instruments in the patient's presence and immediately before use;
- v) use a fresh needle for every point needled during a treatment, or if reusing the same needle, only do so where all of the sites to be needled have been swabbed before needling and where the needle (and guide-tube, if used) is not placed on any other surface in between separate insertions;
- vi) ensure that the sterile needles and instruments do not come into contact with anything that is not sterile before use on the patient;
- vii) discard, in the sharps' container, any sterile needles or instruments that are accidentally contaminated;
- viii) discard, in the sharps' container, any sterile needles or instruments with broken packaging seals;
- ix) ensure that, in inserting the needle, the needle shaft is never touched with bare fingers or with non-sterile materials;
- x) use only sterile cotton wool to support the shaft of the needle once it has been inserted or if it is inserted without a guide-tube. At no stage must the needle be inserted through the cotton wool with either method of insertion;
- xi) ensure that hands are cleansed again, either by hand-washing or using alcohol gel or products that contain 0.5% chlorhexidine, at any time during treatment if they are contaminated by contact with clothing, pens, clinic furniture, etc, between separate needle insertions;
- xii) ensure that any major blood or body-fluid spills are cleaned up promptly with disinfectant solution;
- xiii) ensure that well-fitting, disposable, surgical gloves are worn, only in the following circumstances:
 - if the patient is bleeding profusely;
 - if the patient has open lesions or is known to have a contagious disease;
 - if the practitioner has cuts or wounds on his/her hands or has a skin infection or lesion
 - if the practitioner is handling blood-soiled items, body fluids, excretions, and secretions, as well as surfaces, materials, and objects exposed to them.

e) When removing needles from the patient, the practitioner must:

- i) ensure that hands are washed immediately prior to the removal of needles;
- ii) place each needle immediately into the sharps' container without letting it touch any other surface in the treatment room;
- iii) if blood is drawn, apply light to moderate pressure with sufficient, clean cotton wool/cotton buds or a clean swab to prevent contact with the patient's body fluids and dispose of the cotton wool/bud/swab immediately in a clinical waste bag;
- iv) if 'sealing' the point afterwards, use a clean swab or cotton wool/cotton bud;
- v) once a point has been pierced, not re-palpate the point with a bare finger during that treatment session unless the fingertips have been cleansed by hand-washing or with alcohol gel;
- vi) wash hands thoroughly at the end of the treatment to reduce the risk of cross-infection with the next patient;
- vii) if needles are removed by someone under the practitioner's direct supervision or by someone to whom he/she has delegated the task, ensure that they comply with the provisions of this section..

f) If moxibustion is used, the practitioner must ensure that:

- i) it is carried out in a safe manner;
- ii) it is never used on broken skin, directly on the face or on sensitive areas;
- iii) the patient is not left unattended at any stage during the procedure;
- iv) if moxa is applied directly to the skin, only a swab or cotton wool bud moistened with clean water is used to moisten the skin beforehand;
- v) the skin is swabbed after moxa has been applied and before needling;
- vi) if moxa is given to the patient for self-treatment at home, the procedure for using it must be explained and demonstrated to the patient. The patient must demonstrate their competence in the use of moxa and should sign a copy of the form provided in the Guide to Safe Practice. Both patient and practitioner should retain a copy of this signed form.

g) If cupping is used, the practitioner must ensure that:

- i) cupping is carried out in a safe manner.

h) If Tui Na/massage is used, the practitioner must ensure that:

- i) massage is carried out in a safe manner.

i) If pricking/bleeding therapy is used, the practitioner must ensure that:

- i) pricking/bleeding therapy is carried out in a safe manner;
 - ii) disposable surgical gloves are worn at all times during the procedure.
- j) If ear needles/retained needles are used, the practitioner must ensure that:**
- i) he/she has read and considered the Use of Ear/Retained Needles section in the Guide to Safe Practice.
- k) The use of embedded needles is strictly prohibited**
- l) After the treatment has finished and needles have been disposed of safely, the practitioner must:**
- i) replace any blankets or pillowcases that have come into contact with body fluids;
 - ii) wash cups, derma rollers and any other acupuncture equipment that has been used on **unbroken skin** after each use in warm water and detergent first; then rinse them in very hot water to facilitate quick drying; dry with a disposable paper towel; wipe the rim of the cups with an alcohol swab; and allow alcohol to evaporate thoroughly before reuse;
 - iii) regularly soak cups, derma rollers and any other acupuncture equipment that has been used on **unbroken skin** in a weak bleach solution overnight, wash off bleach with hot water and detergent and leave to dry on a paper towel;
 - iv) wash cups, derma rollers and any other acupuncture equipment that has been used on **broken skin** after each use in warm water and detergent first (also see Appendix F Sterilising Non-Disposable Acupuncture Equipment in the Guide to Safe Practice); rinse them in very hot water to facilitate quick drying; dry with a disposable paper towel and autoclave according to manufacturers' guidelines; or sterilise by sending to external sterilisation services. Alternatively, dispose of these items in yellow clinic waste bags after having washed them first;
 - v) wash any dishes used in moxibustion during the treatment;
 - vi) store all needles, instruments and equipment in a clean and secure place;
 - vii) store any cups, derma rollers, and any other acupuncture equipment that may be used on broken skin under sterile conditions, in a clean and secure place.
- m) In the event of suffering a needle-stick injury, the practitioner must:**
- i) encourage free bleeding from the site if possible, but must not suck the wound;
 - ii) wash the area thoroughly with soap and water but without scrubbing;
 - iii) discard the needle immediately and never continue to use a needle on a patient that may have penetrated his/her own skin;

- iv) record the injury in a permanent form that can be accessed at a later date, i.e. an accident book or similar;
- v) seek medical advice immediately (preferably within one hour).

4.4 Disposal of equipment and clinical waste

a) In disposing of equipment, the practitioner must ensure that:

- i) all needles, plum blossom needles ('seven star hammers') and dermal needles ('press-studs') are immediately placed after use in appropriate sharps' disposal containers;
- ii) all sharps' containers conform to British Standard 7320:1990 and should be clearly marked 'Danger Contaminated Needles - To Be Incinerated' or similar;
- iii) all sharps' containers, when three-quarters full, are disposed of in accordance with local Environmental Health Department guidelines;
- iv) all clinical waste, which includes any paper waste, swabs, cotton wool/buds etc., which has been contaminated with spillage of body fluids such as blood, open-wound abrasions or mucous membranes, is segregated in sealed clinical waste bags before being collected for disposal by a licensed agent. The advice of the local Environmental Health Officer must be sought about final disposal;
- v) all other waste, which includes any paper waste and swabs, cotton wool/buds, etc., which has not come into contact with body fluids or spillages, as well as needle wrappings and single-use guide-tubes, is carefully and separately double-bagged daily and disposed of as domestic waste;
- vi) all waste disposed of through domestic waste collection is left for as little time as possible prior to collection in the usual collection area or location;
- vii) all contracts and receipts for clinical waste collection (or detailed notes kept on the practitioner's own file where receipts are not issued) are retained for at least one year and available for inspection.

4.5 Mobile acupuncturists/home visits

a) Practitioners who have a mobile practice or undertake home visits must:

- i) have a defined base of at least one room or office containing adequate facilities for the disinfection of equipment, the storage of clean equipment and the temporary storage of soiled equipment, clinical waste and sharps' containers;
- ii) ensure that the room or office, and all equipment contained therein, conforms to the standards laid down in the Code of Safe Practice;
- iii) comply with all relevant Local Authority by-laws or other regulations.

b) When transporting equipment from the base premises to the treatment site, practitioners must ensure that containers used for this purpose are:

- i) of sufficient size and design to store and transport all of the equipment and personal outer clothing needed;
- ii) designed to allow for separate storage of sterile and soiled equipment;
- iii) lockable and tightly sealed when shut;
- iv) suitably constructed to have internal and external surfaces that are smooth, impervious and are regularly cleaned and disinfected.

c) When carrying out treatment at a patient's home, practitioners must ensure that, as far as possible:

- i) the treatment is carried out in a well-lit, clean room with ready access to a clean wash hand basin;
- ii) they take with them appropriate cleaning agents, hand disinfectants, a hygienic means of hand drying and couch rolls;
- iii) the bed/couch is covered by a clean, disposable cover; **but**
- iv) **in all cases** a clean field must be established.

d) After treatment is completed, practitioners must ensure that:

- i) used needles are discarded immediately after use in a portable sharps' container meeting BS 7320:1990, clearly marked 'Danger - Contaminated Needles - To Be Incinerated', and removed from the patient's premises;
- ii) other soiled, disposable items such as cotton wool, swabs, paper tissues and disposable covers or towels contaminated with body fluids or spillages are discarded into a clinical waste bag, removed from the patient's premises and disposed of appropriately;
- iii) other waste products such as couch paper, cotton wool and needle wrappings not contaminated with body fluids or spillages are carefully bagged separately for disposal in the patient's own domestic refuse;
- iv) enough time has been set aside before the patient leaves to ensure that the patient is experiencing no adverse reactions to treatment and is well enough to be left.

4.6 Acupuncturists working in drugs and detox settings

There are certain standards of safe practice that must be followed to reduce the risks associated with working in drug and detox settings/programmes. These may include the following:

- i) the practitioner must spell out the ground rules for treatment before any intervention;
- ii) the practitioner must tell patients:
 - to remain seated;
 - not to touch their own, or anybody else's, needles at any time;
 - if they need attention to raise their hand;
 - not to disrupt the group in any way (or face exclusion from the session);
 - to use the toilet, if necessary, before treatment;
 - that if they need to leave before the end of the allotted treatment time the needles will be removed by the practitioner and they will not be allowed to return on this occasion;
- iii) if a patient feels unwell during treatment, the practitioner should assess the problem before stopping treatment. Often reassurance is all that is necessary. Check needle depth and location: an adjustment is often enough to deal with any discomfort;
- iv) the practitioner must not leave the treatment area;
- v) ears should be cleaned, where deemed necessary, prior to treatment with non-alcoholic disinfecting foam or gel;
- vi) the practitioner's hands must be washed with liquid soap and warm water prior to treatment in accordance with the Code of Safe Practice;
- vii) the practitioner should cleanse his/her hands with non-alcoholic foam or gel between patients;
- viii) only the practitioner should remove the needles; patients must never be allowed to remove their own or anyone else's needles;
- ix) if the points bleed upon removal of the needles, the practitioner should ask the patient to apply moderate pressure to the site with sterile cotton wool;
- x) the soiled cotton wool must then be placed in an appropriate kite-marked clinical waste receptacle;
- xi) after treatment both practitioner and patient should wash or clean their hands with non-alcoholic foam or gel before leaving;

- xii) if an emergency occurs during treatment, for example, a fire alarm, the practitioner should remove needles quickly and safely before patients leave the room;
- xiii) patients must never be allowed to leave the room with needles in their ears for any reason whatsoever, save in the event of an extreme emergency;
- xiv) the practitioner must **never** use embedded needles;
- xv) if ear seeds/pellets are used, the ear must be cleaned again so that the pellets do not come into contact with any body fluids.

4.7 Register of patients and patient records

a) The practitioner must record in permanent ink:

- i) the names and addresses of all patients;
- ii) the dates of attendance in a suitable register as well as in the individual patient records;
- iii) the full information required in patients' notes as detailed in the BAAC's Code of Professional Conduct.

b) In the event of the patient having a diagnosis of a notifiable infectious disease, the practitioner must ensure that:

- i) it is safe to treat the patient and that he/she has advised the patient not to view acupuncture as a substitute for any treatment that a doctor has prescribed;
- ii) in the event of being suspected of having caused an outbreak, all records must be readily accessible to allow prompt and efficient investigation into the source of the infection;
- iii) he/she seeks permission from the appropriate authority to carry on normal business once records have been made available to that authority;
- iv) access to an individual's personal record shall only be available on the authority of the relevant medical officer (currently known as the Consultant in Communicable Disease Control (CCDC)), and shall be subject to the usual safeguards of professional confidentiality. Local Authority Environmental Health Officers can give advice on the setting-up of such records, and on routine visits to the premises, they may wish to confirm that records are being maintained.

4.8 Health and safety at work

a) Practitioners must be familiar with, and comply with, the requirements and provisions of current Health and Safety at Work legislation

- i) This places a duty on the practitioner to conduct his/her work in such a way as to ensure, so far as is reasonably practicable, that not only patients and employees but also the public and other visitors are not exposed to risks to their health or safety.

b) In ensuring that premises are safe workplaces, particular attention is drawn to the following:

- i) All floors, passages and stairs shall be of sound construction, properly maintained, and should be kept free from obstruction and from any substance likely to cause persons to lose their footing.
- ii) A substantial handrail and two-way lighting system must be provided in every staircase.
- iii) Any dangerous equipment, appliances and machinery must be effectively guarded.
- iv) Equipment and machinery should be subject to regular inspection and maintenance where necessary.
- v) All electrical installations should be in accordance with the Institute of Electrical Engineers Regulations for the Electrical Equipment of Buildings. Both the installation and portable appliances should be subject to regular examination with a stamped assessment date.
- vi) All gas appliances and installations should be in accordance with the Council for Registered Gas Installers, and should be subject to regular examination.
- vii) Care should be taken to keep cables as short as possible and routed in such a way as to prevent the risk of tripping.
- viii) Accidents must be dealt with in accordance with the provisions of the Reporting Of Injuries, Diseases, and Dangerous Occurrences Regulations 1995. This involves the reporting of all major accidents to employees and members of the public to the office of the enforcing authority without delay, by telephone if possible, with written confirmation being made within seven days.
- ix) Where five or more people are employed, it is the duty of every employer to prepare and, as often as may be appropriate, revise a written statement of his or her general policy with respect to the health and safety of his or her employees; and the organisation and arrangements for the time being in force for carrying out that policy, and to bring the statement and any revision of it to the notice of all employees.

(BAcC Code of Safe Practice, 2006)

5 CODE OF CONDUCT PERFORMANCE AND ETHICS

GENERAL PRINCIPLES

The duty of MAC practitioners registered with the CNHC is to protect the health and well-being of all those who use their services. The following professional standards are adhered to:

- Duty of care to the patient is paramount.
- Best practice to all patients must be provided at all times.
- Patients must be treated with respect, courtesy and patience.
- Professional knowledge must be kept updated annually.
- Practitioners must act lawfully in their professional and personal practice.
- Practitioners are personally accountable for their professional activity.

5.1 Introduction

All applicants for registration on the CNHC Register must confirm that they have read, and agree to observe, the standards set out in this document. The standards apply to all registrants.

The CNHC will establish and keep under review the standards of conduct, performance and ethics expected of registrants and give guidance when required on these matters as is seen fit and proper.

5.2 Minimum standards as a registrant: conduct, performance and ethics

This document explains the standards of conduct, performance and ethics that all registrants must uphold. They also form the basis against which the CNHC will assess possible complaints made against a registrant.

The main responsibilities of a registrant practitioner are summarised below, grouped into the categories of conduct, performance and ethics. Each responsibility is explained in more detail later in this document. Please remember that this is not a fully comprehensive list of all the issues that can arise in relation to conduct, performance and ethics.

Registrant practitioners must always seek to protect the health and well-being of clients.

The following minimum standards of conduct are required:

- Act always in the best interests of patients, clients and users (CNHC, 2008, C1).
- Respect the confidentiality of patients, clients and users (CNHC, 2008, C2).
- Maintain high standards of personal conduct (CNHC, 2008, C3).
- Provide to the CNHC, on request, any relevant information about conduct, competence or health (CNHC, 2008, C4).

Registrants must always maintain the following minimum standards of performance:

- Keep professional knowledge, skills and performance current and relevant to field(s) of practice (CNHC, 2008, C5).
- Always act within the scope of knowledge, skills and experience. Be prepared, when necessary, to refer onto another registrant practitioner or health-care professional (CNHC, 2008, C6).
- Maintain appropriate and effective communications with patients, clients, users, carers and other registrants and professionals (CNHC, 2008, C7).
- Effectively supervise tasks that have been delegated (CNHC, 2008, C8).
- Obtain informed consent to give treatment (except in an emergency) (CNHC, 2008, C9).
- Keep accurate patient, client and user records, which remain confidential and secure (CNHC, 2008, C10).
- Be aware of and manage effectively and safely the risks of infection (CNHC, 2008, C11).
- Be prepared to limit work or cease practising if there is any reason to believe that performance or judgement is impaired by physical, emotional or mental health (CNHC, 2008, C12).

Registrants must always maintain the following high ethical standards:

- Carry out duties in a professional and ethical manner (CNHC, 2008, C13).
- Behave with integrity and honesty (CNHC, 2008, C14).
- Follow CNHC guidance in relation to advertising services (CNHC, 2008, C15).
- Practitioners must not be involved in any behaviour or activity that is likely to damage, or undermine public confidence in, the profession's reputation (CNHC, 2008, C16).

5.3 The main responsibilities of registrant practitioners

a) Registrants must act in the best interests of patients, clients and users

Registrants are personally responsible for making sure that they promote and protect the best interests of clients. They must respect and take account of these factors when providing care, and must not exploit or abuse the relationship with a patient, client, user or carer. Views about the sex, age, colour, race, disability, sexuality, social or economic status, lifestyle, culture or religious beliefs of patients, clients or users must not affect the way clients are treated or the professional advice they are given.

Registrants must, at all times, act to protect the interests of patients, clients, users, carers and other members of the public. They must try to provide the best possible care, either alone or with other registrant practitioners, health and social-care professions. They must not do anything, or allow anything to be done, that could put the health or safety of a patient, client or user in danger. This includes both the registrant's own actions and those of others. Fellow registrants have a duty of care to the public and CNHC to report misconduct.

When working in a team, registrants remain accountable for professional conduct, any care or professional advice provided, any failure to act and any delegated tasks. Patients and clients must be protected if it is believed that they are actually or potentially at risk from a colleague's conduct, performance or health. The safety of patients, clients and users is

paramount and must come before any personal and professional loyalties. As soon as registrants become aware of any situation that puts a patient, client or user at risk, they should discuss the matter with a senior professional colleague or the CNHC, and substantiate actions in the correct manner.

b) Respect for confidentiality of patients, clients and users

Registrants must treat information about patients, clients or users as confidential and use it only for the purpose for which it was given. They must not knowingly release any personal or confidential information to anyone who is not entitled to it, and they should check that people who ask for information are entitled to it. Information about a patient, client or user should only be used:

- to continue to care for that person; or
- for purposes where that person has given specific permission to use the information; or
- in order to refer on or communicate with fellow professionals in the best interest of the client.

Registrants must also adhere to the conditions of any relevant data protection legislation and follow best practice for handling confidential information relating to individuals at all times. Best practice is likely to change over time and registrants must stay current in their knowledge of it. They must be particularly careful not to reveal, deliberately or accidentally, confidential information that is stored on computers, as they are bound by the Data Protection Act. Confidentiality can be a particular challenge when treating minors. In most circumstances it would be most appropriate to have a parent or guardian present at the consultation but the issue of confidentiality would need to be carefully considered and decisions made depending upon individual circumstances. Consent must be gained by parents or appointed guardians for those under the age of 18 years.

c) Maintaining high standards of personal conduct

Registrants must keep high standards of personal, as well as professional, conduct. They must not do anything that could affect a client's treatment by, or confidence in, them.

If registrants are convicted of a criminal offence or have accepted a police caution, the CNHC must be informed. Each case will be considered individually and a decision made in the light of the circumstances of the case. Registration may be at risk if registrants are convicted of a criminal offence that involves, for example, one of the following types of behaviour:

- violence
- abuse
- sexual misconduct
- supplying drugs
- drink-driving offences
- serious offences involving dishonesty
- any criminal offences for which a prison sentence was received.

d) Registrants must provide, on request, any relevant information about conduct, competence or health

Registrants are required to inform the CNHC and MAC (and advised to inform other relevant regulators and professional bodies) if they have any relevant information about their own conduct or competence, or about other registrants they work with. In particular, they must inform the CNHC immediately if they are:

- convicted of a criminal offence (other than a minor motoring offence) or accept a police caution;
- disciplined by any organisation responsible for regulating or licensing a health-care practitioner or social-care profession;
- suspended or placed under a practice restriction order by an employer or similar organisation because of concerns about conduct or competence.

Registrants are required to cooperate with any CNHC investigation or formal inquiry into their professional conduct, competence or health; the conduct of any other health-care provider; or the treatment of a patient, client or user, where appropriate. Relevant information in connection with registrants' conduct or competence should be supplied to any legitimate enquirer.

Registrants should also provide information about the conduct or competence of other health-care providers within a professional enquiry. This relates to the duty to act in the best interests of patients, clients and users. A complaint about a colleague should be referred to the CNHC for advice.

e) Maintaining knowledge, skills and performance

Registrants must be capable of meeting the standards of proficiency relating to the registered profession-specific practice(s), as defined by the CNHC and its profession-specific boards. Registrants are required to meet these standards, whether they are in practice or not. The standards of proficiency describe minimum standards of clinical practice. Registrants must stay current with any changes to the standards of proficiency that the CNHC may make for registered disciplines within a changing, evidence-based model.

f) Act within the scope of practice and, if necessary, refer on for further investigations

Registrants must stay within their scope of practice. They should only practise in those fields in which they have had appropriate education, training, qualification and experience. Duty of care to a patient includes the obligation to refer them for further professional advice or treatment if it becomes clear that what they need is beyond the registrant's own scope of practice. If registrants accept a referral from another health-care or social-care professional, they must ensure that they fully understand the request. They should only provide the treatment or advice if they believe this is appropriate. If this is not the case, registrants must discuss the matter with the practitioner who has made the referral, and also the patient, client or user, before beginning any treatment.

g) Maintaining appropriate and effective communications

Registrants must take all reasonable steps to ensure that they can communicate effectively with patients, clients and users, their carers and family, and fellow professionals. They must also communicate effectively, cooperate, and share their knowledge and expertise with professional colleagues for the benefit of patients, clients and users. This is of particular importance when entering into professional team management involving the same patient, client or user.

h) Effective supervision of delegated tasks

Clients seeking professional management from registrants are entitled to assume that a person who has the knowledge and skill to practise their profession will carry out their treatment. Whenever tasks are delegated to another person to carry out on their behalf, they must be confident that they have the knowledge, skills and experience to carry out the task safely and effectively. If they are not registrants and health-care professionals, they should not be asked to carry out the work of health-care professionals. If they are registrants and health-care professionals, they must not be asked to do work that is outside their scope of practice. If they are training to be health-care professionals, they must be capable of carrying out the task safely and effectively.

Adequate and appropriate supervision must be given to whoever is asked to carry out a task, and registrants remain accountable for the outcome. Those refusing to carry out a task because of inexperience or lack of competence must not be pressured into doing so. If their refusal raises a disciplinary or training issue, that must be dealt with under due processes, without endangering the safety of the patient, client or user.

i) Obtaining informed consent to give treatment (except in an emergency)

Registrants must explain to the patient, client or user the treatment they are intending to carry out, the risks involved and any other possible treatments. They must obtain informed consent for any intervention. Registrants must make a record of the person's treatment decisions and pass this on to all members of the health- or social-care team involved. It is recognised that in emergencies, registrants may not be able to fully explain treatment or get informed consent at the time, but this must be recorded within the notes, following the event.

j) Keeping accurate patient, client and user records

Making and keeping records is an essential part of health care, and registrants must keep records for everyone they treat or who asks for professional advice or services. All records must be complete and legible, and all entries should be signed and dated by the practitioner.

When supervising students, registrants should also countersign any student entries in the notes. When reviewing the records, registrants should update them and include a record of any arrangements that have been made for the continuing care of the patient.

Registrants must protect information in records against loss, damage or use by any unauthorised person. Computer-based systems may be used for keeping records, but only if they are protected by adequate data-protection software against anyone tampering with them (including other health-care professionals). When updating a record, they must not erase incorrect or inadequate information, or make that information difficult to read. Instead information should be scored through, in ink, signed and dated by the registrant.

k) Awareness of, and effective and safe management of, the risks of infection

Registrants must take appropriate precautions to protect patients, clients and users, their carers and families, staff and themselves from infection. They must also take precautions against the risks of infecting someone else. This is especially important if registrants suspect or know that they have an infection that could harm others, particularly patients, clients and users. Practitioners with known infections should cease practising, seek medical advice and act upon it.

Registrants must adhere to the rules of confidentiality when dealing with people who have any infections.

l) Limiting work or ceasing practice owing to physical, emotional or mental-health implications

Registrants have a duty to take action if their physical, emotional or mental health could be affecting their fitness to practise. They should seek advice from a consultant in occupational health or other suitably qualified medical practitioner and act on that advice. This advice should consider whether, and in what ways, the registrant might need to change practice, including ceasing practice if necessary. Registrants also have a duty to report any other CNHC-registered practitioners if they believe they are failing to meet this requirement.

m) Carrying out duties in a professional and ethical way

Registrants must carry out their duties and responsibilities in a professional and ethical way. Patients, clients and users are entitled to receive best practice and care. The CNHC seeks to protect the public from unprofessional and unethical behaviour, and to ensure that registrants know the standards expected of them.

n) Behaving with integrity and honesty

Registrants must behave with integrity and honesty and keep high standards of personal and professional conduct at all times.

o) Following CNHC guidelines in relation to advertising services

Any advertising undertaken in relation to a registrant's professional activities must be accurate. Advertisements must not be misleading, false, unfair or exaggerated. Registrants must not claim that their personal skills, equipment or facilities are better than those of fellow practitioners.

If registrants are involved in advertising or promoting any other product or service, they must make sure that they use their knowledge, health-care skills, qualifications and experience in an accurate and professionally responsible way. They must not make or support unjustifiable statements relating to particular products or services. Any potential financial rewards to registrants should be made explicit and play no part at all in their advice or recommendations of products and services supplied to patients, clients and users.

p) Avoiding involvement in any behaviour or activity likely to damage, or undermine public confidence

Registrant's behaviour will potentially be under scrutiny at all times by members of the public and they should ensure they do nothing to bring their profession into disrepute. Appropriate professional boundaries must be maintained between practitioners and the patient, client or user. Development of a non-professional relationship must result in the cessation of the therapeutic relationship.

5.4 Inquiries into allegations against registrants

The CNHC has Conduct and Competence Panels (CCP) and Health Panels, which will consider complaints against registrants based on the expectations set out above in this Code of Conduct, Performance and Ethics.

Every complaint is considered in line with the CNHC Complaints Procedure, which is available to all registrants at www.cnhc.org.uk. The Investigating Committee will decide whether there is a case to answer and, if there is, deal with the complaint according to the Complaints Procedure. If it is found that a case against a registrant is well founded, the CNHC can take a range of appropriate measures against a registrant as necessary. The ultimate sanction would be removal from the CNHC Register.

When an allegation is made against a registrant, the CNHC will always take account of the standards set out in this code when considering that allegation. While this document contains several examples of issues that may be considered, it is not an exhaustive list. An allegation against a registrant may be upheld even if the details of the issues that arise in their case are not specifically mentioned in this document. Every case referred to the CNHC will be considered individually.

5.5 Comments and review

The CNHC would be pleased to receive any comments about this code and feedback on how practitioners use it in practice (CNHC, 2008). Such comments will be fed into the next review of the code in 2010.

6 CONTINUING PROFESSIONAL DEVELOPMENT

Continuing professional development (CPD) is considered a fundamental cornerstone in the development of practitioners' knowledge and understanding of acupuncture microsystems, the continuing and evolutionary development of patient care and development of the wider acupuncture profession.

Currently there are a growing number of professional associations and councils that have developed voluntary self-regulation, e.g. acupuncture, or osteopathy. There are also a larger number of expanding professions, e.g. massage and bodywork etc. The current regulated professions, both voluntary and statutory, have compulsory CPD requirements.

Broadly speaking, CPD requirements are divided into two categories within each profession. They are either:

- a) credit-based
- b) outcome-based

All registered members of the MAC must undertake annual CPD.

6.1 Outcome-based CPD

The MAC recognises that CPD can be undertaken in a variety of ways by its members, and does not recommend a minimum or maximum number of hours, amount or type of CPD. The MAC considers any CPD that is undertaken by its registrants should be outcome-based and in line with the HPC's CPD requirements.

Registrants must demonstrate that any CPD:

- a) provides clinical/academic/professional enhancement to the practitioner and/or patient;
- b) is relevant to their practice;
- c) enhances further professional development;
- d) has a structure that means they can meet the MAC's five standards below;
- e) has a safety element.

All registrants are required to:

- a) maintain a current, continuous record of CPD;
- b) demonstrate that learning activities are relevant to their current or future practice;
- c) demonstrate that learning outcomes have been achieved in order to contribute to the quality of their practice and service delivery;
- d) demonstrate that learning outcomes have been achieved in order to benefit the service user/client/patient/profession;
- e) maintain a current portfolio for inspection if required.

6.2 What is CPD?

Practitioners are required to undertake CPD activities. Any activity that involves appraisal of professional work forms CPD.

CPD for professionals should be undertaken in a five-stage system.

- 1) planning
- 2) undertaking
- 3) evaluating
- 4) identifying shortfalls

5) identifying rectification of shortfalls

'Continuing Professional Development refers to learning that occurs throughout your professional life, is planned and recorded, supports you in your work and development as a practitioner and also benefits the care of your patients.' (Ref: BAcC)

CPD generally falls into five categories:

- 1) self-directed learning
- 2) work-based learning
- 3) professional activity
- 4) formal/educational
- 5) other

All CPD should encompass different learning styles, individual practitioners' educational needs and learning from all activities that support work, most of which will be practice-based and a part of daily life, such as:

- reading: auricular points, medical conditions, patient medication etc.;
- case discussion: supervision groups, a phone call to a fellow practitioner;
- reflecting on what did or didn't work with patients: perhaps keeping a journal;
- reflecting on working with other health-care professionals.

It could also include activities that support the practitioner's personal and health-related development, such as:

- Tai Chi
- Qi Gong
- yoga

6.3 Recording CPD

CPD must be recorded in a practitioner diary or portfolio; the use of a pro forma can aid and assist registrants in this regard. The MAC requires its members to be able to demonstrate and record that they have been undertaking CPD, identifying

- shortfalls;
- methods to rectify;
- learning outcomes.

6.4 CPD for tutors

Tutors that are involved in educational establishments should ensure that their CPD has 50% educational and 50% clinical content.

Tutors must undertake peer review annually and must identify a process for this to be completed with pathways for failing reviews.

6.5 Assessment and evidence

When registrants undertake annual reassessment for practice, they will be required to provide written evidence that they have undertaken appropriate CPD. The renewal of

membership to the MAC will require that the assessing organisation, group or tutor checks and validates this evidence. Evidence submitted by registrants must demonstrate that any CPD undertaken meets one or more of the five outcome requirements for CPD set out above.

The MAC may from time to time request portfolio evidence for effective CPD from its members. Failure to supply this evidence could lead to a practitioner being suspended or removed from the register. The MAC has developed guidelines for registrants on how best to begin developing and undertaking their own CPD portfolio; these can be downloaded or sent to registrants upon request.

7 EDUCATIONAL STANDARDS

Each member group must work towards common standards in order to satisfy requirements for voluntary self-regulation. This document is by no means definitive and may be added to or changed with full discussion and agreement of the MAC.

Setting and agreeing common core standards of education and training will be beneficial to the groups, the public and the regulators that are involved in acupuncture and complementary medicine in the UK. The public will know that any member who is registered with the MAC and the CNHC are effectively and adequately trained to a minimum standard of safety.

The following educational levels have been proposed by the MAC as a minimum for registrants taught by educational and training establishments. These minimum levels will allow registrants entry to the MAC and to the CNHC regulator.

This is a progressive, live, working document; its development should be encouraged amongst stakeholder institutions to improve, maintain and standardise the array of differences within the profession, without compromising individual autonomy amongst the diverse teaching models.

These standards are in line with current National Occupational Standards (NOS) for acupuncture and intended to safeguard both the public and the practitioner.

7.1 The training organisation

Each training organisation must establish appropriate policies and procedures that adhere to minimum educational requirements. Each organisation must demonstrate:

- transparency
- objectivity
- due processes
- strategies to maintain educational standards
- strategies to maintain management processes
- external/internal audit
- external/internal scrutinisers
- declaration of conflict of interest

The training organisation must undertake regular external, independent evaluation by the MAC to ensure that they are fit for purpose and meet the requirements.

7.2 National educational standards for learning

Each course must undergo an evaluation process to identify:

- that the teaching programme achieves a minimum standard of educational objectives of the MAC;
- that knowledge and skills are achieved by learners;
- that learning outcomes are mapped to learning objectives;
- that the transfer of learning to the workplace is effective;
- that the learning has had an impact on the profession.

7.3 External course evaluation

The courses provided to learners, who may become registrants of the CNHC, must undertake external evaluation, by a validated external accreditor.

7.4 Internal course evaluation

Courses should be continually reviewed and monitored internally by tutors, with feedback from peers, tutors, students and management to improve the delivery and effectiveness of the course. A reflective review of the course should occur annually to exchange and bring in new and innovative ideas and concepts.

Students should be given the opportunity to formally reflect and appraise any course being delivered.

7.5 Tutors

- a) Tutors must demonstrate that they are, or will be, working towards an educational teaching qualification 7303 Preparing to Teach in the Lifelong Learning Sector (PTLLS), or 7304 Certificate in Teaching in the Lifelong Learning Sector (CTLLS), equivalent or higher.
- b) Tutors should be a current member of the MAC, or a professional organisation with equivalent standards in microsystems acupuncture. Tutors must be in current clinical and educational practice, and must demonstrate and maintain an up-to-date and current CPD portfolio, in line with the MAC CPD tutor requirements.
- c) Tutors must have current, comprehensive insurance.

7.6 Tutor evaluation

Tutors' teaching should be evaluated annually by the educational institution, peers and students to ensure that best practice is being maintained and improved. This should be an ongoing process using tools such as supervision and monitoring, group evaluation and personal practice groups, presentations with peers, reflective practice etc. Tutors are

advised to be re-accredited and reassessed annually by senior peers or external tutors/validated assessors.

7.7 Routes for failing tutors

Institutions who discover failing tutors should advise such individuals to undertake further training. This may be in the form of mentoring with other experienced tutors, experienced practitioners with academic qualifications. An internal process and audit should be in place.

Tutors may be highlighted as failing by evidence of all the following:

- student feedback;
- failure to maintain current standards of education required;
- failure to achieve learning objectives;
- the consistent failure of students to reach FPC standards.

The following professional shortfalls are reportable to the regulatory body:

- breaches of codes of conduct or ethics;
- misrepresentation of course and/or college;
- unprofessional behaviour;
- malpractice;
- breach of confidentiality;
- criminal offences.

7.8 Tutor-student ratios

Practical elements such as needling should be supervised on a maximum 1 to 14 ratio of tutor to student (NOS).

7.9 Registrants must:

- a) be 18 years of age or over;
- b) demonstrate a willingness to learn;
- c) demonstrate openness to new ways of treating patients and working where they can help others;
- d) show openness and willingness to abide by the MAC standards;
- e) be team participants.

7.10 Age

Registrants must be aged 18 years or over at the time of undertaking their training. There is no upper age limit.

7.11 Language

Registrants must have a sound command of both the spoken and written English language to a standard of ILTE band 6.5 or above.

7.12 CRB check

All registrants should be CRB (Criminal Records Bureau) checked before final graduation and acceptance onto the register. This is not mandatory but it is highly recommended.

7.13 Character

All registrants should be of good, sound character as defined by the CNHC.

7.14 Health

All registrants must be fit to practice, as defined by the CNHC.

7.15 Minimum educational entry requirements

There are no minimum or maximum educational entry requirements for registrants onto the MAC. The MAC advises that all registrants should have basic literacy and numeracy skills.

8 EDUCATIONAL STANDARDS OF COURSE PROVISION

The educational standards outlined in this document demonstrate the levels, standards and competence that each registrant must attain to be accepted onto the MAC register. This will not cover the number of clinical, academic and self-directed hours.

8.1 Duration of courses

The courses are educational, learning-based and should meet the educational requirements of the MAC; there is no minimum or maximum number of hours set for the courses. These are laid down by the individual training establishments, and are directly linked to the learning outcomes of the stated course.

8.2 Direct contact hours

It is considered that, due to the amount of information that needs to be delivered, basic microsystems acupuncture courses should be delivered over a minimum of two days with direct contact teaching, and should reach the stated learning outcomes and objectives.

8.3 Self-directed learning hours

Registrants are required to pre-read and complete home-study packs before registration. It is advised that contact-teaching hours and self-directed hours for basic level entry to the forum should be based on a two-to-one basis, e.g. sixteen student/tutor contact hours, and thirty-two student-directed hours.

8.4 Clinical hours

It is considered that for every two hours of tutor contact there should be one hour of clinical supervision or clinical practice. This should occur within a 12-week period of the initial delivery of the training.

8.5 Portfolio of cases

Registrants should produce a minimum of 10 individual case-study interventions that have been undertaken using microsystems acupuncture alone or in conjunction with another therapy. It is advised that this should be completed within 12 weeks of undertaking the initial training.

8.6 Course delivery

- Courses must clearly state learning objectives, indicative content, identifying practical components, theoretical components, facilities for self-directed learning, and routes for failing students.
- Courses should be delivered using a variety of teaching styles and methods and make provision for a variety of learning styles.
- Courses may be delivered in any appropriate setting.
- Courses are required to demonstrate clear assessment processes for the numbers of hours taught; summative and formative assessment processes are required.
- Courses are required to offer a recognised qualification that is accepted by the MAC.

Methods of tutoring may include (not exclusively) any of the following:

- IT
- group activities
- one-to-one activities
- questions and answers
- white board
- student participation
- observation and discussion
- problem-solving
- clinical reasoning
- peer supervision
- formative assessment
- summative assessment
- self-assessment
- lectures
- discussions
- role play
- case studies
- reflective diary

This is not a definitive list.

8.7 Key transferable skills, learning for life

Key transferable skills are a range of aptitudes and abilities that are vital in almost every aspect of life, from studies to future employment. These skills should be learned and developed through study and in one's spare time. Courses provided for by training organisations should support and enhance the key transferable skills of registrants in:

- communication
- numeracy & literacy
- information & communication technology

- working with others
- improving own learning and performance
- problem-solving
- therapeutic alliance
- clinical reasoning

8.8 Curriculum development

Through internal and external appraisal and evaluation, the course will be continually reviewed and updated against a background of current research and developments, for the benefit of the student, service user, and the profession.

8.9 Learning difficulties

Provision should be made by all providers at all times to accommodate students who have learning difficulties.

8.10 Failing Students

All training providers should have an established pathway for failing students. The maximum number of resits that a student will be allowed to undertake is three. Students who fail to reach the required standard after the third attempt must re-undertake the full training.

8.11 Standards of conduct, performance and ethics

Registrants must agree to abide by the standards of conduct, performance and ethics of the MAC and CNHC (CNHC, 2008).

9 COURSE CONTENT

9.1 Theoretical and historical background

Registrants should have a sound working knowledge of the:

- a) theoretical background to microsystems acupuncture;
- b) historical background to microsystems acupuncture;
- c) current practices in the use of microsystems acupuncture;
- d) current research and evidence of microsystems acupuncture;
- e) current status of microsystems acupuncture.

9.2 Health and safety

MAC registrants should adhere to the codes of safe practice; these are compatible with the BAcC codes of safe practice (BAcC Code of Safe Practice, 2006).

9.3 Microsystems points

There should be a minimum number of points located for each microsystems. These will be established by a board convened by each microsystems. Registrants should have a basic understanding of the basic location and functions of each of the microsystems points, pertaining to each of the currently identified microsystems that will be covered on the syllabus (not definitive).

a) Auricular acupuncture

Lincoln Clinic five-point addictions protocol

b) Face acupuncture

Zang Fu organs: lung, large Intestine, stomach, spleen, heart, small intestine, bladder, kidney, pericardium, San Jiao, gall bladder, liver. Musculo-skeletal system, spine, joints

c) Scalp acupuncture

Zang Fu organs: lung, large Intestine, stomach, spleen, heart, small intestine, bladder, kidney, pericardium, San Jiao, gall bladder, liver. Musculo-skeletal system, spine, joints

d) Eye, nose, philtrum, mouth, tongue, neck, Back Shu, JiaJi, spinal, chest, abdominal, wrist and ankle, and holographic (ECIWO, Embryo Containing Information of the Whole Organism) acupuncture

To be developed at a later date.

e) Hand acupuncture

Zang Fu organs: lung, large Intestine, stomach, spleen, heart, small intestine, bladder, kidney, pericardium, San Jiao, gall bladder, liver. Musculo-skeletal system, spine, joints

f) Foot acupuncture

Zang Fu organs: lung, large Intestine, stomach, spleen, heart, small intestine, bladder, kidney, pericardium, San Jiao, gall bladder, liver. Musculo-skeletal system, spine, joints

9.4 Practical skills

Practical competency will be developed through supervised practice. Registrants will be familiar with, and able to use safely, all techniques covered in the course, in order to treat a variety of conditions. These may include:

- needling
- moxibustion
- massage
- Gua Sha
- laser
- electrical stimulation
- magnetic stimulation
- development and awareness of Qi
- palpation
- observation
- diagnostic skills
- seed therapy

Throughout the training registrants will develop an understanding of how to integrate these treatments into practice for the benefit of the patient.

9.5 Scope of practice

- a) Registrants will be required to recognise personal scope of practice as defined by the training organisation.
- b) Registrants will recognise their scope of competence.
- c) Registrants will undertake appropriate referrals to other health-care professionals in cases of red flags.

9.6 Practitioner safety, sustaining self, well-being, lifelong learning skills

- a) Registrants must ensure that they are fit for work.
- b) Registrants must reflect on and evaluate their own values, priorities, interests and effectiveness.
- c) Registrants must enable other professionals to reflect on their own values, priorities, interests and effectiveness.
- d) Registrants must develop their knowledge and practice in microsystems.
- e) Registrants should be encouraged to cultivate debate and question effective therapeutic interventions.
- f) Registrants should be professional practitioners.
- g) Registrants should be encouraged to develop the process of natural healing and sustaining well-being.
- h) Registrants are encouraged to develop their own health-care through systems such as Qi Gong, yoga, Tai Chi, etc.
- i) Registrants must seek continual support through regular practice sessions; clinical observations; postgraduate training; continuing personal development; and peer review.

9.7 Patient handling

Registrants must be able to demonstrate professional and appropriate patient handling and communication skills such as:

- a) the therapeutic alliance;
- b) appropriate handling and positioning of clinician and patient;
- c) how to work in group settings;
- d) how to integrate with other health-care disciplines and practitioners;
- e) confidentiality and respect.

9.8 Confidentiality and consent

Registrants must obtain full, informed written consent for any interventions or investigations that they may undertake. Registrants must comply with legal requirements for patient/client confidentiality at all times.

9.9 Case-history taking

Registrants should be able to obtain, record and appropriately store, case histories from patients, and be able to plan a treatment intervention.

9.10 Anatomy and physiology

Registrants must be able to identify the appropriate anatomical structures and functions relating to microsystems covered. They must have a basic working knowledge and understanding of the following systems.

- a) the cardiovascular system
- b) the respiratory system
- c) the circulatory system
- d) the endocrine and immune system
- e) the neurological system
- f) the musculo-skeletal system
- g) the renal and hepatic systems
- h) the digestive and metabolic system

This may be delivered as a student self-directed study pack. It is considered best practice that this should be taught at ITEC Level 3 or equivalent.

9.11 Pathology, red flags, and contra-indications

Registrants should have a basic working knowledge and understanding of red-flag symptoms, cautions and contra-indications covering the following systems:

- a) the cardiovascular system
- b) the respiratory system
- c) the circulatory system
- d) the endocrine and immune system
- e) the neurological system
- f) the musculo-skeletal system
- g) the renal and hepatic systems
- h) the digestive and metabolic system

9.12 Reporting of adverse effects

The reporting of adverse effects must be carried out in accordance with the skills for health documentation

9.13 First Aid

Registrants should have a current HSE Emergency First Aid at Work certificate (EFAW). Registrants should be able to identify and manage the following emergency first-aid situations:

- fainting/unconsciousness
- bleeding
- vomiting
- basic life support/recovery position

- acute neurological states (fits)
- red/yellow flags

9.14 Assessment

Courses should be both internally and externally moderated, and there should be a variety of methods of assessment involving theoretical, practical and academic. Course providers must ensure that registrants receive both formative and summative assessments. Continuous practical assessment and support should be given to registrants for the duration of their studies. Additional support is given when required on an individual basis.

Assessment procedures or methods may include:

- log books
- diary
- reflective practice
- case studies
- Objective-Structured Clinical Examination (OSCE)
- portfolios
- observation of practice
- revision and quizzes
- tutor continuous observation
- practical, continuous and ongoing assessment
- role play
- creative problem-solving
- NLP, EFT, multi-faceted communication and presentation skills
- open attitude, positive, creative, inspirational strategies
- peer assessment
- peer discussions
- multimedia presentation
i.e. manual, OHP, power point
- group observation
- self observation
- mentoring
- essay
- report
- project
- questions and answers
- reflective log/diary
- case-history taking
- progress forms
- monitoring professional attitude and behaviour in the clinic
- reflective practice
- case-history presentation

9.15 Grading pass/fail criteria

Pass
Students exhibit:
Competency in appropriate conceptual frameworks
Evidence of independent reading, research and understanding of the class notes
Competency in practical assessment to a safe minimum standard
Competency in patient handling
Awareness of red/yellow flags

Pass
Students exhibit:
Awareness of Qi/energy
Competency in health and safety issues
Ability to identify all the anatomical structures of the microsystems covered accurately and competently
Ability to locate the points covered on the syllabus accurately and competently
Ability to identify the basic functions of the points covered on the syllabus accurately and competently

Fail
Failure to achieve a competent level of:
Appropriate conceptual frameworks
Independent reading or research and poor understanding of class notes
Practical skills
Patient-handling skills
Awareness of issues
Awareness of nuances and complexities
Appropriate or safe practical technique
Awareness of Qi/energy
Understanding of health and safety issues
Ability to identify all the structures of the microsystems covered
Ability to locate the points on the syllabus
Ability to identify the functions of the points covered on the syllabus

9.16 Failing Students

All training providers should have an established pathway for failing students. The maximum number of resits allowed per student is three. Students who fail to reach the required standard on reassessment must undertake the full retraining.

9.17 Codes of professional conduct, performance and ethics

Registrants must agree to abide by the MAC and the CNHC's codes of professional conduct performance and ethics (CNHC, 2008).

9.18 Setting up in practice

Registrants should achieve a minimum standard of professional skills in order to establish a practice, for example, running a drop-in. These skills should include: record-keeping, treatment limitations, integrated health-care approach, legal issues, advertising, marketing, environmental health, financial and practice administration etc.

9.19 Research/evidence base

Each organisation must continue to update and incorporate current research and evidence-based information within the course practice. Registrants should be encouraged to actively understand research techniques and the value of research to clinical practice, in such areas as: case studies, clinical audit, outcome measurements etc.

9.20 Continuing professional development and reflective practice

Registrants must maintain a minimum standard of CPD, recorded in a portfolio in line with the forum's CPD guidelines, (section 6.1 – 6.5 above)

9.21 Reassessment: maintaining professional standards of practice

Each registrant must pass an annual reassessment for clinical competency and fitness to practice in order to remain on the register. Reassessments for competency are in the areas of theory, practice, health and safety, and should adhere to the codes of conduct, performance and ethics. Registrants must maintain a CPD portfolio to remain on the register and evidence of this should be confirmed and may be required at the reassessment.

9.22 Certification

Upon successful completion of training and application to the forum, registrants will be issued with a certificate of membership to the microsystems covered, and must confirm that they are competent professional practitioners of microsystems acupuncture. This certificate will be valid for one year from the date of successful completion of the microsystems taught.

10 APEL

Accreditation of Prior Experiential Learning (APEL) is a process that enables people of all ages, backgrounds and attitudes to be assessed and, as appropriate, receive formal recognition for skills, knowledge and learning achieved outside established education or training systems. Registrants who have any APEL should consult the forum's APEL document to appraise which elements meet the standards of the MAC.

Recognition may be awarded within a credit-based structure and allow it to be counted towards the completion of a programme of study or qualifications associated with it.

APEL takes into account:

- prior learning that has been formally assessed and whereby a certificate has been awarded;
- learning gained through clinical experience and/or short courses.

APEL is of particular value to:

- mature students returning to education who lack the formal qualifications required for entry to a course;
- past students who have previous educational qualifications but who now seek to add to those qualifications in order to broaden their expertise or change careers;
- students seeking to avoid repeating specific modules of learning by providing evidence that prior learning has already taken place;
- students seeking the award of professional qualifications and need to provide evidence of specific training and practical work experience;
- students who wish to gain recognition for informal learning that has taken place through work-related activities.

10.1 English-language proficiency

Candidates for admission to the forum shall have sufficient command of the language in which the course is being taught to meet all of its requirements. New applicants who have not received their education through the medium of English should normally have attained the equivalent of IELTS 6.5, Cambridge Advanced. The forum approves the following English-language requirements as acceptable for admission to the register: IELTS (International English Language Testing System) 6.5.

10.2 General Policy

- a) All applicants must be treated equitably regardless of the source of the learning that is being assessed.
- b) All applicants, including those seeking exemption from units or parts of units on the basis of prior learning, must meet the learning outcomes for the forum.
- c) Training organisations that routinely handle APEL applications as part of their normal processes should have clear, written procedures in place for the consideration of such requests. These procedures must be rigorous, fair and transparent, and must specify where there are any differences in the mechanisms for considering claims based on prior certificated learning and prior experiential learning. Procedures should set out clearly for applicants the roles and responsibilities of those involved in advising on claims and in the decision-making process.
- d) Training organisations that routinely handle APEL applications are encouraged to develop a learning tariff that indicates where certificated credit from other institutions may be regarded as demonstrating equivalence.
- e) Mechanisms for assessing learning must be rigorous in ensuring that the learning that has taken place through experience or prior certificated learning is equivalent to the learning that would occur from following those elements of the programme of study from which the applicant seeks exemption; and that equivalent learning outcomes have been met.
- f) Credit must be given only for demonstrated learning, where equivalence of learning outcomes can be demonstrated, and not for experience alone. Learning must also be of an equivalent level and volume, and be valid, sufficient, authentic

- (i.e. related to the applicant's own efforts and achievements), current, and relevant. There must be a signed declaration of original work from applicants.
- g) Applicants must, in all cases, present evidence that learning has taken place and that equivalence can be demonstrated. Appropriate evidence may include: transcripts, portfolios, written essays, interviews, work-based projects, vivas or completion of the standard assessment associated with the unit(s) for which equivalence is being claimed.
 - h) Claims for the consideration of APEL will be considered based on learning that was obtained no more than six years previously. However, claims based on learning outside this time frame may be considered under APEL where a candidate is able to demonstrate evidence of continuous application, CPD and relevance to their practice.
 - i) Training organisations should provide advice and support for applicants seeking APEL, including information on the types of evidence considered acceptable and the extent of evidence required. The extent of support available should be specified in advance to applicants, including where there may be limits on that support.
 - j) Training organisations should be aware that it may be necessary to provide additional advice for applicants for whom English is not the first language, for example, about responsibilities for any translation required. It is, however, the applicants' responsibility to prepare and submit their applications in line with required procedures and deadlines.
 - k) Training organisations are encouraged to make clear in documentation that the views of an advisor on a draft claim does not guarantee the outcome of the claim when the request is formally assessed.
 - l) Training organisations should be aware that it may be necessary to vary arrangements, for example, vivas, where students have particular communication needs or other special requirements.
 - m) APEL applications should be available for scrutiny by external examiners in accordance with normal procedures for assessed work.
 - n) These procedures will be made available in alternative formats. Please contact the MAC in the first instance, indicating the format required.

10.3 Procedure for consideration of requests for APEL

Applications for exemption must set out clearly how their prior learning achievements meet the specified learning outcomes at the appropriate level. Before admission to the register, the applicant should submit information on the prior learning concerned. The information submitted should normally include:

- a) confirmation from the awarding institution of the level of the course, the date of completion and the modules taken (e.g. a transcript);
- b) information from the awarding institution on the learning outcomes achieved, and details of the curriculum on the basis of which accreditation of prior learning is proposed;
- c) information on the applicant's relevant professional background, including employment and any relevant training courses or other study undertaken;

- d) a description of how the applicant's qualification or professional experience relates to the learning outcomes and curriculum of the modules from which exemption is requested;
- e) the written support of at least two members of the MAC in the consideration of the APEL application.

The MAC may also ask the applicant to complete a piece of written work where there are shortfalls, or to complete a new training module.

11 ASSESSING AND REGISTERING EXISTING PRACTITIONERS, GRANDPARENTING

The MAC has developed a process to 'grandparent' and accept individuals and groups who may wish to become members and be regulated by the CNHC. The process is outlined below.

The 'grandparenting' proposal is intended to ensure that appropriately qualified and/or suitably experienced practitioners are given a vehicle through which they can attain voluntary regulation and inclusion on the register maintained by MAC.

The scheme has a multiple purpose, principally to protect the public but also to benefit the profession with accepted levels of education and professional standards; it should be affordable, simple to understand, fit for purpose, practical to administer, and transparent in accountability and external scrutiny.

There are four groups of practitioners who will be involved in any grandparenting arrangements. These are:

- 1) Practitioners belonging to MAC professional associations and organisations registered and in practice, prior to the introduction of voluntary regulation.
- 2) Practitioners belonging to non-MAC professional associations and organisations and in practice, prior to the introduction of voluntary regulation.
- 3) Practitioners not belonging to any professional association or organisation.
- 4) Practitioners who trained overseas wishing to practise in the UK.

Practitioners who fall into groups 2, 3, and 4 above will be required, as a part of the grandparenting process, to demonstrate levels of professional skill, training and competence equivalent to those who will enter the register after the transitional period has ended.

11.1 Time frame

- Grandparenting will cover a two-year period from the opening of the register. The MAC will accept grandparenting applications from both individuals and groups.
- After the stated two-year period, the grandparenting process will come to an end. Any individual or group in the process of grandparenting at this time will continue

with the process; however, no further applications will be accepted after the closing date.

- After the closing date, membership of the MAC will only be possible through the recognised external accreditation organisations, or via direct application to the MAC with the necessary entry requirements for membership.

11.2 Costs

- The costs of individual application for grandparenting through any stakeholder group will be set and governed by each of those groups. All the costs associated with any individual application will be borne by the applicant, where appropriate.
- Costs of processing group applications will be set and governed by the MAC, and are available on written request to the MAC. All the costs associated with any group application will be borne by the applicant.
- Pro formas of the requirements necessary are available upon written request to the secretary of the MAC.

11.3 Individuals and overseas individuals

- Individuals will be grandparented onto the register through membership of any microsystems stakeholder group. Individuals may apply for membership of the MAC either directly through any of the recognised microsystems member groups.
- An individual grandparenting application received directly by the MAC will be forwarded to a recognised microsystems stakeholder group for processing. For convenience, this will be the nearest group to the applicant.
- Applicants must meet all the standards of entry required by the MAC. Pro formas of the requirements and standards will be sent to any applicant upon written request.
- It will be the responsibility of each of the individual microsystems stakeholder groups to ensure that applicants meet, or are actively working to meet within a given period, the required standards of the MAC.
- Stakeholder groups should endeavour to process any application for grandparenting within four weeks of receipt of application.

Pro formas will be available on written request from the MAC.

11.4 Groups

- The MAC will accept group applications from any training provider, school, college, university, or register of relevant microsystems practitioners. The inclusion and exclusion criteria outlining the required standards for acceptance to the register are available upon written request from the MAC.

- All registered members of any group that fulfils the entry requirements of the MAC will be accepted as full registered members. All relevant forms are available upon written request from the MAC.
- A grandparenting board of the MAC, which will meet twice a year, will consider all group applications.

11.5 Standards

The determination of levels of competence and continuing development of educational standards will be the responsibility of the Education and Accreditation Committee of the MAC.

Stakeholder groups will have to provide proof that all of their members can demonstrate standards equivalent to that of post-transitional new entrants.

Individuals and groups applying for grandparenting must meet the standards set by the MAC in the following areas:

- history
- theory
- health and safety
- anatomy and physiology
- First Aid
- point location
- patient-handling skills
- codes of conduct
- performance and ethics
- needle technique
- therapeutic codes

11.6 Top-up training

Applicants who demonstrate shortfalls in the required level of standards must undertake further training within a given period to gain successful registration. Costs incurred in this process are the responsibility of the individual or group concerned.

Guidelines will be given to applicants from the stakeholder groups regarding the areas they need to develop in order to attain successful registration. The responsibility then lies with the individual to source appropriate training and funding.

11.7 Acceptance

Once the individual or group applicant has fulfilled all entry requirements, they will be invited to join the MAC and the MAC regulator, the CNHC. Once applicants have demonstrated and achieved the standards they will be granted full membership both organisations.

Each individual stakeholder group will be responsible for undertaking and managing this process for each individual grandparenting application concerned. Pro formas of the requirements necessary are available upon written request from the MAC.

11.8 Title

The MAC will notify all individuals of their membership, within an acceptable time frame, once the application has been processed from the stakeholder group. Successful applicants onto the register will be permitted to use the following title: Member of the MAC.

11.9 Existing stakeholder groups

All existing members registered with stakeholder member groups of the MAC will be transferred to full membership on the opening of the register. This list will be submitted to the regulator: the CNHC.

11.10 Guidelines to MAC groups regarding the criteria for applications

The MAC recommends that applicants for membership should:

- have been wholly engaged in lawful, safe and effective practice in the microsystems acupuncture profession for a period of three out of the last five years (or its equivalent on a part-time basis); or
- have undergone additional training and experience that satisfies the stakeholder group and the MAC that they have the prerequisite standards of proficiency for admission to the register, if they cannot meet the 'three out of five years' requirement.

All grandparenting applicants must:

- a) demonstrate their competence by assessment;
- b) establish that they are of good character and health, signing up to the MAC standards of conduct, performance and ethics;
- c) make declarations about legal, criminal, civil and professional proceedings;
- d) make declarations and professional references about health status;
- e) make declarations about ethical and safe conduct;
- f) have a disclosure statement from CRB;
- g) demonstrate a proven standard of competence in English Language to IELTS Level 7 (current standards of GMC IELTS Level 7, NMC IELTS Level 6.5);
- h) have proof of identity, passport copies, photographs, etc.;
- i) have professional references;
- j) enclose fees.

References:

BAcC (2006) Code of Safe Practice. BAcC, 63 Jeddo Road, London W12 9HQ.

CNHC (December 2008). Code of Conduct, Performance and Ethics for Registrants. CNCH, 83 Victoria Street, London, SW1H 0HW.

Skills for Health

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