

Acupuncture in the U.K. Today: A Personal View

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When asked to write a short piece on the current state of the U.K. acupuncture profession, my first response was to say it has all been relatively quiet. However, my own association, the British Acupuncture Council (BAC), is just about to celebrate its 20th anniversary, and when we looked back at where we were in 1995, the picture has changed immensely. We were then still largely regarded as a novelty, members of an ex-hippy fringe who were trying to look professional. Of course, we were actually very professional, to the extent that when the Professional Standards Authority, the U.K. "super-regulator" launched its new Accreditation Scheme for Voluntary Registers in 2012, the BAC was one of the first two organizations to meet the criteria.

Herein lies the main issue, we are still a voluntary register and the acupuncture profession remains not regulated by statute, seen by many acupuncturists as the Holy Grail of the profession. When the osteopaths and then the chiropractors achieved statutory regulation back in the 1990s through the outmoded process of a Private Members Bill in Parliament, it was widely assumed that acupuncture would be the next profession in line. This was certainly the conclusion of a landmark report by the House of Lords Select Committee on Technology. A regulatory working group was established embracing all acupuncture practitioners, traditional and medical, to prepare a report which would enable the government to action a fast-track Section 60 Order and regulate the profession alongside the second tier healthcare providers like physiotherapists.

The report was duly prepared, alongside one from the Herbal Medicine Group and somewhat confusingly another from the Traditional Chinese Medicine (TCM) group (acupuncture and herbal medicine had thriving non-TCM traditions in the U.K. prior to TCM's emergence as the orthodoxy of Chinese medicine, and there were powerful commercial lobbies pushing for the separate recognition of Chinese practitioners). While this was under way, however, the reasons for regulating professions had started to shift. Professional recognition was no longer considered a valid reason to regulate a profession; levels of risk, accountability and the protection of the public became the main criteria. The Shipman case in 2000 and Dame Janet Smith's subsequent 2003 report heralded a major change in regulatory purpose, and the 2011 government report "Enabling Excellence" for emerging healthcare roles completed the shift. Risk became a central criterion, and when the Secretary of State pronounced in February 2012 that we were "robustly self-regulating," and had no plans for regulation in the near future, that was that. We are far too safe, too professional, and leaving aside a few wiseacres who suggested that a couple of deaths might forward our cause, that is where we now stand.

For many traditional acupuncturists, this was a bitter blow. Many of our own members regard this as a failure, rather than as a case of bad timing to be seeking an older form of recognition when the political tide was turning. For many, though, the issue lies in the fact that protection of title would have locked out the amateurs who, though reducing in number, still exist. More importantly it was perceived as a possible end to the cherry picking of traditional acupuncture by conventional medical professionals. The restriction to remain within scope of practice and only to use treatment where there was a recognized RCT-driven evidence base should have succeeded in closing off most interventions, but there has been a steady professional creep to include areas like fertility

treatment and other non-scope activities. Not unsurprisingly, many U.K. traditional acupuncturists looked with envy at the recent ruling in Wisconsin, which blocked chiropractors from using acupuncture. When we were as near as we were ever going to get to statutory regulation, though, the Health and Care Professions Council (through which we would have been registered) made it quite clear that there was no chance that they would prosecute a "medical acupuncturist" for misuse of title, since the legislation only forbids an "intention to mislead," and in their view this didn't.

There are at least 10,000 medical professionals of whom we are aware in professional associations, but an alarming number of osteopaths, chiropractors and podiatrists starting to use needles 'off the radar' with minimal training and, crucially, little instruction in safe needling and waste disposal. These numbers contrast with about 5,000 traditional acupuncturists, with the BAcC's 3,000 members making us the largest of the member associations. There are also about 10,000 microsystems practitioners, most of whom are using five point protocols in detox settings.

When you consider these numbers in the light of the 2.5 million healthcare workers in the U.K., many colleagues forget that we are still largely a fringe activity. The idea that the use of acupuncture outside traditional practice would either take business away from us or lead to a widespread public perception of acupuncture as dry needling has a touch of paranoia about it. This can often fuel panic reactions, and we try our hardest to keep a lid on this kind of attitude. We have seen the chiropractors and homeopaths in the U.K. take offence at being slighted by the medical orthodoxy, as they saw it ('bogus treatment' and similar), and both lost hugely as a consequence of taking on their opponents. As policy makers we tend to take the Godfather's view that we should keep our friends close and our perceived 'enemies' closer. We also believe that there may be a case that greater numbers using acupuncture of any kind create a climate of normalization; we have two or three cities in the U.K. which have disproportionate numbers of practitioners per head of population, Oxford and Brighton being two, but all seem to thrive because acupuncture's visibility suggests that it is a mainstream activity.

It would have been better for the U.K. profession had we spoken with one voice, and for a long time we did. After the Acupuncture Regulatory Working Group had done its job, there followed a period when groups pursued their self-interests with inevitable clashes. Thus the Acupuncture Stakeholders Group was formed, a forum of all acupuncture providers in the U.K. Meeting is very important; it is one thing to rattle off an abusive e-mail to an unknown author, but another thing entirely when you have "broken bread" with your correspondent. A great deal was done to achieve a form of political recognition, and we started also to undertake an innovative mapping exercise to place all levels of practice within the same overarching grid. Not only would this give the public a clear idea of who did what, but the rise of e-learning and modular training opened up a fascinating possibility of progression through levels of practice against agreed targets.

Well, you've guessed, it didn't quite go to plan. My association, as the largest body representing traditional acupuncture, was pointed towards the Privy Council and the possibility of a Royal Charter, a form of older-style professional recognition/regulation which offered a protected title in the form of 'chartered acupuncturist.' After a Stakhanovite effort we managed to line everything up to the point of the six-week period of 'gazetting', where the petition was in the public domain and after which it progressed smoothly to royal assent. On the very last afternoon, one of the smaller acupuncture bodies launched a late and unheralded objection as a counter-petition, mainly based on mistrust of the BAcC's influence and disagreement with our insistence on a degree-level training, and from then on the petition was doomed. The Stakeholder Group descended into a fractious and bad-tempered affair which finally fizzled out, and the mapping exercise was effectively torpedoed. Some form of phoenix may arise from the ashes, but at the moment there are

few hopeful signs.

More pressing practical concerns center on recent rulings by the Advertising Standards Authority on what could be said in marketing and advertising. The ASA governs all advertising within the U.K. and covers all therapies. Setting the bar high at RCT-driven evidence reduced us to citing only backache, dental pain and a few other conditions, so all the "we treat" lists vanished at a stroke. There are always ways to get around these kinds of restrictions, and we found them, but for many acupuncturists this remains a deeply-felt and personally targeted wound, even though every other healthcare practitioner faces the same restriction. When the scope of the ASA's jurisdiction extended to website materials, there were a few minor adjudications against individual practitioners, but generally the impact has been minimal. There were those of us who felt that talking in terms of named western conditions was a devil's bargain anyway, but there are times when it is best to keep quiet, and it is obvious that patients need this as a way-in to treatment.

More disturbing is an argument bubbling under the surface about what constitutes "traditional acupuncture." There is no doubt that in many quarters TCM is seen as the lingua franca of international acupuncture, and clear signs that the Chinese would like to see TCM as a style adopted as an international standard. Like U.S. practitioners, however, U.K. practitioners are an eclectic mixture of Worsley Five Element practitioners, Van Buren Stems and Branches practitioners, increasingly Matsumoto-oriented Japanese practitioners as well as the TCM practitioners and all manner of integrated combinations. For many of us, the critique offered by Mark Seem in 'Bodymindenergetics' over 20 years ago of TCM and its weaknesses in relation to handling many of the health problems within modern western culture still stands. Our own practices, which have followed Worsley and others into making more sense of the emotional and spiritual discontents of our patients, are getting closer to the point where I believe we might consider ourselves to be practising our own European or American version of Chinese acupuncture. As one of my patients asked, 'if you're the British Acupuncture Council, does that mean you practice British Acupuncture?' Good question!

This is necessarily only a very brief and outline account of what has been happening. We're probably in better shape as a U.K. profession than we realize. Our colleague Jasmine Uddin who represents us at the European Traditional Chinese Medicine Association often relays accounts of how we in the U.K. are perceived to be in the forefront of development of best practice. The BACC is committed to the relentless pursuit of excellence, and we need, I believe, something which the U.K. acupuncture profession as a whole could rally behind. Burying hatchets, and not in each other, will be necessary, but if we can focus people on 50 years from now, then we are talking about leaving a legacy which protects what we have all achieved rather than fritter away time in pointless disputes. If U.K. practitioners want their worst nightmare realized, the gradual absorption of a bastardized form of TCM in use within mainstream medicine, internecine strife is the way to achieve it.

Traditional acupuncture will always survive, and my own belief is that the rapprochement with the establishment in the vain attempt to seek national recognition and funding through the National Health Service has cost us dearly. The bio-medicalisation of training and research-mindedness has created a strange hybrid vocabulary of treating patients with dodgy spleens or livers, the car spares language of western medicine. I believe that we still have to work hard to re-acquaint our more recently graduated colleagues with the idea that this is a system of medicine which has a powerful ethical and ecological basis, an authentic holism which will be lost if it becomes reduced to another tool in the toolbox. Our experience with patients has always been that when we begin to educate as well as treat, it brings a deep sense of recognition, an expression of connections of which many were aware but could not articulate.

These are, though, my views, and if you ask the 3,000 BAAC members what they feel, you may well get 3,000 different answers – traditional acupuncture as a profession still seems to attract the mavericks, libertarians and free thinkers. Long may it be so!

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