

International Perspectives on Registration of Acupuncture

Recognition and registration of acupuncture in Belgium: a status quo

Tom Verhaeghe, ECTMA Executive Committee

The Colla Law of 1999 provides for registration of four non-conventional practices (homeopathy, osteopathy, acupuncture and chiropractic), with the aim to ensure patient safety. Each of the four practices has its own Chamber, providing advice to a Joint Commission and to the Minister that ought to be carried out before the beginning of 2014.

Homeopathy was discussed first. The Royal Decree of the Minister on the recognition of homeopathy is finished and can be found at www.homeopathyeurope.org/media/news/newsletter-26-july-2013/copy_of_regularisation-of-homeopathic-medicine-in-belgium.

Osteopathy practitioners have largely finished their meetings and have even had their hearing in the House of Representatives. A full report on this by Nathalie Muylle (Christian Democratic and Flemish) and Maya Detiège (Socialist Party Different) can be found at www.lachambre.be/FLWB/PDF/53/2644/53K2644002.pdf (French/ Dutch). Osteopaths are now waiting to see what the Minister will make of the opinions of the Chamber for Osteopathy and the parliamentary debate.

But what about the regulation of acupuncture?

THE CHAMBER FOR ACUPUNCTURE AND THE JOINT COMMISSION

The Chamber for Acupuncture has formulated six recommendations. An overview can be found at

www.health.belgium.be/eportal/Healthcare/healthcareprofessions/NonConventionalPractices/19083706_FR?ie2Term=acupunctuur&ie2section=83&fodnlang=fr#.UfzPaY0tR8F (French).

The first recommendation is about the appropriateness of the registration of non-conventional practices: 'The Chamber for Acupuncture recommends to the Joint Commission the registration of acupuncture as it is relevant.'

The second recommendation sets out the definition of non-conventional therapies: 'Acupuncture is a technique that is complementary to health care, which includes amongst others its historical roots in traditional Chinese medicine, and whose purpose is to achieve a therapeutic effect by stimulation of specific points on the human body using sterile needles.'

The third recommendation concerns the training needed to achieve the required profile in the practiced non-conventional practice and the following was unanimously voted for:

1. Non-physician acupuncturists:

Must have at least a Bachelor's or Master's degree in nursing or physiotherapy (at a future meeting the Chamber for Acupuncture will comment on the training necessary for the holders of a diploma of dentistry or midwifery to apply acupuncture).

Plus another minimum of 1500 hours spread over at least three years, with:

- at least 40 credit points on theoretical study; the program must, in addition to training in acupuncture, include the following courses: history of medicine, statistics, EBM, epidemiology, anatomy, physiology, scientific pharmacology, pathophysiology, psychology, psychiatry and sterility,
- a minimum 20 credit points on clinical practice, including an internship and a thesis,
- the training is to be concluded with a final exam.

2. MD acupuncturists:

Amazingly, MD acupuncturists proclaimed at this meeting that 192 hours is enough for them to study acupuncture and some other points (see full text). The Belgium Federation of Acupuncturists (EUFOM), Belgian Association of Acupuncturists Graduates China (ABADIC) and Belgian Acupunctors Federation (BAF) have not gone against this. They trust that the patients will be able to decide for themselves which acupuncturists have received robust training.

The fourth recommendation speaks out about continuing education: 'Continuing education must be accredited under the following conditions: adequately maintain medical records of all patients; at least once over a period of five consecutive years reaching a total of 500 patient contacts per year; provide proof of participation to 20 continuing education credits per year, equivalent to 20 hours per year; the continuing education must be accredited by an accreditation committee of peers.' MD acupuncturists were opposed to the 500 patient contacts per year, and voted

against the recommendation. However, it was resolved to be an absolute minimum (total votes: 6 for, 2 against, 1 abstention).

The fifth recommendation lists allowable and non-allowable actions. A lot of discussion went into this but it was eventually voted for unanimously. The following is the list of acts:

- Acupuncturists should not strive to unlawfully practice (as defined in Royal Decree 78 [RD 78]) medicine.
- Acupuncturists are to do an initial screening to determine whether the patient's complaint can be treated with acupuncture alone or if the help of a conventional physician should be invoked. The findings of this must be written down in the medical record 'Primum non nocere'.
- During treatment further examinations are to be carried out to investigate whether the complaint can be treated with acupuncture alone or with the help of a conventional physician. This should also be recorded in the dossier.
- The acupuncturist will not start or continue the treatment if the patient does not agree with the limitations of acupuncture and does not want to consult a conventional doctor.
- For each patient, the acupuncturist must keep a record for every treatment session that sets out the treatment plan based on the school of thought and theoretical framework in which he or she was taught.
- An acupuncture treatment should not be billed as a medical, physiotherapy, nursing, etc. procedure.
- The acupuncturist must deter from making unscientific claims and the patient should be adequately informed of their precise professional qualifications as caregiver.

Finally, the sixth recommendation is about the regulation for announcements: the Chamber for Acupuncture gives as advice to the Joint Commission that, concerning announcements, acupuncturists should respect the

medical ethics code that was developed by the National Council of the Order of Physicians, as well as the deontological code already prepared by BAF and EUFOM, supplementary to that.

These are the six recommendations that were all voted for in the Chamber for Acupuncture. The original texts can be found online (see previous link, in French and Dutch). These opinions went to the Joint Commission, which formulated four recommendations to the Minister. The Minister, of course, also reads the recommendations of the Chamber for Acupuncture.

Marc Mollekens, BAF president, provided us with reports from the Joint Commission. Their four recommendations are as follows:

- The practitioners of non-conventional practices should be insured against any possible damage caused to patients.
- There must be a medical committee that monitors the ethics of non-medical practitioners. This committee should include one or more delegates of each registered non-conventional practice. There should also be established a unitary organisation in order to disseminate to practitioners information about the profession, to monitor membership of a professional federation, to promote scientific research, and to monitor continuing education and acupuncture training courses.
- In the Commission's opinion, the registration of homeopathy, acupuncture, chiropractic and osteopathy is necessary, because it acts as a safety guarantee. Criteria are to be established by the various Chambers. The Joint Committee recommends that the RD 78 is extended and that transitional measures are necessary for those already in practice.
- The fourth recommendation is about announcements and publications and refers to the sixth recommendation of the Chamber for Acupuncture.

This concludes the report of the official meetings of the Chamber for Acupuncture and the Joint Commission.

In tandem with the meetings, we lobbied most of the political parties and their representatives responsible for decision-making regarding health care. Since university delegates often have to contend with the scientific claim that acupuncture is an unproven practice (and that all medicine practice should be evidence-based), we wrote a paper called 'Acupuncture: from proto-science to science', which contextualises scientific research into acupuncture, critically weighs how applicable principles of evidence-based medicine (EBM) are to a heterogeneous and pluralistic form of treatment like acupuncture, and finally summarises the scientific studies anno 2013. The paper shows that acupuncture in the context of chronic pain is more effective than placebo, comparatively scores better than some other (reimbursed and so-called evidence based) medical practices, is much safer than some other therapies, and finally is cost-effective in the treatment of chronic pain. The paper also indicates that the evidence base of acupuncture is increasing, and that we can expect to find more evidence in other treatment areas in the future. This paper is being translated into English and rewritten into a European format and will soon be made available to ETCMA (European Traditional Medicine Association) members for lobbying purposes.

We are now waiting for our Senate hearing, where we will present the paper and take an active role in the debate. After that it shouldn't take too long before the Royal Decree is published. Since the Minister followed the recommendations of the Chamber for Homeopathy when regulating homeopathy (as stipulated in the Colla Law of 1999) we trust that she will follow the recommendations of the Chamber for Acupuncture, which were outlined above.

Next time we hope to give you more and hopefully good news on the registration of acupuncture in Belgium.

About the Norwegian Acupuncture Association

Erik Nygaard

The Norwegian Acupuncture Association has, as of 31 December 2012, a total of 720 full members. The Association was founded in 2005 after a merger between the two largest associations in Norway at that time (Norwegian Society for Classic Acupuncture [NFKA] founded in 1978 and Norwegian Main Association of Acupuncturists [NAHO] founded in 1993). The Norwegian Acupuncture Association is the largest organisation for acupuncturists in Norway.

The members elect both the President and the members of the board at the annual General Assembly. In 2013 the board consists of: Cecilie Brewer (President), John Erling Håndstad (Vice-president), Lise Torp Hellum, Arne Kausland, Anne Uleberg and Nina Cathrine Skoglund. Deputy representative: Mai-Liss Molund. The Secretary General, Erik Nygaard, runs the Association's secretariat. In addition, two consultants are employed: Merete Lindén Dahle and Hege Damsgaard Helsing.

POLITICAL AIM

The Norwegian Acupuncture Association's principal aim is to have statutory regulation (authorisation) within a few years. We sent an application for authorisation to the Health Authorities in 2009 and are still waiting for the application to be answered.

EDUCATION

Basic training required for membership is 240 study points (four years full time study) of which 90 study points is in Western medicine. Students from the University College of Health Sciences Campus Kristiania are considered qualified for membership with the Association. In 2008 the University College of Health Sciences Campus Kristiania fulfilled the criteria for a Bachelor's degree in acupuncture.

LEGAL ASPECTS

In 2004 Norway got a new legal act related to alternative and complementary medicine. This act is very liberal and with few requirements. Therefore, we can say that Norwegian acupuncturists are mostly self-regulated through membership of the

Association. However, when it comes to marketing of alternative medicine, there are many strong restrictions in Norway.

REBATES

Acupuncture treatment is not funded in any way, so patients have to pay for the treatment themselves.

INTERNATIONAL AFFAIRS

The Norwegian Acupuncture Association has been a member of the World Federation of Acupuncture-Moxibustion Societies (WFAS) since 1987 and a member of the European Traditional Chinese Medicine Association (ETCMA) since 2007.

CHINESE HERBAL MEDICINE

There is, at the present, no tuition in Chinese herbal medicine at the University College of Health Sciences Campus Kristiania. This is due to the strict Customs and Excise regulations regarding import of herbs to the country. Nevertheless, the Association has about 20 members with an education in Chinese herbal medicine, with only a handful of these are active practitioners today.