

British Acupuncture Council Educational Standards

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BAcC Educational Standards

Input from:

- working party convened by Paul Blacker in September 2020
- Jonathan Pledger and CHAC
- Harriet Lansdown (lead Accreditation Officer of the BAAB)
- Stephen Rainbird (Membership Manager)

approved with minor changes by PSRC

awaiting approval by GB

BAcC Educational Standards

- Main changes to document
- Points of contention
 - Chinese medicine/TCM/East Asian Medicine
 - Informed and valid consent
- Removals
- Additions and changes and moved

Equality Act

BAC Educational Standards

- The original decision of the working party was that changes did not need to be substantial
- There are no changes to the headings of the six standards but content within each one may have been changed or moved

BAC Educational Standards – Title Change

Title changed from Standards of Education and Training for Acupuncture (SETA's) as too close to SETAP's. Now

BAC Educational Standards

BAcC Educational Standards – Contention

Chinese Medicine or TEAM or TCM

BACc Educational Standards – Contention

'Informed and valid consent'

Word 'informed' comes out as word '**valid**' is seen to encompass this.

When talking about patient consent, two separate issues are confused - '**valid**' consent, sufficient to defeat an accusation of battery, and '**informed**' consent, sufficient to defeat an accusation of negligent failure to inform or disclose

For consent to be valid, **it must be voluntary and informed**, and the person consenting must have the capacity to make the decision.

Consent - valid and informed - is a process, not a piece of paper.

BAcC Educational Standards - additions

- Educational levels.

Educational levels, as defined by the FHEQ, are a series of sequential stages (a developmental continuum) expressed in terms of a range of generic outcomes. The aim of educational levels is to promote a shared understanding of the demands and outcomes associated with each level in order to structure learning and assessment activities. Content may be at different levels depending on the specific approach of the course provider.

- Definition of contact hour

in direct contact with a member of staff of the course provider; **or working on aspects of the curriculum in a structured and interactive way.**

- Clinical Practice

Clinical practice is defined as any practice related to acupuncture in which students are in direct or interactive contact with patients. It therefore includes all the time that students are observing practitioners or other students in their work with patients irrespective of whether that is in the classroom, teaching clinic or in other healthcare settings, including the patient's home.

Clinical practice does not include practice in the classroom, for example, for practical anatomy, point location, needling or massage, where this is carried out on fellow students or staff. It also does not include the viewing and analysing of pre-recorded video recordings. **SETAP 5.0**

BAcC Educational Standards - additions

Statement of Practitioner Values

Culturally competent: where practitioners are sensitive to the cultural, religious and ethical differences of their patients **and the requirements of the Equality Act (2010)**, and able to use different ways of talking, interacting with and informing patients, using language that is both accessible and non-judgemental.

- Also in Cl.1

Equality Act 2010

The **Equality Act 2010** legally protects people from discrimination in the workplace and in wider society.

There are nine protected characteristics:

- age.
- disability.
- gender reassignment.
- marriage and civil partnership.
- pregnancy and maternity.
- race.
- religion or belief.
- sex.

BACc Educational Standards - additions

Scope of Practice

Primary health care (PHC) describes the range of healthcare providers who work in the community and can manage the first contact a person has when they have a health problem or issue that is not an emergency. PHC is people-centred rather than disease-centred. Acupuncture may be considered a primary health care profession that emphasises, but is not limited to, the use of holistic Chinese medical theory, art and science

BAcC Educational Standards - additions

Scope of Practice

WHO text on PHC we chose to leave out.

Primary health care (PHC) addresses the majority of a person's health needs throughout their lifetime. This includes physical, mental and social well-being and it is people-centred rather than disease-centred. PHC is a whole-of-society approach that includes health promotion, disease prevention, treatment, rehabilitation and palliative care.

BAcC Educational Standards - removed

The section on 'Guidance and Advice on teaching and learning strategies has been removed as this is more relevant to the BAAB Accreditation Handbook. It is for institutions to justify their ways of working according to best practice.

BAcC Educational Standards -changed

Diagnosis and treatment: main statements addition

By the end of the course student practitioners will be able to:

- make a diagnosis according to Chinese Medicine principles of pathological change and formulate an appropriate treatment plan and strategy
- understand overall biomedical diagnoses, test results and treatments
- treat patients using acupuncture and other techniques in which they are trained

BAcC Educational Standards –changed or added

- Diagnosis and treatment: changes under overall heading

DT1 Student practitioners gather **clinical** information ~~from patients~~ using the **traditional** ‘four examinations’ (~~si zhen~~) **including the patient’s full medical history and current medication.**

DT3 Student practitioners formulate a treatment strategy, treatment plan and method of treatment that meets the specific needs of each patient ~~and aims to harmonise their qi~~

BAcC Educational Standards –changed or added

- Diagnosis and treatment: changes to indicative content

DT1 medical history: personal, familial and social situation, work and rest, mental health, diet, gynaecological history, **medication, general wellbeing**

DT3 ~~'dispel evil support right'~~ changed to **'expel pathogen support upright qi'**

BACc Educational Standards – moved and additions

DT3

- critically evaluate and utilize information from other diagnostic systems to inform understanding of the patient and immediate actions
- interpret information from other medical models carefully and within limits of competence and with the best interests of the patient in mind
- integrate the biomedical viewpoint and how this can translate into a Chinese medical perspective to effectively plan treatment
- surface and internal anatomy and physiology
- biomedical and clinical terminology, differences in language of other medical models
- the biomedical manifestation, progression, causality and treatment of disease and conditions; general knowledge of medication, interactions and issues of withdrawal; medical tests and investigations, implications of results and key sites for gaining accurate information
- biomedical 'red flags' and processes for referral of emergencies both physical and psychological
- biomedical knowledge of changing physiology eg infants and pregnant women, the elderly
- **clinical skills, eg blood pressure**
- notifiable diseases and process of notification
- food supplements, scope of other complementary medicines

BAcC Educational Standards –changed or added

- **PD4** Student practitioners ~~contribute to the research base of the profession~~ critically engage with the evidence-base of our profession ~~and the growth and development of the profession as a whole~~

Under content has been added ‘current NICE Guidelines’

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- religion or belief.
- sex.

Gender-inclusive language

What triggered my interest

A case study in an examination that used the non-gendered pronoun of they/them as opposed to he/him or she/her.

I wondered whether the lack of knowledge of the sex of the patient would have changed the diagnosis and/or treatment

UNITED NATIONS

Gender-inclusive language

Using gender-inclusive language means speaking and writing in a way that does not discriminate against a particular sex, social gender or gender identity, and does not perpetuate gender stereotypes. Given the key role of language in shaping cultural and social attitudes, using gender-inclusive language is a powerful way to promote gender equality and eradicate gender bias.

Gender-inclusive language

Findings reveal that women value practitioners who take a non-judgemental approach, use inclusive language and are knowledgeable or willing to self-educate about LGBTIQ issues. Practitioners describe prioritising visual indicators of inclusivity, using inclusive language and embracing professional development.

Ruby Grant, Meredith Nash & Emily Hansen (2020) What does inclusive sexual and reproductive healthcare look like for bisexual, pansexual and queer women? Findings from an exploratory study from Tasmania, Australia, *Culture, Health & Sexuality*, 22:3, 247-260, DOI: [10.1080/13691058.2019.1584334](https://doi.org/10.1080/13691058.2019.1584334)

Sex and gender

Health is determined by the biology of being male or female and the social context of gender

McGregor, A.J., Choo, E.K. and Becker, B.M. eds., 2016. *Sex and gender in acute care medicine*. Cambridge University Press.

The health of both sexes is influenced by biological factors including, but not confined to, their reproductive characteristics

Doyal, L., 2001. Sex, gender, and health: the need for a new approach. *Bmj*, 323(7320), pp.1061-1063.

the genetic, [epigenetic](#), and hormonal influences of biological sex influence physiology and disease, and how the social constructs of gender affect the behaviour of the community, clinicians, and patients in the health-care system and interact with pathobiology.

Mauvais-Jarvis, F., Merz, N.B., Barnes, P.J., Brinton, R.D., Carrero, J.J., DeMeo, D.L., De Vries, G.J., Epperson, C.N., Govindan, R., Klein, S.L. and Lonardo, A., 2020. Sex and gender: modifiers of health, disease, and medicine. *The Lancet*, 396(10250), pp.565-582.

In small groups consider the following question:

In what way are you already or are you considering what gender-inclusive language you use, spoken or written. What are the aspects we need to take into account?