

Acupuncture Education Standards in Australia: A Critical Review

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ABSTRACT

The implementation of the National Registration and Accreditation Scheme for the Health Professions incorporates the registration of acupuncturists under the Chinese Medicine Board of Australia from 1 July 2012. Other registered health professionals will still be able to use the title acupuncturist if their board determines that they are suitably qualified to have their registration endorsed for acupuncture. This paper aims to identify the various education and training standards underpinning the practice of acupuncture among the health professions in Australia and create a reference point to determine the impact of registration on future acupuncture education standards. A literature search was conducted to identify scholarly works on acupuncture education standards as well as a search of standard setting bodies and course providers. Results were tabulated for comparison. There is very little literature on acupuncture education standards in Australia despite its practice by a diverse range of health professions. Acupuncture practitioners can be categorised into four groups: Chinese medicine practitioners, medical practitioners, registered allied health practitioners and non-registered health practitioners. The highest education standards are demonstrated by Chinese medicine practitioners who typically complete at least a four year undergraduate degree, whereas the latter two groups appear to favour two or three day continuing professional development courses despite the availability of post-graduate programs. The standards for medical practitioners are obscured by a non-transparent accreditation process. Restriction of title registration in Victoria has coincided with a trend for these short courses to be described as 'dry needling' rather than acupuncture, thus circumventing the education standards, regulatory processes and protection of public health and safety which underpins occupational regulation. National boards will need to collaborate and carefully consider their acupuncture accreditation standards if they are to fulfil the objectives of the National Registration and Accreditation Scheme.

KEYWORDS acupuncture, dry needling, Chinese medicine, education standards, regulation, Australia.

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Introduction

The National Registration and Accreditation Scheme for the Health Professions (NRAS) was established by the Council of Australian Governments (COAG) to create a single scheme to register health professions nationally.¹ From 1 July 2010 chiropractors, dentists, medical practitioners, nurses and midwives, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists, and psychologists moved from State based registration to the NRAS. Four additional professions will be included from 1 July 2012, namely Chinese medicine practitioners (including acupuncturists); Aboriginal and Torres Strait Islander health workers; medical radiation practitioners; and occupational therapists. The primary objective of the NRAS is to protect public health and safety by ensuring that only ethical, suitably trained and qualified practitioners are registered to practise.² A further objective is to foster a high standard of education and training among health practitioners.² Under the scheme accreditation authorities recommend accreditation standards to the national boards for approval, and assess education programs against approved accreditation standards.³ Currently there is no functional national accreditation authority for acupuncture, with acupuncturists registered in only one State, Victoria.

From 1 July 2012 the use of the title acupuncturist will be restricted outside of Victoria for the first time. Restriction of title allows the public to identify practitioners who are qualified to practise safely and competently while prohibiting those who are not registered from using the title.^{4,5} Only suitably registered or endorsed practitioners will be able to use the title acupuncturist or hold out to practise acupuncture.⁵ Accreditation standards will need to be approved by the Chinese Medicine Board of Australia (CMBA) in order to register practitioners.⁵ In addition to the CMBA accreditation standard, each of the other thirteen health boards may also set a standard to endorse their practitioners for the practice of acupuncture.⁵ The Health Practitioner Regulation National Law Act 2009 (National Law)⁵ requires wide ranging consultation be undertaken in the development of an accreditation standard. Informed consultation is difficult without a review of the similarities and differences in the acupuncture education of the various occupational groups who seek to hold themselves out to the public as safe and competent acupuncturists.

In response, this paper reports the results of a critical review of the education standards underpinning the current practice of acupuncture in Australia. This review aims to identify the range of practitioners currently practising acupuncture in Australia; to identify the education standards underpinning their practice; and to create a reference point against which the success of the NRAS's goal of fostering high education standards

can be compared. This review also aims to inform registration boards, accreditation authorities and health policy makers on their deliberations regarding future accreditation standards.

ACUPUNCTURE IN AUSTRALIA

Acupuncture is currently being practised in Australia with varying degrees of education and training by acupuncturists, medical doctors, physiotherapists, chiropractors, osteopaths, podiatrists, nurses, massage therapists and other unregulated health practitioners.⁶ Acupuncture is one of the most popular and successful complementary and alternative medicine treatments used in Australia.⁷ It is estimated that 10.2 million acupuncture treatments are carried out annually in Australia, the majority of these provided by acupuncturists rather than medical doctors or other health professionals.⁸ Acupuncture is the main practice of Chinese medicine used in Australia, rising to prominence with the development of formal training courses in the 1970s.⁹ Most practitioners and teachers were non-Chinese,¹⁰ however immigration from Vietnam and China since the 1980s has altered the cultural mix of the profession in Australia.¹¹⁻¹³ The result has been an increase in the popularity of Chinese herbal medicine¹³ and an increased proportion of Chinese and Vietnamese migrants comprising the Australian acupuncture and Chinese medicine workforce.¹⁰

Acupuncture became a registered profession in Australia following the passage of the Chinese Medicine Registration Act 2000 (CMRA) in the State of Victoria. Practitioners in Victoria have been registrable as an acupuncturist, a Chinese herbal medicine practitioner, and/or a Chinese herbal medicine dispenser, depending upon their qualifications.¹⁴ Other registered health professionals in Victoria who also practise acupuncture are not required to register with the Chinese Medicine Registration Board of Victoria (CMRBV), as legislation enables their own board to assess their acupuncture education and instead endorse them as an acupuncturist.¹⁵ Outside Victoria the practice of acupuncture has continued without statutory regulation or any restriction on the use of the title 'acupuncturist'¹⁶; however this will end on 1 July 2012 when the jurisdiction of the CMBA commences under the NRAS.¹⁷

Methods

An initial search was conducted of the University of Queensland (UQ) library catalogue and online journals. The keywords 'acupuncture', 'education', 'regulation', and 'Australia' were used to identify relevant literature. Of 258 results only two papers referred to education standards.^{7,13} An additional search using the same keywords was conducted using Medline resulting in 28 results. None of these results contained education standards for acupuncture. The same search was repeated on Web of Knowledge with 13 results, none relevant

to education standards. The A+ Education database was searched for 'acupuncture', 'education' and 'Australia' revealing one result which was a phenomenographic study.¹⁸ The search was widened to include the terms 'myofascial', 'dry needling' and 'education'. This combination resulted in 67 results from UQ, none of them referring to education standards and 182 results from Medline, none referring to education standards. No date restriction was applied as historical standards were also of interest. Default search options were used for all databases. Most of the excluded results referred to clinical practice, risks or clinical research.

The lack of literature on acupuncture education standards in Australia led to a search for source documents from standards-setting bodies. The Australian Health Practitioner Regulatory Agency (AHPRA) website was searched for standards and consultations for each of the ten registered professions resulting in one consultation standard.¹⁹ The CMRBV website was searched for content relating to education standards resulting in the identification of another standard²⁰, and inferences on the standards applying to other registered professions in Victoria. Websites of other health professions in Victoria ceased to be available from 1 July 2010, so the Wayback Machine internet archive (<http://www.archive.org/web/web.php>) was used to search copies of the chiropractic, medical and physiotherapy registration board websites for annual reports and standards regarding acupuncture endorsement, revealing the chiropractic and medical standards. The websites of peak professional associations representing Chinese medicine practitioners, natural therapists, massage therapists, physiotherapists, chiropractors, osteopaths, nurses and podiatrists were examined for either explicit standards for acupuncture or for advertisements for acupuncture courses. Explicit standards were only identified for the Australian Acupuncture and Chinese Medicine Association (AACMA).²¹ The Australian Natural Therapists Association has published a recognised course list and general guidelines on course duration, content and mode of delivery.²² The Australian Traditional-Medicine Society has a recognised course list²³ but no explicit details on standards. Of the remaining professions searched recommendations for the duration and content of training programs could be identified for The Australian Association of Massage Therapists (AAMT)²⁴ and the Australian Physiotherapy Association (APA)²⁵. Nurse's professional indemnity insurance policies covered acupuncture but no education standards were identified.²⁶ Advertisements for acupuncture and or dry needling courses were located on the websites of the Australian Osteopathic Association²⁷ and the Australian Podiatry Association²⁸ but no explicit standards were identified.

Private health funds and Medicare Australia are third party payers who tie education standards to provider status.

Medicare Australia and the three largest private health insurers' web pages were searched to identify standards for provider recognition.²⁹⁻³² A Google search for 'acupuncture courses' 'dry needling courses' and 'myofascial dry needling courses' was conducted with results limited to Australia to identify courses and training providers which are offered outside of a regulatory framework. Twelve distinct courses were identified of mainly two or three days duration,³³⁻⁴¹ with one four day course⁴² and two five day courses.^{43,44} Myotherapy courses at advanced diploma⁴⁵⁻⁴⁸ and degree level⁴⁹ were also identified.

Standards were collated in a table to allow for comparison by criteria common to each (see Table 1). In addition the *World Health Organization Guidelines for Basic Training and Safety in Acupuncture* (WHO GBT)⁵⁰ has been used for comparison to give an external reference point to Australian standards. Courses delivered outside of a statutory regulatory framework provided evidence of the minimum training underpinning acupuncture practice in their target markets (see Tables 2 and 3).

Results

The mixed regulatory environment of acupuncture practice in Australia means that the impact of a given standard varies, depending upon the profession practising it and the jurisdiction in which acupuncture is practised. Results of this review are organised to reflect this mixed environment and presented in the order as follows: the only existing national standard, standards in Victoria where acupuncture is a registered profession, and education standards developed by professional associations applied in the self-regulatory environment outside of Victoria. Standards developed by private health insurers and Medicare are also reported as they impact both within Victoria and the rest of Australia. Finally, the World Health Organization's standard is presented for comparison.

AUSTRALIAN GUIDELINES FOR TRADITIONAL CHINESE MEDICINE EDUCATION (AGTCME)

In March 1998, the Australian Acupuncture and Chinese Medicine Association convened the National Academic Standards Committee for Traditional Chinese Medicine (NASC).⁵¹ The objective of the NASC was to develop curriculum guidelines for acupuncture and traditional Chinese medicine courses in anticipation of the needs surrounding the imminent passage of the Chinese Medicine Registration Act in Victoria.⁵¹ Prior to this the AACMA had developed the *National Competency Standard for Acupuncture* 1995 (NCS).⁵² Although the NCS determined that acupuncture programs should be at Australian Qualifications Framework level 7 (bachelor degree), the NCS was not a curriculum guideline and sought more to identify the scope of practice of acupuncturists in Australia.⁵³

TABLE 1 Acupuncture Education Standards in Australia: A Comparison

Standard setting body	Undergraduate level of qualification	Graduate-entry level of qualification where specified	Usual minimum duration	Biomedical Sciences	Acupuncture Theory
National Academic Standards Committee for Traditional Chinese Medicine (NASC) ⁵¹	Bachelor Degree	Must meet undergraduate outcomes	4 academic years; 2500 hours	20–35% 750 hours±	30–35% 750 hours±
Chinese Medicine Registration Board of Victoria ⁵⁵⁻⁵⁷	Bachelor Degree		4 years full-time (8–10 semesters)	20–35%	30–45%
		Must meet undergraduate outcomes	4–5 semesters full-time equivalent	Should have same proportion as undergraduate course with RPL for content covered in prior health studies.	
Australian Acupuncture and Chinese Medicine Association ²¹	Bachelor Degree	Must meet undergraduate outcomes	4 years full-time	Conforms with NASC criteria	
Australian Natural Therapists Association ²²	Advanced Diploma; additional criteria apply for degree programs ²²	Not specified for entry-level qualifying award	3 years full-time; 2600 hours; up to 1200 hours may be off campus.	800 hours	1000–1200 hours
Bupa Australia ³⁰	Bachelor Degree	No separate standard specified	4 years full-time		
Medibank Private ³¹	Not prescribed directly. Under rule 10 of the Private Health Insurance (Accreditation) Rules practitioner must be a member of a specified professional association. Educational standard varies between acceptable associations from Advanced Diploma to Bachelors Degree to graduate entry Masters degree. ²¹⁻²³				
Medicare ²⁹	Item 173. Must be registered Medical Practitioner. No acupuncture education required to claim item 173.				
	Items 193, 195, 197 and 199. No educational standard specified; require a registered medical practitioner to be accredited by the Joint Consultative Committee on Medical Acupuncture (JCCMA) or the RACGP. Either of the two courses below is usually required for JCCMA accreditation.				
	Graduate Certificate in Medical Acupuncture Monash University ^{65,66,77}		12 months part-time off campus; 640 nominal hours.	25%	25%
	The Australian Medical Acupuncture College (AMAC) Qld & NSW combined course ^{66,77}		10 months; 40 contact hours.	40 hours formal lectures and teleconference; 180 hours self-directed learning, assignments and case studies; 30 hours mentorship.	
World Health Organization: Guidelines on Basic Training and Safety in Acupuncture ⁵⁰	This level is for non-medically trained acupuncturists.		2 years full-time; 2500 hours	500 hours	1000 hours
	This level is a full training course for medical practitioners		1500 hours		500 hours
	This level is for medical practitioners who wish to use acupuncture as a technique in their clinical work		not less than 200 hours		not specified

TABLE 1 CONTINUED Acupuncture Education Standards in Australia: A Comparison

Clinical Theory & Training	Supervised Clinical practicum included	Example of Course which meets criteria	Comments	Standard setting body
25-35% practical studies and clinical practicum; 750 hours±		NASC does not accredit courses.	+250 hours professional issues, et cetera; must be substantially face to face delivery	National Academic Standards Committee for Traditional Chinese Medicine (NASC) ⁵¹
25-35%	500-800 hours (30%)	Bachelor of Health Science (Acupuncture and Chinese Manual Therapy); 4 years full-time; RMIT University	+5-15% professional issues Must be substantially face to face delivery.	Chinese Medicine Registration Board of Victoria ⁵⁵⁻⁵⁷
See previous column	300-640 hours (at least 80% of undergraduate requirements)	Master of Applied Science (Acupuncture) by coursework; 3 years part-time; RMIT University	Must be substantial face to face delivery	
Conforms with NASC criteria		Bachelor of Health Science in Traditional Chinese Medicine; 4 years full-time; University of Technology, Sydney (acupuncture and herbal medicine)	Must be substantially face to face delivery	Australian Acupuncture and Chinese Medicine Association ²¹
600 hours	400 hours on campus; 200 hours off campus.	Advanced Diploma of Acupuncture and Oriental Therapies; 3 years; Australian College of Eastern Medicine; Not a VET-accredited program ⁸²	Must be more than 54% on-campus delivery.	Australian Natural Therapists Association ²²
		Bachelor of Health Science (Acupuncture); 4 years full time; Endeavour College of Natural Medicine, Brisbane	Must be substantially face to face delivery	Bupa Australia ³⁰
		Advanced Diploma of Acupuncture; 3 year full-time; Australian Institute of Applied Sciences, Brisbane		Medibank Private ³¹
25%	25% (1 out of 4 subjects) 30 specified hours. Level of supervision unspecified.		100% of 3 out of 4 subjects assessed by journal keeping.	Medicare ²⁹
not specified				
500 hours	500 hours			World Health Organization: Guidelines on Basic Training and Safety in Acupuncture ⁵⁰
500 hours	500 hours			

TABLE 2 Minimum Level of Training Undertaken for the Practice of Acupuncture by Various Health Professions

Occupation	Course Type	Usual Duration	Comments
Chiropractic	Various CPD* courses ^{33-35,37-39}	2 or 3 day courses	
Nursing	Various CPD courses ^{33,41}	2 or 3 days	Only one course markets to nurses by name. ⁴¹
Osteopathy	Various CPD courses ^{33-35,37-39}	2 or 3 day courses	Gemt course ³⁹ advertised on Australian Osteopathic Association website.
Physiotherapy ²⁵	Dry needling or western acupuncture (CPD) ^{34,35,38,39}	2 days 16 contact hours	Courses approved by the Australian Physiotherapy Association
	Traditional acupuncture (CPD)	150 hours	No courses meeting this criterion were identified.
Podiatry	Acupuncture for Podiatrists (CPD) ^{33,34,36,41}	2 days	Artisan Orthotics course ³⁶ advertised on Australian Podiatry Association website. ²⁸
Massage Therapy	Various CPD courses ^{33,40}	2 -3 days	Allied Soft Tissue course ³³ advertised in Australian Association of Massage Therapists journal. ⁷⁰
Myotherapy	Advanced Diploma Remedial Massage (Myotherapy) ⁴⁵⁻⁴⁷	2.5 years full-time	Acupuncture content varies with programme. E.g. 2 units out of 49 in one Advanced Diploma. ⁴² 93 hours (3 units) in 4 year Bachelor degree. ⁴⁹
	Bachelor of Health Science Clinical Myotherapy ⁴⁹	4 years full-time	
Naturopathy and other unregulated health professions	CPD course ³³	2 days	Not marketed to by name but meet course eligibility criteria.

In 2001, the NASC published AGTCME which determined that the minimum education standard to achieve the necessary graduate outcomes in acupuncture is a bachelor degree in acupuncture-moxibustion, or a combined acupuncture and Chinese herbal medicine degree. A suitable degree in acupuncture alone would nominally be of at least four years duration, consist of approximately 2500 hours of instruction and be delivered substantially in face to face mode. For further details see Table 1. Graduate entry programs which met the guidelines would also be acceptable.⁵¹ A review of the guidelines is currently underway.⁵⁴

VICTORIA

In Victoria first the CMRA and now the Health Professions Registration Act 2005 (HPRA)¹⁵ which succeeded it require the CMRBV to develop and administer standards for course accreditation. A graduate of an approved course is eligible for registration without having to sit an examination.⁵⁵ The CMRBV's Guidelines for the Approval of Courses of Study in Chinese Medicine (GAC) set the minimum entry level for undergraduate courses at four years full-time study with at least 500–800 hours of supervised practical clinical training.²⁰ The recommended breakdown of the program is similar to AGTCME (see Table 1) which informed the development of

the GAC.²⁰ Courses are to be conducted substantially by face to face mode of delivery.²⁰ Unlike the AGTCME, the CMRBV has developed specific guidelines for graduate entry programs which may be undertaken by a graduate from a health discipline other than Chinese medicine (See Table 1).⁵⁶ Flexible delivery may be considered due to the improved learning ability of a graduate compared to an undergraduate.⁵⁶ The CMRBV has approved four undergraduate programs and two graduate entry programs (one in acupuncture and one in Chinese herbal medicine) under these criteria.⁵⁷ At 30 June 2010, there were 1107 registered Chinese medicine practitioners in Victoria, 97% of which were registered as acupuncturists and 62% registered in both acupuncture and Chinese herbal medicine.⁵⁸

In Victoria it is an offence under section 80(2) of the HPRA to use a registered title or hold out to be a registered practitioner unless registered or endorsed to use that title. Section 28 of the HPRA excludes chiropractors, dentists, medical practitioners, nurses, optometrists, osteopaths, physiotherapists and podiatrists from these provisions if their respective Board is satisfied that the practitioner is qualified in the practice of acupuncture.¹⁵ There is no requirement for these Boards to consult with the CMRBV on education standards. The CMRBV notes that most Boards have undertaken consultation

TABLE 3 Short Courses in Acupuncture & Dry Needling Offered in Australia

Course Provider	Duration	Marketed to (from course webpages)
Allied Soft Tissue ³³	3 days	Massage therapists with HLT50302/HLT50307 & WA0350 or equivalent diplomas. Any other health professionals
Artisan Orthotic Laboratory ³⁶	2 days	Podiatrists
Australian College of Sports Therapy ⁴²	4 days	Doctors, chiropractors, physiotherapists, osteopaths, remedial therapists and anyone with a background in health sciences who want to better serve their patients.
Biomedical Acupuncture Institute ³⁷	100 hours, including pre-reading & 3 day course	Medical doctors, osteopaths, chiropractors, physiotherapists
Clinical Edge ³⁸	2 days	Physiotherapist, osteopath, chiropractor or exercise sports scientist. Same trainer as Dry Needling Plus
Combined Health ³⁴	2 days	Physiotherapy, medical practitioner, osteopathic, chiropractic or podiatry registration
Dry Needling Plus ³⁵	Pre-reading and 2 day course	Physiotherapy, osteopathy, chiropractic or sports medicine.
Esperance Physiotherapy ⁴¹	2 day course	Participants must have at least a 4 year science degree in a related health profession e.g. physiotherapy, chiropractor, nurse or doctor.
GEMT ³⁹	3 day course	Physiotherapists, osteopaths, physical therapists, chiropractors and is appropriate for GP's and sports physicians who have an interest in treating musculo-skeletal conditions.
Melbourne Institute of Massage Therapy ⁴⁴	40 hours (2x2.5 days)	Must have a diploma of remedial massage qualification
Myofascial Pain Study Centre ⁴³	5 days	Introduction to Myofascial Pain Management including Dry Needling for Physiotherapists
Subiaco Sports Massage Clinic ⁴⁰	2 days	Qualified remedial therapists

anyway and applied a similar standard to the CMRBV's for endorsement in acupuncture.^{58,59} A notable exception is the Chiropractors Board of Victoria⁵⁹ which reduced its standard between 2007 and 2008 from the Master of Applied Science (Acupuncture) at RMIT University (RMIT) to the Graduate Diploma in Acupuncture at RMIT.^{60,63}

The other exception in Victoria is medical practitioners.⁵⁹ The Medical Board of Victoria did not set an education standard for acupuncture endorsement directly, rather it accepted either of the courses approved by the Joint Consultative Committee for Medical Acupuncture (JCCMA), or qualifications acceptable to it by a specialist college.⁶⁴ The JCCMA courses are an externally delivered Graduate Certificate in Medical Acupuncture from Monash University⁶⁵ and a 40 contact hour course over 10 months called the Australian Medical Acupuncture College (AMAC) Qld & NSW combined course⁶⁶ (see Table 1). This is the same standard required for Medicare payments for acupuncture items 193–199.⁶⁷

DRY NEEDLING IN VICTORIA

Acupuncture is also practised in Victoria by other occupational groups under the term 'dry needling'.⁶ According to the Melbourne Institute of Massage Therapy (MIMT), 'Dry needling focuses on the deactivation of myofascial trigger points (MTrPs). Using single fine needles, the same needles that are used in acupuncture...'.⁴⁴ The MIMT offers a 40 hour course on dry needling to students with a Diploma of Remedial Massage.⁴⁴ Myotherapists complete either a two and one-half year full-time Advanced Diploma in Remedial Therapies⁴⁵⁻⁴⁸ or a four year Bachelor of Health Science – Clinical Myotherapy⁴⁹, each which entails two or three units^{45-47,49} in musculoskeletal acupuncture under the label 'dry needling'⁴⁶, 'myofascial needling'⁴⁷, or 'myofascial dry needling'^{45,49}.

Short courses in musculoskeletal acupuncture under the term 'dry needling' are usually of two or three days duration and are also marketed to osteopaths, chiropractors, nurses, physiotherapists, medical practitioners, podiatrists, massage

therapists and other unregulated health professions³³⁻³⁹. The term 'dry needling' is not a protected term under section 80(2) of the HPRA, so provided the practitioner is not deemed to be holding out to practise acupuncture the practitioner is exempt from both the punitive and regulatory provisions of the HPRA. A similar paradox will persist under the National Law⁵ when Chinese medicine is registered nationally.

STANDARDS OUTSIDE OF VICTORIA

The ten existing nationally registered health professions have the authority to develop criteria and endorse their registrants for acupuncture under section 97 of the National Law.⁵ Boards are required to consult widely when developing an accreditation standard under section 40.⁵ Only the Medical Board of Australia has commenced consultation on acupuncture endorsement ahead of the appointment of the CMBA.¹⁹ Professional associations, private health insurers, Medicare and course providers are otherwise the standard setters in the remaining States and Territories.

PROFESSIONAL ASSOCIATIONS

The largest acupuncture association in Australia is the AACMA.⁷ The AACMA requires a four year bachelor degree as the minimum standard for acupuncture accreditation. In addition the course must substantially be taught in face-to-face mode (not distance or flexible delivery).²¹ AACMA has accredited 11 Bachelor degree programs across Australia (some now discontinued) which lead to acupuncture accreditation with the association.²¹ AACMA has not accredited any graduate entry programs.²¹ In 2010, it had 1740 accredited members.⁶⁸

The Australian Physiotherapy Association (APA) established the Acupuncture and Dry Needling Group (ADNG) in 2007.²⁵ The predecessor of ADNG was the Acupuncture Study Group established in 1979 based in NSW. The Acupuncture Study Group... 'has successfully trained over a thousand physiotherapists via the APA Level 1 and Level 2 Traditional Acupuncture courses'.²⁵ The ADNG differentiates training standards for dry needling, western acupuncture and traditional acupuncture.²⁵ Suggested training varies from two days for dry needling to 150 hours for the level one traditional acupuncture course. Thirty hours of continuing education in acupuncture over three years is recommended following each course to maintain competence.²⁵

The AAMT is the peak body representing massage therapists with approximately 6500 members in 2008.⁶⁹ AAMT has not prescribed education standards for the practice of acupuncture but has developed a Position Statement and Practice Guideline for Myofascial Dry Needling (PSMDN).²⁴ The PSMDN identifies that dry needling is outside of the general scope of remedial massage, but can be provided with adequate training.

AAMT specifically recommends that members should have at least a diploma of massage, and that training should include infection control, occupational health and safety issues as well as relevant government regulations. A three-day dry needling workshop is advertised on the opposite page to the guidelines.⁷⁰

PRIVATE HEALTH INSURERS

Private health insurers were required to implement Rule 10 of the Private Health Insurance (Accreditation) Rules 2008 (PHIAR)⁷¹ from 1 July 2009. The PHIAR enacted quality and safety requirements for private health fund providers.⁷¹ Rule 10 specifically applies to providers who are not regulated by Medicare or a centralised body and specifically included complementary therapists.⁷¹ Providers now have to be members of a national professional association which: assesses members training and education; administers a compulsory continuing education scheme; maintains a code of conduct; and administers a formal disciplinary mechanism.

The standards which individual insurers have applied for compliance with Rule 10 vary between insurers. Bupa Australia (BUPA) and Medibank Private (Medibank) are the largest private health insurers in Australia with a market shares of 27.1% and 31.3% respectively.⁷² The next largest insurer is The Hospitals Contribution Fund of Australia Ltd/Manchester Unity (HCF) with a market share of 10.3%.⁷² BUPA requires acupuncturists to be a member of one of three specified associations and have a bachelor degree which broadly complies with the AGTCME (see Table 1).³⁰ Medibank does not prescribe any academic qualifications and requires membership of any one of eight associations.³¹ The education standard for membership of these associations varies from an advanced diploma^{22,23} to bachelor degree²¹ to graduate entry master degree²² depending on the association. HCF requires the same bachelor degrees as BUPA and membership of one of five associations.³² The effect of the diverse standards applied between the major insurers means that patients of acupuncturists with qualifications below a bachelor degree have not been eligible for health fund rebates from BUPA Australia or HCF (nearly 40% of the market) unless the acupuncturist was already a provider before the implementation of Rule 10. Graduates of sub-degree programs may be attracted to Medibank's members choice program (a preferred provider scheme)⁷³ in order to increase the proportion of these clients in their practice.

MEDICARE AND MEDICAL PRACTITIONERS

Medicare payments are available for acupuncture services provided by medical practitioners under Medicare Items 173, 193, 195, 197 and 199.²⁹ Medicare sets no education requirements for acupuncture training for medical practitioners to be eligible to provide services under item 173. Eighty-one thousand seven hundred and forty-eight (81 748) services at

a cost of \$1.9 million were provided nationally by medical practitioners under item 173 in the 2009-2010 financial year.⁷⁴ Items 193–199 pay a higher rebate than item 173, with 456 037 services at a cost of \$20.9 million provided under these items in the same period.⁷⁴ To be eligible for items 193–199 Medicare requires doctors to be accredited by the JCCMA.²⁹ The JCCMA is a six person committee drawn from AMAC, The Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine.⁶⁶ The JCCMA recognises the same two courses required for acupuncture endorsement in Victoria. To be accredited by the JCCMA medical practitioners must also pass part one of the Australian Medical Acupuncture College Fellowship exam (FAMAC) conducted by the AMAC.⁶⁴ The AMAC was established in 1973, has 600 members and administers its own course and the FAMAC exam.⁷⁵

Accreditation standards must be developed in a transparent, accountable, efficient and fair manner in accordance with section 3(3a) of the National Law.⁵ The Medical Board of Australia (MBA) proposes that the interim standard for acupuncture endorsement until review by 1 July 2012 should be the same as that which was used by the Medical Practitioners Board of Victoria.⁷⁶ The CMRBV's submission to the MBA⁷⁷ makes a number of observations and comments about the MBA's proposed acupuncture endorsement standard: no details are provided on the education standard that underpins the two recommended courses; that the AMAC courses are not conducted by an education institution; while the two courses are very different from each other each has substantial distance learning components and limited clinical training; that the deduced contact hours of 250 reflects very basic training; that there is a lack of transparency in the governance of the proposed course providers. The CMRBV observes that there is no evidence that the proposed standards will produce graduates that meet contemporary Australian entry level standards in acupuncture practice or that the standard is comparable for that of a registered acupuncturist. The CMRBV has offered to assist the MBA in the development of a suitable standard.⁷⁷

Public funds directly subsidise medical practitioners who use an acupuncture Medicare item number so further examination of medical acupuncture standards is warranted. Medical acupuncture education does not appear to have changed dramatically since 1996. In *Towards a Safer Choice: The Practice of Traditional Chinese Medicine in Australia* (TASC) Fellowship of the Australian Medical Acupuncture Society (AMAS) (renamed AMAC in 1998) was listed as >250 hours with membership set at >50 hours.⁷⁸ No other course details are provided. The AMAS recognised that medical acupuncture education was inadequate and was conducting a review at the time.⁷⁸ From 1 November 2003 access to the higher paying items 193, 195, 197 and 199 were restricted to medical

practitioners who were accredited by the RACGP Joint Working Party (JWP) which entailed: successfully complete a training course recognised by the JWP; complete the FAMAC part 1 exam; ongoing participation in a recognised continuing professional development program in medical acupuncture.⁶⁷ Doctors who did not meet these criteria or who had no acupuncture education could continue to claim item 173.⁶⁷ The CMRBV sought details from the AMAC of the education standards underpinning a recognised course at the time but the request was denied.⁷⁹ The contact hours for fellowship of the AMAS in 1996⁷⁸ are similar to those of the currently accepted courses suggesting that they are substantially the same programs.

INTERNATIONAL EDUCATION STANDARDS

The World Health Organization published *Guidelines on Basic Training Safety in Acupuncture* in 1999⁵⁰ (see Table 1). The guidelines comprise education standards for non-medical acupuncturists as well as medical practitioners who wish to use acupuncture clinically. The guidelines were intended to assist national health authorities and training institutions to develop examination standards and training programs respectively.⁵⁰ The guidelines recommend that nonmedical acupuncturists complete two years and 2500 hours education with at least 1000 hours of practical and clinical work. A full training course for medical practitioners should comprise 1500 hours with at least 1000 hours of practical and clinical work. The same core syllabus should be followed as for non-medical acupuncture. Limited training in acupuncture for medical practitioners would comprise of at least 200 hours of formal training derived from the core syllabus. Other primary care health personnel are recommended to study acupressure rather than acupuncture as 'Training in acupressure would make no great demands, could be incorporated into the general training of primary health care personnel, and would carry no risk to the patient'.⁵⁰

Discussion

Acupuncture education standards in Australia are diverse and can be grouped into four main categories: standards for Chinese medicine practitioners; standards for medical practitioners; standards for other registered allied health professionals; and standards for non-registered health practitioners. Presently the CMRBV only directly regulates acupuncturists who are eligible for registration under the HPRA. Outside of Victoria acupuncturists are self regulated. Despite this regulatory difference education standards for acupuncturists in Australia generally conform to or exceed the WHO GBT (see Table 1). The regulatory influence of private health insurers such as Bupa Australia and HCF provides a clear financial incentive to graduate from a recognised bachelor degree program which is not conducted substantially by flexible delivery or distance education.

The growth of courses providing 'dry needling' or 'myofascial dry needling' appears to have coincided with the regulation of acupuncture in Victoria.⁶ Subjects once taught as 'myofascial acupuncture for myotherapists'⁷⁸ are now called 'myofascial dry needling'⁸⁰ Courses of two or three days duration are marketed to both registered professions and non-registered practitioners alike. Of the allied health professions only the APA and AAMT have publically identifiable guidelines for acupuncture training for its members. Neither guideline is a standard as there is no compulsion to follow them. Substantive training in acupuncture which does broadly conform to the WHO GBT is available at the post-graduate level⁸¹ for the very health professionals to whom the short 'dry needling' courses are marketed to.

The standards underpinning training in medical acupuncture remain obscured. Despite public funding through Medicare, Medicare does not set an education standard for acupuncture item eligibility. Instead it refers to an external assessment by JCCMA and AMAC which do not publish details of their requirements while also delivering one of the courses. Changes in the course content, delivery and assessment are invisible to public scrutiny making it impossible to definitively determine what changes, if any have occurred over time with medical acupuncture accreditation. This is in stark contrast to the detailed publically available course accreditation standards and procedures developed by the CMRB. The National Law requires transparency in the development of accreditation standards⁵ so for the first time details of the medical acupuncture standard may be available to public review. The details that are in the public domain align medical acupuncture accreditation in Australia to the WHO GBT criteria for limited training in medical acupuncture.⁵⁰ Medical practitioners would need to complete the current Master of Applied Science (Acupuncture)⁸¹ at RMIT or similar to achieve the WHO GBT standard for medical acupuncture.

Conclusion

Acupuncture education standards for registered acupuncturists are the highest of any health practitioners who practise acupuncture in Australia. The standard of medical acupuncture education is very low in comparison to both registered acupuncturists and international standards. The lack of transparency in medical acupuncture training should change with the requirements of the National Law. Registered allied health practitioners and other non-registered health professionals have access to high quality post graduate acupuncture education; however two or three day courses appear to be preferred.

An objective of the HPRA was to regulate risky health practices to protect public health and safety. The National Law shares the objective of protecting public health and safety and also requires improved education standards. Restriction of title is designed to allow the consumer to identify not only safe practitioners but also competent ones. Victorian registration has led to the highest standards for registered acupuncturists but much lower standards in other parts of the health community. Chiropractors have reduced their education standards for acupuncture and other health practitioners openly practise acupuncture after a two day course under the name of dry needling.

Accreditation bodies and national boards will need to carefully consider the range of education standards underpinning acupuncture practice when developing an accreditation standard for registration or endorsement. The ability of the public to identify both safe and competent acupuncturists will not be served if nine or more different education standards permit the use of the title. The trend of teaching and practising acupuncture under the name dry needling directly challenges the intent of the statutory regulation of acupuncture and may require a legislative solution if the objectives of the NRAS cannot be fulfilled by the development of accreditation standards and enforcement of registration standards. Achieving the objectives of the NRAS to protect public health and safety, provide quality health care, and improve education standards will require a co-operative effort from the respective accreditation authorities and boards.

Clinical Commentary

Practitioners, other than Chinese medicine practitioners, will be able to use the title acupuncturist after 1 July 2012 if their Board endorses them as suitably qualified to practise acupuncture. At the same time both registered and unregulated practitioners are avoiding regulation altogether by completing two or three day courses and calling their practice 'dry needling' rather than acupuncture. This paper identifies the education standards underpinning the acupuncture practice of various health professions with a view to informing regulators of a range of issues to consider when setting an accreditation standard.

TABLE 4 Glossary of Abbreviations
and Acronyms

AACMA	Australian Acupuncture and Chinese Medicine Association Ltd
AGTCME	Australian Guidelines for Traditional Chinese Medicine Education
AHPRA	The Australian Health Practitioner Regulatory Agency
AMAC	Australian Medical Acupuncture College
AMAS	Australian Medical Acupuncture Society
APA	Australian Physiotherapy Association
BUPA	BUPA Australia
CMBA	Chinese Medicine Board of Australia
CMRA	Chinese Medicine Registration Act 2000
CMRBV	Chinese Medicine Registration Board of Victoria
COAG	Council of Australian Governments
FAMAC	Fellow of Australian Medical Acupuncture College
GAC	Guidelines for Approval of Courses of Study in Chinese Medicine
HCF	Hospitals Contribution Fund of Australia Ltd /Manchester Unity
HPRA	Health Practitioners Registration Act 2005
JCCMA	Joint Consultative Committee for Medical Acupuncture
JWP	The Royal Australian College of General Practitioners Joint Working Party
MBA	The Medical Board of Australia
MIMT	Melbourne Institute of Massage Therapy
NASC	National Academic Standards Committee for Traditional Chinese Medicine
National Law	The Health Practitioner Regulation National Law Act 2009
NCS	National Competency Standard for Acupuncture
NRAS	National Registration and Accreditation Scheme for the Health Professions
PHIAR	Private Health Insurance (Accreditation) Rules 2008
PSMDN	Position Statement and Practice Guideline for Myofascial Dry Needling
RACGP	The Royal Australian College of General Practitioners
RMIT	RMIT University
TASC	Towards a Safer Choice
UQ	University of Queensland
VET	Vocational Education and Training
WHO GBT	World Health Organization Guidelines on Basic Training Safety in Acupuncture

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