the acupuncturist

www.acupuncture.org.uk
November 2013 | Autumn

British Acupuncture Council

BUSINESS SUPPORT PROGRAMME

Business Support Programme

British Acupuncture Council

FINANCIAL MANAGEMENT

This practical course aims to give you the financial know how to enable you to do your own accounts and tax returns, which will hopefully save you hundreds of pounds in the long term!

There are just 20 places available for this course – early booking is recommended

IN THIS COURSE YOU WILL LEARN

- How to do your own tax return online, saving yourself hundreds on accountancy costs!
- How to do your own simple bookkeeping
- That finances aren't scary… if you know how!

ABOUT THE TRAINER

Di Cook has been finance manager for the BAcC for over 10 years. She delivered the Finance course for CICM. Di is a great communicator and specialises in making finance simple

PRICE

£59 for BAcC members
To book please visit www.acupuncture.org.uk/bsp

DATE

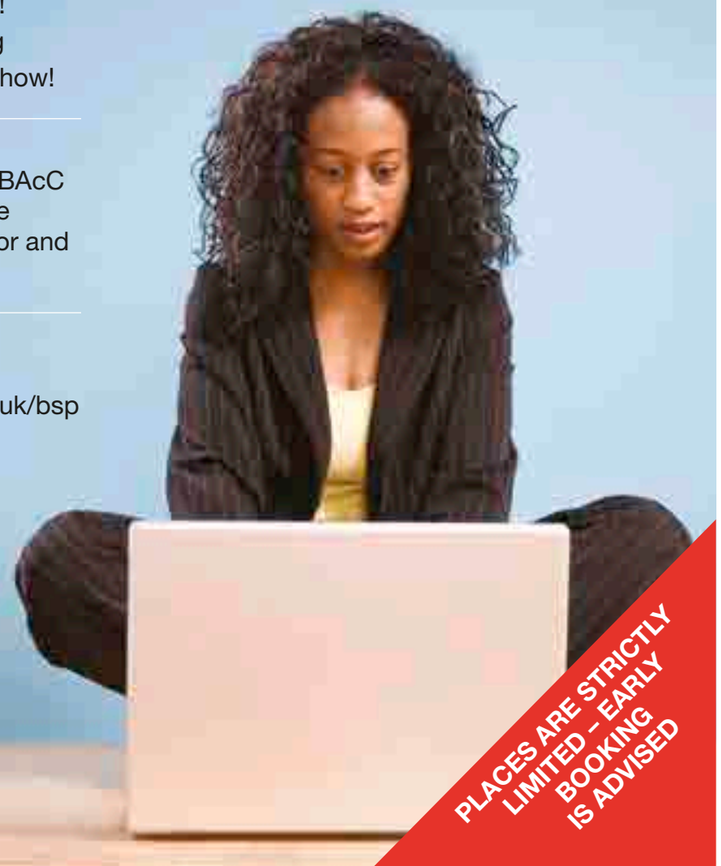
Wednesday 27 November 2013

VENUE

The Swedenborg Society
20-21 Bloomsbury Way
London WC1A 2TH

TIME

10am – 1pm



PLACES ARE STRICTLY LIMITED – EARLY BOOKING IS ADVISED

Kevin Durjun
Conference Manager
British Acupuncture Council
020 8735 1222

the acupuncturist

The Acupuncturist is the BAcC's in-house publication. Primarily written by members, for members, it combines content relevant to the clinical practice of acupuncture with communications from BAcC staff and the Governing Board.

Features

Plus

The British Acupuncture Council (BAcC) is a not-for-profit organisation representing and providing guidance to fully qualified professional acupuncturists. The BAcC's purpose is to:

- pursue excellence in acupuncture by establishing the highest standards and values of education and practice
- promote the benefits of traditional acupuncture
- contribute to the development of healthcare policy, both now and in the future
- represent members' interests.

Copy and publishing dates for 2014

Issue	Copy deadline	Mailing
Winter	14 January	20 February
Spring	18 March	29 April
Summer	20 May	26 July
Late Summer	5 August	11 September
Autumn	7 October	13 November

See the inside back pages for our editorial policy, and submissions and advertising details.

British Acupuncture Council
63 Jeddo Road London W12 9HQ
Tel 020 8735 0400 Fax 020 8735 0404
www.acupuncture.org.uk

Guest editorial

LISA SHERMAN
Overseas member: North Carolina

As I write this I have paint under my nails from the walls of the new treatment room into which I am about to move. Two years after arriving in the beautiful little hippy mountain town of Asheville, I can finally hang up my shingle and open for business, marking the end of a journey of several thousand miles, down a long and sometimes lonely road that only a few brave souls have trodden.

I took the first step in October 2010, having decided to move to the USA to marry my American fiancé. The subsequent journey has often borne less resemblance to a road trip and more to a circus act, diving through a series of flaming bureaucratic hoops, while trying to balance my check (sic) book and my sanity.

In North Carolina - as in 42 other states - acupuncture is a licensed profession and certification by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) is a prerequisite for licensure. The first and most frustrating hoop was the foreign education review application (FERA), which calculates if you have enough 'credit hours' from your acupuncture course to even be allowed to sit the NCCAOM exams without undertaking further study. Suffice to say, in the end an (eight-page) appeal letter was necessary for me to obtain my 'Authorization to Test' letter from the NCCAOM.

This lined up the next hoops … three 100-question, multiple-choice exams covering biomedicine, oriental medicine theory, acupuncture and point location. Preparing for these exams on my own was extremely daunting, and involved dredging up much western and Chinese medicine long gone dormant in my brain since my graduation in 2005. As for relearning all those Deadman point locations … OMG!

I sat and passed the three exams over a one-year period, finally getting my NCCAOM certification and receive my NC acupuncture license in August 2013. The financial cost of all this hoopla was about $4,000, or £2,500 of your English pounds. Without my savings to tide me over, and the generous support of my fiancé and his family, none of it would have been possible.

Dishearteningly, all of this leaves me licensed and insured, but still without the support of a professional association. The profession in the US appears fragmented, without any organisation offering the wide umbrella of services available to UK practising members of the BAcC.

Needless to say, I'll be continuing to renew my (overseas) membership and turning to my trusty copy of The Acupuncturist for tall travel tales and clinical tips from my peers, topped off with friendly advice from the denizens of Jeddo Road on marketing, CPD and how to placate the tax man.

This issue provides us with horizon-broadening perspectives on just how far the seeds of the BAcC diaspora have spread - from Nova Scotia to Kuala Lumpur, and Sydney to Ulaanbaatar - delivering our medicine all across the world.

Back on the home front, it's comforting to know that our chair and chief exec are out there, fighting the good fight, advancing the standing of our profession and defending us against the slights of the ignorant.

I am deeply grateful to still belong to an organisation that can hold the paradoxes of our diversity and celebrate the depth of our traditions, even as it prepares us for success in the modern healthcare marketplace.

Have I got news for you

NICK PAHL
Chief Executive

At the moment it seems we are 'under the cosh', with the ASA and HMRC spotlights on us.

The current three-month sector review of acupuncture websites by the Advertising Standards Authority (ASA) has led to us working hard to influence their approach. The ASA say they deal with thousands of complaints every year, but actually fewer than 50 have been received for acupuncture since 2006. A focus on our sector doesn't therefore seem to be proportionate.

When I asked ASA CEO Guy Parker about this, he said that the compliance team decides to carry out a sector review based on a variety of reasons. This may include the number of complaints, but also the nature of the issue (such as risk to the public) and the evidence base. Guy stated that an initial complaint had been received from the Nightingale Collaboration over two years ago and subsequently a lead investigation into the Royal London Hospital this summer led to a review being actioned. To better understand their perspective, I followed up with the compliance team and they did reiterate that following a lead investigation a sector review does need to occur.

We need to ensure that the ASA understand our legitimate concerns. Skilled and energetic action, from a parliamentary question to a call for the Committee of Advertising Practice (CAP) to change their codes, is now required. An important tactic is to emphasise that we take our responsibilities as a voluntary regulator seriously, and I do encourage you to look at the guidance the BAcC have produced and to take up the CAP offer of free advice. Suffice to say, we have written a strong letter to the CAP, supported by Professor George Lewith, to explain our concerns, and we are also in dialogue with the CAP compliance team.

After receiving the recent communication from HM Revenue and Customs (HMRC) you might start to feel there is a conspiracy against us! However, HMRC have been reviewing other sole traders, such as builders, so a move to the health sector seems logical. Rest assured, a wide range of different healthcare and wellbeing practitioners including physiotherapists, occupational therapists, chiropractors, osteopaths, chiropodists and podiatrists, homeopaths, dieticians, nutritional therapists, reflexologists, psychologists, and speech, language and art therapists are also potentially being approached. As John Wheeler wrote on the member forum, there has been concern for a long time that sectors like the healthcare industry with a preponderance of self-employed practitioners might be a source of lost revenue, not from deliberate deception but mainly from oversight.

One of the really positive aspects of acupuncture is its international focus, which forms the theme of this issue. One of the pleasures of our conference is meeting delegates from across the world and this year I met my counterpart from a national association in New Zealand. Their organisation is a member of the World Federation of Acupuncture Societies (WFAS), and it is good to contemplate whether such international affiliations would add value and be worthwhile for the BAcC.

Our membership of the European Traditional Chinese Medicine Association (ETCMA) certainly does add value. The ETCMA has successfully established the level of training supported by the BAcC and British Acupuncture Accreditation Board (BAAB) as the benchmark to follow. The ETCMA also offers us a platform to advocate to global organisations such as the World Health Organisation (WHO) and the EU.

Talking to others across the world is a good reminder of how acupuncture in

the UK has independence and individuality, which is a real strength. We aim to build on this and, as we go to press, rebrand design options that will reflect the strength and uniqueness of your profession are being reviewed by the Governing Board. I hope a final decision will occur at the next Board meeting in February 2014.

In October I was heartened to hear from the Chief Medical Officer (CMO) at a parliamentary meeting that she believed 'there is good evidence for acupuncture' and that she would 'buy it herself'; praise indeed. I am also pleased that our Professional Standards Authority (PSA) accreditation has led to a meeting with the Scottish health minister next month.

So, although the ASA's position and HMRC's interest may seem like setbacks, the recognition that the BAcC has gained from the PSA, our new patron, and people in high places such as the CMO demonstrates that we are increasingly respected and on the right track.

If you have views on the ASA and CAP, or any other BAcC business, I'm always happy to hear from you on 020 8735 1219 or nick@acupuncture.org.uk

The thoughts of Chairman Charlie

CHARLIE BUCK
BAcC Chair

'… it is not impossible that CAP might be willing to consider a case for changing the Codes, or that the ASA Council might if presented with a sufficiently compelling argument to decide that they are satisfied with evidence that falls short of the standard that it has regularly required in the past. These are of course very unlikely eventualities.'

Andrew Bruce, ASA, July 2013

I would like to update you on our recent engagements with the Advertising Standards Authority (ASA).

It is important to say that we support the ASA mission to protect the public from spurious and unsupportable medical claims and that we join them in opposing quackery. However, there are significant concerns about the processes currently in place to apply claims standards to acupuncture, concerns that still have not yet been adequately addressed.

In the run up to a meeting with the ASA CEO I asked to see the CV of the ASA expert used to adjudge the research evidence we present and discovered that he is employed as a writer for medical communications agencies. These exist to promote the pharmaceutical agenda. His advice is presented to the Committee of Advertising Practice (CAP) who then adjudicate on the basis of his opinion. To put it mildly, such potential conflicts of interest do not represent due scientific diligence.

As well-trained and ethical practitioners we expect better. We expect to encounter good scientific practice, which would normally involve transparency, peer review and respectful consultation with experts in the field (us!). After all, through the Acupuncture Research Resource Centre (ARRC) we have a long track record in supporting research in our field and many of our members hold high-level qualifications in science.

A key issue is the setting of appropriate evidence hurdles. Citing 'scientific opinion' (the source of which is obscure and remains undefined) the ASA hurdle is the placebo-controlled randomised controlled trial, a design that is ideal for drug research but is widely recognised by scientific authorities as inadequate for more complex interventions such as acupuncture. These are better researched by comparative RCTs that compare effectiveness of treatment but do not provide the definitive evidence of efficacy and safety required for the mass marketing of novel chemicals for human consumption. If we take comparative RCTs as our benchmark then the list of reasonable claims is much longer. Essentially, the ASA are insisting that we meet standards of evidence that are not reached by 89 per cent of all NHS treatments[1], a situation that is plainly discriminatory.

The ASA fails to consider the clinician and patient faced with having to make informed treatment choices. Real world practice involves comparing all reasonable treatment options and not limiting choices to drug treatments that sometimes turn out to be risky or ineffective. As the Glaxo boss said: 'most drugs do not work for most people'.[2]

Practical medicine involves a consideration of the total evidence mosaic. Patients who have been poorly served by current medicine need alternatives and they should not be denied access to evidence-based information on viable alternatives. Under such circumstances lower level RCTs, cohort studies or even case studies should rightly carry more weight. This is established science and common sense but is a perspective seemingly omitted from the ASA process. Are they genuinely 'protecting consumers' by seeking to cut off access to the most evidence-based alternatives such as acupuncture?

At a meeting in October, Nick Pahl and I, with the generous support of Professor George Lewith and seasoned lobbyist David Abrahams, reiterated our points about appropriate evidence and modern transparent fit-for-purpose processes. We presented an informed scientific case to someone who was not a scientist and could not debate the issues raised. Nick asked why we had become a priority, given that they deal annually with 30,000 complaints about 6 of which per year are about acupuncture advertising. The answer was weak and non-specific.

So, as this issue goes to print we are considering options that we can apply beyond simple compliance.

Of course, the information we make available to patients should be grounded in reality and based on expert opinion. The evidence grading used by authorities such as NICE[3] and the US National Institutes of Health[4] do not insist on placebo-controlled RCTs as the only acceptable standard, which makes the ASA position look out of step with expert opinion.

I believe that we should restrict our claims to those that are supportable by an appropriate level of evidence and that we should include referencing of claims on our websites and literature.

[1] FINDINGS OF A 2006 NICE APPRAISAL – SEE THE CLINICAL EVIDENCE WEBSITE HTTP://WWW.NCCHTA.ORG/. BMJ CLINICAL EVIDENCE UPDATE: HTTP://CLINICALEVIDENCE.BMJ.COM/X/SET/STATIC/CMS/EFFICACY-CATEGORISATIONS.HTML

[2] IN NOVEMBER 2003 ALLEN ROSES, SENIOR VICE-PRESIDENT OF GLAXOSMITHKLINE STATED: 'THE VAST MAJORITY OF DRUGS – MORE THAN 90% - ONLY WORK IN 30 OR 50 PERCENT OF PEOPLE'. (REPORTED IN THE INDEPENDENT 7 DECEMBER 2003 CITED IN NEW SCIENTIST 13 DECEMBER 2003) HE ALSO SAID: 'I WOULDN'T SAY THAT MOST DRUGS DON'T WORK, I WOULD SAY THAT MOST DRUGS WORK IN ONLY 30-50% OF PEOPLE.'

[3] NICE CLINICAL GUIDELINE 11 FERTILITY: ASSESSMENT AND TREATMENT FOR PEOPLE WITH FERTILITY PROBLEMS. FEBRUARY 2004

[4] HTTP://WWW.CANCER.GOV/CANCERTOPICS/PDQ/LEVELS-EVIDENCE-CAM/HEALTHPROFESSIONAL

From Russia to UK to Spain to China … with love

OLGA FEDINA
Member: Valencia, Spain

My introduction to acupoints started with the Vietnamese Golden Star balm. Vietnam was a friend of the Soviet Union, and there was a time when the small cans of balm were sold everywhere in Moscow.

They came with an instruction on how to apply it, with drawings of points used for headaches, colds or backache. The ointment smelled nice, the burning sensation was pleasant, and the concept of acupuncture points fascinating.

The idea of learning martial arts attracted me, too. My school friend and I found a wushu teacher, a red-haired guy with a musketeer style beard, and started practising with him in a big woodland in the south of Moscow.

For a few months in the middle of the woods he was showing us energy-building qigong exercises, and some gong fu moves. Then the winter came, the snow got a metre deep, and our classes stopped. But behind the glass on my shelf I still had a piece of paper with a quote urging one to be like water in one's movements, and still like a mirror. As a rather introspective teenager, I loved the idea.

Despite being drawn to oriental culture, I did not see at the time how it could ever earn me a living. Other life activities that seemed more important and more of the 'real world', such as studying at the journalism department at the university and working for a newspaper, had occupied all my time. And then I moved from Moscow to London.

London overwhelmed me with possibilities. Even though in 1996 the Iron Curtain had already fallen down, and Russia was not the closed-off country that the Soviet Union used to be, I was amazed to discover that there were so many different ways of living,

apart from trudging day in and day out to the same job. I also realised that the natural healthcare that I had always been interested in could be practised as a profession.

I wanted to pursue my interest in natural health, and was looking into doing a course in chiropractic or osteopathy. Somebody mentioned shiatsu massage, I got curious and went to an open day at one of the schools, tried it and thought it was one of the most wonderful things in the world.

Starting a shiatsu course led me to the idea of learning acupuncture. And thus my fate as an oriental medicine specialist was sealed!

Much as I loved London, starting an acupuncture business there seemed like a difficult undertaking. Commuting daily somewhere else was not an attractive solution. So, soon after I graduated my husband and I moved to Spain. Considering it to be a semi-virgin territory as far as complementary medicine is concerned, I was hoping (and so it turned out) that it would be easier to build a client base there. We also felt like making changes to our life, and it was clear if we were not to make them then, we never would.

For the last seven and a half years I have been living and practising in Valencia. I feel I am very lucky to have had the experience of living in such different places as Russia, the UK and Spain. I am grateful to all these places.

Growing up in Russia at a time when people relied a lot on homemade remedies ignited my interest in natural health preservation. In the UK I took a rigorous university degree in acupuncture and benefited from the experience of the 'organised struggle' in the interests of natural healthcare users and providers. London also taught me to look out for opportunities. Spain received me with enthusiasm, and let me develop my practice.

Was it hard to establish an acupuncture and shiatsu practice in Spain? There have been certain difficulties, such as the legal uncertainty for the profession and the general public's unshakeable belief in conventional medicine. But there are also certain advantages, such as the sense of community when your neighbours and small businesses around you start sending you clients.

In a curious turn of fate, it is here in Valencia that I started to study the Chinese language and culture more seriously. Last August I went to Beijing, Xi'an and the Daoist monasteries of the Wu Dang mountains on a trip organised by the Tantien school, a taichi and qigong school in Valencia that teaches these disciplines with impressive dedication, professionalism and human warmth. China has a very complicated cultural code, which is probably impossible to completely crack, but which one studies little by little, discovering that acupuncture is just one piece of its puzzle.

Chinese philosophy teaches you to adapt, and this can include different circumstances, different countries and cultures. It is about flexibility and tolerance, two things which are indispensable when you travel, or when you move country.

But then, does travelling or moving from one place to another affect you as a practitioner? I think it is an excellent opportunity to move one's ego to the background, and to open up for anything new to come, to accept change and movement. This is, of course, in the core of Daoism.

Clinical Pearls

Shin splints

BEN ELLIOT
Member: York

Shin splints are an athlete's worst nightmare, often bad enough to thrust them into the realms of complementary healthcare. The consultation usually begins: 'I'm at my wits' end with this now. I'm willing to try anything ... so I thought I'd give acupuncture a go'.

Related to an over-tightening of either the tibialis anterior or more often, the connective tissue surrounding the muscles and bone structures of the anterior lower leg, shin splints lead to pain and sometimes inflammation.

The area is often too tender for deep tissue massage and is difficult to stretch effectively without dislocating the ankle, meaning rest is seemingly the only option.

I have found this method to be hugely successful, but be warned, it is likely to provide your patient with a little discomfort:

- Determine the area of pain: it may be quite broad, or very specific, and tends to run roughly along one or more of the stomach, gall bladder or liver channels.
- Insert four to five needles in series between the knee and ankle, at a depth of around half a cun: if the pain area is quite broad, repeat at lateral/medial intervals.
- To stretch the tissue, gently rotate each needle until you feel a resistance, caused by the tissue wrapping around the needle shaft to the point of tension.
- Rotate each successive needle in the opposite direction to the last: this ensures an even stretch of the tissue between needles and reduces the likelihood of the most proximal or distal point taking the bulk of the strain - and the discomfort!
- The muscle fibres and connective tissue will now be taut, potentially recreating the pain experienced while exercising: as the tissue begins to relax and lengthen, the pain should lessen and after a while any discomfort should have eased.
- After 20 minutes, rotate each needle in the opposite direction, so it will withdraw smoothly without tugging on any tissue.

To help clear stagnation I also like to treat the meridians. The area of pain relates best to the yang ming region of the lower leg and I use a combination of methods:

- If not already needled, St 36 zu san li is the obvious choice.
- Dr Tan's mirroring technique: needle the significant point of the coupled channel on the opposite side of the body to the pain, in this case LI 4 he gu
- LI 10 shou san li, as the arm equivalent to St 36.
- Depending on the exact location of the pain, distal channel points including St 44 nei ting, Liv 3 tai chong or GB 41 zu lin qi.

Do you have a clinical pearl of practice wisdom that might be of benefit to other practitioners and their patients? Share your knowledge in no more than 350 words via editor@acupuncture.org.uk

Acupuncture worldwide

Needles across the water

Whatever happened to all those UK trained acupuncturists who packed their needles and headed off in search of treatment adventures overseas? CEO Nick Pahl sent an email to BAcC members in foreign lands to explore how the wider acupuncture world works.

FRANCE: Paris

Practising five element acupuncture in Paris since October 2012. Although we can register as 'acupuncturist – non doctor' and contract insurance, we can't advertise and have to keep a low profile. Many acupuncturists are taken to court for 'illegally practising medicine'. Using words including medicine, treatment, therapy, symptoms, diagnostic, patients is forbidden. Treating is an incredibly rewarding experience as I am able to relieve many people from pain and suffering at body, mind and spirit levels.

CATHERINE KLADO

KENYA: Nairobi

Practising in Kenya since 2010. I have a busy clinic based across two major health centres. Most clients are expats but local interest is steadily growing though misconceptions about acupuncture abound. Kenya is a melting pot of cultures and I have a really diverse client base, which makes for a very interesting practice, language barriers aside. Surprisingly, I have found doctors here are generally more open to acupuncture than in the UK and are often willing to collaborate in offering patients an integrative approach.

TARA MANJI-WILSON

CANADA: Nova Scotia

Biggest difference is the way I am paid: although acupuncture is not as highly regarded as in the UK, insurance companies do cough up. Early evenings get very booked with teachers making the most of their annual 20 treatments. Bi-monthly cheques arrive from Blue Cross to pay for them. Downside is that most people are discouraged from even considering paying for themselves if they are not covered. I do still see a few individuals who are not Halifax Regional Municipality employees and who need inspiration rather than de-stressing. I'm sure stress and anxiety were less rife five to ten years ago.

LOUISE CORELLO

FRANCE: Antibes

Registered as a practitioner of TCM, completely legal, as long as I don't refer to being an acupuncturist. This is the way of the law in France. To obtain insurance, you have to register with a body like the FNMTC - similar to the BAcC - who will help you set up, and guide you in any way they can. Many well established spas and hairdressers rent out space. Word of mouth really is essential in France.

RIKKE WAGNES

USA: North Carolina

Moved here in 1995. Practising, teaching, and involved in various state and national organisations since that time. Acupuncture and Chinese medicine is more regulated. Regulations and insurance coverage vary by state. Majority of practitioners are TCM - definitely a downside - five element perspective is very much squeezed out. I look forward to the arrival of The Acupuncturist and EJOM as often presenting a more rounded balanced perspective. Marketing is more crucial and more competitive. People come with persistent, but often more recent onset issues, rather than as a last resort.

ANDREW PRESCOTT

BAHRAIN Jasra

Doing a consultation with a female who is completely covered in a burqa and an abaya and unable to talk to you other than through a male relation - brother or father - is unusual. This is what I experienced in 2010/11 while working in a private Bahrain clinic, specialising in rehabilitation. Very different from the treatments I had been used to as an acupuncturist. Interesting getting to know people from different cultural backgrounds. Challenging treating people with chronic debilitating conditions. Revealing treating people with acute stress-related problems during the political uprising in 2011.

NICKY THOMAS

SOUTH AFRICA: Hermanus

I run a small practice from my home. Cultures here are diverse and complementary medicine tends to struggle against preconceived ideas and lack of understanding. These are the biggest challenges I face so I try my best to educate people in the ways of TCM and acupuncture whenever I can. Building trust and confidence to bring about change takes time, but it must be working because I see a great many more people nowadays and word is spreading that acupuncture really does have a lot to offer.

POM PEARSON

SPANISH NORTH AFRICA: Melilla

I run an acupuncture centre on the Mediterranean coast of Morocco. Treatments are in Spanish and Moroccan Berber dialect and are dominated by the extreme climate. The main difficulties lie in bureaucracy as being the only acupuncturist from here to the Sahara desert there was no easy path to follow. The benefits come from the people that visit the clinic, many have an almost childlike curiosity about oriental medicine. Their interest in learning more allows me to do training courses and present a weekly radio show.

CLIVE WITHAM

GERMANY: Neuenburg am Rhein

Moved back to Germany in 2005 having practised traditional acupuncture for ten years in Leamington Spa. Diplomas from UK are not yet recognised in this country. I had to look for alternative possibilities especially without using acupuncture needles, as this is the domain of MDs and Heilpraktikers (alternative practitioners). I got acquainted with trigrams-acupuncture and the application of sounds and coloured light into acupuncture points - TAO Medical Tuning. Suits me perfectly as I can use all my experience in this computerised system. Results are excellent!

JONA MARION VAN SCHELLENBECK

IRELAND: Mullingar, Co Westmeath

Population of 19,770 has doubled in size since I started my practice in 1996. Nearly in the centre of Ireland we are surrounded by lakes, beautiful but damp! That and the love of dairy, wheat and Guinness means phlegm plays a big part in my life! Starting up was a challenge. Attitudes to me and my AQUApuncture were a little stuck! I work on my own but am lucky to have a great mentor. I have a website but invariably business comes through word of mouth. Now treat three generations of some families.

SUZANNE LYNCH

SWITZERLAND: Zürich

After finalising my UK studies in 2010, I moved back to Switzerland to practise. Zürich requires membership of the Swiss equivalent to the BAcC (SBO-TCM), granted by passing a series of exams, which took me close to two years to finalise. With the SBO-TCM membership in my pocket, patients with additional coverage get up to 90 per cent of the treatment costs reimbursed by their health insurance. As a large proportion of the population has such health insurance patients are very keen to get acupuncture treatment.

RENATE MOHLER

MALAYSIA: Kuala Lumpur

Great place to live. Warm all the time, people are friendly and food is great. Typical Asian culture and to get a business licence, I needed an agent to 'grease the wheels' in four separate departments. I'm the only practitioner of Toyohari but foreign practitioners have to prove we 'transfer technology' to locals. Initially, this concept was vague and open to misrepresentation. Now there's a point system and I have to earn 20 points a year to renew my work permit. If I run workshops I get my points. As Chinese practitioners are not keen to learn Japanese acupuncture from a Brit, this is a very demanding requirement but at least it is transparent and clear.

ORAN KIVITY

USA: Pennsylvania

General practice, with special interest in fertility and myofascial mechanisms of acupuncture and cupping. Currently working on an inaugural program as adjunctive treatment for cancer patients with local hospital, as well as community acupuncture for the underserved. Truly four seasons here, conditions can vary widely based on season. Increasing awareness and a generally financially stable aging population willing to pay out of pocket. Many cannot afford regular treatment, so community acupuncture growing. Potential risk of lawsuit seems greater than UK. People generally very enthusiastic once receiving beneficial treatment, eager to refer others!

JO ELLEN WISNOSKY

ISRAEL: Herzelia

After graduating from ICOM in 2001, I've returned to Israel to open my Classic Acupuncture Clinic. My challenge here, in the heart of the Middle East, is to practise my art of healing and to benefit the people around me. I believe that when people live in harmony, peace can prevail.

YANAI ZELTZER

Traditional medicine in Mongolia: contrast and continuity

JOHN DONEGAN
Member: Leeds

In 2011, as part of my study for an MSc, I spent a month conducting ethnographic research and interviews with practitioners of traditional Mongolian medicine (TMM) in Ulaanbaatar.

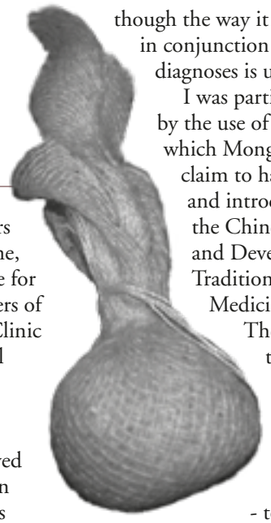
My aim was to gain insight into the reality of technique and practice and add to the wider academic debates on medical pluralism in Asian and other societies, where traditional medicine and biomedicine exist side by side.

Traditional medicine in Mongolia is a field of study that is poorly researched in the West, or indeed, outside Mongolia, or the Inner Mongolia Autonomous Region of China. It is a pluralistic and diverse body of medical practice, which has incorporated and adapted a range of techniques over many centuries.

In contemporary Mongolia, TMM is taught as part of the curriculum at the Health Sciences University of Mongolia (HSUM) and the state health insurance system runs a number of traditional medicine sanatoria, such as the Ulaanbaatar Suvilal. TMM physicians share medical records with colleagues in the biomedicine hospitals, and dispense biomedicine prescriptions to patients.

Buddhist monastery hospitals, or datsans are also significant providers of medical care, with the biggest one, the Manba Datsan, also responsible for the education of substantial numbers of TMM graduates (Manba Datsan Clinic and Training Centre for Traditional Mongolian Medicine, Otoch Manramba Mongolian Traditional Medical Institute, 2011).

The core of this is Tibetan-derived ayurvedic medicine, which has been modified and expanded since it was introduced by Tibetan Buddhist missionaries in the 16th century, to suit Mongolian conditions, diseases and materia medica. This provides the basis of the theoretical framework used by most TMM physicians. TMM theory has also incorporated elements of TCM theory such as five element theory and yin yang theory. It is now increasingly incorporating elements of biomedicine.



These small bundles are wrapped in muslin, heated in clarified butter until fragrant, then allowed to cool

The strong role of Buddhism in practice is clear. This includes overt religious elements such as the use of religious services for healing, but also the ubiquitous involvement of Buddhist monks and institutions in the teaching and practice of TMM. TMM encompasses a diverse range of interventions, including drug therapies, a Mongolian style of moxibustion known as toonüür, bloodletting therapy, known as khanuur, and balneotherapy.

TMM pharmacology is an immense field, which I do not propose to discuss in this article, and acupuncture itself appears identical to TCM acupuncture, though the way it is applied in conjunction with TMM diagnoses is unusual.

I was particularly struck by the use of moxibustion, which Mongolians lay claim to having invented and introduced to the Chinese (History and Development of Traditional Mongolian Medicine. Bold, 2009).

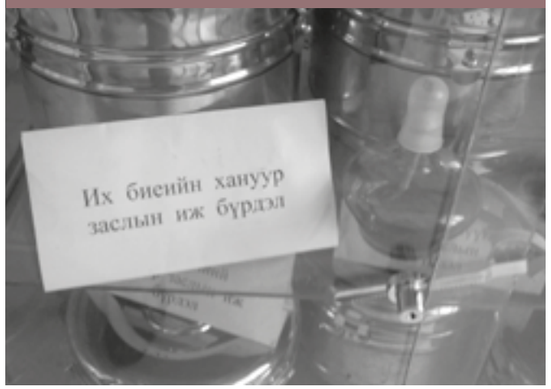
There are two types in use in contemporary Mongolia, traditional Mongolian moxibustion - toonüür - and TCM moxibustion.

TMM moxibustion uses bundles of ground spices, typically composed of equal parts ground caraway, ground ginger and ground cinnamon, although other substances can be used. These small bundles are wrapped in muslin, heated in shar-tos (clarified butter) until fragrant, then allowed to cool just until they can be applied to the body without causing burns.

The bundles are symptomatically applied to one or more of 177 belchir or moxibustion points. There are 22 belchir on the head, 25 on the hands and arms, 28 on the front side of the body, 80 on the back and 22 on the legs.

Khanuur has been used in Mongolia since the very earliest times, and is referred to in the earliest records of medical practice. However, in its current manifestation, there seem to me to be many similarities to the use of bloodletting in western humoral medicine, namely the relief of excess conditions associated with blood

Above: herbal medicine page from traditional Tibetan medical text
Below: bloodletting equipment



(Bloodletting: the story of a therapeutic technique. Kerridge and Lowe, 1995).

During the course of my research, I came ever more strongly to the opinion that a signature characteristic of TMM is its diversity of influences and a manifestation of medical pluralism which seems very Mongolian.

Firstly, TMM is internally heterogeneous, by which I mean that the TMM physician is expected to understand and practise a range of different techniques.

It is also externally heterogeneous. The Tibetan-derived Buddhist tradition, which in my experience appears dominant, has incorporated elements from dhom folk medicine, such as toonüür/ moxibustion and khanuur/ bloodletting. It has adopted and incorporated yin and yang (bilig and arga), five element theory and acupuncture.

This pluralism now seems to be operating with regards to biomedicine. Janes discusses how in Tibet, an effect of medical pluralism is Traditional Tibetan Medicine (TTM) becoming disembedded from local contexts of practice and 'reconstituted as part of a centralized system of technical accomplishment and professional expertise which in turn is expected to conform to the pervasive and powerful cultural standards of rational science and biomedicine' (The transformations of Tibetan medicine. 1995). This is supported by Fan and Holliday in their investigation of pluralism in Tibet, Inner Mongolia and Xinjiang (Which medicine? Whose standard? Critical reflections on medical integration in China. 2007). This manifests as an increasing importance of training students in biomedical theory and practice at the expense of traditional medicine classics.

The situation is not so clear-cut in Mongolia. In interviews with Abbot Natsagdorj, the principal of the Manba Datsan, and Lagshmaa Baldoo, senior lecturer in acupuncture at HSUM, they describe the curriculum at the Manba Datsan as 60 per cent TMM and 40 per cent biomedicine. The balance of the curriculum at the HSUM is reversed: 40 per cent TMM and 60 per cent biomedicine.

This shows diversity in the training base and what is considered appropriate from TMM practitioners. Lagshmaa adds the further important detail that while the HSUM curriculum is weighted towards biomedicine, in clinic (she was referring to the Ulaanbaatar Suvilal) 75 per cent of what they do is TMM.

TMM physicians speak fluently about conditions in biomedical terms, but are clearly making diagnoses with TMM techniques. The widespread criticism of therapeutic bloodletting in biomedicine does not appear to have affected the use and popularity of khanuur. Nor does the situation Fan and Holliday describe whereby 'for most medical problems, MSM [modern scientific medicine] should do the main work, although TRM [traditional medicine] may offer minor complementary assistance' apply, with TMM physicians comfortable taking lead role in treating serious conditions such as cancer.

Scheid describes how TCM physicians in China have demonstrated their own diverse and distinctive paths towards 'modernisation' and an integration with biomedicine that sometimes struggled to resolve theoretical contradictions (Sorting Out Tradition: The Ding Current in Chinese Medicine. 2004). In Mongolia, any such struggles were not apparent to me, and the physicians I spoke with seemed completely comfortable with the current diversity of medicine in Mongolia.

It seems to me that this is entirely in keeping with Mongolia's demonstrable openness to external influences throughout its history and the immensely practical nature of most of the Mongolians I met on my visit. It is tempting to speculate that this may be related to their long tradition of nomadism, evidenced by the prevalence of many gers/felt-lined tents today, even in conurbations like Ulaanbaatar. In Mongolia, medical pluralism is traditional.

My Italian acupuncture experience

DOROTA KOWAL
Overseas member: Tuscany, Italy

I moved to Italy in 2008, three years after having graduated from the School of Five Element Acupuncture (SOFEA) in Camden, London. I left England armed with steel firm principles of good acupuncture practice, a heap of inspiration, and passion and dedication for my work.

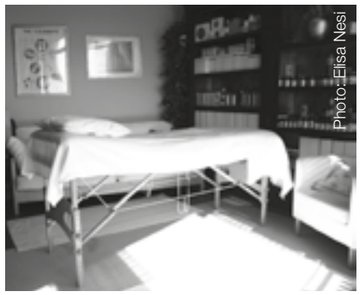
Feeling very secure and confident in the clear and comprehensive teachings I had received during and following my training, I embarked upon setting up my practice in Tuscany.

Two things were sure from the beginning: the climate was not very 'hospitable' to traditional acupuncturists without a medical degree, and I could hardly say a few words in Italian; I was prepared for a slow start.

Here was the first cultural lesson: whatever you imagine slow for English standards, it is a hundred times slower in Italy. Some patients who sing praises of my treatments would never dare to share this with their friends, for fear of what they would think about them! Often acupuncture is considered as the last resort, after everything else has failed, including exorcists. That's how non-conventional acupuncture is in some parts of Italy.

In another flicker of extremity, a satisfied client may 'force' (the word emphasised by one of my patients) the rest of their family into having treatment, with obviously various effects. Here's another cultural lesson: such tight family bonds are something you must work with, including wanting their partner to be with them during the treatment. Otherwise you may be perceived as being cruel and 'anti-family'.

I find that extremes are my daily bread; I guess that's what makes Italy so attractive. When a patient does not feel an improvement after the first treatment, they are very unlikely to come back. If, on the other hand, they do get much better, they grow suspicious



Dorota's treatment room in Tuscany

of this 'magic' as if you have done some witchcraft, and more so if you are unmarried, foreign and a woman!

There is another common belief: the longer something has existed the better it must be, regardless of its true merit, a bit like the philosophy of keeping wine, I guess. Paradoxically, some Italians do not view an over 2,000 year old Chinese tradition in the same way, not without them knowing at least the second generation blood-relatives of the acupuncturist.

The culture difference is felt on the professional level too. None of the numerous acupuncture associations in Italy are members of the ETCMA (European TCM Association). It is not only about restricting acupuncture to medical practice but a result of 20 years of confusing messages that amass traditional medicine with scientific medicine. Many otherwise intelligent people maintain you must be a 'medico chirurgo' (doctor surgeon) in order to put a 0.2 mm needle in the body, and you must make a medical diagnosis before treating their qi/life energy!

Having said that acupuncture is a medical act, medics themselves cannot publicise it as part of the western medical protocol for which patients come to see them. The net result is that the general average public have relatively little awareness about traditional acupuncture.

In spite of all this, I consider myself fortunate to have met with colleagues who have maintained their integrity and consider acupuncturists like myself equal with regards to acupuncture practice.

My first positive encounter was with the Scuola Tao in Bologna, who despite 'the climate', have educated non-medical acupuncturists. However, being a TCM focused school, we shared more the passion for the promotion of acupuncture than the common practice.

Then, through colleagues and coincidences, I have met the SIdA (Scuola Italiana di Agopuntura) who dedicate themselves to the study and practice of classical acupuncture. Most importantly, they recognise that acupuncture is a traditional medicine and measure you on merit.

Here is a truly open and increasingly international forum of exchange in classical acupuncture. Whilst deepening my own knowledge and practice of acupuncture through SIdA, my five element contribution to acupuncture in Italy has been very welcomed, including being invited by Dr Dante de Berardinis to present at the last SIdA meeting. In the light of my experience so far, the interest in the Worsley Five-Element Acupuncture at and following that meeting has been somewhat overwhelming.

Last but not least, I must mention my association with the BAcC and ETCMA while making my way through the cultural maze over the last few years in order to get established professionally in Italy. This was my only connection with the profession before I found an association of like-minded Italian colleagues and it has been invaluable.

WebWatch

by Olga Fedina

http://www.worldmedicine.org.uk/

World Medicine (initially called Acupuncture sans Frontières) was founded soon after the Asian tsunami of December 2004. Its first project lasted for three weeks and involved 24 volunteers: acupuncturists, herbalists, massage therapists and homeopaths, who went to the south coast of Sri Lanka to treat the tsunami survivors. More trips to Sri Lanka followed, as well as projects in the Middle East (the West Bank and Gaza) and India. The aim of World Medicine is 'to provide complementary healthcare, including acupuncture, to relieve the suffering of people around the world experiencing the effects of trauma, disaster and poverty.' This non-religious and non-political organisation aims to provide training to local physicians rather than just focus on short-term relief trips by volunteers. For example, in both Sri Lanka and in Gaza, World Medicine acupuncturists were teaching auricular acupuncture to local physicians, so as to enable them to use it on themselves and their patients. The website contains information on how to volunteer for the organisation, its past and present projects and fundraising events.

www.acuwithoutborders.org/about_us.php

Acupuncturists Without Borders (AWB) is a US-based organisation born in September 2005 in the aftermath of hurricanes Rita and Katrina. Its initial focus was to provide acupuncture treatments to survivors of the hurricanes in Louisiana, and to the emergency personnel, volunteers and other care providers working in the zone. Over 25 teams of acupuncturists travelled to New Orleans as part of the AWB project, and almost 8,000 individuals have been treated. The organisation is now looking to widen the scope of its action, focusing on US veterans and their carers. It also has affiliated clinics that provide voluntary acupuncture treatments in Haiti as part of the Haiti Disaster Recovery Program. The website has details of projects, events and training, providing practical information for - and possibly inspiration to – UK-based practitioners who want to get involved in, or start, similar projects.

魂 魄 Chinese lesson

BY SANDRA HILL

Hun and po

Often translated as the ethereal and corporeal souls, the hun (魂) and po (魄) are two aspects of our non-material nature, associated within the medical classics with the liver and lung respectively.

Looking at the characters, we can see that they share the same glyph on the right (鬼) – this is the character gui, which may be translated as an earth spirit, or a ghost. These spirits may be benign or malevolent, they may be nature spirits associated with trees, rocks and rivers, or they may be the tormented souls of the dead, unable to obtain nourishment or to find their way in the underworld. These are the hungry ghosts that are scared away with fire crackers at the festivals which take place at the gates of the year – particularly at the gate of ghosts, gui men (鬼門), which corresponds with our Hallowe'en or All Souls. It is at this time of the year that the veils between the worlds are particularly thin.

The oldest form of the character gui is said to be a representation of a floating human form, and although in modern Chinese it tends to have a negative connotation, in the old texts the gui are often paired with the shen, as the heavenly and earthly aspects of the unseen. Both hun and po are non-material but they are connected to the earth and the body. They form a yin yang couple, in which the hun are the yang aspect and are said to 'follow the shen'. The phonetic (云) at the left side of the character represents clouds, and the hun are light and airy, but they are still part of the human body – able to come and go, but still very much attached. They need the sustenance of the blood of the liver in order to be well maintained. A deficiency of liver blood may cause them to wander, leading to sleep disturbance, excessive dreaming, or even a lack of grounding in reality.

The left side of the character po (白) has the meaning of white, which is the colour of metal, autumn, of decline, seen in the whitening of the hair, and of death. The po are yin in nature and have the tendency to sink, to go back to the earth. They need the qi of the lungs to keep them moving and functioning. They are closely related to the breath, and take care of all the autonomic functions of the body. As the hun follow the shen, so the po associate with the jing.

Like all yin yang couples, hun and po maintain life by their interrelationship, separating only at death, when the hun rise and the po sink back to the earth.

Who's your Acupuncture Hero?

It's time to tell the acupuncture world! Find out how on page 25 ...

EASTmedicine Summer School 2013

This year's EASTmedicine Summer School comprised 22 half-day seminars on a variety of Traditional East Asian Medicine (TEAM) subjects, held over two weeks in July. Four acupuncturist-herbalist BAcC members decided to share their experience of some of the seminars they attended.

The EASTmedicine research group's ethos is to draw on a range of disciplines, backgrounds, expertise and experience to get a global view of the diversity in TEAM. The line-up of speakers certainly reflected that range, all having either great academic or clinical experience, or both.

From the practical to the scholarly, and from everyday clinical experience to the latest clinical research findings, the lectures covered a wide range of topics and approaches. As well as being informative in and of themselves, attending these seminars made us feel that we are part of the history of how TEAM is developing right now, and moving into the twenty-first century.

ALEX JACOBS

The history of Chinese gynaecology (fuke), from antiquity to the nineteenth century: Dr Yi Li Wu

The talk I was most anticipating was a three-part lecture on the history of gynaecology delivered by Yi Li Wu, an historian and research fellow at EASTmedicine Research Centre. I am always trying to find a way to get my head around the scale and complexity of TEAM history and this seemed like a great opportunity.

Considering Yi Li Wu's status as an academic not a practitioner, I was surprised at how practically relevant the information was and I started to understand the value of what someone not clinically trained in our discipline can bring. Not having the same 'sacred cows' as practitioners meant that she was able to present ideas in a way which made me question many assumptions that I often found I didn't know I had been holding.

As with many aspects of TEAM there is always much greater historical diversity of opinion than might first appear. Hotly contested issues that Yi Li Wu outlined included the notion of treating women differently from men and the idea that TEAM is always about function not structure. The historical context also provided a much fuller story of why there was so much debate. Confronted with the horror of the high potential for complications and mortality of both mother and child in pregnancy, the stakes for fuke were much higher than they are today. In this context, the passion behind, for example, both sides of the debate over using cooling or heating methods to secure the foetus makes much more sense. However, even the notion that pregnancy must be difficult was contested, as embodied in the title of the widely read 'Treatise on Easy Childbirth'.

SIMON PLANT

Acupuncture and tui na for stroke recovery and rehabilitation: integrated practice in a New York hospital: Claudia Citkovitz

Clinical priorities and ethical concerns in stroke care: Claudia Citkovitz and Jane Wilson

Claudia Citkovitz leads an acupuncture programme at the Lutheran Medical Centre (LMC) in Brooklyn, NY and has a decade of inpatient experience treating stroke patients. Her seminar included an overview of the clinical manifestations of stroke from a bioscience and Chinese perspective, together with an overview of modern treatment microsystems including Jiao Shunfa's and Zhu Mingqing's scalp acupuncture, Terry Oleson's auricular acupuncture, Shu Zuemin's whole body system and Dr Tan's Balance Method.

The course was highly practical and utilised LMC's stroke manual, developed by Citkovitz and others. The manual included a stroke recovery and rehabilitation worksheet that incorporates treatment goals for specific areas such as aphasia, dysphagia and stabiliing the spirit. Citkovitz's ability to incorporate multiple microsystems into her treatment plan and to select the appropriate system based on the needs of the patient highlighted her depth of knowledge gained from extensive clinical experience. Her experience is supported, critiqued and refined by a focus on research culminating in her ongoing PhD at the University of Westminster.

Jane Wilson's presentation built upon the themes presented by Citkovitz and drew upon her experience as a state-registered physiotherapist specialising in stroke recovery, as well as her knowledge of TCM. Jane has an MSc from King's College in informed consent for acupuncture and she focused on the importance of virtue ethics and valid, informed consent when treating stroke patients. She emphasised the importance of informed consent based upon dynamic reciprocity grounded in kindness and sincerity and Mencius' (fourth century BCE philosopher and student of Confucius) principles of benevolence, compassion and respect.

As well as informing on a specific condition, the sensitive approach to treatment of both presenters also demonstrated exemplary patient-centred care.

LIV RUDDY

Introduction to moxibustion technique workshop: Michael Potter and Cinzia Scorzon

After the intensity of the morning lectures, it was a pleasant relief to turn to doing some hands-on stuff and give the mind a rest each afternoon.

The second afternoon focused on moxibustion, including choosing a product from the myriad available, practising rolling moxa balls (useful when pre-rolled supplies run out), discovering a complete lack of dexterity rolling sesame, rice and thread moxa, and for some, getting much needed know-how on using direct and rice grain application without burning ourselves or our fellow practitioners before being let back into the wild! Even experienced practitioners found something useful in this session, like the discussion of using moxa as a dispersing technique for hot conditions.

The biggest eye opener was the variability of moxa quality on offer even in a small sample of market products. Moxa can be considered much the same as buying tea. Like prized white teas, the finest moxa grades like Yamasho and Youmei are picked from the leaf tips, contain a high proportion of volatile oils and are comparatively expensive. The bottom end bulk green moxa contains lots of stems and leaf, like the super cheap Chinese cigar sticks that burn with lots of smoke but have little therapeutic heat.

When buying moxa, you definitely get what you pay for. Even across the finer yellow/gold range there is a quality difference. The highly expensive Yamasho moxa rolls very easily into thread and rice grain size, while a little more effort is needed to shape good quality Wakakusa. So why spend a small fortune on high-grade moxa? Patients actually find it more comfortable, they have responded quicker to treatment, and there are fewer comments about that 'funny smell'.

DOUG CHICK

Emotional disorders and the liver: Dr Eric Karchmer

Dr Karchmer's seminar explored how the treatment for emotional conditions such as depression became focused on the liver in contemporary Chinese medicine, with an emphasis on the period from the pre-modern era, beginning with Zhu Danxi, to the modern era. He began by showing how the view of physicians changed from seeing emotional disease as being due to external pathogens to having emotional causes.

The Classics were not directly discussed, however they were viewed through the commentary of famous physicians from this period as they alternately revered or disregarded different theories.

Eric explained how different political, cultural and scholarly movements and empiricism influenced not only the way Chinese physicians saw their own history but also how they interacted with Western medicine. He explained that during the republican era the liver became the gateway through which the Western medical concept of the nervous system was incorporated into Chinese medicine. Although this association was later rejected, and according to Eric would be considered 'blasphemy' by most modern Chinese medicine physicians, some of the associated treatment strategies remain popular today.

Further information about the annual EASTmedicine Summer School can be found at www.westminster.ac.uk/eastmedicine/events

Taste the autumn

By Di Shimell

Here's a lovely autumnal soup recipe to pass on to your blood xu patients. It's quick to make but be sure to wear gloves to peel the beetroots if you don't want to end up with red-stained hands. The beetroot and stock are good blood nourishing foods, and the onion helps with blood circulation.

Beetroot soup

Ingredients

3 tablespoons of olive oil
1 medium onion, chopped
3 cloves of garlic, chopped
6 medium beetroots, peeled and chopped
500g tub of beef stock
Salt and freshly ground black pepper

Method

Warm the olive oil in a large saucepan over a medium heat.

Add the onions and garlic and cook for about five minutes, until soft but not browned. Stir in the chopped beetroot and cook for one minute.

Pour in the stock and season with salt and pepper.

Bring to the boil, cover and simmer until the beetroots are tender, about 20 to 30 minutes.

Remove from the heat and allow to cool slightly.

Blend the soup until smooth and gently heat through before serving.

Australia: land of acupuncture opportunities

SUSIE MEE
Acupuncturist: Sydney, Australia

Eleven months after qualifying, nine months after starting my first acupuncture job and four months after telling our families that a move to Bristol was too far from them in London and Liverpool, we emigrated to Sydney, Australia.

The move for me as a newbie acupuncturist was tough. I'd just got to grips with the requirements for practising in England, so to try and take on practising in a new city, country, continent, felt huge.

Being a natural communicator my first stop was to reach out and ask advice. The BAcC listed a few Australian practitioners, most of whom took the time to reply to my 'Australia – Acupuncture – What the ??' emails with helpful hints.

I fell into a business job soon after arriving, but was able to keep my practice up by treating in the evenings after work at the Community Acupuncture Practices whose ethos is to make acupuncture affordable. I kept up my skills and acquired new ones in these busy multibed practices, without the financial and business pressures of setting up my own clinic in a new city.

After having my son I realised I wanted to have my own practice, and that's when the fun REALLY started!

Medicare in Australia is similar to the NHS in the UK, but as it doesn't cover all aspects of healthcare, for example dental, physio, acupuncture, most people have some level of private healthcare as well. Acupuncturists can offer rebates if they're registered with the private health funds, which, whilst not a requirement, is a big draw card for potential customers.

Although I had the requirements for practising acupuncture, the private health funds wouldn't accept me as my degrees were both done in England. I was told I needed to send my transcripts and certificates to an Australian government department who assessed if my degrees were equivalent to an Australian degree. Oh, and this process could take up to three months!

Eventually I received certificates from the government confirming that, yes, my degrees were in fact degrees! The certificates were then sent on to the private health funds, via my professional association, to register me, a process that would take up to two months.

Finally, about six months later, with everything in place, I started my own practice and it was wonderfully busy … and then deadly quiet … and then continued on the rollercoaster that is being in practice.

Not long after, a friend who was having IVF and receiving acupuncture at the IVF company found out they were looking for another practitioner. Housed in downtown Sydney in a sparkly new tower block, the clinic couldn't have been more different to the other clinics I've worked in. They are the only IVF company in Australia with an in-house holistics department offering acupuncture to women trying to conceive.

It's a fascinating place, where I've been lucky enough to spend time in the embryology department and in the procedures room with clients, as well as working with hundreds of women trying to conceive. But it can also be a tough environment to work in as you are dealing with women who can be highly emotional with incredibly high stress levels.

By far the most frustrating aspect of practising acupuncture in Sydney has been the state registration process, which I was told might be difficult for me as I qualified overseas. Surely not, I answered, I've spent hundreds of dollars on getting my degrees accepted by the Australian Government! I soon found out that the government certificates didn't automatically give me entry to the club.

It took around nine months, over sixty pages of case histories, high stress levels wondering what I would do if I was refused as it would then be illegal for me to practise acupuncture, and hundreds more dollars to have my application accepted.

During my time here, as well as working with IVF patients, I've been involved in acupuncture research projects, managed the set-up of a free acupuncture clinic for HIV patients, given presentations on the benefits of acupuncture for cancer patients to palliative care nurses in hospitals and to local cancer support groups, and liaised with oncologists about mutual patients' ongoing treatment.

Five years, five months and four days after leaving England I still miss a lot of things, as gloriously wonderful as life is in Sydney. I miss friends and family as much as ever, I miss the variety of so many things I took for granted living in the UK, the proximity of Europe, real ale and dry cider, cold Christmases, and the A41.

As an acupuncturist I've found Australia to be a land of opportunities if you're willing to get up, put yourself out there and find them. People here seem accepting of the ancient art we practise, with an openness to being balanced, even for as simple a reason as general health and wellbeing, that I still find so refreshing every time I come across it.

A Beijing working summer

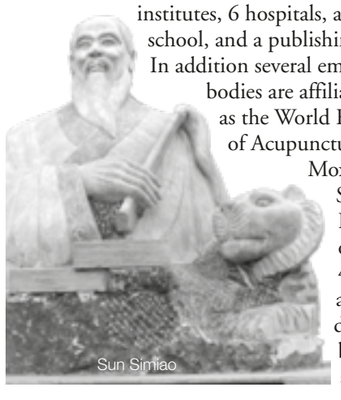
TRINA WARD
Member: London

During my recently completed PhD studies, which explored what counts as knowledge in Chinese medicine, I had the opportunity to undertake fieldwork at the China Academy of Chinese Medical Sciences (CACMS) in central Beijing. This summer I was asked back as a post-doc researcher to take part in a Chinese medicine herbal pharmacovigilance research project.


Trina and colleagues

It was fascinating to see what a day in the life of a Chinese worker was like, how Chinese medicine is presented in mainstream culture, and to contemplate how much Beijing has changed since I was first there in 1992. There are certainly opportunities for understanding Chinese medicine at many levels for English speakers in China that any acupuncturist could take advantage of.

Launched in 1955, CACMS is China's oldest Chinese medicine research establishment, comprising 13 institutes, 6 hospitals, a graduate school, and a publishing wing. In addition several eminent bodies are affiliated, such as the World Federation of Acupuncture and Moxibustion Societies. I was one of around 4,000 staff, and on a day-to-day basis I was alongside 20 in the institute of basic research in clinical medicine. Having recently finished my PhD studies, I found being part of a research team was very rewarding.


Sun Simiao

As many of us will know, sometimes practice itself can be a rather isolating experience, but doing a PhD is often described as solitary confinement, so it was quite a change for me, and yet surprisingly easy to slip into the routine. Work starts at 8 am, hot lunch is delivered from 11.30 am to 12 - the one thing that always stops work - followed by a siesta, during which time I often took a walk taking pictures of sleeping people, some in the most uncomfortable looking positions. Work officially finishes at 5 pm, although this was rarely the case (see below).

Like so many things in China, this research project is on an enormous scale. Nowadays, herbs are delivered intravenously. This relatively high tech way of administering herbs reflects the great striving to be seen to be modern and scientific, and which particularly reflect Mao's mass science movement; for an article on this see my Facebook page: trinawardacupuncture. The pharmacovigilance program is designed to research 12 herbal medicine infusions, with 2.4 million patient records having been assessed and 30,000 patients being recruited for each herb.

My role in the research project was ostensibly to assist in its translation into English and to write it up for publication in the West. However, I have no doubt that having a foreign researcher in the department increased the professor's status in the eyes of her competitors at the academy. The team of researchers were extremely dedicated and expected to meet deadlines, even if it meant working until midnight.

It was very interesting to see how prevalent Chinese medicine is in mainstream media. For example, several TV channels have prime time live audience shows where Chinese medicine doctors give health advice to volunteers from the audience. Nevertheless, the status of western medicine doctors is higher, and this is reflected in allocation to courses. Students usually choose to do medicine. Those with the highest marks are trained in western medicine whilst those with lower marks are sent to Chinese medicine colleges.

The changes in Beijing since my first visit over 20 years ago are immense, pollution being one of the negative outcomes of the rapid progress. Beijing summers are hot and humid with occasional downpours which clear the air and the pollution. This visit I stayed on the outskirts of Beijing at Tiantongyuan, where urban and rural China meet, and commuted in on the very fast, air conditioned tube line five. I had been there for six weeks when twenty-four hours of rain cleared the air, and it was only then that I could see the beautiful mountain range that surrounds Beijing to the North.

Despite the pollution I had a thoroughly good time. The hutongs (small alleys) of central Beijing never cease to fascinate me, where life is lived in all its chaos out in the streets.

If you are an English speaking acupuncturist wanting to experience Chinese culture and observe practice, an alternative route to paying for a training course would be to offer your English language skills in a hospital in exchange for clinical observation. If anyone is considering such a trip, please do feel free to contact me for further details of how I made the initial contact which led to my Beijing working summer.

Strictly marketing!

CAROLINE LANE
Marketing & PR Manager

Welcome to this update on what we've been doing to help positively promote the British Acupuncture Council and traditional acupuncture over the past couple of months. We have been working hard to finalise plans for AAW 2014 so that we can get preparation underway, giving you enough time to plan your own marketing and PR. More information will follow soon. In the meantime, enclosed with this issue is the car/clinic window sticker for you to display prominently and proudly, wherever you think it will best be seen.

Strictly's Camilla Dallerup: our AAW 2014 campaign celebrity

AAW 2014: celebrity found!

We would like to take this opportunity to announce that the theme for AAW 2014 is back pain, which arose as a popular subject at the Healthscapes planning day conducted with members earlier this year (see The Acupuncturist, summer 2013, p18).

Back pain is a great condition to focus on, especially as we have the NICE recommendations for using acupuncture for lower back pain, adding credibility and weight to our campaign. This focus will also help to increase awareness of traditional acupuncture as effective evidence based therapy along with other popular treatments such as osteopathy and physiotherapy.

media being regularly featured in Bodyfit and Zest Magazines.

We are extremely excited to be working with Camilla who will feature in a short film for our Introducing Acupuncture microsite, take part in our campaign radio day, and provide interviews for the media.

As always we want you to be as involved as possible so we can make AAW 2014 a big success! If you have any case studies or success stories around back pain then please do get in touch via swebb@pegasuspr.co.uk or icurry@pegasuspr.co.uk or caroline@acupuncture.org.uk

> Back pain is a great condition to focus on for AAW 2014, especially as we have the NICE recommendations for using acupuncture for lower back pain

Since deciding on our theme we have been searching hard for a celebrity back pain sufferer to front our campaign and we are delighted to announce that we have secured Camilla Dallerup, best known as one of the Strictly Come Dancing professional dancers.

Camilla has suffered from severe back pain throughout her life, which she has had to keep under control for the sake of her career. Acupuncture is the only treatment to give her any relief.

Camilla is heavily involved in this year's 'Strictly' but in an advisory role for the behind the scenes show 'It Takes Two'. She is a natural health enthusiast and is already a hit with the consumer

Celebrity acupuncture

Hilary Baldwin: 'I went to acupuncture - I believe in this kind of thing - the day before to help induce (the labour)'. Hello! magazine.

Charlie Webster: 'Swimming training time!!! Acupuncture on tendon in my foot last night ...' Twitter.

As always, if you have any ideas, feedback or questions for the marketing team, please get in touch on 020 8735 1217 or caroline@acupuncture.org.uk

PR TOOLKIT

Media interviews

Journalists will often contact experts in a field to comment on a topical subject. For example if a celebrity has been named as using acupuncture for fertility or if some new research has been released. Journalists often call on experts to back up their articles and this is a great way to raise your profile and awareness of the industry.

Alternatively, if you see a news story relating to acupuncture, you could always call your local publication and offer insight or expert comment, which may trigger them to develop a feature on the subject.

Be prepared: more often than not journalists want you to reflect positively on the subject but on occasion they may ask tricky questions.

Before an interview: always make sure you are aware of the acupuncture key messages, which can be obtained from Pegasus.

If you are nervous or worried about the nature of an interview: call Pegasus who can talk you through key messaging, any news agenda that may be affecting the piece and answer any questions you may have.

Always remember: you are the expert who has the knowledge of the industry, so don't be afraid to express this, although try to use terms that can be understood by the general public.

REMINDER

Awareness events

Synch your marketing with national awareness days and weeks to get your practice noticed.
www.national-awareness-days.com

REMINDER

We need your case studies

Journalists are always looking for interesting acupuncture patient case studies, so please send over any that you have to icurry@pegasuspr.co.uk

Case studies are a brilliant way of bringing the benefits of acupuncture to life and are great for communicating the different health conditions it's good for.
It is always fantastic to have case studies on file to support any of the awareness days or seasonal uses of acupuncture, so we have an excuse to talk to publications.
Before sending us a case study, remember to make sure that your patient is happy to be interviewed and photographed in the media.

JARGON BUSTER

Editorial

Editorial coverage is an expression of opinion using text and images in a publication to make an article, feature, story or short piece.

The advantage of securing an editorial is that the reader trusts its content as it comes directly from the author and not, in the eyes of the reader, from the company in question, so giving the impression of an unbiased article.
Editorial also has the advantage of being free, although they are harder to secure and can be cut at the last minute to make room for news agenda or paid for space.

QUICK TIP

Create your USP: Unique Selling Point

Having a USP will set you apart from the crowd, add value, and give you a reason to shout about your practice to the general public and to the media, for example:

- a unique customer loyalty scheme
- your practice set-up
- specialisation in one area, such as fertility or sports.

A USP will help your patients feel part of a community receiving a service that is made just for them.

Coverage round-up

Total pieces of media coverage:
17
Coverage reach (OTS):
146,283,131
Total circulation:
138,686,498
Coverage highlights:
Mail on Sunday
Grazia
Prima
Best Special

With thanks to Samantha Webb, Amy Seaman and Imogen Curry at Pegasus for their input into this section

What a swell party that was!

KEVIN DURJUN
Conference Manager

It was an absolute pleasure to organise this year's conference. For those who couldn't make it, here's a brief round-up of what went on.

Business first. The AGM was held on the Friday afternoon before the conference weekend and was well attended. A minute's silence was held during the meeting to honour the memory of BAcC Fellow Mary Austin, who sadly had died a few days previously.

Over 90 people stayed overnight at the conference venue and enjoyed a delightful buffet meal in relaxed surroundings, catching up with old friends. Thanks go to member Steve Kippax for entertaining us with his musical talents.

We decided to invite fewer speakers than in previous years, and to provide them the opportunity of speaking for longer. This change proved popular with most delegates who fed back saying that they enjoyed being able to learn about topics in depth. Delegates attending both days of the conference were able to hear up 15 lectures in total.

Our main theme this year was Treating Patients, Not Conditions, and the speakers tailored their presentations accordingly. Sessions were grouped along several themes and featured practitioners of different styles of acupuncture. Seminars were wide ranging, including Judy Worsley who spoke about five element acupuncture as taught by Professor JR Worsley, Barbara Kirschbaum on tongue diagnosis, acupuncture and chemotherapy, and Jan de Vries presenting on cancer being a metabolic disease.

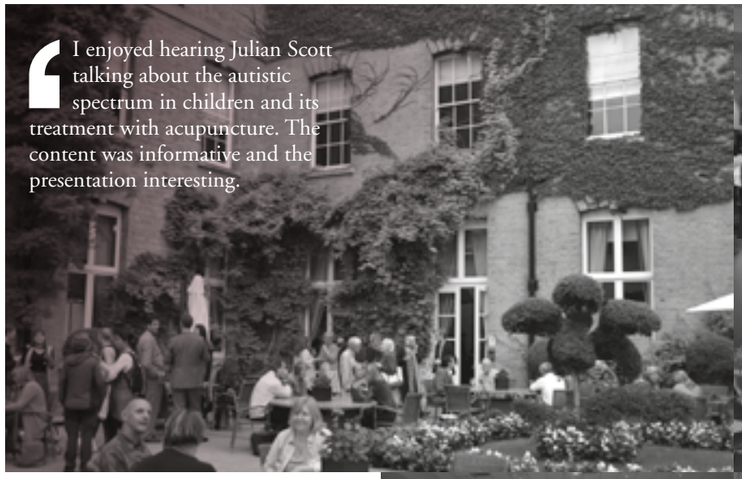
In addition to the main lecturers, we were thrilled to be joined by Honora Wolfe who delivered a lively session outlining how to find and keep your next ten patients. We also enjoyed the wisdom of Mycology Research Laboratories explaining the benefits of mushroom nutrition and how it can help people living with cancer.

We attracted twenty-five exhibitors who took over two main exhibition spaces, selling acupuncture related equipment, herbs and books. Many exhibitors gave away free gifts to all delegates, including packs of needles and delegate bags, and most of them did a roaring trade, especially during the breaks. One exhibitor mentioned to me that he had sold out of much of his stock by the end of the first day, which was wonderful to hear.

The conference also offered myriad social opportunities, from drinks receptions to networking meetings. Then of course there was the thoroughly enjoyable three-course Saturday night dinner, rounded off with dancing to a live seven-piece band, followed by some fantastic DJing which saw BAcC members and friends throwing some fabulous shapes on the dance floor!

I just can't wait to get started on next year!

Please send me your conference feedback, ideas or suggestions to kevin@acupuncture.org.uk



"I enjoyed hearing Julian Scott talking about the autistic spectrum in children and its treatment with acupuncture. The content was informative and the presentation interesting.

"My favourite session was hearing Judy Worsley. Such a heartfelt understanding of acupuncture with spirit at the centre.

"I enjoyed the practical qigong session led by Master Wu – Shaking The Blues Away. Experiential learning is so important, developing ways to strengthen qi is essential for every practitioner. Please can Master Wu come back again?

Four new BAcC fellows receive their awards from Charlie Buck

Fellowship awards

At this year's conference dinner four new fellowships were awarded, all nominated by members and reviewed and approved by an Honours and Awards Panel chaired by Charlie Buck. Alongside other achievements, all fellows demonstrate excellence and significant contribution to acupuncture.

JANICE BOOTH has made many contributions since joining the acupuncture profession in 1988, including her work on the BAcC Education Committee as well as her many years at the College of Integrated Chinese Medicine (CICM). Janice served on the BAcC Executive Committee (before the Governing Board) and helped set up the regional group network. She also served as BAcC president and most recently she has been known for her tireless work with the conference.

ANGIE HICKS is joint principal of CICM, which she co-founded in 1993. Angie is co-chair of the Committee of Heads of Acupuncture Colleges (CHAC) and a leading author. In his introduction, Charlie Buck highlighted her wonderful dedication and spirit. Angie spoke of how her work offered her pleasure and inspiration, which was increased by seeing new graduates enjoy the same satisfaction from their careers in acupuncture.

ISOBEL COSGROVE epitomises the abiding ethic and spirit of our profession. She has championed a successful supervision network and has supported the BAcC in developing practitioner support. She taught at and was director of LicAc studies at the College of Traditional Acupuncture (CTA) for ten years in the '80s and early '90s, before running clinics in Wales and then moving to open a practice in London. Isobel said: 'In my 33 years as an acupuncturist I have seen inspiring work. I have also been aware of areas in the profession which need to change. To address this I have spent the last 20 years building a strong national network of mentor/supervisors. I consider myself privileged to have worked alongside them.'

A final fellowship was offered to one of the most significant figures in UK acupuncture.

Charlie declared his personal admiration for the wisdom, constantly enquiring mind, magic and numerous talents - too many to mention - of … **JOHN HICKS**

Conference 2014 and beyond: ideas and speakers needed!

Amongst other things, we are currently planning next year's conference and would love to have your input.

Do you have any suggestions for potential venues, speakers, or topics for discussion?

Are there any practical sessions that you feel would be of interest to members?

Would you like to speak or run a workshop at a future conference or event?

Please help us make future conferences and events reflect the needs and interests of our members by sending your ideas, offers and feedback to kevin@acupuncture.org.uk or phone 020 8735 1222.

Audit: better than a poke in the eye

MARK BOVEY
Research Manager

For Rees (1997), writing from a CAM perspective and trying to avoid getting too heavy, 'Audit provides a framework for practitioners to look at whether they are providing the care they think their patients should be getting'.

Here is her diagram of the audit cycle:

The problem lies with the word 'should'. What care 'should' patients be getting? How do practitioners decide what 'should' be happening?

More formal audit texts suggest that you compare existing performance against set quality standards, but where are these standards? This is an interesting dilemma because specifying what we should do and how we should do it does not sit well with independent practitioners following their own path.

The BAcC has the SPA guidelines - but these are more the cloth from which to cut your own best practice criteria rather than off-the-peg suits.

In the absence of explicit standards you can draw on the literature (but there's rarely much help there) and colleagues (this can be very useful, better than just your own opinion).

How are your patient records?

This is a favourite area with those who push audit (Rees 1997) but hardly one to strike joy into a practitioner's heart. Some aspects are legal requirements; others are vital for monitoring and evaluating practice. A retrospective analysis of case notes for 714 patients from 17 practitioners found that 61 per cent had a traditional diagnosis recorded (Wadlow and Peringer 1996).

Bettering this figure might be a legitimate goal for the profession overall but it's not a useful standard for an individual acupuncturist. If you think it's valuable to record diagnosis then why not aim for 100 per cent (perhaps 95 per cent is more realistic); if not, then why bother to audit it?

How many treatments?

Analysing your back records to count how many patients came once, twice, three times, etc easily provides a practice profile that's informative on patient satisfaction and financial viability. Here is one person's data (Huber 2012):

Number of times attended	Proportion of patients (%)
1	34
2-4	29
5-10	21
11-20	12
21-50	2
>50	2

A third of patients coming only once may seem unacceptable, but if your practice contains a lot of one-off embryo transfer treatments then it is a different matter. You need to take account of all such relevant factors when setting your standards.

This is a good area to audit and can lead on to various actions and further explorations:

- contact the one-offs and ask why they stopped
- use a satisfaction questionnaire for a sample of your patients
- ask a colleague to sit in on some sessions or make a sound recording
- look at the expectations of new patients and the information you provide.

Are patients getting better?

There is a growing body of acupuncture outcomes data, especially with MYMOP (measure yourself medical outcome profile). You could, for example, set a standard of one unit MYMOP change (the cut-off that's often taken to indicate clinical significance) to be achieved by at least 50 per cent of patients.

This sort of audit is fraught with difficulties, not least, how do you go about improving practice if you get poor results? Patient outcomes depend on many factors, including the unknown and the unalterable, so the likelihood of success may be low.

However, there may be value in comparing the outcomes for different groups of patients, for example different diagnoses. If your back pain patients are doing much worse than those with neck pain then perhaps you should do some more learning about the former and/or try a different approach. If you're having little success with people with blood stasis then perhaps you should consider referring them to a herbalist.

Better knowledge of your past record also allows you to give more reliable information to new patients, but that's another audit entirely.

You can audit anything you want, in your own way, at your own pace. And if you don't venture into this territory, then you'll never know what's there.

REES RW. AUDIT OR RESEARCH? A PERSONAL VIEW. COMPLEMENTARY THERAPIES IN MEDICINE. 1997;5:233-7

WADLOW G AND PERINGER E. RETROSPECTIVE SURVEY OF PATIENTS OF PRACTITIONERS OF TRADITIONAL CHINESE ACUPUNCTURE IN THE UK. COMPLEMENTARY THERAPIES IN MEDICINE. 1996;4:1-7

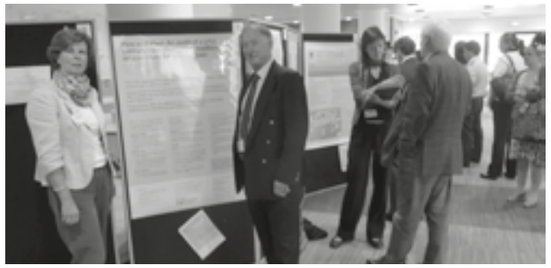
HUBER PAJ. CLINICAL AUDIT OF AN ACUPUNCTURE/NATUROPATHY CLINIC IN CENTRAL LONDON 2007-2012. 14TH ARRC SYMPOSIUM, MARCH 2012, LONDON

Oops, how did this happen?

LIZA WILMOT
Member: Leamington Spa

BARRY WILLIAMS
Member: Leamington Spa

Four years ago I was treating a GP who said: 'I wish I could give my patients this sort of treatment. I can think of several patients who would benefit from this approach.'



As a newly qualified five element practitioner I agreed but could not see any way of bringing traditional acupuncture into a GP's surgery on the NHS. But I had reckoned without the tenacity of my patient.

The next thing I knew I was creating a business plan and service specification for such a clinic, with the help of a colleague, Barry Williams. It took two years to go through the process but eventually we opened a pilot pain clinic in the surgery. It is still in existence and we see about 16 patients a week with a variety of chronic pain problems.

We are contracted to carry out six-monthly audits of our work. This was so much part of the requirements of the contract that we did not think we were doing anything very special. However, when asked to present some of our findings to the ARRC (Acupuncture Research Resource Centre) symposium this year as an example of interesting findings from everyday practice, we began to realise that maybe we did have something of value.

Then I received the following email: 'Hi Liza, saw this and thought of your clinic at Coventry Road Surgery, you should think about presenting your work here.' 'This' was a flyer for the Research and Innovation conference of the West Midlands faculty of the Royal College of General Practitioners requesting abstracts for their annual conference.

My first reaction was to laugh; I could not imagine GPs being interested in the findings of two acupuncturists working in a tiny clinic. However with much encouragement, help and support I submitted an abstract and then promptly forgot it, assuming it would be rejected.

Another email: 'Thank you for submitting an abstract for the RCGP symposium to be held here on 27 June 2013. We were inundated with high quality abstracts and I am delighted to offer you the chance to present your work in the form of an academic poster.'

Panic! I had never produced an academic poster so had no idea of what it entailed; the email gave details of size and orientation but nothing more. A Google search - 'How to produce an academic poster' - gave me a variety of different formats and I began to come up with a preferred design.

'Acupuncture works for chronic pain' seemed to be the most important message. However this was for doctors so we had to be able to back up our findings using NICE guidelines and peer reviewed research evidence. Fortunately there were a number of papers for us to reference.

Now what? We had thought of using the BAcC logo to promote both the Council and our credibility, so we spoke with the PR department who were wonderful and immediately sorted a number of other problems for us.

We ended up with a very impressive poster, which was well received at the symposium and attracted much interest. And on a personal level this experience has changed both of us.

Barry

- Given me confidence to talk about acupuncture to doctors and other acupuncturists.
- Shown me that we have data that can be used for the benefit of other practitioners and their patients. Importantly, it is all our own work.
- Never consistently monitored my treatments before having to audit for this contract so it has been a useful exercise in learning what is effective and what is not.
- In 15 years' private practice I had never seen such severe pain, so had not realised how good acupuncture is in relieving pain.
- If I can do it, any acupuncturist can.

Liza

- As above, only fewer years in practice.
- Getting data is not that hard, making good use of it is more difficult.
- Acupuncturists are a kinder audience then medics.
- Medicine and acupuncture are very complementary as what is impossible in one may be possible using the other.

We both started this project not really believing that any of it was possible. We were lucky to get great support and encouragement. We now know that it is possible for two ordinary practitioners to carry out a useful audit and get interesting results.

Our next aim is to get our findings published and then … perhaps a research project more carefully designed and set up.

CPD updates

PALVINDER BANWATT
Education Co-ordinator

GERRY HARRIS
Education Officer CPD

We would like to take this opportunity to thank all the members who submitted their returns by this year's April deadline. All the information you have given will help us enormously in providing you with relevant CPD support over the following months.

CPD results are in

We have now analysed all the returns and in terms of CPD activity for 2013/14, we have noted the following key trends:

- significant increase in the numbers of practitioners expressing an interest in finding out more about infertility and IVF both from the western medical perspective and acupuncture practices (25%)
- greatest level of interest from the specialist areas of practice has been in obstetrics (7%) and mental health (6%)
- many members have stated that they will continue to meet in small informal learning groups to discuss patient cases and treatments, with particular emphasis on the choice of points and/or the combinations of points (12%)
- general business building through advertising and other promotional activity continues to be important in the coming year (14%)
- general research into the diagnosis and treatment of specific conditions from a western medical perspective has been cited by several members (9%), and of these, musculoskeletal problems, pain management, neurodegenerative diseases, cancer and skin diseases feature most prominently.

This information has been shared with the Council for Heads of Acupuncture Courses (CHAC) to inform their planning of CPD activities in the coming year.

Opportunities for engaging with CPD

The BAAB-accredited teaching institutes and other private CPD providers organise a wide range of workshops, seminars, lectures and courses; many are advertised in this magazine or on the BAcC website.

Of course there are many other ways you can engage in CPD activity, for example:

- participate in your local regional network or other learning group: contact your regional group co-ordinator and/or your professional development lead for more information
- you may wish to start your own CPD group, if there are none locally: your professional development lead can help you get started
- undertake research: if you have ideas for a specific project you may be able to get a small grant - find out more from Mark Bovey, research manager – or alternatively your research may be specifically linked to supporting your patients
- if you are looking for help in developing your practice as a business, you may want to participate in the workshops organised as part of the BAcC's business support programme - find out more about these workshops from Kevin Durjun on 020 87351222 or kevin@acupuncture.org.uk

Remember, if you have any questions about CPD you can contact the professional development lead in your region or Palvinder via palvinder@acupuncture.org.uk or 020 8735 1216

CPD submissions 2014/15

You will find a paper copy of the CPD form included in this issue of The Acupuncturist. The deadline for return of the form is 30 April 2014.

In 2015, we will be aligning the CPD returns with membership renewals. This means that next year you will have a shortened CPD 'year' of nine months - April to December.

When you are completing your CPD returns, please tell us:

about the CPD you have undertaken over the period April 2013 to March 2014 on pages two and three

the CPD activities you are planning from April to December 2014 on page four.

If you have any queries or you would like a copy of your CPD form from last year, please contact us on 020 8735 1216 or cpd@acupuncture.org.uk

PDL wanted

We're still seeking a professional development lead (PDL) to cover the East Anglia & East Coast region. See page 31 for how to apply.

CPD events

For details of upcoming CPD meetings, see page 27. Or to contact your regional PDL, see listings on page 31.

The Standards of Practice for Acupuncture in brief

Remember that you can always refer to the SPA document to help you create your personal development plan.

Practice Context (PC) - Acupuncture practitioners recognise that they work within specific contexts that influence: • how they develop their practice • how they develop and maintain their relationships with patients, carers, colleagues and other professionals.	
PC 1	Practitioners locate their clinical practice within the historical development of Chinese medicine in East Asia and in the West.
PC2	Practitioners recognise that the political, societal and cultural dynamics of the local community and nationally will have an impact on their practice.
PC3	Practitioners explore how their values, beliefs and personal experiences may influence the way they work or interact with patients, colleagues and other healthcare workers.
Diagnosis and Treatment (DT) - Acupuncture practitioners, following the BAcC Education Guidelines (April 2000) (now SETA 2010): • make a diagnosis • formulate a treatment plan • treat patients using needles and other techniques that have an impact on the flow of qi in the channels in order to awaken the body's ability to protect and heal itself.	
DT1	Practitioners gather information from patients using the four examinations (sizhen).
DT2	Practitioners identify the distinguishing patterns (bianzheng) using Chinese medical guiding principles of health and disease.
DT3	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.
DT4	Practitioners carry out treatments according to the principles of the flow of qi in the channels.
Communications and Interaction (CI) – Acupuncture practitioners adhere to the BAcC codes of Professional Conduct and Safe Practice and maintain high standards of communication in their interactions with patients, carers, colleagues and other professionals.	
CI1	Practitioners communicate empathically, ethically and effectively with patients, carers, colleagues and other professionals.
CI2	Practitioners provide relevant and appropriate information to patients, carers and prospective patients on aspects of diagnosis and treatment so that they can make informed choices and to other healthcare professionals, members of the public and public bodies or organisations.
Safety (S) – Acupuncture practitioners ensure safety for patients and themselves in accordance with the BAcC Codes of Safe Practice and Professional Conduct.	
S1	Practitioners provide a safe environment for the patient.
S2	Practitioners support their own safety within the context of their practice.
S3	Practitioners work towards creating a safer environment and society.
Professional Development (PD) – Acupuncture practitioners engage in professional development to improve their practice, based on the examination of, and reflection upon, their work. They participate in the Continuing Professional Development Programme of the BAcC.	
PD1	Practitioners carry out their professional learning in a systematic way based on the needs of their practice.
PD2	Practitioners seek support and guidance when undertaking professional development activity.
PD3	Practitioners seek creative ways of recognising, developing and sustaining their qi as the basis of self-cultivation.
PD4	Practitioners contribute to the research base of the profession and the growth and development of the profession as a whole.
Business Management (BM) - Acupuncture practitioners manage their practice following sound business, legal and ethical principles and in accordance with the BAcC Codes of Safe Practice and Professional Conduct for the benefit of themselves and their patients.	
BM1	Practitioners operate an effective, legally and professionally sound practice.
BM2	Acupuncture practitioners run a viable practice and are able to market their practice.

My brilliant first year

SIOBHAN PALMER
Member: Driffield

My first year in practice has been somewhat surprising. In hindsight, I think college were preparing us for the worst. The rule of thumb seemed to be that it takes a year to build a day's worth of patients. But in my case, this was not the case.

During training, I was enthusiastically reporting back to my teaching colleagues in the staff room at work about all the amazing things we were learning on my acupuncture course.

Once I had a good grasp of tongue and pulse reading, I started doing this as confirmation of the symptoms my colleagues were experiencing. I was also giving dietary advice to help symptoms.

All this was proving to be not only entertaining, but also successful for my colleagues. By the time I graduated I had a captive audience waiting for my clinic to open.

> I was not just enthusiastic at work, I was enthusiastic EVERYWHERE I went!

I was not just enthusiastic at work, I was enthusiastic EVERYWHERE I went! I still talk to people wherever I go, dog walking, markets, parties. I even got a new patient when I was at a gig, from talking to a man who had backache. From that one appointment I have since treated his wife, one of his children and two of their friends.

I started off treating from an osteopathic clinic in town. Many of the osteopaths were kind enough to refer some of their most difficult or awkward patients to me. Since then, word is spreading and my clinic is full most of the time.

January was a bit worrying, but talking to my supervisor Caitlin put my mind at rest. Apparently, this is the time all acupuncturists reflect, go on holiday, do accounts and fix up the house!

I still have a teaching commitment every morning, so my practice is not quite full time yet, but slowly I am able to reduce my teaching hours as my client base expands.

My first year has also been full of CPD. In my first month I had a patient going through IVF, an area I was not confident in, so off I went and did a bit of extra training: some with Caitlin Allen, some with Jani White and some with Debra Betts. My patient, I am pleased to report, is now in her second trimester and doing well.

Every time I come across something out of the ordinary or different, I book some extra training, talk to experienced acupuncturists, and do some reading. I love it. My practice is blossoming and I am developing as a practitioner.

Knowledge aside, if someone were to ask me the most important part of getting and keeping patients I would not say advertising, I haven't done any!

My answer would be that it is that special relationship between patient and practitioner. Giving patients the time to really be heard and holding them in a safe place while their bodies do the healing is what makes them want to come back.

Welcome!

Congratulations to the following graduate practitioners who are now eligible to register as BAcC members.

Northern College of Acupuncture

Angela Di Benedetto
Rachel Blackeby
David Geoghegan
Clare Green
Victoria Harrison-Edwards
Penny Kay
Jill Marks
Lorraine McDonald
Tamsin McVean
Claire Mercer
Jane Pearson
Rikke Wagnes

University of Salford

Zahra Ahmed
Lindsay Dinwoodie

University of Westminster

Jessica Allen
Leonie Boffinger
Monika Brusik.
Jennifer A Chambers
Louise Gordon-Bouvier
Sarah Guyan
Suzannah Hawkins
Helen Kennedy
Clare McEvoy
Jennifer A Meagor
Kana Okada
Thalia Perry
Carol Ann Pletz
Hayley Van Emmenis
Christopher Williams

London South Bank University

Laura Ichajapanich

The copy deadline for this issue was 8 October 2013.

Course tweets

UNIVERSITY OF WESTMINSTER

Felicity Moir and Professor Annie Bligh were invited to Taiwan to renew the memorandum of understanding (MoU) with China Medical University and to develop the student exchange programme.

College of Integrated Chinese Medicine

Our latest BSc Hons degree started in September – a warm welcome to 37 new students. CICM's next open days are 24 November and 11 January. For more info about CICM visit us at www.cicm.org.uk

The Acupuncture Academy

We have just welcomed our fourth group, and our very first group are getting closer to that all important third year ... Good luck to all! We would also like to thank CHAC for welcoming us so warmly.

The City College of Acupuncture

Very multinational acupuncture and tuina cohorts this year! More info at www.citycollegeofacupuncture.com. Next presentation evening on the 15 November.

Find out more about acupuncture courses at LSBU by visiting our website www.lsbu.ac.uk/studyalliedhealth

Northern College of Acupuncture

We've had excellent recruitment to our acupuncture courses which began last week. Currently developing an exciting new online only MSc in oriental medicine (research and practice).

Who's next to join your Heroes of Acupuncture?

2011:
Chris Nortley

2012:
Tony Brewer

2013:
Merlin Young and Jenny Craig

2014

We're still waiting to hear about those inspirational individuals that only you can name.

Every one of you knows what we're looking for.

They come in all shapes and sizes: personal achievement or public service; new graduate or old-timer; practical or academic; large- or small-scale; local or international.

Rest assured, every one of your nominations is given full consideration.

So don't forget:

- any member can nominate a hero
- anyone can be nominated, not just members or practitioners
- the shortlist is published in the winter 2014 issue
- the Editorial Committee draws up the shortlist and chooses the winner
- the winner is unmasked in The Acupuncturist spring 2014 issue.

Send your Acupuncture Hero 2014 nomination to editor@acupuncture.org.uk by Tuesday 31 December 2013.

What's on near you

The information below is correct at the time of going to print
All the latest details can be found on the member website at Community/Regional groups/What's on near you

Cheshire & North Wales

NM: Thursday 21 November
V: Ellesmere Port Boat Museum, S Pier Rd, Ellesmere Port, Merseyside CH65 4FW
Extremely accessible from all corners of the region: immediately off M53
S: Qigong/ taichi workshop with Master Kam Lau of Liverpool taichi school: www.liverpooltaichi.com
FM: Monday 16 December, 8pm
V: The Body Shop, Liverpool One shopping complex, Liverpool city centre
S: EXCLUSIVE regional group evening Open to ALL MEMBERS/STUDENTS in Cheshire, North Wales, Liverpool and North West groups
We will have the shop to ourselves for exclusive demonstrations and discounted shopping: dependent on enough participation to go ahead, so please get in touch ASAP to confirm your place
C: Lucy Griffiths on 07712 462743 or lighteningluce@gmail.com

Essex

NM: Sunday 17 November, 2-5pm
V: Boreham Village Hall, CM3 3JD
S: tba: all levels of experience welcome
STUDENTS WELCOME
C: Rupesh Harding on 07590 480048 or rupesh.harding@hotmail.co.uk

Guildford

NM: Monday 2 December, 7.30-9.15pm
V: Transition Guildford, Eastgate Court, GU1 3DE
S: Sue Kalicinska on Facial Acupuncture Energetics, plus Christmas party
FM: Wednesday 22 January 2014
We welcome members from Surrey, Hampshire, Berkshire, West London and beyond
STUDENTS WELCOME
C: Jamie Hamilton on 07979-311752 or jamie@yeshealth.net

Hertfordshire

NM: Thursday 5 December, 9.45am-5/5.30pm
V: Jon Young Hall - side entrance via green electronic gate - Radlett and Bushey Reform Synagogue, 118 Watling Street, Radlett Village, Herts WD7 7AA
S: Full-day first aid refresher by Holos, kindly subsidised by the BAcC
Cost including, homemade lunch, teas and biscuits and hall hire: £48
Numbers limited to 18
STUDENTS WELCOME
C: Adam Leighton on 07971 191964 or acupuncture@healthinbalance.co.uk

Lincolnshire

NM: Wednesday 27 November, 7-9.45pm
V: LA Fitness, Weaver Road, Lincoln
S: Well known expert Naava Carman on Chinese Medical Care of Infertility
FM: last Wednesday of every other month starting in January each year
OTHER RG GROUP MEMBERS/ STUDENTS WELCOME
C: Sean Barkes on 01522 809371 or sean@theseanbarkesclinic.co.uk

London North West

NM: Wednesday 27 November, 7-9.30pm
V: to be confirmed
S: Channel Palpation: Alex Brazkiewicz on his experiences in China with Jason Robertson and Dr Wang
STUDENTS WELCOME
C: Ronit Broder on 07956 402568 or nwlondon.bacc@gmail.com

London South

NM: Monday 18 November, 7.30-9.00pm
V: The Clinic @ Southbank, 75 Roupell Street, London SE1 8SS
S: Meena Sarin and Matthew Wood on their experience working as volunteers at Body & Soul, a charity funded centre for HIV and AIDS patients
STUDENTS WELCOME
C: Cinzia Scorzon on 07788 427044 or cinziascorzon@gmail.com

London South West

NM: Monday 18 November, 7.30-9.30pm
V: Church of Our Lady of Perpetual Help, SW6 2QT, on the corner of Stephendale Road/Tynemouth Street: entrance on Stephendale Road with sign above, 'Our Lady's Hall'
S: Hara abdominal diagnosis/case studies
FM: Monday 9 December
V: The Waterside Bar and Kitchen at Imperial Wharf
S: Group social
STUDENTS WELCOME
C: Sarah Joseph on 07553 636841 or cybersarahj@gmail.com

North West

NM: Saturday 30 November, 9am-5.30pm, BAcC members £40
V: Friends Meeting House, 6 Mount Street, Manchester M2 5NS
S: First aid training with Alex Brazkiewicz Book early to reserve your place
FM: Saturday 30 November, 7,30pm-late
V: Samsi, 36-38 Whitworth Street, Manchester M1 3NR
S: Christmas meal
Samsi can accommodate special dietary requirements: please let us know no later than the 23 November
STUDENTS AND FAMILY WELCOME
FM: Sunday 1 December, 10am-4pm, £15 for half a day
V: Re-creation, 2 Barlows Croft, off Chapel St, Manchester City Centre M3 5DF
S: Channel Palpation with Alex Brazkiewicz
STUDENTS WELCOME
C: Phil Trubshaw on 07970 693827 or p.j.trubshaw@gmail.com

Nottinghamshire

NM: Saturday 23 November, 10am-4.30pm
V: Riverside Natural Health Centre, 1-3 Victoria Embankment, Trent Bridge, Nottingham NG2 2JY
S: David Mayor on electroacupuncture: one-day workshop
Anyone interested please contact Nigel
C: Nigel Shipston on 0115 9565287/07963 428105 or nigel@mapperleyacupuncture.com

Network notes

Aberdeen & North Regional group members take time to dine

SCOTLAND Aberdeen & North Regional Group has just had another successful, well attended meeting on 8 September at the Appletree Clinic in Dundee, with Sandra Hill speaking about the Eight Extra Meridians, on a gloriously hot day. The practice is connected to Kevin Mc Ghee's home, giving us the opportunity to appreciate his wife's delicious homemade food and baking during the breaks. Other news includes:

- feedback from AAW: invitation from Aberdeen Royal Infirmary consultant rheumatologist to talk about acupuncture as a treatment option at doctors' educational meeting
- trip to China 2014/15: Xiamen University suggested as specialises in TCM. Philip Rose-Neil expressed interest in possible venture
- possible joint event with Glasgow in 2014: either with Jani White or as a four-day diploma course in pregnancy/ massage http://www.wellmother.org/maternity-massage. If you're interested, please contact Paula Wilson via acuglasgow@gmail.com
- SIGN: peer review 1 July and publication by the end of the year.

Some members also took the time to enjoy a meal in Aberdeen's answer to the Forbidden City at the Manchurian Restaurant way back in June. Contact Kathleen Powderly on 01224326264 or kathleenpowderly@btinternet.com

It seems that there is currently an appetite within the Bristol and North Somerset Regional Group for events from which you can learn 'something useful' to use in clinic right away, mixed with a bit of socialising time. So next year we are inviting people we hope will provide just that at 'bite-sized' evening events in Bristol, and we will endeavour to vary the day of the week. The next one will be at the end of February, details to be found on the BAcC website as soon as we have them. Just to add, the BAcC provides us with some financial support for this, and we ask for a small amount from attendees to help fill the pot and ensure we can continue to put things on. Please let me know if you want to be on the mailing list, or if you have any requests/suggestions for future events. Wishing you a HAPPY CHRISTMAS. Contact Jackie Pamment on 01934 876558 or jackie@somersetacupuncture.co.uk

CPD local events

Mersey, Cheshire & the Midlands + any other members who can make it

NM: Monday 16 December, 10am-4pm: arrive and leave whatever time you like!
V: British Library Boston Spa: http://tinyurl.com/a64f58
S: Come and enjoy FREE access to books and journals
FREE tuition if you are unsure how to search the literature
FREE access to the library reading room - please bring photo ID: http://tinyurl.com/qbqueh8
Charges apply for printing/ photocopying and lunch in the canteen
Deb will be available all day in the library and in the canteen at lunchtime
ALL WELCOME
C: Deb Connor on 07934 111330 or deb@acupuncturecare.org.uk

South-East

NM: Tuesday 19 November, 10am-1pm
V: Ripley Village Hall, High Street, Ripley GU23 6AF
S: A BAcC peer group forum for your ideas, contributions, case histories and questions. On this occasion we are sharing on:

- the Six Divisions: what are they, where did the concept come from and how can we use them in clinic? Workshop and discussion led by Jamie Hamilton
- case studies: please bring

No charge this time as events are currently BAcC funded
From January there will be a small charge to cover expenses
RSVP if you can come, so we have an idea of numbers for refreshments
FM: Planning ahead for 2014: what do you want in future meetings?
Please call or email
C: Sue Kalicinska on 07768 322795 or info@suekalicinska.co.uk

Regional group co-ordinators

The regional groups help circulate information and provide a local forum for members. Any member is welcome to attend any meeting. Contact your local regional group co-ordinator to find out more.

Ashdown Forest & West Sussex
Rob Hughes
01342 810090
rob@shunyata.co.uk

Ninette Sapir
01342 826374
nsapir@yahoo.co.uk

Bedfordshire
Helen Smallwood
07740 367486
helen_p_a_smallwood@yahoo.co.uk

Berkshire
Virginia Cooper
0118 934 4688
virginiacooper@hotmail.co.uk

Gill Berry
07768 530235
gillberry.acupuncture@btinternet.com

Brighton & Hove
Tom Sydenham
01273 693259
tom.sydenham@yahoo.co.uk

Bristol & North Somerset
Jackie Pamment
01934 876558
jackie@somersetacupuncture.co.uk

Buckinghamshire
Kay Louch
01296 715800/07530 883088
KayLouch@aol.com

Cambridgeshire
Banni Koviley
07952 568966
banni@acupuncture-reflexology.co.uk

Channel Islands
Sue Curtis
01534 630221
acupuncture@jerseymail.co.uk

Cheshire & North Wales
Lucy Griffiths
07712 462743
lighteningluce@hotmail.co.uk

Devon West & Cornwall
Guy Nott-Bower
01208 831303/07887 586461
spillinglight@yahoo.com

East Sussex
Terry Simou
07802 423127
terry@tsclinic.co.uk

Essex
Rupesh Harding
07590 480048
rupesh.harding@hotmail.co.uk

Exeter
Robin Costello
01392 424276

Helen Stafford
01392 682525
hstafford@blueyonder.co.uk

Gloucestershire
Adrian Lyster
07540 487477
ajlyster@gmail.com

Guildford
Jamie Hamilton
07979 311752
jamie@yeshealth.net

Hampshire
John Porteous
07847 110275
info@johnporteous.co.uk

Susan Woodhead
01962 866903
swoodhead40@googlemail.com

Herefordshire
Debbie Smith
01544 327447
debbs58@tiscali.co.uk

Hertfordshire
Adam Leighton
01923 350794/07971 191964
acupuncture@healthinbalance.co.uk

IRELAND Northern
Susan Evans
028 7034 2310/07966 885894
sueacupuncture@gmail.com

Kent East
Lucy Bagley
01304 373920
acubagley@aol.com

Leicestershire & Rutland
Duncan Ford
07714 575720
dfordacupuncture@gmail.com

Lincolnshire
Sean Barkes
01522 809371
sean@seanbarkes.co.uk

London North & Central
Violeta Misic
07896 118595
violeta.misic@perfectbalance.eu

London North West
Ronit Broder
07956 402568
nwlondon.bacc@gmail.com

London South
Cinzia Scorzon
07788 427044
cinziascorzon@gmail.com

London South East & Kent
Christina Grapes
07954 576944
chris4acu@googlemail.com

London South West
Sarah Joseph
07553 636841
cybersarahj@gmail.com

London West & Kingston
Birinder Tember
07903 197773
birinder@tember.co.uk

Midlands West
Natalie Saunders
07847 301699
n.saunders1@virgin.net

Northamptonshire
Philip Rose-Neil
07913 641515
phil.roseneil@gmail.com

North East England
Anne Palmer
0191 281 8201
anne.palmer11@gmail.com

North West England
Phil Trubshaw
07970 693827
p.j.trubshaw@gmail.com

Nottinghamshire
Nigel Shipston
0115 956 5287/07963 428105
nigel@mapperleyacupuncture.com

Oxfordshire
Rupert Lander
07914 571515
oxacers@gmail.com

Rebecca Minton
07912 936222

SCOTLAND
Aberdeen & North
Kathleen Powderly
01224 326264
kathleenpowderly@btinternet.com

Strathclyde
Paula Wilson
07964 544110
info@acupunctureglasgow.com

Eleanor Davies
07971 441254

Shropshire
Liz Castle
01948 880170
liz@lizcastle.com

Bronwen Lloyd-Hughes
01743 352978

Somerset
Allan Johnstone
01984 656692
allanmjohnstone@hotmail.com

Amanda Rothwell
07779 101095/01458 830865
amanda@chaliceleazeclinic.co.uk

Suffolk
Isabelle Wen
01473 422155
isabellewen@hotmail.com

Swindon
Stephen Brooke
07800 648397
stephen.brooke@virgin.net

WALES South & Cardiff
Simone Davis
0845 003 7474
clinic@barefootmedicine.co.uk

Yorkshire North
Tim Brown
07957 411174
leedstim@gmail.com

Yorkshire South
Di Shimell
di.shimell@gmail.com

Yorkshire West
Joanne Dyson
07798 627037
acumedica@googlemail.com

RGCs wanted

Would anyone be willing to take over from Christina Grapes in London South East & Kent? She now has limited time to devote to the group and is surely due a rest after her long and faithful service.

Other regions without RGCs include: Cumbria, Norfolk, Surrey & Croydon, Warwickshire, and Worcestershire.

For latest online listings go to the member website at Community/Regional groups/Contact your co-ordinator

To find out more about regional groups, contact Sue Quirk on 020 8735 1211 or sue@acupuncture.org.uk

BAcC business

For office and membership notices, committee reports and all things official

Governing Board appointments

Following the recent election in September, the following people now make up the Governing Board: Charlie Buck (chair), Ron Bishop, Ming Chen, Isobel Cosgrove and Philip Rose-Neil as practitioner members, with David Abrahams and Charles Cecil continuing as lay representatives.

After two years sterling service Lucilla Evers has decided not to stand for re-election as a lay member. The BAcC's procedures require two lay members to stand down after two years, to create the necessary rotation of membership for the future, and with Donald Watson's retirement through ill health creating one vacancy, Lucilla's creates the second.

SUSAN THORNE, former BAcC chairman, writes: I always valued Lucilla's contributions at GB meetings. Her attention to detail was exemplary and she quietly brought to our attention any inconsistencies in our thoughts and wording of papers.

She was very strong about our finances, as indeed are all the governors. She was very aware that the governors are technically directors of our BAcC company and therefore have legal fiscal responsibility to ensure our money is spent wisely and that we do not go broke.

She guided much of the thinking behind some of our retrenchments and although this was difficult in the short term and included one year of increased membership fees, it has borne fruit by allowing us to hold the subscriptions this next year.

Donald too gave great contributions to our meetings. During the wide-ranging areas of the governors' discussions, he often remained silent for a time until he quietly leaned forward and said 'But how will this help the patient?' This in my mind became his mantra, and of course is the reason we are all working in this field.

Clockwise from top left: Philip Rose-Neil, Ming Chen, Isobel Cosgrove, Ron Bishop

Following an extensive recruitment process, the BAcC has asked Shelley Adams to join the GB. Shelley is a former chief executive of Park Royal Partnership and executive director for Ealing Council Strategy and Development who brings personal experience of acupuncture to her role. Recruitment for the second vacancy is ongoing.

WHO intern wanted

ICOM graduate Lucy Dean is currently based at the World Health Organisation in Geneva, with the Standards and Terminology on the International Classification of Traditional Medicine project.

She is working on the classification of Chinese, Japanese and Korean medical diagnostics as part of ICD-11, the WHO policy document on traditional medicines worldwide.

Lucy is building global networks to support the peer review and field trialing of this document, the launch of which will form part of the 2015 World Health Assembly.

She is looking for a volunteer intern assistant to work in Geneva for three months.

The work is unfunded, so you would have to pay for your own living costs or seek sponsorship.

Email Lucy at deanluc@who.int

Committee vacancy: ethics

The BAcC Investigating Committee (IC) is looking to recruit an experienced practitioner member.

For more details or to apply, please contact Mandy Foster, mandy@acupuncture.org.uk

Acupuncturists targeted in health professionals' tax campaign

KAREN SENNITT
Member and Chartered Accountant and Chartered Tax Adviser

HMRC's new campaign aimed at health and wellbeing professionals, including acupuncturists, is designed to encourage voluntary disclosure by people with undeclared income or gains.

The campaign offers a carrot and stick approach: the best available terms in respect of penalties for those who come forward, and a tougher approach for those who do not.

HMRC will follow up the campaign using third party information to identify those practitioners who should have come forward but did not. It is, therefore, wise to take advantage of this opportunity to come clean if you have undeclared income or gains which have not been notified to HMRC.

The voluntary disclosure scheme can also be a useful opportunity to identify trading losses, particularly in early years of trading, and agree them with HMRC so that they can be either carried forward to be offset against future profits or offset against other income in the same or earlier tax years, potentially generating tax savings.

In most cases, the disclosure required will not go back more than six years, although this depends on the taxpayers' behaviour and whether tax returns had been issued for the relevant years.

NICHOLAS MANN of HM Revenue & Customs writes:

Under a new campaign launched by HM Revenue & Customs, over 180,000 people working across the health sector can take advantage of the window of opportunity being offered under the Health and Wellbeing Tax Plan to get their taxes in order.

HMRC is sending up to a thousand letters to people we have identified as having outstanding self-assessment returns for any of the years between 2009-10 and 2011-12. We will use sophisticated software to identify and contact those who could owe tax and choose not to come forward.

Those affected have until 31 December 2013 to contact HMRC and tell us they want to bring their tax affairs up to date. They then have until 6 April 2014 to make the disclosure and pay what they owe.

People are asked to complete a notification form by contacting the dedicated Health & Wellbeing Tax Plan helpline on 0845 600 4507, or they can also complete a notification form available online at www.gov.uk/voluntary-disclosure-health-wellbeing which can then be sent either electronically or by post.

They must then complete and submit a disclosure form available online at www.gov.uk/voluntary-disclosure-health-wellbeing and pay what is owed by 6 April 2014.

Not taking advantage of the campaign window of opportunity could mean people face a penalty equivalent to up to 100 per cent of the amount of tax and National Insurance contributions owed, or even criminal prosecution.

This campaign is the latest to be launched by HMRC to make sure tax is paid so the maximum amount is available to spend on the public services that are used by everyone. It builds on earlier voluntary campaigns, which have already raised £552 million from voluntary disclosures, by making it easy for people to put things right, pay the tax they owe and put their tax affairs in order for the future.

Acupuncturists are just one group able to benefit from this window of opportunity, alongside physiotherapists, occupational therapists, chiropractors, osteopaths and chiropodists and podiatrists. Alternative medicine professionals such as homeopaths, dieticians, nutritional therapists, and reflexologists can also come forward to avoid tougher penalties, as can psychologists, speech and language therapists and arts therapists.

To find out more about the campaign, watch this YouTube video http://www.youtube.com/watch?v=hP6xMaiiYw4 or visit our campaign webpage https://www.gov.uk/voluntary-disclosure-health-wellbeing

PDL contacts

LANCASHIRE, GREATER MANCHESTER & YORKSHIRE
Joop Brouwer
07792 644402
jc_brouwer@yahoo.co.uk

LONDON & SURREY
Sue Kalicinska
07768 322795
info@suekalicinska.co.uk

MERSEYSIDE, CHESHIRE & THE MIDLANDS
Deb Connor
07934 111330
deb@acupuncturecare.org.uk

NORTHERN IRELAND, SCOTLAND & NORTHERN ENGLAND
Susan Evans
07966 885894
sueacupuncture@gmail.com
Francesca Howell
0141 423 4136
francesca.therapies@gmail.com

SOUTH WEST ENGLAND
Cynthia Hitchings
01275 855957
cynthia.cpd@btinternet.com

PDL vacancy

East Anglia & the East Coast

You will:

- support members at local level to develop and maintain their professional practice through participation in self-directed learning groups
- co-ordinate local activity arising from the education operational plan
- contribute to the development of personalised support for new members and those returning to practice.

You must be an acupuncture professional with minimum five years' experience in a clinical setting, background in teaching or education, experience of mentoring, supervision and/or coaching.

Payment £150 per day plus expenses. Visit the BAcC website or email cpd@acupuncture.org.uk

BAcC contacts

Who does what

ADMISSIONS & REGISTRATION: Robert Moore
CHIEF EXECUTIVE: Nick Pahl
CONFERENCE: Kevin Durjun
EDUCATION & CPD: Palvinder Banwatt; Gerry Harris
ETHICS & PROFESSIONAL CONDUCT: Mandy Foster; Ferzana Dar
FINANCE: Samantha Hulass
GOVERNING BOARD: Sandy Williams
HUMAN RESOURCES & FACILITIES: Linda Murray
MARKETING, PRESS & PR: Caroline Lane; Sandy Williams
MEMBERSHIP: Carol Daglish; Jon Farrow
PROOFREADING & COPY-EDITING: Joan Maynard
REGIONAL GROUPS: Sue Quirk
RESEARCH: Mark Bovey
SAFE PRACTICE: Ulrike Wirth
SALES: Claudie Chevillon
STUDENTS: Ian Stones
THE ACUPUNCTURIST: Sue Quirk: editor@acupuncture.org.uk
WEBSITE: Gavin Erickson
BRITISH ACUPUNCTURE ACCREDITATION BOARD: Petra Nannes; Pippa Sequeira
EJOM: Sara O'Neil
LOCKTON INSURANCE: Asgar Hassanali
PEGASUS PR: Amy Seaman

Contact A to Z

PALVINDER BANWATT
palvinder@acupuncture.org.uk
020 8735 1216

MARK BOVEY
arrc@acupuncture.org.uk
020 8735 1203

CLAUDIE CHEVILLON
claudie@acupuncture.org.uk
020 8735 1204

CAROL DAGLISH
carol@acupuncture.org.uk
020 8735 1218

FERZANA DAR
ferzana@acupuncture.org.uk
020 8735 1205

KEVIN DURJUN
kevin@acupuncture.org.uk
020 8735 1222

GAVIN ERICKSON
gavin@acupuncture.org.uk
07748 406312

JON FARROW
jon@acupuncture.org.uk
020 8735 1209

MANDY FOSTER
mandy@acupuncture.org.uk
020 8735 1206

GERRY HARRIS
gharris54@btinternet.com

ASGAR HASSANALI
asgar.hassanali@uk.lockton.com
020 7933 2516/07785 323266

SAMANTHA HULASS
samantha@acupuncture.org.uk
020 8735 1201

CAROLINE LANE
caroline@acupuncture.org.uk
020 8735 1217

JOAN MAYNARD
joan@acupuncture.org.uk
01856 831355

ROBERT MOORE
robert@acupuncture.org.uk
020 8735 1210

LINDA MURRAY
linda@acupuncture.org.uk
020 8735 1208

PETRA NANNES
PetraN@acupuncture.org.uk
020 8735 0466

SARA O'NEIL
sara@ejom.co.uk
020 8735 1240

NICK PAHL
nick@acupuncture.org.uk
020 8735 1219

SUE QUIRK
sue@acupuncture.org.uk
020 8735 1211

AMY SEAMAN
amyseaman@pegasuspr.co.uk

PIPPA SEQUEIRA
pippa@acupuncture.org.uk
020 8735 0466

IAN STONES
ian@acupuncture.org.uk
020 8735 1226

SANDY WILLIAMS
sandy@acupuncture.org.uk
020 8735 1212

ULRIKE WIRTH
ulrike@acupuncture.org.uk
020 8735 1213

First International Conference of Traditional Acupuncture in Poland

SUSAN THORNE
Member: Surrey

In September we had our annual conference at Beaumont Estate, a name that to some might seem to have too many vowels. In October I attended a conference in Bydgoszcz, which seems to me to have too few.

Alan Hext and I were invited to attend the first International Conference of Traditional Acupuncture in Poland arranged by Szkola Akupunktury Tradycyjnej. This school teaches five element acupuncture. One of the founders and principal teachers is Henryk Dyczek whom some of our longer established members may remember during his studies at the College of Traditional Acupunture in the 1980s. He is still tall and rather too rangy for his height; perhaps this is why he sports a bow tie to introduce a horizontal aspect.

My first duty was to read an address from Charles Buck to the conference, in which he wrote of 'the depth of this medicine, together with our beliefs, values and ethics' and the need in the UK 'to shift our focus from promoting "acupuncture" to promoting the special qualities, skills and ethics of the "authentic acupuncturists".'

Alan Hext speaking on JR Worsley

It was an entirely new experience for me to speak alongside an interpreter. Interestingly he was overheard to say that when he was booked for the job, he knew nothing about acupuncture and thought the day would be a bit airy-fairy. By the end of the day he was sold and is thinking of making an appointment for a treatment.

The aim of the conference was to present the effectiveness of acupuncture, since in Poland it is not sufficiently valued and the knowledge about it is small. There are rather less than 300 acupuncturists in Poland (which has a population of about 40 million) and this includes both the doctors who practise acupuncture and the traditional acupuncturists. The school, one of three centres in Poland teaching acupuncture, was founded in 2006 and now has 16 graduates, 12 students in their final clinical year, and this new academic year has taken in 20 newcomers.

I had been asked to give a presentation about our profession in the UK, how the BAcC came into being and matured and the present politics surrounding us. With reference to 'a journey of a thousand miles begins with a single step', I entitled my talk 'First Steps on the Journey'. This was timely and of great interest as in Poland there is no unified profession or representing organisation. Indeed there is still conflict between the medical doctors, who believe only they are qualified to practise acupuncture, and the traditional acupuncturists who include amongst them a number of chiropractors and physiotherapists.

I think it was a surprise for them to learn that although our visionary practitioners started mooting the idea of a unified profession in the UK in the 1980s and formed the Council For Acupuncture in 1987 as a forum for discussion, it took till 1995 for the BAcC to be born. The pathway of co-operation, standardisation of education and codes etc and subsequent acceptance of unity in diversity will have given them food for thought. The Poles told me that if you get two Polish people together, you will immediately get three clashing points of view. They have hardly taken the first step on their journey.

I was also asked to talk about my own practice with five element acupuncture, in order 'to give the students and graduates encouragement'.

Alan was speaking of 'The Value of JR Worsley's Teaching for Patients and Practitioners' and was able to draw on the classics and the long rich history of our profession, giving grounding and depth to the subject.

The Polish speakers gave papers to support the conference aims of acupuncture efficacy: molecular mechanisms, economic legitimacy, vasomotor reaction, acupuncture and infertility, and a case history of a musculoskeletal condition. A couple of lighter sessions included a qigong demonstration and a delightful traditional ceremony of tea-making.

Alan and I were overwhelmed by the welcome and hospitality shown to us. We had time on the day following the conference to be shown a local medieval city and be entertained for lunch at the home of our host Henryk. We flew home by Ryanair … but that's another story.

Reviews

Starting to think about starting out Student Expectations workshop: 5 September 2013

TESS LUGOS
Student: London South Bank University

What answers do you get when you gather 20 final-year students or recent graduates of acupuncture together and ask them to write down what keeps them up at night?

Money. Getting enough patients. Money. Promoting my services. Money. Phasing out of my old job.

This is how I, along with others from London South Bank, Westminster, Middlesex, ICOM, Lincoln, CICM and Naturopathic Medicine, started the workshop on student expectations last 5 September 2013. Organised by Ian Stones, the BAcC's student membership manager, the thinking behind the workshop started with Ian wishing there had been something like it available for him when he graduated eight years ago. The day was hugely informative, inspiring and reassuring.

First to speak was Sally Kean-Hammerson, an acupuncturist of two years. Her brilliant theme '10 Things I Wish I'd Known About Being An Acupuncturist' sounds like something from a Woody Allen film! But from the very start, her presentation resonated deeply with everyone. From continuing to practise point location with peers, to what to do when a new patient has an adverse reaction, to building in admin time into your day, Sally's 10 Things seemed practical and simple to implement. I felt reassured that although the transition from student to full-time acupuncturist might be daunting, it is also manageable.

Birinder Tember is well placed to talk about managing change, having himself switched careers from HR management consultancy to being an acupuncturist and qigong teacher eight years ago. I have a similar business background, so I appreciated Birinder's focus on approaching this career change: think about your strategy and have a one-year, five-year and ten-year plan. Keep reviewing this plan, as you would in any business environment,

> My next thought was, once I get going as an acupuncturist, how do I know when to drop my part-time job

and modify accordingly. Think laterally: aside from clinic work, how else can you generate income? I have worked in publishing and project/event management since my 20s, so I found myself wondering if editorial work or organising CPD courses was a possibility.

Birinder encouraged us to think outside the proverbial box. My next thought was, once I get going as an acupuncturist, how do I know when to drop my part-time job working for an HR research company?

Jani White, the next speaker, was emphatic with her answer, only when you have a waiting list! Shift down from your current job gradually. If you are working four days a week, go down to three days once you start turning down patients, then ask to work as a consultant perhaps coming in two days a week, and so forth. I'm sure I could have figured this out for myself in time, but it was reassuring to be able to tuck this thought at the back of my head this early in the game.

Lunch break was a delightful surprise. We were at Birkbeck College behind the British Museum, and by a wonderful stroke of luck, a farmers' market comes to campus every Thursday. The sun was shining, so everyone went outside to grab a healthy lunch and soak up their vitamin D.

After lunch Jani addressed the concerns and themes that came out of the morning sessions, that triumvirate of money, patients and promotion. She shared her 15 years' experience of being an acupuncturist, doula, writer and lecturer, surely proving Birinder's point about not confining yourself to just one role in Chinese medicine!

Jani had top tips for starting a brand-new practice: set your clinic days and stick to them so everyone knows where you are on those days, get supervision, do volunteer work if business is slow at the start.

She also shared good short cuts borne out of experience: start with one-hour sessions and work your way to 45 minutes, create your own schedule to suit your lifestyle needs, plan your year to take into account slow summers and Christmas/post-Christmas.

And as someone who has recently closed her Oxford practice to start anew in London, Jani knows that all of these tips work.

Caroline Lane and Palvinder Banwatt of the BAcC rounded off the day perfectly by sharing online/offline marketing tips and CPD possibilities after graduation.

Thank you to Sally, Birinder, Jani, Caroline and Palvinder for giving us valuable food for thought.

But my biggest thanks goes to Ian for organising the event and continuing his great work of supporting students at this very exciting, and uncertain, period of their lives.

Please note: Articles, courses, advertisements or other material published in The Acupuncturist do not necessarily reflect the opinion or carry the endorsement of the British Acupuncture Council. The BAcC reserves the right to refuse advertisements it considers unsuitable. Advertising guidelines are available on request.

Continuing professional development

Events for acupuncture and Chinese herbal medicine practitioners

Early bird rates apply if you book 6 weeks or more before the event

* Where you see this asterisk, seminar days may be taken **separately or together** – prerequisites apply

For details see the CPD section of our website, cicm.org.uk

Jill Glover 28 Nov 2013
Understanding IVF

Angela Hicks
12–13 Dec 2013
Let your body speak its mind: focusing for acupuncturists

Clare Stephenson
16 Jan 2014
Red flags in clinical practice

Ken Lloyd 6 Feb 2014
Treating skin conditions with acupuncture and TCM creams

Bill Ryan
24–25 Feb 2014
The art of feeling qi *
26 Feb 2014
The art of projecting qi *
27 Feb 2014
The art of using qi to sense qi in others *
28 Feb 2014
The art of feeling and moving qi within body layers and channels *
1 Mar 2014
The art of needling with qi *

Charlie Buck 27–28 Mar 2014
Needling skills 1 & 2 *

Angela & John Hicks
10 Apr 2014
Getting better at getting the CF

Martin Powell 24 Apr 2014
Neuromuscular taping: treating musculoskeletal pain and related conditions

Julian Scott 8 May 2014
Treatment of autism and needle technique in paediatrics

Tuina diploma course starts Jan 2014 – see website for details or call Silvia on **0118 950 8880**

Jill Glover
22 May 2014
It takes two: understanding male and female infertility

Philip Weeks 4–5 Jun 2014
Tung acupuncture 1 & 2 *

Peter Mole 19 Jun 2014
My favourite points

Michael Phoenix 3 Jul 2014
Beyond needling

Stephen Lee 11 Sep 2014
Electroacupuncture for musculoskeletal problems

College of Integrated Chinese Medicine
19 Castle Street Reading
Berkshire RG1 7SB
e admin@cicm.org.uk

To find out more or book and pay online go to **cicm.org.uk** or call Silvia on **0118 950 8880**

Please note: Articles, courses, advertisements or other material published in The Acupuncturist do not necessarily reflect the opinion or carry the endorsement of the British Acupuncture Council. The BAcC reserves the right to refuse advertisements it considers unsuitable. Advertising guidelines are available on request.

Please note: Articles, courses, advertisements or other material published in The Acupuncturist do not necessarily reflect the opinion or carry the endorsement of the British Acupuncture Council. The BAcC reserves the right to refuse advertisements it considers unsuitable. Advertising guidelines are available on request.

Please note: Articles, courses, advertisements or other material published in The Acupuncturist do not necessarily reflect the opinion or carry the endorsement of the British Acupuncture Council. The BAcC reserves the right to refuse advertisements it considers unsuitable. Advertising guidelines are available on request.

JAPANESE ACUPUNCTURE LONDON

Shonishin - Paediatric Japanese Acupuncture with Stephen Birch PhD 1ST/2ND March 2014 University of Westminster, London

This unique and specialized paediatric style of acupuncture offers a range of treatment techniques which are non-invasive and well tolerated by children of all ages.

You will learn to apply these simple but highly effective techniques using Shonishin Japanese acupuncture tools.

You will also learn to treat a wide range of common childhood ailments including digestive complaints, sleep and behavioural problems, respiratory and immune related conditions including asthma, allergies and recurrent infections.

Course fees: Early bird payment £205 before 5th January 2014, £225 thereafter.

To register or for more information, please contact Marian Fixler: **020 8374 0441** or **07966 411 582**.
m.fixler@japaneseacupuncturelondon.com

SCARBOROUGHS ACUPUNCTURE SUPPLIES PRESENT

Low Level Laser Course - March 2014
Presented by Dr Michael Weber
& in association with 3B Scientific

Introduction to laser therapy, including safety and Laser dosimetry (the right power & energy).

Micro-system, includes introduction to micro-system ear and body acupuncture.

Macro-system, includes wound healing and pain management.

Special topics of interest, includes musculo-skeletal system, male / female infertility.

Practical demonstrations.

To register an interest please email:
victoria@scarboroughs.co.uk

Tel:0800 612 0772
www.scarboroughs.co.uk

SCARBOROUGHS LTD
ACUPUNCTURE SUPPLIES

2013 buyers' guide now available

Classic Jade B-type

Made to the same high standards as the Classic Jade except it comes supplied without tube.

Classic Needle Range

Classic Plus
Classic Qi
Classic Jade B-type
Qi Master
Classic Original

Acupuncture

A wide range of our own HMD brand and other top brand acupuncture needles, plus an extensive variety of intradermal, cutaneous and press needles are available instore and online.

Education

Harmony Medical stocks a wide range of education-based products for both the professional and student, from acupuncture models through to charts, books and DVDs.

Clinical supplies

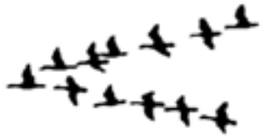
Our growing range of clinial supplies includes extensive collections of massage oils and lotions, sanitisers, disposable and hygiene products, massagers and much more.

Harmony Medical 629 High Road Leytonstone, London E11 4PA, Great Britain
Tel—+44(0)20 8518 7337 • Fax—+44(0)20 8556 5036
info@harmonymedical.com • www.harmonymedical.com

Harmony® MEDICAL

Please note: Articles, courses, advertisements or other material published in The Acupuncturist do not necessarily reflect the opinion or carry the endorsement of the British Acupuncture Council. The BAcC reserves the right to refuse advertisements it considers unsuitable. Advertising guidelines are available on request.

MENTORING/SUPERVISION



The following practitioners have all completed Postgraduate training in mentoring/supervision specifically for acupuncturists and are in continuing supervision with Isobel Cosgrove, Sally Blades or Mike freeman

Contact your nearest practitioner to join a group, or for individual sessions

Birmingham
Lucy Fox
0121 449 9500

Holly Timmermans
0121 449 9500

Brighton & Sussex
Janine MacKerron
07802 693929

Bristol
David Gaunt
0117 977 4853

Bristol & Kent
Billie Wray
07811 304193

Bristol & North Somerset
Charlotte Brydon-Smith
07900 814100

Cynthia Hitchings
01275 855957

Jackie Pamment
01934 876558

Frankfurt, Germany
Nils von Below
0049 69 51762

Hertfordshire
Kate Henley
07887 565174

Herefordshire & Welsh Borders
Sandy Sandaver
01497 821625

Ireland
Susan Evans
07966 885894

Lancashire
Cathy Chapman
01524 67707

Leamington Spa
Debbie Collins
01926 885600

London
Maggie Bavington
07802 954 490

Kim Chan
020 8997 3743

Louise Derry-Evans
0208 874 5022

Sara Mokone
07719 603941

London & Brighton
Sarah Matheson
07808 633643

London & Surrey
Ulrike Wirth
07948 377778

North Yorkshire
Cheng Hao Zhou
077409 26799

North & West Yorkshire
Joanne Dyson
07798 627037

North/West Yorkshire & Harrogate
Mike Freeman
01423 562277

Oxford
Sue Pennington
01865 776759

Oxfordshire & Berkshire
Frances Turner
07510 710245

Oxfordshire & Cotswolds
Paula Dunleavy
07941 069292

Reading
Magda Koc
0118 996 8574

Somerset & Dorset
Jane Robinson
01935 422488

South West England
Sally Blades
01364 73440

West Sussex
Cathie Ballard
01903 813209

West Yorkshire
Caitlin Allen
0113 2746897

Worcester & Herefordshire
Dr. Martin Allbright
01684 893393

York
Alison Gould
01904 421032

"As practitioners we offer our patients guidance, support and encouragement – it seems a good idea to offer it to ourselves" Isobel Cosgrove

Classifieds

Remember to look on the forum for up-to-date classified adverts. Members can post for free on the member website at Community/Visit the forum/Advertisements.

Employment opportunities

East Midlands

Great opportunity! We are looking for someone to work with our GP/midwife team, offering traditional acupuncture/medical qigong. Please apply if you can offer tuina/bodywork or Chinese nutritional skills. Practice based East Midlands. Telephone 07980 904545 or email info@cyclesofchange.com

Hertfordshire

Acupuncturist required to join friendly well regarded practice. Excellent opportunities for professional development. Interest in fertility helpful. Secure and progressive position. Check our website www.thehatfieldpractice.com. Please email CV to Ian Norman at info@thehatfieldpractice.com

Kent

Experienced acupuncturist wanted, one day per week, multidisciplinary clinic 15 minutes outside Tunbridge Wells. Possible two days in future. Daily rate £150. Start December/January for up to two years. No rent/equipment outlay, day/s reasonably flexible. Send CV to intelligentmedicine@gmail.com

London

Exceptional holistic therapists with strong central London client base wanted, to create a wellness community within our vibrant and friendly studio. Good Vibes, Betterton Street, WC2H 9BU. London's leading Power Pilates and infra-red heated Glow Yoga/Pilates studio. CVs to jobs@goodvibesfitness.co.uk

West Cambridgeshire

Acupuncturist required immediately, to work in a well established Wellbeing Centre. Plenty of parking, good links to A14, countryside location, near Kimbolton. Suit motivated therapist keen to develop new client base. Please contact the manager on 01480 869404.

For rent

London

Therapy room available within smart holistic dental practice in Primrose Hill. Close to Chalk Farm tube, £50 per day to include heating, water, rates, cleaning, public liability insurance. Available now. Please reply to Dr Wright via email to a7200@live.com

London W1

Large treatment room in Harley St. Quiet, light room with desk and electric couch, available 2-7pm Wednesdays, 8- 7pm Fridays. Free wi-fi access, in holistic medical practice. Suit established acupuncturist with own list.

Shropshire

Consulting room in well established multidisciplinary health practice. Competitive rent, pleasant surroundings, friendly team of experienced therapists. Reception and diary management services included. See www.castleclinicbridgnorth.co.uk. For information please email Eva hugh.castleclinic@yahoo.co.uk

Surrey

Brand new therapy rooms available on High Street in Coulsdon. Room hire is flexible including ad hoc to suit those building a business as well as those who are more established. Ample parking. Call Vida on 07904 386793.

Voluntary work

Volunteers wanted

The Disability Foundation is looking for qualified acupuncturists to assist our charity in delivering complementary therapy to disabled people and carers. A commitment of 3.5 hours p/wk over 6 months. All volunteers must be insured. Please email recruitment.tdf@gmail.com

Advertising in The Acupuncturist

Advertising guidelines are available on request from editor@acupuncture.org.uk.
We reserve the right to refuse advertisements we consider unsuitable.

Advertising rates

Size	Dimensions (h x w)	Educational	Commercial
Quarter page	123mm x 88mm	£120	£150
Half page horizontal	123mm x 180mm	£150	£225
Half page vertical	250mm x 88mm	£150	£225
Full page B+W only	250 x 180mm	£300	£350
Full page colour	297 x 210mm	£400	£450
Classified (no courses)	40 words maximum	£30	£30

NB Classified advertisements are free of charge to members, provided the content is of direct benefit to other members and is not advertising a course.

Editorial policy

Community: the Editorial Committee works for the members and our acupuncture community. We aim to facilitate debate and the sharing of information.

Freedom and debate: we respect the right of all members to air their views in The Acupuncturist. We support the right to challenge other individuals and/or organisations where appropriate.

Diversity: we seek to represent all traditions and strands of practice present in the membership. We welcome content covering the wider range of health matters relevant to acupuncture. We consider and encourage all types and styles of submission.

Accuracy: we strive to be accurate in what we print. We will be open in admitting mistakes and encourage a culture of willingness to learn from them.

Support: we aim to support members in their professional practice by publishing articles that aim to have practical value.

Invitation: in support of all of the above we invite all members to submit their contributions for publication in The Acupuncturist.

Disclaimer

Articles, letters, advertisements and any other material published in The Acupuncturist do not necessarily reflect the opinion or carry the endorsement of the British Acupuncture Council.

Submissions

- articles should be limited to 1,250 words, letters to 500
- please use generic terms rather than brand names where applicable

submissions are published subject to space. With the permission of the author we may edit for length or clarity.
We reserve the right to edit or decline any submission in which the content:

- may be in breach of libel laws
- may damage the reputation of the BAcC or its members
- denigrates another individual or organisation
- is found to be inaccurate or misleading
- is considered to be inappropriate to the profession.

Whenever we edit or decline a submission we keep full records of our decision and all relevant correspondence for reference if and when appropriate.

Send your copy for the next issue of The Acupuncturist to editor@acupuncture.org.uk

TREAT YOURSELF

Transporting you to a world beyond your couch

Guilty pleasures

Sugar

Sucrose: granulated, lump or castor
Extracted from a cane or beet,
Glucose: that which we call sugar
By any other name would taste as sweet

And herein lies the true confession
Entailing the scorn of my profession
Craving a cupcake or a macaroon
Somewhere after 3 in the afternoon

Empty sweet – 'tis a bit of a sin
Not the best way to tonify Spleen
Full sweet is what I should really seek
But oh! Sometimes I am weak

A little sweet helps with digestion
But could generate damp, in excess
The poor old officials of transformation
And transportation feel vexed …

Oh, sugar! You double-edged sword
Your glycaemic index
Will give me a complex
Which is something I can ill afford

'Too much sweet taste disturbs Heart qi,
Makes it congested and restless
Causing imbalance in Kidney energy'
Paraphrasing Qi Bo, I attest this

And going to extremes, far too much sweet
May be a cause of Stomach heat
And that quick fix of crystalline delight
Might just spoil my dinner tonight

So refrain from temptations of maple syrup
Of treacle and cookie, I must
Away muscovado, with your sticky bravado
And chocolate, I will leave you for dust

My Spleen will be less taxed
My Heart qi more relaxed; sugar
When you're a thing of the past

I'm not going to lie…
How I love your GI!
That post-prandial hyperglycaemic high
But I know after all, I should kiss you goodbye …

Yes, I love thee, oh biscuit, iced doughnut, sweet snack
But we really should exercise moderation
You should know I am going to be cutting you back
I have got to consider my reputation!

HELEN SMALLWOOD practises in Bedfordshire

Do you have any guilty pleasures you can put into 350 words or fewer? Why not share with us via editor@acupuncture.org.uk

Member TIM BROWN's take on off-duty colour therapy … courtesy of a bar in Athens

Toon Min

Musings on diversity

Aquapuncture for water CFs
Arsonapuncture for fire CFs
Amalgapuncture for metal CFs
Agripuncture for earth CF's
Aggropuncture for wood CFs …
whoops, sorry, should have been
Arboropuncture for wood CFs!

GISELA NORMAN practises in Wiltshire

the acupuncturist

CALLING ALL CONTRIBUTORS

Stand up and be counted for The Acupuncturist winter 2014!

Featuring those, great and small, who pioneer in the cause of acupuncture.

Send ideas and submissions about acupuncture derring-do to editor@acupuncture.org.uk

ARRC

British Acupuncture Council

King's College London WC2R 2LS
The Strand Saturday 29th March 2014

ACUPUNCTURE RESEARCH RESOURCE CENTRE

ARRC's 16th International Acupuncture Research Symposium. Bridging the gap between research and practice.

- **Hear leading researchers provide new evidence that will support your practice**
- **Be inspired by the latest research developments**
- **Learn how you could conduct and present your own research**

AACP, ATCM, BAcC and RCHM members **£85**
Others **£105** Students **£45**

For more information and to book your place:
www.arrcsymposium.org.uk
arrc@acupuncture.org.uk

KEYNOTE LECTURES

The science of Gua sha

Bio mechanism of Gua sha's anti inflammatory and immune protective effect

Arya Nielsen
(Acupuncture Fellowship Program director, Beth Israel Hospital, New York)

Acupuncture for patients with depression and, for many, chronic pain

Hugh MacPherson
(Senior research fellow, department of health sciences, University of York)

OTHER CONFIRMED LECTURES

Characterising the therapeutic relationship in traditional acupuncture – what do patients and practitioners value?

Sarah Price

Preliminary findings of a randomised control trial investigating acupuncture's effectiveness as a treatment for medically unexplained symptoms

Ashley Bennett

Evaluation of an acupuncture programme for autistic children

Jonathan Pledger

Proud sponsors of the 16th International ARRC Symposium 2014

DONGBANG AcuPrime® Acupuncture Needle

RCHM Register of Chinese Herbal Medicine 中醫藥協會

ATCM