

British Medical Acupuncture Society

Code of Practice & Complaints Procedure



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THE BRITISH MEDICAL ACUPUNCTURE SOCIETY

MISSION STATEMENT

The BMAS is a registered charity established to encourage the use and scientific understanding of acupuncture within medicine for the public benefit. It seeks to enhance the education and training of suitably qualified practitioners, and to promote high standards of working practices in acupuncture among such practitioners, by means of tests, examinations, and accreditation procedures.

DEFINITIONS

The following definitions refer to terms as they are used in this document.

‘Acupuncture’ refers to the insertion of a solid needle into any part of the human body for disease prevention or therapy. Techniques in which any substance is injected through a hollow needle are not considered to be acupuncture, nor are treatments that do not include piercing the skin.

‘The Society’ refers to the British Medical Acupuncture Society (BMAS).

‘The Member’ refers to the Registered Medical Practitioner or Allied Health Professional who is a Member of the BMAS.

INTRODUCTION

This Code of Practice is produced by, and represents the views of, the British Medical Acupuncture Society. It describes the expected levels of competence and professionalism of its Members, recommendations for the safe practice of acupuncture, and information on how the Society handles complaints against its Members.

The BMAS promotes the use of acupuncture as a therapy following orthodox medical diagnosis by suitably trained practitioners. The therapy is applied using modern scientific principles rather than traditional theory. It is recognised that some Members use a traditional diagnostic assessment, but this is as an adjunct rather than as an alternative to the orthodox medical approach.

CODE OF PRACTICE – PROFESSIONAL DUTIES

This section details the level of professional conduct that is expected of Members. Subsections are ordered as follows:

Standards of Practice

Practitioner Patient Relationship

Practitioners in Practice

Delegation of Responsibility

Practitioners and their Peers

Publicity

Standards of Practice

Members are health professionals subject to statutory regulation, and are expected to follow the guidelines for professional conduct issued by the relevant regulatory body. Matters such as patient confidentiality, ethical conduct and professional integrity should receive the level of attention from Members that would be expected from any regulated healthcare professional. As part of their duty of care to their patients, Members should undertake only those methods of treatment and techniques in which they are competent.

It is essential that all Members who treat patients have appropriate indemnity insurance.

Practitioner Patient Relationship

Patients must be given a clear explanation of what is involved in acupuncture treatment. Details should include treatment duration, number of planned sessions, and expected results. Potential risks of, and reactions to the treatment should be discussed, as should the possibility that treatment may exacerbate some symptoms. Consent must be obtained in accordance with the published guidelines for the relevant profession, such as those issued by the General Medical Council (GMC).

It is wise to have a chaperone present when diagnosis or treatment involves an intimate examination.

Practitioners in Practice

The practice of acupuncture should be undertaken in appropriately equipped premises. It is recommended that there are facilities for hand washing, a private area for dressing and undressing, equipment for routine medical examination, and suitable arrangements for needle disposal. The premises should be clean, warm, well lit and covered by public liability insurance.

It is advisable to keep comprehensive clinical records. These should be stored in a manner that will protect patient confidentiality. For notes stored on computer, a backup copy must be kept. The requirements of the Data Protection Act must also be met.

Patients are to be allowed access to their medical records under the Access to Health Records Act 1990, as long as this access is not detrimental to their care. The content of these records must not be disclosed to third parties without the written permission of the patient.

Delegation of Responsibility

In some circumstances it may be necessary for Members to delegate the insertion of needles to another person. The Member must ensure that the practitioner to whom he delegates is appropriately qualified, aware of his or her limitations, and does not undertake diagnosis or treatment beyond his or her capacity.

Members who are registered medical practitioners should be guided by recommendations from the GMC regarding delegation:

"Delegation involves asking a nurse, doctor, medical student or other health care worker to provide treatment or care on your behalf. When you delegate care or treatment, you must be sure that the person to whom you delegate is competent to carry out the procedure or provide the therapy involved. You must always pass on enough information about the patient and the treatment needed. You will still be responsible for the overall management of the patient."

Practitioners and their Peers

Members should co-operate as fully as possible with their patients' usual medical attendants. In practical terms this means keeping other relevant health professionals informed of treatment progress, preferably in writing.

Some patients may not wish their usual medical attendant to be contacted. These patients should be advised of the benefits of keeping their doctor fully informed. Their continued request for confidentiality must be respected, except in the unusual circumstance that the patient's health will suffer by withholding the information. In this event, the Member must decide whether it is advisable to undertake treatment at all.

Acupuncture treatment may reduce the requirement for prescribed medication; however, prescriptions issued by doctors should not be changed without consultation with the usual medical attendant.

It is inappropriate to openly criticise treatment prescribed or administered by another healthcare professional. Differences of opinion are to be expected, and the Member's opinion should be presented to the patient in an unambiguous, tactful manner. If matters of professional misconduct are suspected, the Member should raise his or her concerns with the practitioner or with the relevant professional body.

Publicity

Members are bound by the rules of their regulator on advertising. Members may advertise details of their practice in the Yellow Pages. Accredited Members may apply to have their name, address and qualifications included within a corporate display box under the banner of the BMAS, and may also arrange to have these details included on the BMAS website. Members must not make claims of superiority over other practitioners.

CODE OF PRACTICE – CLINICAL STANDARDS

This section describes the clinical standards deemed by the Society to constitute an acceptable minimum level of practice. Failure to meet these standards would leave the Member open to criticism by his or her peers and may result in disciplinary action by the Society. Subsections are ordered as follows:

Needle and Equipment Care and Needle Insertion

Number of Treatments

Limitations in the Use of Acupuncture

Treatment of Patients with Infections

Prevention of Infection

Treatment of Pregnant Women

Treatment of Children

Other Conditions

Electroacupuncture

Safety Considerations

Treatment of Animals

Needle and Equipment Care and Needle Insertion

In view of the risk of transmission of blood-borne infections, it is recommended that only single-use, sterile, disposable needles are used. The area to be needled should be clean and free from infection. Most Members do not attempt to sterilise the skin before needle insertion. The introduction of infection into the body of a healthy individual by insertion of an acupuncture needle with retention for up to 30 minutes is extremely rare (unlike potential problems from special indwelling needles – see below).

The patient should be given a clear explanation of what is to be undertaken, together with a description of any other techniques that may be used (e.g. manual or electrical stimulation).

If indwelling needles are to be inserted (for example into a patient's ear) the following notes must be considered:

1. Infection at the site of indwelling needles has been implicated in the aetiology of bacterial endocarditis in patients with valvular heart disease, and septicaemia in debilitated patients.
2. If an indwelling needle falls out unnoticed, there is a risk of needle stick injury, and thus the potential for the spread of blood-borne infection.
3. Local infection of the cartilage of the ear, known as perichondritis, can result from the use of indwelling needles. Perichondritis invariably causes deformity and sometimes requires surgical excision of the diseased cartilage.

4. Particular care should be taken to clean any area of skin where an indwelling needle is to be inserted. In view of the risks associated with infection of the external ear it is recommended that the use of a pressure device, such as a small metal ball attached to the skin by adhesive plaster, be considered, in preference to indwelling needles in this region.

Number of Treatments

Most people who benefit from acupuncture would be expected to show some signs of improvement after a course of 6 treatments, especially in the case of disorders of the musculoskeletal system. If a particularly long-standing condition is being treated, reaching the maximum improvement may take longer. The patient should always be informed in advance of the likely duration of treatment.

It is unprofessional for a Member to offer an over-optimistic prognosis, especially if no improvement has been shown after several treatments.

The timing of treatment and treatment intervals is a matter of judgement for the individual Member.

It is prudent practice, on a first treatment, to administer gentle acupuncture, since some individuals are particularly sensitive, and can suffer deterioration in their condition as a result of acupuncture. An initial treatment usually involves using a small number of needles, inserted gently with little or no stimulation, and with the patient lying down.

Limitations in the Use of Acupuncture

There is little evidence to support the use of acupuncture in the curative treatment of cancer or serious infections such as HIV, hepatitis or tuberculosis. However, it would not be considered unethical to offer acupuncture for palliative care as an adjunct to conventional treatment. If the patient was unwilling to undertake, or unable to tolerate conventional treatment it would not be considered unethical to offer acupuncture so long as it was made clear to the patient that acupuncture was given for palliation of symptoms and not as curative treatment.

In order for acupuncture to have a therapeutic effect some nerve function is required. Needling areas of the body which have an impaired nerve supply, either due to trauma or disease, is likely to result in a reduced or absent response to acupuncture, and the Member should be aware of this limitation.

Treatment of Patients with Infections

It is sensible practice to assume that every patient's blood is potentially infectious, so particular care must always be taken when blood is present on the skin (as may sometimes be the case following acupuncture), or when handling used needles. Used needles must be disposed of in a 'sharps' box clearly marked 'Danger Contaminated Sharps'.

If a Member sustains a needle stick injury it is advisable to swab the puncture wound with alcohol immediately, encourage bleeding, and record in the patient's notes that the Member received a needle stick injury. A sample of blood should be requested from the individual so that screening can be undertaken, but there is no compulsion for patients to accede to this request. The advice of the local Public Health Laboratory Service (PHLS) should be sought if there is any doubt as to the correct procedure.

Prevention of Infection

Hand washing before and after physical contact with patients is recommended. Unnecessary handling of the shaft of the needle should be avoided, although when long needles are used it may be safer to control the flexibility of the shaft by direct handling than not to do so. Particular care should be taken when needling in the proximity of joint spaces, or when needling debilitated or immunocompromised patients.

It is a policy of the Society to encourage all of its Members to be vaccinated against Hepatitis B with follow-up serology to confirm immunity. It is each Member's own responsibility to ensure that this has been completed. They should remember that such immunisation does not provide a complete guarantee of protection after needle stick injury.

Treatment of Pregnant Women

There is little evidence to suggest that acupuncture treatment is a hazard to pregnant women. However, as spontaneous pregnancy loss is common in the first trimester, and since acupuncture is still used in China with the intention of inducing labour, the decision to use acupuncture in pregnancy must be considered carefully.

Members should ensure as far as possible that they do not needle into or through the wall of the uterus, and that nothing is done that might be detrimental to the viability of the pregnancy. Risk assessment should be applied as with any medical intervention. Acupuncture treatment can be considered appropriate if the benefits, or the risks associated with not applying the therapy, outweigh the risks of the procedure itself.

By virtue of its ubiquitous use, needling of PC6 is considered safe at all stages of pregnancy. Points which are traditionally used for 'expulsion', inducing labour or miscarriage, should be avoided. Segmental points for the uterus and cervix may influence the function of these visceral areas, therefore, the use of such points must be considered carefully for individual cases.

Treatment of Children

It is recommended that minors (children below the age of 16) should not be treated unless consent is obtained from a parent or guardian. It is also desirable that consent be obtained from the child. GMC guidelines on consent can be consulted for reference.

Children may respond more strongly than adults, so treatment should be very gentle, using small gauge needles and minimal stimulation. Even if a parent or guardian has given permission for treatment, the Member should not compel the child to have treatment against his or her wishes. Doing so is unlikely to result in a useful clinical outcome, and may cause injury to the child or Member.

Other Conditions

Needle Phobia. Patients with a needle phobia or an aversion to needles should be considered carefully, and any treatments given with caution, since these characteristics generally prevent a good therapeutic response.

Bleeding Tendency. Acupuncture should be performed with particular care in anyone with a bleeding tendency. Deep and vigorous needling within the enclosed fascial compartments of the lower limbs and forearms should be avoided. To reduce the potential for vascular trauma, electrical stimulation of fine needles can be used as an alternative to manual needling with standard diameter needles.

Epilepsy. Patients suffering with poorly controlled epilepsy must be treated with caution and should not be left unattended during treatment. Electroacupuncture must be used with particular care, since, if a fit occurs during treatment, the electrical stimulus, no matter how weak, may be seen as the cause.

Fainting. People prone to fainting should ideally be treated lying down, and this is a sensible precaution when treating anyone for the first time. If a patient is treated in a seated position, the Member must be able to quickly and easily lay the patient down and remove retained needles.

Electroacupuncture

Electroacupuncture (EA) should only be used with caution in a patient with a demand pacemaker, as there is the theoretical potential for EA to inhibit the activity of the pacemaker. EA should not be applied such that the current is likely to traverse the heart. It should be applied with caution in epileptics (see above), and its use should be avoided in the region of the carotid sinus in the anterior triangle of the neck.

Safety Considerations

'Strong Responders'. Members should be aware that some people have a particularly strong response to acupuncture treatment, and that this response is difficult to predict. Over-enthusiastic treatment of such individuals may result in undesirable reactions such as sedation and temporary exacerbation of the condition being treated. It is sensible practice to use gentle needling techniques when treating patients who are new to acupuncture.

Sedation. New patients should be advised of the possibility of sedation following acupuncture, and if possible should be accompanied to their first one or two consultations. It is preferable that they should not drive or operate machinery following acupuncture; if this is unavoidable, they should be warned that their performance and reflexes may be less than optimal.

Alcohol & Sedative Drugs. It may be appropriate to advise certain individuals that in some circumstances the effects of alcohol or sedative drugs could be enhanced.

Unattended Patients. If patients are left unattended during treatment, it is advisable that a means is provided, such as a bell or buzzer system, whereby they can attract the attention of the Member or other appropriate individual.

Anatomical Considerations. It is important that the Member is familiar with the local anatomy in the region of needle insertion. The most frequent serious complication of acupuncture related to piercing an anatomical structure is pneumothorax; needling over any part of the chest wall, including GB21, should be performed with this in mind. Due to the occasional presence of a defect in the sternum at CV17, deep needling at this point may result in damage to the heart which can be fatal. This is easily avoided by using a shallow angle of needle insertion.

Treatment of Animals

In the UK it is illegal for doctors to treat animals, unless under supervision of a veterinary surgeon. Veterinary surgeons may give written permission for treatment to be administered to animals under their care, however, the Society recommends that requests for acupuncture on animals be referred to the BMAS administration or the Association of British Veterinary Acupuncture (ABVA).

COMPLAINTS AGAINST PRACTITIONERS

BMAS Complaints and Disciplinary Procedure

1. Receipt of complaints

- 1.1 Notification of a written or verbal complaint should be entered into a complaint log by the BMAS office staff.
- 1.2 If a verbal complaint is received, a written version of events should be requested. If the complainant is unwilling to put the complaint in writing, the senior member of staff at the BMAS office should take notes and obtain the verbal agreement of the patient that the version of events in the notes is correct.
- 1.3 Consent for the complaint to be disclosed to the relevant Member should be obtained in writing. If the complainant is unwilling to provide written consent but gives consent verbally, a note that this consent has been obtained should be clearly entered in the complaints log.
- 1.4 If the complaint is made on behalf of a patient, the consent of the patient should be obtained in writing.
- 1.5 The BMAS office should acknowledge the complaint within two working days. The letter of acknowledgement should include, in the case of a verbal complaint, a copy of the notes made by the senior member of staff (see paragraph 1.2); a description of the BMAS complaints procedure; and reference to the procedures used by the NHS and the GMC. The letter should also request consent for disclosure (see paragraph 1.3).
- 1.6 The BMAS office will refer all complaints received to the Chairman of the Complaints Committee.

2. Role of the Chairman of the Complaints Committee

- 2.1 The Chairman should assess each complaint. The Chairman will then only address a complaint if:
 - 2.1.1 the complaint involves the use of acupuncture as defined in the Code of Practice, and;
 - 2.1.2 the complaint has been brought within a 6 month (extended to one year in exceptional circumstances) period of the problem treatment episode.
- 2.2 If the complaint falls outside the above criteria, the Chairman should write to the complainant, to explain that the matter is not within the remit of the BMAS, and that the complaint should be taken forward through either the existing NHS or GMC procedures, or both.

- 2.3 If there is evidence suggesting serious professional misconduct, seriously deficient performance or that the Member is suffering from a condition which seriously impairs fitness to practice, the Chairman should report the matter to the appropriate statutory regulator irrespective of whether or not the complaint falls within the criteria covered in paragraph 2.1.
- 2.4 After obtaining the patient's consent, the Chairman should discuss the complaint with the Member involved.
- 2.5 The Chairman, or in his absence the next senior member of the Complaints Committee, should send a written reply within two weeks of receipt of the patient's consent. The patient should be told that the Member has been contacted and that their complaint has been presented.

The patient should be informed of any further steps that can be taken, should they still be dissatisfied. These include the offer of further mediation by the BMAS, as outlined below, or the existing NHS and GMC procedures (or those of another relevant regulator).

- 2.6 The Chairman should organise further mediation, if requested by the patient and agreed by the Member, by asking a senior Member living in the proximity of the complainant, to meet with the Member concerned, the complainant, and a lay person to support the complainant. The lay person could be a friend, or in the case of complaints regarding NHS treatment, a person provided by the local Community Health Council. In the case of complaints concerning private treatment, the Citizen's Advice Bureau may be able to provide support.
- 2.7 The Chairman should receive a report of the mediation from the senior Member. This report should indicate whether or not the matter has been successfully resolved.

3. Role of the Complaints Committee

- 3.1 The Complaints Committee should consist of the Chairman, two Members and a legal representative.
- 3.2 Given the unpredictability of the timing of complaints, it is impractical for the Committee to meet every time a complaint is made. All documentation relating to a complaint, including the Chairman's response, should be circulated to each member for comments. These should be returned to the Chairman, who should then consult committee members as the need arises.
- 3.3 The Committee should meet at intervals to discuss all complaints entered in the complaints log.
- 3.4 Audit of the complaints procedure is the responsibility of the Complaints Committee, and should be performed in order to refine the procedure and advise Members on consistent areas of difficulty.

4. Complaints and the Disciplinary Procedure

4.1 Complaints should be dealt with as described below if they fall within the criteria set out in para 2.1.

On receiving the Member's written reply to the complaint, the Chairman, in consultation with members of the Complaints Committee should consider one of the following courses of action:

- 4.1.1 *Further Mediation.* If further mediation is agreed, the Chairman, as in para. 2.6, should pursue it, unless the Complaints Committee decides that more immediate action is necessary.
 - 4.1.2 *Correspondence.* If the complaint can be dealt with by means of appropriate correspondence, the Chairman should ensure that the matter is concluded successfully.
 - 4.1.3 *Referral to the Complaints Committee.* If the complaint is serious enough to be referred to a full meeting of the Complaints Committee the Committee should be convened. For this purpose, a quorum will consist of the Chairman, another health professional and the current legal BMAS representative. A friend or legal representative may accompany the Member.
 - 4.1.4 *Suspension.* In the event that a complaint is of such a serious nature that there appears to be a danger to patients, or to the reputation of the BMAS, the Chairman of the BMAS should be consulted. The Member may then be immediately suspended, and asked to appear before a minimum of two members of the Disciplinary Committee without notice being required. The matter may also be reported to the GMC or other statutory regulator as in para. 2.3.
- 4.2 Following a meeting of the full Complaints Committee as in para 4.1.3 the Committee will have the power to recommend:
- 4.2.1 that there is no case to answer;
 - 4.2.2 that a letter of censure be sent to the Member;
 - 4.2.3 that the Member be asked to retrain in a manner deemed appropriate by the Complaints Committee;
 - 4.2.4 that the Member be expelled from the BMAS. This action requires ratification by the Council of the Society. If the recommendation is sustained, this will be noted in the minutes of the Council meeting, and notification of the expulsion will appear in the next published BMAS handbook.

Right of Appeal

- 5.1 There will be a right of appeal by the Member to a meeting of the full BMAS Committee. Since the BMAS legal representative will have been involved in the first meeting of the Complaints Committee as in para 3.1, the appeal should be heard by another lawyer representing the BMAS, appointed by the BMAS Management Committee.
- 5.2 Should a Member fail to comply with the requests of the Complaints Committee, this will be brought to the attention of the full Council, and their BMAS membership may be withdrawn. Such withdrawal will be documented as in para. 4.2.4.

6. Advice

- 6.1 Any Member wishing to seek advice may, in confidence if desired, approach the Chairman of the Complaints Committee.
- 6.2. Members are advised to seek the advice of their defence body if a complaint is lodged against them.