The cover page of a newsletter from September 2003, Volume 8, Issue 4, featuring topics such as:

- Tributes to J R Worsley and Dick Van Buren (Page 5)
- Dreaming with two feet on the ground (Page 28)
- BAcC Conference and AGM 2003 (Page 17)
- Booking form (Page 19)
Points of change

The title Dr/Doctor
to

Notice from Hungyong Meng,
Secretary of Dr. Pedro Joy
On 15 July 2003, the National Parliament of Portugal approved a new law about ‘Non-conventional T’herapeutics’. For the first time acupuncture, homeopathy, osteopathy, naturopathy, phytotherapy and chiropractics are legally established as new and independent professions in Portugal.

The approval of this law is not only an important step for Portugal but also for Europe. It will have a positive influence on the process of legislation for TCM in other European countries and eventually in the European Parliament. For more information, please contact: apa-da@mail.telepac.pt

Joss Gray – PR, Projects and Regional Co-ordination

We advertised her job in the last newsletter mailing to you but if you missed it and don’t know already… she’s leaving! Help!

Joss joined the BAcC when we were a fledgling staff of 4 at the old office in Park House over five years ago. As all our roles have evolved over time, Joss has become the key point of contact for many members but specifically those involved in regional groups or press activities. I believe Joss has really enjoyed the interaction with you and will miss it greatly.

The PR & Marketing Committee have also relied on Joss in recent years as their pivotal point and her liaison with all of us involved in PR has always been reassuring and steady as well as creative. M like as Chair of this committee has asked me to say how much he has appreciated Joss’ guidance in helping him understand the needs of the practitioners, and also how much she has contributed to the PR and Communications strategy the BAcC is now following.

The other aspect of Joss’ role and one that she has managed almost single-handedly in the past three years is the development of the newsletter. Unfortunately, Joss’ decision for an Editorial Committee (EdCo) to help her out has been realised just as she is relinquishing the role. The Chair of the EdCo, Paul Hougham, has asked me to say a BIG thank you on behalf of the committee and that Joss has been a major driving force behind the current exciting changes in the newsletter.

For us here in the office, her role as a calm, thoughtful sounding board along with her years of BAcC knowledge have been an invaluable support to both new and longer term staff and will be much missed.

We too say HUGE thanks to Joss for everything she has done for the BAcC in the last five years. We send all our very best wishes for success in relocating to Glasgow (her home town) and in her return to work as an artist.

Sarah Williams, Office Manager

Editorial

Respectable Rebels and the Holistic Heresy

Paul Hougham on behalf of the Newsletter Editorial Committee

I suspect that most acupuncturists experience time as ever-changing: our many traditions incorporate time into the spectrum of the clinical encounter as we note the season, the time of day and perhaps even the moon phase during which we treat patients. So to say that times are changing is, of course, a tautology. But there are rhythms in any cycle of change and, from my perspective, this year is yielding powerful omens about the future shape of our profession in the most significant but subtle ways. The span of perspectives, memories and issues in this newsletter reflects that breadth of opportunity in our profession’s development.

The inspirational article by Harriet Beinfeld on acupuncture in Cuba (pages 28-30) must surely explode any myth that the scope of acupuncture could ever be limited by any future legislation in any country. He describes the vibrancy of the work she describes is, I think, one of the reasons we’ve been looking to illuminate the broad spectrum of acupuncture delivery in Britain. He remembers on pages 5-8 of this issue, to two of this country’s acupuncture pioneers, JR Worsley and Dick van Buren, who outlines one of our collective dilemmas - how we make change our quest within a culture where the established infrastructure struggles to keep pace with the public’s collective vision.

In my various committee roles I am aware that one of the things we know instinctively but often overlook is that we are part of a wider cultural shift. In this sense, perhaps, we are respectable rebels. Our decisions and actions as professionals are not received in a neutral way – the shifting cultural filter and tide that we interact with shapes us as much as we shape it. In speaking with John Hether the other day, he suggested that it is less the detail of any future legislation that will safeguard the traditions, but rather the embodiment of those traditions in those who honour their ultimate integrity and help more patients by their use. On this note, there has been ‘cooking time’ for SSR, as the Acupuncture Regulatory Working Group (ARWG) has undertaken its task. We have a summary of its work on pages 22-23, along with the contribution of some candid and forthright views on the subject of regulation from Kevin Baker. I hope that this heralds the beginning of vibrant and open debate about how best we as a collective can embody the vast potential of our traditions.

With ‘protection of title’ no longer so highly profiled as the educational standards which will define its use, questions will now inevitably arise as to how we best use this time of consultation to argue for a gold standard of practice and education. My view is that holistic medicine doesn’t just mean just saying ‘hello’ to someone as you perform a physical procedure. It involves a cohesive scientific model imbued with all realms of the human form, including the spirit. For sure, this might involve neurophysiology, but if any form of future regulation was to give the green light to cherry-picking a handful of needling techniques and was to sell this to the public as acupuncture, I suspect our collective role would be quite challenging in every arena.

The work to be done is now, contributing to the debate, promoting at every turn the gold standards in education and practice in the BAcC and BAAB, resting any dumbing down of what it means to be an acupuncturist and doing it all with a centred light-heartedness that Chuang-Tzu might be proud of. As well, of course, as embodying it in our practices through the simple brilliance of everyday needling based upon the philosophies of change.

Our ancestors cast yarrow stalks in order to track needling based upon the philosophies of change! As well, of course, as embodying it in our practices through the simple brilliance of everyday needling based upon the philosophies of change!

The overall intention of these changes is to facilitate further the collective voice of who we are as a membership. We hope, therefore, to cast a wide net for contributions to the newsletter itself, as well as to the editorial itself, so that it doesn’t present a party line but takes on overview, drawing debates together and offering at least a few left field observations. My only disappointment is that we no longer have John Wheeler’s regular commentaries on Italian football to savour, but then again, I am sure that there are plenty more respectable rebels out there.
Above the parapet

Mike O’Farrell

As you might expect, the summer months bring a slight reduction in the amount of external activity surrounding our profession, except of course from the media, that group that seems to feed on itself. Following the ‘Case-Notes’ interview with Jancee Booth, we had significant interest from different parts of the Fourth Estate, culminating in a recent exchange via email with the ‘Today’ programme who are considering an item or a report on acupuncture. No further details at the moment, but we are waiting!

On another issue, by the time you receive this newsletter, the final meeting of the Acupuncture Regulatory Working Group (ARWG) will have taken place, and the report in its final form will be before the Department of Health (DoH). Jasmine and John, who were our representatives on this group, will report in more detail but it is important to remember that this collaborative approach is the first time that acupuncture as a medical modality has had such a high profile. The report will form the basis of a consultation document which will receive an extremely wide circulation and thus create a high level of awareness and a large amount of media interest. Do remember there is a long way to go and we shall keep everyone fully informed.

The last few weeks have seen more interest from Primary Care Trusts and GP practices asking questions about acupuncture, about you as practitioners, about the Codes, etc; in fact anything that could give them an insight into the profession. Only this week we helped two of them.

There has also been an opportunity to remind a government minister of the BAcC’s work, and GP practices asking questions about acupuncture, about you as practitioners, about the Codes, etc; in fact anything that could give them an insight into the profession. Only this week we helped two of them.

alcohol abuse. So although it is quiet in some areas, there are still opportunities to help those people who express particular needs, or who have specific interests.

O n e final thought from me, I attended two regional group meetings in the last few days. One was an all day affair, the other an evening event; both covering broadly the same subjects. On both occasions I was struck by the willingness of the participants to engage in frank and open debates, by the free exchange of views, by the concerns that people had and which they were prepared to voice, and perhaps most significantly, by the respect people showed for one another. These meetings, following on the heels of the ‘unity in diversity’ workshop, seemed to me to indicate that whatever the differences people may have with regard to style of acupuncture, their overriding feeling was a sense of pride in belonging to the acupuncture profession.

Certainly the message that I continue to push into the public arena is that the BAcC is an organisation with a highly skilled group of professionals who treat a range of patients with success, and that their skills come from an educational process which is supported by the BAAB and is the envy of many other therapies.

In memoriam

Dick van Buren and J R Worsley

Dick van Buren and J R Worsley from Roger Newman Turner

Probably the first formal training in acupuncture in this country was the series of postgraduate seminars mounted by the Research Society for Natural Therapeutics and presented by Dr J R Lavier in the early sixties. It was a group of enthusiastic Lavier ‘graduates’ who perceived the need for their fellow naturopaths, osteopaths, physiotherapists and medical herbalists to study this intriguing ‘new’ therapeutic technique and in 1964, they established an acupuncture college in Leamington Spa which was easily accessible from various parts of the country. Prominent among these were Jack Worsley, Sidney Rose-Neil and Dick van Buren.

When I started the course in 1965 these teachers, assisted by Malcolm Stemp and Harry Cadman, among others, conveyed their excitement at the potential for this system of treatment that was virtually unknown in the West. Soon, however, driven by philosophical differences as to what constituted the ‘true’ acupuncture, and spurred on by the egos that are an inevitable characteristic of individuals determined to make their mark, they went their separate ways.

Jack, who became affectionately known by his initials J R, continued teaching in Leamington and established the College of Traditional Acupuncture.

Meanwhile Dick set up the International College of Oriental Medicine in East Grinstead. The British College of Acupuncture moved with Sidney to London under the leadership of Keith Lamont (and, in later years, Royston Low).

Although at the time this schism seemed a retrograde step for the future of acupuncture it may, in some ways, have strengthened its philosophical underpinnings in the West. In the mid-sixties both Jack and Dick had studied with Dr Wu Wei Ping in Taiwan (mainland China did not become accessible until the early seventies when Sidney led the first delegation of western acupuncturists), but they focused their energies on exploring the deepest nuances of five element theory and stems and branches respectively. Each, in his way, made a significant contribution to the establishment of acupuncture in the West by training a new generation of practitioners and making it more accessible to the public.

Now, as we all work together for the common good of acupuncture, we can salute the memory of these pioneers and be grateful for their determination, vision, and even their ego’s for without them acupuncture might never have gained the popularity that it enjoys today.

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Mike O’Farrell

A day of workshops and debate

Saturday 4 October 2003

Regent’s College, London

Have you filed in your booking form?

See page 19 of this issue.
In memoriam of D van Buren who died on 12 May 2003

Belinda Coppock (ICOM 1984-87)

Of Wartime

He said that as a result of the starvation in China where many of the vegetables because they were not used to a high protein diet. At the age of 12 he said he weighed 12 stone, at the end of the war he weighed seven stone. He said the American planes flew over at exactly the same time every day; consequently they never did any damage to anyone.

Of Acupuncture

I mentioned to him that I had seen an acupuncture artist who used 19 needles in one treatment. He smiled in his special way and just said, ‘that is 17 too many’.

He said handmade furniture lasts a long time because it is held together by the carpenter’s weld. I have often wondered since then if I polish new furniture a lot, will it last longer?

He said when a patient comes for a repeat treatment; listen to what they say about their health only for the first 2 minutes.

From Peter Firebrace

It is over 25 years since I first met Dr van Buren and felt drawn to in the world of pulse-taking and quiet observation that marked his style of acupuncture. He is vision in a time when acupuncture was virtually unknown provided a space to study which served for many as the starting point on their journey into the world of Chinese medicine.

Stems and Branches, a part of the broad tradition of Chinese medicine from the Neijing, was a key text in Dr van Buren’s approach to understanding the constitution of the patient. The influences from the time of birth determine favourable or unfavourable energies to be drawn on or avoided, and indicate optimum times for treatments. The tendency of time and timing became known as his specialty and the trademark of the college at East Grinstead.

Equally important I feel was his keen observation of the uniqueness of the patient. He is background in osteopathy and homœopathy were strong influences on his practice style. Body diagnosis was an intrinsic part of his approach, assessing the state of the spine and the tissues, the shape of the feet and hands, the condition of the skin in different areas, all these important threads to be drawn together. He calm atmosphere of the clinic and his willingness, as he put it, ‘to listen to upstairs’ were also important features of his way of working.

He had all the hallmarks of a pioneer - the tenacity of vision, the assurance of being right - and he upheld his views with determination in the face of new ideas from China and imperialism.

In memoriam of R Worsley who died on 2 June 2003

Dean Lester

I have some happy memories of JR - he used to be my boss at CTA and I worked closely with him for nine years. Through those years we shared a common interest; as we both originated from Coventry, it was only natural for us to talk about our football team, Coventry City FC. JR used to go to watch the game whenever possible, and his son and some mates, but this eventually diminished until he ended up watching the scores on the TV. One of my hobbies is to video Coventry City FC matches at home, so when we used to see each other we would discuss the triumphs and woes of the club.

He smiled in his special way and just said, ‘that is 17 too many’.

He said the American planes flew over at exactly the same time every day; consequently they never did any damage to anyone.

From Roslin Gidding

Dr van Buren was my teacher and in the 20 or so years since attending CICOM I have never come across a more profound one. So what makes a good teacher? I have rarely, no, never met one. I have never heard of van Buren being spoken of as a good teacher.

T here were only ever two comments made about van Buren’s lectures. The first was that van Buren was the most amusing teacher. The second comment was that the subject was difficult to understand - luckily, because few understood. And that was the second comment most often made of any teacher.

So I found it strange recently to reread all the old lecture notes and find that they are actually perfectly intelligible and understandable. So what’s the difference that 21 years of acupuncture reading, going over all the basics, reading the Nei Jing and finding time and again that van Buren’s odd notions were the same notions passed down by the Yellow Emperor and Chi Po. ‘Don’t use Liver on the left in October’, was the kind of advice I’d ignore on the grounds that it didn’t make sense, until I read it in the Chinese and understood it after revisiting van Buren’s bizarre representation of the energy flow from heaven to earth - a stick man with figure 8 superimposed, along with 8v commentary. It was a stroke of genius, I feel, to give a name for a level of teaching that surpassed excellence for many reasons. The main reason being that he was so wise and eager to become the best that he could, making many changes in his life that would be unthinkable in most people who were approaching their 80th year. He became more alive in spirit, more determined to get to the root of a person’s imbalance, and more dedicated to passing on the knowledge to those who were eager to learn. His passion and curiosity lead him to become a teacher of the highest level. To this day I can remember the excitement about acupuncture in New York’ to read. To me, this was the guruistic status some of the acupuncture practitioners alike, whose lives he has touched and transformed. I shall miss him for what he can no longer teach me, and perhaps, above all, for those deep insights into human nature which inspired each step I have taken in my practice.
A personal appreciation of J R Worsley
from Robert Moore

I can’t let this issue of the newsletter go by without recording my sense of sadness on hearing of the death of J R Worsley, known affectionately to all as J R. I would again, like to extend my sincere condolences to Judy his wife, and to his family.

At the same time I would also like to give thanks for the wonderful system of 5 Element acupuncture that J R somehow acquired and successfully set out to teach to generations of practitioners, starting in the UK in the 50’s and later in the USA. Its central premise of colour, sound, smell, taste and emotion seemed to me at first, so simplistic and yet as I started to understand it better, I have this enduring picture of his face honed to fine focus, concentrating on his sense, as he diagnosed (quickly) and interacted (deeply) with the patient before him, often saying very little.

The world is poorer without him. At the same time, this shy and private man has left a rich, deep legacy behind him which will continue to be valuable and valued in this rapidly changing and often troubling world.

from Joe Goodman
Jack, Dick and Sydney... my teachers of the Sixties whom I acknowledge with gratitude and love. Joe.

Communications Round-up
Paul Hougham

This issue marks another significant step forward for our press coverage as there is a marked increase in the amount of national commentary on acupuncture. There are two aspects to this – firstly the obituaries to Dick van Buren and J R Worsley and secondly the Independent on Sunday’s coverage of acupuncture’s ‘Top Brass’, reproduced as our featured press cutting. It seems fitting that as two of our pioneers and masters are honoured for their contributions to public life a collective of contemporary acupuncturists are celebrated for their work in bringing acupuncture to ever wider groups of patients. This is perhaps summed up in Jasmine Uddin’s comment of feeling ‘privileged to have been part of the development of a profession that has gone from ‘fringe medicine’ to a viable treatment option for increasing numbers of people.’

If this trend of increasing coverage in the mainstream press continues, then more and more of us are going to need to be able to speak to the press on behalf of all members of the BAcC. In this issue Angela Hicks and Louise Ljomann give their accounts of presenting our profession on radio and film respectively, both articles demonstrating that it is our humour and humanity that will help us thrive in such scenarios rather than any conformity to formulas or expected outcomes. Their experiences and advice follow on from Richard Blackwell’s article in the last newsletter on writing a regular magazine column and demonstrate that communications work ultimately enables more people to develop an understanding of the scope and potential of acupuncture. It is this momentum of embedding the depth of authentic acupuncture treatment in the consciousness of the public that is going to ultimately support our arguments in the regulatory arena. If you have any experiences communicating acupuncture to a wide audience through either TV, or radio or the print media, then please do consider writing an article for the newsletter.

Another theme of this issue’s crop of press cuttings is the attention given to hay fever. One of the ways in which we have begun to focus our PR work with Republic has been to develop the seasonal links of common conditions at being that arise throughout the cycle of the year. We successfully addressed depression during this last winter and targeted allergies during National Allergy Week. We could develop this in any number of ways - if you have any suggestions then please do contribute them. In my own local communications work I’ve been looking at simple acupuncture first aid for common complaints always with a caveat of course and quotes from the Su Wen about human behaviour appropriate for each season. As acupuncture is often cited as an antidote to 21st century living, such an appeal to classical authority that is validated in contemporary practice could be a useful highlight to our communications work in general.

JR’s Memorial Service

is to be held at All Saints’ Church Burton Dassett on Sunday the 14th September 2003.

Everyone who wishes to attend the service is very welcome.

Church Hill Farm is adjacent to All Saints’ Church and it is hoped that those who wish, will gather for refreshments and to meet their friends after attending the service.

To ensure that there will be adequate facilities, would you please let us know if you are coming to the service by either e-mailing Maureen Postins on maureen@worsleyacupuncture.com or ringing her on 01926 857063.

Details of the service are on www.worsleyacupuncture.com

Communications Round-Up May/June/July
Compiled by Joanna Willmot of Republic PR
National press roundup (entries highlighted in colour were secured by Republic).

<table>
<thead>
<tr>
<th>Date</th>
<th>Media Title</th>
<th>Circulation</th>
<th>Extent</th>
<th>Subject</th>
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<tbody>
<tr>
<td>6 May</td>
<td>The Guardian</td>
<td>485,000</td>
<td>1 page A3</td>
<td>Different approaches to treating hay fever are discussed. Acupuncture is recommended as a complementary treatment.</td>
</tr>
<tr>
<td>12 May</td>
<td>Daily Telegraph 1</td>
<td>1,005,000</td>
<td>1 page A3</td>
<td>Article examining the different medical treatments available to pregnant women. Zita West provides comment and stresses the importance of visiting a properly trained practitioner who is experienced in treating pregnant patients. BAcC contact details included.</td>
</tr>
<tr>
<td>30 May</td>
<td>Daily Telegraph 1</td>
<td>1,005,000</td>
<td>1 page A3</td>
<td>Different approaches to treating hay fever are examined and a case study of a patient of Simon Fielding speaks of his successful treatment with acupuncture. BAcC contact details included.</td>
</tr>
<tr>
<td>29 June</td>
<td>Independent on Sunday</td>
<td>219,000</td>
<td>1 page A3</td>
<td>A profile of ten of the leading acupuncturists, demonstrating the breadth of the profession with information provided about the training process undergone by practitioners. (Please see article on page 10)</td>
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Consumer press roundup (entries highlighted in colour were secured by Republic).

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<tr>
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<th>Subject</th>
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<tbody>
<tr>
<td>26 June</td>
<td>Woman’s Own</td>
<td>590,000</td>
<td>1 page A4</td>
<td>In this profile of the work of the Bristol Cancer Help Centre, acupuncture is one of the treatments recommended to treat the symptoms of cancer and enhance the body’s healing abilities.</td>
</tr>
<tr>
<td>June Prima</td>
<td>380,000</td>
<td>1 page A4</td>
<td>Advice box containing treatments for hay fever. Acupuncture is suggested as an option.</td>
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What makes the media tick?

Jo Sensini

In recent months, Republic’s columns have tried to provide a wide range of advice to prepare members for interviews with the media.

Then suddenly it struck us – all this preparation for the actual process, but no advice on dealing with the coverage once it appears. A bit like preparing for pregnancy and omitting to talk about life with a new baby! Well, something of an exaggeration, but media coverage is what we’ve been working towards and we need to be ready for what happens next.

With 99% of the articles Republic generates pretty positive, there are occasionally some surprises. Between us, Jane Howard and I have been in this business for 30 odd years so nothing much phases us. But as a practitioner, when it’s your first experience with the media and the article is not quite what you expected, nobody can blame you for feeling a little let down, confused or angry.

This column aims to explain the difference between advertising and PR and why this fundamental difference means that participants in PR actually have no final say in what gets printed or broadcast.

As an advertiser, you pay for your space and as long as what you say doesn’t break any laws, you are free to say practically whatever you wish.

In the world of PR, where pure editorial coverage is being negotiated, there are no fees, nocharges and there is no contract between the interviewer and interviewee. Free and weekly newspapers are somewhat different and the lines between editorial and advertising tend to get a little blurred, so some of what follows might not apply to them.

Editorial coverage appears for one reason and one reason only. The journalist believes that what they plan to publish will be of interest and value to their readers and sell more newspapers or magazines or increase audience figures. Republic’s ability lies in being able to ‘sell’ and ‘package’ information so that a journalist wants to know more.

Editorial coverage is so much more powerful than advertising because it has the implicit endorsement of both the journalist and the media within which it appears.

So what does this mean for us? Once a journalist has received all the information she needs and interviews have taken place:

There is absolutely no guarantee that an article will appear:

- the piece might have been destined for a specific supplement that is then ‘pulled’ because ad revenue declines suddenly – September 11 is a good example of this
- perhaps a new editor arrives who decides that the focus of the newspaper needs to change and that the planned article doesn’t fit in with the new agenda
- the piece might have been written by a freelance journalist who is unable to ‘sell’ it to the paper’s commissioning editor
- perhaps the journalist changes jobs or takes prolonged sick leave… there’s a whole host of reasons
- when this happens, we understand that you’ll be disappointed and we will do our best to find you an alternative opportunity as quickly as we can.

We have little control over what the journalist writes

PR (in this case, media relations, a specific PR discipline) is ultimately about stage management. We can prepare for the best possible outcome, but we cannot control the actions of the leading protagonist, the journalist. Ultimately they will write what they want to write, so:

- although we understand that you might wish to see copy before it goes to print, we would actually advise you not to insist on this
- most serious journalists – specifically those working with national media – will not let you see copy in advance (the possible exception to this rule is free and weekly newspapers). And why should they? What you’re in fact doing is questioning their ability to do their job properly. We are all quite properly indignant when we learn of government ‘spin doctors’ meddling in the editorial process. Let’s not be guilty of similar practice!
- you can offer to check medical facts and in some cases, journalists will then let you see copy when an article is based around a patient case history where sensitive and quite personal details are discussed, some journalists will be happy for the patient and practitioner to see copy so that any factual errors can be amended
- some members of the media will exercise journalistic licence and exaggerate certain details in their article to make what they say more colourful and appealing to readers. Again, we have little control over this. Where the journalist exaggerates an important detail, e.g. the intensity of the sensation when a needle is inserted during treatment, our best recourse is to draft a friendly, but firm response via the paper’s letters page.
Public Relations

• in some instances, especially in national newspapers and magazines, even though a practitioner might have had a lengthy interview, resulting coverage might make no more than a passing reference to acupuncture and your name might not even appear. We know this is disappointing, but it is often the style of national publications. And, often, some of the details that would ideally be included may not be - this is often due to space constraints.

Understanding how journalists operate

When dealing with journalists, it helps to know what they want from you and how they operate. You should be prepared for the following:

• regional media may want to know about you as a person and will include details such as age, marital status so that readers see you as a ‘real person’. This might seem unusual but it’s a fact of life when dealing with the media and actually a golden rule of journalism. You won’t find many feature articles based around people who don’t include such details.

• many journalists are very highly skilled writers. He orwome (often on regional papers) are not and their writing may have grammatical/typographical errors. Hower do not attempt to correct their writing as understanding this may cause offence.

• a paper will also write the piece in their ‘house style’ - this may use a different type of language and express ideas in a way that is different to the media that you read i e. it may be written in a way that is difficult for your regular read is a broadsheet or tabloid style and perhaps your regular read is a broadsheet and as individuals.

As we said, most of the time editorial coverage appears without a hitch. So don’t let the above put you off. We’re simply trying to prepare you for those occasions when things don’t go quite to plan.

PR Activity

Mike O’Farrell

During the spring of 2003, we asked some of our members to make themselves available for interviews with local journalists on a range of issues which followed the communication strategy we had agreed with Republic. The aims of these interviews were to inform the public about what acupuncture can do for them, and also to create awareness of the practitioners, and through them the Barc. After the interviews we conducted a brief follow-up survey to check on the success or otherwise of the activity, and for your interest, we show below the questionnaire and the response from the participants.

We received 20 replies out of 26 sent and I also list some verbatim comments when appropriate.

Do you ask new callers to your practice when they heard about you?

Yes 16
No 4

Did you notice an increase in calls as a result of the article?

Yes 6
No 14

Did new patients mention the coverage?

Yes 8
No 8

For what length of time after the article did you receive new calls in response to the article?

Average = 3 days

Did any of your current patients say they’d feel shy about talking on a radio phone-in show mainly because the shows are live and they might say something they regret. I must say I understand this and being on a radio show is not for everybody. It was a nerve-racking experience for me when I first started. If you do think you’d get what it takes, however, you might be wondering about taking the first step - how do you get on a show in the first place?

Getting on a show

To get on the radio the show’s presenter or producer has to know you exist. Every area usually has at least one, if not two or more local radio stations, so there is a lot of untapped potential for you being an acupuncture ‘expert’. It’s possible that someone will ask you to go on a show but if no one asks you, you can put yourself forward.

Find out which phone-in shows are on your local radio stations and then either write or phone the presenter saying what you do and if you’d like to come on the show. Presenters often have free range to decide who or what to put in their shows. Acupuncture is a popular subject and many patients want to know more about it.

Just before going on the air I like to take a few moments to ensure I’m feeling calm and relaxed. I’m very aware that whatever I say could affect the people who are going to be listening. So if I do feel nervous I make sure I never get defensive.

The preamble

Once I’m on the air the first thing is the ‘preamble’ before the phone-in. I set the tone for the rest of the show on that particular day. At this stage I say what I am and how I say it is very important.

Voice tone

Because this is radio, my voice tone is especially important. Ensuring that my voice tone has flexibility and sounds interesting and enthusiastic is essential if I want to keep listeners interested. Unfortunately if I have a cold or am feeling flat everyone is also likely to pick this up.

Content

Whatever I say at the beginning of the programme can dictate who picks up the phone to call in. If I put any emphasis on acupuncture treating one particular condition more than another, then I’m likely to get calls about that one condition. So I have to be careful about what I say and give equal weight to a list of general areas acupuncture can help.

The presenter

How you get on with the presenter is also very important. Some presenters put you at ease, to stress that patients are all treated holistically and as individuals. Sometimes people who phone in are in the springtime. I also want to talk about colds and flus and I was asked to talk about hay fever in the springtime. I also want to talk about some ‘vital’ questions

• the ‘vital’ questions
• the ‘vital’ questions

• a list of the information to find out from callers, such as their name on that particular illness might have one of many different causes. Of course I never say that acupuncture can definitely help a problem only a ‘maybe’. I’ll also never make a diagnosis. I’ll always suggest that the person can book a consultation with an acupuncture and that’s what most people want to hear.

To make things more interesting I might say a little more about the diagnosis. For instance, that an acupuncturist would want to find the underlying cause of a problem or that this illness might have one of many different causes. Of course I never say that acupuncture can definitely help a problem only a ‘maybe’. I’ll also never make a diagnosis. I’ll always suggest that the person can book a consultation with an acupuncture and that’s what most people want to hear.

The ‘vital’ questions

• the ‘vital’ questions
• the ‘vital’ questions

• a list of useful phone numbers.

Using prompt cards

One thing about radio that makes it easier than TV is that no one can see you! Here’s how you can make a phone-in look perfect. We received 20 replies out of 26 sent and I was pleased to say that the listeners are generally on board when I mention acupuncture and that it could make a difference between someone deciding to have acupuncture treatment or not.

The finish of the show

If it hasn’t come up during the show I always give the phone number of the BAC and at the end I stress that this is where a person can go to find a professional acupuncturist in their area.

My main thoughts about how to be comfortable whilst on a radio phone-in are to:

• be human
• be honest and genuine
• talk in the listener’s language
• talk from your own experience

If someone approaches you or you get the chance to go on a phone-in, don’t immediately say no – think about the long-term benefits and perhaps you might choose to go for it.

Live on the air - an acupuncture phone-in

Angela Hicks

Every six weeks or so I’m the ‘expert’ in an ‘ask the expert’ session on BBC Radio Berkshire, my local radio station. Listeners phone in and ask me questions about acupuncture - it’s live and an exciting challenge as well as a great way to publicise acupuncture. I’ve been doing this for about six years and the following are some things I’ve learned and some tips that might help you if you want to do something similar.

Don’t be shy!

I’ve heard some practitioners say that they’d feel shy about talking on a radio phone-in show - mainly because the shows are live and they might say something they regret. I must say I understand this and being on a radio show is not for everybody. It was a nerve-racking experience for me when I first started. If you do think you’d get what it takes, however, you might be wondering about taking the first step - how do you get on a show in the first place?

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Acupuncture and the art (or not) of filming

Louise Lipman

I have been asked to write about my experiences last week involving a camera in my face – or thereabouts!

A patient about to embark on IVF fertility treatment came to see me about a course of acupuncture to support her during the process. Some way through the course she disclosed that her IVF treatment was being filmed by a TV documentary series. Later on she requested that one of her acupuncture consultations be filmed as part of this process.

I initially liked the idea because I am keen on anything which raises the profile of acupuncture generally, especially appearing on a documentary about fertility and its possibilities with IVF. I did have a dilemma though, I did not like the idea in that it involved me being filmed and what if I appeared incompetent?

I consulted the BAcC to check this was acceptable ethically and for any thoughts they might like to share with me about whether it was a good idea to do it or not. I think they must have been very encouraging because I found myself agreeing.

Jos G ray is the PR person at the BAcC and she sent me a video to watch which they had put together about such things. The most relevant part for me was four different acupuncture interviews. She knew me well and so suggested what, to anyone who knows me, was obvious – that I make sure I talked slowly and clearly! She advised me to take some time out immediately before the filming eg excuse myself for 5 mins to ‘ground’ myself. She encouraged me to have a few clear messages that I wanted to get across and that I practised saying these out loud the night before; I should say these whatever they asked!

All of this advice seems, on reflection, very obvious, sensible and straightforward, but actually most of it hadn’t specifically occurred to me and I was grateful for the pointers and someone to talk to and unload my worries on.

As it turned out, there was no opportunity for anything – no PR, no possibility of mentioning BAcC, nor the practice where I work, nor the woman who gave me a manicure (!?) etc. They just wanted to film the consultation as it happened – no practice run or anything! So much for me staying in control!

I hoped they were significantly changing her pulse as I was feeling it, more severe than I had ever experienced last week involving a camera in my face – or there abouts!

I then realised I had a friend who made documentaries and trained people for interviews. She knew me well and so suggested what, to anyone who knows me, was obvious – that I make sure I talked slowly and clearly! She advised me to take some time out immediately before the filming eg excuse myself for 5 mins to ‘ground’ myself. She encouraged me to have a few clear messages that I wanted to get across and that I practised saying these out loud the night before; I should say these whatever they asked!

The whole experience was an interesting one and I was surprised how much I felt the responsibility of the whole acupuncture profession on my shoulders. The hardest part was focusing clearly on what the patient was saying to me and trying to ask the most useful questions for that treatment.

I felt the patient had an adequate treatment and I probably wouldn’t have used any different points. My only hope now is that at least one couple will receive benefit from acupuncture as a result of ‘having seen it on this programme.

His whole filming experience also interestingly brought to the fore for me some anxieties that I usually manage to keep hidden deep down inside, anxieties about treating women who are going through the IVF process. My training and learning, my enthusiasm, optimism and perhaps my naivety as a relatively new practitioner all tell me we should be able to help these women.

Help them not only for the side effects of treatment but also to increase their chances of a positive outcome.

The crux here I suppose is that really there are only two possible outcomes – either they become pregnant or they don’t. It is not my fault if they don’t, but it sure does feel like it! Could I have done a better or different treatment? – Did I do the wrong treatment? – Did I raise expectations?

Of course, all these self doubts can flood with any other type of case as well, but most other patients can usually derive some level of improvement. This doesn’t happen with IVF, unless of course the IVF is successful and a baby is born – but then – that wasn’t my fault either!

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I managed to ask the patient how she had been since the last treatment, about her hot flushes and emotional outbursts, side effects of medication. She said the treatment had worked well and there was nothing new... that is until she remembered 10 minutes later with the camera stuffed in our faces that just that morning she had started with some time out immediately before the needle insertion, which was when I was feeling it, more severe than I had ever experienced last week involving a camera in my face – or there abouts!

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I was also put in touch with Jo Sensini at Republic ‘our PR firm’ which all sounded a bit ‘Ab Fab’ to me as I imagined Patby on the other end of the telephone telling this dull acupuncturist to clean her nails. She also talked about making sure the walls weren’t falling down and the paintwork wasn’t too bad (luckily my room had been recently painted). She was pleased to hear I had acupuncture wall charts displayed and I was encouraged to mention the BAcC.

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With only a month to go until this year’s conference I urge you to put the date in your diary and your booking form in the post now!

In response to comments from members last year, this conference will have an interactive feel, with opportunities for lively debate and discussion, both during the small workshop sessions and in the concluding ‘Question Time’ debate. With Mike O’Farrell, our Chief Executive, poised to arbitrate with Dimbleby-esque skill, this should be a debate to remember!

Sign up now for good conversation, new ideas and insights, heated discussion, and Eastern and European food. There will be plenty of time to stock up on bargains and bestsellers at the bookstalls and equipment suppliers, and catch up with friends and colleagues. Come along and offer your own unique perspective on the burning acupuncture themes of the day.

Janice Booth  
Chair of the Conference Committee

Morning Workshops
Choose two workshops from the following five on offer:

- Stephen Birch – Building Bridges Between Eastern & Western Paradigms
- Sarah Budd – Acupuncture for Pregnancy & Childbirth
- Gerry Harris – Making CPD Work for You
- Chris Nortley – Acupuncture for Mental Health within the NHS
- Republic (Jo Sensini) – Press, PR & Marketing your Practice

(See April BAcC News for further details of these workshops or contact BAcC office)

If you need to book accommodation in London when you come to the conference you might want to contact an organisation called ‘Doctor in the House’ who find rooms in private accommodation for visiting professionals. Their number is 0208 870 5949 or the website is www.doctorhouse.co.uk.

How to get to Regent’s College:

There will be a variety of acupuncture exhibitors and traders present on the day and there will be plenty of time in the breaks and at lunchtime for browsing and purchases. As in previous years we will get together at a venue near Regent’s College after the conference and hope you will come along to join us for a drink.
Acupuncture in the West - Our Keynote debate

Following on from the last issue of BAcC News the panelists Stephen Birch, Peter Deadman and Felicity Moir have each written a short introduction to the issue or point of view that they will raise at the debate.

If you are interested in any of these topics, have a question to ask the panel or perhaps want to open up a debate on another subject about acupuncture in this country then make sure you come along to the conference! Send your questions for the panel in advance to Mike O’Farrell at BAcC, 63 Judd Road, London, to arrive no later than 29 September.

Felicity Moir

T CM Council, Senior Principal Lecturer at Institute of Health at the School of Integrated Health at Regent’s College.

Because professionalisation includes an intrinsic relation of trust between the client and the professional it is important that professionals are accountable for their actions. But Professor O’Nora O’Neill in the 2002 Reith Lectures argued that more accountability does not necessarily produce trust. By changing the emphasis from being accountable to giving an account of practice then it follows that as professionals we need to find ways of understanding what we do and articulating the complexities inherent in our practice, what Fish (1998) called the artistry of practice. This is particularly important if we look at the concept of ‘yi’ described by Schidt & Borsky (1998) as ‘intention’ or ‘that which the physician desires and consciously conceives of, that which he wills, but also that which comes about through a kind of focusing of consciousness’. (p.34). This is a concept inherent to Chinese medicine and particularly important in acupuncture. As there are skills we can learn to help us cultivate ‘yi’ through reflective practice certainly help as do qì gòng and tai chi. But there are also practices that have been developed in the west, developed in areas such as psychology, nursing and education that might give us another means of cultivating the self and thus ‘yi’. One of these methods is ‘reflective practice’ or ‘mindful practice’ which is described by Johns (2002) as a window through which the practitioner can view and focus self within the context of her own lived experience in ways that enable her to confront, understand and work towards resolving the contradictions within her practice between what is desirable and actual practice (p.9). Through the support and added perspective of supervision we can learn to illuminate the values, beliefs and assumptions, the theories-in-practice that make up our practice and through the use of narrative writing we can learn to articulate our findings so others can benefit, those others being other practitioners and patients.

Peter Deadman


Five phases... differentiation of patterns... demons & branches... triggering points... 'qi' or 'qi' or 'qi'... feelings or no feelings... body acupuncture, ear acupuncture, scalp, face, hand, foot acupuncture... acupuncture to cure disease... acupuncture to regulate the mind... acupuncture to heal the spirit... acupuncture for past life regression... acupuncture using sound... acupuncture as medicine... acupuncture as self-development... acupuncture daily, weekly, monthly... teachers who say points do this... or that... or the other... Ten thousand schools contend. If everyone is right then the effects of acupuncture must mainly be homoeostatic and/or due to placebo or the power of intention. All of these may be wonderful, but I suspect most of us think acupuncture is more than that. How then do we navigate through this forest of views, make sense of this tower of Babel?

Stephen Birch

Prolific author and contributor to debate on integration of Traditional East Asian Medicine in the West Diversify in Traditional East Asian Medicine (TEAM) is implicitly recognised by practitioners, many of whom run from system to system in search of a ‘magic bullet’, but often at the expense of the deepening process of self-development. At the political level diversity is often restricted because of the perceived need to give a more uniform public face in the quest for better integration with mainstream healthcare. Diversity of TEAM is also restricted by internally driven economic and political forces, as the field tries to match up to the standards set up by the popularity of certain texts and the established testing and licensing procedures based on them. In the US these requirements have forced schools to focus on so-called TCM, at the expense of other methods and styles. Additionally, certain non-TEAM, non-Chinese techniques have been banned in the US, with efforts continuing to preserve and foster these through a reconstitution of our perceived needs in the political arena. Diversity in TEAM is also restricted by internally driven economic and political forces; the political agendas are economically driven, sometimes they are driven by limited visions of the political needs. Perhaps diversity, which has always been an inherent part of TEAM, can be preserved and fostered through a reconstitution of our perceived needs in the integration process. If standardisation was focused on para biomedical training and basic theoretical and clinical skills training required by all clinicians, rather than the total training, diversity could be fostered by allowing educational programs to build on these basic building blocks. The styles, models and methods of practice that have organically developed can be permitted to continue and grow based on these building blocks. Western culture, as scientific culture, is based on a ‘truth-seeking’ reality model, and demands of all that it encounters that they apply the same process. But TEAM has largely been about practical solutions to problems rather than seeking truth. Unschuld has stated and documented this very clearly. Perhaps we need to find a better way of moulding the interface of TEAM and western culture in the search for better integration of TEAM into our Western cultures.

Many people come to acupuncture in reaction to the reductionism of western science, attracted to the complex, integrated holism of Chinese medicine. However one thing I believe we can take from western science is the challenge of accurate observation, accompanied by a healthy scepticism towards our own fondly held beliefs. A curious observation, which can be extremely difficult to practice, can help counter the tendency to excessive credulity that seems to me to afflict much of complementary medicine including acupuncture. Such observation can take place in appropriately designed research settings, and even more importantly within our own practices and peer discussions. Most of all I believe this approach needs to be cultivated in acupuncture schools, where a host of factors may contribute to the dulling of the critical faculties of future practitioners. These include the priority for students of getting the answers right, the seductions of the magic-master approach to orientalism, and an understandable humility when it comes to challenging both teachers and a 2000 year old tradition. Unfortunately these factors may both hold back the healthy development of acupuncture, and contribute to much psychological difficulty for new practitioners.

Saturday 4 October 2003
9.00am to 5.30pm
at Regent’s College
Conference Centre
Inner Circle
Regent’s Park
London NW1 4NS

Conference

BAcC Conference
and AGM 2003

Booking form

fill in the other side and send back to us

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British Acupuncture Council September 2003 Volume 8 Issue 4

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Conference 2003
Booking form

Name: ____________________________
Address: ____________________________
Postcode: ____________________________
Phone: ____________________________
Mobile: ____________________________
Email: ____________________________

Please number each box to indicate your workshop preferences, while places are still available!

STOP PRESS!
This year we are offering discounted places to students of BAcC accredited teaching institutions at £20. Book now while places are still available!

Your ticket for the day includes refreshments throughout, an Eastern and European buffet, two workshops (choose from five on offer), and the Q & A time-style keynote debate 'A cupuncture in the West' - all at a cost of £35.00!

From the Executive Committee
On the following pages is a welcome resumption of a lively and energetic debate on statutory self regulation (SSR). You will find a letter from member Dr Kevin Baker raising his concerns about whether traditional acupuncture will be able to survive in a post-regulatory world, plus an update on the Acupuncture Regulatory Working Group (ARWG).

Members may feel that debate on SSR has ‘gone underground’. In fact, much of the last 18 months has been spent in collaborative work with other major stakeholders in the British acupuncture profession, through the ARWG. The purpose of this collaboration was to see if SSR was at all possible and while a report was being prepared we were not able to share the detail of the discussion.

With our own report in this newsletter and the ARWG’s report due for publication on September 23, you will see that nothing is yet firmly decided. More importantly, we must wait for publication next spring of the Government’s own report to see whether the ARWG’s recommendations will form the cornerstone of Government strategy or not.

In his letter Kev offers a motion that he wishes to put to a formal ballot at the AGM in October. The EC had to consider this request for a formal ballot as there is no provision for this occurrence in our Memorandum & Articles. Putting aside the cost implications, it would have shown a lack of due diligence for the EC to simply accept such a request from an individual member without discussion. The text of the main motion is:

With regard to the profound impact that statutory regulation would be likely to have on the practice of traditional acupuncture in the UK, should it be implemented, it is proposed that the BAcC Executive Committee actively promote a substantial and ongoing debate within the general membership on this issue.

The EC felt that this motion states a truism with which it is hardly likely that anyone would disagree and that a formal vote among the membership would be meaningless.

We have offered Kevin the chance to have a platform at the AGM in order for him to express his views in public as an alternative to a formal ballot. Additionally, we would like to take this opportunity to fully encourage the substantial and ongoing debate the motion suggests.

We hope that in publishing both Kev’s letter, the text of his motion and the reasons for not choosing to put a formal motion to the membership, that the EC has observed the ground rules for clear and transparent process. If the office or the newsletter receives considerable support for a formal ballot, the EC can make appropriate arrangements either at the AGM or through a later, separately convened EGM.

The EC would also like to highlight that members’ time and energy will be greatly rewarded by looking at the substantive issues involved in the emerging proposals for SSR from initially the ARWG, then the Government.

We hope that the following report and letter both inform and inspire you and again, we welcome your contributions to the next stage of the debate. Let us have your comments on the issues and concerns raised here, others which may already exist, those which may be prompted by the ARWG, and those which may arise in the future as they emerge.

Footnote: the vote amongst the EC on whether to hold a formal ballot based on the motion presented by Kev in Baker was 12 against, 1 in favour of the ARWG and 4 abstentions due to holidays. Andrew Higgs wishes it to be known that he was for a formal ballot.

Dear Editorial Committee
I am concerned about what I perceive as a distinct lack of debate within the BAcC membership in relation to this issue of statutory regulation. Whether we like it or not it remains a vital issue for us. Following the vote two years ago by the membership in favour of the EC exploring a path towards SSR that was SUITABLE for ourselves as traditional holistic acupuncture practitioners we, the general membership, seem to have left them to it, a dozen or so individuals within an organisation of approaching 2,500 members with a turnover of over £1,000,000.

Let us not forget that we have a system of voluntary self regulation that on the whole we appear to be living with fairly satisfactorily although some individuals, including myself, have known deeply concerned about the way it appears to have been functioning in some respects.

I know full well that there are differing opinions relating to this issue and that there has been no significant debate within the newsletter certainly over the last year. I also know full well that there is a lot of apathy around and this is reflected in the current state of our newsletter which I believe is probably read by less than 10% of the membership. I for one have certainly lost interest over this last year as acupuncture appears to be turning into a competitive, marketable commodity and otherwise a set of codes of practices and personal profiles as far as the newsletter is concerned. I believe many are paralysed by the ‘fear and control’ dynamic that sadly pervades our culture from the top (sic) down.

Tony Benn famously said, ‘the main reason people are disillusioned with politics is because they are being managed not represented’. We need to be represented and not managed and we therefore need to make our views known to the EC. These views then need to be heard and responded to.

There are many fascinating and vital questions to be addressed as we move towards our decision, hopefully in full awareness, whether SSR is actually in our own best interests or not. This decision has not been taken despite what was written in the recent Reading College newsletter.

Our political environment is soulless and sadly much of our orthodox medical practice has also become utterly soulless. Would we wish to follow their statutory regulation? A substantial part of what traditional acupuncture has to offer is that it is not a soulless system. It represents a form of therapy that fits well into the gradually emerging change in consciousness that is required if, truly, our human race is to survive. Greed, both personal and corporate, disrespect for our earth and its resources, disrespect for traditional cultures, disrespect for all forms of therapy outside the...
The Acupuncture Regulatory Working Group: As One Door Shuts, Another Door Opens

Jasmine Uddin and John Wheeler

The ARWG was formed by the Foundation for Integrated Health (FIH) and the Department of Health (DoH) and consists of representatives from the British Acupuncture Council (BAcC), the British Medical Acupuncture Society (BMAS), the Acupuncture Association of Chartered Physiotherapists (AACP) and the British Academy of Western Acupuncture (BAWA). The group is chaired by Lord Chan of Oxon and the Executive Secretary is Stephen Halpern. Meetings were attended by two representatives from each organisation along with representatives of the FIH and the DoH.

After twelve meetings and a year’s hard work the ARWG has now finished its report into the regulation of the acupuncture profession. The draft report is currently being copy-edited and typeset, and will be launched on 23 September at a plenary session at the H of Lords. The report will be both a full report and an executive summary of its main conclusions. Jasmine and I, the BAcC representatives on the group, have had the opportunity to receive a copy of the full report, rather than have an expensive extension of the print run, and hope to be able to send one copy to every BAcC member by the end of September. We shall also make an electronic version available from the BAcC website.

There isn’t a great deal of point in offering tabloid-style headlines at this stage because the work we have done has been to see its overall context. There are no terrible surprises in store; however, we have argued for and succeeded in achieving plans for regulation which are based on high educational standards, not just simply accountability and safety. Being competent is more than just about being safe, and the group’s recommendations reflect this. We have also compromised on our stance that acupuncture is a professional skill, not just an adjunctive technique.

The question of educational standards always raises the issue of ‘is there a way to conciliate and to compare the hugely different pathways to becoming an acupuncturist for traditional acupuncturists, doctors, nurses, physiotherapists and all the other practitioners operating in the UK?’ The ARWG has sunk a great deal of effort into the development of National Occupational Standards (NOS) for acupuncture; a definition of what an acupuncturist capable of independent practice should be able to do. This will be the grid through which the variety of training options will be passed and assessed to establish the high entry levels required for joining the new Register. Work should be starting shortly and Jasmine and I are provisionally down to continue the negotiations and work which we have done so far in this extension of the original task.

The process from here will be a long and complex one, and involve an enormous amount of consultation. The herbal Medicine Regulatory Working Group will be publishing their report shortly before the ARWG, and both reports will then be taken away by the Department of Health’s new regulatory branch in Leeds for the production of Government consultation papers on both disciplines next spring. The timetable for regulation then unobtrusively turns gradually towards an Order under Section 60 of the 1999 Health Act, perhaps as early as 2005. After that, there will be at least two years of hard work preparing the way for the opening of the Register.

Many members have been understandably paranoid about the process, not least because all the groups represented on the ARWG made a commitment to work in the best interests of the profession as a whole, not to adopt parochial positions from which there would be no chance of rapprochement. I am pleased to say that in that respect we have succeeded. This has meant, of course, that we have not been able to force everyone in this initial stage of the consultation process, although we have not signed up to anything which we knew it was beyond our ability to deliver.

However, we did this in the full confidence that there will be enormous amounts of consultation over the next few years on all sorts of issues inside the BAcC; we shall be undertaking a wide range of roadshows modelled on the ones we set up around the vote for SSR, which will give a chance to talk about the ARWG report; give feedback to inform the BAcC’s position, and also have a chance to talk to key policy makers about CPD and the new Codes, all of which are arriving at roughly the same time. We are also discussing ways of setting aside dedicated space in the newsletter for people to air their views and to have responses from those of us who can both inform and feed back into the process.

The BAcC will then be responding formally to the Government report when that is published. It is true that we have been involved in drafting the ARWG report does not mean that we shall be automatically in favour of everything that emerges thereafter. The ARWG, for example, was quite clear that the primary task before us and that the acupuncture profession was the establishment of a profession rather than just regulating a loose association of acupuncture groups. Its proposals, therefore, centre on the development of a free-standing acupuncture council. The herbales, by contrast, felt that there was some merit in developing a CAM council in which the herbalists and acupuncturists would be the first members, perhaps joined by others further down the line. There are arguments for and against both options, and we cannot second-guess the Government’s position as yet; it may be as much a surprise to us as it is to it.

Wherever the Government proposals, every individual BAcC member will be able to make their views known in this process. There is no question here of any three-plate with what people can and cannot say, nor a party line which people have to follow. We are well aware that there is a solid minority of BAcC practitioners who do not want SSR at any price, and others who will have nothing to do with orthodox western medical practitioners. If that is how you feel, and you have valid points to make to the Government, then that is your inalienable right, but please don’t be too liberal.

The bottom line, and one which should have by now sunk in everywhere, is that SSR is going to happen, and that our task is to argue for a framework which enables us to protect the diversity of practice in the UK and to retain the traditional roots on which we base our work. In doing this we are not going to be able to take over the terrain and deny everyone else their title, nor are we going to allow the entry levels down to the point where what is unique and special about our traditions is lost in a soup of medicolegal practice. I think that the ARWG has managed to do what it set out to do, being inclusive as well as encouraging diversity in its proposals and I look forward to having a chance to discuss everything in detail as soon as the report is published.

So, to conclude, when the Government report is published next spring, you will be able to give your feedback individually and also contribute to the collective feedback which will be the basis for the BAcC’s formal response.

Executive Committee Nominations

We have received two new nominations for the Executive Committee (EC) - Lisa Miller from Glasgow and Clifton Wicks from Middlesbrough. Their profiles are published following the list of all nominations received for the EC This week. There are less than 30 nominations, elections will not be required at the AGM and those standing will be returned automatically at the meeting on 4 October 2003.

Member nominated Proposed by Seconded by:
Ron Bishop Virginia Ceili Deborah Cattrell
Jancee Booth Carole Dale Julia Bliss
Paul Hougham Guy Captain Sarah Matheson
Linda Miller Karen Campbell Louise Holding
Susanne Home Michael Hutchings Pat Hames
Toni Tucker Ros Bishop Cecil Chen
John Wheeler Petra Worth Marian Fisk
Clifton Wicks Linda Miller Louise Driowgal

Clifton F W Sicks

Acupuncture

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Possible benefits to the BAcC/EC of previous work experience

previous committee and representative experiences, links with Chinese herbal medicine scene. Some insight into ‘scientific’ mindset and its limitations, prejudices and strengths. Experience as both student, teacher and curriculum designer. NHS work experience: seven years running an NHS acupuncture pain clinic and five years as the acupuncturist for the H Miscalt Cancer Care Centre. James Cook University Hospital, Cleveland.

Other relevant interests/activities

I have a deep interest in all things that run contrary to the materialistic, deterministic, technology pseudo-science and political centralism that are mucking up our planet this time.

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extremely narrow and blinkered reductive scientific paradigm of orthodox medicine which we operate is supported and not undermined as independent holistic health practitioners. The seven of us have worked together to allow the health practitioner to do what is good and right, and not what is now sunk in everywhere, is that SSR is going to happen, and that our task is to argue for a framework which enables us to protect the diversity of practice in the UK and to retain the traditional roots on which we base our work. In doing this we are not going to be able to take over the terrain and deny everyone else their title, nor are we going to allow the entry levels down to the point where what is unique and special about our traditions is lost in a soup of medicolegal practice. I think that the ARWG has managed to do what it set out to do, being inclusive as well as encouraging diversity in its proposals and I look forward to having a chance to discuss everything in detail as soon as the report is published.

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Building your practice

Susan Thorne

Over the last year this series of articles has attempted to help members think around the issues of building and promoting a practice. It started with the basic idea of ‘what sort of practice do I want?’ and went on to give some thoughts about where to advertise, what sort of local PR opportunities to look for, groups to approach for giving talks etc and plans for an open day or practice launch. I should like to thank the members who have contributed sections of the articles by sharing their own experiences. If any member feels an important issue has been missed or if they have an approach that has proved valuable, please do contact me. A couple of issues not covered so far in the series are websites and health insurance policies.

Websites

Websites can be quite a complex issue. Factors to think about include:

- content:
  - how large will the site be?
  - the home page and how many other pages?
  - what information to include?
    - the fact that you are a member of BAcC and what that stands for
    - the fact of differing styles of acupuncture
    - history of acupuncture
    - conditions acupuncture can treat
    - what to expect from a treatment
    - about yourself
    - how to find you
    - how to make an appointment with you
    - how much treatment will cost
    - and maybe other factors

- design:
  - who should design the site?
  - who is hosting your site?
  - should you be linked to/from other sites?
  - how to make an appointment
  - how to find you
  - about yourself
  - what to expect from a treatment
  - conditions acupuncture can treat
  - about yourself
  - how to find you
  - how to make an appointment with you
  - how much treatment will cost
  - and maybe other factors

- host:
  - who is hosting your site?
  - how much will it cost per month to keep it running?
  - how often can you update information and how much will upgrading cost?
  - how will the site be optimised for search engines - no good having a wonderfully designed site that nobody sees?

- contact:
  - how will you contact the general public in your own vicinity - no good having people ring in from Australia!
  - should you be linked to/from other sites?
  - how do you let people know about this site?
  - how will you gauge how effective the site is?

If any member has any experiences of setting up a website and can contribute some answers to these (and probably more) questions, please do contact me susansthorne@tanglewood.nchmr.co.uk or 01483 833173


Private Medical Insurance (PMI) and Healthcare Cash Plans (HCP)

If patients can retrieve some or all of the cost of treatment they may be encouraged to try or to continue with acupuncture.

PM I is like PPP and BU PA) are insurance policies that pay people into and claim against for payment for a specific condition. T hey require a referral letter from the GP or specialist. At present, each company has its own means of deciding whether payment is claimable - see article by Paul Blacker, BAcC News, June 2002, volume 7, issue 3, pages 5-6. Research into Private Medical insurance companies 2001-2002. I have no idea which companies allow this article refers to PMI in the title, it actually covers both PMI and HCP). Mike G Freer is in frequent discussions with the major companies about making these claim regulations easier but the situation is unlikely to change greatly whilst acupuncture is not statutorily regulated.

HCPs (like HSA) are rather different. They arose from local ‘Saturday’ funds where people paid in to a fund each week in order to pay for treatment if they were admitted to hospital, thus funding the original voluntary hospitals. Nowadays, people pay into the fund weekly/monthly and can claim (in full or part) for treatment received without any referral letters and usually for a wide range of treatments: dental, optical, physiotherapy, chiropractic, osteopathy... and acupuncture. T hey can also use the policy for maintenance “MOT” appointments. Although these companies are nationwide, due to their background, they tend to be regionalised eg HealthSure has most policyholders in Greater Manchester, Lancashire. C heshire as it started as T he M anchester and Salford Hospital Saturday Fund. In the UK about six million people are covered by these policies. It is worth mentioning to new patients who may not be aware that they can claim their acupuncture treatment. M ost companies will also make leaflets and dispensers available for your waiting room.

BAcC literature

Leaflets are available from the BAcC office; please contact C laudie on 020 8735 0400 or at claudie@acupuncture.org.uk, if you need an order form. T he PR committee is working on new leaflets which are planned as a series focusing on systems rather than symptoms eg W omen’s Health, M en’s Health or possibly G ay/lesbian H ealth. R espiratory H ealth and so on. W e hope these will be available early next year.

Also the PR committee is working on designs for postcards of A3 and A4 size that could be used in the waiting room of a mixed therapies clinic or the reception of
sporty leisure centre or health noticeboard etc. The first of these should be available within a month or two.

In conclusion

I hope this series of articles has been helpful to any new members setting up their first practice or indeed for those members expanding or moving their practice. Despite all the advertising and PR that you can do, most practitioners reckon that once you get started the most effective PR is done by your own patients and more arrive by word of mouth.

My own guiding principle is vision. H ave a vision of the type of practice you wish to build, the environment you wish to create, the number of hours you wish to work and then, direct your energies there. Don’t drift into taking what happens to be on offer if it doesn’t fit your vision. Be a role model to your patients - don’t rush from treatment room to treatment room and get stressed by travel and lack of roots or be unsettled in your environment, don’t get persuaded to work excessive, unsociable hours or skip meals. You are unlikely to do your best work in those circumstances. Be clear about your vision and how you wish to treat - patients WILL find you.

In the Treatment Room

Lyne Grant

I currently work in a project that works with young people. A 17 year old girl was referred to me by her social worker for treatment of her anger mis-management. On one particular day this young woman presented at the project very upset and angry. Staff were unable to calm her down and I was asked to see her.

After some discussion, the young woman agreed to have an ‘emergency’ acupuncture treatment. I wanted to calm her down so I decided to use bilateral Neiguan (P-6) as these points were appropriate for her diagnosis of Liver qi Stagnation whilst also being able to cool the Liver fire flaring that was present at that moment.

“She asked me anxiously whether it was normal to have a feeling as if water was pouring down her arms and out of her fingertips!”

She felt strong dejà vu upon insertion so I did not manipulate the needles but sat with her without speaking. After a few minutes she asked anxiously whether it was normal to have a feeling as if water was pouring down her arms and out of her fingertips! I was amazed because it appeared that she was describing the movement of qi along the Pericardium channel. I reassured her that this was a good reaction and she relaxed into the treatment. After I had removed the needles this young woman’s presentation was completely different, she was calmer, her voice was quieter and she left the project in good spirits.

Aafter she left I reflected on what had happened. She knew very little about acupuncture and certainly did not know the pathway of the Pericardium channel yet she had been able to articulate exactly what it was I was doing, namely moving pent-up qi. The effects of treatment were also very dramatic. This incident occurred very soon after I qualified as an acupuncturist and it sticks in my mind whenever I have a doubt that my treatments, and therefore acupuncture, has any effect on a person.

Impact Integrated Medicine Project

Heather Fitton

Impact Integrated Medicine Project was firstly launched in February 03. The project is funded through New Deal for Communities Regeneration Scheme, Nottingham for three years. The task is to deliver alternative medicine at no cost to the residents of the Hoxton Green and Radford areas of Nottingham.

Background

The initiative for this came from a consultation day almost two years ago with residents from the area who identified the need for complementary and alternative medicine in the area. Since then a local homeopath, Fiona Robertson, and myself have come together to develop the initiative that has become Impact Integrated Medicine. Each of us had been invited to give an input on our disciplines to a health forum organised by the funders. Both of us have previous experience of working in the area, myself in youth work and Fiona in community development. Neither having met before, we now jointly co-direct the project that has become Impact Integrated Medicine and have since that time spent many hours discussing and visioning, rarely arguing but always passionately debating. The result, a fine blend of highly compatible skills of big picture little picture vision, experience and support, which has got us this far and continues to strengthen.

The Area

Hoxton Green/ Radford is an inner city area in Nottingham. It is a complex community, rich in cultural and ethnic diversity yet comparatively poor with some of the highest ratings in Europe for many aspects of deprivation, namely poor education, poor housing, poor health, high crime rates, high unemployment, homelessness. Health scores for the area for example, reflect accordingly the compounded effects of deprivation over a long period of time, with high incidence of chronic disease, especially coronary heart disease and cancer. Mental illness is proportionately high in this area compared to other parts of the city.

The Task in hand

Our remit is to deliver alternative medicine at no cost to the patient and to mainstream the service by the end of the first phase. We will reside in a building nearby refurbished to house a local primary care team, a nursery, ourselves and other community projects.

Impact IMP

In order to deliver the project we set up a not-for-profit company limited by guarantee, Impact Integrated Medicine Ltd. To develop the project, we currently share a full-time post between ourselves and we are advertising currently for a part-time administrator. We recognise that many people work into salaried positions with terms and conditions, to reflect the status we would wish to seek for our disciplines in the event of us being linked to the NHS. This also enables practice to be separated from the need to generate income as has been the case for so many of us as sole traders. Our aim is to focus on good clinical work on behalf of patients who will mostly never have received the benefit of alternative medicine before, and as a consequence, may need introducing to acupuncture and homeopathy with particular care.

In addition, we soon came to realise that we are no longer just practitioners but also co-ordinators of all the activities we will have to undertake to carry the project forward towards mainstreaming. Our lessons from similar projects that have already proved the way (such as the Newcastle Project and the M arylebone project), taught us that we would need to set up all of practical work in the year, in order to build the platform to work from as firmly as possible beforehand.

We have purposely delayed practice for the first six months, and this has proved a wise decision as the time has been gainfully used to set things in place. We are currently meeting local practices and resident groups to launch the service, and clinical work begins very soon, hopefully in September when the centre should be complete in its new form. The response from resident and practitioners alike is very positive. We anticipate a high take-up and are currently thinking around this issue so that our system does not quickly become another one of subscribed resource with long waiting lists.

Our policy will be to maintain holistic treatment, so we do not offer special services such as detox clinics at this stage. This resource is already available in the city. We will, of course tailor treatment to the needs of each individual and have not yet defined the number of treatments sessions for each piece of work. We talk in terms of phases of the project rather than all at this stage and have yet to gain experience of how this works out in actuality. We do however anticipate treating quite high numbers of patients. Also the preventative approach we wish to offer which seems to be a theme in the Integrated practice currently to ring-fence a proportion of clinical time for children, babies and young people.

Referral System

Our looped referral system is based closely on the work from The m arylebone Health Centre (their book Integrating Complementary Medicine in Primary Care has been our bible). This means that patients can be referred to the project by their GP and via GP by other healthcare professionals. Patients can also self-refer if they wish. In either event we would seek the patient’s permission to communicate by letter the aims and outcome of treatment back to their GP with an interim contact to give some idea of progress. We anticipate extensive use of M YMOP to measure yourself outcome scaled in our work.

Evaluation

We have devised quite an extensive package for evaluation. You are unlikely to do your best work in those circumstances. Be clear about your vision and how you wish to treat - patients WILL find you.

The Steering Group

The project has an advisory body in the form of a steering group, which will meet on average bi-monthly. This has representatives from the PCT locality management, Health Equality, the Evaluation team, a representative from the Area Health Committee and Nick Haines who is a local acupuncturist herbalist, teacher, and co-ordinator of a well-established natural health centre. Nick has a keen interest in developing integrated practice and his wealth of knowledge and experience gives us wonderful support and helps us to strengthen our case as we engage with the whole process.

Future

In years two and three of the project we shall increase practice for acupuncture, homeopathy and a manipulative technique (shiatsu and or osteopathy) and the practice manager. The choice of disciplines will closely follow the House of Lords Select Committee Report of November 2000 in terms of establishing alternative medicine. Acupuncture and homeopathy appear popular within primary care generally with individualised practice from a medical base for some GPs. We feel a manipulative technique, would complement our skills A view which has been echoed by individual GPs in our preliminary discussions.

To launch Impact, we are currently embarking on a process of consultation both with local GPs and practice managers and various groups representative of residents who would be able to access our service.

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Diaz Mastellari, trained as a psychiatrist, had been swiftly summoned to close the gap. As if revolution threatened to collapse. Acupuncture reduced caloric intake, the medical system that and fossil fuel. Limited access to nourishment, pharmaceutical medicines vanish, so did food island abruptly evaporated.

The million inhabitants of this Caribbean and aid as well as trade to the 11.5

was no longer limited to those on the psych patients. *" Imagine that the practice of medicine does not and provides care at no cost to the patient. T hrough this special period placed the entire healthcare system in jeopardy, it was a time in which universally creative efforts were unleashed, amongst them the opportunity to integrate natural and traditional medicines into an already comprehensive public health system. The First Congress of the Sociedad Cubana de Medicina Bioenergetica y Naturalista, held in Havana on November 20-24, 2000, demonstrated this. In attendance were 53 foreign healthcare providers along with 300 Cuban physicians who are increasingly fluent in alternative medical training, but " Alternative therapies are being put to the test in Cuba with impressive results. When nutrition levels dropped by a third, visual problems and motor function impairments afflicted more than 50,000 people. T he lack of an adequate supply of appropriate antibiotics and chemotherapy drugs has also had an impact. Tainted water can be catastrophic without antibiotics, and many cancer treatments dependent on chemotherapy were unavailable. T he capacity to perform surgeries has also been compromised by a lack of replacement parts for essential equipment such as heart-lung machines. Although surgeons are well trained to do high-tech corrective surgeries for cardiac defects like Tetralogy of Fallot, lack of V.A.C., diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, diligent, dilig
"Cuba is on its way to becoming a model of healthcare for a new planetary medicine..."

"Although training may last between nine and seventeen years... education is a cost-free right, as long as the student is capable."

Dr Padron is committed to an accelerated program of growth for the development of holistic medicine, as well as its integration with conventional medicine. That same year a new M Phil of Health was appointed: Dr Carlos Dotres, a physician who made a major humanitarian contribution to world health by creating the Cuban Tenara II Village program organized to treat more than 13,000 children from the Ukraine who were victims of the Chernobyl nuclear accident in 1986. This gift from Cuba meant that a child accompanied by one parent was housed, fed, and provided with free medical care at the expense of the government as a mission of friendship. Dr Dotres also served as the director of the Cardioiology Center of the William Soler Pediatric Hospital that treats children from Latin America and Africa without charge. Over 2500 children had benefited from surgeries performed there over the last five years. Dr Dotres is completely supportive of the new developments in natural and traditional medicine, education, clinical practice, and research. Cuba is a leader in modelling how integrative medicine can become part of a national health care system. Cuban healthcare is implemented with three levels: corresponding to the three levels of government: nationally by the Ministry of Public Health; within each of the fourteen Provincial Health Divisions (each with its own medical school); and through the municipal Health Division in each of 169 municipalities. At the grassroots level, Community Health Councils involve local residents in initiatives regarding health promotion and disease prevention. Public health is defined broadly as maintenance of health through diet and exercise as well as family and community wellbeing. Immediately following the 1959 revolution, half of Cuba’s 6000 doctors left the country. Since then, Cuba has offered free medical training not only to its own citizens, but also to doctors from medically underserved countries throughout the world. Today there are nearly 60,000 physicians, or about one doctor for every 200 Cubans. When South Africa’s apartheid system ended and thousands of doctors emigrated, Cuba was able to send 600 physicians into the rural areas that suffered the greatest loss. Today there are 3000 Cuban doctors providing care in more than two dozen countries in Latin America as well as in Africa. In Cuba, doctors earn about 400 pesos, or $20 a month. This sum of money covers the basic costs of food and housing; it is legislated that rent or mortgage shall not exceed 10% of income.

Lessons learned in Cuba appear to extend beyond the boundaries of this island to the larger world health community. Since the Public Health Ministry is committed to the training of foreign physicians from underserved nations, Cuba is eager to engage in collaborative research and exchanges with natural medicine providers of North America, Europe, and Asia. Physicians in Cuba continue to benefit from an increasing number of foreign visitors who witness their achievements, support their efforts, and share what they have seen and learned with colleagues in their home countries. One of Cuba’s early North American acupuncture teachers, Ralph Alan Dale, commented, ‘In spite of its Third World origins, Cuba is on its way to becoming a model of healthcare for a new planetary medicine that will be benign, open, efficient, universally available, humanistically oriented, and will combine the best of allopathic and holistic approaches for the prevention, alleviation, and eradication of illness.’


For information on participation and travel to the 26 September – 5 October 2003 Congress on Natural and Traditional Medicine in Havana, contact: Rachel@GlobalExchange.org or visit www.globalexchange.org

"The officer went through my practice with a fine-tooth comb..."

"If every member of the BAcC had to undergo such inspections regularly we would all adhere to the Codes of Practice much more closely."

As you know, a new Code of Safe Practice will be published soon. It is thorough, detailed and clear. I urge you all to read it and follow its guidelines, some of which could well have changed since you started in practice. You never know who may move in next door!

We are hoping to develop a regular Ethics section in future issues of BAcC News.
Consent and the new sexual offences bill

John Wheeler

The Sexual Offences Bill is currently making its way through Parliament, and some of its provisions have implications for health professionals of which you need to be aware. In terms of the technicalities of the bill, the new offence of sexual assault by non-penile penetration of the anus and genital area, which carries a maximum penalty of life imprisonment, has potentially serious consequences for acupuncturists who also practise osteopathy and use per rectum and per vaginum techniques for examinations. However, the new offence of sexual assault, which covers, in other non-penetrative sexual touching currently covered by the offence of indecent assault, has implications for the way in which all of us work.

The bill acknowledges that there are legitimate reasons for internal and physical examinations, and in order for an offence to be established clause 80 of the bill sets out two criteria for adjudging an act to be an offence. These are that a reasonable person would consider that the act may be sexual and that the same reasonable person would consider it to be sexual because of its nature, circumstances, or the purpose of any person in relation to it. Clearly, the circumstances and purposes of a medical examination are such that it would be easy to call on the very fact of being a medical examination to exclude it from the range of potential criminal acts.

However, this has lost ground as an automatic defence in the last few years because of the number of allegations against health professionals for inappropriate conduct and several successful prosecutions. Furthermore, the law is likely to change in relation to what used to be a defence based on the so-called ‘honest belief’, whether reasonable or not, that the complainant consented to the act. It will now be open to reasonableness, the defendant may have held an honest belief but the jury may now hold that this was an unreasonable one in the circumstances.

...you can immediately see why the BAC’s insistence on recording consent ... becomes more compelling.

In terms of consent, therefore, as before it would be an offence if a practitioner committed a sexual act knowingly without a patient’s consent, but the law could now be extended to cover acts which might be construed as sexual where the practitioner was reckless as to free agreement or did not even consider whether the patient consented or not. Given the British habit of according to what is called ‘coercive consent’, that is, agreeing because it would be embarrassing or just ‘not done’ to question a health professional at work, you can immediately see why the BAC’s insistence on recording consent, whether by making a note in the patient file or in some circumstances by actually obtaining written consent, becomes more compelling.

Coercive consent is at the heart of the problem, and is why the new Code of Professional Conduct makes it clear that the fact of someone turning up at a clinic and lying on a treatment couch does not in itself constitute consent. However, many practitioners will almost automatically suspend their ability to refuse consent when they have medical treatment and only subsequently review what happened and question its appropriateness. In many ways this has been an accepted part of our culture, with doctors racing around wards with a gaggle of medical students saying ‘you don’t mind if the students observe, do you?’ and heaving the patients little alternative but to agree. This problem with coercive consent is that people are sometimes traumatised by what happens to them and if they feel in any way violated or abused may not address what happened for many years, if at all.

With these changes in the law now offering more protection to the vulnerable, it is all the more important that you reflect your sensitivity to your patients’ needs by ensuring that you do obtain informed consent if you are going to treat an area of the body where palpation and needling may be misconstrued. If you are aware during the course of treatment that you are likely to need to needle any of the lower Ren or Du points, for example, it may be wise to forewarn the patient during the previous treatment to ensure that they are able to reflect on what you propose and freely choose rather than feeling that they have to go along with what you propose then and there.

Above all, you must record that you have obtained informed consent, remember that informed consent is a process and not an event, and make sure you record a patient’s consent again if you make significant changes in where, how and how often you treat.

Many people get quite heated about this insistence on paperwork and the insidious ways of the ‘nanny state’, but the acquiescence of many patients in the treatment room is the legacy of a power relationship inherent in much of western medicine. It is this power relationship which creates fertile ground for overriding someone’s wishes and which, if people do not take care, will lead to some unwelcome investigations. We need to recognise that this is all about empowering patients, not restricting practitioners.

Safe practice committee

Ron Bishop

Verifiers’ Workshop – 15 May 2003

T hursday 15 May 2003 was a special day for the BAC’s Safe Practice Committee (SPC) (previously known as the Code of Safe Practice Committee) and what should prove a significant day for the external verification of our educational institutions.

The aims of the day were:
• to enable key players involved in implementing institutional self-audit and external verification of safe practice
• to become more familiar with the process
• to identify issues that may arise and decide how these will be resolved
• to review the implementation and annual review timetable

The day consisted of presentations outlining the process and implementation of self-audit and external verification; practical sessions using the Code of Safe Practice Auditing Tool (CoSPCAT) to observe and audit acupuncture practice and a clinical room; and role play sessions involving small groups working on comparing the institutional audit and external verification.

The harmonious working atmosphere of the day seemed to support the SPC’s endeavour to create a non-confrontational experience, moving away from the outdated inspectorial style of health and safety visits, but still upholding the principle of serious professionalism.

The feedback and reflective sessions provided many points for discussion at the SPC level in fine-tuning the process. It was felt by many that another similar training day could only help to strengthen the process further, before verification visits begin early in 2004.

The Safe Practice Committee thanks all of the participants for their contributions and the spirit in which they were given. Also a special thanks to the London College of Traditional Acupuncture and Oriental Medicine for allowing us to use their premises as our venue for the day.

The team of verifiers, left to right: Julie Tant, Keith Murray, Herriet Lundown, Caoilín Chen, Daniel Tapsell, Patti Defress, Belinda Cappock, Jane Martin, J and White, Mark Reidy.
Accessibility and the Disability Discrimination Act

Godfrey Bartlett

The clock is ticking. You have until October 2004 to comply. This is the deadline for the Disability Discrimination Act, 1995 (DDA) has given businesses to make reasonable adjustments to the physical features of their premises to ensure the services they provide are accessible to disabled people. But what do reasonable adjustments mean? What will practitioners have to do by 2004? And what else should they do under the Disability Discrimination Act?

The DDA came into effect in December 1995 and brought in measures to prevent discrimination against disabled people. There are many different parts to the act but those commonly affecting businesses are Part II (which aims to prevent discrimination against employed and Part III (which aims to ensure that disabled people have equal access to premises). Under Part III of the Act, businesses that provide services to the general public (whether paid for or free) need to make reasonable adjustments for the disabled population to ensure they do not discriminate by:

- refusing to provide a service
- providing a service of a lower standard or in a worse manner
- providing a service on less favourable terms than they would to users without the disability.

What do businesses need to do by 2004?
From October 2004, service providers will have to make reasonable adjustments to the physical features of their premises to overcome barriers to access.

Physical features are defined as:
- anything on the premises arising from a building’s design or construction or from an approach to, exit from or access to such a building
- fixtures, fittings, furnishings, furniture, equipment or materials
- any other physical element or quality of land in the premises.

What are reasonable adjustments?

The act says that service providers may have to make reasonable adjustment to physical features of their premises to overcome barriers to access. Reasonable adjustments may be:

- removal of a feature
- alteration of a physical feature
- provision of a means of avoiding the feature or provision of the service by an alternative method

Complaints about discrimination are dealt with by the Disability Rights Commission. So far most court cases have dealt with discrimination from employers, but after October 2004 complaints about accessibility are likely to increase. Some factors will have a bearing on whether a change is a reasonable one for service providers to have to make, particularly for physical adjustments to premises. These are likely to include:

- whether taking any particular steps would be effective in overcoming the difficulty that disabled people face in accessing the services in question
- the extent to which it is practicable for the service provider to take the steps
- the financial and other costs of the adjustment
- the extent of any disruption which taking the steps would cause
- the extent of the service provider’s financial and other resources
- the amount of any resources already spent on making adjustments.

Large multi-disciplinary alternative health clinics will therefore probably be viewed differently from the single practitioner working from home.

October 2004 will be here before you know it. If you haven’t already done so, now is the time to assess and plan the action you need to take. It isn’t a one-off exercise; practitioners should be thinking ahead and continually looking at the way they provide services, their premises and the physical features and considering improvements for disabled people.

For more detailed information, for example in relation to difficulties regarding leased or rented premises, there are a number of publications available from the Disability Rights Commission. You can download most DRC publications free of charge from the DRC website at: www.drc-gb.org. There’s also a helpline open 8am to 8pm on: 08457 622633.

And don’t forget that the real experts in this field are the people who themselves have a disability – search them out and listen to them!

Our thanks to Godfrey Bartlett for contributing this article.

We will be developing practical guidelines for members on the Disability Discrimination Act and will publish them in a future issue.

8.6 million disabled people in UK
20% working population are disabled
33% between 50 and retirement are disabled
640,000 UK wheelchair users
1 million blind & partially sighted
698,000 severely or profoundly deaf
1.7 million people unable to read
2.4 million adults with learning difficulties
Spending power of around £50 billion each year

Source: Disability Rights Commission

ARRC’s 8th Acupuncture Research Symposium
Saturday 6 March 2004
Regents College, Central London

After last year’s vibrant ARRC event we shall continue with the approach of trying to combine research and clinical practice into some sort of appetising mixture. This is unlikely to be a seamless integration, with some presentations more purely research-based and others struggling to explain why they’re in a research meeting at all – but this very much reflects the cross section of BAcC members who attend.

Please contact ARRC if you are interested in speaking or in presenting a poster. There is no restriction on the specific subject area within the general remit outlined above. (Note two of last year’s speakers have been catapulted forward to stardom on the larger BAcC stage in September; so be warned – they may come for you too).

Dr Mike Smith from Lincoln Hospital, New York will talk about aspects of his work using acupuncture for substance abuse. He pioneered this treatment approach in the West and developed the benchmark NADA auricular acupuncture protocol. He has conducted research studies in this area, and recently for children with ADHD, but his particular enthusiasm concern acupuncture as a qi-flow therapy and the research implications of this. We hope that he will talk on this subject too, for he is a powerful and entertaining speaker who can both discuss the science and the methodologies but also the relationship with the patient’s qi.

George Lewith is another doctor who knows a bit about qi. Although best known now for his research activities he was a pioneer practitioner and teacher in the UK and is the only acupuncture to become a full member of the BAcC, BMAS and AACP. At Southampton University he has developed the complementary medicine centre into one of the foremost in the land, with an enviable record of research projects and funding. He is both an incisive thinker and an energetic doer, with presentations to match.
Personal Viewpoint

In search of authenticity
Craig Minto

With regulatory statutorily looming we have seen much discussion of late about how we will present ourselves and our ideas to the government and public at large. A recent issue of EJOM highlighted the need to explore how we grow an acupuncturist, and there is also much debate on the criteria for CPD. These issues focus on the collective whole of the acupuncture profession, as they should; however my feeling is that ultimately it must come down to individuals to take responsibility for their own personal and professional development.

However many courses we set up or attend, the real catalys to growth and development comes from our own abilities to bring different threads together and make this part of a unified whole. Self-reflection, practice, meditation, qi gong, tai chi, yoga. Said practice and further study are just some of the things that can contribute to our personal and professional development and it feels exciting and stimulating to realise that we have so much potential to explore - our opportunities to learn are, like the sea, limitless.

Our initial training can cover only the very basics of techniques and theory - and this rarely imitates life exactly. It is only through our clinical experience and personal development that real learning begins.

We leave college full of enthusiasm, if not a little exhausted, with much in the head but little in the heart. If we can take our practice from a level of administering needles to certain points which we have learnt have certain actions, to one where we creatively take part in a process of transformation and change for the patient and ourselves? I believe it is a matter of approach. At college (ICOM) we were given a spreadsheet which sounds wonderful holistic, ‘we treat the person, not the disease’. This sounds as impressive to me today as it did then. But in clinic, in the middle of a busy day with a patient sat opposite you in a lot of pain it is easy to mis interpret and go straight to the pathology, to reach for the formula. This approach however becomes eventually less satisfying as you start to perform like a pre-programmed robot. Finding your own formula, which might be a mix of two different styles you have adapted to suit this ‘individual’, can be infinitely more satisfying. Clinical situations are not one-dimensional situations, but multi-dimensional opportunities. As Jung said: ‘Practical medicine is and has always been an art, and the same is true of practical analysis. True creation, and creation is beyond all theories. That is why I say to any beginner: learn your theories as well as you can, but put then aside when you touch the miracle of the living soul. Not the soul but your own individuality alone must decide.’

This is not an easy journey or one which can take place without a modicum of experience. It is much easier to revert to the aforementioned style of treatment as it takes years of development to find your own style and eventually become an authentic and creative practitioner. However, I believe we need to keep reminding ourselves in clinic to try and go beyond the presenting pathology. For example if I diagnose in a patient ‘heat in the blood’ as the primary pathology it is easy to then just select points (or herbs) which cool the blood, Sp 10 for example. This might work initially but how do I know what produced the physical pathology? Is there an emotional, dietary or constitutional root? Without looking further only half of our job is done. As Father Larre once wisely put it: ‘If you just treat people in order to relieve their pains, if you are not able to put then back on the right track in accord with the person they are and the situation they are in, then you are only doing half your work, and maybe you are wasting their time to needing yourself.’

We should always strive to see the uniqueness of the patient otherwise we stagnate as practitioners and lose the art. Intellect dominates over intuition instead of one balancing the other. Sometimes a formulaic treatment works perfectly but it is the ability to diagnose when a formula is the right course of treatment or when a less obvious imbalance is the ‘root’ cause, which I believe sets the superior practitioner above the average one. Chapter 77 and 78 of the 5th Wu states the five failings of physicians ‘and the four lapses of physicians’ and is a useful continual reference for our day-to-day-practice.

I have also seen a tendency for people who become successful practitioners to start becoming precious about their style being the best or most effective way. We get the guru and their followers and while we should have the utmost respect for our teachers true spiritual maturity comes from sensing your own individual connection with the infinite and ultimately the following of our own path. We can study theories in books and practice the techniques of all the great teachers but we should use this information to inform our practice, not imitate it. Only then can we hope one day to say that we have reached authenticity as people and practitioners.

‘Knowing others is wisdom; knowing the self is enlightenment.’ Chapter 33, Dao Te Ching

British Acupuncture Accreditation Board News

BAAB News

Chair of the Accreditation Committee
Ruth Champion

The Board has continued to be busy both with policy issues and with the teaching institutions. Since the last announcement - colleges and universities - that have acupuncture courses that are not currently accredited by the Board, have been enquiring about the accreditation process and others that have been planning or developing their courses, have submitted for Stage 1 Accreditation. The increase in the number of institutions in a formal relationship with the Board has resulted, not only in the Board’s appointment of Roger Hill as a second Accreditation Officer, reported earlier in this year, but now the appointment of Pipa Sequeria as Accreditation Committee (BAC) Secretary. Pipa will work with Carol who has been with the Board from its beginning as its Executive Secretary. Pipa is a graduate and an acupunctureist and has also experience of accreditation with another regulatory body so is ideally suited to the post. So - first up an up-to-date list of all the institutions that are in a formal relationship with the Board as at July 2003:

Fully Accredited Teaching Institutions

I institutions that are fully accredited have demonstrated, through a rigorous process of self-critical review, development and scrutiny through accreditation visits by the British Acupuncture Accreditation Board, that they substantially meet the Board’s standards expressed in the Board’s 17 Essential Requirements and the BAC’s Guidelines to Acupuncture Education and Professional Standards. The fully accredited institutions continue to critically review their courses and to develop their institutional structures and facilities to support the course and report on the course to the Board. A Board officer also visits them annually and they are subject to renewed accreditation scrutiny every three to six years. Graduates of these programmes are entitled to automatic acceptance into BAC membership.

College of Integrated Chinese Medicine (Reading) - affiliated to the University of Reading.

College of Traditional Acupuncture in Leamington, affiliated to G. Orchard Brooks University.

International College of Oriental Medicine in East Grinstead - affiliated to the University of Brighton.

London College of Traditional Chinese Acupuncture and Oriental Medicine in Finchley, affiliated to the University of Portsmouth.

Northern College of Acupuncture in York, affiliated to the University of Wales.

School of Five Element Acupuncture in London.

University of Westminster in London, formerly the London School of Traditional Chinese Medicine.

Stage 1 Accredited

Stage 1 Accredited institutions are those which, through a process of documented course and institutional planned development and dialogue during an institutional visit by a Board officer and accreditation visitor, have demonstrated that their planned course is likely to meet the Board’s standards. They are committed to ongoing development of the course through critical review and to the development of related institutional support and to submitting for Stage 2 Accreditation, normally within two to three years of achieving Stage 1. These institutions may claim that they are accredited by the Board. Graduates of these courses are granted automatic acceptance into BAC membership providing that the course, as it develops, demonstrates that it is meeting the Board’s requirements. The institutions need to have achieved Stage 2 Accreditation before the students graduate in order to ensure automatic BAC membership.

Salford University. Salford was awarded Stage 1 accreditation in 2002, subject to conditions, for the course that was already established.

University of Lincoln. Lincoln was awarded Stage 2 accreditation in 2002, subject to conditions, for the course that commenced in September 2002.

The South West College of Oriental Medicine at Bristol SWCOM was awarded Stage 1 accreditation in July 2003, subject to conditions, for the intakes from September 2003.

University of Derby. Derby was awarded Stage 1 accreditation in July 2003, subject to conditions, for the intakes from September 2004.

In Notification with the Board

Institutions in notification with the Board are those that are committed to developing their course to meet the BAC’s requirements but have not yet submitted for or ‘received Stage 1 Accreditation. They are therefore in a formal relationship with the Board, but their courses are subject to accreditation by the Board and their graduates - if they have not yet been entitled to automatic acceptance into BAC membership, although they are encouraged to apply individually.

The British College of Acupuncture and Herbal Medicine with Thames Valley University.

The College of Naturopathy and Complementary Medicine.

Other Board matters

The Board, rather like the BAC, has been reviewing some of its processes and policies over the past year. The Accreditation Handbook was a very major piece of work that was completed for the start of the 2002 academic year. Within this we piloted a new ‘Book of knowledge’ that has been an annual review and as a result we anticipate annual amendments. Amendments approved in July this year have strengthened the requirement for institutions that are not fully accredited to maintain their development by putting clear time constraints for ongoing submission for the next stage of accreditation and limiting the number of attempts that an institution can have normally at any one Stage. We have also added the potential for the Board to recommend to the BAC that, should a course not be progressing satisfactorily through the Stages of Accreditation, the graduates of that course should not be accepted automatically into BAC membership. This reinforces both the developmental and inclusive approach that underpins the Board’s accreditation process, while maintaining the standards that the BAC and the public rightly expect of BAC members.
BAAB News

Board folk

This month we are profiling three people. The first is Rita Lewis. R is a representative of the public interest both on the Board and on the Accreditation Committee. As you will see she has extensive experience in the fields of regulatory bodies and both the Board and AC have hugely benefited from this. She is also a member of the Board of the University of Western Australia, and I guess is a good example of the two organisations sharing really good people and practical. She has drawn on this wealth of experience in her role as a consultant. During recent years I feel privileged to have had a close involvement with the developing of BAAB accreditation. In particular, I would like to extend my personal thanks to Richard Bertschinger, a consultant, who is an acupuncturist member of the Board of the College of Integrated Chinese Medicine, which has hugely benefited from this. She is also a member of the Board of the College of Integrated Chinese Medicine, which has hugely benefited from this.

One particular interest of mine is the nature of professional practice in education and in healthcare. And I am fascinated by the question: what kind of curriculum can best initiate new people into these professions? Such a question lies at the heart of the Board’s accreditation activity. Over many years I have seen the way in which effective teaching and learning can transform people’s lives, especially when they mature, adult learners looking for new directions or new careers. It is my experience that the relationships made between teachers and learners and sometimes the relationships made among groups of learners themselves, are at least as significant as the formal syllabuses and examination arrangements in bringing about such beneficial transformations. The implications for professional educators, whether developing curricula for teacher education or for acupuncture education, seem to me profound. The programme on offer to novices has to include an awareness of their uniqueness as learner and how the personal values they bring to the course relate to the personal and professional values that they are expected to leave it with. Such values will often be contested and contestable and so everyone has to make their own personal journey of change and reflection in order to understand fully the tradition of conduct that they wish to join, i.e. to become a professional.

These personal things can be learnt, but not all of them can be taught - at least not in any formal sense. Indeed, since the current emphasis is upon practice and on acquiring the habits of self-critical reflection in particular. Hence also the expectation of the Board’s accreditation committee of a high level of engagement with educational institutions and the teachers in them will consciously seek to model the personal, professional and educational values that they wish learners to acquire. In other words, teachers too will be reflective learners and self-critical enquirers.

Diana Eckersley

As I sit to write this piece for the BACc News and wonder where to start, for this is the most difficult step to take, I am clearly reminded of two situations early in my practice of acupuncture.

The first time I was hit by a needle by a patient - Ren 15 Dow Ti li - and then continued with the rest of the treatment using the combination of Ren 15 and Ren 14 Dragon points. That present and powerful experience of the treatment itself, the silence of the space and the profound sense of ‘privileged’ that I had been granted to engage with another at this level, is something that I can immediately recall in the deepest recesses of my being and I am ever wont to ‘forget why I trained for this practice then it to that which I return.’

And secondly is some eighteen months later when I spent a wonderful two weeks in Hanoi, China where we participated in a variety of ways in acupuncture clinics around the city. My own belief had been to practice from a medical tradition that went back to earliest times in another part of the world nearest direct experience of it in a cultural context if it was to be authentic for me. And that was, so far, I returned from there with enhanced confidence and competence which emanated from a sense of connection to the source. I had possibly touched some of what Volker Schlenk calls ‘following the river back to its source’.

The last time in my life that I had made such a connection was not long after I had trained as a teacher in the mid 60s and experienced that source when discovering an ancient athletics track on Munt Parramatta M early history was an expression of a passionate interest in, and enthusiasm of, movement which I had nurtured through sport at a competitive level and following a teacher training course in Physical Education.

At that time I wanted to pursue this interest and movement and enable all to derive success, satisfaction and health from its practice. So I entered teaching and then engaged in educational study by taking a bachelors and then masters degree in education where the special were in psychology which had also been the case when at college and later, at university philosophy. There cognitive and affective domains, their inter-relation, inter-connections, and interdependence in the psyche were of special interest to me then, as they are now. How sustaining a back injury I have now been of the practitioner who has continued with the biological sciences as well as developing further expertise in curriculum matters. Following retirement from the management of secondary schools and became particularly involved in personnel and time-tableing functions. I have been both developing staff welfare, development, training and appraisal work. At this time I participated in a course in counselling theory and skills returning to my earlier study of psychology. Following an operation and subsequent infections I became ill with ME and eventually took retirement on grounds of ill health which is where acupuncture comes in. No other treatment was available to me except Prozac, which I rejected as I knew that if I could unplug the gates (becoming ill then) I could find my way back to health so I found acupuncture through a series of coincidences and the rest is history.

And that is how I came to best recount you my arrival on the Accreditation Committee in 1999 and what I have to bring to my Committee at this special time in our professional history. I was, at that time, according to one of my colleagues, one of the ‘first five’ LicAc and AM E. I am very pleased to report that there are now more acupuncture colleagues who have similar experience and our profession matures the standards of educational knowledge and practice are much more developed. This is mainly due to the expertise, commitment, fervent enthusiasm and encouragement of professional colleagues from other fields who have journeyed before us. Their interest in educational development as a professional is amazing and I have been immensely privileged to work alongside them and to learn much more about higher education than I knew at the time.

This was also enhanced by coordinating, for the College of Integrated Chinese Medicine, the successful validation process. King’s University earlier this year having worked at the college in several roles in a teaching and educational capacity since qualifying as an acupuncturist practitioner. I have never known in my working life a committee guided and working so skillfully. The volume and quality of the issues, preparation, discussion and decision making should be used as an example for other universities, and I hope that it will be allowed to continue in this work for a few more years. It is of special importance to me to positively and creatively influence educational change at a national level. I am also fortunate enough to participate in the Education Policy and Admissions Committees, which I joined in 1998 and 2000 respectively and to be part of the accreditation visitors squad, all of which contribute to raising educational and training standards.

These are some of the experiences and qualities I bring to the work; my innate understanding, and immersion in, movement; my human biological and psychological education; my interest in human potential and development of self and body; my understanding by experience of the notion of wounded healer in a bodily and psychic sense; my education and counselling qualifications; my training at the College of Integrated Chinese Medicine, which combined TCM and Five Element acupuncture and gave us an insightful experience of rapport making skills. I am a ‘doer’, a ‘thinker’, an organiser and an optimist. I pursue an awareness of, and deep interest in, Esalen and Buddhism and gardening and a back, Labrador called Zen. I am also a lifelong learner and wonder where the next stage of my journey will take me.

Rita Lewis

I joined the Board and the Accreditation Committee in May 2000, after having met Ruth Champion. I was undertaking the Recognised Qualification process for Osteopathic education whilst being a lay member of the General Osteopathic Council. I am also a member of the BACc Ethics Policy Committee.

I am a social scientist, my area of knowledge being Public and Social Policy, and teaching in Further and Higher Education. I spent 12 years as a Community Health Council member, a local and regional, national chair, leaving in 1992. However, I have always maintained close links with the CHC’s and am now in the process of helping to write part of their history as they are
are shortly to be replaced by new organisations for public and patient involvement in the NHS.

I first came into contact with alternative therapies as a young ballet dancer when an ankle injury had to attend to some problems with my ankle bones. Later, due to traumatic injury to my back in a skiing accident, I spent many years as a patient of conventional and alternative therapies. It was during this time of my life that I realised the tremendous capacity of the body to heal itself with the right encouragement.

I have been a lay member in professional regulation since 1993 when I was appointed to the United Kingdom Central Council for Nursing, Midwifery and Health Visiting where I stayed for 9 years until 2002. Simultaneously I was appointed to the General Osteopathic Council as one of the original lay members, leaving this year as the Acting Chair. What an experience it was being part of the team which was responsible for setting up a regulatory body and involved in the accrediting of recognised osteopathic courses.

In June 2002 I joined the Chiropractic Council as a lay member and look forward to working with them and bringing my experience to their decisions and work. My role in the BAcC and the Accreditation Committee is as a public interest member which sounds rather grandiose but in practice is to focus the attention of the Committee and the Board on the need to ensure that in all our work the interests of the public are paramount.

I feel that my very long experience representing the public in the NHS via the CHC world and subsequent work of a voluntary or public nature, ensures that I can undertake these roles effectively and I know that it is much appreciated by my colleagues in the BAcC.

I undertake disciplinary committee work for the Nursing and Midwifery Council, (which replaced the UKCC), and for an accounting professional body. Since 1992, I have been Deputy Chair of the optical services complaints body and since 1999, have been a non-executive director of a NHS Acute Hospital Trust. I very much enjoy working with colleagues in the BAcC and Accreditation Committee.

Research

ACUPUNCTURE RESEARCH NEWS
Compiled by Trina Ward and Mark Bovey

Trina Ward
Mark Bovey

Items cover research published in the two full months prior to BAcC News publication hence for this issue we looked at articles published in May and June.

There is also a section that covers recent adverse event reports, which fulfils the requirement of a professional register to keep its members informed of such information as was ruled necessary in the summing up of the Shalaks v Dr Kang Situ case (Judge Bernard Living, 1999).

Preliminary pelvic trial: chronic prostatitis/pelvic pain in a pilot study in Ontario 12 men with these diagnoses, who were not responding to conventional treatment (antibiotics, anti-inflammatory, herbals) were given a course of acupuncture. 30 acupuncture points were used, divided into three groups and given alternatively twice weekly for six weeks. Six months after the end of the course there were still substantial improvements in all aspects of a standard prostatitis rating index (relating to pain, urinary symptoms and quality of life) and in the patients’ subjective assessment. There were no adverse effects. Conclusion: acupuncture appears to be a safe, effective and durable treatment for these conditions.


Needle technique affects outcome

Superficial needling, needling in to a muscle and needling to obtain de qi were compared by measuring skin and muscle blood flow. It was found that the intensity of needling was important with the de qi stimulation resulting in the most pronounced increase in both skin and muscle blood flow.


Post stroke swallowing reflex dramatically restored with acupuncture

A Japanese study has shown that needling ST 36 and K 3 in post stroke severely dysphagic patients significantly restored the swallowing reflex, with the implication that deaths from aspiration pneumonia could be reduced, and acupuncture may be a new alternative non pharmacological treatment for managing eating problems in dysphagic patients.


Acupuncture’s effects for migraine are long lasting

Patients given individualised acupuncture for transformed migraine showed longer lasting effects than those treated with TEN’s or laser therapy, however in all groups there was a significant reduction in the number of days with headache per month. (Transformed migraine is the term used for daily chronic headaches with a history of migraines)


Labor less painful with acupuncture

A controlled study of acupuncture significantly reduced the need for painkilling medication, and most patients said they would use acupuncture for their next labour.


Another study concludes that acupuncture is safe

In keeping with other studies Professor Ernst stated that if acupuncture is used according to established safety rules and carefully at appropriate anatomic regions, it is a safe treatment method. His study assessed the adverse effects of acupuncture during a normal treatment routine.


HIV/AIDS related diarrhoea responds to acupuncture & moxibustion

A pilot study of 15 HIV positive men measured changes in stool frequency and consistency over a three week period. The promising results will be used to estimate sample size required for a larger efficacy study.

Announcing a winner - the case study competition

You will remember that we announced a case study competition in the November issue of the Newsletter. Its aim was to encourage practitioners to share interesting cases with the profession, and it was sponsored by the BAcC Research Committee.

We are pleased to announce the winner of the competition is April Joslin. Her article, “Chemotherapy Induced Neuropathy: A Case Study”, has been published in EJO M, Vol 4 No 3.

Congratulations to April, who will receive a cheque for £50. We would like to thank all the practitioners who contacted us for their interest in this competition.

Another chance to be published and win £££

The Research Committee has agreed to run another round of this competition. If you would like to share an interesting experience with your colleagues, and have it published in EJO M, here is your chance. You can win £ 50 as well!

The deadline date for contributions is 30 September 2003. Before you commence writing, please obtain instructions on how to submit your case studies by contacting:

Mark Bovey 020 8280 5277 arc@tvu.ac.uk
Beverley de Valois 07791 913624 info@womens-clinic.co.uk
Letters

**BACC Presentation: a useful tool?**

I am employed by the University of Paisley to give talks on the health care benefits of acupuncture, to registered nurses upgrading to BAC as part of their complementary health module. I recently purchased a Power Point Presentation which comes with a CD ROM and I would thoroughly recommend this to anyone who gives talks not only to professional bodies but also to the general public. It is well presented, in an easy to store and carry folder. You can select the slides which are relevant to the group that you are speaking to, in an order that you personally prefer. Anyone who attends the West of Scotland Regional Group meetings in Glasgow may have a look at mine. Karen Campbell (Beattie)

Thank you.

Yours sincerely

Karen Campbell

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If you are interested in purchasing a copy of the BAC Presentation please contact the Office on 020 8735 2400 and ask for an order form and information sheet. Any member of staff will be able to provide you with this. For more specific information please ask for Pen Taylor or you can email her at persal@acupuncture.org.uk.

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**BACC News and Regulation**

**Dear BACC News,**

It is heartening to see the editorial policy now explicit and underway, with representation by acupunctureists as well as BACC staff. To them I would like to make explicit my impression of the current trend in providing us with the means to live. I am sure of the committee's eventual success, but I am aware of the pressure many such organisations are under to meet rising drug costs often at the expense of funding being available for acupuncture and related therapies. This is one area where I am sure the acupuncture profession will make a difference in the years to come, by promoting research through the very real benefits of acupuncture treatment for severe medical conditions.

All the points I have made involve money directly or indirectly. Money is how as a society we value ourselves and are valued by our patients, for the work we do. It also provides us with the means to live. I am sure I'm not alone in saying that one of the reasons I started work as an acupunctureist, was having experienced treatment myself and I wanted to impart some of that magic and I wanted to impart some of that magic to my patients. There should be no contradiction between earning money and helping people, yet subconsciously society still regards money as tainted or dirty.

One final point, and I still struggle with this one myself. Our patients will think more of us, value their treatment more and possibly progress quicker in their treatment if they pay.

Sincerely,

Mark Reynolds

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If so, then I would like to offer one of my occasional prophesies that the direction chosen for our profession by those with the political drive in the BACC is diverging at an increasing rate from the principles at the heart of acupuncture. Thus a schism may eventually arise, for this heart is being smoothed and numbed; relatively petty concerns are arising around issues such as dress code and the planning permission irregularities of rival businesses, but concern for the essential, human core of who we are is missing.

Knowing something of the perspective and singularity of intent of the BACC executive committee and its ability to dam prophetic warnings that, on occasion, have been offered to it in a spirit of fostering greater understanding of how some of the membership feel about its attitudes, I wish to ask a question: if BACC policy were found wanting, despite membership appeals for it to be more aligned to people's needs as humans, who will be responsible ultimately for the outcome?

Keith Wright

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**Voluntary work: a good idea?**

Dear BACC News,

I was interested to read the February 2003 Newsletters’ “Building Your Practice” on voluntary work. I would like to comment further on the points made in the hope of illustrating why I think volunteering may not be helpful to the profession in the long run. I hope also to spark a debate amongst members.

The areas of work that utilise volunteers can often be so challenging that without financial reward there is less incentive to stay as long as necessary to meet the requirements of long term treatment.

Payment in kind via travelling expenses, training and supervision are not, in my opinion adequate compensation for not being paid for the work itself. Many of the organisations that use volunteer therapists have experienced fundraising expertise at their disposal. As a profession we have to be proactive in lobbying organisations using volunteers, that paying the therapists directly would be a more positive way of using the funding.

A further point on fundraising: Having worked at one time for an HIV/AIDS clinic in London, I am aware of the pressure many such organisations are under to meet rising drug costs often at the expense of funding being available for acupuncture and related therapies. This is one area where I am sure the acupuncture profession will make a difference in the years to come, by promoting research through the very real benefits of acupuncture treatment for severe medical conditions.

All the points I have made involve money directly or indirectly. Money is how as a society we value ourselves and are valued by our patients, for the work we do. It also provides us with the means to live. I am sure I’m not alone in saying that one of the reasons I started work as an acupunctureist, was having experienced treatment myself and I wanted to impart some of that magic to my patients. There should be no contradiction between earning money and helping people, yet subconsciously society still regards money as tainted or dirty.

One final point, and I still struggle with this one myself. Our patients will think more of us, value their treatment more and possibly progress quicker in their treatment if they pay.

Sincerely,

Mark Reynolds

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**Key Messages from the Committees**

**Conference**

**Last meetings 19 June 2003 & 17 July 2003**

**Keynote debate:** Stephen Birch, Peter Day and JD van Buren.

BAC as part of the conference. This year, students studying at BAAB accredited institutions are being asked to pre-register by 22 August (6 weeks before the day of the conference). This year, students studying at BAAB accredited institutions are being asked to pre-register by 22 August (6 weeks before the day of the conference).

**Regional conferences in 2004:** These are currently planned to take place in Leeds on 21 February, Glasgow on 24 April and Bristol on 3 July. Venues are still to be confirmed at the time of going to print... please watch this space for further details. If you would like to get involved in helping out in your area, please contact Hilary Coles/Cathie Ballard in Leeds (Hilary Coles 01274 409 338 & Cathie Ballard 0123 275 8936), Linda M iler in 01468 505 215) and Amanda Hair in Bristol (0117 957 4796), alternatively you can contact Jonquil Westwood in the BACC office on 020 8735 0400 or by email: jonquil@acupuncture.org.uk

**Next year’s AGM and Conference**

The usual one day affair will be held in London in 25 September 2004. Further details of the venue, programme and main speaker will be announced in the next newsletter.

**Next meeting 11 September 2003**

**Executive Committee**

**Last meeting 31 July 2003**

We are now publishing regular updates of decisions taken by the EC, a kind of ‘edited highlights’ from the meetings, to keep you informed of the kinds of issues with which the committee is dealing. If you have any queries about anything you read, do get in touch and we shall try to explain the background and context where this is not clear.

We are in the process of developing an appropriate style of reporting for the EC and following you will find two different styles of reporting from the June and July meetings. Which do you prefer? Let us know on the ‘Have Your Say’ form on page 15 this Newsletter!

**Decisions from EC Meeting 5 June 2003**

**Decision no. 0300.01.06.00 1 question as to what level of English language competency is required for external applicants to membership of the BACC. Proposal for level 7 of the IELTS scale (used by the GMC). U proposed. SE seconded. 9 for, 6 against. [U not voting] [W not yet co-opted = 16]**

**Decision no. 0302.01.06.00 1 reaffirmation of decision taken in December to co-opt [W onto EC. 12 for, 3 abstentions [U not voting] [W not yet co-opted = 16]**

**Decision no. 0303.01.06.00 1 Chair elect vote. 1st draw: 8 for each candidate [Ron Bishop and Paul Hougham] with 1 void paper. 2nd draw: Ron Bishop elected chair of EC. 8 votes to 7 with 2 void papers. [U not voting] [W not yet co-opted = 16]**

**Decision no. 0304.01.06.00 1 question as to whether patients receiving treatments from pre-qualification students should have to sign consent forms. 1 for signing 10 against. 4 abstentions. [U not voting] [W not yet co-opted = 16]**

**Decision no. 0305.01.06.00 1 recommendation that an informed consent policy for patients receiving treatments from pre-qualification students is drawn up by teaching institutions, and that the policy is brought back to the EC for approval and recommended to BAAB. 13 for, 0 against, 2 abstentions. [U not voting] [W not yet co-opted = 16]**

**Decision no. 0306.01.06.00 BAAB policy paper accepted with some amendments. 14 for, 1 abstention, 0 against. [U not voting] [W not yet co-opted = 16]**

**Decision no. 0307.01.06.00 BAAB membership subscription for 2004 raised by £10, in line with inflation, to £155. 12 for, 0 against. [U not voting] [W not yet co-opted = 16]**

**Decision no. 0308.01.06.00 Recommendation for building work in the BACC offices to bring us in line with fire regulations 12 for, 0 against. [U not voting] [W not yet co-opted = 16]**

At their meeting on 31 July, 2003, the EC decided that:

- It would recommend to the membership that the category of Associate Membership be scrapped, and that the category of Provisional Membership would be replaced by a ‘probationary period’ before acceptance into the BACM. Both of these proposals would form a part of a package for a later EGM in which all changes to the EM and ARs would be put to a vote by the whole membership.

- The BACC’s membership details could be distributed electronically in line with the provisions and safeguards of the Data Protection Act and the opt-out policy available to members. This method would be in addition to (or replace) the current practice of selling address labels for mailing purposes.

- It would verify the new Code of Safe Practice Version 1B of Guide to Safe Practice version 14 and allow members three months from receipt of the document to alter the year to comply with any new requirements in the Code.

- It would adopt recommendations to complete ethics cases even when a member resides in the member’s jurisdiction of the case, if the process is initiated by a complaint by a member of the public or if there were major concerns for public health and safety in the case

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Please note: BACC News welcomes letters from members, but may edit for length or clarity. Ideas and opinions expressed in the BACC News do not necessarily represent the opinions or policy of the editors or of the publishers.
Key Message from the Committees

The BAcC Office by post or by email:
Correspondence for the Executive decision to be made.

There were also continuing discussions on

Needle phobia: Recent vox pops conducted by Republic revealed that 1 in 10 people would not consider acupuncture because of their fear of needles. The committee is considering building a media piece around this subject, in an attempt to dispel fear and clear up misconceptions. They want to know members’ views on this kind of proactive PR approach and would also like to hear about how you deal with needle phobic patients in your own practice. Please contact Jocelyn at the BAcC office with your opinions.

Have your say: Look out for the pullout leaflet in the BAcC News which will give you a chance to air your views on the newsletter; how it was, how it is now and how you’d like it to be. You’ll find it on pages 15/16 of this issue.

Congratulations to Sarah Williams (S, Administrator) for her promotion to CEO.

Next meeting 4 September 2003

Research

Next meeting 10 October 2003

GRANTS: Ten BAcC members have requested forms for research grants so far. All completed applications will be circulated to Research committee members for individual scoring before the next meeting and applicants will be notified of outcomes by the end of this month.

ARRC Symposium 2004: This will be held on Saturday 6 M arch. More details will appear in up coming newsletters as and when they become available.

FTCM: The adverse events patient survey results are looking very promising with regards to providing further proof of safety of acupuncture. Full results should be published in a couple of months.

Next meeting 23 September 2003

PR & Marketing

Last meeting 22 July 2003

Allergy calls: Looking forward to summer 2004, the committee is calling for case histories focusing on allergies, especially hay fever, to put together in a media ‘package’.

Advertisement policy and costs: The committee agreed that the newsletter should remain ‘membership-focused’ rather than ‘ad-sold’. Classifieds will continue to be free of charge to members and non-members alike and the basis for inclusion for all adverts will be on what is beneficial and/or relevant to BAcC members and to acupuncture.

Next meeting 10 October 2003

BAcC Executive Committee (EC) Members

Ron Bishop (President)
Janice Booth
Cecil Chen
Shaun Esberg (Treasurer)
Joe Goodman (President Emeritus)
Andrew Higgs
Duncan Hird (lay member)
Paul Howgham
Harriet Lansdown
Hugh M aPherson
Ken Shafin
Ann Stannard (lay member)
Susan Thorne
Toni Tucker
Jasmine Uddin (Chair)
John Wheeler (CoSec)
Barry Williams
Ye Zhang

Staff (S)

Full-time
Ann Gordon (Newsletter & Projects)
Jocelyn Gray (PR & Projects)
Mike O’Farrell (Chief Executive Officer)
Rita Rumi’anu (Ethics)
Sarah Williams (Manger)
Ulike Wirth (Database)

Part-time
Marian Casey (EC Secretary)
Claudie Chevillon (Equiried)
Di Cok (Assistant Treasurer)
Mandy Foster (Professional Conduct Officer)
Gerry Harris (Education Officer)
Joan M ajard (Projects)
Robert M oore (Admissions)
Kathy Riviere (Research & IT)
Persis Tamboly (Website & Projects)
Petr a Werth (Code of Practice)
Joukji Westwood (Conferences & Projects)

Sub-Committees (continuing responsibilities)

Admissions:
To recommend and monitor admissions procedure
Fatima BaIby (Practitioner, Co-leader)
Joe Goodman (President)
Janice Booth (EC)
D I Eskersey (Practitioner, Co-leader)
Janice Booth (EC)
Shawn Esberg (Treasurer, Co-leader)
Rom K an (Practitioner, Co-leader)
Robert M oore (S, Administrator)
Sarah Williams (M gr)

Safe Practice Committee:
To recommend and monitor BAcC Code of Practice
Fatima BaIby (Practitioner, Co-leader)
Sarah D owie (College Principal)
Alison Gould (BAAB)
Ann Hopper (BAAB)
Mike O’Farrell (CEO)
Toni Tucker (EC)
Peter Werth (S, Administrator)
Consultant - Prof. Norman Noah (Medical Hygiene)
Conference:
To organise the BAcC conference
Ron Bishop (EC)
Janice Booth (EC, Leader)
Cecil Chen (EC)
Robert M oore (S, Administrator)
Sarah Williams (M gr)

Conference:
To organise and monitor BAcC Code of Practice
Fatima BaIby (Practitioner, Co-leader)
Sarah D owie (College Principal)
Alison Gould (BAAB)
Janice Booth (EC, Leader)
Cecil Chen (EC)
Mike O’Farrell (CEO)
Robert M oore (S, Administrator)
Sarah Williams (M gr)

Newsletters:
To develop the scope of BAcC News
Ann Gordon (S, Administrator)
Jocelyn Gray (S)
Paul Hougham (EC, Leader)
Daniel M askell (Practitioner)
Mike O’Farrell (CEO)
Kathy Riviere (S, Administrator)

Ethics Policy Committee:
To review and guide ethics policy
Arnold Desser (Practitioner)
Dr Fionn Fisher (Lay member, R M)
Judith Johnson (Chair & Lay member)
Richard James (Practitioner, R M)
Luisa Lewis (Lay member)
John Wheeler (CoSec)

Mandy Foster (PCO) Rita Rumi’anu (S, Administrator)

Next meeting 23 September 2003

Research:
To develop research projects in line with BAcC needs
Godfrey Bartlett (Practitioner)
Mike O’Farrell (S, Administrator)

BAcC teams – September 2003

Team members listed as ‘practitioners’ are members of the BAcC who also have special expertise in the field covered by their sub committee/association group.
Regional Groups

ASHDOWN FOREST AND WEST SUSSEX REGIONAL GROUP
Next meeting: Sunday 21 September 2003 – 7-10pm
Theme: ‘Demons and Dragons’ treatment of possessions and ghosts lead by Irene Zaleski
Sunday 7 December 2003 – 7-10pm
Theme: Addictions – to be confirmed

GUILDFORD REGIONAL GROUP
Acupuncture in Surrey, Sussex and Hampshire
Next M meeting Monday 15 September 2003
Time: 7.30-10.15 pm
Speaker: Tony Tucker Re: Interstial cystitis and other u/tract problems
Ripple Village H all Annex Food and Wine available

Other meetings in 2003:
Wednesday 26 November
For more details ring: Susan Thorne 01483 809373
Sallie Hone 01483 254166

HEREFORDSHIRE REGIONAL GROUP
The first meeting of the newly resurrected H herefordshire Regional Group will be held on M onday 8 September from 7.30pm to 9.30pm at the Starre Room, Gwynnes Studios, Left Bank, H erford.
All local members are warmly invited to attend. T he purpose of the meeting will be to get to know each other and to discuss how members would like the group to function.
For further details ring Janie Shepherd on 01989 565036

LONDON NORTH REGIONAL GROUP
Next meeting provisionally scheduled for 4 November, 7.30pm at 50 EEA, M andela St, C amden. All welcome. Promotional nominal charge to pay for speaker (£5 or less). Please call or email David to confirm that you would like to come T : 0794 392012, danielmaxwell@hotmail.com

WEST MIDLANDS REGIONAL GROUP
Date: Wednesday 1 October
Subject: Tiredness/chronic fatigue, plus general discussions
Venue: Birmingham City Centre For Chinese Medicine, 245 Alcester Road, K ings H eatth, Birmingham
Time: 7.30pm
For more information contact: Lynn Owen 07879 766384 or Kathleen Conway 01292 470038

WEST OF SCOTLAND REGIONAL GROUP
We had another successful meeting in Glasgow on 8 June. If you haven’t been before, do come and join us at our next meeting and if you have been before you’ll know how good it is!
Upcoming events
O ran K ’s trip to Japan on 11 December
Venue: Jan de Vries Clinic

Next regional group meeting
Sunday 2 November 2pm
Venue: Jan de Vries Clinic, 116 Blythswood Street, Glasgow.
Regional Group Christmas lunch and meetingSunday 14 December 1pm
Venue: M aison, Glasgow

For further details about all of the above events please call Linda Miller on 01316 890135

CLASSIFIED

Employment offered

Addington Palace Country Club
Ideally located in the Shirley Hills (Bra iar Croydon) is a prestigious venue for the discerning adult, offering superb hospitality. 0-2 jobs to rotate on our current acupuncture there is an opportunity for a similar professional to rent on a monthly, daily or hourly basis. Please contact Jonathan Wil on 020 8662 5050

Bromley, Kent
Enthusiastic and dedicated acupuncturist with good patient management skills required to join multidisciplinary healthcare practice in Bexleyheath. Please contact Care Med details, 14 D orlands Road, Bromley, Kent, BR1 5SL.

Ireland
A assistant wanted for busy acupuncture and Chinese herbal medicine practice in West Cork. We offer a full time position (minimum 12 months) to a qualified acupuncturist and herbalist (or someone nearing the end of their herbal training). Contact Stephen Gascoigne on 00 353 21 40986. E-mail info@drsgascoigne.com.

Knutsford
Large treatment room to let in busy chiropractic clinic in Knutsford Town Centre. For more details contact Pam Willis, Practice M anager, 15a King Street, Knutsford, WA6 6DY 01625 61333.

Kington, Surrey
A supervisor required for chiropractic clinic expanding to new purpose built multi-disciplinary clinic in Kington, Surrey. Send CV to Neil R alley at Kington Chiropractic Clinic, 1 S turbon Crescent, Kington, Surrey K T 1 2P

Falmouth, Cornwall – NOW! –
We are seeking a self-employed, pro-active acupuncturist to work in a multi-disciplinary practice. T his is an ideal opportunity for someone seeking a new beginning. Contact Marian A s, Tuesday to Friday inc, At The L ister Natural Health Practice, in F AL M O U T H, C ORNWALL, on 01326 220102.

Newport, Wales
Acupuncturist required to join multidisciplinary health clinic in the UK’s newest city Newport in Wales. Applicants will have a willingness to generate clients proactively and also work as part of a team. Attractive self-employed part or full time packages available. Telephone Body M enchis on 07900 015146 for further information.

For rent

Bexleyheath, Kent
The Lesnus Natural Health Clinic, would like to hear from practitioners wishing to rent rooms in a multidisciplinary therapy centre. Clinic is easily accessible and there are no parking restrictions. Contact: Jane Batty Tel: 020 8332 2341 Fax: 020 8332 956 E-mail: trey@agileston.de

For sale

Second hand: 3 wooden, 3 metal couches, 2 Entrax and 2 Rank Manual half or full day basis. Reception cover provided. Phone D r Matthew Holmes on 01635 86691.

For rent

28’ wide portable couch in sage green, complete with lifting back, arm and head rests, towel roll holder and carrying case. Excellent condition – £ 200. Telephone 0121 232069 (answer phone during the day).

Volunteers wanted

London
O-2 qualified practitioners of acupuncture – aromatherapy - reflexology - shiatsu are required for Complementary M eat health Trust. In return we offer free of charge professional supervision and advanced training Clincial support from the experienced practitioners of CHT. Please call Gail on 071 709 1555 or e-mail info@comhealth.org.uk for application pack.

West London
Volunteers with BAcC membership welcome to assist in the running of group acupuncture clinics for a HIV + cohort group. We offer an attractive volunteer package that includes clinical and group supervision and appropriate induction training. If you are interested please contact Doug Foot at Lighthouse West London on 020 7816 8534

Courses

London
Cosmetic Acupuncture for Face Rejuvenation. No need to go abroad to train or to spend a fortune if you are already an acupuncturist or final year student. On my one day course you can learn the basic techniques to compliment and enhance your existing knowledge and skills. I will help you develop an individual treatment protocol to suit your style, your patients and your expertise. For more information email: info@jamiehedger.com or leave your details on 020 8349 2198

Website

Readers may like to check out the following website for valuable information with regard to treatment of children, the site address is www.vaccination.inoz.com/vaccactm.html

There is much interest there of interest to doctors and everyone, not only those with children in the family.

Members Noticeboard

From talking to Regional Group Coordinators, we know that each group has their own way of working. We would like to print news of what you organise yourselves and what kind of issues you deal with, etc. If you would like to contribute a piece about any aspect of your group’s activities, please send to Jooyen at the BAcC Office – format details on the back page.
Courses

THE COLLEGE OF TRADITIONAL ACUPUNCTURE
LEAMINGTON SPA

Advanced Acupuncture Studies

2 October
I Ching – Part 1
Peter Firebrace

14/15 October
Balancing the Structure
Mark Urbanowicz

3 November
I Ching – Part 2
Peter Firebrace

18/19 November
The Windows of the Sky
Niki Bilton

20/21 November
Physical/Structural Examination in Diagnosis and Treatment
Niki Bilton

4 December
The Body Fluids (jinye)
Elizabeth Rochat de la Vallée

Fee: £65 per day
10% discount if booked one calendar month in advance

For further information about any of these courses please contact:
Jeannette Harper
The College of Traditional Acupuncture
Tao House, Queensway
Leamington Spa
Tel 01902 422121
Fax 01902 883282
email jeannette.harper@acupuncture-coll.ac.uk

THE INTERNATIONAL COLLEGE
OF ORIENTAL MEDICINE (UK)

Forthcoming Seminars at ICOM

Sat 11 Oct 2003
Pediatrics “Nurturing the buds” with N Inette Sapir. 0 pen to final year students and graduates. (Knowledge of Stems and Branches required).

Sat 8 Nov 2003, Sat 7 Feb 2004 and Sat 8 May 2004
A Workshop in Diagnostic Skills I, II & III with Pamela Stadlen. 0 pen to 3rd and final year students and graduates.

M 8 Dec 2003
Shen, Qi and Jing with Elizabeth Rochat de la Vallée. 0 pen to all.

Sat 6 Mar 2004
Grasping the Ungraspable – Five Element Meditations and the Healing Touch with Gabrielle Hock. 0 pen to all.

Sat 13 Mar 2004
Treating Hereditary and Congenital Diseases with Acupuncture with Peter Van K erve. 0 pen to final year students and graduates. (Knowledge of Stems and Branches required).

Sun 14 Mar 2004
The Cerebrum and the Ten Celestial Stems with Peter Van K erve. 0 pen to final year students and graduates. (Knowledge of Stems and Branches required).

Sat 3 Apr 2004
Women’s Health “The Three Moons” with Janine Mack erve. 0 pen to final year students and graduates.

A series of evening seminars with Joan Duv een will run through the academic year.

For further information or to book a place, please contact Maureen (Tel 020 8942 3880) or Pia (Tel. 07717 312 330).
Please note: Articles, courses, advertisements or other material published in BAcC News do not necessarily reflect the opinion or carry the endorsement of the British Acupuncture Council.

Courses

PROSPECT CHINESE MEDICINE SEMINARS

A new series of in-depth seminars focusing on different aspects of Chinese medicine. During the day expert tutors will introduce classical texts, case studies and modern day practice to create a stimulating balance of theory and practice.

2003

Medical Qi Gong
Sunday 28 September
Rosey Grandage BA M BAcC SRP M CSP

Psychological and Emotional Conditions in Chinese Medicine. Part 1
Sunday 19 October
Cinzia Scorzon MSc M BAcC

Psychological and Emotional Conditions in Chinese Medicine. Part 2
Sunday 16 November
Cinzia Scorzon MSc M BAcC

CANCER BRIDGE SEMINARS

Therapeutic Touch with Stephen Wright
11/12 Otober

Core Energy Management with William Bloom
19/20/21 Sept 2003

Acupuncture in cancer care with April Joslin, Beverley de Valois, Christopher Woodward
13 December 2003

The healing journey with Matthew Manning
April 2004 (date to be confirmed)

For further information, and details of our full professional programme, contact Cancer Bridge
Oakwood, Hexham, NE46 4JY
Tel. 01434 602773
E-mail info@cancerbridge.co.uk
Or visit our website: www.cancerbridge.co.uk

CANCER BRIDGE SEMINARS

Therapeutic Touch with Stephen Wright
11/12 Otober

Core Energy Management with William Bloom
19/20/21 Sept 2003

Acupuncture in cancer care with April Joslin, Beverley de Valois, Christopher Woodward
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Tel. 01434 602773
E-mail info@cancerbridge.co.uk
Or visit our website: www.cancerbridge.co.uk

If you wish to attend any of these courses or want to find out about our twelve-day Chinese patent herbal remedies course, please visit our website or contact the College at the address below.

College of Integrated Chinese Medicine
Liong-Sen Liew 19 Sept
An introduction to tuina
Basic practical tuina and bodywork workshop designed for both practitioners and students of acupuncture.

Peter Firebrace 6 Oct
The Metal element
This first seminar in the series Peter will use Chinese characters and phrases to explain the Metal element and its resonant associations with key acupuncture points, blending Daoist wisdom with the practice of Chinese medicine.

Bruce Frantzis 6 Nov
Cloud Hands for health and healing
A chance to explore Cloud Hands under the tuition of Daoist lineage master Bruce Frantzis. This simple, complete qi gong form is of great benefit to both our health and healing.

Peter Firebrace 1 Oct
The Water element
In the second seminar in this series Peter will focus on the Water element.

Rachel Peckham 13 & 14 Jan 2004
Auricular acupuncture for substance misuse
A two-day course on ear acupuncture to help with withdrawal from drug or alcohol dependence. Practitioners completing the course will receive a certificate from - and be eligible to join - the NADA (National Auricular Acupuncture Detoxification Association).

Peter Deadman 12 Feb 2004
Treating male disorders with acupuncture
Answers questions about this frequently neglected but crucial subject - particularly the most common male disorders: impotence, infertility and prostatitis.

Peter Firebrace in 2004:
- The Water element
- The Fire element
- The Earth element

For details of any of these courses, or to reserve a place online, visit our re-launched website.

Read about the new space provided by recent College expansion, and the validation of our degree course in acupuncture in the latest edition of our newsletter, Integration. Just contact us and we'll send you a copy.

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If you wish to attend any of these courses or want to find out about our twelve-day Chinese patent herbal remedies course, please visit our website or contact the College at the address below.

College of Integrated Chinese Medicine
19 Castle Street
Reading
Berkshire
RG1 7SB
telephone 0118 950 8880
fax 0118 950 8890
email info@cicm.org.uk
website www.cicm.org.uk

Peter Deadman 12 Feb 2004
Treating male disorders with acupuncture
Answers questions about this frequently neglected but crucial subject - particularly the most common male disorders: impotence, infertility and prostatitis.

Also from Peter Firebrace in 2004:
- The Water element
- The Fire element
- The Earth element

For details of any of these courses, or to reserve a place online, visit our re-launched website.

Read about the new space provided by recent College expansion, and the validation of our degree course in acupuncture in the latest edition of our newsletter, Integration. Just contact us and we'll send you a copy.

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If you wish to attend any of these courses or want to find out about our twelve-day Chinese patent herbal remedies course, please visit our website or contact the College at the address below.

College of Integrated Chinese Medicine
19 Castle Street
Reading
Berkshire
RG1 7SB
telephone 0118 950 8880
fax 0118 950 8890
email info@cicm.org.uk
website www.cicm.org.uk

Peter Deadman 12 Feb 2004
Treating male disorders with acupuncture
Answers questions about this frequently neglected but crucial subject - particularly the most common male disorders: impotence, infertility and prostatitis.

Also from Peter Firebrace in 2004:
- The Water element
- The Fire element
- The Earth element

For details of any of these courses, or to reserve a place online, visit our re-launched website.

Read about the new space provided by recent College expansion, and the validation of our degree course in acupuncture in the latest edition of our newsletter, Integration. Just contact us and we'll send you a copy.

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The next stage in the Evolution and Integration of 5 Element and TCM Acupuncture

MERIDIAN QI ACUPUNCTURE

M eridian Q) Acupuncture has its roots in Taoist principles and incorporates 5 Element and TCM.

It acknowledges the core of 5 Element. However, it proposes that there is not one C.F. but 2 (Yin and Yang) and that these are not Elements but Meridians. What is more, these two C.F. Meridians, which do not necessarily share the same Element, one will be deficient and one in excess.

Meridian Q) Acupuncture has a number of unique diagnostic tools that verify the above. What is more, having ascertained which Meridian is in excess or deficient, Meridian Q) Acupuncture has diagnostic tools to find the exact points on the Meridian where the Qi is not flowing smoothly.

For further details:
Salvador March
Malvern Acupuncture Clinic
12 Richmond Rd, Malvern, Worcs., WR14 ITN
Tel: 01684 892023 07977875256
Email: salvador.march@hotmail.com
www.malvernacupuncture.co.uk
Please visit Web site for workshops on Taoist QI Development

Common statements by patients after a first treatment:
“I feel I have been transported into another dimension. I feel more awake, more energised, more relaxed, happy, solid, more flexible, pain has gone”

What students have said:
“Thought provoking – deeply challenges our accepted theoretical basis of working”
“I feel as if I have been reborn from the ashes - I felt re-energised, re-restored”
“Definitely one of the best experience I have had...”
"I feel very much more confident in my ability to treat..."
THE BUQI SYSTEM

- A unique method of ‘treatment without touching’ that has much to offer the acupuncturist
- Founded by Dr Shen Hongxun, based upon rare Chinese knowledge
- Techniques for cleaning and revitalising energy in oneself and one’s patients

Healing with Energy
with Dr Shen Hongxun

Introductory evenings
London
Thursday 11 Sept 7-9.30pm
Bristol
Saturday 13 Sept 7-9.30pm
Brighton
Tuesday 16 Sept 7.30-9.30
One day workshop in London
Sunday 14 Sept 10.30am-4.30pm

Shen Hongxun College
Tel: 020 8771 7237
Fax: 020 8771 1318
E-mail: info@buqi.net
http://www.buqi.net

FACULTY OF HEALTH AND HUMAN SCIENCES

Two PhD Studentships/Tutorial Assistantships in Complementary & Alternative Medicine (CAM)

Applications are invited for two PhD Students/Tutorial Assistants from graduates with at least a 2(i) Class Honours degree (or equivalent overseas qualification) preferably in a health related field with a strong interest in complementary medicine. Successful candidates will commence their posts in October 2003. You will receive a salary of £10,980 per annum for 3 years with a possible extension for a fourth year and your tuition fees will be waived.

You will be expected to undertake a full-time PhD programme of research under the supervision of Dr. Nicola Robinson. Her research is focused on complementary approaches to HIV/AIDS, stress management, diabetes, healing and cancer. You will also be required to undertake teaching, tutorials and marking of students’ work up to a maximum of 6 hours per week.

For informal discussions about the studentships/posts, please contact Dr. Robinson, on 020 8280 5172 or e-mail nicky.robinson@tvu.ac.uk. For further information and an application form, please contact the Human Resources Department on 020 8231 2395 (24hr voicemail) or e-mail hr@tvu.ac.uk quoting reference FHHS 51.

Closing date for receipt of applications: 29 August 2003.

CLINICAL APPLICATIONS OF MANAKA’S APPROACH
with STEPHEN BIRCH

11-12 Oct 2003
University of Westminster, London

An advanced study weekend for previous participants of Manaka workshops exploring his approach to common conditions in greater depth: pain, including musculo-skeletal conditions, joint pain and headaches; obstetric, gynaecological, gastro-intestinal and pulmonary problems.

"Maximum effect with minimum intervention"

Information:
Fees: £ 120

For more information, booking and venue details contact:
Marian Fixler: 020 7419 1211,
Oran Kivity: 020 7254 1886
Email: info@japaneseacupuncture.net

ELISABETH ROCHAT DE LA VALLEE
Chinese Medicine from the Classics

Neijing Workshop
Suwen 45: Jue (Inversion) Syndrome
Friday 5 December
£ 55 (students £ 45)

Points Seminar
Gallbladder Points
Extra Points
6 and 7 December
£ 110 (students £ 90)

Venue:
Neal’s Yard Therapy Rooms, Top Floor
2 Neal’s Yard, Covent Garden, London WC2

Further information and bookings:
Orientation Seminars, 161 Auckland Road, London
SE19 3RH
Tel: 020 8768 0361
Email: orientation@clara.co.uk

OPEN DAY

CELEBRATING 20 YEARS OF PRACTICE AT THE TRADITIONAL ACUPUNCTURE CENTRE
75 ROUPELL STREET
LONDON SE1 8SS

To include diverse manifestations of Chinese medical culture with on-going discussion demonstrations and talk on The Past, Present and Future of The Five Elements.

For further details contact 020 7928 8333
### Regional Group Co-ordinators

<table>
<thead>
<tr>
<th>Area</th>
<th>Name</th>
<th>Contact telephone no.</th>
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<tbody>
<tr>
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<td>Bath &amp; West Wiltshire</td>
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<td>Bristol</td>
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<td>HF 0117 909 8113 AH 01179 574 769</td>
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<td>Buckinghamshire &amp; Hemel Hempstead</td>
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<td>London North</td>
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<td>June TRANMER &amp; Alison LONGRIDGE</td>
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If you want to contribute

Copy for the next Newsletter should be submitted by 13 October 2003 as a MSWord document or in rtf format and emailed to Ann Gordon (Email: ann@acupuncture.org.uk)

If sent by post on a disk, it must be accompanied by printed text and sent to the address below.

Copy Deadlines & Publishing/Mailing dates for 2003

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<th>Volume 8 Issue 5</th>
<th>Copy deadline</th>
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