

CURRENT INFLUENCES ON TRADITIONAL CHINESE MEDICINE EDUCATION IN THE UK: THE EXPERIENCE OF A COLLABORATIVE PROGRAMME BETWEEN MIDDLESEX UNIVERSITY AND BEIJING UNIVERSITY OF CHINESE MEDICINE.

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ABSTRACT.

A long and successful collaboration has existed between Middlesex University and Beijing University of Chinese Medicine in the delivery of high quality education and practitioner training in Traditional Chinese Medicine (TCM) in the UK. A joint degree programme was validated by the two Universities in 1997 offering integrated training at undergraduate level in both Chinese Herbal Medicine and Acupuncture & Moxibustion. This programme was the first of its kind to be offered in Europe by a public sector higher education institute. Students on the programme undertake academic study at Middlesex University and gain clinical experience on placement in hospitals affiliated to Beijing University of Chinese Medicine in addition to practitioner training in the UK at the Asante Academy of Chinese Medicine.

There have been several drivers for the relatively recent move towards degree status for TCM, along with other Complementary and Alternative Medicine (CAM) professions in the UK. Concern over patient safety and the rising popularity of CAM led to an inquiry being held by a House of Lords select committee. Their report, published in 2000, made several recommendations, including that the acupuncture and herbal medicine professions seek statutory status. Following this recommendation, the UK Department of Health launched a public consultation in March 2004, seeking views on proposals for statutory professional self-regulation of these professions. In developing its proposals, the Department of Health considered and built on the recommendations of two independent regulatory working groups for Acupuncture and Herbal Medicine. The views expressed in the consultation will help frame the provisions to be included in an order to be laid before the UK Parliament prior to becoming law. The matters which concern a regulatory body include education, registration, continuing professional development and disciplinary and ethical matters.

A pre-requisite for regulation is the establishment of a core curriculum and minimum standards for competent practice as well as an expert mechanism to assess educational qualifications. This paper considers the impact of the move towards statutory self-regulation on the development of TCM education in the UK and the implications of future regulatory frameworks for educational institutions.

INTRODUCTION

There has been increasing public interest in the use of Chinese Medicine in the UK over the last two decades and with this a dramatic rise in the number of practitioners. Estimates suggest that there are about 7,500 people in the UK who practice acupuncture to some extent and belong to a relevant professional or regulatory body and about 1,300 herbal medicine practitioners who are members of voluntary registers in Britain. Alongside this, there is a growing number of people who practice acupuncture and herbal medicine without belonging to any professional or regulatory body. Many are based in the growing number of high street outlets for Traditional Chinese Medicine of which there are thought to be at least 3,000 across the UK.

The fact that practitioners of Chinese medicine, like other practitioners of what is called “Complementary and Alternative Medicine” in the UK, can legally practise without any recognised training has facilitated this rapid growth. In reality, most practitioners will have completed some further education in their chosen discipline and, in the case of Traditional Chinese Medicine (TCM), many will have gained a recognised qualification in their country of origin. The interest in the area and a growing demand for training has resulted in the rapid rise in the number of establishments offering courses in all aspects of Chinese Medicine. The duration, curriculum content and quality of the training courses vary widely.

HISTORICAL DEVELOPMENT OF TRADITIONAL CHINESE MEDICINE EDUCATION IN THE UK.

In the UK, since the beginning of the National Health Service, the public sector has supported training, regulation, research and practice in conventional or orthodox health care. In contrast to this, training and provision of Complementary Medicine, including Chinese Medicine, has taken place mostly in the private sector. Students have in general had to finance their own training without state support and have often completed courses on a part time basis over several years.

Within the last 10 years there has been a significant change in educational provision in the area of Complementary and Alternative Medicine, both for the medically qualified and for non-medically qualified practitioners.

For the medically qualified, familiarization courses are increasingly common within medical education, with nearly half of all UK medical schools offering some teaching in this area. A small number of medically qualified doctors do go on to undertake training to enable them to practice some form of complementary therapy, either choosing a programme designed specifically for doctors or joining a course designed to train non-medically qualified practitioners. Those specifically designed for doctors tend to be shorter and often take a “medicalised” view of the complementary technique.

What has been most significant is the change in training provision available to those who are not medically qualified who wish to become a Complementary Medicine practitioner. For this group it is now possible to obtain degree level training within the public sector. The Universities and Colleges Admissions Service (2004) provides a full listing of courses offered in Higher Education in the UK and lists over 100 university degree courses in Complementary Medicine, representing several different therapies. Five universities are listed as offering degree programmes in acupuncture and three private colleges offer degree programmes in acupuncture validated by a University. Several other private colleges offer courses in acupuncture equivalent to degree programmes and recognised by a professional body and the British Acupuncture Accreditation Board. Practitioner training courses in Chinese Herbal Medicine are less common. One University offers undergraduate and postgraduate diplomas in Chinese Herbal Medicine and a private college now offers masters level education. Several private colleges offer short courses.

From the statistics given above it can be seen that a division between the teaching of acupuncture and Chinese herbal medicine is the norm in the UK. The importance of providing an educational programme enabling students to graduate as practitioners trained in all aspects of TCM was recognised by Middlesex University and, with the partnership of Beijing University of Chinese Medicine, Middlesex became the first public sector higher education institute in the UK to offer degree level education in this field of study.

TRADITIONAL CHINESE MEDICINE EDUCATION AT MIDDLESEX UNIVERSITY.

The BSc(Hons) Traditional Chinese Medicine degree at Middlesex University was developed in collaboration with Beijing University of Chinese Medicine (BUCM) and is based on the curriculum taught in China. The degree was first validated in 1997 as a 5-year, full-time programme. The two Universities work closely on the delivery of the programme. Students are enrolled at both institutions and spend part of their final year of study on placement in China. During this 5-month placement at Beijing University of Chinese Medicine the students work in a hospital setting and are exposed to the full range of conditions and diseases that they might not otherwise see in the UK. Lecturers from BUCM are also seconded to Middlesex University and ensure continuity of teaching and learning between the two institutions. The first cohort of students to complete the programme and gain the joint award from Middlesex University and Beijing University of Chinese medicine graduated in July 2002.

In addition to the collaboration with Beijing University, Middlesex University collaborates in the UK with two further institutions. The Ming Ai Institution provides teaching and learning in the Mandarin language and provides further support for students in extra-curricula activities aimed at introducing students to Chinese culture and life. The Asante Academy of Chinese Medicine works closely with Middlesex University to provide a clinical training setting in the UK for students on the programme. The Asante academy runs both general and

specialist clinics for the general public; offering, in addition to Chinese herbs and acupuncture, other aspects such as Chinese therapeutic massage, Qigong, and Chinese Nutrition Therapy. The Academy thus provides an excellent learning environment for the acquisition of skills in diagnosis and prescription.

CURRENT INFLUENCES ON TCM EDUCATION IN THE UK

Statutory self-regulation of practitioners of Herbal Medicine and Acupuncture in the UK.

One of the major influences on the change in the level of educational provision in the field of CAM and the validation of practitioner training courses by Universities has been the move towards statutory self-regulation of practitioners of Herbal Medicine and Acupuncture in the UK.

A report published in 2000 following an inquiry by a House of Lords select committee into Alternative and Complementary Medicine included the recommendation that Acupuncture and Herbal Medicine seek statutory status (House of Lords, 2000). This report recognised that Complementary and Alternative Medicine (CAM) are widespread and increasing in popularity and that this has implications for patient safety. In particular, the Lords Committee recognised the considerable diversity of standards amongst the professions and the potential risk to the public from practitioners with inadequate or inappropriate training.

While there was much to applaud in the report, including the aim to integrate medical care in the UK, combining the best of CAM with the best of conventional medicine, there was one respect in which it caused much unnecessary concern. It appeared to downgrade the traditional medical systems of the East, including TCM, in part by implying that an insufficient evidence base exists on efficacy but also by proposing a three-tier grouping of therapies. Those placed in category 1 were judged worthy of research and other forms of funding, including support for statutory status. Five therapies were placed in category 1: osteopathy, chiropractic, homeopathy, herbalism and acupuncture. TCM and Ayurveda were placed in category three, considered unworthy of support because they in general 'favour a philosophical approach and are indifferent to the scientific principles of modern medicine' (Lords Select Committee Report, 2000). The Select committee did not have consideration of TCM as part of its remit. As a result, their view failed to take into account the considerable body of evidence in China supporting the continued provision of TCM in state registered hospitals alongside Western Medicine.

However, the UK government, in their response to this report stressed that, for purposes of regulation, the traditional therapies using herbal remedies could come together within a common grouping of those disciplines identified in group 1 under the headings of herbal medicine and acupuncture, while still retaining their individual identities and traditions (Department of Health, 2001

(b)). Hence statutory recognition could be given to large parts of these more traditional therapies, including TCM.

Progress towards statutory self regulation is now well underway, with the Professional Organisations representing practitioners of herbal medicine and acupuncture working closely with each other and the UK Department of Health. Separate Regulatory Working groups were established for Herbal Medicine and for Acupuncture and published their recommendations on the regulation of Herbal Practitioners and the Acupuncture Profession respectively in 2003 (Herbal Medicine Regulatory Working Group, 2003; Acupuncture Regulatory Working Group, 2003). The separation of the two disciplines seems regrettable as they are of course closely linked, with many practitioners of TCM using both in their practice. The two groups proposed different ways forward with respect to regulation.

The preferred option put forward by the Herbal Medicine regulatory working group was for the establishment of a shared Council, the Complementary and Alternative Medicine Council (CAM Council). They suggested that this should include, in the first instance, both herbal medicine and acupuncture. Within the CAM council it would be possible to have separate sections of the register for the different herbal traditions and for acupuncture. It was argued that having a shared register would be beneficial for those practitioners who use both herbal medicine and acupuncture.

The Acupuncture Regulatory working group on the other hand came down strongly in favour of a free-standing statutory regulatory body for acupuncture. This would pose a problem to practitioners of TCM who regard Herbal Medicine and Acupuncture as part of a single discipline. To overcome this difficulty, the Acupuncture regulatory working group proposed that the acupuncture register would consist of two groups of registrants; those who join the register as their primary regulator and those already regulated who could join the register as a registering body only and would be regulated by their existing regulatory body (primary regulator).

In March 2004, the Department of Health launched a public consultation, seeking views on proposals for statutory professional self-regulation of herbal medicine and acupuncture practitioners (Department of Health, 2004). In developing its proposals, the Department of Health considered and built on the recommendations of the two independent regulatory working groups for Acupuncture and Herbal Medicine. The views expressed in the consultation will help frame the provisions to be included in an order to be laid before the UK Parliament prior to becoming law.

As a University involved in providing the education and training of practitioners of Complementary Medicine, and more specifically as a University providing education and training of practitioners of Traditional Chinese Medicine, our preference would be for a shared council. This would ease the administrative burden involved in the process of accrediting programmes such as our TCM degree which teaches both acupuncture and Chinese herbal medicine. It may also represent a cost saving both to the University and to future graduates

wishing to join the register. Furthermore, a shared council which recognised individual disciplines as separate registers would allow the recognition of traditional disciplines such as TCM that use more both herbal medicine and acupuncture in their practice as well as encourage interprofessional working amongst the professions being regulated.

Establishment of a core curriculum and minimum standards for competent practice.

A pre-requisite of the regulation of any profession is the requirement to develop a standardised system of training and accreditation. Once statutory self-regulation is in place, only those students graduating from programmes complying with standards set by the accreditation boards for the profession concerned will be able to enter the professional register. A system of recognising qualifications gained from abroad will also need to be introduced to address the needs of individual accreditation and application to join a statutory register. Thus standards are ensured, and patients protected against incompetent practitioners.

The European Herbal Practitioners Association (EHPA) has brought together the major UK herbal registers and has agreed and published a common-core curriculum together with specific curricula for the Western, Chinese and Ayurvedic traditions, and has established an Accreditation Board to assess training standards (EHPA, 2002). The British Acupuncture Accreditation Board (BAAB) has also been established as an independent body, although closely allied to the British Acupuncture Council, and has led the way in establishing verifiable standards of education for this profession (British Acupuncture Council, 2003). The BAAB's procedures involve a rigorous three-year process of Accreditation, evaluating the educational methods and standards of candidate courses according to criteria set out by the Board (BAcC).

It is likely that the core curricula developed by the EHPA and the BAcC and the accreditation boards established to assess training standards would form the basis for the moves towards statutory self-regulation. All courses seeking accreditation to enable their graduates to join a register in the future will need to ensure that their curriculum meets the minimum standards set. In addition, the recent publication of National Professional Standards for Herbal Medicine (Qualifications and Curriculum Authority, 2004) may have an impact on future curricula. Occupational standards are statements of the skills, knowledge and understanding needed in employment and clearly define the outcomes of competent performance. As such, their introduction may result in a more competency driven approach to the setting of curricula in future.

While these moves will further encourage the development of degree level education, separation of the accreditation procedures as exists now will reinforce the current practice of separating the education and training of acupuncture and Chinese herbal medicine. This will not reflect the current

situation in China where TCM is considered as a unified whole and will not fulfil the needs of those practitioners in the UK who practice TCM.

FUTURE DIRECTIONS

The Educational Marketplace.

The number of Universities in the UK providing practitioner training in TCM as well as other CAM professions is increasing rapidly. These courses are in addition to those already offered by the private colleges, many of whom are now approaching Universities to seek validation of their programmes. Courses continue to vary in duration, curriculum content and quality, but are increasingly being rewritten to meet the core curriculum requirements of the EHPA or the BAAB. This is in anticipation that statutory regulation will go ahead in the near future and accreditation by these bodies or their successors will be required for graduates to be able to apply to enter the register.

Students now have a much greater choice of programmes and a greater number of options in terms of location, cost, duration and content. The question we may be facing in the future is whether there will be a sufficient number of students to fill the places now on offer. Paradoxically, the move towards statutory self regulation and the development of minimum training standards has resulted in pressure to reduce the length of some existing University programmes, particularly those established early on and now exceeding the minimum standards being established. Students able to complete in less time incur less debt. This is seen as being more attractive to the majority of potential applicants. Indeed, as a graduate from a science discipline it is now possible to complete medical training in just 4 years. Whilst in an ideal world we may wish to preserve the longer course which offers the best available training, the reality is that most will end up offering the core curriculum necessary to meet the requirements of the accrediting body and thus be able to offer a shorter, cheaper option for students.

Changes to the collaborative programme

In 2004, Middlesex University, in collaboration with Beijing University, has reviewed the degree provision in Traditional Chinese Medicine in response to the move towards statutory self regulation in the UK and to other educational forces operating in the UK. The overarching aim of the revalidated programme remains the same as for the existing programme and is to provide an education and training to produce graduates who will be competent, safe and caring practitioners in Traditional Chinese Medicine, both Chinese Herbal Medicine and Acupuncture and Moxibustion.

The decision has been made to revalidate the programme as 4 year, full time BSc(Hons) degree in Traditional Chinese Medicine, with a one year PG Diploma to include the hospital internship in China and the option for students to continue to complete a masters award following submission of a

dissertation. The undergraduate programme will be offered on a part time and a full time basis. In addition to the collaboration with Beijing University of Chinese Medicine, the revalidated honours degree will be offered in collaboration with the UK partners, the Ming Ai Institute and the Asante Academy. The development of a postgraduate programme in collaboration with Beijing University and to include a hospital internship in China, will allow students the option of continuing their study at level 4. The degree has now been accredited by the British Acupuncture Accreditation Board and is seeking accreditation from the Board of the European Herbal Practitioners Association.

By making these changes, we are ensuring that graduates will be in the best position possible in terms of professional recognition in the build up to statutory self regulation. In addition, the programme retains the best elements of an integrated training in TCM and strong collaborative links with Beijing University of Chinese Medicine.

CONCLUSION.

The Middlesex University degree, in collaboration with Beijing University of Chinese Medicine, with study based on the curriculum in China plus the extensive clinical experience it offers students, remains unique in the UK. The programme was established at the start of a time of rapid change in educational provision in TCM as in all CAM disciplines in the UK. This change happened in response to increasing public demand for Complementary Medicine and a parallel demand for appropriate practitioner training, coupled with progress towards statutory self regulation.

The future for training programmes in TCM in the UK will be influenced by the outcome of the consultations on statutory self regulation. A decision to allow separate registers for Herbal practitioners and the Acupuncture Profession could result in a deepening of the current split in education into these two disciplines. The increasing number of courses will also put pressure on institutions to offer shorter programmes in order to compete for students in a more crowded marketplace. An appropriate core curricula will be needed to ensure the maintenance of standards and a student experience guaranteed to give the public safe, competent practitioners with an understanding of the evidence base for their therapy along with an appreciation of the limitations of the treatments they can provide within the cultural setting in which they practice.

REFERENCES

Acupuncture Regulatory Working Group (2003) The Statutory Regulation of the Acupuncture Profession. The Prince of Wales Foundation for Integrated Medicine.

British Acupuncture Council Website: Education and Training.
www.acupuncture.org.uk.

Department of Health (2001 (a)) The Statutory Regulation in the UK of Practitioners of Herbal Medicine: Summary of Scoping Study. www.dh.gov.uk

Department of Health (2001 (b)) Government Response to the House of Lords Select Committee on Sciences and Technology's Report on Complementary and Alternative Medicine. HMSO.

Department of Health (2004) Regulation of Herbal Medicine and Acupuncture; Proposals for Statutory Regulation. www.dh.gov.uk

European Herbal Practitioners Association (2002) Core Curriculum: Working document. EHPA, London.

Herbal Medicine Regulatory Working Group (2003) Recommendations on the Regulation of Herbal Practitioners in the UK. The Prince of Wales Foundation for Integrated Medicine.

House of Lords Select Committee on Science and Technology (2000) Session 1999-2000, 6th Report: Complementary and Alternative Medicine. London, The Stationary Office.

Qualifications and Curriculum Authority (2004) National Professional Standards for Herbal Medicine. www.qca.org.uk

University and Colleges Admissions Service Website: <http://www.ucas.ac.uk>

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