

CORE COMPETENCIES
of
REGULATED ACUPUNCTURISTS
In Canada

Rev. 1

This document sets out the core, entry-level knowledge, skills and abilities that a candidate must be able to demonstrate in order to become an ACUPUNCTURIST, recognized by a REGULATORY AUTHORITY for ACUPUNCTURISTS in Canada. The document was reviewed and approved as APPENDIX A of the Mutual Recognition Agreement (MRA) developed by representatives of Regulatory Authorities from Quebec, Alberta and British Columbia in November 2001. Occupational Titles governed under the MRA are set out in Appendix B.

The document is based upon “Standards of Competency and Practice, November 1998”, developed by the Acupuncturist Regulatory Authority for the Province of Alberta, with revisions and additions reflecting review of comparable documentation from Quebec and British Columbia.

The competencies are described as “CORE” competencies because any Regulatory Authority may require *additional* competencies beyond those listed herein. Under the terms of the MRA, *no Regulatory Authority will require less.*

The competencies are described as “ENTRY LEVEL” because basic competence is the entry requirement. In every field of endeavour, proficiency (or exceptional or advanced skill) develops over time. It is not appropriate to demand proficiency of an entry-level practitioner. It is appropriate, and essential, to demand competence.

The outline includes required “KNOWLEDGE, SKILLS AND ABILITIES” because the regulated acupuncturist requires *foundation knowledge* to perform safely and effectively as an acupuncturist. The required *skills and abilities* are demonstrated both in the application of judgement in investigation and diagnosis and in the application of problem solving, practical skills and appropriate therapies.

Standards of Competency

This document describes the core entry-level competencies which regulated acupuncturists in Canada are expected to be able to demonstrate upon entry to practice and to maintain throughout their careers.

Competencies of Regulated Acupuncturists

SECTION ONE: FOUNDATIONS OF COMPETENCIES

(A) FUNDAMENTAL THEORY OF TCM

Acupuncturists have *knowledge* of:

1. The history and development of Traditional Chinese Medicine (TCM) in China, North America and worldwide, and of the development of professional trends.
2. Basic theoretical concepts necessary to the practice of acupuncture, including:
 - a) yin/yang
 - b) five elements
 - c) fundamental body substances including:
 - i) shen
 - ii) jing
 - iii) qi
 - iv) blood/xue
 - v) body fluids/jing ye
 - d) zang-xiang/zang-fu
 - e) channels and collaterals/jing-luo
 - f) etiology and pathogenesis/bing yin and bing ji, including:
 - i) external pathogenic factors (six pernicious factors) & internal pathogenic factors
 - ii) secondary pathogenic factors, including qi and blood stagnation & phlegm and water retention
 - iii) miscellaneous factors
 - g) prevention of diseases and principles of treatment.

(B) BASIC THEORETICAL CONCEPTS OF BIOMEDICAL SCIENCES

Acupuncturists have *knowledge* of:

- a) basic anatomy and physiology related to acupuncture
- b) basic pathology related to acupuncture

SPECIFIC COMPETENCIES

SECTION TWO: ACUPUNCTURE POINTS (*Shu Xue*)

Acupuncturists have the knowledge and skills necessary to:

1. Locate, identify and use acupuncture points according to function, indications, precautions and contraindications, including:

- a) points of the 14 channels
- b) extra channel points/jing wai qi xue
- c) World Health Organization (WHO) standard acupuncture nomenclature
- d) special groupings of points including:
 - i. auricular points
 - ii. scalp points
 - iii. hand points
 - iv. face points
 - v. ah shi points
 - vi. five shu (five transporting) points
 - vii. channel meeting points
 - viii. lower he (sea) points
 - ix. yuan (primary) points
 - x. luo (connecting) points
 - xi. xi (cleft) points
 - xii. eight confluent points
 - xiii. back-shu points
 - xiv. front-mu points
 - xv. eight influential points
 - xvi. forbidden points
 - xvii. cautionary points

2. Implement the principles of point selection and combination.

SECTION THREE: DIAGNOSTIC PROCESS

Acupuncturists have the knowledge and skills necessary to:

1. Collect information from the patient using the four methods as follows:
 - a) inquiry (Wen Zeng) including
 - i. general information
 - ii. family and personal medical history
 - iii. current complaint(s)
 - iv. sleep patterns
 - v. bowel movements (frequency, volume, colour, texture of stool, accompanying symptoms)
 - vi. urination (colour, volume, frequency, clarity and accompanying symptoms)
 - vii. appetite and digestion (food carvings, length of digestion, accompanying symptoms)
 - viii. thirst (volume of fluid intake and frequency, desire for temperature of fluid)
 - ix. nutritional levels and patterns (eating or diet habits, body weight, sign and symptoms associated with diet)
 - x. medications, including prescriptions, non-prescriptions, herbals and vitamins (type, dose, term of use, purpose and their reactions)
 - xi. chills and fever
 - xii. perspiration (frequency, onset, extent, as related to eating, drinking and exertion)
 - xiii. presence of pain (character, location, frequency)
 - xiv. emotional state
 - xv. use of alcohol, tobacco, caffeine and narcotics
 - xvi. exercise and physical activity
 - xvii. sexual activity and birth control methods
 - xviii. menstrual cycle and gynaecological symptoms
 - xix. sensations of body extremities (hot, cold, numbness, pain, dizziness, tinnitus, palpitations or chest constriction)
 - xx. condition of skin, hair, nails, teeth and sensory organs.
 - b) inspection (Wang Zen) including
 - i. spirit (expression and general behaviour)
 - ii. colour of face, skin and excretions
 - iii. body structure (balance and movement)
 - iv. condition of tongue (colour, swelling, alignment, coating, shape, geographic location, movement, moistness)
 - v. symptom site (colour, swelling, alignment, sensation, shape, location)
 - c) auscultation and olfaction (Wen Zeng) including
 - i. sound of voice including tonal qualities and volume
 - ii. abdominal sounds

- iii. breathing and coughing sounds (quality and quantity)
 - d) palpation (Qie Zeng) including
 - i. qualities and positions of left and right radial pulse (rate, depth, rhythm, strength)
 comparison of regional pulse sites (carotid, radial, umbilical)
 temperature, moisture, texture, sensitivity, and tissue structure of the chest, abdomen, ear, along the channels, at points and symptom sites.
2. Organize and summarize the collected information into groups of symptoms using TCM theories of physiology and pathology including:
 - a. eight principles
 - b. zang-xiang (zang-fu) theories
 - c. five elements
 - d. sanjiao theory
 - e. qi, blood, (Xue), essence (Jing) and body fluids (Yie)
 - f. etiology and pathogenesis
 - g. meridians/channels/collaterals (Jing-Lou)
 - h. four phases of febrile disease
 - i. six stages (Tai Yang, Yang Ming, Shao Yang, Tai Yin, Jue Yin, Shao Yin)
 - j. three burners
 - k. natural progression of illness and healing
 3. Determine the pathogenesis exhibited by analyzing the groups of symptoms and identifying patterns among the groups of symptoms
 4. Perform a differentiation of syndromes by comparing the patterns of symptoms against the pattern of known disorders and diseases.
 5. Make primary and secondary diagnoses based on the differentiation of syndromes.

SECTION FOUR: TREATMENT OBJECTIVES AND PLANNING *(Zhi Zhe & Zhi Fa)*

- A. **Acupuncturists have the knowledge and skills necessary to select and formulate a treatment plan based on the diagnosis, including:**
 1. Establishing appropriate treatment principles
 2. Selecting specific treatment strategies to accomplish the treatment principles
 3. Selecting appropriate points and point combinations (e.g. Confluent points of the Eight Extra Meridians, Meeting points, Entry and Exit points, Four Gates points, Xi-Cleft points, Source and Luo points).
 4. Considering the precautions and contraindication(s) of treatment and treatment modalities

5. Selecting appropriate therapeutic modalities (needles, moxa, cupping, acupressure).
6. Modifying treatment when conditions warrant (i.e. children, pregnant women, frail elderly, the terminally ill and acute emergency cases)
7. Evaluating effectiveness of treatment
8. Executing new or revised treatment strategy/plan based on evaluation of treatment
9. Making referrals where appropriate.

B. Acupuncturists have knowledge of related medical considerations:

- 1) Basic pharmacology to determine how prescription drugs, non-prescription drugs, and vitamins interact with acupuncture treatment and how such treatment can complement drug therapy
- 2) Basic medical orthopaedic assessment
- 3) Interpretation of results of medical imaging and medical laboratory tests

Traditional Chinese Medicine (TCM) complements and enhances acupuncture, and general knowledge of the following elements of TCM is desirable and strongly recommended:

- 1) Basic Chinese herbology to determine how herbs complement health and disease and interact with acupuncture treatment
- 2) Basic tui-na techniques.

SECTION 5: TREATMENT TECHNIQUES

A. Acupuncturists have the ability to:

- 1) Position the patient appropriately based on the location(s) of selected points
- 2) Locate the selected points
- 3) Select and use appropriate therapeutic technique(s) according to the indications, contraindications and precautions, including:
 - a. Using needling techniques appropriately by
 - I. Inserting acupuncture needles--
 - i. the appropriate depth
 - ii. the appropriate duration;
 - II. Withdrawing acupuncture needles
 - III. Using needle manipulation techniques, including
 - i. tonifying
 - ii. reducing
 - iii. even method
 - b. Using moxibustion techniques appropriately, including
 - i. direct
 - ii. indirect
 - c. Using acupressure

- d. Using electro-acupuncture techniques appropriately including
 - i. tonifying
 - ii. reducing
 - iii. even method
- e. Using cupping techniques appropriately
- f. Using seven star needling technique appropriately
- g. Using three edge needling technique appropriately

B. Acupuncturists have knowledge of:

- 1) Gua Sha Technique
- 2) Basic tui-na techniques
- 3) Acu-point injection
- 4) Intra-dermal needles
- 5) Intra-dermal tack needles

SECTION SIX: TREATMENT OF DISEASES

Acupuncturists have the knowledge and skills necessary to treat a broad range of internal and external diseases and disorders, including:

- 1) Digestive disorders
- 2) Urinary diseases
- 3) Cardio-pulmonary diseases
- 4) Infectious diseases
- 5) Diseases of the eyes ears, nose and throat
- 6) Musculo-skeletal diseases
- 7) Neurological diseases
- 8) Psychiatric diseases
- 9) Dermatological diseases
- 10) Gynaecological diseases
- 11) Pediatric diseases
- 12) Geriatric diseases
- 13) Addictions

Traditional Chinese Medicine (TCM) offers a perspective on the nature of illness and health that is uniquely different from and is complementary to Western Medicine. Proper diagnosis in accordance with TCM theories is critical for planning and carrying out effective treatment with acupuncture techniques. As noted in section 5, above, a general knowledge of specified elements of TCM is strongly recommended. Acupuncture treatment relies upon correct identification of the pattern of the disorder according to TCM and the application of the appropriate treatment to correct the imbalance.

SECTION SEVEN: EQUIPMENT, SAFETY and INFECTION CONTROL

Acupuncturists have the knowledge and skills necessary to:

- 1) Appropriately select and maintain acupuncture equipment, including initial assessment of types of equipment and quality of manufacturing, plus on-going inspection for safe operation, cleanliness, sterilization and disposal.
- 2) Manage adverse reactions to acupuncture treatment (fainting, needle bending/breaking, emergency medical conditions during therapy) including initiating emergency measures and referring to physician or emergency care provider as appropriate.
- 3) Be aware of, respect and follow all applicable local, provincial or other regulatory requirements/protocols pertaining to public health, infection control, office hygiene and protection of the environment.

SECTION EIGHT: COMMUNICATION SKILLS

Acupuncturists have the knowledge and skills necessary for:

- 1) Listening to, explaining to and educating the patient about health and illness as related to acupuncture
- 2) Educating the patient on his/her responsibility for prevention and for caring for one's own health
- 3) Demonstrating compassion for and respect towards patients.

SECTION NINE: COLLABORATION WITH OTHER CAREGIVERS

- A. Acupuncturists have knowledge of:**
 - i. The roles and responsibilities of other health care providers, and of their standards of practice.
- B. Acupuncturists have the ability to:**
 - ii. Communicate effectively with other caregivers, facilitating referral, consultation and collaboration as appropriate
- C. Acupuncturists demonstrate understanding:**
 - i. They shall not advise a patient to discontinue any treatment prescribed by a physician or other health care provider.
 - ii. They respect the confidentiality of patient information
 - iii. They know the proper procedure to release a patient

SECTION TEN: PROFESSIONAL, LEGAL and OTHER ASPECTS**Acupuncturists have knowledge of, respect and follow:**

- 1) The standards of practice for acupuncture as defined by their regulatory authority
- 2) The standards of conduct as a professional as defined by their regulatory authority
- 3) Legislation and health agency policies and procedures pertaining to acupuncture
- 4) Legal responsibilities and obligations to clients and other health care providers
- 5) Requirements and standards of regulatory authority for documentation and reporting.