

# British Medical Acupuncture Society

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## Certificate of Medical Acupuncture

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CMA

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Guidelines

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# Curriculum for Training Leading to the BMAS Certificate of Medical Acupuncture

## Overview of acupuncture

- Historical aspects
- Traditional philosophy
- Acupuncture in the West
- The BMAS
- Accreditation

## Safety

- Needle handling and disposal
- Issues regarding sterility
- Needling subjects safely
- Contraindications, cautions and interactions of acupuncture therapy

## Acupuncture point location

- Location, anatomical features and aspects of needling 33 of the most commonly used “classical” acupuncture points
- Supervised point location and needling

## Myofascial trigger points

- Historical aspects
- Definition, incidence, aetiology, clinical features, management and prognosis
- Supervised examination to find some common trigger points
- Physical experience of having trigger points examined and examining these points in others
- Physical experience of having trigger points needled and needling these points in others (with consent of the subject and at the discretion of the demonstrator)

## Neurophysiology

- The local, segmental and general effects of acupuncture

## Segmental acupuncture

- The principles of segmental innervation, and the interrelationships within the soma, and between the soma and the viscera, which determine the segmental approach to point selection and treatment
- Safety aspects of paraspinal needling
- Embryological aspects which aid segmental identification

## Treatment of musculoskeletal conditions

- The western approach to the use of acupuncture for both myofascial and non-myofascial complaints of the soma

## Selection of patients

- The criteria to use in selecting patients for acupuncture treatment, based on the nature and history of their complaints, in order to facilitate early success with this therapy

## Principles of point selection

- The principles which can be applied in selecting points to use in the treatment of any appropriate condition

## Clinical aspects of acupuncture as a therapy

- Position of patient
- Depth and number of insertions, manipulation techniques, and length of retention of the needle
- Possible reactions of the patient
- Number and frequency of sessions
- The expected responses to acupuncture

## Introduction to the use of acupuncture in various clinical areas

*(eg gastroenterology & gynaecology, ENT, neurology & psychiatry)*

- Guidance in selection of conditions to treat, and appropriate selection of points
- Illustration of selected research

## Introduction to electroacupuncture

- Historical aspects
- The nature of the stimulus
- Safety aspects including contraindications and cautions
- Familiarisation with equipment
- Experience of EA (optional)

## Introduction to auriculotherapy

- Background, point location and potential uses
- Safety aspects
- Practical experience of point finding and needling

## Introduction to the treatment of addictions

- Background, research and contemporary use

## Running an acupuncture clinic

- Practical and administrative aspects of running a public or private acupuncture service

## Gaining experience of acupuncture in practice

- An essential part of the curriculum is the development of intellectual and practical skills within the practice of the individual

# Notes for Guidance to Candidates Applying for the BMAS Certificate of Medical Acupuncture

## Qualifications

Candidates must be health professionals who are registered with their appropriate statutory regulatory body. They must be a current Member of the British Medical Acupuncture Society (BMAS).

## Training Requirements

Candidates must have completed the BMAS Foundation Course.

They must present copies of the points checklists completed during the Foundation Course with four signatures from a member of the BMAS teaching staff.

Candidates must present a logbook of 30 cases that they have treated, and two cases written in detail (see the separate instructions on completing the case history records). These two may be included in the 30 logbook cases.

Candidates must complete a short assessment on the safety aspects of acupuncture. Notes and textbooks may be referred to when completing this safety assessment.

## Procedure for Application

Application should be made via the online accreditation area in the members section of the BMAS website.

Candidates will need to contact the administration office to gain access to the online accreditation area.

BMAS Administration  
BMAS House  
3 Winnington Court  
Northwich CW8 1AQ  
Tel: 01606 786782  
Email: [admin@thebmas.com](mailto:admin@thebmas.com)

Completion of the safety assessment and submission of the logbook data and 2 detailed cases are performed online.

Details of how to do this are given below and in Appendix B.

In exceptional circumstances a paper-based application may be made but only by prior agreement with the Chair of the CAEB.

Candidates who have fulfilled the above satisfactorily may attend for a clinical assessment. This will usually be held online and will be based on the logbook of cases and long cases.

Successful candidates will receive a Certificate of Medical Acupuncture suitable for framing.

## Counselling and Appeals Procedure

Unsuccessful candidates will be offered advice intended to improve the chances of success after subsequent reapplication. Candidates who are referred and wish to appeal against this decision should write to the Chairman of the Competence, Accreditation and Examining Board, via the BMAS Office, within four weeks of notification of referral, with full details of the nature of the appeal. The Assessor(s) who made the original decision to refer the candidate will provide a written report to the Chairman stating the basis on which the decision was made.

The Chairman will consider, within four weeks:

1. the details of the candidate's appeal
2. the written report of the assessor(s)
3. the candidate's logbook, completed safety documentation, certificate of course attendance, signed points checklist and other relevant documents.

The candidate will be informed of the Chairman's decision in writing. The chairman's decision will be final and binding.

Any comments concerning the process of assessment, as opposed to the assessment result, should be addressed to the President of the BMAS, who is chair of the BMAS Council.

## Notes on the Required Submissions (please read carefully)

### 1) Points Checklists

These should be signed by a member of the teaching staff who observed the relevant needling during the Foundation Course.

If you don't have these forms completed you will be required to demonstrate your needling technique at, or prior to, the clinical assessment.

### 2) Safety Quiz

This should have been completed on Day 1 of the Foundation Course and signed to that effect by a member of teaching staff.

### 3) Full Safety Assessment

The safety assessment is completed online. It is automatically marked and will inform you when you achieve a Pass mark.

### 4) Completed Logbook

Detailed instructions on how to enter the logbook data are given in Appendix B below.

For the CMA logbook, it is preferable to list 30 consecutive patients within a time period rather than a selection from a larger group.

Within the scope of your clinical practice, try to include as wide a range of presenting complaints as possible.

Within the Additional Details section of the online logbook, you should indicate the nature of the population from which the patients are selected, i.e. urban/rural primary care, pain clinic, private, etc. You should also reflect on your outcomes and any factors that may have affected them.

Logbooks must have anonymous patient data.

### 5) Detailed Case Reports (see also Appendix A – Assessment of long cases)

Detailed reports should demonstrate that you have an understanding of the principles of acupuncture treatment.

These detailed case histories should describe treatments that you have carried out yourself and must be your own original work except where stated otherwise. You must sign the attached declaration to that effect.

You should choose two different conditions and present each case separately.

It is easier to read a case history that is written in narrative form than note form.

It is helpful to use the diagnostic category as a title, e.g. Case One – Tennis Elbow.

Discuss the relevance of the past history including family history, social history and occupational history.

Pay particular attention to the presenting complaint and the history of the presenting complaint with other treatments tried and the results of the treatment.

List any investigations and results.

Examine the patient and record your findings with extra emphasis on the aspects of the examination related to acupuncture treatment.

If myofascial trigger points are present, specify which muscles are affected.

Complete the diagram section within the case template, illustrating areas of pain, numbness etc, trigger points and points needled.

Set out a treatment plan and include your rationale for the points selected. It is good practice to decide what you are going to do, and how you are going to assess outcomes, before you start treatment. Your documented treatment plan should include length of proposed course of treatment, frequency of sessions, style of intervention, and how outcomes are to be assessed.

WHO standard abbreviations should be used to describe points:

<i>Lung</i>	<i>LU</i>	<i>Pericardium</i>	<i>PC</i>	<i>Heart</i>	<i>HT</i>
<i>Large Intestine</i>	<i>LI</i>	<i>Triple Energiser</i>	<i>TE</i>	<i>Small Intestine</i>	<i>SI</i>
<i>Stomach</i>	<i>ST</i>	<i>Bladder</i>	<i>BL</i>	<i>Gallbladder</i>	<i>GB</i>
<i>Spleen</i>	<i>SP</i>	<i>Kidney</i>	<i>KI</i>	<i>Liver</i>	<i>LR</i>

Point abbreviations should not have a space or dash or full stop between the letters and number: ST36 is correct, the following are incorrect – ST 36, ST.36 & ST-36

Accurately record the treatments given and discuss the response to the treatment, though it is not necessary to list every point and every session in detail. You should give an impression of the approach used, any changes to treatment resulting from the response, and the strength of stimulus used. PLEASE remember to include comments on safety, ie what did you do specifically in the case to avoid any adverse events.

A discussion section is a crucial part of the case report. It should be thoughtful and relevant to the case and your treatment. It allows you to convey your background knowledge of the area and give a considered analysis of the case. It should show that you understand the evidence-based approach, and that you are prepared to be flexible in your approach and analysis. Other relevant topics may include assessment of outcome, service management implications, potential questions for audit, and your educational needs.

Provide adequate references to support your treatment rationale, set out in any of the standard formats used in publications (see *Acupuncture in Medicine* for example). [The Harvard system](#) is probably the easiest to use if you do not have a reference management program. References are listed in alphabetical order by the first author surname, and in-text citations are first author surname and year of publication in brackets.

As well as standard textbooks, ideally the latest research from medical literature should be discussed. This does not mean that you are expected to perform a systematic review for each condition but citing the recent papers of relevance to the case would be expected of the best candidates.

These detailed case reports will be reviewed by an assessor appointed by the CAEB. They do not need to be assessed as satisfactory in order for the CMA to be awarded, but you will be given comments by the assessor, which will be constructive in nature. The aim is to guide the candidate towards an appropriate, and hopefully successful, submission in the future for the Diploma in Medical Acupuncture (DipMedAc).

## 6) Declaration of Originality

You must sign this declaration to the effect that you have personally carried out the treatments listed in your logbook and that the detailed case histories that you submit are your own original work unless otherwise stated.

## Reminder

Please check that patients cannot be identified from the logbook or the detailed case reports.

## Notes on the Clinical Assessment

The clinical assessment will involve discussion of cases set out in your logbook, of which you should bring a copy.

During this assessment you should, therefore, be prepared to elaborate on:

- diagnosis
- suitability for treatment with acupuncture
- rationale for points selected
- safety issues
- treatment plan
- response to treatment
- alternative treatment approaches.

You should bring sufficient notes on the patients in your logbook to enable you to discuss them fully. We suggest that this comprises no more than a single short case sheet for each patient.

Please ensure that patient anonymity is maintained.

## Assessment Results

Candidates whose performance in the clinical assessment is judged to be satisfactory will be awarded the CMA.

# APPENDIX A

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## Assessment of Long Cases

Assessors are required to provide feedback for candidates. Specific areas for improvement should be identified in each long case by answering the questions below.

1. Do the cases cover a sufficient breadth of conditions to judge the scope of the candidate's abilities?

*This judgement will depend, to a degree, on the candidate's field of clinical practice, but for example, a doctor working in primary care would be expected to treat, as a minimum, a range of painful musculoskeletal disorders. The range of conditions may be different for a practitioner working in a pain clinic, in anaesthetics, or in palliative medicine.*

2. Is there sufficient information from the history, examination findings and investigations presented to assess the candidate's approach? If not, what else would you like to know about the case?

*This should be judged on what a representative sample of the candidate's peers would be likely to ask for from the history, look for in the clinical examination, or investigate for with further tests.*

3. Is the diagnosis or differential diagnosis appropriate given the details presented? If not, what other diagnoses would you consider?

*This should be judged on what a representative sample of the candidate's peers would be likely to determine as a reasonable diagnosis or differential diagnosis from the information presented. Arrival at a definitive diagnosis is more unusual in primary care than secondary care, and the assessors should take account of this.*

4. Is it appropriate, in the circumstances, to consider acupuncture as a treatment in this case? Or, does the candidate justify a trial of acupuncture treatment? If not, why do you consider acupuncture to be inappropriate?

*The clinical decision to choose acupuncture as a therapeutic option must be justified.*

5. Is there sufficient information to determine the 'dose' of acupuncture used in the treatments? If not, what further information do you require?

*The 'dose' of acupuncture refers to the level of sensory input to the patient's CNS. It will depend to a degree on individual 'sensitivity', but in general the 'dose' is likely to increase in the following way:*

*Superficial needling < deep or intramuscular needling < periosteal needling*

*Minimal stimulation < moderate stimulation < vigorous fanning, lift and thrust (ie in and out with changes of needle angulation)*

*Manual needling < electroacupuncture (EA) < vigorous manual stimulation plus EA*

*Few needle insertions < multiple needle insertions*

6. Has the candidate used a sufficient 'dose', and an adequate 'course' of treatment, where possible, in unsuccessful cases? Or has the candidate acknowledged the possibility that an insufficient 'dose' or 'course' of treatment was used?

*In unsuccessful cases, a course of treatment can only be considered adequate if a minimum of four sessions has been given. Ideally, three of these should have been at the 'optimal dose' for that individual – ie. the maximum tolerable 'dose' without causing aversive pain or a significant reaction to the treatment. It should be stated if the patient*

*did not wish to continue with treatment after a shorter course, the reasons discussed, and any learning issues highlighted.*

**7. Were the safety considerations relevant to the application of acupuncture discussed?**

*The candidate should describe the standard procedures for the use and disposal of needles and discuss avoidance of serious adverse events related to the practice of acupuncture. In particular, the candidate should describe avoidance of pneumothorax in needling over the rib cage, as this is the most common serious adverse event related to acupuncture.*

**8. Does the discussion of the case cover the features relevant to medical acupuncture?**

*This refers simply to an evaluation of myofascial trigger points in skeletal muscle and a discussion of segmental issues where appropriate. The candidate does not need to reel off the segmental innervation of all the structures relevant to the case, however, in some conditions, an elaboration of the segmental innervation of certain visceral structures and relevant acupuncture points may be appropriate.*

*The discussion should be thoughtful and relevant to the individual case and the treatment given.*

**9. Are the candidate's assertions evidence-based, and does the candidate acknowledge the level of evidence supporting those assertions?**

*This refers to the orthodox hierarchy of clinical evidence, from systematic reviews down to simple clinical observation:*

*Systematic review (systematic analysis of all the available evidence to date)*

*Randomised controlled trial (prospective controlled analysis of a clinical observation with random allocation of subjects to active or control interventions)*

*Controlled trial (prospective controlled analysis of a clinical observation)*

*Cohort study (prospective analysis of a clinical observation)*

*Case series (repeated clinical observation - retrospective)*

*Case report (single clinical observation)*

**10. Is the case adequately referenced?**

*All long cases should be referenced.*

*In cases of myofascial pain, Travell & Simons or Baldry can be cited. In other cases, there is usually a relevant chapter to be found in *An Introduction to Western Medical Acupuncture* by White et al.*

*Ideally, the latest research evidence from PubMed or the Cochrane library should be discussed. This does not mean that the candidate is expected to perform a systematic review for each condition, but citing the recent papers of relevance to the case would be expected of the best candidates.*

# CMA Long Case Checklist

## Information

- What is your profession? For example, please introduce yourself as a GP working in an NHS primary care setting, or a physical therapist working in private practice for example
- It is important to include enough basic information for the reader to consider the likely diagnoses and prognoses in a similar demographic sample – age, sex, constitution (build), occupation etc
- A pain diagram is always helpful if pain is a presenting feature. It might include coloured symptom patterns, trigger points found, and APs needed. Pain can be shaded in red, dysaesthesia in blue and various symbols used for TrPs (trigger points – usually a cross hatch) and TePs (tender points – a small blob rather than a cross hatch) and APs (acupuncture points – labelled with the meridian and number eg ST36 or *pinyin* name eg *Zúsānli*)
- What is the past medical, social and employment history, smoking, alcohol, and current medication?
- In some circumstances, a family history may also be relevant. For example, there is often a positive family history in the early onset of intervertebral disc disease.

## Diagnosis or stated impression

- Please provide a clinical diagnosis or clinical impression based on history, mechanisms of injury, symptoms, clinical assessment findings and investigation if relevant.

## Appropriateness of acupuncture

- Please justify your decision to use acupuncture as a method of treatment based on the diagnosis/clinical impression, supporting evidence for the use of acupuncture, your clinical experience using acupuncture, patient preferences and considering acupuncture mechanisms that may be relevant.

## Details of dose of acupuncture

- How many sessions were provided?
- How frequently were the sessions provided?
- How long were the needles left in situ?
- What was the length of each session?
- How deeply were the needles inserted?
- What gauge (diameter) and type of needle was used?
- Was any additional manual stimulation provided? If yes, how was this provided, eg rotation / lift and thrust etc.? How often was the additional stimulation provided?
- Was any electrical stimulation added? If yes, at what frequency and why? How long and at what intensity?

## Adequacy of dose of acupuncture

- Were there any immediate adverse reactions? Were any adverse reactions in the hours / days following treatment reported eg post needling soreness ?
- What was the treatment response? Please relate treatment response to assessment findings

- Please discuss other possible options if the first had been unsuccessful. For example, you might consider increasing the number of points and/or strength of stimulation or trying electroacupuncture.

### Safety considerations

- What general safety measures were taken? For example, lying down for the first session, using single-use sterile disposable needles, hygiene precautions / clean hands / clean skin etc
- What measures were taken in relation to the location of specific needles in higher risk / more vulnerable areas? For example, near the lung / thoracic region, neurovascular structures, skin lesions, poor skin condition etc. You need to mention local safety considerations for each relevant point needled
- In a diploma case, it is critical to consider all the relevant safety aspects and state them, even if they seem entirely obvious in your practice.

### Discussion

- The discussion section is a crucial part of the long case report. It must reflect that the candidate understands the evidence-based approach, is safe, and is prepared to be flexible in their approach and analysis. There is always plenty to discuss, even in very straightforward cases. Here are some examples of topics to include in the discussion section of a case report:
  - The evidence base for acupuncture in the specific condition treated with appropriate references
  - A postulated mechanism of acupuncture in this case
  - The importance of the non-specific effects of the intervention
  - Any potential adverse events related to treatment
  - The service management implications of offering this treatment widely in your practice, or the population at large
  - Assessment of outcome
  - Potential questions for audit or research, and how they could be approached
  - How this case has changed your practice
  - Consider unmet patient needs or your educational needs.

### Evidence to support assertions

- Please ensure you provide sufficient evidence to support statements or claims relating to the effectiveness or efficacy of acupuncture as relevant to your patient
- Further evidence relating to epidemiological factors, assessment, safety, and mechanisms should also be included where appropriate.

### Referencing

- Please be correct and consistent with the referencing style, eg APA, Vancouver etc
- List all references in the correct number or alphabetical order
- At least three to five references are normally required, usually more at the Diploma level.

# APPENDIX B

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## Online assessment process – a practical guide

You must be a BMAS member and registered on the BMAS website.

*If you are not, click Register in the Members Area and follow the instructions. The staff at Northwich will help if you have any problems (tel: 01606 786782)*

Initially you must contact the Northwich office to gain access to the online accreditation process. Prior attendance at a BMAS Foundation Course is required.

On login to the Members Area you will find “**Online Accreditation**”.

*Either on the drop-down box when the mouse hovers over ‘Members’ or on the list within the ‘Members area’ in red text.*

You must complete the Safety Assessment online. This is automatically marked and will inform you when you have achieved a pass.

The logbook requires data entry for 30 cases. There are two ways to enter the data.

The safest / easiest method is to enter your logbook cases individually via the **Add New Entry** link. Don’t forget to click **Save** after each case entry.

You can import the entries from a .csv file on your computer via the **Import Entries** link. On this link an example logbook file is available to download. Full instructions on the import process can be accessed as a pop-up. The data entered in the spread sheet must be valid. The import entries function will only work if every entry in the .csv file is identical to a possible option selected by manual entry eg in the category section ‘Low Back Pain’ is accepted but ‘LBP’, ‘lbp’ or ‘low back’ would not be accepted.

You should also ensure that you click the Additional Details tab and enter the required information.

The **Statistics** tab automatically gives you information about your logbook data. A key to the response categories is accessed via this tab.

You need to submit 2 long cases via the appropriate section of the assessment page.

When you click **Add New Case** you will be taken to a template where you can enter the information for the case. We advise that you **Copy & Paste** this from a Word document to protect against loss of data during upload. Make sure you check the formatting, eg superscripts, as this may change.

You should now have passed the Safety Assessment, completed 30 cases in your logbook and submitted 2 long cases.

You will be invited to **submit your CMA application**. Once you are happy with everything you have entered, click to submit. At this point payment will be taken online in the usual way and you will be asked to provide the following documents to Northwich:

- **Signed Points Checklist from your Foundation Course**
- **Declaration of Originality – blank form available for download on website, under “Useful Documents”**

These may be submitted as photocopies (please retain the original documents) or digitally as scanned documents.

Your submission will be viewed by an assessor and feedback given on your long cases in due course. You will be able to view this feedback via the individual case on your assessment page.

If all is in order with your submission you will be invited to make arrangements for your **Clinical Assessment** to complete the **CMA** process.