

Education in traditional acupuncture in Italy: The oldest Italian private school of acupuncture adopts WHO guidelines

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ABSTRACT

Times are changing in Italian healthcare and Traditional and Non Conventional Medicine has become increasingly relevant to medical practice. With this comes an increasing need for guidelines. As the use of Traditional and Non Conventional Medicine has increased in Italy, so has the need for high standards in education in this field (outside of biomedicine and the dominant health system) among medical students, medical doctors and medical educators. The rise of Traditional and Non Conventional Medicine is so relevant for medical practice and health care in Italy; the time calls for a change. The article describes this new setting in regards to education in Acupuncture within the field of Traditional Chinese Medicine in Italy's oldest private school.

Keywords Traditional Chinese Medicine, Acupuncture, Traditional Medicine, Non Conventional Medicine, education, legal status, Italy

INTRODUCTION

The world background

WHO traditional medicine strategy 2002-2005

The 8th of the nine components of the WHO Traditional Medicine Strategy 2002-2005 stipulates: "Proper use of TM/CAM by providers in order to increase capacity of TM/CAM providers to make proper use of TM/CAM products and therapies" (WHO. Traditional Medicine Strategy, 2002-2005, 2002).

Beijing declaration

The 6th of the six components of the Beijing Declaration adopted by the WHO Congress on Traditional Medicine, Beijing, China, 8 November 2008, recalling World Health Assembly resolutions promoting Traditional Medicine, including WHA56.31 on Traditional Medicine of May 2003 and WHA61.21 in 2008, urges that, "The communication between conventional and Traditional Medicine providers should be strengthened and appropriate training programmes be established for health professionals, medical students and relevant researchers" (WHO. Beijing Declaration, 2008).

Traditional medicine definitions

For the World Health Organization, the terms "complementary medicine", "alternative medicine" or "unconventional medicine" are interchangeable with "traditional medicine" and embrace the broad set of disciplines that do not form part of a particular country's tradition or part of the dominant health system, as in Italy where the term Traditional and Non Conventional Medicines has become established (WHO. Traditional Medicine Definitions, 2000; Beijing Declaration, 2008).

UNESCO

The WHO plea for protection and promotion of anthropological

health systems in their original form was confirmed on 16th November 2010 by the General Assembly of UNESCO (United Nations Educational, Scientific and Cultural Organization) which included Traditional Chinese Acupuncture and Traditional Chinese Moxibustion on the List of Intangible Cultural Immateral Heritages of Humanity (UNESCO. Acupuncture and Moxibustion of Traditional Chinese Medicine, 2010).

The Italian situation

The Italian Republic protects health as a fundamental right of the individual, safeguards the principle of scientific pluralism and ensures freedom of choice of treatment by individuals and professional qualification on the part of health operators, with special focus on the independence of medical doctors in regard to the choice of treatment (Supreme Court, 4th Section, Sentence no. 301, February 8, 2001).

The right to choose that every person is acknowledged to have - the kernel of modern respect for the will of individuals regarding their own state of health and sickness - has already been explicitly expressed and has taken concrete shape in that increasingly large sections of the population are turning to treatments and therapeutic practices known under the overall name of Non Conventional Medicines: Acupuncture, Homeopathy, Phytotherapy, Traditional Chinese Medicine, Anthroposophic Medicine, Homotoxicology, and Ayurvedic Medicine (Italian National Federation of Colleges of MDs and Dentists, FNOMCeO, 2009).

These systems of medicine are currently excluded from the Italian National Health System and the mandatory curricula for MD graduation at Schools of Medicine in Italian Universities.

On the other hand, in the Italian Professional Ethical Code of Medicine, an article (art. 15, Section 3) is devoted to NCM. It reads as follows: "Recourse to non conventional practices forms an inseparable part of the profession's decorum and dignity and belongs exclusively to the direct non-delegable professional responsibility of the doctor. Recourse to non

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conventional practices must not divert the citizen from specific, scientifically consolidated therapies and always calls for properly informed consent. Doctors are forbidden to collaborate in any way with, or promote the practice of, third parties not of doctor status in the sector of so-called non conventional practices”.

It is quite clear that in Italy the only people empowered to practice NCM are medical doctors and dentists (and veterinarians) who have undergone strict specific training. However, at the present time, Italian universities have only non-professionally qualifying post-graduate courses in the NCM field. All qualifying professional education in the NCM field has hitherto been a result of praiseworthy efforts by private institutes.

The topic “Education” is part of the *Consensus Document on NCM* in Italy signed in Bologna on 20th October 2003 at the end of the Consensus Conference, promoted, organized and chaired by Paolo Roberti di Sarsina who constituted the Permanent Committee of Consensus and Coordination for Non Conventional Medicine in Italy (member of the EU FP7 funded CAMbrella Consortium): “The training programmes currently available are mainly provided by private institutes that have been operating in the sector for years. It can only be hoped therefore that universities, in the effort to make up for this training deficiency, help pinpoint and realise cooperation conventions and agreements with the associations and the schools already engaged in research, teaching and verifying the learning of these alternative methods, as a useful contribution towards enhancing the experience acquired. It is to be hoped that such integration of training will gradually achieve a situation of free competition between private institutes and universities, initially envisaging the inclusion of general informative concepts in medical degree courses and, whenever possible, the organisation of elective introductory courses designed to promote knowledge of NCMs.”

Hence, on the one hand, we have cautioned restricting the Legal Status of NCM in Italy as described above, while on the other hand there is a recognized need for higher education and accredited training in our field. (Cipolla and Roberti, 2009; Giarelli et al., 2007; Roberti, 2005, 2007; Roberti and Iseppato, 2009, 2010, 2011a, 2011b, 2011c; Roberti and Tognetti, 2011; Tognetti Bordogna, 2011)

The Path towards the new standard

Thirty-eight years on from the first three-year Acupuncture course in Italy, nineteen years after the 4th year was added, and four since E-Learning was adopted as a didactic support, the So Wen Study Centre in Milan (the oldest practising Italian private school of Acupuncture, founded in 1973), and the Academy of Traditional Chinese Medicine in Bologna have adopted a new standard in education with “the Advanced Course in Acupuncture and Traditional Chinese Medicine.”

The “gold standard” of quality and relevance chosen is the “WHO Guidelines on basic training and safety in acupuncture” with reference to “WHO Benchmarks for Training in Traditional Chinese Medicine” (WHO. Guidelines on Basic Training and Safety in Acupuncture, 1999; Benchmarks for Training in Traditional Chinese Medicine, 2010).

These prescribe that the complete acupuncture training programme for practising graduates in western medicine should consist of at least 1,500 h of theory and practice. The Advanced Training Course will comprise of 1,600 sixty-minute hour of training divided as follows:

- * 560 classroom hours
- * 105 h of practical training
- * at least 83 h of supervised clinical practice
- * 560 h of ascertained personal study under a supervisor

* 300 h of classwork tests

This is equivalent to 64 Training Credits under the European Credit Transfer and Accumulation System (ECTS)

For such a demanding programme to be feasible for participants who are qualified doctors working full time, and in order to let the subject-matter be assimilated gradually, the total number of hours will be divided over four years, comparable to a university masters (which tends to last one or two years).

Despite the dilution, the syllabus is a demanding one. To make it more effective whilst leaving study time to be managed by the student, 40% of the teaching hours and practical training will make use of Remote-Controlled Training (RCT) on the fully-piloted So Wen Study Centre platform, certified by SCORM international standards.

Over and above the customary end-of-year exams and the end-of-course discussion of thesis, there will be a mini-thesis and a certificate of merit at the end of the second year when traditional Chinese physiology and patho-physiology studies have been completed. The reasons for this decision may be summarised as follows:

Practitioner qualification, safety and efficacy of treatment

If patients are to be given safe and effective treatment, the doctor's preparation must be grounded in a knowledge of theory (usually well taught at Italian training institutes, whether recognized or not), practice (very often neglected, unfortunately), constant updates and an ability to blend Traditional Chinese Medicine with western medicine (both of these points are often overlooked). The need to go deeper into knowing and hands-on know-how inclined us to this extended hours packet: a question both of theory and of practical training.

Learning effectiveness

As shown by the Continuing Medical Education (CME), which gives one credit per RCT hour versus 0.5/1 credit for each hour of residential training, e-learning is probably the most effective didactic form. Above all, when not just consisting of teachers on film or books to read, such lessons are highly condensed and can be played from any internet station at any time of day, broken off and resumed, and repeated *ad lib*. Of course, E-Learning Training cannot and must not replace the direct teacher-learner relationship, but it can be extensively used to put across notions which classroom teaching can then comment and elaborate on.

Study plan equipollency

Adopting the ECTS system makes university study plans comparable with those of private institutes; this avoids misunderstandings over differing ways of calculating the hours done.

Quality of teaching

For years the lessons and teachers at the Milan So Wen Study Centre in Milan and at the Academy for Acupuncture and Traditional Chinese Medicine in Bologna have been assessed by anonymous student questionnaire feedback which has enabled us to adjust programmes and correct teaching faults we were unaware of. From this year we have decided to vet the teaching ability of our staff even further and certify it. All our teaching staff will undergo a teacher-qualifying exam in Acupuncture and Traditional Chinese Medicine to WHO standards. The exam will be set by a third-party organisation, the WHO Collaborative Centre based at Milan University. Accreditation must be renewed periodically. And this brings us to the rub.

Accreditation and accrediting bodies

For some decades now the acupuncturist training process has been waiting for regulation by the Italian Ministry for University and Research, MIUR, (in charge of all orders and levels of education) or the Health Ministry, or the Regions, which are responsible for keeping the medical sector updated (on the interpretation that Acupuncture and Traditional Chinese Medicine are subject to training updates for graduates in medicine, dentistry and veterinary science). Unfortunately, we are still waiting. The guidelines on training in Non Conventional Medicines produced by the Italian National Federation of Colleges of MDs and Dentists, FNOMCeO, and various professional Rolls are a praiseworthy initiative filling a gap where citizen health is at stake; but it must be admitted that training is not the prerogative of such institutions. Although they are publicly recognised co-adjutants to the State, they lack the legal entitlement to train.

Nor again can training be officially done by the Federation of the Italian Scientific Assns (FISM), which is neither a national or regional regulatory body, nor a competent authority, but a private association encompassing scientific societies involved in research though not education in general or TM/CAM/NCM in particular.

Last, the self-referential quality of private training institutes, hitherto a necessity, is no longer acceptable. This defect has applied to choice of course contents and decisions as to length. Again, the monitoring and supervising role of the various institutes banded into associations and/or federations is likewise no longer acceptable since it poses a conflict of interests: the controlled (private training institutes) and the controller (a commission formed from within the same institutes) cannot be one and the same; controlling presupposes a third party.

In recent months a workgroup has been promoted and set up by the Lombardy Region and the WHO Collaborative Centre at Milan University, with invitations to attend being extended to non-accredited Lombard training institutes involved in Acupuncture and Traditional Chinese Medicine. These institutes have been issued with a programme based on the WHO (1999) and a list of requirements (both in form and in substance) to be met in order to achieve accreditation. Both programme and requisites were extremely demanding, entailing 1,500 h of training, structural requirements and quality certification; in fact a number of institutes opted to stand out at least for the present. The workgroup is continuing and, given the difficulty of the subject, likely to take a considerable time. Pending the findings of this welcome workgroup, the So Wen Study Centre in Milan and the Academy for Traditional Chinese Medicine in Bologna have decided to adopt the programme as proposed and meet the other requirements. The two above-mentioned bodies have resolved to raise the standard of their didactics by lengthening course duration and adopting an internationally validated programme, as well as certifying teacher ability and setting up a quality assurance system (<http://www.sowen.it/studi/default.asp>).

On 15th February 2012 the Director of the WHO Collaborating Centre for Traditional Medicine in Italy sent all the relevant Italian authorities a communication stating WHO endorsement for “the Advanced Course in Acupuncture and Traditional Chinese Medicine.” This communication was published by the Italian National Federation of Colleges of MDs and Dentists (FNOMCEO) (<http://portale.fnomceo.it/PortaleFnomceo/showItem.2puntOT?id=87140>).

Overall, the various groups in Italy continue to push forward to create an environment including the highest standards of certification of Traditional and Non Conventional Medicines as these alternatives medicines continue to be more used as compliments to mainstream medicine.

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CONFLICT OF INTEREST

The author has no conflicting interests, financial or otherwise.

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