

Provisional Standard One Decision

The Association of Traditional Chinese Medicine
and Acupuncture UK (ATCM)

October 2024

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1. The Accreditation process

How we assess organisations against Standard One ('public interest test')

- The Professional Standards Authority accredits registers of people working in health and social care occupations not regulated by law. To be accredited, organisations holding such registers must prove they meet our *Standards for Accredited Registers*¹ (the Standards). Once accredited, we check that Registers continue to meet our Standards.
- There are nine Standards. Registers must meet Standard One before we can assess against how the register meets the remaining Standards. Standard One checks eligibility under our legislation, and if accreditation is in the public interest.
- Organisations may apply for a preliminary assessment against Standard One before submitting a full application.
- Preliminary Standard One decisions are made by an Accreditation Panel following an assessment of evidence by the Accreditation Team. The evidence usually includes the organisation's application, a desk-based review of relevant sources of evidence about the benefits and risks of the role(s) registered, and responses received through our 'Share your experience' public consultation.
- If the Panel decides that the activities of registrants fall within the definition of healthcare, and that overall, the benefits of the services of practitioners outweigh the risks then it may determine that Standard One is provisionally met. If the Panel decides that either of these requirements is not met, then this will be communicated to the organisation with the reasons for the decision, and it may apply again later.
- Decisions for preliminary assessments against Standard One are provisional. If an organisation later submits a full application, we will check whether there have been any changes which effect this outcome. An Accreditation Panel can also issue recommendations for the organisation to consider should they decide to complete a full application. More about how we assess against Standard One can be found in our *Supplementary Guidance for Standard One*².

¹ https://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-accredited-registers.pdf?sfvrsn=e2577e20_6

² https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/accredited-registers-supplementary-guidance-for-standard-one.pdf?sfvrsn=3e5f4920_6

2. About the Association of Traditional Chinese Medicine and Acupuncture UK (ATCM)

About the organisation

Name of Organisation	The Association of Traditional Chinese Medicine and Acupuncture UK (ATCM)		
Website	Traditional Chinese Medicine & Acupuncture ATCM		
Type of Organisation	ATCM is registered with the Companies House as a Limited Company by Guarantee. The company registration No is 03155624 incorporated on 6 February 1996.		
Role(s) covered	<p>The role is traditional Chinese medicine practitioners. As mentioned on the website, ATCM governs the practice of traditional Chinese medicine (TCM). TCM is a system of medicine that includes acupuncture, Chinese herbal medicine, and Tuina massage.</p> <p>ATCM offers following three memberships based on members qualifications, members may be qualified in one or all modalities of TCM.</p> <ul style="list-style-type: none"> • Acupuncture is common branch of TCM, it works by stimulating the acu-points which are located the meridians or channels. • Chinese herbal medicine: Internationally, it involves the use of natural plants, minerals, and even small amounts of animal products. In the UK, only herbal products are used in clinical practice. ATCM practitioners are not allowed to use mineral, animal products or endangered species. • Tui Na: It is Chinese therapeutic massage closely related to acupuncture in its use of meridian system. Tui na is regarded alongside herbal medicine and acupuncture as one of the fundamental arts of Traditional Chinese medicine 		
Number of registrants			Number of Registrants
	Total number of registrants		695
	Number of registrants in England		615
	Number of registrants in Wales		15
	Number of registrants in Scotland		33

		Number of registrants in Northern Ireland	25
		Number of registrants Overseas	7
Overview of Governance	<p>ATCM has an Executive Council currently with 8 council members who were elected by members at the Annual General Meeting in 2021 for a term of three years.</p> <p>Chaired by the president of ATCM, the Council oversees all business of ATCM, mainly including the operating activities of the ATCM office, membership admission and registration, finance, public relations, and other functions such as organising Continuous Professional Development (CPD) seminars or conferences, monitoring registrants' practices, professional development, and conduct, promoting public awareness of traditional Chinese medicine (TCM).</p> <p>Under the leadership of the Executive Council, there are several committees, namely the <i>Professional Conduct Committee, Academic Committee, Educational Committee, Journal Editorial Committee, Research Committee, Public Relations Committee</i>. These committees normally have 3-5 members who are appointed by the executive council for a term of three years. All committee members are not the staff of ATCM, and they are unpaid.</p>		
Overview of the aims of the register	<p>ATCM's work includes:</p> <ul style="list-style-type: none"> • Registration of qualified TCM practitioners • Ensure high standards services in TCM industry. • Organising CPD trainings and academic conference for TCM practitioner in UK and internationally • Accreditation of TCM courses • Supporting TCM research 		

3. Share your experience.

As part of our assessments, we seek feedback from service users, the public, professional and representative organisations, employers, and others on their experience of a Register.

We did not receive any responses to our invitation to share experience on about the ATCM Standard One assessment.

4. Outcome

The Accreditation Panel met on 16 July 2024 to consider the ATCM' application for a preliminary assessment against Standard One ('public interest test'). Overall, the Accreditation Panel determined Standard One was provisionally met. The Accreditation Panel also issued the following Recommendations for the ATCM to consider if it decides to submit a full application:

- **Recommendation One: ATCM should develop guidelines for treating children and vulnerable adults for its registrants.**
- **Recommendation Two: ATCM should develop a safeguarding policy that sets out its role and responsibilities in relation to safeguarding concerns. Its codes, training, registration, and complaint procedures should integrate with this and make clear what the expectations for registrants are in terms of safeguarding.**
- **Recommendation Three: ATCM should ensure that the list of restricted and prohibited CHMs is updated regularly and is easily accessible to both registrants and the public.**
- **Recommendation Four: ATCM should develop clear advertising guidelines that align with the Advertising Standards Authority (ASA) guidance, and relevant legislation, such as the Cancer Act 1939.**
- **Recommendation Five: ATCM should strengthen its monitoring checks of whether registrants are advertising responsibly and introduce clearer monitoring guidelines which includes how it handles concerns identified through its own checks of registrants' websites.**

Standard 1: Eligibility and 'public interest test'

This section of the report summarises the key considerations in reaching this conclusion for each part of Standard One.

Summary

- The Panel found Standard One was provisionally met at its meeting on 16 July 2024. This is a provisional outcome and will be reviewed if the ATCM submits a full application for accreditation to see if there are any changes that could affect this decision.

The Accreditation Panel's findings

Standard 1a: Eligibility under our legislation

- The Authority's powers of accreditation are set out in Section 25E of the National Health Service Reform and Health Care Professions Act 2002³. Standard 1a considers whether a Register is eligible for accreditation, based on whether the role(s) it registers can be considered to provide health and care services and are not required by law to be registered with a statutory body to practise in the UK.
- ATCM holds a [voluntary register](#) of the practitioners of traditional Chinese medicine, including acupuncture, Chinese herbal medicine and Chinese therapeutic massage (called tuina or Tui Na in Chinese).
- Traditional Chinese Medicine Practitioners (TCMs) are not required to be registered by law in the UK. We noted that the register also includes those working in the Republic of Ireland and overseas. This assessment covers the UK countries only.
- The Accreditation Panel found that the role of Traditional Chinese Medicine practitioner falls within the scope of the Accredited Registers programme and that Standard 1a is met.

Standard 1b: Public interest considerations

- Under Standard 1b, we consider whether it is likely to be in the best interests of patients, service users and the public to accredit a register, with consideration of the types of activities practised by its registrants. This involves consideration of the overall balance of the benefits and risks of the activities.
- Factors considered by the Accreditation Panel are discussed below.
 - i. Evidence that the activities carried out by registrants are likely to be beneficial.**
 - We considered some of the key benefits identified for each of the modalities.
 - We reviewed evidence provided by ATCM for the benefits, and further sources that we had identified through our desk-based review. We

³ Roles that are required to be enrolled with a statutory register to practise in the UK are set out in Section 25E (2) of the National Health Service Reform and Health Care Professions Act 2002, available at: [National Health Service Reform and Health Care Professions Act 2002 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

considered some of the key benefits identified for each of the roles registered with the ATCM. These are summarised below.

- The NHS⁴ describes that ‘acupuncture is a treatment derived from ancient Chinese medicine. Fine needles are inserted at certain sites in the body for therapeutic or preventative purposes. Acupuncture is used in many NHS GP practices, as well as in most pain clinics and hospices in the UK’.

Acupuncture for chronic primary pain.

- The National Institute for Health and Care Excellence (NICE) *Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain (2021)*⁵ recommended consideration of ‘a single course of acupuncture or dry needling, within a traditional Chinese or Western acupuncture system, for people aged 16 years and over to manage chronic primary pain, but only if the course: is delivered in a community setting, by a band 7 (equivalent or lower) healthcare professional with appropriate training and, no more than 5 hours of healthcare professional time.
- McKee MD et al (2020)⁶ mentioned that acupuncture is shown to be effective for the treatment of chronic musculoskeletal back, neck, and osteoarthritis pain. Seven hundred and seventy-nine participants were randomly selected to participate in this study. At 12 weeks, the results demonstrated that acupuncture therapy, both individual and group, provided in primary care settings, decreased chronic pain and improved physical function.

For Chronic tension-type headaches, migraines

- NICE guidelines on *Headaches in over 12s: diagnosis and management (2021)*⁷ described ‘If both topiramate and propranolol are unsuitable or ineffective, consider a course of up to 10 sessions of acupuncture over 5 to 8 weeks according to the person's preference, comorbidities, and risk of adverse events.

For low back pain

- Scottish Intercollegiate Guidelines Network (SIGN136) *Management of chronic pain (2019)*⁸ stated that ‘Acupuncture should be considered for short-term relief of pain in patients with chronic low back pain or osteoarthritis.

⁴ [Acupuncture - NHS \(www.nhs.uk\)](http://www.nhs.uk)

⁵ [Chronic pain \(primary and secondary\) in over 16s: assessment of all chronic pain and management of chronic primary pain \(nice.org.uk\)](https://www.nice.org.uk/guidance/CG140)

⁶ [Individual vs. Group Delivery of Acupuncture Therapy for Chronic Musculoskeletal Pain in Urban Primary Care-a Randomized Trial - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/35111111/)

⁷ [Overview | Headaches in over 12s: diagnosis and management | Guidance | NICE](https://www.nice.org.uk/guidance/CG140)

⁸ [sign136_2019.pdf](https://www.sign.ac.uk/sign136-2019.pdf)

- In 2016 NICE Clinical Guidelines withdrew support for acupuncture treatment for back pain. This remains the case in the NICE guideline for Low back pain and sciatica in over 16s [NG59] that was updated in December 2020⁹.
- The evidence we reviewed suggests the main benefits of acupuncture are likely to be for pain management¹⁰. There are also studies which indicate acupuncture may be helpful with some specific conditions.
- The ASA¹¹ and Walker report¹² reported the limited evidence of Chinese Herbal Medicine (CHM). The NHS¹³ mentioned that ‘evidence for the effectiveness of herbal medicines is generally very limited. Although some people find them helpful, in many cases their use tends to be based on traditional use rather than scientific research.’ We also observed that there was limited clinical evidence supporting CHM, highlighting the need for additional clinical studies and scientific data to validate this approach.
- Many of the Tuina studies provided by ATCM, and those we identified ourselves were international. Although the findings will in many cases still be relevant, this is a limitation in determining impact on patients and service users within the UK.
- Overall, we concur that there is robust evidence showing the benefits of acupuncture for certain conditions. However, the evidence regarding the effectiveness of CHM and Tuina is currently limited, although we acknowledge that this is an evolving field.
- ATCM have developed the research [webpage](#) for TCM on their website. We expect them to use the findings to inform the development of their advertising requirements for registrants.

ii. Evidence that any harms or risks likely to arise from the activities are justifiable and appropriately mitigated by the register’s requirements for registration.

- The Accreditation Panel considered the risks associated with the practice of TCM. These have been identified from our desk-based research, and those identified by the ATCM in its risk matrix. We found that the ATCM’ risk matrix appeared to capture the key risks associated with the role.
- ATCM identified the risk that registrants fail to define boundaries with services users, which could lead to a violation of emotional and/or sexual boundaries. The key mitigation is [Code of Practice](#), [Code of Professional Conduct](#), CPD trainings and communications through its journals,

⁹ [Overview | Low back pain and sciatica in over 16s: assessment and management | Guidance | NICE](#)

¹⁰ [NICE guideline for chronic pain: painkillers out, acupuncture in - BAcC](#)

¹¹ [Health: Chinese herbal medicine or traditional Chinese medicine - ASA | CAP](#)

¹² [Advice on regulating herbal medicines and practitioners - GOV.UK \(www.gov.uk\)](#)

¹³ [Herbal medicines - NHS \(www.nhs.uk\)](#)

newsletters, and leaflets. A further related risk identified is the risk of working in private homes. The [ATCM's Code of Practice](#) provides guidance for mobile TCM Practitioners /home visits. We observed that the risk matrix mentioned the need for a chaperone during home visits. We suggest that this requirement may be impractical and recommend that it should not be made mandatory.

- The ATCM recognised the risk of misleading advertising. To address this, *ASA's CAP Code for Acupuncture and Herbal Medicine* is communicated through mail, social media alerts, seminars, or WeChat/WhatsApp to members. Guidance in the Code of Professional Conduct, self-audits, and clinic inspections also cover advertising practices. Our findings from Section iii) below indicate that the current approach to registrant advertising is not robust enough to mitigate these risks.
- The ATCM included risks in relation to specific modalities. A key mitigation is the Code of Practice which outlines the hygiene and safety standards. This includes that practitioners who practise acupuncture do not have the necessary knowledge, skills to identify acupoints and avoid risk of infection from the needles. The risks to patients arising from pneumothorax are significant, and include severe harm, or death. We reviewed the mitigation measures employed by other accredited registries, which include training, informational leaflets, and safe practice guidelines. We suggest that ATCM provide its registrants with specific information on pneumothorax, including its consequences and prevention measures.
- The 'risk of sexual allegations' when performing Tui Na is a significant concern, as identified by ATCM, and has been indicated in a few cases. Mitigation included a professional qualification check for membership admission, adherence to the Code of Practice and Code of Professional Conduct, CPD, training and warnings published in the ATCM Newsletter. If the ATCM submits the full application, we will be assessing how complaints are investigated.
- The ATCM highlighted awareness of risks relating to vulnerable groups. We also noted that TCM are offered to children and pregnant women. ATCM has provided mitigations as adherence to their Codes, self-audit, clinic inspections, including ability checks on working with special groups of people, and special training on treating these groups of people.
- We found that the ATCM should provide more explicit standards or guidance on topics such as Infant Tuina, TCM during pregnancy, and CHM for elderly adults. The guidance should detail the method, contraindications, limitations, and circumstances under which referral to medical care or other professionals is appropriate. This would address a potential risk of harm. Therefore, the Accreditation Panel recommended.

- **Recommendation One: ATCM should develop guidelines for treating children and vulnerable adults for its registrants.**
- It was unclear to us the escalation route for raising concerns about suspected abuse of an adult at risk, or a child.
- **Recommendation Two: ATCM should develop a safeguarding policy that sets out its role and responsibilities in relation to safeguarding concerns. Its codes, training, registration, and complaint procedures should integrate with this and make clear what the expectations for registrants are in terms of safeguarding.**
- TCM practitioners are responsible for administering Chinese Herbal medicines. The likelihood of adverse reactions has been reported through drug-herb interactions¹⁴. For example, *Salvia miltiorrhiza* Bge. (known as *Danshen* in CHM) was reported to exaggerate the anti-coagulant response to warfarin¹⁵. Professor David Walker (2015)¹⁶ commissioned an independent working group to provide advice on options for the assurance of herbal medicines and practitioners. This report discusses interactions between herbs and other substances, including herb-herb, herb-food, and herb-drug interactions, as well as contra-indications and adverse effects.
- To mitigate this risk, ATCM informed us that they previously organized a David Walker seminar on drug-herb interactions and have kept members updated with journals, newsletters, and email alerts about any new developments in this area. However, the Accreditation Panel considered that these mitigations may not be sufficient. The ATCM should strengthen its requirements for handling contra-indications particularly regarding situations where a referral to another healthcare professional is appropriate.
- The ATCM includes specific risk as damage to liver/kidney, other toxicity. A well-known example is the kidney damage caused by some herbs containing a chemical called aristolochic acid, such as Chinese herbal medicines Guang Mu Tong, Guang Fang Ji. Since 1990s, all herbs from aristolochia family are banned in the UK, China, and other European countries.¹⁷ The mitigation includes a [List of Prohibited and Restricted CHMs](#) (2015) published by ATCM and asked members to always obey the British laws. We noted there is also [list of banned and restricted herbal ingredients](#) by UK govt.

¹⁴ [Scientific studies have proven certain adverse interaction between CHMs and drugs.](#)

¹⁵ [Current Status and Major Challenges to the Safety and Efficacy Presented by Chinese Herbal Medicine - PMC \(nih.gov\)](#)

¹⁶ [Advice on regulating herbal medicines and practitioners - GOV.UK \(www.gov.uk\)](#)

- **Recommendation Three: ATCM should ensure that the list of restricted and prohibited CHMs is updated regularly and is easily accessible to both registrants and the public.**
- We noted that the ATCM acknowledged the risk of quality issues in CHMs. To address this, they ensure that CHMs are purchased exclusively from well-established and reputable wholesalers with expertise in quality control. In 2015, ATCM published a booklet titled *Supplier Approval Standards* and has since approved 5–6 UK-based wholesalers for recommendation to registrants. The ATCM Code of Practice has also issued guidelines on the storage of herbal medicines.
- Overall, there are inherent risks to the practice of TCM, ATCM appears to have identified and be actively working to mitigate the main risks. During this assessment, we noted that key mitigations developed by the ATCM include the dedicated education and training route, and guidance on good practice. If the ATCM submits a full application for accreditation, we will assess the strength of other mitigations relating to professional registration, such as complaints handling processes.

iii. Commitment to ensuring that the treatments and services are offered in a way that does not make unproven claims or in any other way mislead the public.

- ATCM Practitioners are likely to operate in private settings, either independently or as part of larger practices. This creates an opportunity for promotional materials, websites, or other forms of advertising from registrants or their employers to make unproven claims or potentially mislead the public.
- The ATCM's Code of Conduct requires registrants to provide legal, decent, honest, and truthful information and in compliance with both the British Code of Advertising Practice, and the ATCM guidelines. The codes also make clear that registrants advertising must not be *false, fraudulent, misleading, deceptive, self-laudatory, extravagant, or sensational*.
- The ATCM has a specific webpage titled "[Disease](#)," which includes an option to "Search Practitioner for this Disease," listing conditions such as autoimmune diseases and allergies. We were concerned that this information might be misinterpreted by the public. There is a risk that people may rely on such information and potentially avoid treatments recommended by the NHS. While the ATCM have added a clarifying statement¹⁸ on their website, we suggest making it more prominent to

¹⁸ Statement as 'we offer the search function to find TCM practitioner, however it does not guarantee a cure or efficacy'.

ensure it is easily accessible to the public and that there is no room for misinterpretation or ambiguity.

- During our assessment, we checked a random sample of registrants across all modalities, representing approximately 4% of the total registrant base.
- Our checks of registrant websites found that approximately half appeared to deviate from the advertising guidance outlined in their Code of Practice, and appeared to depart from the ASA's guidance¹⁹. Although the nature of the concerns varied, some were significant such as suggesting that a TCM could 'help with' a number of conditions such as neurological conditions and andrology without providing any evidence in support.
- As noted above, advertising may be an indicator of offering treatments as an alternative to conventional medicine for serious conditions. The role of the ATCM is to protect the public through setting appropriate guidelines for responsible advertising for its registrants. It is expected that registrants comply with these as a condition of registration. The Accreditation Panel determined that the ATCM should have a stronger role in ensuring that registrants meet this requirement.
- **Recommendation Four: ATCM should develop clear advertising guidelines that align with the Advertising Standards Authority (ASA) guidance, and relevant legislation, such as the Cancer Act 1939.**
- The Accreditation Panel also considered whether requirements for monitoring advertising were sufficiently embedded within the inspection form. This included some generic check such as advertising compliance in accordance with current laws and regulations but does not reference any robust criteria. Therefore, the Accreditation Panel recommended
- **Recommendation Five: ATCM should strengthen its monitoring checks of whether registrants are advertising responsibly and introduce clearer monitoring guidelines which includes how it handles concerns identified through its own checks of registrants' websites.**

5. Impact assessment (including equalities)

- The Authority is required to carry out an assessment of the impact of accreditation on service users before accreditation is granted. This impact assessment included an equalities impact assessment as part of the consideration of our duty under the Equality Act 2010.
- We have published a full impact assessment. We have considered which are the main groups likely to be affected by accreditation of the ATCM and

¹⁹ [Health: Herbal medicine - ASA |CAP](#)

what the main impacts are likely to be in terms of equalities, cost/markets, social and environmental impacts. This has included consideration of our duty as a public sector body under the Equality Act 2010.

- Once accredited, the impact assessment is reviewed as part of a Register's full renewal, and at any point if there are concerns or significant changes in the external environment in the meantime.
- We considered that developing guidance for vulnerable adults as noted in Recommendation One, would have a positive effect for pregnant women, children and older people.
- A BBC documentary²⁰ from July 2022 highlighted the risks of sexual assault from unregistered massage therapists working in people's own homes. Using an Accredited Register to find a therapist could help reduce this risk by having mechanisms to address concerns about practitioners.

²⁰ <https://www.bbc.co.uk/mediacentre/2022/calls-for-reform-after-massage-app-sex-abuse>