Apprenticeship. Is It A Viable And Necessary Addition To CICM Student’s Training In The Modern Age Of Education & Regulation

By

David Dent
College Of Integrated Chinese Medicine
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Abstract.

The use of apprenticeship within acupuncture has been recorded for over 2,000 years, and was for a long time considered to be the best method of training new practitioners. With the quest for regulation and recognition, this experiential teaching method has by and large been left on the bookshelves of history. Vocational training is accepted within the medical profession and some allied trades as a core requisite to the educational framework.

Acupuncture has fallen behind other professions in the number of clinical hours of study required to prior to setting up in practice. Both Osteopathy and Chiropractic education require a minimum of 1,000 hours of clinical experience to qualify. The foundation doctor scheme used by the medical profession amongst whom acupuncture wishes to gain recognition insist on a two year apprenticeship scheme for graduates.

Research performed for this piece of work demonstrates that students want to revive the ancient method, and senior practitioners are keen to become involved. Students are prepared to travel for long distances, and dedicate over 6 months of their postgraduate lives to continued learning, predominantly without payment. Acupuncturists don’t want to use a modern apprenticeship scheme to develop their business in the way it’s used in industry, they want to give their knowledge, and learn something from a different point of view.

There are however, major obstacles in the way. Acupuncture is predominantly a part time profession, with a limited number of patients treated by the average practitioner.
The aim of this research is to understand whether an apprenticeship scheme for Acupuncturists is considered to be a necessary and viable addition to the current process of learning and training that the profession maintains.

Based on the author’s experience of working in business, this study uses a grounded-theory approach to consider whether there is a need and demand for further vocational style training amongst soon to graduate ‘acupuncturists’, and whether the profession has the infrastructure required to provide for such needs.

This work takes a multifaceted approach to understanding the question posed. A literature review initially sets the context, building an understanding of the historic role of an apprentice in acupuncture, and the development of the current educational paradigm in the UK. Consideration is given to the benefits and problems that a vocational style of learning offers, and how different professions integrate a scheme into their educational and development programmes.

The author undertook a 12 week ‘apprenticeship’ himself, to gain a personal understanding of how an individual can develop their skills, and gain insight into how such an apprenticeship can work within the context of a modern, busy practice.

Surveys were also conducted amongst practitioners and students to understand the hypothesis presented in the dissertation title.
For expediency, the scope of the study focuses on students from the College Of Integrated Chinese Medicine (CICM) and practitioners who are members of the British Acupuncture Council (BAcC). It does not extend to consider the opinions of students studying at colleges, or members of other bodies such as the British Medical Acupuncture Society, Acupuncture Society, etc. The author acknowledges the importance of their opinions, and excludes them only for reasons of time, resource and space.

This dissertation deliberately does not put forward specific proposals for an apprenticeship scheme, as this would undermine any future debate on the subject within the profession. It does however provide a basis upon which discussion can be built and contributes towards the evolution of acupuncture education within the UK.
The History Of Apprenticeship In Acupuncture

Apprenticeship is not a new concept to the profession of Acupuncture. In the early stages in the development of Chinese Medicine, the publication of the NeiJing & Nanjing didn’t create a single coherent system of therapy. Their authors successfully applied the principals that underpinned Chinese Cosmology to medicine (Scheid, 2007). The publications outlined principals and strategies for treatment, but published no specific interventions, choice of meridians or points, or herbal combinations. This allowed local practitioners to apply these frameworks to their local conditions, without having to challenge the basic principles (Scheid, 2007). Whilst men of ‘high birth’ wrote these doctrines, the lower social classes generally practiced medicine, practitioners being known as hereditary physicians (Shiyi) who learnt by apprenticing master physicians or family members. The apprenticeships saw students learning the secret methods known to their masters, and ended with a ritual ceremony and the receiving of sacred texts. (Harper, 1998). This process gave rise to many different lineages within medicine, some of whose knowledge has been lost in time.

As China grew, the importance of medicine grew with it. Most notably during the Song Dynasty (960-1279) increasing levels of disease in deteriorating urban areas caused the state to initiate extensive reform, with the Imperial Medicine Bureau (Taiyiju) assuming control of education and licensing (Hymes and Shirokauer, 1993). This heightened interest created career opportunities for the elite classes, as a means of making money without any significant loss of social status. The Scholarly Physician was born (Scheid, 2007). The growth in the number of physicians created much
competition for the same patients, and a need for these practitioners to ‘brand’ themselves to become successful. Aligning themselves to the practices of a famous physician frequently achieved this, and the increasing number of books available meant that the traditional personal apprenticeship was no longer required, instead practitioners could just align themselves to the ideas and style of a specific author, although it was considered essential for anyone who wanted to become a truly accomplished physician to have studied with at least one local physician (Scheid, 2007).

The first modern Chinese medicine school opened in 1885, and numbers grew to over 160 over the next sixty years. In the main, the majority of these schools offered a traditional master/apprentice style education, as they were focused around a ‘charismatic practitioner’ (Scheid, 2007). A lack of state support, and move towards western medicine by the now republican state caused many to close. A Maoist policy shift in 1954, established a renewed importance of traditional Chinese medicine. This rapid expansion could not be delivered by the remaining colleges alone, so despite being contrary to the republics philosophy, the feudal master/apprentice practice was revived, with students being ascribed to individual physicians to learn their profession, supplemented by lessons in western medicine (Wang and Cai, 1999).

**Apprenticeship As A Method Of Learning**

Why has apprenticeship as a style of learning survived as long as Chinese Medicine? Many authors agree that experiential learning is the most meaningful method of learning for adults and that it is a continuous process, going through various steps to arrive at a concrete experience (Boud and Walker, 1991) (Javis, 1985). It results from active participation in an event rather than being told about it. This is supported by
Brennan & Little (1996) who argue that educational learning is not confined to educational institutions but can and does take place in a variety of settings. Taking advantage of learning in the clinical setting promotes learning as an accepted and recognised lifetime goal.

Although acupuncturists are exposed to a variety of experiences every working day, these are not always recognised as learning experiences and many valuable opportunities may be missed. Experiential learning can be quite complex, making it difficult to understand (Kolb, 1984), although this type of learning is exemplar for any practice based profession (Fraser, 2000) such as acupuncture.

There are 4 types of knowledge necessary to become a practitioner - theoretical acupuncture knowledge, experiential knowledge, workplace knowledge, and professional practice knowledge.

- Theoretical acupuncture knowledge gives a framework to find the solution and is obtained from college and books.
- Experiential knowledge is gained from receiving, doing, and observing the practice of acupuncture.
- Workplace knowledge includes accounting, marketing, scheduling, how to open a clinic, etc. This helps to improve acupuncture as a business.
- Professional practice knowledge cannot be acquired by reading or examination. It’s the knowledge of action. A benefit of apprenticeship is in improving our experiential and professional practice knowledge (Kiyohide, 2011).
The Benefits Of Apprenticeship In Business

For any apprenticeship scheme to be effective, the benefits cannot be focused on the individual learner, they must have a duality, and ‘masters’ must gain from the experience as well.

Businesses have reported a wide range of benefits that can accrue from apprenticeships, ranging from improved company performance, a reduction in costs and increased staff retention.

- Employers who participated in an evaluation of Modern Apprenticeships (Cambridge Policy Consultants, 2006) alluded to increased levels of productivity as a key benefit of training an apprentice, with 30% stating that productivity had increased a great deal and a further 50% claiming that it had increased slightly as a result of the trainee’s participation. In the same piece of research, 33% of employers believed their participation in the programme had increased profits slightly, and another 6% felt that they had increased a great deal.

- Modern Apprenticeships were originally introduced as a means of addressing skills shortages and to “secure a common pool of talent, not just for employers, but for the industry as a whole” (London School Of Economics, 2005).

- Whilst in some cases the short-term investment required to train an apprentice is considered to be prohibitive by some businesses, others consider apprenticeships to be a mechanism for reducing costs (Cambridge Policy Unit, 2006).

- There is evidence to show that “where apprentices can see a career route with an organisation they are more willing to stay with that employer.” They may be more loyal because they can clearly see the investment that their employer has made in them or because they can see how much they achieved since they began the programme (Warwick Institute for Employment Research, 2008).
Most research and discussion about vocational training has been focused on young, semi-skilled labour, and the evidenced benefits are not always entirely relevant for the sole practitioner, or healthcare industry where profit isn’t necessarily the predominant motivational force. However the matter of continuing education has been debated within the acupuncture profession and other medical institutions.

Acupuncture education has, quite rightly, been focused on the pre registration phase, to ensure minimum levels of competence to gain credibility amongst external bodies (MacPherson, 1995). Teaching has seen the growth and dominance of didactic methods centered on colleges and schools with theory taking centre place before practice. There is recognition of the importance of postgraduate education within the acupuncture profession:

You must refresh your knowledge and techniques by, for example, attending appropriate seminars and post-graduate training courses, or by undertaking recognised Continuing Professional Development training.

(British Acupuncture Council, 2004)

The BAEC require a minimum of 30 hours continuing professional development (CPD) every year, which can consist of anything relevant to an acupuncturist’s practice or patients. Whilst this can include informal self learning, there are a number of programmes that can be undertaken for a fee, which all have their unique advantages and disadvantages:
Seminars

The seminar model of continuing education lets a student sample a teacher or style of practice without a major commitment of time and money. If the new learning is of interest, then options for further study can be explored. Access to practitioners of significant skill and scholarship is also possible to develop skills. This can help to point the way to a higher level of practice for those who have been licensed only a short time. An obvious limitation is the amount of material that can be covered in a day or two. New skills cannot be mastered in this time frame; the best that can be hoped for is that the fundamentals are clearly presented. In recent years this weekend seminar option can also be presented online. The clear advantage to this online delivery is that the price can be reduced and travel time for teacher and participant can be eliminated. The obvious disadvantage is the lack of personal contact with the teacher.

Study Groups

Another option is the study group. Not all regions have enough practitioners for this to be feasible, but where it is possible, it offers distinct educational advantages, especially when a master teacher is involved. There are currently 44 study groups spanning the United Kingdom (British Acupuncture Council, n.d.)

Mentoring

Traditional mentorships are few and far between. One obvious reason for this is that we have relatively few practitioners at the necessary skill level and scholarship willing to participate. Over time this will change, but for now, it is our reality. This model of learning, where it does exist, offers many advantages. In a traditional mentorship one sees the daily clinic flow and a patients progress from week to week. All this is lacking in most study groups.
Apprenticeship In Healthcare

The medical profession that the BAcC seeks to gain recognition from has adopted the apprenticeship model for many years. Their Foundation Programme is a two-year training programme for doctors after leaving medical school. It is designed to give trainees a range of general experience and enable them to take on supervised responsibility for patient care as a professional in the workplace, before choosing an area of medicine in which to specialise.

In the first year of the Foundation Programme (F1) a provisionally registered doctor must meet required standards before they are eligible to apply for full registration with the General Medical Council. In the second year of the Foundation Programme (F2) trainees have full registration with the GMC, and are allowed to use the doctor prefix, but remain under clinical supervision while taking increasing responsibility for patient care (General Medical Council, 2012).

The World Health Organisation’s guidelines on acupuncture education require that individuals "with little or no formal training or experience in modern Western health care." undertake a minimum of 2,500 hours full or part time education, with not less than 1,000 hours of practical and clinical work. The BAcC educational guidelines (2000), consider a minimum of 400 hours to be spent in a clinical setting, with 200 hours being responsible for the personal management of patients through all aspects of the treatment encounter.

Both Chiropractors and Osteopaths, are now regulated in the UK, and place a greater emphasis on clinical training than is currently prescribed for Acupuncturists.

It takes at least four years of full-time study to become a chiropractor at the Anglo-European College of Chiropractic (AECC), which offers a course leading to an MSc degree, or the University of Glamorgan, which offers a BSc (Hons) degree. The University
of Surrey runs a two-year MSc course. The courses are followed by a postgraduate year spent on the British Chiropractic Association's Training Scheme (PRT), which students spend in a chiropractic clinic with the support of a qualified Trainer.

Upon successful completion of the PRT the student is awarded the Diploma in Chiropractic (Bradford House Chiropractor Clinic, 2011).

Osteopathy sees experiential high quality clinical learning arising from extensive periods of direct patient contact as central to the learning process. It is expected that students will undertake substantial supervised clinical practice within a dedicated teaching clinic where they can observe senior students and qualified practitioners in the early stages of their training, with students progressing to take an increasing responsibility for their own patient lists as their experience and knowledge develops. Timetabled osteopathic learning in the clinical environment is no less than 1,000 hours (General Osteopathic Council, 2007).

Acupuncture has a history of clinical education - a proven method for learning, that has been adopted by other sectors of the healthcare industry. These factors form the framework for the research to be conducted within this dissertation. Three distinct strands are to be investigated to:

- Understand if there is any benefit to the individual in using the apprenticeship model to develop clinical experience.
- If the infrastructure of the acupuncture profession is sufficient to develop an apprenticeship scheme.
- Whether there is any demand from soon to graduate acupuncture students to undertake an apprenticeship.
Methodology.

In order to understand the topic of this research as deeply as possible, it was necessary to take a multi faceted approach, using a range of different research techniques. To consider just the view of the individual, student or practitioner wouldn’t illicit the extent of varying paradigms that currently co exist within the experience of growing as an acupuncturist.

Four distinct, but complimentary strands of research were undertaken to gain an insight into the feasibility of an apprenticeship scheme - whether there is a demand, if there are any positive benefits to the individual and practitioner, and how other professions successfully adopt it.

Literature Review

An extensive literature review was conducted covering a wide range of subjects from a large variety of sources. The key areas covered included:

- The history of acupuncture education in China & the west
- Current educational standards of acupuncture
- Education in other professions
- The concepts of apprenticeship
- Research methodologies & practice

The CICM library, British Library, The Thomas Sydenham Education Centre Library at The Dorset County Hospital, and the Internet, were all used as resources.
Historical texts, books, research papers, journals, government & statutory body publications were all used as points of reference.

**Action Research**

**Objectives**

This phase of the study was designed to understand the benefits of an apprenticeship to an individual, and how this would improve their performance at the core skills required of an acupuncturist.

**Methodology**

The author undertook a mini 12 week apprenticeship at The Stepping Stones Clinic, a multibed practice located in North London. The practice takes assistants for a minimum 6 week period, offering the opportunity to gain clinical experience, to understand the benefits and challenges of dealing with a large case load in a busy practice, to help within the clinic, and partake in lively case discussions (The Stepping Stones Project, 2011). The community multibed is open every Wednesday between 2.00 – 9.00pm, with three treatment couches spread across two rooms.

Professional Indemnity Insurance was obtained through Balens (Appendix 1) prior to starting, in line with the practice, college and professional guidelines

The research doesn’t include a critic of the practice, or a journal of the experiences of the author due to limited space. It does however focus on the experience gained by the author, and a measurement of any changes in his levels of competence.
To achieve this, a log of hours, patients seen, their main complaint, treatments witnessed and given was kept. This was updated at the end of every session during the 3-hour journey home the author had to undertake to complete the study.

Measuring levels of competence, and any changes that occurred was accomplished by a Workplace-based assessment (WPBA), taken at the beginning, middle, and end of the 12 week period.

There are number of reasons for using WPBA (Royal College Of General Practitioners, 2005):

- WPBA connects teaching, learning and assessment to know what is expected and to demonstrate attainment over time.
- It offers authenticity: it allows the assessment to get as close as possible to real work situations.
- Some competences are not assessed effectively in any other way. Assessment of performance in the workplace provides the only route into many aspects of professionalism.
- It will provide feedback on areas of strength and developmental needs at regular intervals throughout a training programme.

WPBA consists of a framework of areas of professional competence, against which evidence is gathered to understand the abilities or inabilities of an individual. WPBA involves making qualitative not quantitative judgments, and does not involve any pass/fail assessments. At regular points during training all the evidence available is reviewed and a judgment can be made about progress through each area of professional competence, to understand an individuals readiness to practice. (Royal College Of General Practitioners, 2007).
Western medicine has developed the Foundation Programme in the UK, a two-year generic training programme that forms the bridge between medical school and specialist/general practice. Trainees experience a series of placements in a variety of specialties and healthcare settings to develop their clinical experience. It is only after successful completion of the first year that registration with the General Medical Council is allowed, and individuals can call themselves doctors. This scheme represents a currently practiced form of post graduation apprenticeship, and as such, the methodology forms the basis for assessment during the author’s apprenticeship.

There are a range of different assessment tools used during the foundation scheme including collecting a portfolio and reflective practice. The length of the apprenticeship, and the scope of the dissertation prevented the use of most techniques used by the medical profession, and this wasn’t an exercise to decide whether the author was fit to practice at the end of the period (as there is still the clinical phase of the authors course to complete). The mini peer assessment tool (mini-PAT), was singled out as providing a strong, relevant, and recognised method of analyzing progress. This questionnaire provides feedback from a range of co-workers across the domains of Good Medical Practice.

The questionnaire was adapted to include skills suitable for an acupuncturist rather than a doctor (appendix 4), using CICM criteria for measuring competence - published standards used for grading students during practical examination.
The headings under which assessment took place were:

1. Professionalism
   a. Demonstrates the knowledge, attitudes, behaviours, skills and competences to be able to take a history, examine patients, prescribe safely and keep an accurate and relevant medical record.
   b. Demonstrates appropriate time management/organisational decision-making.
   c. Understands and applies the basis of maintaining good quality care and ensuring and promoting patient safety.
   d. Demonstrates the knowledge, skills, attitudes and behaviours to reduce the risk of cross-infection.
   e. Demonstrates the knowledge, skills, attitudes and behaviours to ensure basic nutritional care.
   f. Demonstrates the knowledge, skills, attitudes and behaviours to be able to educate patients effectively.
   g. Demonstrates the knowledge and skills to cope with ethical and legal issues which occur during the management of patients with general medical problems.

2. Maintaining good medical practice

3. Relationship and communication skills with patients, and colleagues

4. Professional behaviour and probity

5. Skills
   a. Diagnosis
   b. Treatment Planning
   c. Needling Technique
   d. Cupping
   e. Moxa
   f. Tui-Na
**Data Collection**

The mini-PAT was manually completed after week 1, week 6 and week 12 by Amelia Christie, the lead practitioner at The Stepping Stones Project. The results were then transferred into Microsoft Excel for analysis and comparison.
Survey Of Practitioners

Objectives

This phase of the research was designed to understand the attitudes of practicing Acupuncturists towards apprenticeship – without them a scheme would not be possible. Are they in favour or against? Are they able to take an apprentice? What do they perceive the benefits to them would be, and what are the barriers to entering a scheme?

Methodology

An empirical view as to the feasibility of an apprenticeship scheme amongst acupuncturists was sort to build an understanding of the numbers of practitioners who might potentially be willing to become involved in such a programme. For this reason, a quantitative approach was required to evaluate this successfully. An e-mailed survey was considered the most appropriate vehicle to gather information that would be anonymised. This methodology is time efficient and of low cost which makes it an ideal tool within the constraints imposed by this dissertation.

Questionnaire Design

Given the busy lives of respondents, and possible frequent requests from students to participate in research, the questionnaire needed to be short, and focused on the most salient questions, to deliver information within the framework of the dissertation title.

The questionnaire was split into three sections:

Section 1

This focused on gaining information about the practitioner and their practice. This data was required to give background data and provide the opportunity to segment
results according to length of experience, number of days/week they work, number of patients per week they treat, and type of premises they work from.

A simple, multiple choice, tick box, framework was used for answering. The restriction to a pre determined numerical range was important to allow standardized response and facilitate simplified and cohesive analysis of the results. Answering was restricted to one option per question when relevant (managed electronically, please refer to data collection). In the case of premises worked from, a multiple choice option was allowed to reflect the fact that practitioners may operate from more than one location. The option to specify other was included, with free text entry to cover any answers the author hadn’t considered, felt might be too diverse, or illicit too low a response rate to analyse.

Section 2

The second section of the questionnaire considered practitioners attitudes to apprenticeship – if it was appropriate to them, whether they would take an apprentice, their attitude to payment, and finally their perceived advantages and barriers to entry of becoming involved in any such scheme.

As per section 1, answers were restricted to a multiple choice framework. When considering the benefits of apprenticeship, and barriers to entry, a scale ranging from 0-10 was used to gauge the relative importance of different factors. This methodology was chosen over the traditional strongly agree/disagree convention to elicit greater differentiation between answers. Whilst the author isn’t aware of any research on this methodology, it is becoming established as the principle methodology for online brand research, and has become adopted as a net standard within the market research
industry, championed initially by Brand+ and its commercially recognised ‘Net Promoter’ score.

The opportunity to leave comments on the subject was provided via a free text entry at the end of this section, offering a further qualitative insight into the subject matter.

Section 3

This provided a thank you message for completing the survey, and the opportunity for respondents to enter the free draw and/or request a copy of the completed research by leaving their e-mail address, for the reasons outlined in the following section.

Sample

The key to achieving good representation of the population is random sampling, which ensures any differences between the sample and the total population are down to chance (Bruce, Pope and Stanistreet, 2009). To achieve this, a simple random sample was chosen from British Acupuncture Council registered practitioners who are listed on their website. To ensure that no regional bias was introduced into the survey, a search was conducted by county, and the first, middle, and last names on each page were chosen. When the individual listed had no e-mail address, initially the next, or then the previous practitioner on the list with e-mail was selected. This created a total sample size of 469 individual practitioners (this list is available by request, but isn’t included within this document in line with regulation by the Data Protection Act), broken down by region as detailed in appendix 2:
A response rate of between 10-15% was projected based upon the authors 25 + years of writing, commissioning, and analyzing research surveys, with a minimum number of 50 completed surveys desired to give a basis for analysis. To encourage completion of the survey, a £15 Marks & Spencer’s Voucher was offered to a winning responder (name drawn at random), and the opportunity to receive an electronic copy of the research was made available to anyone that wanted it. A hard copy of the questionnaire, and link to the electronic version e-mailed to practitioners is included in appendix 6.

The questionnaire was tested by the authors dissertation supervisor, 3 student colleagues, and a director of a market research company to ensure that it was clear, coherent, and the digital delivery worked correctly. At this stage, no amendments were deemed to be necessary.

Data Collection

There are a number of companies that offer online survey writing and electronic delivery. Having reviewed these, comparing ease of use, flexibility, speed, and cost, (whilst many are very similar in their offering), Survey Gizmo (http://www.surveygizmo.com) was chosen.

An initial e-mail, with a link to the electronic questionnaire, was sent to the random sample, followed by a thank you once the survey had been completed. A polite reminder/follow up was sent to practitioners who had not responded five days after the initial send (appendix 6).
This data was collated electronically online for analysis. A cut off point of 1 week after the reminder had been sent was made, as it was unlikely a significant number of responses would be received after this period.


Survey Of Students

Objectives

To understand the opinions of clinical year students as to whether they would consider doing an apprenticeship at the end of their degree, whether they would want payment, how far they would travel to do one, how long it should last, and what benefits and barriers they considered important were they to become an apprentice.

Methodology

As broad a range of views as possible was sought, for this reason an electronic questionnaire was chosen as the most appropriate research tool. A quantitative comparison was possible between students and practitioners using the same research methodology. The time and costs involved were also limiting factors.

Design

The questionnaire was kept short, knowing that all respondents are currently involved in writing their own dissertation and/or they have just entered the clinical phase of their course. As such time is precious, and any over demanding survey would yield a high rate of incomplete responses. A maximum of 5 minutes to complete the questionnaire was required, so questions were paired down to the essential facts to achieve this. The questionnaire was tested by the director of a research company, and three students, none of whom are involved in the healthcare industry. The objective was to ensure that the questionnaire flowed correctly, there were no mistakes, and was clearly understood. A copy and link to the electronic version of the questionnaire can be found in appendix 7.

Sampling

The sampling strategy was very straightforward. The survey was e-mailed to all members of classes 09.1, and 09.2. As the author is a member of 09.1, he had ready access to all the respondents e-mail addresses, and permission to contact them. The survey was distributed to 09.2 through Mr. Alex Evans, their class representative.
Only clinical year students were chosen to participate, as they were deemed sufficiently far through their degree to have an understanding of the additional level of postgraduate education that might be appropriate.

Students from other colleges are outside the scope of this piece of work, due to the complexities of contacting them, and the different structures of their syllabuses.

**Data Collection**

As for the survey of practitioners, Survey Gizmo was chosen as the best method for distributing the survey and collating the results. A link to the online questionnaire was e-mailed, and data was collated on the website. The information was then exported to Microsoft Excel for analysis.
Results and analysis

Action Research

Because of the nature of the action-research process, the convention of the author referring to herself in the third person makes for convoluted expression and hard reading. After consultation, I have decided to adopt a first-person narrative voice.

Cumulative No. Treatments

In total, I was privileged to observe, and/or, be an integral part of 96 treatments, an average of 8 per day. The advantage of working in a community multibed is the volume of people that come through the door. This effectively doubled the number of treatments witnessed over the three years of clinical observations that I had undertaken as part of the degree curriculum.
In total, I was able to observe or become involved in the treatment of 19 different patients. Prior to commencing this apprenticeship, I hadn’t seen a patient more than once. The clinical observation and patient in class segments of the degree course had exposed me to a variety of different complaints and syndromes, but had not afforded the opportunity to view the outcome of a treatment, or any subsequent treatment planning.

I personally felt that this exercise plugged a great hole in my experience, and knowledge. It gave me an understanding of how pulse changes translated into subsequent improvement (or not) in symptoms. I was able to appreciate how changes can be made to treatment planning based upon reactions to previous treatments.

Whilst these wouldn’t necessarily be important learnings when transitioning from college to practice, they were invaluable for me before entering the college student clinic.
A range of different health complaints were treated during my time at Stepping Stones. Whilst I'm not aware of any official figures, this probably reflects an average breakdown of the types of patients that would visit a typical non-specialised clinic.
As these figures illustrate, there was an emphasis on the administrative functions of the running of a practice, this in itself, was a valuable experience. Over time, as the practitioners confidence in me grew, I did however become involved in the treatment of patients, removing the needles for half of the patients visiting the clinic. I also had the opportunity to practice cupping, both static and sliding, use moxa rolls and moxa on needles, and give additional Tui Na treatments to 9 patients.

### Mini-PAT Results - Improvement Of Skills

<table>
<thead>
<tr>
<th>Skill Set</th>
<th>Mid Assessment</th>
<th>Post Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates the knowledge, attitudes, behaviours, skills andcompetences to be able to take a history</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Demonstrates the knowledge, attitudes, behaviours, skills andcompetences to examine patients</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Demonstrates the knowledge, attitudes, behaviours, skills andcompetences to diagnose and make clinical decisions</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Demonstrates the knowledge, attitudes, behaviours, skills andcompetences for safe prescribing</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Demonstrates the knowledge, attitudes, behaviours, skills andcompetences for medical record-keeping, letters, etc</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Demonstrates appropriate time management and organisational decision-making</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

0 - Not witnessed, 1 - Well below expectations for a 3rd year acupuncture student, 2 - Below expectations for a 3rd year acupuncture student, 3 - Borderline for a 3rd year acupuncture student, 4 - Above expectations for a 3rd year acupuncture student, 5 - Well above expectations for a 3rd year acupuncture student

None of these skill sets were witnessed prior to the initial assessment, so this data has been excluded from the chart. Significant progress in history taking, diagnosis and time management were made advancing my abilities beyond the normal level expected for a 3rd year student.
Many of these aspects weren’t really my responsibility, and I wasn’t especially involved in them, so little progress was made. However, a great emphasis is placed on safety and hygiene during graduate training, so any improvements would be measured from a pre-existing high standard.
Mini-PAT Results - Communication

0 - Not witnessed, 1 - Well below expectations for a 3rd year acupuncture student, 2 - Below expectations for a 3rd year acupuncture student, 3 - Borderline for a 3rd year acupuncture student, 4 - Above expectations for a 3rd year acupuncture student, 5 - Well above expectations for a 3rd year acupuncture student

There were a number of areas that weren’t relevant to the period spent at Stepping Stones (although they would be for a postgraduate apprenticeship), so there was little change in the scores. However, significant improvement to well above the expected standard was made in key areas, most notably consultation skills, the relationship with patients, and ability to explain the concepts of Chinese Medicine.
Significant progress was made developing rapport and communicating with patients.

This was a key area for me, as I have had no previous clinical experience, or exposure to the caring or medical professions.
Mini-PAT Results - Treatment Planning

As with previous analyses, there was insufficient evidence to evaluate performance at the initial stage of assessment, so these results are excluded. Progress to beyond the level expected was made in treatment planning and ability to make necessary changes dependent upon the outcomes of previous treatments. The improvement was recognised during the involvement in daily, pre-clinic, patient discussion meetings, when case histories were considered. Selection of points to use was the responsibility of the practitioner, and these frequently changed from those discussed, due to the presenting symptoms of the patient.
Direct assessment of needling technique in the mini-PAT has been excluded, as this was a skill not performed in accordance with college and clinic guidelines. Removal of needles, and maintain standards of hygiene in accordance with BAcC recommendations were central to the role of this apprenticeship. Improvement beyond the level expected was made, except in the case of establishing a clean field. The standards required of a year 3 student with regard to this are extremely high, so this score reflects the expected level of competency rather than absolute ability.
Mini-PAT Results - Cupping

<table>
<thead>
<tr>
<th>Task</th>
<th>Mid Assessment</th>
<th>Post Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organise a clean field</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Choose appropriate cups for treatment</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Position patient appropriately for cupping</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Explain to patient clearly and with rapport</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Light a flame and remove air from a cup in</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Apply a cup with an appropriate amount</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Apply a cup with weak suction</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Apply a cup with medium suction</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Slide a cup when using moving cup</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Remove a cup using the required technique</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

0 - Not witnessed, 1 - Well below expectations for a 3rd year acupuncture student, 2 - Below expectations for a 3rd year acupuncture student, 3 - Borderline for a 3rd year acupuncture student, 4 - Above expectations for a 3rd year acupuncture student, 5 - Well above expectations for a 3rd year acupuncture student

Fig xi

No cupping was performed prior to the initial assessment so results for this stage of the research have been excluded. I had taken a CPD course on cupping at the college prior to commencing the apprenticeship, which is reflected in the standards attained by the end of the 12 weeks.
Mini-PAT Results - Moxa

0 - Not witnessed, 1 - Well below expectations for a 3rd year acupuncture student, 2 - Below expectations for a 3rd year acupuncture student, 3 - Borderline for a 3rd year acupuncture student, 4 - Above expectations for a 3rd year acupuncture student, 5 - Well above expectations for a 3rd year acupuncture student

Considerable progress was made after 12 moxa treatments to above average scores.

The selection of moxa treatments and positioning of the patient was performed by the practitioner, which is reflected in the scores. As with cupping and needling, the expectation of a high awareness of hygiene meant little change to this measure. No moxa usage was witnessed prior to the initial assessment, so these scores have been omitted.
Mini-pat Results - Tui Na

Ensure personal hygiene and cleanliness
Select and use appropriate techniques
Apply an appropriate amount of pressure during treatment
Maintain good rapport with the patient throughout the treatment
Identify any problems, blockages or deficiencies through palpation

<table>
<thead>
<tr>
<th></th>
<th>Mid Assessment</th>
<th>Post Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure personal hygiene</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>and cleanliness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select and use</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>appropriate techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apply an appropriate</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>amount of pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>during treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain good</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>rapport with the patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>throughout the treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify any problems,</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>blockages or deficiencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>through palpation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

0 - Not witnessed, 1 - Well below expectations for a 3rd year acupuncture student, 2 - Below expectations for a 3rd year acupuncture student, 3 - Borderline for a 3rd year acupuncture student, 4 - Above expectations for a 3rd year acupuncture student, 5 - Well above expectations for a 3rd year acupuncture student

Tui Na was performed on 9 occasions, almost exclusively on musculo-skeletal patients. Improvement was measured across all scores directly related to this practice.
Survey Of Practitioners

Response Rates

<table>
<thead>
<tr>
<th>Total No. Surveys Sent</th>
<th>469</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Responses</td>
<td>108</td>
</tr>
<tr>
<td>Partial Responses</td>
<td>19</td>
</tr>
<tr>
<td>Response Rate (inc. Partials)</td>
<td>27.1%</td>
</tr>
<tr>
<td>Response Rate (exc. Partials)</td>
<td>23.0%</td>
</tr>
</tbody>
</table>

About The Respondents

Q1: How Long Have You Been Practicing Acupuncture?

The average respondent has been practicing acupuncture for 6.5 years, with 60% practicing for more than 6 years. This indicates that the acupuncture profession is
primarily made up of ‘experienced’ practitioners, who would potentially have the knowledge and ability to offer an apprenticeship scheme.

Q2: How many days a week do you treat patients?

![Bar chart showing the number of days per week patients are treated]

The acupuncture industry is dominated by part time workers, with 50% working 3 days a week or less. Fewer than 2 in every 10 acupuncturists are working what would be considered to be a full time job, i.e. practicing 5 or more days a week.
Q3: On average, how many patients a week do you treat?

The number of patients treated every week reflects the part time nature of the business. A staggering 70% of practitioners are treating fewer than 20 patients. It's unclear whether the number of patients being treated is a driver for the part time nature of the profession, or whether a preference for part time work limits the number of treatments.
Q4: What type of practice do you work in?

There was an option to tick more than one answer if this was appropriate.

![Graph showing practice types](image)

The part time, low patient count, nature of the profession is reflected in the location of a practitioners work. The majority are either working in a multi disciplinary clinic, or are based from home. Only 7% work in a specialist acupuncture clinic, 13% in a multibed, and 18% in a clinic on their own. It’s possible that the level of income generated by acupuncturists is insufficient to maintain the cost infrastructure to support a practice. Whilst this is beyond the scope of this dissertation, it raises the question as to whether there is a suitable foundation on which an apprenticeship scheme can be built.
Q5: Would you ever consider taking on an apprentice - either a student or recently graduated Acupuncturist?

There is a predominant feeling amongst acupuncturists that they would consider taking on an apprentice, with nearly half (48.1%) saying they would, and only 27.4%, just over a quarter, saying they wouldn’t.

Does experience affect a practitioner’s propensity to take an apprentice?
When these figures are further analysed, experienced practitioners with more than 10 years experience are 14% more likely to consider taking on an apprentice. The low propensity of acupuncturists with 9 to 10 years experience is considered a blip due to sample size, as it doesn’t reflect the general trend towards more experienced practitioners being more likely to consider an apprentice. These figures were obtained by cross tabbing the number of years practicing against the willingness to take an apprentice.

Does how busy a practitioner is, change their propensity to take an apprentice?

<table>
<thead>
<tr>
<th>Patients/week</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10</td>
<td>64</td>
<td></td>
</tr>
<tr>
<td>11-20</td>
<td>94</td>
<td></td>
</tr>
<tr>
<td>21-30</td>
<td></td>
<td>141</td>
</tr>
<tr>
<td>31-40</td>
<td></td>
<td>115</td>
</tr>
<tr>
<td>41-50</td>
<td></td>
<td>206</td>
</tr>
</tbody>
</table>

If the data is analysed to consider the propensity to take an apprentice relative to how busy an acupuncturist’s practice is, practitioners with more than 40 patients a week are over twice as likely to take an apprentice. A minimum of 20 patients a week is needed before a practitioner shows an increased demand for an apprentice.
Of those respondents that expressed an interest in ‘employing’ an apprentice, 59% would consider either a qualified acupuncturist or a student. This demonstrates that the educational stage of the apprentice isn’t that important. The limiting factor would be the tasks that the apprentice is required to carry out.
Q6: If you were to ever employ an apprentice, would you consider paying them?

Only 21% of respondents would consider paying an apprentice in any shape or form, with one third not entertaining this as important. The majority, 46% weren’t sure on the matter.
Q7. The Government subsidises and helps business employ apprentices. If this scheme were available to Acupuncturists, would you consider employing an apprentice?

The government has an aggressive programme to recruit business and individuals into apprenticeship schemes. Whilst these are predominantly targeted at young, lower skilled positions there are various regional and industry specific graduate apprenticeship programmes. Whilst none are relevant to acupuncture at the moment, should a scheme that subsidises practitioners to employ an apprentice be made available, there is little change as whether an individual practitioner would definitely want to take on an apprentice, i.e in Q5 48% would consider taking an apprentice versus 47% here. There is a significant shift away from No (27% to 20%) to Not Sure (25% to 34%). If it became available this suggests there is a role for greater information sharing between acupuncturists to assess its potential.
Q8. Which of the following, would you consider to be important when taking on an apprentice?

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0</td>
<td>Acupuncture would be more credible with other professions</td>
</tr>
<tr>
<td>6.6</td>
<td>I would hope to learn from somebody else’s opinion</td>
</tr>
<tr>
<td>7.6</td>
<td>I would enjoy passing on my knowledge</td>
</tr>
<tr>
<td>3.8</td>
<td>I would be able to treat more patients</td>
</tr>
<tr>
<td>3.8</td>
<td>My practice would be more efficient</td>
</tr>
</tbody>
</table>

These answers were scored on a scale of 0 to 10, with 10 being highest scored very important. Clearly the main reason for considering an apprentice is a practitioners desire and enjoyment to pass on their knowledge, followed by being able to get a fresh perspective that an apprentice can offer. There is little consideration to the business benefits that an apprenticeship can give, possibly due to the generally low levels of patients treated by most practitioners.
Q9. What do you consider to be the barriers for you taking on an Apprentice?

![Bar chart showing the main barriers to entry for employing an apprentice]

The main barriers to entry for ‘employing’ an apprentice are however more practical. The lack of need for an extra pair of hands, and the increased administrative burden placed on practitioners are the main obstacles to becoming involved in any apprenticeship scheme. Where 10 is of real importance, the cost (5.9), need (6.1), and increased management or administration (5.7) were the highest scorers, with few respondents not believing there is any benefit (3.1).

There was an opportunity to leave comments at the end of the survey. There were a wide range of useful and interesting suggestions which added a qualitative dimension to the quantitative data gained from the questionnaire. The full list of comments are in appendix 9, but some key thoughts that develop the findings of the survey are as follows:
Some comments highlighted the practical difficulties of ‘employing an apprentice’:

By the time that you have paid all expenses and tax there is little left to pay another person. The only real benefits would be to the apprentice. Most acupuncturists have sporadic workloads and so the apprentice would need to be very flexible. If I had a multi bed they would be more useful and I would seriously consider having one.

It should be available but most practitioners are struggling to find enough patients for themselves. We make more money treating people ourselves and can rely on level of treatment people are receiving under our reputation.

Issues of confidentiality alter the dynamic between client/patient and practitioner. Something to aim for but my practice is not big enough, nor lucrative enough to accommodate a regular apprentice.

The issue of data protection was raised as well:

It is important to remember that private patients may not always consent to more than one practitioner holding their confidential information.

There was however general support of the idea:

I think it’s an excellent idea. I spent my first year after qualifying doing voluntary acupuncture work to gain experience. I think it’s vital to treat as many people as possible after qualifying and to gain experience from more established practitioners.

I think Apprenticeship fits better with a TCM model rather than a Five Element Model, but I believe that one to one training/mentoring in a regular clinical setting would be a valuable learning experience.

As a graduate I would have welcomed the opportunity to be apprenticed to an experienced acupuncturist. I would consider providing apprenticeship opportunities as a means of training potential locum practitioners. However cost would definitely be a barrier.

There were also some very valid reasons why apprenticeships might not work:

Taking on an apprentice or student would take up a lot of time. Some people could be a boon and some could be a drain on my resources. It’s a risk to take on when self employed.

I do not think that it is appropriate and could actually lead to a damaged reputation for the qualified acupuncturist. Most of my business is gained from my reputation.

Why I do not like the idea: Bad habits/practices could be passed on, there needs to be a general standard that only studying at a college can provide. Apprenticeships are for semiskilled trades.
Survey Of Students

Response Rate

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No. Surveys Sent</td>
<td>57</td>
</tr>
<tr>
<td>Completed Responses</td>
<td>35</td>
</tr>
<tr>
<td>Partial Responses</td>
<td>0</td>
</tr>
<tr>
<td>Response Rate</td>
<td>61.4%</td>
</tr>
</tbody>
</table>

The data from the survey was collated online, and exported to Microsoft Excel for analysis. The following represents the key findings. Any data that didn’t contribute towards the discussion has been omitted to keep the findings succinct and relevant.

Q1. Would You Consider Doing An Apprenticeship When You Graduate?

No students felt that serving some form of an apprenticeship post graduation was not relevant to them. The majority, over half (54%), didn’t think payment was an important consideration, and would be happy to work for nothing to gain the experience.
Q2: How Long Do You Think An Apprenticeship Should Last?

In general, respondents considered an apprenticeship to be longer term, with only 23% thinking it should last less than 6 months. 34% would commit to a year or longer, illustrating the high value that they place on clinical learning as a means of extending their education.
Q3. How long would they spend traveling to a clinic or practitioner?

Students are prepared to travel some distance to take an apprenticeship, with 51% prepared to spend more than 41 minutes travelling. Between 21 and 40 minutes was the most popular consideration, which could also be seen to indicate a strong commitment to partaking in a scheme.
Q4. What are the perceived benefits of undertaking a postgraduate apprenticeship?

When considering the key benefits that students believe that they would get from serving an apprenticeship, their key perceived outcome, is their improvement in diagnostic abilities, followed by building their knowledge of theory, and learning skills, and information that cannot be readily taught in the classroom. Few are interested in building knowledge to specialize in a specific area of acupuncture, and they don’t see developing business acumen as one of the most important of personal developments.
Q5: What do you consider to be the main barriers of undertaking an apprenticeship scheme?

There are 2 significant barriers to students entertaining an apprenticeship role in the future: Most important is the need to start earning some money after years of study and the associated cost; the second factor being the lack of any formalized structure to an apprenticeship programme from the BAcC. This reflected my experience of participating in an informal apprenticeship, which whilst being extremely enjoyable and enriching, had no structured educational goals or targets.

There was an opportunity to leave comments on apprenticeship at the end of the survey, the full list of which are in appendix 10:

I find it absolutely staggering that there are no apprenticeships available in the UK, in Japan it would be absolutely unheard of for a newly qualified practitioner to start treating without having spent another five years learning under a master.
I have a practitioner - outside of college - who is a constant source of inspiration and education - I cannot stress how wonderful it is - invaluable!

However, there was a warning raised:

In Italy schemes such as these sprung up everywhere. Lawyers and accountants to name a few professions that enjoy cheap labour. Former students are not paid a dime after 6 years of university because they are learning on the job, for which they have to be grateful. Their parents support them. I wouldn’t want this scheme to end up providing cheap labour, especially after the costs a student has to meet in order to qualify.

And it’s a concept being actively pursued by some:

I have actually been offered an apprentice position with an acupuncturist I did some obs with. He is looking to retire and asked if I would be interested. The subject of money did not come up, but I need to start earning as soon as possible, and so doubt I could do anything too time consuming without being paid for it, unfortunately.
Conclusion.

Apprenticeship is deep rooted in the traditions of Acupuncture, but the method of teaching has become lost in the quest to gain recognition from the medical profession. In the way that we hold onto the early theories of Chinese Medicine, and apply them to a modern western society and it’s illnesses, there is a case for maintaining the educational paradigm that educated some of the most revered practitioners in history.

The apprenticeship model is widely recognized as an effective way of developing the skills required by an individual, instead of, or in addition to, a degree level qualification. As such, it’s a system adopted and adapted by many industries, including the medical establishment that we so keenly seek to impress.

Currently the onus is on the individual to seek an apprenticeship or an apprentice, as there is no formalized curriculum, structure or standard as to how these should work. Whilst the feudal master – disciple type relationship isn’t appropriate within our modern culture, there is evidence that both practitioners and soon to graduate CICM students want to, or are at least willing to, adopt a modern apprenticeship scheme in some shape or form. This is matched by a desire, especially amongst senior practitioners to ‘hand down’ their knowledge. This suggests that the BAcC need to consider a formalized, albeit voluntary, apprenticeship model, to help match the clinical education deemed essential by regulated professions such as Osteopathy and Chiropractic.

There are many obstacles. If figures published in The Guardian (2009) are to be believed, there are 3,000,000 people receiving acupuncture treatment every year, from 3,200
practitioners, meaning an average of 18 patients per week for each acupuncturist. These figures are backed up by research conducted for this dissertation that 70% of practitioners are treating less than 20 patients a week, with fewer than 1 in 5 working full time (5 days or more per week). This suggests a profession that could be considered as predominantly part time, and as such makes establishing an apprenticeship model difficult.

The author, for one benefited from the opportunity to work with an experienced practitioner in a busy practice. The results of peer assessment demonstrate an increase in ability to beyond that expected of a third year student. These figures don’t express the personal increases in confidence achieved prior to entering the final clinical year of a degree education.

The raw facts are that 50% of new businesses fail in the first year, and four out of every five in the first three years. It’s daunting to set up your own business, and you need a vision and 120% commitment to make it succeed. Our profession isn’t any different to any other business sector, and success is even harder when you’re still learning your trade. There are many factors that will influence success in the future including the much debated reform of the NHS and the healthcare system, and there is a lot of optimism for the growth of our profession. To harness the potential there is a need for an educated and effective body of practitioners. The development of an apprenticeship scheme will help deliver this.

There is an opportunity of incorporating my experience within the CICM degree curriculum. There currently isn’t an opportunity to observe successive or multiple treatments on an individual patient, which the author feels is limiting, especially for students with little or no clinical experience or treatment from acupuncture. The third year
clinical observations are an obvious vehicle to be a more patient and treatment focused exercise to develop a student’s practical knowledge prior to taking the big step of entering the clinical phase of their education.
Reflection

On reflection the scope of this study was large, trying to consider many different facets of apprenticeship was challenging, and to an extent, skimmed across the subject from many different angles. Each of the individual areas of research could have provided sufficient material for a dissertation in their own right. However, the holistic approach taken proved to develop a more rounded view on the topic. Considering the topic from a personal, practitioner, and student viewpoint provided a more developed context for the outcomes of the individual research projects.

The time I spent at The Stepping Stones Project was personally extremely valuable in the development of my skills and knowledge. The time was as beneficial to developing my own personal confidence, ability, and enthusiasm to succeed as a practitioner, as gaining real insights into the practical functioning of an apprenticeship. On reflection, the methodology used to evaluate the success of the programme was very focused on an external measurement of improvements in my abilities, rather than measuring my own personal feelings. I have tried to extend the quantitative results with a more qualitative assessment based on my own personal experience. The lack of structure as to what constitutes an apprenticeship was perhaps limiting as to the value of an apprenticeship. I entered, and left without a real focus on the skills I needed to build.

I feel that the practitioner survey was carried out in a way that gave an interesting insight into the views of a range of practitioners on the subject. In hindsight, there was little I would change.
The distribution of the survey amongst fellow students could have been handled better, and a higher response rate achieved. I was grateful for the class rep of 09.2 to e-mail the class and request them to complete the questionnaire. I didn’t however, give any timings and the need for the task to be completed quickly. This led to a poor response from the class. It would also have been interesting to include the age, marital status, age of children, of the student in the survey – there is a bias towards mature students, and it’s unclear whether this is a limiting factor in the ability to extend education due to personal or life stage considerations.

There are other areas that I would liked to have covered, including the view of educators, practitioners who have implemented an apprenticeship scheme and the British Acupuncture Council. This would have broadened the findings of the project, but in reality, the time and word constraints of the dissertation meant that they had to be excluded.

From a personal perspective, I feel that this dissertation adds to the debate on the future of acupuncture education, but fails to provide any robust solution to the problems that are faced.
Further Work

This is a complex subject, and considerable more work is required to understand the future, and the best way for the education of acupuncture to evolve. There are some key areas that this piece of research didn’t explore, and some that have evolved from the findings.

The opinions of the medical profession need to be sought to understand whether any changes to the structure of the training would benefit the profession, and improve the integration of acupuncture within the NHS. There is also scope to consider whether experience can be developed within the framework of public health.

There is scope to evaluate the infrastructure of the acupuncture profession to understand whether it’s substantive enough to accommodate any apprenticeship scheme.

A more in depth analysis of the benefits of apprenticeship in other professions would be interesting to understand how an apprenticeship could work, and what benefits would be accrued by both students and patients.
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