Teaching acupuncture: the Brazilian Medical Residency Programme

Jéssica Maria Costi,1 João Bosco Guerreiro da Silva,2 Li Shih Min,3 Ari Ojeda Ocampo Moré,4 André Luis Hokama2

Abstract
Acupuncture has had a successful story in Brazil. With its use in the public health system supported by legislation since 1988, its recognition as a medical specialty in 1995 enabled the introduction of an annual board examination and the creation of an official Medical Residency Programme. Since then, medical acupuncture has developed considerably, mostly through its massive spread into the Brazilian public health system. Brazil is the only country outside China that has created a Medical Residency Programme on Acupuncture. The 2-year programme consists of 5760 training hours, beginning with major clinical areas (internal medicine, neurology, orthopaedics and gynaecology) during 24 weeks in the first year. The residents study and practice acupuncture using the traditional Chinese Medicine approach and also the biomedical model. Specialists educated by this programme are therefore expected to have an optimum knowledge of both Western and Eastern medicine. Since it was first created, nine public health institutions have adopted the residency programme on acupuncture so, rather than being an alternative therapy, acupuncture has become an easily accessible and well-accepted conventional medical resource in Brazil.

INTRODUCTION
The recognition of acupuncture as a medical specialty in Brazil in 1995 triggered a process of consolidation of an already successful story. Although its use in the Brazilian public health system had been supported by legislation since 1988,1 its recognition as a medical specialty enabled the introduction of an annual board examination in 1999 and the creation of an official Medical Residency Programme in 2002 (see online supplementary file).9 Since then, specialisation in acupuncture could only be done on postgraduate courses, with an average of 720 h comprising a theoretical basis and practical training.

BACKGROUND
In 2001 the WHO published ‘Legal Status of Traditional and Complementary/Alternative Medicine: A Worldwide Review’ which did not mention acupuncture as having complementary and alternative medicine (CAM) status in Brazil.3 Although introduced and recognised later than other CAM therapies, the growth of acupuncture as a medical specialty in Brazil has been strong, comprising the foundation of a specialty society, an annual board examination and an annual national conference attended by international speakers. Currently, the web page of the Acupuncture Society states that more than 3500 medical doctors are practising the specialty, although only 1234 doctors are registered as acupuncturists in the (voluntary) Federal Council of Medicine database. Of the total number, 64.5% also practise other specialties, the most common being anaesthesiology.4

Correspondingly, an increasing number of scientific studies have been conducted worldwide, enhancing the role of acupuncture in various medical conditions. From the well-known and accepted effects on nausea and vomiting6 to the extensively studied effects on low back pain7 8 and rheumatic conditions,9 10 acupuncture is currently included in the treatment of conditions as diverse as rhinitis,11 temporomandibular joint dysfunction12 and urinary incontinence.13 Studies on the effects on neurological,14 15 paediatric,10 16 and obstetrical and gynaecological conditions,17 18 19 should also be noted. In such an interdisciplinary scenario, a profound understanding of the clinical role of acupuncture is needed.

This changing picture has raised some issues concerning the organisation of medical acupuncturists, with a more comprehensive basis being demanded. Since 1999 the Brazilian Medical Association has organised a board examination on acupuncture for qualification as a specialist. Until then, specialisation in acupuncture could only be done on postgraduate courses, with an average of 720 h comprising a theoretical basis and practical training.

THE RESIDENCY PROGRAMME
The National Committee of Medical Residency (Comissão Nacional de Residência Médica—CNRM), subordinated to the Ministry of Education (Ministério da Educação), created the official Residency Training Programme in 2002 (see online supplementary file).9 Since 2004, residency programmes on acupuncture, with an extensive approach comparable only to those offered in China,
have been operational in Brazil. At present, nine programmes are available in teaching institutions (figure 1).

The 2-year programme includes a comprehensive list of traineeships in different clinical areas (internal medicine, neurology, orthopaedics and obstetrics/gynaecology) to be carried out during 6 months in the first year. Thereafter, the specific practice in acupuncture begins, performed in several outpatient departments with different staff collaborators. Besides acupuncture practice, optional traineeships can be attended which increasingly include the important topic of physical medicine and rehabilitation. Also, as part of the programme, the resident is expected to learn about Traditional Chinese Medicine, Western medical acupuncture, microsystems (ear, scalp and hand acupuncture), anatomy, neurophysiology, biomechanics as well as reading and discussing related literature including original papers and reviews (figure 2).

It should be noted that each year of the Residency Programme comprises 48 working weeks with up to 60 training hours per week. The resident undergoes four written tests per year and, in some institutions, must also write a research paper as a conclusion to the programme. Also, as confirmation of the evolution of the medical specialty, the introduction of an additional (third) year has been approved, comprising experience in the management and treatment of pain disorders.

**EXPERIENCE, PROBLEMS AND CONCERNS**

Acupuncture residency is an extensive programme, carried out in a general hospital in basic clinical and surgical areas with many professionals involved. The official programme also includes activities in basic health units and other outpatient departments. The resident therefore has to meet a number of requirements including demands from several collaborators, constantly moving from one facility to another, with the consequent need to adapt to different routines in different settings. In addition, the resident must complete theoretical modules in order to fulfil the training programme. This multiple task programme can generate group identity issues since the training may begin in a specialty other than the one the resident has chosen. As a result, the resident can find the 2-year programme very stressful.

The very existence of residency programmes in acupuncture in general hospitals brings more ‘visibility’ to the specialty, which has also generated some interesting interactions. There is an increasing demand for acupuncture therapy for inpatients from clinical and surgical specialties, with a wide scope of cases ranging from the side effects of chemotherapy to high-risk pregnancy conditions. Also, more patients are referred from other specialties to acupuncture outpatient departments, mainly from family and community medicine, internal medicine, orthopaedics, rheumatology, infectious diseases and occupational medicine. The resident may also bring in patients from traineeships in basic areas or from emergency room shifts.

Since the beginning of the Brazilian Residency Programme on Acupuncture, 34 medical doctors have been trained (figure 1). Along with the expected excellence in clinical practice,
it can be noted that our former residents tend to be more involved in acupuncture research and teaching, with outstanding participation in scientific debate and discussions at acupuncture conferences. Some, including the two former residents co-authoring this article, are engaged in Masters and Doctoral postgraduate programmes. Furthermore, some former residents were invited to join the scientific board of national and international acupuncture research groups, and are also participating in the public health system Committee of Integrative Medicine.

However, it is still unclear whether former residents have better clinical results than other medical doctors trained with other regular courses, and answering this question can be a challenging task, not only in acupuncture but also in all other medical areas. Recently, a German study showed that doctors included in the German study were trained in the residency model. It was similar, no matter what type of training or years of practice the medical doctors had undergone. It is important to note that none of these doctors included in the German study were trained in the residency model. It would therefore be interesting in the future to evaluate the performance of former participants in the Brazilian Residency Programme.

**CONCLUSIONS**

In Brazil, acupuncture is an increasingly practised and well-accepted medical resource. As a result of the growth of the specialty, more comprehensive medical organisation is needed. The Brazilian Residency Programme on Acupuncture is comprehensive, extensive and detailed. Besides gaining skills in diagnosis and practice, the residents are also trained in different clinical areas. Throughout the programme there is a commitment that both the Chinese and Western models be taught, fused and mixed to provide a more comprehensive vision of what could be called ‘integrative acupuncture’. Thus, specialists educated by such a programme are expected to have an optimum knowledge of both Western and Eastern medicine, enhancing and contributing to the improvement in the formation and competence for medical acupuncture.

The development of acupuncture is still an ongoing process, from implementation to outcome, and the present number of 34 trained specialists seems small when compared with the total number of almost 9000 medical acupuncturists in Brazil. Nevertheless, this small number of professionals has already had a positive impact in research and in the improvement of organisation in the specialty, and this kind of motivation already meets some objectives of this long-term training.

With the creation of the Medical Residency Programme, acupuncture is being put on the same level as other medical specialties within the Ministry of Education, achieving adequate standards to meet the increasing demand for acupuncture in the public health system. This progress also means that acupuncture has a status in Brazil equivalent to medical specialties without the ‘alternative’ connotation, as seen in other countries worldwide.

**Figure 2** Topic areas for residency programme.


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