Teaching acupuncture: the Brazilian Medical Residency Programme

Jéssica Maria Costi, João Bosco Guerreiro da Silva, Li Shih Min, Ari Ojeda Ocampo Moré, André Luis Hokama

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 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 2002.2 Since then, medical acupuncture has developed considerably, mostly through its massive spread into the Brazilian public health system, but also in the private sector since medical consultations on acupuncture are accepted by health insurance providers.

To our knowledge, Brazil is the only country outside China that has created a residency programme in acupuncture. This programme consists of 5760 training hours in which residents study and practise acupuncture using both conventional Western medicine and traditional Chinese medicine approaches. Since the acupuncture residency was created, nine public health institutions have adopted the programme so, rather than being an alternative therapy, acupuncture is increasingly seen as an easily accessible and well-accepted conventional medical resource by both the population and the medical community in Brazil.

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 1254 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

Supported by legislation since 1988, the use of acupuncture is spreading into the Brazilian public health system. The progress over recent years can be observed by the increasing number of acupuncture consultations in the public health system from 109,331 in 2000 to 282,004 in 2007.5

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 pain78 and rheumatic conditions,910 acupuncture is currently included in the treatment of conditions as diverse as rhinitis11–13, temporomandibular joint dysfunction1415 and urinary incontinence.16 Studies on the effects on neurological,1415 paediatric,1617 and obstetrical and gynaecological conditions1819 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).19 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 patients 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,
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.

Data are published online only. To view this file please visit the journal online (http://dx.doi.org/10.1136/acupmed-2012-010184)

Hospital Regional de São José Dr Homero de Miranda Gomes, São José, Santa Catarina, Brazil
Faculdade de Medicina de São José do Rio Preto, São Paulo, Brazil
Hospital Universitário da Universidade Federal de Santa Catarina, Florianópolis, Santa Catarina, Brazil
Hospital Universitário da Universidade Federal de Santa Catarina (former resident), Florianópolis, Santa Catarina, Brazil

Correspondence to Professor João Bosco Guerreiro da Silva, Faculdade de Medicina de São José do Rio Preto, Rua Pernambuco, 3147 CEP 15015-770, São José do Rio Preto, SP 15015-770, Brazil; jbgssilva@hotmail.com

Acknowledgements We would like to thank our colleagues responsible for the other Medical Residency Programmes in Acupuncture: Dircieu de Lavor Sales (Pernambuco), Rassen Sadah (Rio Preto), Ruy Tanigawa (São Paulo), Wu Fu Hsing (São Paulo), Fernando Genshow (Brasil), Yuac Yamamura (São Paulo) and Durval Kraychette (Bahia).

Competing interests None.

Provenance and peer review Not commissioned; externally peer reviewed.

Accepted 19 August 2012
Published Online First 18 September 2012

doi:10.1136/acupmed-2012-010184

REFERENCES

6. Ezzo J, Streitberger K, Schneider A. Cochrane systematic reviews examine P6 acupuncture-point

Figure 2 Topic areas for residency programme.
Teaching acupuncture: the Brazilian Medical Residency Programme

Jéssica Maria Costi, João Bosco Guerreiro da Silva, Li Shih Min, Ari Ojeda Ocampo Moré and André Luis Hokama

*Acupunct Med* 2012 30: 350-353 originally published online September 18, 2012
doi: 10.1136/acupmed-2012-010184

Updated information and services can be found at:
http://aim.bmj.com/content/30/4/350

These include:

**Supplementary Material**
Supplementary material can be found at:
http://aim.bmj.com/content/suppl/2012/09/17/acupmed-2012-010184.DC1

**References**
This article cites 13 articles, 2 of which you can access for free at:
http://aim.bmj.com/content/30/4/350#BIBL

**Email alerting service**
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/