

Accredited Registers

Condition Review: British Acupuncture Council (BAcC)

1. Outcome

- 1.1 At the British Acupuncture Council (BAcC)'s most recent annual review, the Professional Standards Authority ('we') issued four Conditions on its accreditation, two of which had to be completed by 29 July 2021 (see paragraph 2.2). This report sets out our review of whether BAcC met these Conditions.
- 1.2 We found that BAcC met Conditions two and three.

2. Background

- 2.1 We assess registers against our *Standards for Accredited Registers* (the Standards). Where a Register has not met a Standard, we can issue Conditions. A Condition sets out the requirements and the timeframe for a Register to meet the Standards.
- 2.2 At BAcC's most recent annual review, completed in April 2021, we issued the following Conditions, Conditions two and three had to be implemented by 29 July 2021.

BAcC must:

1. review and update its risk matrix to ensure that risks relating to misleading advertising are adequately considered. BAcC must provide an updated version of its Risk matrix to the Accreditation team by the time of its next assessment.
2. complete its review of its Codes and relevant guidance to ensure that its requirements in terms of advertising are clear for its registrants. This review should ensure that expectations of registrants to provide clear and accurate information applies in face-to-face settings, as well as written communications and advertising. BAcC should provide copies of any updated policies, procedures and guidance to the Accreditation team within three months of publication of this report.
3. carry out a review of the information it provides on its own website to ensure consistency with the *Advertising Standards Authority's Committees of Advertising Practice (ASA CAP) code*¹² and develop a monitoring system to ensure that its registrants are complying with the ASA CAP code. BAcC is to provide a report to the Accreditation team within three months of publication of this report describing the outcomes of this review and the monitoring system it has put in place.
4. provide a report to the Accreditation team after the first three months of monitoring has taken place, setting out findings and any actions taken.

¹ <https://www.asa.org.uk/codes-and-rulings/advertising-codes/non-broadcast-code.html>

² <https://www.asa.org.uk/advice-online/health-acupuncture.html>

- 2.3 BAcC's annual review outcome³ provides the background for these Conditions.
- 2.4 This report discusses the actions BAcC took to meet Conditions two and three, as well as our decision about whether these Conditions are met. BAcC's responses to Conditions one and four will be considered in due course.
- 2.5 We reviewed the following evidence:
 - a) BAcC's report about what it had done to meet Conditions two and three,
 - b) the [research landing page](#) on BAcC's website,
 - c) BAcC's Guide to Advertising: Discussing the Evidence and its
 - d) Advertising Codes: BAcC Monitoring Process (Pilot)

3. Panel discussions

Condition Two

- 3.1 BAcC developed *A Guide to Advertising: Discussing the Evidence* for its registrants. This guide highlights the relevant section of its *Code of Professional Conduct* and provides links to the relevant ASA CAP code guidance. The guide clearly states BAcC's expectation that registrants will follow the ASA CAP code. It specifies that its registrants should not claim to treat cancer and highlights that 'discouraging an individual from seeking medical advice would likely be considered to breach your duty of care, as set out in the Code of Professional Conduct.' The guide includes a list of conditions that registrants are permitted to use in their advertising and advice about language and use of testimonials.
- 3.2 The guide includes a section on face-to-face interactions between the registrant and the service user, which states that:

'The Advertising Code does not restrict the conversations that you have with (potential) patients. Nevertheless, you should present the information with reference to the evidence pyramid. Make clear where on the evidence pyramid a condition sits. In practice, this means that for some conditions you will need to inform the (potential) patient that the clinical evidence simply doesn't exist or is weak/ poor quality. You may refer to your own clinical experience and those of your colleagues/ teachers. Ensure that the person understands you are speaking from the 'expert opinion' level of evidence. This is part of your duty of care to ensure that the patient understands what you are telling them, as set out in the Code of Professional Conduct.'
- 3.3 The guide also has a section on social media which states that:

'Social media now covers a wide range of different platforms, some of which are particularly limited in text, such as Twitter, whereas others allow for more discussion. In some circumstances these platforms can be treated as advertising. Our general advice to members is similar to that for presenting the evidence base on your website and face-to-face discussions. Namely, that you refer to specific research rather than make simple assertions. In addition, you should try to present a balanced perspective and the context of the relative quality of the existing evidence.'

³ <https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/panel-decisions/annual-review-panel-decision-bacc.pdf>

- 3.4 BAcC reported that it has provided additional supporting materials and links in the members-only section. It also intends to run workshops to for its registrants and send its guidance on advertising (and the new monitoring system discussed below) to the British Acupuncture Accreditation Board (BAAB) and the other colleges it accredits to ensure that students are also aware of the requirements.
- 3.5 We found that BAcC's *Guide to Advertising: Discussing the Evidence* was a comprehensive guide which provided clear links to both its *Code of Professional Conduct*⁴ and the ASA CAP code. The guide provides advice on the language that registrants can use in their advertising, the use of testimonials, face-to-face discussions and social media.
- 3.6 We noted that there was a possibility that registrants may get confused by the explanations for the rationale of the categories of conditions that could be treated, within the appendices. BAcC may want to consider gathering some user feedback on the guidance, once it had been in place for a period of time to check that registrants are finding it clear and useful.

Condition 3

- 3.7 BAcC reviewed its website and made changes to the information it provides about acupuncture. It created a research landing page with information about the evidence pyramid. This page also explains the different types of evidence available, such as systematic reviews and clinical guidelines and contains links to relevant factsheets. BAcC is currently reviewing the factsheets and anticipates that this will take about six months. We will review these as part of BAcC's renewal of accreditation later this year.
- 3.8 To try and prevent BAcC registrants from providing links directly to its factsheets and potentially misleading the public as to the level of evidence available for a specific condition, BAcC's new advertising guidance states: 'Do not include a simple list of conditions, with hyperlinks to the BAcC evidence factsheets or similar websites, with a sentence to the effect that 'Evidence regarding the effectiveness of acupuncture can be found below'.
Somebody interested in acupuncture, who sees the list, would potentially assume that there was at least a reasonable amount of clinical evidence regarding all the conditions listed. The member of the public may not click through to the factsheet/ report/ systematic review and would not see that for some conditions the evidence may be poor quality/ weak. Even though the factsheet/ report/ systematic review is accurate, stating there is a lack of evidence for the condition, a member of the public could still be misled.'
- 3.1 BAcC has developed a new monitoring system (explained *in Advertising Codes: BAcC Monitoring Process (Pilot)*) which it intends to run as a pilot for three months between August and October. After the pilot has finished BAcC will send us a report with findings, and any further changes made to its monitoring system that need to be made. We look forward to receiving this report in due course.
- 3.2 For the pilot, 30 registrants will be randomly selected and required to request a review of their marketing materials by the ASA's Copy Advice Team in early

⁴ https://acupuncture.org.uk/wp-content/uploads/2021/07/Code_of_Prof_Conduct.pdf

August. The registrants will be expected to act on any advice given to them and to send the advice and amendments to BAcC within six weeks of the notification. The changes will be assessed by at least two members of BAcC's staff team who will either agree that the amended material will likely meet the guidelines or request that further changes be made. BAcC state that the whole process, including any amendments should be completed within 12 weeks and that following this if the material has not been satisfactorily amended, it will be referred to the Professional Conduct Officer for consideration under BAcC's disciplinary process⁵.

- 3.3 After the pilot has finished, BAcC plans to monitor one percent of its membership every year. This is approximately 22 registrants a year based on the latest figures we hold.
- 3.4 BAcC told us that if it identifies a registrant's website making one of the following claims, the registrant will be required to remove the material and failure to comply may result in a professional conduct investigation:
- Risk seriously misleading a member of the public
 - Potentially breach legislation
 - Bring the profession and/or the BAcC into disrepute.
- 3.5 BAcC will also be introducing additional clauses into its annual declaration, which each registrant will be expected to sign:
- They agreed to have their websites/ advertising material monitored by the British acupuncture council.
 - That to the best of their knowledge their website advertising material is compliant with ASA guidelines.
- 3.6 We considered the *Advertising Codes: BAcC Monitoring Process (Pilot)* and noted that it contains a section on non-compliance which states that if a complaint is raised with BAcC, they will try and deal with it informally in the first instance, supporting the member to make changes. If this is unsuccessful the complaint will be escalated through the *Professional Conduct Procedure*⁶. We found that the guidance isn't clear about how BAcC would handle complaints about advertising and how these types of complaints would be escalated from informal, to formal resolution. BAcC may therefore want to consider how it can make this information clearer within its policies and procedures.
- 3.7 We found that the Conditions have been met. We welcomed the actions BAcC are planning to disseminate its new guidance to its registrants through training and to students through the courses it accredits. We found the *Guide to Advertising: Discussing the Evidence* to be comprehensive and well considered and we commend the positive and proactive approach that BAcC has taken to resolve the issues that led to the Conditions at the last annual review.

⁵ <https://acupuncture.org.uk/wp-content/uploads/2021/06/Code-of-Disciplinary-Procedures-Updated-25-March-2021.pdf>

⁶ <https://acupuncture.org.uk/wp-content/uploads/2021/06/Code-of-Disciplinary-Procedures-Updated-25-March-2021.pdf>