

Japanese Acupuncture Educational and Licensure System

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The Japanese acupuncture educational and licensure system seems quite unique from a global and historical viewpoint. Considering the expected increase of important role in future health care, Japanese acupuncture and moxibustion therapy should be further improved and exemplified.

1. Licensing system

Only licensed physicians, licensed acupuncturists, and licensed moxibustionists may provide acupuncture and moxibustion treatment in Japan.

The license of an acupuncturist or moxibustionist is specific to that person and to that field of practice.

(Legislation No. 217, Article 1, December 20, 1947)

2. License requirements

Applicants must have graduated from an acupuncture and moxibustion school recognized by the Japanese Ministry for Health, Labor, and Welfare (MHLW) or from a university or college (or in the case of the visually impaired, from a school for the blind or a center for the visually impaired) recognized by the Ministry of Education, Culture, Sports, Science, and Technology. These graduates must also pass an examination by the MHLW.

3. Current status of the national examination

At present the national examination is given under the auspices of the MHLW, and is administered by the Foundation for Training and Licensing Examination in Amma Massage-Acupressure, Acupuncture, and Moxibustion.

Foundation for Training and Licensing Examination in Amma

Massage-Acupressure, Acupuncture, and Moxibustion

<http://www15.ocn.ne.jp/~ahaki/index.html>

The first national examination was given in 1993, and examinations have been offered annually since then. The examination, which is given at 50 locations throughout Japan, consists of 160 multiple-choice questions. A score of 60 is required to pass.

The national examination does not include practicum testing which is left to the discretion of each school. A number of provisions are made to increase

the fairness of this examination for visually impaired applicants who are permitted the use of Braille and tape recordings, and who are allowed extra time to complete the examination (1.5 times longer than for sighted students). The ratio of sighted to visually impaired examinees is approximately 9:1.

The examination covers the following areas.

Topics for the acupuncturist examination (general medical treatment, sanitation, public health, related legislation, anatomy, physiology, general pathology, introduction to clinical medicine, particulars of clinical medicine, rehabilitation medicine, general theory of Eastern medicine, general theory of the meridians and acupuncture points, clinical theory in Eastern medicine, and acupuncture theory)

Topics for the moxibustionist examination (general medical treatment, sanitation, public health, related legislation, anatomy, physiology, general pathology, introduction to clinical medicine, particulars of clinical medicine, rehabilitation medicine, general theory of Eastern medicine, general theory of the meridians and acupuncture points, clinical theory in Eastern medicine, and moxibustion theory)

Recent pass rates are shown below.

Year		No. of Examinees	No. Passed	Pass rate (%)
2005	Acupuncture	4271	3396	79.5
	Moxibustion	4271	3382	79.2
2006	Acupuncture	4707	3789	80.5
	Moxibustion	4704	3785	80.5
2007	Acupuncture	5275	4068	77.1
	Moxibustion	5261	4072	77.4
2008	Acupuncture	5561	4347	78.2
	Moxibustion	5539	4344	78.4
2009	Acupuncture	5354	4216	78.7
	Moxibustion	5320	4171	78.4

4. Current status of education

1) In April 2005, there were 71 acupuncture schools for the sighted in Japan, of which 43 (2 universities and 41 private vocational schools) were members of the Oriental Medicine College Association and 28 were unaffiliated. In 1999, there were only 28 schools throughout Japan, but this number has increased since the system was reformed in 2000.

There are 69 schools in Japan for the visually impaired (1 junior college and 68 publicly funded schools for the blind or centers for the visually impaired), with approximately 300 students.

These schools offer a 3-year program in preparation for the acupuncturist/moxibustionist examination, with the option of also studying simultaneously for the examination for Amma massage/shiatsu massage therapist. Students also have the option of enrolling in the program preparing for the Amma massage/shiatsu massage therapist examination only.

The schools for sighted students have an enrollment capacity of approximately 8000 students in programs preparing for the acupuncturist and moxibustionist examination.

The 3-year program includes the following required courses and credits (hours).

Basic studies

Basics of scientific thought, social studies 14 credits

Foundation for field-specific studies

Structure and function of the human body 13 credits (anatomy, physiology)

Advances in disease prevention and recovery 12 credits (pathology, sanitation, rehabilitation medicine, introduction to clinical medicine, and particulars of clinical medicine)

Philosophy of acupuncture and moxibustion in relation to health, medical treatment, and welfare 2 credits (general medical treatment, and related legislation)

Field-specific studies

Basic acupuncture 8 credits

Clinical acupuncture 12 credits

Acupuncture in society 2 credits

Practicum (including hands-on clinical experience) 16 credits

General studies 10 credits

Total 86 credits (equivalent to approximately 2800 hours)

Credits are calculated on the basis of specifications established for Japanese universities (1 lecture credit = 15 to 30 hours, 1 seminar credit = 30 to 45 hours, 1 practicum credit = 45 hours).

The current curriculum was expanded in 2004, and at the same time the credit system was introduced and the former lists of categories and detailed descriptions of course contents were eliminated. These changes were made in order to encourage original thinking, creativity, and independence in each school.

The Oriental Medicine College Association and the National Association of Presidents of Schools for the

Blind are working together to develop educational guidelines, publish standard textbooks, standardize educational content, and maintain high standards of quality.

Oriental Medicine College Association

<http://www.toyoryoho.or.jp/index.php>

5. Current status of students and graduates

Results of two surveys performed by the Oriental Medicine College Association

First survey performed in 1998

Second survey performed in 2001

1) The ratio of women students rose in 2001 (male-female ratio 1.67:1, in comparison to 1.97:1 in 1998). The most common age range for male students was 25 to 29 (61.4% in 2001, down from 72.8% in 1998). The ratio of male students was lower for all age groups in the 2001 survey. The most common age range for female students was 21 to 24 (43.1% in 2001, in comparison to 36.1% in 1998). The ratio of women also rose in the group 25 to 29 years of age (from 26.6% in 1998 to 30.9% in 2001), while decreasing in all other age brackets. The largest number of students was in the group 25 to 29 years of age, with the largest number of men in their late 20s and the largest number of women in their early 20s. Mean age of students was 32.9 years in the second study, nearly the same as the first study (32.6).

2) The 2001 survey showed 84.5% of graduates practicing professionally, nearly the same as the 1998 study (84.2%). A higher percentage of male graduates (87.3%) were in professional practice than their female counterparts (80.4%). The most common age group represented was 40 to 44 years of age (87.2%).

Graduates not in professional practice accounted for 14.7% of the total, down slightly from the first survey (15.1%). A major change was noted in working circumstances. Considerably more graduates were running their own practice in 2001 (32.4%) than in 1998 (21.4%). Those working alone accounted for 71.5% of the total in 2001, down from 86% in 1998, while the percentage with 1 employee rose from 5.6% in 1998 to 12.3% in 2001. The average number of patients treated per day by self-employed practitioners was 9.6, down from 11.1 patients per day in 1998.

Graduates who were employed by a clinic or hospital accounted for 30.4% of the total, up significantly from 19.4% in 1998.