

The following information is based on a paper that Council President Lixin Huang presented at the Second International Congress of Chinese Medicine in Paris (Sept. 30-Oct. 2, 2005). The information has been revised from the original paper to reflect more recent developments and is reprinted here with the permission of the organizers of the congress.

## **ACUPUNCTURE AND ORIENTAL MEDICINE IN THE UNITED STATES**

**Focus of Paper.** This paper is an overview of acupuncture and Oriental medicine (AOM) in the U.S., with particular reference to AOM education and the Council of Colleges of Acupuncture and Oriental Medicine (Council).

**History in the U.S.** Interest in acupuncture in the U.S. was heightened in the early 1970's when a newspaper columnist for the *N.Y. Times* newspaper (James Reston) wrote an article about the benefits of acupuncture he received while recovering from an appendectomy in China when former President Nixon made his historic visit to that country in 1972. Most of the acupuncture organizations in the U.S. began to form in the early 1980s and their collective effort at that time was to build a credible field in the U.S. for acupuncture. Except on the west coast of the U.S., the initial focus was specifically on acupuncture rather than the broader discipline of Oriental medicine (which includes both acupuncture and Chinese herbology). This emphasis occurred because acupuncture was first presented for consideration at that time. It was only later that acupuncture colleges began to include a Chinese herbal curriculum in their academic programs. The first acupuncture school in the U.S. was established in 1975.

**Heightened Interest in Recent Years.** Since the early 1990s, the AOM field has received significant national attention. Among the events that have stimulated both professional and public interest in the profession are the following:

- a television documentary and companion book in 1993 entitled "Healing and the Mind" by a prominent American journalist (Bill Moyers)
- national surveys beginning in 1993 showing significant use by the American public of complementary and alternative medicine (CAM), including acupuncture
- regulatory action of the U.S. Federal Food and Drug Administration in 1996 reclassifying acupuncture needles from the category of "investigational devices" subject to cautionary labeling to the category of devices that are safe and effective
- a Consensus Statement of the U.S. National Institutes of Health in 1997 affirming the value of acupuncture for treating a variety of conditions, such as nausea associated with chemotherapy and anesthesia, acute dental pain, headaches, temporomandibular joint dysfunction, fibromyalgia, and depression
- creation of the Office of Alternative Medicine (currently the National Center for Complementary and Alternative Health Care) in the

**National Institutes of Health in 1991 to foster research and research training involving CAM (including acupuncture)**

- **a report concerning CAM (including acupuncture) by a Presidential (White House) Commission on Complementary and Alternative Medicine Policy in 2002**
- **reports referencing acupuncture by the Institute of Medicine of the National Academies in 2004 regarding CAM in the U.S. and in 2009 concerning integrative medicine and the health of the public**

**CCAOM. The Council of Colleges of Acupuncture and Oriental Medicine was established in 1982.<sup>1</sup> The Council is the national nonprofit membership association for accredited and candidate AOM colleges in the U.S. Initially, there were very few colleges that comprised the membership of the Council. Today the Council's membership comprises over 50 colleges and programs, a number of which have branch campuses. Virtually all of the AOM colleges in the U.S. that have received national accreditation are part of the Council's membership. There are approximately 8,000 students enrolled in AOM colleges and programs in the U.S. Students come to the Council's colleges from all walks of life. While in the early years students were primarily pursuing a second career, increasingly today students view this field as a first career and are entering AOM programs directly from undergraduate school. There is also significant diversity of traditions among the Council's member institutions in that there is representation for the traditional and classical Chinese traditions, Japanese traditions, Five Element traditions including Worsley practice, Korean traditions, and Vietnamese traditions.**

**Mission and Goals of CCAOM. The mission of the Council is to advance acupuncture and Oriental medicine by promoting educational excellence within the field. In support of this mission, the Council has the following specific goals:**

- **to support the development and improvement of educational programs in AOM**
- **to develop recommended curricula for degree, diploma, and other educational programs**
- **to support and foster academic freedom and a diversity of educational approaches within the field**
- **to encourage scientific research, innovative teaching methodology, and faculty development**
- **to provide a forum for discussion of issues relevant to member colleges**
- **to serve as an information resource for member colleges, other colleges and organizations, regulatory agencies, and the public**
- **to encourage ethical business practices among member colleges**
- **to work with accreditation, certification, licensing and regulatory agencies to develop appropriate educational standards and requirements**

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<sup>1</sup> The Council was originally known as the National Council of Acupuncture Schools and Colleges. In 1993 the Council changed its name to its current title.

- to promote increased public access to high quality health care provided by well trained practitioners of acupuncture and Oriental medicine

**Strategic Plan.** The Council's Strategic Plan provides an important operational focus for much of the organization's activities. The plan is developed directly by the Council's member colleges under professional facilitation and regularly revised and updated at national meetings. The major goals of the plan have varied over the years and included such objectives as the following:

- increasing the visibility of the Council and AOM
- working with other national AOM organizations to advance AOM
- reviewing and implementing a position on entry-level standards for acupuncture and for Oriental medicine
- serving as a resource for academic innovation, freedom, and excellence
- taking strong leadership in improving and promoting education in national needle safety standards and AOM safety
- enhancing graduate success

**Executive Committee and Staff.** There are 8 members on the Council's Executive Committee: President, Vice-President, Treasurer, Secretary, three Members-at-Large, and one Immediate Past President. These officers are all full-time Presidents/CEOs/Program Directors/Administrators at the Council's member colleges and serve 2-year terms with a right of re-election. Between the Council's biannual meetings, the Executive Committee is charged with the management of the Council's affairs. There are two staff positions with the Council--an Executive Director and a Clean Needle Technique Program Manager/Finance Administrator. The Council's national office is located in Baltimore, MD.

**Council Committees.** The Council has numerous committees whose members comprise key administrative and academic officials at its member colleges. The work of these committees touches many subject areas, such as accreditation, bylaws, clean needle technique, emergency preparedness, core curriculum, distance education, ethics, finance, first-professional degree standards, herbs, legislation, AOM libraries, marketing and public relations, membership, faculty development, nominations, and research information. A list of all committees may be viewed at <http://www.ccaom.org/committees.asp>. Because the membership of the committees is geographically dispersed throughout the U.S. at the Council's member colleges, the work of the committees, including that of the Executive Committee, is of necessity largely accomplished in cyberspace through e-mail and by conference calls. At 7-8 committees invariably meet face-to-face at the Council's semi-annual meetings. Occasionally, a committee may also meet face-to-face between meetings when charged with a special project.

**National Needle Safety Program.** The Council administers a national needle safety program for new AOM graduates known as the Clean Needle Technique

(CNT) course. This one-day course is offered approximately 50 times each year and consists of a didactic portion and a practical demonstration of a graduate's knowledge and skill relating to the safe use of acupuncture needles. The course is taught by a cadre of some 40 specially trained CNT instructors who receive annual evaluations and periodic re-trainings. Each year approximately 2000 applicants take this course, successful completion of which is required by NCCAOM for a person to obtain national certification in acupuncture. The national standard represented by the Council's CNT course provides a necessary verification of the competency of AOM graduates in their safe use of acupuncture needles. Through this state-of-the-art needle safety program, the Council and its Clean Needle Technique Committee play a key leadership role in promoting safety in the practice of AOM.

**National Meetings.** The full Council meets twice each year, once in the spring in conjunction with the annual meeting of the national professional association for AOM practitioners (AAAOM), and once in the fall on its own. The spring biannual meeting provides an opportunity for much of the AOM profession to come together at the same time "under one roof" for dialogue and other professional activities. Both the spring and fall meetings provide a valuable forum for the Council's member colleges to discuss issues of common interest in committee and plenary sessions and to attend member training workshops and panel presentations sponsored by the Council. The national accrediting organization for the profession (ACAOM) often provides specialized workshops at the meetings for Council members concerning the accreditation process. In recent years, the biannual meetings have also provided an opportunity for visits to one or more of the Council's member colleges that may be located near the conference venue.

**Off-Site Clinics.** The Council's member colleges are very active in providing AOM services and student internships through off-site clinics in communities where the colleges are located. The colleges provide these services in well over 100 such clinics and in a variety of health care settings including: hospitals; multi-specialty centers; research-based centers; long and short-term rehabilitation centers; family practice clinics; nursing homes; out-patient geriatric/assisted living centers for seniors; drug treatment centers; HIV/AIDS treatment facilities; pediatric, cancer, and other specialty care centers; clinics addressing specific community group needs, such as women's health and inner city/low income/multi-racial groups; and sports medicine clinics.

**Publications.** The Council publishes an annual newsletter at the end of each year, a general informational brochure about the Council as an organization, and a career brochure for potential AOM students. The Council's website ([www.ccaom.org](http://www.ccaom.org)) contains general information about the Council and serves as a resource for member colleges, AOM students, career counselors, patients, and practitioners. An informative chart on the website ("Know Your Acupuncturist") compares the varying levels of training that a comprehensively trained professional acupuncturist receives specifically in acupuncture versus that received by other health care providers who may use acupuncture in their practice.

**Collaboration with Other National AOM Organizations.** The Council works closely with other national AOM organizations to promote national standards of education and training, including national standards of needle safety. At the initiative of the Council, eight national AOM organizations have been meeting annually since 2005 to discuss issues and topics of common interest. In the fall of 2009, these organizations held their first joint strategic planning meeting. This was an historic occasion at which the attending organizations for the first time developed a collective vision, which is to make AOM fully accessible to the American public by 2014. To that end, the organizations pledged their collaborative efforts to promote research, education, public awareness, and outreach; to increase job opportunities for AOM graduates in all health care settings; to obtain federal recognition for the AOM profession; and to achieve licensure and parity in all 50 states.

**AOM Day.** Since 2002 AOM national organizations in the U.S. have promoted October 24 as National Acupuncture and Oriental Medicine Day. This effort is designed to increase the visibility of AOM in the U.S. On this day, the Council's member colleges may issue local press releases or engage in other media outreach and special activities at their institutions to commemorate the day, encourage local governments where the colleges are located to issue a proclamation concerning the day, provide free or significantly discounted treatments in college clinics, conduct "open house" visits to the colleges for the public, offer public lectures on AOM at the colleges or in local communities, conduct *Tai qi* or *Qigong* demonstrations, and provide notices to alumni urging them to offer free treatments or talks at their private clinics. This day is also commemorated in several other countries (Canada, Mexico, and Pakistan).

**ACAOM.** When the AOM profession was being organized in the U.S., the AOM educational community realized that it needed a separate and independent accreditation commission recognized by the U.S. Department of Education. Accordingly, the Council, along with AAAOM, assisted in the formation of the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) in 1982. The U.S. Department of Education currently recognizes ACAOM as a specialized and professional accrediting agency for AOM. ACAOM is the only organization in the U.S. that has federal authority to accredit AOM colleges and programs. The primary purpose of ACAOM is to establish comprehensive educational and institutional requirements for AOM programs in the U.S., and to accredit programs and institutions that meet these requirements. The establishment of ACAOM and its recognition by the U.S. Department of Education has made it possible for AOM students to obtain federal student loans for their education. Current accreditation standards, as well as the policies and procedures of ACAOM, may be viewed at [www.acaom.org](http://www.acaom.org).

**NCCAOM.** In 1982 the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) was also created.<sup>2</sup> Its mission is to establish,

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<sup>2</sup> The original name for this organization was the National Commission for the Certification of Acupuncturists.

assess, and promote nationally recognized standards of competency and safety in AOM for the purpose of protecting the public. NCCAOM is the only national examining body in the U.S. for the AOM field and its certification programs are accredited by the National Commission for Certifying Agencies (NCCA). NCCAOM administers national examinations in the fields of acupuncture, Chinese herbology, Oriental Medicine, and Asian Bodywork Therapy. Since its inception in 1982, NCCAOM has certified over 19,000 Diplomates in these four fields. Most states that regulate AOM by statute use the national certification examinations of NCCAOM in connection with the state licensure of AOM practitioners. Additional information concerning NCCAOM may be viewed at [www.nccaom.org](http://www.nccaom.org).

**AAAOM.** Before 2007, there were two national professional associations of AOM practitioners in the U.S.--the American Association of Oriental Medicine (AAOM), which was formed in 1982, and the Acupuncture and Oriental Medicine Alliance (AOMAlliance), established in 1994. In 2007, these two organizations merged into the American Association of Acupuncture and Oriental Medicine (AAAOM) whose mission is to promote excellence and integrity in the professional practice of AOM in order to enhance public health and well-being. There is also a Council of State Associations with which AAAOM collaborates. In addition to its other activities, AAAOM takes a leadership role for the profession in promoting the practice rights of AOM practitioners at the state and federal levels.

**Other Major AOM Associations.** Some other AOM organizations that exist in the U.S. include the following:

- American Organization for the Bodywork Therapies of Asia (AOBTA)
- International Veterinary Acupuncture Society (IVAS)
- National Acupuncture Detoxification Association (NADA)
- Society for Acupuncture Research (SAR)
- National Acupuncture Foundation (NAF)
- Acupuncturists Without Borders (AWB)
- National Federation of Chinese Traditional Chinese Medicine Organizations (NFCTCMO)
- Federation of Acupuncture & Oriental Medicine Regulatory Agencies (FAOMRA)
- Community Action Network (CAN)

**Participation in National CAM Meetings.** In addition to its interaction with other national AOM organizations, the Council also participates in meetings with other entities whose activities affect the broader field of complementary and alternative medicine (CAM) in the U.S. For example, the Council was represented at the meetings of the Institute of Medicine of the National Academies in 2003-2004 concerning scientific, policy, and practice questions associated with the increasing use of CAM therapies by the American public. The Council is currently represented on the Academic Consortium for Complementary and Alternative

Health Care (ACCAHC), an organization that consists of the national accreditation, certification, and college membership organizations for the five licensed CAM professions of AOM, chiropractic, naturopathy, massage therapy, and direct-entry midwifery. The mission of ACCAHC is to create and sustain a network of national complementary and alternative medicine educational organizations and agencies that will promote mutual understanding, collaborative activities, and interdisciplinary health care education (*see* [www.accahc.org](http://www.accahc.org)).

**Membership in NAAHP.** Beginning in 2006, the Council has been active as a patron member in attending the biennial meetings of the National Association of Advisors for the Health Professions (NAAHP), an association of over 900 health professions advisors at colleges and universities throughout the U.S. Participation in the activities of NAAHP has been mandated in each of the Council's strategic plans from 2006-2009. In 2010 the Council became a member of NAAHP's Advisory Council, which serves as the linking body between the health profession advisor members of NAAHP, the NAAHP board, and the health professions. NAAHP also designated a special liaison to the Council in 2010. A number of the Council's member colleges have also become patron members of NAAHP to take advantage of the opportunity membership provides to educate this key constituency about careers in the AOM profession.

**International Activities.** The Council was represented at the EUROTCM meeting in Vienna in 2002, the International Congress of Chinese Medicine in Paris in 2005, and is regularly represented by its president at meetings of the World Federation of Chinese Medical Societies (WFCMS). In 2010, the Council was represented at the meeting of the Traditional Chinese Medicine technical committee of the International Standards Organization (ISO) in Beijing. The Council is also a member of the International Tiger Coalition, an alliance of organizations with the aim of bringing back wild tigers by stopping trade in tiger parts and products from all sources (*see* [www.endtigertrade.org](http://www.endtigertrade.org)).

**Practice Rights for Acupuncture.** Currently the right to practice acupuncture by statute exists in 44 states and in the District of Columbia. The right to practice may be designated by licensure, certification, or registration under state law, although licensure is the most common form of authorization to practice. There are over 20,000 AOM practitioners in the U.S. with a substantial number located in California, New York, and Florida.

The authority to practice is a state process in the U.S. because the regulation of the health professions is principally in the legal domain of the states, not the federal government. Most states adopted acupuncture laws in the 1970s and 1980s. In the few states that have not yet adopted acupuncture practice statutes, the right to practice this profession may be limited to designated medical providers or to professional acupuncturists who are medically supervised. In a few states that do have practice act legislation, professional acupuncturists may treat a patient only where there is supervision, prior referral, or initial diagnosis by a conventional

medical doctor. Most states follow the current trend of licensing AOM providers as independent providers of health care.

The various state statutes regulating the scope of acupuncture practice are not uniform, a fact that has inhibited full interstate reciprocity for practitioners. In some jurisdictions there are very detailed statutes and regulations, while in others there may be only a few paragraphs concerning the practice of acupuncture. Some states reference the right to practice acupuncture only, with other states recognizing such forms of Oriental medicine practice as herbs and Asian bodywork therapy, as well as a wide range of adjunctive therapies.

The administrative structure for the regulation of acupuncture in the states varies considerably. For example, there may be an independent board composed of comprehensively trained professional acupuncturists, or the profession may be regulated by a state medical board with the assistance of an advisory acupuncture board or committee. This diversity in legal regulation at the state level is likely to continue in the future as each state tailors its law to meet local needs and budgetary requirements.

Periodically, the Council formally communicates with legislative and regulatory bodies in the states to urge the adoption of national standards of education, training, and certification for AOM. The Council believes that adherence to the national standards of education and training administered by ACAOM, passage of the national certification examinations administered by NCCAOM, and completion of a national needle safety course such as the Council's CNT course, promotes a high level of practitioner competence and safety, and a degree of uniformity that facilitates reciprocity among the various states in the recognition of practitioner credentials.

Academic Training. For some time in the U.S. there has been a significant and sometimes contentious discussion concerning the amount of academic training a person needs to practice AOM at the entry-level and what the most appropriate professional title should be for providers. At a national meeting of AOM professional and educational communities in Elk Grove, Illinois in 1985, it was decided that AOM educational institutions and the profession itself were not sufficiently mature at that time to warrant doctoral-level education as the entry-level standard. Rather, it was decided that the Master's degree and Masters-level education should be the entry-level standard for the profession.

ACAOM, the national accrediting organization for the profession, mandates a minimum of 1,905 curriculum hours over a three-year period for the study of *acupuncture*. This consists of at least 705 didactic hours in Oriental medical theory, diagnosis, and treatment techniques in acupuncture and related studies; 660 hours in clinical training; 450 hours in biomedical clinical sciences; and 90 hours in counseling, communication, ethics, and practice management. For the study of *Oriental medicine*, ACAOM requires a minimum of 2,625 curriculum hours over a

four-year period that includes at least 705 hours in Oriental medical theory, diagnosis, and treatment techniques in acupuncture and related studies; 450 hours in didactic Oriental herbal studies; 870 hours in integrated acupuncture and herbal clinical training; 510 hours in biomedical clinical sciences; and 90 hours in counseling, communication, ethics, and practice management.

The amount of education and training that a professional acupuncturist receives in acupuncture in the U.S. significantly exceeds that received by other health care providers who have not completed an ACAOM-approved AOM program, but who may use acupuncture as part of their primary practice. As evident from the curriculum hours specified above for ACAOM-approved acupuncture programs, a professionally trained acupuncturist receives a minimum of 1,365 hours of training specifically in acupuncture (i.e., 705 hours didactic hours in Oriental medical theory, diagnosis, and treatment techniques in acupuncture and related studies, and 660 hours in clinical training). Other health care providers, such as medical doctors, osteopaths, naturopaths, chiropractors, or physical therapists typically receive 300 hours or less of training specifically in acupuncture. The Council recommends that any health care provider who wishes to provide acupuncture should receive comprehensive training in acupuncture at an ACAOM-approved program.

**Masters Degrees.** There are currently two types of Master's degrees accredited by ACAOM: (1) the Masters in Acupuncture, which is a 3-year resident program of a minimum of 1,905 hours; and (2) the Masters in Oriental Medicine, which is a 4-year resident program of a minimum of 2,625, which includes acupuncture and Chinese herbology. These are minimum academic hourly requirements. In practice, the average number of academic hours of study and training associated with the Masters Degrees among AOM colleges nationally is between 2,600-2,800 hours. Moreover, a significant number of colleges have a curriculum of 3,000 hours or more. The trend over the years has been for an increase in the number of academic hours. A number of colleges offer a separate acupuncture only program. For years the Council worked through its Core Curriculum Committee on refining and improving the content of these two Master's degrees.

**Professional Titles.** In most states, AOM practitioners are designated "licensed acupuncturists," but in some jurisdictions they may be designated "acupuncture physicians" or "doctors of Oriental medicine." These doctoral designations, however, are *licensure titles* conferred by the state and do not reflect earned academic degrees at the doctoral level.

**Masters Standards Task Force.** Beginning in 2008, the Council, along with other organizations that comprise ACAOM's major AOM communities of interest, participated in the work of a Masters Standards Task Force convened by ACAOM to re-conceptualize accreditation standards for the Master's degree. The re-conceptualization is intended to reflect the approach taken in ACAOM's recent

draft standards for a first-professional doctoral degree (see discussion below), which focuses more on the assessment of institutional, program, and student learning outcomes rather than the process and inputs-based approach reflected in many of the current Master's degree standards. In addition, the new standards will include provisions for assessing distance learning modes of program delivery. To date, the Task Force has developed four drafts of re-conceptualized standards and ACAOM has solicited public comment and held one public hearing concerning the standards. It is expected that in the near future the Task Force will review all public comments and develop a final draft of the standards for review and approval by ACAOM.

**Doctorate in Acupuncture and Oriental Medicine.** In the 1990s, the Council began to work on a credible post-graduate clinical doctoral degree with a focus on specialization and advanced knowledge and skills. In 2002 ACAOM approved the first doctoral programs in AOM based on curriculum that had been developed by the Council. The new degree is known as the Doctorate in Acupuncture and Oriental Medicine (D.A.O.M). A number of the Council's member colleges have been either accredited or granted pre-accreditation (accreditation candidacy) status by ACAOM to offer this degree, which consists of a 4,000 hour curriculum (minimum 1,200 hours at the doctoral level) that includes the Masters level of training. A list of these colleges is at [http://www.acaom.org/accdtd\\_cndtdschls.htm](http://www.acaom.org/accdtd_cndtdschls.htm).

**Doctorate in Acupuncture.** In 2004 ACAOM approved the Council's recommendation for a separate post-graduate clinical Doctorate in Acupuncture degree (D.Ac.). This degree also consists of a 4,000 hour curriculum (minimum 1,200 hours at the doctoral level) that includes the Master's level training requirements. As was true of the D.A.O.M. degree, the content of the D.Ac. degree was originally developed through one of the Council's committees.

**First-Professional Entry-Level Doctorate.** A first-professional, entry-level doctoral degree, which does not yet exist in the AOM profession, should be distinguished from the post-graduate clinical Doctorate in Acupuncture in Oriental Medicine (D.A.O.M.) and Doctorate in Acupuncture (D.Ac.) degrees that ACAOM has already approved for qualifying AOM institutions. The latter degrees are not intended to be entry-level degrees.

In the fall of 2002 ACAOM conducted a survey of its communities of interest to determine whether there was sufficient support to develop first-professional doctoral standards. The results of the survey showed that respondents were evenly divided on this issue. In light of this development and the possibility that the profession might migrate to an entry-level doctorate, early in 2003 the Council established an Entry-Level Standards Committee (subsequently re-named in 2010 to be the First Professional Degree Standards Committee). The charge of the committee was to develop and implement a plan for soliciting proposals concerning possible changes in entry-level to the profession of independent Oriental Medicine Provider and independent Acupuncture Provider (for example, 10/15 years respectively for a doctorate). To enable all the colleges to participate fully and

openly in this process, the Council reaffirmed its support for the Master's degree as the entry-level standard during this process.<sup>3</sup>

In 2003 ACAOM established a Doctoral Task Force charged with developing a list of professional competencies that might be expected of the graduates of entry-level, first-professional doctoral programs in the U.S. Along with a number of other national AOM organizations comprising a cross-section of ACAOM's major communities of interest, the Council participated from 2004-2005 in meetings of the Task Force. The Council's Core Curriculum Committee performed very significant work in assisting the Task Force in identifying the first-professional doctoral competencies. In 2005 the Task Force issued a report concerning the competencies. The report was designed to form the basis for the development of accreditation standards for first-professional doctoral programs. ACAOM then initiated a period of public comment and hearings concerning the report. In 2007 ACAOM reconvened the Task Force so that its communities of interest could participate directly in the development of accreditation standards for ACAOM's consideration. Later that same year ACAOM released the standards for public comment and held a public hearing.

In February of 2008, however, ACAOM adopted a formal resolution stating that there was insufficient evidence of consensus within its AOM communities of interest to warrant implementation of a first-professional doctorate as entry-level into the profession. The resolution indicated that, in the absence of such consensus, ACAOM lacked authority under applicable U.S. Department of Education criteria to make decisions about whether or when the doctoral standards are adopted for purposes of entry into the profession. Accordingly, the resolution urged ACAOM's communities of interest to continue to seek consensus by appropriate means and stated that once consensus was reached, ACAOM would renew its efforts to develop and pilot the standards for first-professional doctoral programs.

At its spring meeting in 2008, the Council adopted a formal resolution supporting the offering of first-professional doctoral education in Oriental medicine and in acupuncture with appropriate standards of accreditation. The resolution also stated that the Council would continue to review and forward to ACAOM recommendations regarding ACAOM's draft of first-professional doctoral standards. The resolution further affirmed the Council's commitment to providing resources and support to its member colleges during this period. In this regard, the Entry-Level Standards Committee (subsequently renamed to be the First Professional Degree Standards Committee) and the Core Curriculum Committee were directed to take a leading role, with support from the Faculty Development Committee, the Research Information Committee, and the Libraries Committee. The resolution envisioned that the Council would initiate a dialogue toward building

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<sup>3</sup> The subsequent report of the Council's Entry-Level Standards Committee, based upon its call for position papers relating to entry-level requirements, may be viewed at <http://www.ccaom.org/ELSCFinalReport.pdf>.

consensus with members of the profession regarding issues of the first-professional doctorate and its implications for the profession of AOM.

In August of 2009 and based on comments it had received from its communities of interest, ACAOM revisited its previous resolution of 2008 and decided to continue the comment period for seeking information and consensus regarding the first-professional doctorate until January 15, 2010. During this period the Council's Core Curriculum and First Professional Degree Standards committees completed their review of the doctoral standards and conducted a survey of the Council's member colleges regarding the first-professional doctorate. On January 12, 2010, the Council sent formal correspondence to ACAOM with recommendations regarding the standards and a statement of support for the continued development of the first-professional doctorate.

At its February 2010 meeting, ACAOM considered all the public comment it had received regarding the first-professional doctorate and announced that it was satisfied that there is sufficient support to justify further development of the standards. The Doctoral Task Force was authorized to complete its work in developing standards for accrediting first-professional doctoral programs in AOM for ACAOM's review and consideration. ACAOM further stated that in taking this action, it was not taking a position on whether the first-professional doctorate should be a mandatory educational requirement for the professional practice of AOM, as that is the prerogative of state legislative and AOM regulatory bodies. The Task Force is expected to be reconvened to refine the first draft of the doctoral standards based on public comments concerning the standards, and with another opportunity provided by ACAOM for public comment.

In the meantime, the work of the Council concerning the first-professional doctorate continues, mainly through the research the First Professional Degree Standards Committee is performing concerning a number of significant non-curriculum issues associated with this still hypothetical degree. These issues relate to the experience of other health care professions that have migrated to a first-professional doctorate and those that have tiered professions, licensing and regulation, assessment of the benefits of a first-professional doctorate for graduates and their patients, identification of what degree structures would most foster the diversity of AOM educational institutions, financial aid, and development of a case study of steps a sample AOM college would need to take in transitioning to offering a first-professional doctorate (including issues regarding curriculum, faculty, targeted enrollment, and impact on current students). In addition, the committee is developing a white paper for distribution to the profession outlining issues concerning the first-professional doctorate.

#### Future of AOM in the U.S.

- It is anticipated that in the U.S. there will be more collaborative research projects involving the Council's member colleges and medical universities.

**The Council is very interested in promoting greater AOM research generally and in assisting its member colleges in increasing their own AOM research activities.**

- **The trend toward more integrated clinical and educational collaboration involving conventional medical and AOM providers seems likely to increase. Most of the medical schools in the U.S. now offer coursework on complementary and alternative medicine. Integrated clinical settings involving conventional medical and CAM practitioners holds the promise of providing patients the most effective, least costly health care options for their well-being. This may not occur as effectively where conventional and CAM practitioners function in isolation from each other. Integrated clinical settings also provide an opportunity for conventional medical practitioners to learn more about the energetic paradigm that underlies AOM and to observe demonstrations of its efficacy in actual practice.**
- **The Council has a strong interest in working internationally for academic and clinical exchange. Moreover, through the activities of its president, Lixin Huang, the Council will continue to take significant steps in enhancing the international standing not only of the Council, but also of the AOM profession in the U.S., which has a degree of national organizational structure that appears to be unique in comparison to other countries.**
- **Debate concerning the desirability of a first-professional entry-level doctorate, which has been ongoing for years, will likely continue but may be better informed over time through the work that the Council and other AOM organizations are undertaking to identify and clarify relevant issues.**
- **In general, the future of AOM in the U.S. is promising. Increasingly, the general public and conventional medical professions are becoming more aware that there is a dimension of health care that lies beyond the physical nature of a person and that successful well-being if not actual healing includes application of holistic perspectives and related therapies. As this awareness continues to solidify within the culture over time, and as the safety and efficacy of AOM become more widely known and accepted, AOM should be more in demand and the profession should grow and prosper in the U.S.**