

Entry Level Standards Committee Report on Position Papers

The Entry-Level Standards Committee of the Council issued a call for position papers following the Council's meeting in Orlando, FL, in November 2003. The call was sent to all Council member colleges, the American Association of Oriental Medicine, and the Acupuncture and Oriental Medicine Alliance and published on the Council's website and in *Acupuncture Today* and *Traditional Chinese Medicine World*. The call invited individuals and organizations to submit written position papers and implementation proposals for possible changes in entry-level standards to the professions of independent Oriental medicine provider and independent acupuncture provider. This report summarizes the responses that the Committee received.

116 position papers were received.

Included among the Position Papers received were:

Three from accredited or candidate colleges:

American College of Acupuncture and Oriental Medicine

Tri-State College of Acupuncture

Institute of Taoist Education and Acupuncture

A position paper from the AOMALLIANCE.

Position papers from two state organizations: one from Colorado, and one from Virginia.

Eighteen position papers were received from DAOM candidates enrolled in the Oregon College of Oriental Medicine's doctoral program.

No position papers were received from any state agency or board.

Note: Of the position papers received, 52 have identical text. These are referred to separately as "petition letters," as they were clearly generated by one source who distributed the text to be submitted by others. While this in no way limits the impact of the submissions, they were not completely independent in their generation. Similarly, the affiliation or constituency (practitioners, students, patients, etc.) of the signers of these letters was not always stated so the constituency of 37 of these submissions could not be identified.

Summary of Responses

Constituency	Oppose change in entry level	Oppose change in entry level: "Petition letter"	Oppose change in entry level but allow optional doctorate	Favor Transitional change in entry level	Favor change in entry level
Practitioner	16	12	4	0	0
Patient	2	1	0	0	0
Massage therapist	0	1	0	0	0
Student	7	0	1	0	0
Faculty	1	0	3	0	0
State organization	1	0	1	0	0
L. Ac. with other advanced degree (MD; ND)	3	0	0	0	0
Accredited or candidate college	0	0	2	1	0
Unaccredited college	0	1	0	0	0
Unknown	0	37	1	0	1
State Lobbyist	1	0	0	0	0
Professional organization	0	0	1	0	0
DAOM candidates	0	0	13	3	2
Total	31	52	26	4	3

In favor of retaining current Entry Level Standards

Principle points in position papers opposing any change in entry level standards:

(Not in order of priority or frequency)

Issues of increase in Biomedicine training/scope

- Increasing scope requires years of training including internship and residency. As proposed, (relatively small increase in hours), we would be providing second rate medical training for the intended scope.
- Increasing scope mandates the responsibility of interpreting western medical information with a level of learning much lower than an MD
- Entry level of doctorate requires acupuncturists to master neither western medicine or Oriental medicine, and dilutes both: “jack of all trades, instead of master of one”
- Political support for licensed acupuncturists in some states has come from MDs who have been providing that support with the understanding that acupuncturists are not seeking to be primary care providers. That support evaporates if acupuncturists come into direct competition with doctors
- Not all practitioners want primary care status, but all will be held to that standard if adopted
- Less than 2-3 years of western training is inadequate if not fraudulent to be primary care provider
- Patients are demanding services of an acupuncturist. Patients are not demanding that their acupuncturist become their primary provider
- Western training dilutes the strength of Eastern Acupuncture tradition which is based on a different philosophy from western med and must be deeply understood to be utilized fully
- Addition of western knowledge would be a distraction, an unwelcome shift in focus away from acupuncture and towards western medicine
- Would rather devote CEU time to skills as acupuncturist than to updating western information (which would be required to maintain primary care status)
- Practitioner chose to become an acupuncturist not a doctor of western medicine

Issue of the current positioning of the profession

- Prosperity and respect comes from effectiveness and safety, not from a title.
- Mastering the art of acupuncture comes from ongoing education (continuing education) combines increased level of education with years of experience
- Current level provides safe, effective, affordable care to patients. More education will not result in better treatment for patients.
- Acupuncturists are currently being included in western care settings as equals because of patient demand for availability of treatment, not because of western medical training
- Working knowledge base happens only with practice - more years in school delay that process with no appreciable gain
- Power is gained by numbers, not changing titles. Until licensed acupuncturist have the numbers and money to be a political force in all states, any change in entry-level standards places the profession at risk.
- Since no graduate has yet completed post graduate doctoral programs, it is too early to have any discussion about entry level doctorates
- No clear mandate for change from the profession. Profession is at best evenly split
- Futile debate - to change scope to accommodate new level of education we will have to spend resources to convince legislatures to allow the change. Would rather see resources spent on promoting profession as a whole.
- Increasing standards has closed states to our most experienced practitioners

Issues of diversity/core philosophy in the field of AOM

- Diversity of traditions taught will be lost
- Doctorate tends to solidify TCM as only tradition of practice
- Doctorate seems to link acupuncture with herbology. Chinese herbal medicine should be considered a separate specialty
- A system that puts its emphasis on tests does not address the core needs of the patient and is not the basis on which Oriental medicine was founded

Financial issues

- Increasing cost of education will raise fees to patients resulting in cost prohibitive availability.

- Increasing cost of education limits new practitioners from entering field. Decreasing the available acupuncturists is dangerous to our profession.
- Increasing scope will increase malpractice claims & insurance rates
- Increasing to doctorate level is cost prohibitive for small colleges
- Master's in Nursing took 2 years and cost 1/2 the Master's in Acupuncture
- Patients of more academically oriented professional make fewer gains than patients of master-level professionals because of the amount of personal contact given by those not driven by insurance systems and need to make more money to pay higher educational costs and malpractice insurance. Individuals who want to be a doctor should go to medical school

I. Keep Master's as entry level, with the option of a post-graduate doctorate

Of the 13 responses that mentioned that a doctoral program be an option for those who wish to pursue it, all of them opposed a change from Master's as entry level while they supported those who wish to pursue a doctorate should they desire. Many restated the positions of those strictly opposing a change in entry level as described above, but mentioned that a doctorate should be available to those who wanted one. Four of the responses mentioned that the option should be in post-graduate education rather than a first professional degree.

One position paper described the pursuit of doctorate program as progression in educational excellence, yet quite firmly stated that there is a difference between the freedom of educational institutions "to adopt standards substantially above those of its peers" and a legislative mandate for "education beyond what is required for public safety."

Principle points in position papers supporting doctorates as an optional change in entry level standards:

(Not in order of priority or frequency)

- Reflects growth and development of the profession
- Allows students who wish to seek doctorate education to have access to federal funding
- Allows school to adopt higher standards for education
- Allows opportunities for those who wish to pursue a doctorate to do so
- Public safety is well served at Master degree level
- Master-level practitioners are well qualified

- Offering optional doctorate mirrors other professions e.g. general practitioner to specialist, nurse to nurse practitioner, pharmacy from master's to Pharm D
- Option of doctorate level practitioner gives consumers more choice. Allow marketplace to determine whether first professional doctoral degrees are more viable
- Premature push to change entry level from current status nationwide might destroy independent AOM profession and facilitate the appropriation of AOM by orthodox biomedicine

II. In favor of a transitional approach to Doctorate as entry level

One submission described a vision of an eventual move to an entry-level doctorate while maintaining current Master's programs as entry level. One suggestion within this proposal was to add a year of residency to the Master's curriculum in order to bring it to a doctoral level. A transitional step of having two degree programs one at Master's and one at the doctoral level was described.

Principle points in position papers supporting transition in entry level: (In no particular order of priority or frequency)

- We must seriously consider the point of view of the professionals in our field that support a move to doctorate.
- We should be continuously improving our programs, and the move to doctorate would be an extension of this.
- Move should not be too quick - needs to accommodate availability of financial aid and approval of state legislatures.
- Keep curriculum the same as Master's degree and add one year of residency.
- Both Master's degree and Doctorate will exist simultaneously until financial aid and state approval for the advanced degree is obtained.

III. In favor of a change in entry-level standards

One response favored a change in entry-level standards. It detailed a multi-level approach, including the creation of certificate programs for acupuncture specialists such as detox practitioners, as a benefit because this system could more precisely target the individual needs of patients and be attractive to public health institutions in integrating cost effective acupuncture services.

Principle points in position papers supporting change in entry level: (In no particular order of priority or frequency)

- Differing scopes of practice should lead to a tiered-education level, including detox specialist, primary care, etc with current master level being entry into practice

- Tiered level of practitioner provides affordable level of care according to patient need. A doctoral-level Oriental medicine provider or acupuncturist could provide some additional medical services at a fee not much higher than the standard acupuncturist's fee is today. With this level of practice available to our patients, many could access the ordering of crucial lab tests or needed hospital admission within a fee range that they could afford.
- With recognition by insurance companies (of doctorates), acupuncture services become more affordable to more people who no longer have to pay out of pocket
- Public health sector can utilize detox specialists specific to their patient needs, at an affordable cost.
- Agencies providing public health services will be more inclined to hire new extra-versatile Oriental medical and acupuncture practitioners who are less expensive than a medical doctor to have on staff.
- Availability of certificate, Master's and doctorate level practitioners provide enriched network of care possibilities available at lowest cost with respect to level of need.

Position Papers from current DAOM students

Eighteen position papers were received from the first class of students to be enrolled in a post-graduate doctoral program. These position papers are grouped into thirteen that support no change in entry level standards, and keeping a doctorate as an optional post-graduate degree; three that support a transition from Master's to doctorate as entry level, and two that support a change to doctorate as entry level.

I. Keep Master's as entry level, with the option of a post-graduate doctorate

Although these thirteen submissions supported no change in entry level and the development of post-graduate doctorates, many suggestions were given if a change were to occur. Of the thirteen that supported an optional post-graduate doctorate, four further elaborated on a multi-tiered system that would include detox specialists, Master's level practitioners and post-graduate doctoral level practitioners.

Principle points in position papers supporting doctorates as an optional change in entry level standards:
(Not in order of priority or frequency)

Issues of increase in Biomedicine training/scope

- The hidden costs of becoming primary care physicians may not be acceptable
- Increase educational standards by requiring a pre-med degree to enter our Master programs
- Westernizing our medicine should not be our goal
- No need to have allopathic diagnostic skills, rather we need to recognize allopathic reasons to refer

Issue of the current positioning of the profession

- No evidence that current educational standard does not produce practitioners with the basic skills and competencies necessary for entry level practice.
- Establishment of doctoral programs offsets notion that acupuncture can be learned in 100 hour courses
- Increasing acupuncture education to a doctoral level still would not give us the same level of training as Western physicians in terms of Western diagnosis
- Forcing the issue of doctorate as entry level creates too much division in the profession
- Acceptance and respect is not a product of how many hours we have studied
- Post graduate doctorates should not be the clinicians but specialists in research, teaching, advanced therapeutics or public health issues
- Benefit to patients [having a doctoral level practitioner] is minimal

Financial issues

- Increased cost of education required for entry level inflates the cost of treatment, and denies care to working poor.
- Doctoral entry level standards will increase our malpractice liability
- If doctorate is entry level, no one will be able to practice in rural areas [due to higher cost of education.]
- Paying increased educational costs means that you will not have time to listen to your patients, which our patients feel is one of the strongest reasons for them to see a practitioner of Oriental medicine

Timing issues

- It is too soon to have the data to know how post-graduate doctorates will impact the profession to make a decision to move entry level requirements to a doctorate
- A doctoral degree has just been launched. It should be given ten years to operate before any changes are contemplated.

Recommendations for implementation of entry level doctorates:

- Standard for instructors in a doctoral program should be fifteen year's experience
- Restrict entry level doctorates to states with primary care physician status
- Doctoral level should focus on research and training researchers
- Doctoral level should provide our specialists
- Doctorate should be for faculty in our schools
- Entry level for acupuncture-only providers should remain the Master's
- Doctorate as entry level should be accomplished with the most modest of increase in hours in AOM programs and higher prerequisites to enter
- Most of the increase in hours should be in biomedicine
- Focus of doctoral programs should be diverse with research, clinical specialty, and TCM literature among the possibilities

II. Establish transitional doctorates while maintaining entry level at Master's

Three position papers supported a change to a doctorate as entry level, but that this change would be transitional, over 8 to 10 years, from Master's to a doctorate level.

Principle points in position papers supporting doctorates as a transitional change in entry level standards:

(Not in order of priority or frequency)

- Change to a doctorate forwards professional standards and therefore benefits patients
- The change must be comprehensive and all practitioners of AOM (such as MDs) should come up to this common standard
- The transition must be fostered for those with significant clinical experience (10-20 years)
- Enlarged scope would include point injections, prescriptive authority for controlled herbs, micro knives, laser treatment, etc.
- Program for education to make up the hours to doctorate for those already in practice should be developed.

III. Change entry level to doctorate

Two position papers supported a change to a doctorate as entry level.

Principle points in position papers supporting doctorates as an optional change in entry level standards:

(Not in order of priority or frequency)

- Increasing educational requirements will improve quality of care
- Increasing educational requirements will improve our credibility.
- System in Korea is 6 years for entry; 2 year's for Master's and 3 years for PhD. In China, 5 years to entry, 3 years Master's and 3 years PhD
- There needs to be the same degree for all practitioners since our expertise is borne out of practice. Many additional years of schooling ceases to have meaning. Everyone should graduate with a doctoral degree in as little time as possible