

CCAOM Entry Level Standards Committee History and Findings 2003-2005

The Council of Colleges of Acupuncture and Oriental Medicine's Entry-Level Standards Committee was formed in May 2003 and charged with the task of gathering information on potential changes in entry-level educational standards. The intent in creating the committee was to create an open process to gather feedback on possible changes to entry-level standards and to fulfill our vision by taking actions that would be open, transparent, welcoming, and without a preconceived agenda. The full text of the original charge was:

The Council establishes an ad hoc Entry-Level Standards Committee to solicit proposals/visions from the acupuncture and Oriental medicine community for possible changes to entry-level standards. By October 15, 2003, the ad hoc Entry-Level Standards Committee will develop and begin to implement a plan for soliciting these proposals for implementation of 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). In order to enable all the colleges to participate fully and openly in this process, the Council reaffirms its support for the Master's degree level as entry-level during this process.

It was recognized that the national conversation on entry-level standards had been carried out almost solely within the profession, and that the same constituents were having essentially the same conversation. Early in the committee's work a list of other institutions with whom we should dialogue about possible changes was developed. Among the means that were utilized in gathering further information were a survey of changes in other allied health professions, and a survey of state bodies that grant approval for the awarding of advanced degrees.

Task 1: Position Papers

The call for position papers was sent to all constituents in the acupuncture and Oriental medicine profession to submit written position papers and implementation proposals for possible changes in entry-level standards to the profession. Papers were submitted through April of 2004. The results were tabulated, and a report compiled by Megan Haungs and Valerie Hobbs was reported to the full Council, AAOM, AOMAlliance, and printed in *Acupuncture Today*.

The committee received 116 papers. Of these, 109 opposed a change in entry-level standards and, of these, 26 supported an optional doctorate. Four papers described a transitional approach to honor current degrees while transitioning to a higher degree, and three responses favored a change in entry-level standards. Descriptions of the reasoning in support of the positions were also reported. In brief summary, those who did not favor a change in entry-level standards believed:

- Current safe practice did does not support need for change
- Current level of practice is affordable
- Status of primary care required more training than is being proposed to be truly safe
- Change will not honor diversity in profession
- Change would increase the cost of education, insurance, and malpractice claims

In brief summary, those papers supporting a transition to or change in entry levels felt:

- A Doctorate is an extension of continued improvement
- Increased level of degree can exist with current level until profession can transition
- Recognition by insurance companies would make acupuncture services more affordable to people who no longer have to pay out of pocket.

It was recognized that few papers were received from those who have been favoring a change. The committee extended the deadline to continue to receive papers, but additional papers were not submitted.

Task 2: Survey of Allied Professions

Megan Haungs, Mark Seem, Ewa Hammer, Ron Zaidman and Carol Taub, took on the task to query other professions who had moved towards doctorates to discover any commonalities in pursuing a higher entry-level degree. The surveyed professions included: Nursing, Pharmacy, Chiropractic, Audiology, Speech and Language Pathology, Occupational Therapy, and Physical Therapy. The results of these surveys were reported to the full council in November 2004. It was noted that in many of these professions, the standard of a 4000-hour doctorate was not adopted, and that doctorates often had a 2-year undergraduate/4-year postgraduate or 3-year undergraduate/3-year postgraduate configuration. The Q & A section of the website for the American Physical Therapy Association (www.apta.org), under “Accreditation/General Information/FAQ,” contains a full analysis of methods for transition, impact, and costs for this profession. This information is a valuable and easily accessible resource data for consideration.

Concurrent with this process was a recommendation by Mark Seem to view a 2003 Report by the Committee on Health Professions Education Summit entitled, “Health Professions Education: A Bridge to Quality.” This report details higher-level education of the health professions as being based on domains and competencies rather than content hours.

Task 3: Survey of State Departments of Education

Catherine Niemiec, Steve Given, Linda Fontaine, Lora Moyle, Evelyn Fowler, Mary Ellen Petrisko, Keiko Cronin, Carol Taub, Ewa Hammer, Mark Seem, and Valerie Hobbs conducted a survey of state departments of education and a report of the findings of this survey was compiled by Valerie Hobbs was presented to the CCAOM in November of 2004. The survey asked these state departments of education a series of questions concerning their requirements for the offering of an entry-level doctorate degree.

At the time of the survey, acupuncture and Oriental medicine programs existed in sixteen states. [Two additional states have been added since that time.] Information was gathered concerning whether a doctorate could be conferred at all, the time frame it would take to process an application for conferring a doctorate, faculty requirements, number of hours, status of the current Master's once a higher degree was authorized, whether the state would allow a transition from the Master's to doctorate level, whether a doctorate could be based on current Master's hours, what the implications were should USDE grant ACAOM a change in scope to accredit doctorates, and what the department would need to see from the profession for such a change to happen.

Most states would follow ACAOM criteria. In other words, if ACAOM obtained approval from USDE to accredit entry-level doctoral programs, most states would follow those standards. California, however, is not likely to follow national standards, but would have its own approval process through Bureau for Private Postsecondary and Vocational Education (BPPVE) and the California Acupuncture Board. Washington State has clear state-mandated guidelines.

Three states will not be able to approve a doctorate. In one of these, New York, a doctorate in acupuncture would be possible, but not in Oriental Medicine.

Two states emphasized that what is critical at this point in time is for the AOM profession and its accrediting agency to clearly articulate the need to change, plan how such a change is to be implemented, implement standards based on competencies in the two programs, and articulate the differences between the programs. Several other states emphasized that the rigor of the program and preparation of the faculty would be key issues. For instance, in seven states (almost half) faculty would have to be doctorally prepared.



While concurrent Master's and doctoral programs may co-exist in some states, most states pointed out that once a higher level of entry education is defined, the lower level is phased out. Similarly while some states would entertain transitional programs for current practitioners to upgrade to the new degree, the usual route is that those practitioners would obtain advanced standing in the new programs.

Task 4: Survey of Off-Site Clinics

The committee also conducted a survey in the spring of 2005 of CCAOM colleges concerning the location of their off-site student clinics. At the request of ACAOM's Doctoral Task Force, Megan Haungs developed a survey and compiled a report detailing the current off-site clinic internships at the colleges. This report was submitted to CCAOM and the Task Force in May of 2005. Eighteen colleges responded to the survey and provided information about 107 off-site clinics, which may be categorized by type of clinical setting as follows:

- 24 in hospital-based practice
- 1 in an urgent care center

- 4 in a multi-specialty center
- 2 in a research-based center
- 1 in a hospice
- 2 in a long and short-term rehabilitation center
- 6 in a primary care family practice clinic
- 1 in a nursing home
- 7 in an assisted living for seniors
- 3 in an out patient hospital centers
- 1 in an outpatient clinic for clients transitioning from incarceration
- 12 in a drug treatment center
- 7 in an HIV/AIDs treatment center
- 5 in a pediatric center
- 4 in a cancer center
- 8 in various specialty centers
- 17 in a community health center
- 2 in a sports medicine setting

Task 5: Comparison of Cost between Master’s and Doctoral Programs

A report compiled by Mark Seem was received by the ELSC in June 2005 concerning a comparison in costs in transitioning from a Master’s level to a doctorate level in Physical Therapy. This report was considered at the committee’s meeting in November of 2005.

A summary of costs was developed for the period 2001-2002 and compared with costs for the year 2000 for the physical therapy field. Some of the notable findings from this comparison were:

- Tuition was raised 6%
- Mean tuition of the program was \$54, 083

	<u>Masters</u>	<u>Doctorate</u>	<u>% increase</u>
Mean total income	\$1,178,292	\$1,992,281	69%
Mean total expenses	\$904,939	\$1,715,950	90%
Mean expense per enrolled student:	\$13,072	\$18,057	8%
Amount of grant funding per program:	\$183,471	\$391,597	113%

- Main cost in doctoral programs was doctoral level tenured faculty

- Costs of administrative development were offset due to program's inclusion in regionally accredited institutions
- Most programs began integrating competencies at the Master's level as they brought the doctorate on line.
- Market: in NY state, after a couple years, there were not many students applying to master's programs
- Up-front cost is largely in training faculty
- Also, student census did not seem to increase, did not decrease
- Physical Therapy: move to doctorate did not increase salary of graduates

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