

The following paper was presented by Council President, Lixin Huang, at the Second International Congress of Chinese Medicine in Paris (Sept. 30-Oct. 2, 2005). It has been slightly modified from the original to reflect more recent developments and reprinted here with the permission of the Conference organizers.

ACUPUNCTURE AND ORIENTAL MEDICINE EDUCATION IN THE UNITED STATES

Focus of Presentation. This is an overview of the situation in the U.S. concerning acupuncture and Oriental medicine education, with particular reference to the Council of Colleges of Acupuncture and Oriental Medicine.

Early 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 wrote an article about the benefits of acupuncture during his recovery from an appendectomy in China when former President Nixon made his historic visit to China in 1972. Most of the acupuncture organizations in the U.S. began to form in the early 1980s. The collective effort at that time was to build a credible field in the U.S. for acupuncture. Initially, except on the west coast of the U.S., the focus was only upon acupuncture, rather than upon the broader discipline of Oriental medicine (which includes both acupuncture and Chinese herbology), because acupuncture was first presented for consideration at that time. It was only later that the colleges began to include a Chinese herbal curriculum in their academic programs. The first acupuncture school in the U.S. was established in 1975 (NESA).

More Recent History in the U.S. Since the early 1990s, the AOM field has catapulted into national attention as a result of a number of events:

- a television documentary in 1993 concerning "Healing and the Mind" hosted by a prominent American journalist (Bill Moyers)
- a well-publicized study in 1993 showing the widespread use by the American public of complementary and alternative medicine, 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
- recent reports concerning CAM by a Presidential (White House) Commission on Complementary and Alternative Medicine Policy (2002) and by The National Academies' Institute of Medicine (2005), both of which referenced acupuncture and Oriental medicine.

CCAOM. The Council of Colleges of Acupuncture and Oriental Medicine was established in 1982.¹ The Council is a national nonprofit membership association for the accredited and pre-accredited (candidate) AOM colleges in the U.S. Initially, there were very few colleges that comprised the membership of the Council, less than 12 in all. Today the Council's membership comprises some 49 colleges and programs. Virtually all of the AOM colleges in the U.S. that have received national accreditation are part of the Council's membership.

Diversity of AOM Traditions. There is significant diversity among these colleges in that there is representation for the traditional Chinese, Japanese, Five Element, Korean, and Vietnamese traditions. People come to the Council's colleges from all walks of life. In the early years, students were primarily looking for a second career. Increasingly today, students are looking to this field as a first career.

Mission and Goals. 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 GOALS:

- to support the development and improvement of educational programs in acupuncture and Oriental medicine
- 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 college 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
- to promote increased public access to high quality health care provided by well trained practitioners of acupuncture and Oriental medicine

¹ 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.

Strategic Plan. The Council's Strategic Plan provides the day-to-day operational focus of much of the organization's activities. The Plan is developed directly by the Council's member colleges and revised and updated annually at national meetings. The major goals of the Plan include the following:

- increasing the visibility of AOM and the Council
- 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

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. There are two staff positions with the Council—an Executive Director and a Clean Needle Technique Program Manager.

Council Committees. The Council has some 18 committees. Through the work of these committees, the Council has:

- developed standards for the core curriculum for the various academic degrees that exist in the AOM field (Core Curriculum Committee)
- solicited proposals from the AOM field concerning possible changes to entry-level standards for the profession (Entry-Level Standards Committee)
- monitored regulatory developments and participated in national conferences concerning access to Chinese herbs in the U.S. (Herbal Committee)
- promoted greater exposure for AOM educational opportunities and AOM as a career option through publications and contacts with university career counselors (Public Relations/Marketing Committee)

Needle Safety Program. The Council administers a national needle safety program for new AOM graduates. This program is required for national certification in acupuncture and provides a verification of competency by acupuncture graduates in the safe use of acupuncture needles. Each year, some 2000 practitioners take the Council's needle safety course.

Cyberspace Connection. Because the composition of Council's committees, including the Executive Committee, is geographically dispersed throughout the U.S., the work of the committees is, of necessity, largely accomplished in cyberspace by e-mails. Periodically, however, these committees meet in person, either in conjunction with the Council's semi-annual meetings or separately as needed.

National Meetings. The Council meets twice each year in conjunction with the annual meetings of the two national professional associations for practitioners. These biannual meetings provide an opportunity for the entire AOM field to come together at the same time “under one roof” for dialogue and other professional activities. These meetings also provide a valuable forum for the Council’s member colleges to discuss issues of common interest and to attend training workshops and panel presentations sponsored by the Council, or specialized workshops relating to the accreditation process presented by ACAOM.

Off-Site Clinics. The Council’s member colleges are very active in providing AOM services through off-site clinics in their local communities. At this time, the colleges are providing these services in over 100 such clinics in a variety of 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 for women’s health and inner city/low income/multi-racial groups; and sports medicine clinics.

Publications. The Council publishes an annual newsletter that comes out in the fall, a general informational brochure about the Council, and another brochure intended as a guide to prospective AOM students entitled *Acupuncture and Oriental Medicine—A Growing Healthcare Profession* (currently being revised). The Council also has a website (www.ccaom.org) that contains information not only about the Council, but also a chart showing the varying levels of training that physicians and other conventional medical providers have in AOM compared to the more extensive training that professional AOM providers receive by virtue of having graduated from a three or four-year program in this field. In an effort to promote AOM throughout the country, the Council also prepares press releases for local distribution by its member colleges concerning the beneficial application of AOM treatments for various health conditions.

Cooperation with Other AOM Organizations. The Council works closely with other national AOM organizations. Periodically, the major national organizations in this field meet to discuss common issues. The most recent meeting of these organizations was held at the Council’s initiative this year and provided an opportunity for each organization to share its own mission and vision, and to provide valuable input to the Council concerning AOM education in the U.S.

AOM Day. The major AOM national organizations in the U.S. work together each year to promote 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 are encouraged to provide free treatments in their clinics, conduct “open house” visits of the colleges for the public, offer lectures on AOM in their local communities, issue local press releases and announcements in college newsletters, and provide notices to alumni urging them to

offer free treatments or talks at their clinics. This day is also commemorated in several other countries (Canada, Mexico, and Pakistan).

ACAOM. Early on in the U.S., the AOM colleges realized that they needed a separate and independent accreditation commission recognized by the U.S. Department of Education. The Council 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. It is the only organization in the U.S. that has authority to accredit AOM colleges and programs. The primary purpose of ACAOM is to establish comprehensive educational and institutional requirements for acupuncture and Oriental medicine 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.

NCCAOM. In 1982 the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) was also established.² Its mission is to establish, assess, and promote nationally recognized standards of competency and safety in acupuncture and Oriental medicine for the purpose of protecting the public. NCCAOM is the only national examining body in the U.S. for the AOM field. Currently, the Commission administers national examinations in the fields of acupuncture, Chinese herbology, Oriental Medicine, and Asian Bodywork Therapy. Since its inception in 1982, NCCAOM has certified some over 13,000 Diplomates in these four fields.

Major Professional Associations for AOM Practitioners. There are two major national associations of AOM practitioners in the U.S. The American Association of Oriental Medicine (AAOM), which was formed in 1981. The Acupuncture and Oriental Medicine Alliance (AOMA) was established in 1994. There are also acupuncture professional associations in the various states in the U.S.

Other AOM Associations. Some other organizations that exist in this field in the U.S. include:

- American Organization for the Bodywork Therapies of Asia (AOBTA)
- International Veterinary Acupuncture Society
- North American Council of Acupuncture and Oriental Medicine Commission
- National Acupuncture Detoxification Association (NADA)
- Society for Acupuncture Research (SAR)
- National Acupuncture Foundation (NAF)

² The original name for this organization was the National Commission for the Certification of Acupuncturists.

Participation in National CAM Meetings. In addition to interacting with other AOM organizations, the Council also participates in meetings with other bodies whose activities affect the broader field of complementary and alternative medicine in the U.S. The Council was represented at The National Academies' Institute of Medicine meetings from 2003-2004 concerning scientific, policy, and practice questions associated with the increasing use of CAM therapies by the American public.³ The Council was also represented at a historic meeting this past June in Washington, DC involving leading educators from the fields of conventional medicine and CAM. The purpose of this meeting was to begin a dialogue concerning integrated health care *education*. A major focus on integrated education is seen as a necessary first step toward creating a more integrated health care system in the U.S.

Practice Rights for Acupuncture. Currently the right to practice acupuncture by statute exists in 40 states and in the District of Columbia. The right to practice may be designated by licensure, certification, or registration under the applicable state law. Licensure is the most common form of authorization to practice.

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 states that have not yet adopted acupuncture practice statutes, the right to practice this profession may be limited to designated medical providers or to nonphysician acupuncturists who are medically supervised. Even in some states that do have statutes, professional acupuncturists may treat a patient only where there is supervision, prior referral, or initial diagnosis by a conventional medical doctor. The recent statutory trend, however, is in favor of more professional independence by AOM providers.

The various state statutes regulating acupuncture are not uniform. In some states there are very detailed statutes and regulations, but in others there may be only a few paragraphs concerning the practice of acupuncture. Some states reference the right to practice acupuncture only, while other states include other forms of Oriental medicine such as herbs and Oriental bodywork.

The administrative structure for the regulation of acupuncture in the states varies considerably. For example, there may be an independent board composed of nonphysician acupuncturists, or the field 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.

Periodically, the Council formally intervenes before 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

³ The Institute's final report was issued this year. See Institute of Medicine of the National Academies, *Complementary and Alternative Medicine in the United States* (2005) [<http://www.nap.edu>].

ACAOM, and passage of the national certification examinations administered by NCCAOM, promotes a high level of practitioner competence and a degree of uniformity that facilitates reciprocity among the various states in the recognition of practitioner credentials.

Academic Training/Professional Titles. For some time in the U.S. there has been a significant, ongoing, 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. Currently, the Master's Degree is the entry-level standard for the profession. The average number of academic hours of study and training associated with that degree among AOM colleges nationally is between 2,600-2,800 hours. A significant number of schools 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.

In most states, practitioners are designated "licensed acupuncturists," but in some states 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 Degrees. There are currently two types of Master's degrees accredited by ACAOM:

(1) the Masters in Acupuncture, which is a 3-year program of a minimum of 1905 hours; and

(2) the Masters in Oriental Medicine, which is a 4-year program of a minimum of 2625, which includes acupuncture and Chinese herbology.

These are minimum academic hourly requirements. As previously indicated, the national average among AOM schools is much higher, between 2,600 to 2,800 hours, with a significant number of schools at or above 3,000 hours.

Eighteen (18) college programs 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.

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. Currently, six of the Council's member colleges have been approved 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.⁴ For the foreseeable future, however, the Masters degree will likely remain the entry level degree for this field.

⁴ The following schools have been approved to offer the D.A.O.M. degree: Oregon College of Oriental Medicine, Bastyr University, Pacific College of Oriental Medicine, South Baylo University,

Doctorate in Acupuncture. In 2004 ACAOM approved the Council's recommendation for a separate Doctorate in Acupuncture degree. 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.

ACAOM Doctoral Task Force. Along with a number of other national AOM organizations, the Council participated in 2004-2005 in an exploratory effort by ACAOM's Doctoral Task Force to determine the substantive content of a possible first-professional entry-level doctorate for the field. The question of whether the Master's degree should indefinitely remain the entry-level standard for the profession or whether this should be changed to a doctorate is an open one in the U.S. at this time. For the immediate future, it appears that the Master's degree will continue to be the entry-level standard. The Council's Core Curriculum Committee performed very significant work in assisting the Task Force in identifying the specific educational competencies that should comprise what is still a hypothetical entry-level doctorate. With the completion of the work of the Task Force in 2005, ACAOM initiated a period of public comment and hearings concerning the list of entry-level professional competencies recommended in the final report of the Task Force.⁵ This hypothetical first-professional, entry-level doctoral degree 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 approved for qualifying institutions. The latter degrees are not intended to be entry-level degrees.

Practitioner/Student Statistics. Currently, there are over 22,000 AOM practitioners in the U.S., and some 7,000 students enrolled in the various AOM colleges. About one-third of all AOM practitioners are in California.⁶

Future of AOM in the U.S.

- Is expected 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 in general and in assisting its member colleges in increasing their AOM research activities.

Emperor's College of Traditional Oriental Medicine, and the American College of Traditional Chinese Medicine.

⁵ The Final Report of the Task Force may be viewed at <http://www.acaom.org/PdfVersion/ACAOM%20Doctoral%20TF%20%2006-11-05.pdf>.

⁶ See National Acupuncture Foundation, *Acupuncture and Oriental Medicine State Laws and Regulations* 115 (2005 ed.) [Table 1].

- **The trend toward more integrated clinical and educational collaboration between conventional medical and AOM providers is 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 be done as effectively where conventional and CAM practitioners function in isolation from each other. Integrated settings also provide an opportunity for conventional medical practitioners to learn more about the energetic paradigm that underlies AOM, or at least see demonstrations of its efficacy in actual practice in clinical settings.**
- **The Council has a strong interest in working internationally for academic and clinical exchange. The Council's Strategic Plan specifically envisions the development of relationships and friendship programs with AOM schools and/or institutions in other countries.**
- **In general the future of AOM in the U.S. looks very promising. Increasingly, the general public and conventional medical practitioners are becoming more aware, both in their personal or professional lives, that there is something that lies beyond the purely physical dimension of the human being and that successful treatment and well-being involves looking at oneself and patients holistically. As this awareness continues to increase within the culture over time, AOM will naturally be more in demand and the field should grow and prosper dramatically.**