

# ACAOM Considers New Proposal on Doctoral Programs -- Your Feedback Wanted!

## AAOM, CCAOM, ALLIANCE ISSUE RESPONSES

## Editorial Staff

The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) is seeking comment, in the form of a survey, from all members of the profession regarding a proposal that would upgrade the standard for licensure and practice in the United States from the master's level to a fully integrated, 4,000-hour doctoral degree program. Included in this article is a press release from ACAOM that details the recent debate regarding education levels in this country, along with a copy of ACAOM's survey on the doctoral program.

## ACAOM Request for Comment on a Proposal

## Background

The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) is currently recognized by the U.S. Department of Education ("USDE") to accredit *first professional master's degree and master's-level programs in acupuncture and Oriental medicine*. Very recently, ACAOM developed accreditation standards for accrediting post-graduate, clinical doctoral programs that require for admission graduation from the current entry-level, first professional master's degree or master's-level acupuncture or Oriental medicine program. To fully understand the basis for the Commission's current scope of accreditation activities, one must first consider the history of the profession; Oriental medicine education in the United States; and how these influenced the ultimate accreditation functions of the Commission.

The origin and development of the profession in the United States occurred only in the last few decades. In its early stages, the profession established the certification, accreditation and licensure structures to move the profession forward. ACAOM was founded in 1982 to foster excellence in acupuncture and Oriental medicine education in the U.S.; to provide a proper foundation for licensure/entry-level practice in the field; and to advance the interests and credibility of the profession as it evolves nationally. This goal has been largely achieved as reflected in the adoption of licensure laws in virtually all states; the recognition of the field as a viable health care modality in the U.S.; the growing number of third-party payers that offer insurance coverage for Oriental medicine treatments, etc.

The professional and educational community in the field defined the scope of ACAOM's accreditation activities and entry-level into the profession based on master's degree and master's-level education in 1985, during a national conference held in Elk Grove, Illinois. At the time, it was decided that educational institutions in the field, and the profession itself, were not sufficiently developed to support doctoral-level education as the entry-level standard for practice and licensure in the United States. When the decision was made to define master's degree and master's-level education as "entry" for the profession, ACAOM applied for, and was granted, recognition by the USDE as a reliable authority for quality education and training in the field of acupuncture and Oriental medicine. USDE recognition enabled students in ACAOM-accredited programs to be

eligible for federal financial aid to cover the costs of their education. The Commission now has more than 50 accredited and candidate master's degree and master's-level acupuncture and Oriental medicine programs located throughout the country in its accreditation process. Newly established programs seeking ACAOM candidacy and accreditation have expanded exponentially.

In the recent past, there has been substantial and continuing debate within the profession on whether the entry-level standard for licensure and practice in the United States should be upgraded to the doctoral level. Based on the maturity which has occurred in the profession and in educational institutions in the field, the Commission believes that the time is right to seek feedback on whether there is adequate support within the profession for a transition to doctoral education as the professional entry-level standard for licensure and practice in the field, and how the ACAOM accreditation process might achieve or facilitate that goal.

## Proposal

The Accreditation Commission for Acupuncture and Oriental Medicine, at its November 2002 meeting, discussed the doctoral program issue and developed a prospective proposal and initiative for which the Commission requests comments from members of the profession, state and national Oriental medicine organizations, state regulatory boards, educators and all other stakeholders in the field.

Under the proposal, the Commission would embrace the change to fully integrated, first-professional doctoral degree programs for licensure and entry into the profession, and new accreditation standard would be established for fully integrated, 4000-hour, entry-level doctoral programs of acupuncture and/or Oriental medicine. Such programs would be professional "stand-alone," entry-level clinical doctoral programs where students would enter the program without prior education in the field of Oriental medicine, and with the expectation of being trained at this level for licensure and professional practice in the field upon graduation. The Commission would establish a transition period (e.g., 10 years) in which all ACAOM-accredited and candidate acupuncture and Oriental medicine programs must restructure their programs to meet appropriate accreditation standards for doctoral training. During the transition period, the Commission would establish a national task force comprised of practitioners, educators and others to develop accreditation standards for fully integrated, free-standing, entry-level, 4000-hour doctoral programs in acupuncture and Oriental medicine. At the end of the transition period, all ACAOM-accredited programs would be at the doctoral level and the Commission would cease accrediting master's degree and master's-level programs in the field.

The Commission has not taken a position on this issue, but is requesting comment on this proposal from all stakeholders in the field. To this end, the Commission requests that anyone who wishes to comment, complete and return the attached survey with relevant commentary (if applicable) to the ACAOM Maryland office. Surveys must be received by February 28, 2003 at the following address:

ACAOM  
Maryland Trade Center #3  
7501 Greenway Center Drive, Suite 820  
Greenbelt, MD 20770

We thank all of you in advance for your attention and prompt response.

Click [here](#) to access the ACAOM Doctoral Survey.

In the wake of ACAOM's proposal, *Acupuncture Today* contacted the American Association of Oriental Medicine (AAOM), the National Acupuncture and Oriental Medicine Alliance and the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) largest acupuncture and Oriental medicine organizations for comment. These statements are printed in the order in which they were received.

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## Statement from the American Association of Oriental Medicine

### POSITION STATEMENT

#### Transition to Doctorate as First Professional Degree

The American Association of Oriental Medicine has for many years held the view that the professional health care provider of acupuncture and Oriental medicine should enter the profession with the doctorate as first professional degree. This precedent is set, and for good reason, with every other field that provides first line medical services, including allopaths, chiropractors, dentists, naturopaths, optometrists, osteopaths, podiatrists, and veterinarians. It is time for our profession to make this transition. The AAOM strongly supports the Accreditation Commission's efforts in seeking feedback from the profession on whether there is adequate support for establishing the doctorate as the first professional degree.

It is the mission of the American Association of Oriental Medicine to promote excellence and integrity in the professional practice of acupuncture and Oriental medicine, and to enhance public health and well-being. Because of our status in many states as independent medical providers and primary care providers, there are hundreds of thousands of patients who rely upon us to provide for their health and well-being. More and more, acupuncturists and Oriental medicine providers are working in hospital settings, side-by-side with Western medical doctors. This being the case, it is important that the professionals in our field be completely prepared and competent in the delivery of our medicine and in the communications that are often necessary with patients's Western medical providers.

Today, this goes far beyond the simple task of communicating with our Western counterparts. In several states, acupuncturists and Oriental medicine practitioners are recognized as either primary care providers or independent medical providers, and often individuals and entire families rely upon these practitioners for providing their primary care. In many rural areas of the country, acupuncture and Oriental medicine are used as the primary source of medicine because of the lack of other available medical resources. And just as dramatically, more and more patients are turning to Oriental medicine as their first choice for primary medical care. It is thus reasonable to conclude that clinical training and education be such that students are adequately prepared for the responsibility to effectively deliver this quality of care, and that they are able to fully integrate with the other systems of medicine in this country, in order to equitably provide for the public's safety and well-being.

The Board of Directors of the AAOM believes that it is consistent with our mission statement to fully support the process of transition to the doctorate as first professional degree. The integrity of our profession and the public welfare demand it. The establishment of a national task force to begin the process of establishing the standards for the fulfillment of the doctorate as first professional degree program is appropriate and necessary. Certainly there will need to be a period of transition that will allow existing colleges and programs to prepare for these changes. The time for beginning these changes is now.

The AAOM also supports the intention of the Accreditation Commission's receptiveness towards

developing an independent doctorate in acupuncture separate from the doctor of Oriental medicine. The AAOM encourages practitioners, State associations, schools and colleges, and the other organizations to work together to help insure that such a transition process becomes a reality, and to be supportive of what will be an enhancement of our profession's growth and integrity, while at the same time being vital to the public's health and well-being. To this end, we encourage all stakeholders to participate in ACAOM's survey.

*Gene Bruno, LAc, OMD*

*President, AAOM*

*From the Board of Directors of the AAOM by unanimous consent*

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#### Statement from the Council of Colleges of Acupuncture and Oriental Medicine

The Council of Colleges of Acupuncture and Oriental Medicine believes that the recent ACAOM Doctoral Survey proposal has caused major concerns to many colleges of acupuncture and Oriental medicine across the country and is premature, misleading, biased, and undermines the current national Visioning Search Task Force process. The executive committee of the Council, having received input from members of the Council, including its mission and visioning committee, feels that it is important that our profession consider the role of the doctorate in the future with calm reflection and a careful planning process. We do not believe the ACAOM survey will promote this calm reflection or help educational institutions. Accordingly, the Council's executive committee, which functions as the board of the Council between meetings, expresses its strong concern regarding the ACAOM survey for the reasons indicated below.

The survey is premature. Currently, there are only three AOM colleges in the country that have been approved by ACAOM to offer the doctorate in acupuncture and Oriental medicine. Until these programs have begun actual operation, and for some years after that, it will be impossible to determine whether the doctoral degree is appropriate as the entry-level degree for the profession.

The master's degree will remain the entry-level degree for the profession for the foreseeable future. The available data strongly supports the efficacy, safety and high patient satisfaction with master's-level graduates. The Council is committed to the diversity in our profession and believes that the current educational model supports the various forms that acupuncture and Oriental medicine has taken in this country. ACAOM's proposed 10-year transitional period for the colleges to restructure their programs to the doctorate level is unrealistic. ACAOM selected this time period with no input from the colleges, which are the only institutions that would be affected by the proposed changes. By comparison, the physical therapy profession, which has many more schools offering doctorates in that field, has a 20-year transition period to the doctorate as entry-level, with substantial input concerning its educational programs.

The current alumni of master's programs have had a major and positive impact on the profession, their patients, and the public perception of our medicine. If the doctorate becomes the entry-level standard for the profession, it will challenge the credibility of these alumni of master's programs. This issue does not appear to be addressed in ACAOM's 10-year transitional proposal, which is exclusively focused on the restructuring of college curricula to meet a proposed 4,000-hour entry-level doctoral standard and on developing national accreditation standards for this degree. Moreover, because states have different legal, not just educational, requirements regarding doctoral programs, 10 years may not be an adequate period of time for the proposed transition.

Finally, the complexity of this subject area requires a more collective planning process than one organization can provide for any survey of whether the doctorate should be the entry level

standard for the profession. For example, issues relating to the extent to which the doctorate as entry-level would require educational hours in subjects that are beyond the scope of practice currently authorized in many states; the need for a definitive preliminary assessment of the effectiveness of current AOM training; the effect of tiered professional and educational standards, the costs of a doctoral education in relation to market demand; and the role and uniqueness of AOM in the American public health care system, among other issues, ought to be carefully considered before constructing a survey on the single issue of doctorate as entry level.

The survey is misleading and biased. The inconsistency between ACAOM's denial of having taken a position on this issue, coupled with its explicit willingness not only to "embrace" the transition to a doctoral degree, but also to take the "initiative" and a "leadership role" in helping the profession to consider whether this change ought to be made, reflects a strong bias within the survey instrument, regardless of the position of the Commission in its deliberations regarding this issue. Accordingly, the survey is overwhelmingly focused on the question whether the doctorate should be the entry-level for the profession. An unbiased survey would have asked, without undue emphasis on either degree, whether the master's or the doctorate should be the entry-level standard. Bias is also evident in the Commission's one-sided characterization of the recent debate within the profession concerning whether the existing entry-level standard should be "upgraded" to the doctoral level, clearly implying that the current master's-level standard is insufficient.

Bias is further evident in the Commission's misleading statement concerning the outcome of the Elk Grove conference in 1985, which references only the fact that the conferees decided that the AOM educational institutions and the profession were not then sufficiently developed to support the doctorate as the entry level for the profession. When the colleges met at Elk Grove, most of the programs were between 1,000 and 1,350 hours in duration. There was a lengthy discussion whether the educational standard should be at the bachelor's, master's, or doctoral levels. The colleges recognized that it would not be possible to be approved either at the bachelor's or doctoral level. Thus, the first professional master's degree, which was not an academic master's degree and for which the colleges would not have then qualified, was determined to be the most plausible and appropriate degree.

The survey undermines the current VSTF process. ACAOM's doctoral survey is particularly unfortunate in relation to the ongoing VSTF process, the central purpose of which is to develop a collective vision for the profession with input from all relevant stakeholders. At this time, the VSTF process, in which ACAOM fully participates, has yet to define who the relevant stakeholders should be in formulating a vision for the profession, let alone to determine whether the profession should be surveyed on the contentious question whether the doctoral degree should be the entry-level standard. It is most regrettable that the national accrediting organization for our field has stepped forward at this critical moment with a unilateral initiative and proposed leadership role for itself when the profession concurrently has only just begun its own collective effort to develop a shared consensus on what the relevant issues should be.

The initial effect of the ACAOM survey already has resulted in further polarization of our field, as various national organizations now feel compelled to come forward and declare their long-standing positions on issues that ought to lie in abeyance until a constructive and collective visioning process has sufficient time to bear fruit. It is particularly inappropriate that one national organization, especially a supposedly neutral national accrediting entity, has unilaterally proposed a leadership role for itself on a highly contentious issue at a critical moment when healing voices within the profession are earnestly trying to keep the profession from further fracturing.

The Council respectfully requests that ACAOM consider withdrawing its doctoral survey at this time and save its initiatives concerning this subject until a dialogue with the Council is undertaken

and completed, issues concerning AOM students and graduates are resolved, and the VSTF process reaches the point of considering specific issues relating to educational standards. Until that time, unilateral action by any national organization outside the framework of the VSTF process is both inappropriate and divisive for the profession.

*The Executive Committee of the Council of Colleges of Acupuncture and Oriental Medicine*

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#### Statement from the Acupuncture and Oriental Medicine Alliance

The AOM Alliance has always, and will continue to, support the development of the profession and is interested in the acupuncture/Oriental medicine community's response to the questions posed by the ACAOM survey. It is the Alliance's policy to listen to all segments of the profession, and to support a careful, considered approach to growth and the definition of standards in all areas of the profession.

The AOM Alliance actively supported and participated in the 10-year-plus work to develop the recently-approved doctoral standards and is currently actively involved in the national Visioning Search Task Force begun in August 2002. The responses to the ACAOM survey and other input from the profession will help inform this visioning process. To further the opportunity for discussion, the Alliance will be sponsoring an open forum on the vision search at our annual conference in May 2003 in Safety Harbor, Florida.

All of these developments are a gratifying indication of the growth and strength of the profession. There are a number of exciting and urgent issues to be discussed, and we hope that all members of the profession work together on the next step in our journey.

*The Board of Directors of the Acupuncture and Oriental Medicine Alliance*

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