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EDUCATION & SEMINARS

AOM Education & Practice in the 21st Century: A Bold Step Forward

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In 1982, the National Council of Schools & Colleges of Acupuncture (NCSCA, now CCAOM) was established by former members of the education committee of the American Association of Acupuncture (AAA, now AAAOM).

In early meetings and discussions, colleges offered portraits of what they were teaching: acupuncture, Oriental bodywork (anma, tuina, shiatsu), western massage, rolfing, somatics and body-centered psychotherapy, western herbology (Back to Eden), diet for a small planet, macrobiotics, Native American herbology, English medical herbalism, homeopathy, and various forms of meditation and mind/body practices.

And then the North American "cultural revolution" in AOM occurred, and a compromise was reached to allow the national standards for education, and the national board certification examinations to be predominantly TCM. This was agreed upon mainly because other traditions, such as French, Vietnamese, Korean Constitutional had no texts in English. Felix Mann had also denounced his original book on the meridians of acupuncture as unscientific, and the new books in English were all based on TCM, starting with "*Acupuncture: A Comprehensive Text and The Web That Has No Weaver.*"

Those involved in this effort went on to develop a national certification commission (NCCA, now NCCAOM) leading to national board certification examinations in 1985, and a national accreditation commission (now ACAOM) which afforded colleges accredited by them the ability to offer financial aid to its students.

By 1987, the forerunner of ACAOM established master's entry level standards of three years (27 months) for programs in acupuncture and within a few years established four-year (36 months) standards for master's level programs in Oriental medicine. In short order, those espousing the California model of acupuncture and Chinese herbology succeeded in establishing accreditation standards that the only herbology that could be taught was TCM herbology, and schools teaching Native American or English medical herbalism had to stop doing this unless these courses were only for graduates who had done the master's in Oriental medicine or an ACAOM approved two-year Chinese herbology course meeting NCCAOM standards.

In this process, where some advocates for this new profession pushed for calling it "Traditional Chinese Medicine," and other East Asian practitioners "Oriental medicine" while not an accepted cultural anthropological term (where East Asian was preferred), was inclusive of other major East Asian styles such as Japanese, Korean and Vietnamese, a compromise was reached to settle on the term "acupuncture" (recognizing it was acupuncture that caught the North American medical and public imagination during Nixon's historic visit to China) and "Oriental medicine" (which served to recognize all East Asian traditions on the one hand, and to establish "Oriental medicine" as the code word for Chinese Herbology as in TCM education and practice in this country.

The argument for establishing the brand name of AOM was so effective that the national organizations changed their names to recognize this North American brand: thus there was the CCAOM, ACAOM and NCCAOM.

In this process, the colleges pushing for diversity of traditions, primarily on the east coast (New England School of Acupuncture, Traditional Acupuncture Institute and Tri-State Institute if Traditional Chinese Acupuncture, now NESA, TAISophia and TSCA) and in the mid-west (Midwest Center for Oriental Medicine) also pushed for an entry level master's in acupuncture alone, and other colleges following the California model pushed for master's level education in Oriental medicine.

This achievement came as the result of a host of compromises, the most critical of which was the agreement among candidate and accredited colleges to cease offering an entry level doctoral program, something that was occurring mainly in California as level-C degrees at that time. For the next decade and a half, debate ensued around several key issues:

- When would the entry level become a doctorate?
- Would the doctorate be only in acupuncture, only in Oriental medicine (including Chinese herbology an equal footing with acupuncture) or in both?
- Would the entry level include biomedical clinical training at the level of primary care providers?
- Would national standards be based on TCM only, or allow for a diversity of styles?

The recurrent refrain that LAcs should be trained at the doctoral level to include primary care-level biomedical training derailed debate and dialogue so intensely as to shift the doctoral discussion to that of a post-graduate doctor of acupuncture & Oriental medicine set of standards. While consensus was reached on standards for DAOM programs in acupuncture alone, with a mandatory introduction to Chinese herbology, to date there are only about 12 colleges out of over 60 that have applied to offer this post-graduate doctoral program, and none have done so in acupuncture.

It was clear to many of us who were involved in these debates that the adoption of the post-graduate DAOM standards yielded a compromise doctorate: the post-graduate doctorate in acupuncture & Oriental medicine allowed for doctoral education to be offered as an optional post-graduate endeavor that had little if anything to do with most AOM colleges, and nothing to do with entry level education.

The First Professional Doctorate

Starting in 2005, ACAOM initiated a dialogue on the likelihood of the AOM profession migrating to a First Professional Doctorate (FPD). Subsequent debate, especially in the CCAOM, lead to an agreement within the profession that the master's entry level would remain the entry level while standards for a First Professional Doctorate were being developed, adopted, and such programs began to be piloted. ACAOM's Doctoral Task Force began their work by stressing that the current master's standards were already worthy of an entry level doctorate, and that no AOM colleges would be harmed in any transition period to a doctoral entry level.

As debate ensued on the First Professional Doctorate, old issues re-emerged, but did not take hold. The wish to make the FPD standards include primary care level of biomedical training was not adopted, and it was stressed that the FPD, like the master's level standards, was based on training independent acupuncture and independent Oriental medical providers who would practice based on their AOM diagnosis, treatment planning and professional judgment.

What did emerge as new knowledge, skills and attitudes were the five core competencies

(informatics, evidence based practice, patient-centered care, risk management/quality control and team-based practice) articulated by the Institute of Medicine as critical for all mainstream and CAM healthcare providers for best 21st century care. This knowledge, and these skills and attitudes were integrated into the FPD draft standards by Fall 2007, and less than two years later ACAOM's Task Force for re-conceptualized Masters Standards took the draft FPD standards as their starting point, as they were now outcome and competency-based in line with DOE mandates for accrediting agencies in the health professions. These draft standards have been put on hold while ACAOM determines its course of action to finalize and adopt FPD standards, and to apply to DOE to expand its scope to include accreditation of post-graduate DAOM programs.

The End of Retrenchment

In the past two decades the AOM profession took a position of retrenchment as it hunkered down to brand itself, and establish laws in every state, armed with national master's entry level standards that established AOM as a graduate degree level profession.

While it was critical to establish standards that allowed for master's entry level education in acupuncture, or in Oriental Medicine to honor the various East Asian, European and North American styles extant in North America, the fact is that most master's level programs in acupuncture teach far more than acupuncture and moxibustion (often also teaching East Asian bodywork, Chinese herbal patents, dietary therapy, *qi gong*, zero balancing, cranio-sacral therapy and meditation and other mind/body approaches).

It appears that with the advent of CAM, and now CIM and CAHC and pluralism, the AOM profession is in a position to return to the creativity that characterized it almost three decades ago, where the rigidity of TCM standards can be loosened to allow for training in the full array of classical Chinese acupuncture and medicine practices, including practices that are more attractive to North Americans.

The Three Branches of North American Acupuncture & oriental Medicine

I would like to suggest that a think-tank of elders of the AOM profession be established, to engage in focus groups with those currently most active, to articulate a single entry level degree standard at the doctoral level that would be based on training in the three branches of North American AOM practice: Acupuncture & Moxibustion (with East Asian bodywork, *qi gong* and ancillary techniques such as cupping, guasha, electro-stimulation, auriculotherapy and their western counterparts, such as zero balancing, cranio-sacral therapy, somatics, rolfing etc. be considered as part of this branch); Herbology (including ready made formulas and/or compounded Chinese formulas and custom-made formulas for those majoring in Chinese herbology), North American and English herbalism, homeopathy, East Asian and North America dietary therapies) and AOM Lifestyle Counseling.

If we articulated these three branches, and maintained the current standards for education in acupuncture and moxibustion for all programs, as well as the standards for a two-year, 660-hour minimum education in Chinese herbology for colleges that wished to have students be able to major in this branch, we could establish minimum hourly requirements so that all programs would train students in the totality of classical Chinese medicine in a way that allows for a diversity of traditions and training in North American counterparts to Chinese medical practices: all programs would be required to teach a minimum of hours, and offer clinical training in East Asian Bodywork (*Anma, Tui na, Shiatsu*, *Qi Gong*); Dietary Therapy East and West; Chinese ready-made remedies. Some programs would require comprehensive training in Chinese herbology l, while others would focus on acupuncture. But the degree would be the same, a Doctor of acupuncture & Oriental

medicine (recognizing that same states, at least at first, might only permit the degree and licensure designation to be doctor of acupuncture).

Students wishing to be NCCAOM board certified in Herbology and/or in Oriental medicine would have to complete the current MSOM-level two-year herbal training.

This position would allow for a solid branding of independent AOM providers, all well trained in acupuncture and moxibustion and also trained in the other two branches of AOM practice, while allowing for heavier or lighter concentration in Chinese and other styles of herbology, and lifestyle counseling.

This would enable colleges to develop much more sophisticated programs in non-AOM complementary and alternative healthcare that would become part of AOM practice, thus fostering North American AOM complementary and alternative healthcare.

Acupuncture and Oriental Medicine: A North American Contribution

The AOM profession in North America is at a crossroads. After almost three decades of retrenchment, it finds itself poised to adopt First Professional Doctoral Standards and become a formidable part of North American CAHC/CAM/CIM/Pluralism. No longer alone, and fully recognized as a premiere CAM profession in this country, acupuncture and Oriental medicine in North America could develop in all of the depth and breadth its original pioneers dreamed of, where East Asian medical practices are finally transformed to best accommodate the healthcare needs and demands of our own culture, informed by East Asian theory and practice and inspired to create new ways of meeting these needs for best patient care in the 21st century.

A Bold Challenge

Draft FPD standards have been developed, and ACAOM is about to reconvene its Doctoral Task Force to critically evaluate the recommendations that were made during an extensive "Call for Comments" period over almost three years, to draft a final set of standards for possible adoption.

ACAOM has placed its reconceptualized master's standards on hold, and these standards are virtually identical to the FPD standards, except in the five core competencies.
If the FPD standards are adopted, some colleges will be able to pilot such programs. In the meantime, an AOM Vision 2020 process could be undertaken, to attempt to arrive at a broad view of North American AOM practice, as a doctoring profession, training graduates in the three branches of this medicine as they are practiced in this country.

In this way we would return to where we began, fortified, ready for a period of creativity and proliferation, that might just make North American AOM practice the envy of its peers in the rest of the world.

If the AAAOM, CCAOM, ACAOM and NCCAOM and state associations pulled together, this vision might be realized in such a way as to allow for a smooth transition to an entry level doctorate in AOM that all AOM colleges, national and state associations can live with, and that best serve the needs of our patients.

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