ACUPUNCTURE Today

We Get Letters & E-Mail

ACAOM is "not the only voice" of the Profession

Dear Editor:

We are responding to your interview with Terry Courtney in the August 2001 issue for two reasons:

1. It failed to ask some of the tough questions many professional OM practitioners are asking in regards to the Accreditation Commission of Acupuncture and Oriental Medicine's (ACAOM) role and function;
2. Certain statements made by Ms. Courtney should have been expanded upon with additional questions.

As presidents of the California and Rhode Island state associations and concerned OM professionals, we represent the views of many in our profession who have important questions regarding ACAOM. These questions include:

1. Why does ACAOM not include primary care in its list of entry-level competencies when over 50% of the acupuncturists in the country are licensed as such by their states? In our view, by not doing so, ACAOM fails to fulfill the directive of professional accrediting agencies to set educational standards that reflect the requirements for licensed practice in the various states; places these practitioners under greater legal liability; and downgrades the overall status of OM.
2. Why does ACAOM take an active political role in maintaining a partisan stand that blocks legitimate attempts by legitimate voices of practitioners in the profession in California, Florida, Rhode Island, New Mexico and Nevada to increase entry-level standards through the regulatory and legislative processes? In our view, accrediting bodies that ensure schools meet minimum standards of organization, curriculum and facilities should be neutral and non-polarizing.

ACAOM appears to have a bias in favor of the interests of the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) and the Acupuncture and Oriental Medicine Alliance over the American Association of Oriental Medicine (AAOM). The Alliance is a 501(c)4 civic league, as opposed to the AAOM and the Council of Acupuncture and Oriental Medicine Associations (CAOMA), both of which are 501(c)6 business leagues that represent the professional interests of Oriental medicine practitioners exclusively. This appearance of preference leads to an appearance of bias and apparent interference in the legitimate activities of these professional associations in their obligation to their members to support a vision of the profession for the future.

ACAOM should not, in our opinion, even give the impression of bias, but maintain an attitude of neutrality to the political discussions within the profession and concern itself largely with questions pertaining to the quality of education provided by its accredited programs and colleges as the vision developed by the profession itself clarifies. If the Commission puts itself in the position of even appearing to represent the interests of CCAOM, this can lead to the appearance of an impropriety which would be most harmful to the public perception of our profession. This is both inappropriate and

a violation of the spirit of an independent accreditation process.

For example, ACAOM joined preferentially with the Alliance and CCAOM to oppose legislation in Nevada that was supported by many of the legitimate representatives of our profession: The Nevada Board of Oriental Medicine; the Nevada Oriental Medicine Association; the American Association of Oriental Medicine; and the Council of Acupuncture and Oriental Medicine Associations. ACAOM should not have taken a partisan stand on this issue.

Indeed, according to a recent survey completed by Dr. Kevin McNamee and The Supply Center, 38.2% of California professionals licensed in the last five years think their training was "not adequate" or only "somewhat adequate." This creates confusion when Terry Courtney states unequivocally that in comparison to China, "I think that the training programs in the U.S. are also excellent ·" In addition, at a recent student caucus at the CSOMA Expo 2001 in San Francisco, the number one issue raised by current students was the low quality of education. It is clear to us that much work remains to be done in order to ensure that OM graduates can fully function as primary health care providers (which is their legal mandate in a number of states) with confidence and surety, as well as ensuring continual improvement in the overall quality of education.

Terry Courtney's statement, "I think that ACAOM is the profession," may well represent the core of the perception of ACAOM's problems. ACAOM is one aspect of the regulation and evaluation of our profession - not the profession itself. Wearing an ACAOM hat is different from representing the profession at large, albeit there are common interests. There are, however, different mandates for those who represent the interests of the professional practitioner and those who represent the mandate to assure the public that education offered at a given institution is meeting minimum standards.

ACAOM is a necessary component of the development of education within our profession, but it is not the only voice, and it hardly represents those other voices. While ACAOM's all-volunteer commissioners do put in many hours of exhaustive work, so also do the volunteer presidents of the professional associations and societies who are voicing other positions and points of view. The professional members of ACAOM are not the profession and, wearing their ACAOM hats, represent themselves, not the profession at large. Presidents of professional membership associations are mandated to represent the voices of their members.

Ideally, we would all work together cooperatively in a spirit of mutual respect, without unnecessary partisan feeling. It is the role of the profession to establish a vision of its own future. It is the role of the schools to teach the required curriculum to reach that vision. It is the role of the Commission to assure the public that accredited schools and programs are teaching to a quality standard of education that produces graduates qualified to enter the heavily regulated and highly competitive practice of acupuncture and Oriental medicine.

It is our view that, on behalf of all the practicing professionals we represent, Ms. Courtney has stepped into a role that has historically perpetuated confusion and contention within our community of interest. We believe and trust that Terry Courtney is capable of helping the Commission toward a more inclusive and realistic vision of the profession and its growth. It remains to be seen, however, if the Commission can muster the courage, leadership and political savvy to help break the current educational stagnation that prevents our profession from manifesting its destiny. Under Terry Courtney's tenure as the new chair of ACAOM, we are looking forward to a healthy collaboration

between the independent entities of the profession, schools and the Accreditation Commission.

Benjamin E. Dierauf, MS, LAc
President, California State Oriental Medical Association

Tad Sztykowski, MD (Poland), DAc
President, Acupuncture Association of Rhode Island

Richard A. Freiberg, DOM, DAc, AP
Tamarac, Florida

Editor's note: upon receiving this letter, copies were forwarded to Terry Courtney and ACAOM for comment. Ms. Courtney's response is as follows:

> Dear Editor:
>
> I'm writing in response to the letter submitted by Benjamin Dierauf, Richard Freiberg and Tad Sztykowski taking issue with my interview with *Acupuncture Today* and questioning ACAOM's standards, its advocacy initiatives and its purported "bias" towards the interests of other organizations in the field. This letter briefly responds to each of the points raised in that letter.
>
> Primary Care
>
> The letter takes issue with the absence of the term "primary care" in the list of competencies articulated in ACAOM's curriculum standards. The problem is that primary care is not a concept that has a specific definition as it relates to educational competencies. For example, primary care is not listed as a separate competency in the accreditation curriculum standards for other health care professions such as naturopathic medicine, allopathic medicine, chiropractic, etc. What one does find, however, are competencies in such areas as theory; diagnostic skills; treatment planning; treatment techniques; equipment and safety; biomedical clinical sciences; etc. All of these elements, and many more, are included in ACAOM's curriculum standards for master's programs *which are specifically designed to provide the competencies necessary for the independent practice of acupuncture and Oriental medicine without supervision by or referral from an allopathic provider*. The concept of independent practice is certainly at the heart of any definition of primary care that one seeks to articulate.
>
> ACAOM Advocacy/Bias
>
> Similar to the advocacy initiatives of other accrediting agencies, it is not ACAOM's intent to "block" increased entry-level standards for licensure. ACAOM has consistently taken the position that increasing curriculum requirements in hours for licensure is appropriate if there is adequate documentation of need, such as safety record data, which demonstrates that current licensure requirements are insufficient to protect consumers from inadequately trained practitioners. If, however, there is no documented need for increasing hours, and the hours are just merely increased, it results in unnecessary costs

to both students and consumers.

Hour increases that are not based on documented need also potentially prevents experienced practitioners from becoming licensed in certain states as they won't meet the hours required for licensure. For example, the legislative proposal recently defeated in Rhode Island would have effectively closed the state by requiring substantial hour increases for licensure to 3,200 hours in 2004; 3,600 hours in 2006; and 4,000 hours in 2008! In essence, both new graduates and experienced practitioners would have been barred from practicing in Rhode Island. Similarly, the legislation (supported by the California State Oriental Medical Association) which was adopted in Nevada will prevent many practitioners from ever becoming licensed in that state by virtue of the new bachelor's degree requirement for licensure. Experienced practitioners who wish to move to Nevada cannot become licensed in the state unless they possess a bachelor's degree in addition to their Oriental medicine master's-level education. The irony here is the fact that a bachelor's degree has not been shown to be related either directly or indirectly to safe and effective practice. A third example is that California's Department of Consumer Affairs effectively vetoed the California Acupuncture Board's regulatory proposal to increase curriculum requirements (in hours) for licensure based on its professional assessment that the California Acupuncture Board failed to adequately document the need for the increases.

Thus, the assertion that ACAOM opposes "higher standards" is incorrect, as is the assertion that more hours equates with higher standards. There are many programs with a significant number of hours that cannot meet ACAOM's standards for quality education and training. The fact that some of the national acupuncture and Oriental medicine organizations share the Commission's view that changes to licensure standards should only be based on documented need does not present reasonable grounds for asserting that ACAOM is biased or is demonstrating partisanship. It is also important to remember that there are several ways in which the acupuncture profession can have direct input into existing curriculum standards and thus participate in maintaining high standards for quality education and training. For example, ACAOM has recently completed a thorough review of its existing curriculum standards based on the competencies expected of an independent practitioner. Based on this review, the Commission has just published a number of proposed changes to its curriculum standards and welcomes comment from the practitioner and educational community.

In closing, it was rather disheartening to read that the respondents took such strong exception to a simple statement that "ACAOM is the profession." The response indicates that the comment was taken out of context. The spirit and intention of the comment was for readers to appreciate that the Commission is composed of volunteer professionals, of which six out of nine are either acupuncture and Oriental medicine practitioners and/or college representatives. As such, we are not removed from the issues facing the profession. That was the sole intent of the comment.

ACAOM has always welcomed the opportunity to work with representatives of the profession. Rather than writing letters that challenge other organizations and their motives, a more productive use of time and energy is to contact the Commission directly with any concerns, submit written testimony on proposed changes to ACAOM's standards,

and actively participate in the Commission's public hearing process. Individuals, organizations and colleges who have worked with the Commission in this manner have found it fully willing to hear the views of our communities of interest.

Terry Courtney, MPH, LAc
Chair, Accreditation Commission for Acupuncture and Oriental Medicine
Silver Spring, Maryland

Acupuncture Today welcomes your feedback. If you would like to respond to an article, please send your comments to:

Acupuncture Today
ATTN: Letters to the Editor
PO Box 4139
Huntington Beach, CA 92605-4139

You may also send your comments by fax (714-899-4273) or e-mail (editorial@acupuncturetoday.com).

NOVEMBER 2001