

Oriental Medicine Educational Standards: A Need for Improvement

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Introduction

Many of you are aware of the long-term strategy to raise educational standards for our profession to a four-year professional doctorate level of training. But you may not understand why there has been so much talk, so much opposition, and so little action. Why is it that a simple, straight-forward, and public effort to improve standards of education been turned into a prolonged, controversial, and apparently divisive issue? Why is it that a few non-practitioner administrators who represent the special interests of schools work so hard to block progress in our profession? Why do they so strongly deny the concerns of our patients, our profession, managed care, government agencies, and other health care professionals? The answers may lie in the arguments and reasoning in favor of improved training, so let's take a look at them.

Legislative Intent and Board Directive

The Acupuncture Licensing Act explains the intent of people of the State of California and its Legislature when it created licensing for our profession.

“In its concern with the need to eliminate the fundamental causes of illness, not simply to remove symptoms, and with the need to treat the whole person, the Legislature intends to establish in this article, a framework for the practice of the art and science of oriental medicine through acupuncture.”

“The purpose of this article is to encourage the more effective utilization of the skills of acupuncturists by California citizens desiring a holistic approach to health and to remove the existing legal constraints which are an unnecessary hinderance to the more effective provision of health care services. Also, as it effects the public health, safety, and welfare, there is a necessity that individuals practicing acupuncture be subject to regulation and control as a primary health care profession.”¹

In 1975, the California State Legislature decided to license acupuncturists as part of a much greater goal to “*eliminate the fundamental causes of illnesses.*” They expected this profession to perform at a high level of technical skill and efficacy, “*not simply to remove symptoms, but to treat the whole person.*” They created independent licensing as a “*framework for the practice of the art and science of oriental medicine,*” which is a much broader field of medicine than just the application of needles to specific points in the body. Over the decade that followed, the scope of practice was expanded to include other modalities and procedures of Oriental medicine.

The Legislature further clarified that its purpose was to “*encourage the more effective utilization of the skills of acupuncturists by California citizens desiring a holistic approach to health.*”

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This second reference to holistic medicine indicated its importance, probably because there was a lack of any holistic approach to health care in the existing medical system at that time, and there was a real need for it. The Legislature saw a need to “*remove the existing legal constraints,*” which otherwise required a person to train as a medical doctor and be licensed as a physician and surgeon in order to practice acupuncture. Creating separate licensing allowed an alternative avenue that would positively affect the “*public health, safety, and welfare*” of California’s citizens. The Legislature decided that it was necessary to regulate this new profession independently, initially keeping it under supervision and referral requirements by existing licensed professions, and putting its regulatory committee under the existing Medical Board. Eventually, they decided that it was in the public’s best interest to regulate the practice of Oriental medicine as a “*primary health care profession.*”

Eliminating the fundamental cause of illnesses is an idealistic goal, not likely meant to be accomplished in the near future, but rather to be pursued for a prolonged period of time. Promoting the public health, safety, and welfare is an active process, not a passive one. Creating high standards of training for health care providers is one way to assure the promotion of the better public health. It only needs to be demonstrated that better educational standards will further public health and welfare in order for the Acupuncture Board to take action to raise educational standards. The board does not have to rely upon the minimal standard of preventing injury or demonstrating a danger to the public safety. The Board does, however, need to address fiscal impact of such changes in order to demonstrate that the changes would not cause an unreasonable economic hardship, or that the benefits outweigh the costs.

Promoting standards of education that simply insure the safe practice of oriental medicine by acupuncturists has never been acceptable to the citizens of California, nor to its regulatory agencies, nor to the professions themselves. We feel that the Board should be more forceful in fulfilling its duties and obligations to provide the best healthcare to California citizens. This can be done by holding those you regulate to the highest standards possible.

Why 3,200 Hours?

The scope of practice of acupuncturists has gradually increased since the last revision of our educational standards was passed in 1983, and took effect in 1985. The professional organizations have been attempting to improve educational standards to match. However, the dominant school trade organization, and even the schools’ regulating agency that qualifies students for financial aid, the Accreditation Commission, has been especially resistant to meeting the growing educational needs of our profession, instead, choosing to promote their own interests above those of the public or the profession. What is not addressed in the existing educational standards?

Routine Clinical Examination & Diagnosis, a review of routine orthopedic and neurological examinations, using and interpreting clinical laboratory tests, diagnostic imaging, and the International Classification of Diseases (ICD) has not been addressed in our educational standards. The need for this training has been created by our participation as diagnosticians in the

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existing health care system, involvement with insurance cases, cooperation and collaboration with other health care providers, and participation in government-sponsored programs such as MediCal and Workers Compensation. In fact, the deficiency has been so apparent, that at least three independent 300-hour post-graduate programs in acupuncture and Oriental medicine orthopedics have been created. ^{2,3,4}

- Demonstrated need for additional training: 300 hours.

Traditional Oriental Massage Therapy, the clinical and theoretical instruction in the practice and application of Tuina, Shiatsu, Anmo, Anma, Acupressure, and/or other traditional oriental manual therapies, is also glaringly deficient. Oriental massage is separately listed in our defined scope of practice, is a highly advanced system of therapeutic procedures, and is an independent profession in China and other Asian countries. In China, it is a five-year program of study, culminating in a doctorate degree. In the United States, all of the national massage organizations recognize that minimal training standards in this country should be 500 hours.⁵ The American Oriental Bodywork Therapy Association has established educational guidelines. There is some overlap in Oriental medicine theory with acupuncture, so only 300 hours of additional theory and clinical training would be needed.

- Demonstrated need for additional training: 300 hours.

Auriculotherapy, Scalp and Hand Acupuncture, and other unique applications of acupuncture, are not required in the current curriculum. While they are commonly taught at schools, the training is inconsistent in scope and depth.

- Recommended additional training: 60-120 hours.

Acupuncture Detoxification, a protocol used in substance abuse recovery programs, is also not required, and training is inconsistent from school to school. With the passage of Proposition 36 last year, there will only be an increased need for drug rehabilitation and intervention programs, and a need to have every new graduate trained in these protocols.

- Required additional training: 40 hours.

Adjunctive Oriental Medicine Therapies include instruction in the use of moxibustion, cupping, three-edged needle, plum blossom, guasha, low-level laser stimulation, and other adjunctive therapies. Currently, there is no listing of these, with the exception of moxibustion, while they are all standard Oriental medicine procedures. Most schools teach these to varying degrees, but training is not standardized or required.

- Additional training: 100 hours.

Clinical Specialties, including an overview of traditional Oriental medicine practice specialties, such as pediatrics, gynecology, and traumatology. While introduced in some schools, there has not been enough in-depth access to these specialties, even as electives.

- Recommended additional training: 120 hours.

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Office Procedures, including patient charting, report writing, and billing, continue to be weaknesses in graduates of existing programs. New licensees have trouble with financing, medical report writing, and other standard office practices and procedures. Coursework needs strengthening.

- Recommended additional training: 50 hours.

Clinical Practice is the one need for improvement that everyone agrees there is a need for. The Examination Task Force, made up of representatives from school administrations and the profession, unanimously agreed in May 1999, that more clinical hours are needed.

- Recommended additional training: 250 hours or more.

The total additions could easily exceed 1,000 hours. In fact, the profession recommends adding 1,652 hours, bringing the total to 4,000 hours. A reasonable compromise and transitional stage was suggested with an increase of only 852 hours over the 1985 standard. Considering that the average California-approved school exceeds 2,900 hours, less than 300 hours will have to be added to the average school over the three to four years before these new programs will produce their first graduates.

The Fiscal Impact

Given that the average school has a 2,925 hour program, and charges an average of \$11 per hour, graduates are currently burdened with a tuition cost of \$32,000. The additional 300 hours will add approximately 10%, or \$3,300 to their expenses. The Acupuncture Board has estimated that this will total between \$0 and \$6,000, depending upon the school. The schools will be required to hire more teachers, creating new employment opportunities, and any costs that the schools bear will be passed onto the students in the form of tuition. Since the schools operate at a small profit margin, they will likely gain a small profit from this change. There is no evident fiscal impact to the State of California, nor to the Acupuncture Board.

There could be possible revenue increases for new licensees, as they should be more competent practitioners, have to spend less time learning on-the-job, and will not have to pay out-of-pocket for additional post-graduate training courses. There may be a loss of revenue for some post-graduate training courses that currently exist; however, these programs will likely adopt to newly identified needs, and offer new courses. Also, they have a large pool of existing Acupuncturists to draw from.

Surveys and Expert Opinion

California Licensed Acupuncturists and students have consistently voiced the concern that they should have better training in clinic, herbs, oriental medicine theory, and western medicine before entering practice. This imbalance between existing educational programs and the realities of

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professional practice has been verified by surveys. First, there was the survey conducted by the Council for Oriental Medicine Research and Education in 1992. Then, a scientific survey conducted by Psychological Services under contract with the Acupuncture Board in 1996.⁶ Additional surveys were conducted by the California Association of Acupuncture and Oriental Medicine⁷ and the California Student Association of Acupuncture and Oriental Medicine,⁸ as well as by an abbreviated follow-up survey conducted by the Acupuncture Board in 2000. One should expect that these are the very persons who know best, as they directly interact with patients, health care companies, other health care professionals, and schools on a daily basis. As previously stated, the Acupuncture Board's Exam Task Force agreed that existing curriculum is insufficient and recommended that it should be increased.⁹

Primary Care Status

California Business and Professions Code, Section 4926, states that "individuals practicing acupuncture be subject to regulation and control as a primary health care profession." The CAOMA has defined a primary healthcare professional as "a first-contact healthcare professional who possess the skills necessary to provide comprehensive and routine care (preventive, diagnostic, palliative, therapeutic, curative, counseling and rehabilitative) for individuals with common health problems and chronic illnesses that can be managed on an outpatient basis, and who can differentiate health conditions that are amenable to their management from those conditions that require referral or co-management." Our education does not adequately address this issue at this time.

Other primary care professions - physicians, chiropractors, osteopaths, podiatrists, and dentists - all have a minimum of four years and 4,400 hours of professional training, and require 3-4 years of previous college education. Medical school programs are well over 6,000 hours. For example, Loma Linda University Medical School in Southern California requires 6,944 "clock hours" in four years to complete their M.D. program. A 3,200 hour program with a 2-year prerequisite would be one more step towards achieving a level of parity in education that is the commonly recognized standard to develop appropriate levels of knowledge, skills, and abilities commensurate with our obligation to provide primary care services to the citizens of California.

Worker's Compensation

As physicians in the Workers Compensation system, acupuncturists are obligated to provide standardized medical examination and documentation. The Senate Office of Research found that there is a "general consensus" that acupuncturists are inadequately trained to for managing work-related injuries, and should have additional training before being allowed to become "pre-designated" providers.¹⁰ The fact is, that since the last educational increase in 1985, acupuncturists have been designated as primary treating physicians, and more recently, have been allowed to become "pre-designated" providers. The Industrial Medicine Physicians Association considers that our standards of education are too low in comparison to other "physicians" in the Workers Compensation system, and have used that argument to block our efforts to become fully

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functional providers in Workers Compensation. Improved educational standards will alleviate this concern from yet another group of experts.

The March 13, 1997 draft report by the California Senate Office of Research made its first principle finding:

“There appears to be consensus that acupuncturists need to have supplemental training in order to be qualified to perform disability evaluations, act as full-scope Qualified Medical Evaluators, and become predesignated providers, like physicians and surgeons. In particular, there appears to be consensus that in order to expand their role in workers’ compensation, Acupuncturists need to expand their scope of practice, gain greater patient assessment and diagnostic skills, and develop better skills in recognizing conditions requiring referral to other health care professionals.”

In 1994, the California Legislature established the Sunset Review process for state regulatory boards and committees. In 1998, when the Acupuncture Committee was up for review and renewal, the Joint Legislative Sunset Review Committee unanimously recommended re-approval and renaming as the Acupuncture Board. Among the determinations included in their report, was the following statement.

“Prior to any proposal to increase the scope of permissible practice for acupuncture, the Committee and the profession should adequately demonstrate that licensees possess the necessary training and competence.”¹¹

Thus, it would seem that we need to demonstrate the requirement that education in any area of practice is standardized and required of all licensees. The best method of assuring this is to require particular subject matter to be included in training standards.

Managed Care

Managed Care organizations and hospitals have a difficult time credentialing and offering hospital privileges to acupuncturists since they expect a high level of professional standards.

Acupuncturists have trouble meeting those standards with our current level of education.

Credentialing of acupuncturists, due to lack of knowledge of commonly-accepted medical practice standards has been a major source of problems for the managed care industry. One network’s audit found over 50% of acupuncturists’ medical records failed to comply with standards set by the managed care accrediting agencies, over 80% did not have malpractice insurance, 15% did not comply with safe needle disposal requirements, and 18% did not have the required sanitary hand-washing facilities.¹²

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Public Support

There is a clear expectation and demand for increased training by the public. A Stanford University study found that the public is actually more comfortable having a medical doctor provide complementary and alternative medicine treatments for them because medical doctors have well-recognized, high standards of education.¹³ The fact that their medical doctor does not know anything about alternative medicine did not seem to be primary concern.

Herbal Medicine Safety

The media continues to carry headline news about the dangers of herbal medicine and dietary supplements. Dr. Richard Ko, a representative of the California Food and Drug Branch, has stated that he has found that acupuncturists in general are not trained well enough in herbal medicine to be able to identify a variety of traditional Chinese herbs, or to recognize potentially dangerous and mis-labeled substances, and has recommended more training.¹⁴ An acupuncturist in Sacramento suffered from partial paralysis from an herbal formula she self-administered, because she failed to recognize an improperly-substituted herb in the formula. And recently, there have arisen serious concerns about contamination and mis-identification of herbs with potentially toxic compounds.

Other countries take Herbal Medicine very seriously. As practiced in most of the world, herbal medicine is prescribed only by professional herbalists with 4-5 years of training (China), or by licensed medical doctors with post-graduate training in herbal medicine (Europe). The Acupuncture Board needs to be aware of the need for expert knowledge in Chinese herbal medicine, and raise the standard for entry into the practice of herbal medicine.

Elimination of the Clinical Examination

In 1999, the Clinical Examination portion of the California Licensing Exam was eliminated by legislation. There had been many recommendations, both by the acupuncture profession, and by the Acupuncture Board, to increase the clinical requirements in exchange for elimination of the clinical exam. This has yet to be carried out, as the legislation failed to address the issue in its entirety, leaving that up to the Board.

Tutorials

California Acupuncture Tutorial Requirements are the Highest Acupuncturist Licensing Standards in the U.S. In 1998, the Acupuncture Board adopted an increased requirement of 3,798 hours of training for the tutorial programs, claiming that this level of training is necessary to achieve an adequate level of competence, and that this increase was a precursor to raising regular academic training programs to the same level.

World Health Organization

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The World Health Organization sponsored a conference in Italy in 1996, which was attended by acupuncture experts from around the world. Many were medical doctors who had come to specialize in acupuncture, as is required in many European countries. They recommended a two-year, 2,500-hour intense course of vocational study be used as a model for government licensing agencies.¹⁵ Mexico, for example, has set up acupuncture practice requirements that include licensing as a medical doctor and 1,500 hours of post-graduate specialty training. They are currently in the process of raising the standard to 2,000 hours, and will allow independent non-MD acupuncturists to practice by attending the same 2,000-hour program in addition to taking 600-700 hours of western medicine training, for a total of 2,600-2,700 hours for acupuncture only, much in alignment with WHO guidelines.¹⁶

Other States

New York has a “4,050 hours” curriculum requirement. While they allow some hours to be doubled, they do not include training or licensing to practice herbal medicine. Perhaps there is something about the acceptance of “4000 hours.” The Florida legislature directed to Florida Acupuncture Board to raise their standards to a full-time four-year curriculum by 2003. Arkansas has a similar standard. The Florida Acupuncture Board recommended either a 4,000-hour or even a 3,200-hour program. While they adopted a 2,700-hour program, additional regulatory changes effectively raise the standard to about 3,200 hours. Rhode Island has adopted a 2800-hour requirement, and may soon have a 3,200-hour requirement, too. A number of other states have expressed strong interest, and are waiting for California to take the lead again.

The high standards that California has always maintained have allowed California school graduates to move to other states and practice under lower licensing standards. In fact, many schools have recognized California to be the defacto standard in Oriental medicine training; that is why two-thirds of them have sought California Acupuncture Board approval for their programs, and one-half of these programs are within California.

Curriculum Standardization

California-approved schools are already averaging over 2,925 hours, and some have 3,000-plus hour programs. This has all been done **voluntarily**, without consideration for standardization or the recommendations of the expertise of our professional organizations. The seemingly random increases may be based upon students demands or the opinion of faculty and expert advisors, or it may be based upon the desire of schools to make mor money. There is no way of knowing, and students are suspicious of the schools, and that they are just raising hours to collect more tuition.

Accreditation

Existing accreditation standards for the Masters Degree in Oriental Medicine fail to meet licensing standards in a number of states, and thus have yet to achieve any credible level of standardization for our profession. ACAOM, in fact, has given no indication that their Masters degree standards

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will ever be revised to create a uniform licensing standard, as most other professional accreditation agencies have done. Because of fear of loss of student loans, many schools have been forced to wait until the ACAOM develops a doctorate program, and have been unable to take any initiative of their own. The new ACAOM doctoral fails to address the needs of our profession, and was instead, designed to produce better teachers, administrators, and researchers for the benefit of the schools, and not the necessarily the public or our profession. The ACAOM Doctoral will not be a professional degree, and definitely does not address our licensing issues or primary care responsibilities, in spite of the fact that our profession demanded it. It is, in fact, a clinical research doctorate.¹⁷ Testimony from our professional community has been ignored or overridden by the strong influence of the Council of Colleges, as they continue to share facilities with the very Commission that accredits its member schools. Imagine our professional associations being housed in the same office as the Acupuncture Board.

School Support

South Baylo, by far the largest and most successful school in California, has proposed a 4,300-hour doctorate be adopted as the standard. Others would welcome a higher level of education at their schools. Other schools have submitted written support letters, but have been quiet since then. Executive Director of the Acupuncture Board reported that over half of the California acupuncture schools privately told her that they supported the proposal. Their lack of open public support has been likely due to political pressure. Many have commented, also in private, that they feared reprisal from the Accreditation Commission, where the board members of the Council of Colleges have served as ACAOM site visitors to other schools.

Historical Support

The Accreditation Commission (ACAOM), the Council of Colleges (CCAOM), the American Association of Oriental Medicine (AAOM), the National Acupuncture and Oriental Medicine Alliance (NAOMA), and all other major acupuncture-related organizations support implementing a doctoral program in order to meet the public and professional demand for better education. In 1993, the profession, schools, accreditation and certification commissions all agreed to support development of a professional doctorate program. The profession supported it as an entry level requirement, while the others did not. In 1995, the CAOMA formally adopted a policy to implement a 4,000-hour professional doctorate as entry into the profession.

Licensed Acupuncturists Opinions on Curriculum

In 1998, the California Association of Acupuncture and Oriental Medicine conducted an informal survey of its members to establish their opinions on a number of subjects. The survey was published in the California Journal of Oriental Medicine. While many of the questions were directed at the general interests of the profession, some questions related to education.

“Do you think that all acupuncturists/herbalists in California should be Doctors of Oriental Medicine with 4,000 hours of training?”

Yes: 74% No: 16% No answer: 10%

“How many hours of each subject do you think licensing should require five years from now?” Answers are summarized in the table below.

1998 Survey of CAAOM Member Acupuncturists			
Educational Standards	Current (1985-)	2003	
		Average	Range
Clinic	800	1,200	800 - 2,000
Traditional Oriental Medicine	660	900	660 - 1,200
Western Sciences	558	850	400 - 1,500
Herbs	300	500	300 - 1,062
Ethics	30	50	30 - 100
Other (Business, Orthopedics, Homeopathy)	0	100	0 - 470
Total	2,348	3,600	3,078 - 4,820

How many hours of education do you think you need to be “grandfathered” so that your knowledge and skill would be similar to those graduating from a 4,000-hour course?

Only half of the respondents answered this question, though it garnered many comments. Those who answered indicated anything from 100 to 1,500 hours. Many indicated that for those with over ten years of experience, they should not be required to take any extra coursework at all.

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To further address the issue, CAOMA Council representatives were asked for their association's long-term recommendations for training of our profession in the future, and about the idea of "grand-fathering." The average training recommended by Council members was 4,250 hours, or 20% higher than the average of CAAOM members, representing their long-term vision for the profession.

1998 Survey of Oriental Medicine Associations			
Educational Standards	Current (1985-)	Professional Doctorate	
		Average	Range
Clinic	800	1,800	1,600 - 2,000
Traditional Oriental Medicine	660	950	800 - 1,100
Western Sciences	558	900	800 - 1,000
Herbs	300	500	400 - 600
Ethics & Management	30	100	80 - 120
Total	2,348	4,250	3,680 - 5,020

After discussion of these results, the Council wanted to consider the impact of an OMD licensing title on existing practitioners, and whether we should pursue continuing education requirements, or grand-fathering, or a combination. At the August 1998 CAOMA meeting, the consensus was to use a graduated scale, based upon years in practice, and to grandfather practitioners with a process similar to that used by NCCAOM for certification in acupuncture, herbs, and oriental bodywork, by reviewing applicants case-by-case, and allowing full credit for those with many years of experience. The Council agreed that those with ten years of experience should require no further training to be granted the "doctor" title. Furthermore, it was recommended that each year in a full-time practice should be considered equal to at least 125 hours of post-graduate education. Based upon this information, a total of 1,250 hours would be needed for currently graduating practitioners to be granted the new licensing title of "Doctor of Oriental Medicine." Consistent with other recommendations, the 1,250 hours added to the average 2,750-hour program at that time added up to 4,000 hours, or the recommended level of training for the professional entry-level doctorate.

Recommended requirements for granting title of "Doctor of Oriental Medicine," based upon experience.										
Years of Practice	1	2	3	4	5	6	7	8	9	10
Hours Credited	125	250	375	500	625	750	875	1000	1125	1250
Hours Needed	1125	1000	875	750	625	500	375	250	125	0

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A thorough comparison of training levels for medical doctors, chiropractors, and others similar professionals should also be taken into consideration.

Training Requirements for Primary Health Care Professions

Profession	Admissions Requirements	Academic and Clinical Training			
		Clinical Training	Total (hours)	Actual Hours	Total (years)
Acupuncturist	High school diploma	800 / 2,250	2,348 / 3,798 ⁽¹⁾	2,600 - 3,350	4 years
Chiropractor	2-3 years college ⁽²⁾	1,500	4,400	4,400 - 5,000	4 years
Dentist	3-4 years college	2,000+	4,000	4,000 - 5,000	4 years
Naturopath	2-3 years college	1,200	4,400	4,400 - 4,750	4 years
Optometry ⁽³⁾	3 years college	unspecified	4,000	4,200 - 4,700	4 years
Osteopath	3 years college ⁽⁴⁾	4,000	4,000	5,000 - 6,000	4 years
Physician	3 years college	4,000-4,500	4,000	6,000 - 7,000	4 years
Podiatrist	3 years college	unspecified	4,000		4 years
Psychologist	College degree	1 year	4 years		4 years

¹ Acupuncture applicants may also qualify for licensure by completing a 3,798 hour tutorial program, consisting of 1,548 hours of academic instruction and 2,250 hours of clinical training.

² Chiropractic schools will begin requiring a 4-year college degree prerequisite by 2003.

³ Accreditation Manual: Professional Optometric Degree Programs; Council on Optometric Education; January 1, 2000.

⁴ Medical and osteopathic schools usually give admissions preference to applicants with 4-year degrees

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Educational Standards for Acupuncture and Oriental Medicine

Standards (Hours)	Acupuncture				Oriental Medicine			
	CA	ACAOM	ACAOM	WHO	ACAOM	California		
Year	1975	1984	1992?	1996	1992?	1985	2002	20xx
TOM			705	1,000	705	660	850	1,000
Clinic			660	1,000	660	800	1,085	1,400
Western Sciences & Orthopedics			360	500	360	558	750	1,000
Herbal Studies ⁽¹⁾	0	0	300	0	300	300	450	500
Ethics & Mgmt.			0	0	0	30	65	100
TOTAL	1,350	1,350	2,025	2,500	2,025	2,348	3,200	4,000

ACAOM requires 450 hours of herbal studies, but allows for “double-dipping” of 150 hours, counting herb clinic hours as both herb and clinic hours. California does not allow this.

Oriental Medicine is generally recognized to include Chinese herbal medicine, Oriental massage, QiGong, Taiji Quan, nutrition, dietary and lifestyle recommendations, in addition to acupuncture.

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