

Curriculum Standards

Acupuncture Board
Department of Consumer Affairs
July 28, 2017



Introductions

- ▶ Board staff
- ▶ Attendees
 - ▶ Your name
 - ▶ Your organization or relationship to the Board

Acupuncture Board

- ▶ Why is the Board pursuing curriculum standards for students of acupuncture programs?
 - ▶ History
 - ▶ Current situation
 - ▶ Purpose of today
 - ▶ Next steps

Your Facilitators

- ▶ Elizabeth Coronel
- ▶ Lusine Sarkisyan

Role of the Facilitator

- ▶ Neutral party, non-participant
- ▶ Provides structure
- ▶ Documents the discussion
- ▶ Not the expert

Acronyms we may use today

- ▶ **ACAOM**
 - ▶ Accreditation Commission for Acupuncture and Oriental Medicine
- ▶ **NCCAOM**
 - ▶ National Certification Commission for Acupuncture and Oriental Medicine
- ▶ **BPC**
 - ▶ (California) Business and Professions Code
- ▶ **CCR §**
 - ▶ California Code of Regulations Section(s)

Curriculum Standards

- ✓ Acupuncture Training Program Clinical Supervision Hours
- ✓ Online Education for Acupuncture Training Programs

Training Program Clinical Supervision Hours - per CCR Section 1399.434

- ▶ (1) Practice Observation (minimum 150 hours)--supervised observation of the clinical practice of acupuncture and Oriental medicine with case presentations and discussion;
 - ▶ 150 hours, specifics of the language should be amended.
- ▶ (2) Diagnosis and evaluation (minimum 275 hours)--the application of Eastern and Western diagnostic procedures in evaluating patients;
- ▶ (3) Supervised practice (minimum 275 hours)--the clinical treatment of patients with acupuncture and oriental medicine treatment modalities listed in the Business and Professions Code Section 4927(d) and 4937(b).
- ▶ (4) During the initial 275 hours of diagnosis, evaluation and clinical practice, the clinic supervisor shall be physically present at all times during the diagnosis and treatment of the patient. Thereafter, for a second period of 275 hours the clinic supervisor shall be physically present at the needling of the patient. The clinic supervisor shall otherwise be in close proximity to the location at which the patient is being treated during the clinical instruction. The student shall also consult with the clinic supervisor before and after each treatment.

- ▶ The 275, 275, and 250 becomes grouped as 800 hours that the schools can determine how it should be divided amongst graduated levels of care and responsibilities. (Kim and Given) One block of hours. 3 and 4 the physical presence should be amended that the faculty member must be in close proximity and immediately available but not physically next to the student as the student is performing. P. 34 "The clinic supervisor shall otherwise be in close..." is acceptable and agreed upon however the issue is regarding the physically present reference. Stakeholders suggest that it be eliminated/changed in regards to the "there after for a second period...clinic supervisor shall be physically present at the needling of the patient."
- ▶ Kim - students advance at different levels. Giving programs latitude.
- ▶ Given - less effective and less safe in regards to (4) because the clinician is forced to stand in one room and not managing other aspects of therapy in more one room. Students not given in there capacity to grow. Reg as it exists is problematic and not creating a safe
- ▶ Marilyn Allen - thanked for the board putting this on. Adopt the ACAOM standards. #2 technical advisory group that has been organized focusing on safety. Leave it open because this discussion will continue on for a number of years.
- ▶ Ron - where physically present is not correctly placed with needling. The reference has been occurring during the acupuncture training. So it does not need to be placed later on. Just clinician in the room.
- ▶ Yun - at every school students have to go through competency tests to pass so this reference the student should already be competent at a clinical level to perform the tasks.
- ▶ See 1399.426(b) reference relating to "the supervisor shall be in the same facility as and in proximity to the location where the trainee...."
- ▶ Brady - How unsafe was education prior and has there been an improvement since then.

Training Program Clinical Supervision Hours

These requirements can be Summarized as:

- ▶ 150 hours - Observation
- ▶ 275 hours - Physically present during Diagnosis and Treatment
- ▶ 275 hours - Physically present during Needling Treatment
- ▶ 250 hours - Independent intern practice with Supervisor in close proximity to where the patient is being treated (requires consultation with supervisor before and after treatment)

Training Program Clinical Supervision Hours

150 hours - Observation

- ▶ Steve Given - global statement made that all hour requirements should be made in accordance with the current curriculum standard 8 of ACAOM masters program. 1399.434 sec h4 all is prescriptive which is an issue.
- ▶ Yun Kim - the trend in Ed is to move away from quantifying hours. Supporting dr. Given's statement.
- ▶ Brady Chin - remains one of the flexible areas for room for growth. Changing the scope of this is important. There is inadequate training in this area. Students do not feel prepared for clinical. Create a more practice centered clinical training model.
- ▶ Mora Marco - 100% support with the statement of Dr. Given.
- ▶ David Lee - AMU - echo the support for Dr. Given's statement. Align with ACAOM standards. Why are we not consistent with them now?
- ▶ John Scrainge - SCU - in support of the last few comments regarding ACAOM comments. All educators evaluate the curriculum, the ed experiences, and leaving it to those experts is an appropriate process.
- ▶ Yun Kim - Pointed out no ACAOM rep presented. The org has been ested since 80s. They have a track record for reinforcing the standards in the field. Best interest of the schools to meet those standards. Prescriptive language that Acup. Board has is not in line with other Boards and bureaus within DCA.
- ▶ Given - looked at data Medline and ALTHALWATCH (Peer review) 33,087 records which evaluated safety in the profession. separating CA from rest of US should have been based on data. Andrew Vickers- untrained and unlicensed providers result in safety concerns and issues. No data to support the findings in regs. No reason to separate from the national standard.
- ▶ Michael Fitzgerald - asked for clarification regarding the data from Dr. Given.
- ▶ Given - No data to suggest that the prescriptive standards protect consumers. Other nations have defaulted to national standards. Acupuncture is generally safe. Prescriptive language is not effective and has weakened education for students and good quality health care.
- ▶ Fitzgerald - a difference between safety and quality of service provided.
- ▶ Given - Agrees with ACAOM standard and CA standard in terms of what is approp for entry requirements into the field. CA is not exceptional in his opinion in relation to other states. 46 states license acupuncturists as a separate profession and almost all of them follow ACAOM standards and add there own (schools do)
- ▶ Valerie Hobbs - Looking CA standards the higher number hours versus prescriptive nature of how it should be provided. How it should be provided is written in language may not be current in how to develop those skills.

- ▶ Mora Marco - times have changed and the ACAOM is the standard nationally and CA should reach that standard.
- ▶ Jenny YU - best interest is best practice for education for students and become practitioners. Discussion about quantitative of hours and discussion relating to the quality of the ed. Do not justify the quality in relation to the number of hours.
- ▶ Ron Zaidman - involved with the profession since 84, 2 issues- four sections of a regulation and the global issue of what standard we should follow. Okay with 150 hours-observation requirement
- ▶ Fitzgerald - what is the difference between ACAOM requirements and CA requirements
- ▶ Given - ACAOM is a peer review process and does not make rigid standards. It is a process based on the quality. About how many hours before, but now it is based more on education competency.
- ▶ Yun Kim - ACAOM standards are very general. And focus on the graduated levels of responsibilities for interns and qualification of supervisors . Oriental medicine program 700 hours and 500 hours acupuncture hours. The level of education standards are very high compared to what they were 10, 15 years ago. The regs are not appropriate given the level of education.
- ▶ Lee - interpretation of “physically present” has been an issue for interpretation relating to in the clinic versus in the direct line of sight.
- ▶ John - Does everyone have a problem in the room with a set hour amount? Given does not have an objection for 150 hour requirement for observation, just that the regs should reflect the ACAOM requirements. How those hours a prescribed is an issue. Very talented faculty. Why do we have to force them into certain hours when they can move forward. Take prescriptive nature of hours and also the definition of supervision.
- ▶ Given - prescriptive nature of 4.1 clinical training 4.12 next three sections that he is concerned with. Those should be intern hours working through staged competencies and up to the schools to determine how they should meet that. Physically presence agrees with Lee.
- ▶ Brady Chin - Translation issue. Competency v safety. Has the safety goal been achieved from before and is there a data
- ▶ Rob Zaidman - “physically present” needs to be redefined because it reduces the schools ability to better serve the student and the consumer. Faculty member being physically present in needling is an issue and should be redefined. Has data to support this. Effective and safe treatment you have to have the correct diagnosis. Faculty focuses on diagnosis accuracy. Physical presence is decreasing safety. Those currently in the field are lifting the field.
- ▶ Kim - What is the appropriate authority of the Board in dictating the standards in relation to the prescriptive language? Just have Board adopt the ACAOM standards. Cant say CAB schools are better than nonCAB schools. Safety is being met and the standard is being met through ACAOM standards. How education is delivered is the main issue, due to prescriptive language.
- ▶ Given - ACAOM standard should be the standard. 2nd level leaving observation

Training Program Clinical Supervision Hours

275 hours - Physically present during Diagnosis and Treatment

Training Program Clinical Supervision Hours

275 hours - Physically present during Needling Treatment

- ▶ Rob Zaidman - “physically present” needs to be redefined because it reduces the schools ability to better serve the student and the consumer. Faculty member being physically present in needling is an issue and should be redefined. Has data to support this. Effective and safe treatment you have to have the correct diagnosis. Faculty focuses on diagnosis accuracy. Physical presence is decreasing safety. Those currently in the field are lifting the field.

Training Program Clinical Supervision Hours

250 hours - Independent intern practice with Supervisor in close proximity to where the patient is being treated (requires consultation with supervisor before and after treatment)

▶ ...

Online Education for Acupuncture Training Program

- ▶ The Board currently does not have specific regulations in reference to online education
- ▶ Both ACAOM and BPPE currently have some requirements in place in reference to Online/distance education

Online Education for Acupuncture Training Program

- ▶ Given - There are guidelines already in place through accreditation commissions. Accreditor standards curriculum adaptable to online education. Practical courses are generally not suited for online education for example, techniques, CPR, shouldn't be online.
- ▶ Online CE contains gray areas that need to be clarified. Distinguish and specify what should be taken live online versus remote online classes.
- ▶ Zaidman - Online education standards are more rigorous than in class standards because they have to ensure that
- ▶ Scaringe - competencies that could be supplemented. Accreditors advance quicker in regards to changes. Not be prescriptive. How it is delivered for example hybrid classes.
- ▶ Chin - what is most appropriate materials. Dr. Given listed
- ▶ Philip Yang - demand for online courses. Oriental medicine 50% of classes could be online courses based on ACAOM guidelines. Case management needs analysis and also hands on training not applicable to online education.
- ▶ Valerie Hobbs - forces outside regulations and education community. One issue that is arising is jobs opening up do to opioids. We need regulations that allows sustainability, thus avoid overregulation. Such will not serve anybody. Education is moving in such a way that it provides oversight. Refer to ACAOM or education.
- ▶ Yu - Support Dr. Givens, certain courses could be considered for online education. Consider the students (who are our audience).
- ▶ Given - Distinction is not the domain of material. The distinction is the material being given. The issue is the demand of the course.
- ▶ Lee - ACAOM or regional accreditation standards have taken positions and the Board should be aligned with such.
- ▶ Givens - the board should align with the ACAOM standards. Clear, clean and consistent.
- ▶ Hobbs - agrees with above comment. Basic sciences before the acupuncture program, including biology, in regionally accredited education. Shouldn't have to take those courses over. Caution the board for creating language that may be overly prescriptive in the future. Fitzgerald agrees with comment.
- ▶ Lee - accept credits from accredited intuitions that are necessary regionally accredited.
- ▶ Givens - agree with Hobbs. ACAOM has language in regards to transfer credits.
- ▶ Jan Rice - all schools should accept online courses as standardized to raise the standard more. If schools can agree on online courses.
- ▶ Givens - Challenges to Rice's statement: 1. innovative educators updating curriculum, 2. curriculum needs to be local for example needs to be taught in school not online. 3. a lot of decisions are made by institutions by what subjects and specific components are needed. A lot of reasons why some courses are commonly taken else where.
- ▶ US Department of Education recognized schools.
- ▶

Online Education for Acupuncture Training Program



Closing

- ▶ Next steps - The Board will continue to receive written comment on these issues until further notice.
- ▶ Evaluations

Thank you for your participation!

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