

Acupuncture Board

Curriculum Standards Stakeholder Meeting

Friday, July 28, 2017

Comments¹ on Training Program Clinical Supervision Hours per California Code of Regulations 1399.434 (h)

1. Steve Given – Global statement made that all hour requirements should be made in accordance with the current curriculum standard 8 of Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) master’s program. States that CCR 1399.434 section h 4 all is prescriptive which is an issue.
2. Yun Kim – Supports Dr. Given’s statement. Also states that the trend in education is to move away from quantifying hours.
3. 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.
4. Mora Marco – 100% support with the Dr. Given’s statement.
5. David Lee – Alhambra Medical University (AMU) – Echo the support for Dr. Given’s statement. Also states that the Board should align with ACAOM standards. And asks, “Why are we not consistent with them now?”
6. John Scaringe – Southern California University (SCU) – Is in support of the last few comments regarding ACAOM standards. All educators evaluate the curriculum, the education experiences, recommends leaving it to those experts is an appropriate process.
7. Yun Kim – Pointed out no ACAOM rep presented. The organization has been established since the 80s. ACAOM has a track record for reinforcing the standards in the field. Also adds, it is to the best interest of the schools to meet those standards. Further states that the prescriptive language that Acupuncture Board has is not in line with other boards and bureaus within the Department of Consumer Affairs.
8. Steve Given – Referenced the data in Medline and ALTHALWATCH (Peer review) and stated that 33,087 records evaluated safety in the profession. Separating California from the rest of United States should have been based on data. Also refers to Andrew Vickrs’ notion that untrained and unlicensed providers result in safety concerns and issues. Concludes that there is no data to support the findings in regulations, thus no reason to separate from the national standard.
9. Michael Fitzgerald – Asked for clarification regarding the data provided by Dr. Given.
10. Steve Given – Responded that no data is available to suggest that the prescriptive standards protect consumers. Other nations have defaulted to national standards; thus, Acupuncture is generally safe. Prescriptive language is not effective and has weakened education for students and good quality health care.
11. Fitzgerald – States there is a difference between safety and quality of service provided.

¹ Comments listed in chronological order for relevancy.

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12. Steve Givens – Agrees with ACAOM standards and California standards in terms of what is appropriate for entry requirements into the field. California is not exceptional in relation to other states. In 46 states license Acupuncturists have a separate profession and almost of those states follow ACAOM standards and schools also add their own.
13. Valerie Hobbs – Asks to analyze California standards the higher number of hours versus prescriptive nature of how it should be provided. If it is written into language how many hours should be provided than it may not be current in developing those skills.
14. Mora Marco – States times have changed and the ACAOM is the standard nationally and California should reach that standard.
15. Jenny Yu – States it is to the best interest and it is best education practice students to become practitioners. Discussion about quantitative of hours and discussion relating to the quality of the education. Do not justify the quality in relation to the number of hours.
16. Ron Zaidman – Has been involved with profession since 84. States he's okay with 150 hours of observation as requirement. States that there are two issues: 1. The four sections of the regulation and 2. the global issue of what standard the Board should follow.
17. Fitzgerald – Asks what is the difference between ACAOM requirements and California requirements.
18. Steve Givens – Responds to Fitzgerald's request stating that ACAOM is a peer review process and does not make rigid standards. It is a process based on the quality. Used to consist of how many hours, but now it is based more on education competency.
19. 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 is very high compared to what they were ten or fifteen years ago. At this point, the regulations are not appropriate given the level of education.
20. David Lee – States that interpretation of "physically present" has been an issue for interpretation relating to in the clinic versus in the direct line of sight.
21. John – Asked the room if everyone has a problem with a set hour amount?
22. Steve Given – responded that he does not have an objection of the 150-hour requirement for observation. Then reinforced that regulations should reflect the ACAOM requirements. Further, stated that how he 150-hours a prescribed is the issue. States that the faculty is very talented. And asks why do we have to force students into certain hours when they can move forward. Take out prescriptive nature of hours and the definition of supervision.
23. Steve Given – States that he's concerned with the prescriptive nature of 2 through 4. Those should be intern hours working through staged competencies and it should be up to the schools to determine how they should meet the required hours. Also agrees with Lee in the issue regarding the misinterpretation of being "physically present".
24. Brady Chin – States there is a translation issue. Competency versus safety. Also asks if the the safety goal been achieved from before and is there data?

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25. 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. He states that he has data to support this. Also states that to have effective and safe treatment you must have the correct diagnosis and faculty focuses on diagnosis accuracy. Physical presence is decreasing safety. Those currently in the field are lifting the field.
26. Yun Kim – Asks 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. Cannot say CAB schools are better than non-CAB schools. Safety and the standard is being met through ACAOM standards. How education is delivered is the main issue, due to prescriptive language.
27. Steve Given – ACAOM standard should be the standard.
28. Yun Kim and Steve Given – The 275, 275, and 250 hours (h 2 through 4) should become grouped as 800 hours which then the schools can determine how it can be divided amongst graduated levels of care and responsibilities.
29. (h) 3 through 4 “physical presence” should be amended so that the faculty member must be in close proximity and immediately available instead of physically next to the student as the student is performing. On page 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 regarding the “there after for a second period...clinical supervisor shall be physically present at the needling of the patient.”
30. Yun Kim – States that students advance at different levels. Thus, give programs latitude.
31. Steve Given – States its less effective and safe regarding (h) 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 capacity to grow. Regulation as it exists is problematic and not creating a safety.
32. Marylin Allen – Thanked the board putting this on and recommended to adopt the ACAOM standards. #2 technical advisory group that has been organized focusing on safety. Leave it open because this discussion will continue for many years.
33. Ron Zaidman – 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.
34. Yun Kim – States that in every school students have to go through competency tests to pass so the student should already be competent at a clinical level to perform the tasks.
35. Valerie Hobbs – Referenced the wording in I 399.426(b) “the supervisor shall be in the same facility as and in proximity to the location where the trainee..”
36. Brady Chin – Asks how unsafe was education previously and has there been an improvement since implementation of regulations.

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Comments on Online Education for Acupuncture Program

1. 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.
2. Online CE contains gray areas that need to be clarified. Distinguish and specify what should be taken live online versus remote online classes.
3. Zaidman – Online education standards are more rigorous than in class standards because they must ensure that
4. Scaringe – competencies that could be supplemented. Accreditors advance quicker regarding changes. Not be prescriptive. How it is delivered for example hybrid classes.
5. Chin – what is most appropriate materials. Dr. Given listed
6. Philip Yang – demand for online courses. Oriental medicine 50% of classes could be online courses based on ACAOM guidelines. Case management needs analysis and hands on training not applicable to online education.
7. Valerie Hobbs – forces outside regulations and education community. One issue that is arising is jobs opening 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.
8. Yu – Support Dr. Givens, certain courses could be considered for online education. Consider the students (who are our audience).
9. Given – Distinction is not the domain of material. The distinction is the material being given. The issue is the demand of the course.
10. Lee - ACAOM or regional accreditation standards have taken positions and the Board should be aligned with such.
11. Givens – the board should align with the ACAOM standards. Clear, clean and consistent.
12. 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.
13. Lee – accept credits from accredited intuitions that are necessary regionally accredited.
14. Givens – agree with Hobbs. ACAOM has language regarding transfer credits.
15. Jan Rice – all schools should accept online courses as standardized to raise the standard more. If schools can agree on online courses.
16. 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 elsewhere.
17. Accrediting agencies recognized by the United States Secretary of Education.