

**Doctoral Task Force Public Hearing
Westin Hotel @ O'Hare, Chicago, Ill
October 21 (7:30PM-9:00PM)**

Fred Jennes, Secretary/Treasurer of ACAOM, Chair of ACAOM's Doctoral Task Force and its Doctoral Committee: welcomes participants to the first hearing on the Report of the ACAOM Doctoral Task Force, which was charged with developing proposed competencies for the graduates of first professional doctoral programs in AOM. Mr. Jennes introduces ACAOM staff and members of the Commission attending the hearing (i.e., Dort Bigg, ACAOM Executive Director; Carla Wilson, At Large Member; Evelyn Fowler, Institutional Member; Fiquet Duckworth, Practitioner Member; Tim Chapman, ACAOM Vice Chair and Institutional Member; Yi Qiao, Institutional Member; Angela Tu, Practitioner Member; Karl Gauby, Public Member; James Showrank, At Large Member; Howard Simmons, ACAOM Chair and Public Member. Mr. Jennes requests that members of the ACAOM Doctoral Task Force in attendance at the hearing introduce themselves:

Joanna Zhao: Academic Dean of Five Branches Institute: representative of the National Federation of Chinese Medicine Societies

Carol Taub: Dean of Academic Affairs, OCOM, and representative of the Council of Colleges

Steve Given: Associate Dean of the School of Acupuncture at Bastyr University and representative of the Council of Colleges

Yemeng Chen: Academic Dean of the New York College of TCM and representative of the Council of Colleges

Mr. Jennes thanks members of the Doctoral Task Force for their work in developing the Doctoral Task Force Report and commended the ability of all the participants and the organizations they represent to work together for the benefit of the profession in developing a Consensus Report for a First Professional Doctorate.

Mr. Jennes describes the history of the work of the Task Force, which was initiated based on survey conducted by the Commission that demonstrated support for the development of a first-professional doctorate. Mr. Jennes distinguishes the First Professional Doctorate from the current DAOM post-graduate doctoral program that ACAOM developed. The DAOM is a ladder degree that requires students to first complete a Master's-level degree in AOM. A First Professional Doctorate is a degree where students enter a graduate program to receive a doctoral degree without having to first complete a Master's degree in AOM. The Task Force was developed and convened by ACAOM to assess what a First Professional Doctorate might look like. The Task Force included representatives from all the profession's key stakeholders, including licensing boards, educators, practitioner associations, and others to develop and identify the professional competencies that might be reflected in accreditation standards for a First Professional Doctorate in AOM .

Mr. Jennes notes that there were three meetings of the Task Force -- the first meeting took place in Las Vegas in March 2004, where the Task Force established the ground rules for its work including, among other things, that the Task Force would do no harm, it would be all-inclusive and hear all voices and not develop a product or proposal that would injure any organizations, educators, or member of the AOM profession. The second meeting, held in November 2004 in Dallas, generated the key learning domains that should be reflected in the competencies expected of students in a doctoral program. The third meeting was in Baltimore in June 2005, where the Task Force developed proposed professional competencies to be listed under the learning domains identified by the Task Force.

Mr. Jennes notes that an abridged copy of this work appeared in *Acupuncture Today* and the Commission received some calls asserting that the article didn't seem to fully reflect what was developed by the task force. Mr. Jennes states that this article was drafted by *Acupuncture Today* without input from ACAOM , and that if members of the public wish to read the actual work of the Task Force, they are encouraged to examine the full report listed as handouts in the back of the room and consider the hearing testimony that will be presented this evening. He also states that the full report is posted on ACAOM's web site. The purpose of this hearing is to hear from all of ACAOM's constituents about the First Professional Doctorate and about the work of the Task Force.

Mr. Jennes identifies the following ground rules for providing hearing testimony to ensure that the Commission receives a full record, that the testimony provided is professional and collegial, and that all voices are heard:

1. Neither Commissioners nor Task Force members will answer questions or make comments about any testimony provided during the hearing.
2. Those who wish to provide testimony must complete the sign up sheet on over on the table in the back of the hearing room, to include your name and the organization you represent.
3. After signing the sheet those listed on that sheet will be called in turn to the microphone and will be requested to give their name and the organization they represent, or whether they are representing themselves as individuals. This is for the record so that all the testimony tonight can be transcribed and eventually posted to ACAOM's website for public view as part of the official record.
4. To ensure that we hear from as many people as possible those who testify will have five minute to express their views and will be given a warning after four minutes; after five minutes have expired the person providing testimony will be asked to relinquish the microphone.
5. Those who have more extensive comments to make are urged to submit written testimony to ACAOM at any time during or following the hearing. Any submitted written testimony will be included in the official record. The entire record will be transcribed and considered by the Commission, so there is no need to feel deprived if you can't get your full say this evening.
6. We ask those who provide testimony to limit their comments to the subject at hand -- the First Professional Doctorate and the learning domains of competencies listed in the Task Force Report. All comments must be in good taste. We will not tolerate attacks upon any organization or individuals, and if those who testify wander off the topic or make inappropriate statements, you will be first warned followed by a request that you relinquish the microphone to the next person.

A number of you have asked what are the next steps that are involved in the Commission's work relative to this hearing. Everything that is said here tonight or written testimony that is provided will be transcribed and after review by the ACAOM First Professional Doctorate Committee will be posted on the Commission's website. ACAOM will be scheduling another public hearing that will take place in the spring at the Alliance meeting to gather further testimony, and at that point the Commission will be examining the testimony and deciding whether to schedule additional hearings, or whether at that point, we could make recommendation to the full Commission for further action, whatever that may be.

Mr. Jennes asks whether there are any questions on the ground rules for the hearing and then invites speakers to provide their testimony.

[First speaker comes to the microphone]

Steve Given: My name is Steve Given and I am here tonight speaking on behalf of the Council of Colleges. My comments will be very brief. The CCAOM Curriculum Committee and the Council itself discussed the Task Force report and are generally very happy with the work of the Task Force. I would like to personally thank the Commission for their great work putting on the Task Force and creating an environment where a great deal of good work was done and a high level of collegiality -- something that hasn't always taken place in our profession-- so our gratitude does not quite cover it. We will have more extensive comments in writing directly to the Commission. Based on our extensive work on Wednesday on the document we marked a few things that we will request some small changes in. The only global issue that I would like to bring up tonight is that I think it's really important that the document clearly states in the preamble and or in the body of the document itself, that we are talking about an Oriental Medicine Doctorate and a Doctorate of Acupuncture because a significant number of our member institutions are acupuncture-focused or only have acupuncture and while I think that is the intention of the document it isn't always clear OM or AOM are sometimes used interchangeably. The only important thing I want to bring up tonight is that it be made very, very clear at some point that we are talking about both Oriental medical degrees and Doctorates of Acupuncture. Thank you.

Fred Jennes: Thank you sir. Next speaker, please.

Lenny Rosensteel: I am representing the Association for Traditional Chinese Medicine. My comments will also be quite brief. I think this is an amazing document -- it amazes, it just floors me

that you could come up with it in a year or so. I am a little bit concerned, rather we were a little bit concerned about the question of policing or deciding whether someone's political activities are adequate or correct, and I am wondering how that problem might be addressed by putting it into practice. I notice there were a number of items in the paper that do deal with this matter of political action or correct political action and we are just wondering how that will be addressed. We are also wondering about the possibility, advisability, and feasibility of grandfathering in practitioners who have a certain amount of experience of five, ten, or fifteen years, who have kept up with requirements for continuing education, who have done so over a period of time, and have also demonstrated a commitment to on-going education and developing their own professional competence in various ways. We were concerned that that problem needs somehow to be addressed in this paper. And we thank you very much for having done all this work.

Fred Jenness: Thank you ma'am. Good evening, Dr. Miller.

Jack Miller: Good evening, my name is Jack Miller. As for representation I think I am, if you don't like what I have to say I'm representing myself, and if you like what I have to say I'm representing Pacific College of Oriental Medicine. I also would like to thank the Commission and the Task Force for their work. I would also like to recognize Dr. Mark Seem from Tri-State who put a lot of work into this. He is not here today. He had a fire at his clinic and he had to leave, but I wanted to definitely recognize him. My first two comments are not exactly on point, but since they are quick I'll try to get away with them. I would like to suggest that ACAOM consider the role of post-grad doctoral programs *vis-à-vis* these entry level doctoral programs. I think that these need to be explicit as time goes along. I would also like to suggest that you apply the less prescriptive approach demonstrated in this document to our current post-grad doctorates. As I read the document I think that there is too much bias towards integrating Oriental Medicine into multi-disciplinary settings. While that's an admirable goal, I think that we desire to have that. I also think that students that don't want to do that have a right to a doctoral education. I'm concerned, as the previous speaker was, by the number of political and social agenda that were stated in the document. Some were, I think, controversial if I understand them correctly or in the context of our society and some I just don't really understand specifically (e.g., "graduates or students should be committed to promoting justice in the health care system"). I don't know what that means really. It sounds good, I guess, but I often encounter these kind of terms when debating socialized medicine. *[inaudible..]*...I may willing to make a reasonable contribution of time and service for the good of our society, but I don't think I need to force our students to do that. They

should decide that as a matter of charity. When it's coerced, it's not charity. What else? There also seems to be quite a bit emphasis of what I would define as "medical anthropology" in the document-- a lot of emphasis on the role of medical systems in society. One, I notice, just from a quick scan, is to recognize the impact organizational culture and established systems have on patient care. I mean, that's again good, but I don't know the role for this doctorate, maybe in some derivative form, that we will see.

Fred Jenness: Thank you sir. Next speaker please. Thank you sir. Please identify yourself and organization.

Cory Hughes: My name is Cory Hughes. I am the CEO of the Eastern School of Acupuncture and Traditional Medicine in Montclair, New Jersey. I said this a couple of times this week at a couple of different meetings -- this may be old hat for some of the people who are hearing it. We are in New Jersey. New Jersey is a little challenged in terms of allowing an institution to offer a Master's degree. We are an accredited institution with a Master's level program, but we are only able to offer a Diploma in Acupuncture. There are several states that are in a similar situation, and I would probably give you that they would feel much the same way that we do. I have the feeling that I am relaying the feelings of the owner, Julie Poretz as well as the feelings of the faculty, staff, and students, and that is the feeling that the entry level doctorate at this point threatens schools such as my own in that we may never be allowed to give a Master's degree. And so for the institution to be able go to that next level may never be an option. So within the scope of what you're currently doing, the school may go away, as may several other schools. So my worry is this [*inaudible..*]. I'm just not sure that it's in the best interest of our medicine. Thank you for your time.

Fred Jenness: The Chair requests that those providing testimony on sections of the report provide section references to enable the Commission to fully assess and consider comments on those sections.

Quinn Tokay: Good evening, my name is Quinn Tokay. I'm representing the Oriental Medicine Association of New Mexico and basically our feeling [*inaudible..*] is that while we are in support of ongoing education that would help to support the profession, enhance patient care, and bring credibility to the profession, we are opposed to creating this in an entry level doctorate. We feel that there hasn't been a demonstrated need to increase entry level, and therefore oppose a doctoral program. And we would like you to take this into consideration. We would like to support people's ability to get training

in the event that they want it and desire it, and we are in support of the latter, and do think that the work that has been done so far on the Doctoral program is great, but are opposed to that being a requirement. Thank you.

Fred Jenness: Thank you sir. Next speaker, please.

Doctor Reed Phillips: My name is Dr. Reed Phillips. I'm president of Southern California University of Health Sciences. And I fear I'm going to stand up here and display my ignorance. I hope you will bear with me. First of all I appreciate what it is you are striving to accomplish and applaud the work you have done so far. We are definitely in support of what you are moving towards. I have a question more than a comment. I don't expect an answer here, but I want it in the record. You have two core competencies that speak to collaborative efforts with other health care providers -- one is the ability to participate in collaborative, quantitative, and qualitative research on page 8 and the other is page 11-- the ability to demonstrate competencies to practice in teams in multi-disciplinary practice settings. My question is, and again this is my ignorance, "Is there going to be a move toward increasing entry standards to get into the doctoral program that are going to be consistent with the other clinical doctorates that these people would be collaborating with?" I raise that question because it was raised to us years ago when we sought accreditation for our chiropractic program by the Western Association of Schools and Colleges, and the question they put on the table was how can you train students at a doctoral level, whether it's clinical or academic, when they come into your program with a community college level experience? So I don't know if you are moving toward increasing the requirement to get into the doctoral program as well as raising the doctoral program as well. Thank you.

Fred Jenness: Thank you sir. The Chair recognizes Will Morris, president of the AAOM.

Will Morris: Thank you, Fred, for your work on the Doctoral Task Force. I think it was a valuable experience for those of us that participated in that work. Two things that became very clear during that time frame were a couple of questions-- one was "Who are these people we are creating as an educational product," so to speak, and the second would be, "What is the environment that they would need to function in?" And what became very apparently necessary in that regard had to do with the ability to work with case-note taking in multi-disciplinary environment, and the ability to work with the information that the other providers utilize in those environments in order to make reports and participate on those teams effectively on a parity basis. And that was what the Task Force considered

as an essential piece of the picture. As we speak here, in the other room there is a study going on where we will be able to collect some hard data for you in terms of how certain pieces of this picture fit in terms of a larger group of people. We will be providing that hard data to you in the next few weeks. So we hope that the doors remain open, and we want to thank you very much for what we consider to be an important evolution in this medicine. Thank you.

Fred Jenness: Thank you Will. Would anyone else like to give testimony please come to the mike? [*No other respondents come forward.*] I would like to thank all of you who took time out to present testimony. Will, are these folks able to go to your meeting now, or is it closed?

Will Morris: The meeting is open -- you won't be able utilize the electronic instruments. However, there will be a question and answer section, and if you choose to stay later you can actually respond to the whole question set. Our conference technicians are willing to stay to collect all the data that we can possibly collect. Right now we have a hundred devices going, and we can add another hundred devices collecting demographic data and it would be great to have a lot of college input.

Fred Jenness: Good! Thank you.

Mr. Jenness then thanks all attendees at the hearing and those who provided testimony. Mr. Jenness reminds participants that a second hearing on the Doctoral Task Force Report will be conducted in spring 2006 and urges those who might wish to comment further on the work of the Task Force to provide additional commentary in writing.

Hearing Adjourned.