

**Public Hearing on First Professional Doctoral Standards  
And Eligibility Requirements  
Portland Hilton, Portland, OR  
Thursday, October 18, 2007 @ 7:00PM**

**Ms. Carla Wilson** – Provides opening remarks on the public hearing, introduces Commissioners and ACAOM staff present at the hearing and recognizes participants on the ACAOM Doctoral Task Force.

**Mr. Dort Bigg** – Provides instructions as to how to access the ACAOM online survey on the draft standards for first-professional doctoral programs – [www.acaom.info.com](http://www.acaom.info.com).

**Ms. Wilson** – Requests that Dr. Simmons, ACAOM Chair, issue comments about the last Doctoral Task Force meeting and perspectives that he would like to share.

**Dr. Simmons** stated his opinion that the meeting was very productive. He indicates that there was agreement that the Task Force was not going to define all the different degree levels, but rather focus on the standards and the criteria for first-professional doctoral programs in AOM. He stated that there was complete consensus among Task Force members regarding the proposed standards, which he attributes to good planning prior to the Task Force meeting.

Dr. Simmons also observed that the Task Force was charged by the Commission with developing the standards and to make sure they received a complete airing by ACAOM communities of interest. He wanted to make absolutely clear that the Commission does not make a decision as to whether or when this profession will adopt these standards as first-professional doctoral standards for purposes of entry-level practice. That is not ACAOM's decision. The Commission's role is to develop the standards, and to have them approved for piloting purposes. The most important part of the process for developing standards is to collect impressions and reactions from people through the ACAOM online doctoral standard survey. This is important because the Commission has to go to every community of interest to get feedback.

Dr. Simmons states his belief that ACAOM will receive a significant amount of useful feedback so that the Task Force will be able to develop another version of the standards that can be subjected to another public hearing. After that, the Commission has to take action to adopt the standards. He underscores that it is

not the Commission that will make the decision about when the profession will move forward with the standards for first professional doctoral degree purposes. He further states that there is misunderstanding about this issue among some people, but emphasizes again that it is not ACAOM's job and it is never the job of an accreditation commission to make those kinds of decisions. Rather these are decided by the communities of interest, the profession and state legislators and regulators.

Dr. Simmons continues that the Commission representatives are here to listen very attentively and indicates that the session is being recorded. The public testimony would be used as a basis for making a revision to the standards, which have already gone through a lot of review. The Commission will have to go through the process again before the Commission will be in a position to take action on adopting standards.

**Ms. Wilson** – Thanks Dr. Simmons and states ground rules for the public hearing.

**Dr. Tom Haines** (Pacific College): Compliments the Task Force and indicates that there is a huge difference between the current set of standards and the last set of standards. Praises the fact that the standards are outcomes based and do not micro-manage AOM institutions. Regarding the three-year admission requirement in Standard 5.A.1, there are no more 4-year AOM programs and most graduate programs that require 3 years of undergraduate education for admission generally require the 3<sup>rd</sup> year, which is basically the first year of the upper division. And our upper division has been rolled into the Master's program. Recommends that the 3<sup>rd</sup> year be looked at as meeting general education requirements.

Standard 5.A.8 – The new required graduation rate has increased from 50% to 70%. Recommends that the rate be reset at no more than 60%.

Standard 7.1.B – There is a minimum number of years required for program completion under the standards, but not a maximum time period required for program completion. Recommends a standard setting the maximum number of years for program completion, such as 8 years.

Standard 7.6.E – The expected research literacy levels regarding the scholarship requirement are not really clear in the standards. Recommends that the standards be clarified to specify what we want graduates to be able to do in the area of research literacy.

States that he noticed that the Task Force removed references to distance education in the standards. Recommends that a notation be included that the

Commission will develop distance learning standards for the program some time in the future.

**Dr. Simmons** – States that, before moving to the other person, it is important for members of the public to understand that the Commission has made a decision that distance education will be handled in a particular way with regard to all the standards, which means that we will have to add some provisions addressing distance education with respect to each of the standards under the particular degree categories, whether it is the master's or the first professional doctoral program. We have not done the master's standards yet, but we are going to do the same thing with the Master's that we do with the doctoral program.

**Dr. Steve Givens** (representing the Core Curriculum Committee of the Council of Colleges of Acupuncture and Oriental Medicine) -- Commends the Commission and Task Force in developing the standards. There was consensus that these standards constitute a very positive move on the part of the Commission. There was vigorous debate on specifics that showed that there is a need for rigorous dialogue as opposed to merely a hearing process. The CCAOM Core Curriculum Committee passed two resolutions regarding this issue:

First, a request that there be a joint meeting of the Commission and the Council of Colleges to dialogue about some of the issues that came up in the committee's meeting.

A second resolution was adopted. It has two parts: 1) request that the electronic submissions on the Commission's on-line survey be made public, and 2) to confirm that there will be at least one more public hearing on this version of the draft standards before the August deadline for that change in addition to the conference that was proposed in the first resolution.

**Ms. Megan Huang**s (representing the Entry Level Standards Committee of the Council of Colleges) -- We worked on the implementation of the non-curricular standards. Yesterday we reaffirmed the resolutions adopted by the Core Curriculum Committee, which will be considered by the full Council tomorrow.

Feels the need for a joint conference between ACAOM Commissioners and the Council of Colleges to be held in the early spring. Also supports the resolution that all electronic comments be made available to the public and that the Commission conduct an additional public hearing.

**Bob Chelnick** (Midwest College of OM) -- Criterion 5.A.1. Admissions. While many students can enter program with 3-years of college, we should not

abandon the original principles in which schools were founded in 1985, which was a 2-year college pre-requisite for admissions.

ER 7 – patient domains #2, page 17 – Practice in Team in multidisciplinary settings – seems to imply students in first-doctoral program are actually “practicing” in a team of multidisciplinary setting, in a hospital or clinic. Recommends that this read – “Practitioners must be able to communicate in a team and multidisciplinary setting which requires practitioner to translate AOM theory and practice into terminology understood by other health care practitioners”. Removing the word “practice” does not imply that students are providing services in a multidisciplinary health care setting.

Colleges who already have a post-professional DAOM program have invested time, resources, and money in this work. There should be a more long-term transition so that colleges would not have wasted time and resources in creating an obsolete program.

**Dr. Elizabeth Goldblatt** (VP of Academic Affairs at American College of Traditional Chinese Medicine) – Asks Dr. Simmons to clarify how the decision occurs on when this starts because after the DAOM standards were developed, colleges were then eligible to submit applications.

The whole idea of an entry-level first professional doctoral program is quite profound and history-making. Whatever occurs should be of the highest quality and integrity. It was the Council’s intention when the DAOM programs were first created to let them evolve organically, to let some colleges start program for several years, and then begin to hold panels to discuss the values of them and then begin a Task Force such as what has already occurred. We had our first panel today, but some of you were not there, but we may provide transcriptions.

Standard 7.1 – Program Length. The accreditation standards for Doctors of Chiropractic and Naturopathic Doctors require 4100-4200 hours and MDs required this for many decades. It was more recently that they moved away from hours and now focus on academic years, which makes much more sense. The rationale these professions gave for the change was that they wanted to ensure that the programs offered were not watered down and that they fully evaluated what should go into those programs. The draft standards require three years to enter for admissions and four years to complete a doctoral program in AOM. Expresses concern that four academic years may be insufficient – there are already 4-5 AOM colleges that are already at that level. I really like the program, the idea of research and collaboration -- but if one is to do quality work, I urge the Commission to re-evaluate the issue of program

length. How will we be viewed internally and how will we be viewed by our peers?

Standard 3.B.2. – Academic Leadership – When people have been through a rigorous doctoral program, they have a sense of how it feels, tastes, and how you touch it. The DAOM program is still relatively new in this country – encourages the Commission to look at the issue of Academic Leadership.

Standard 8.1 – Faculty Credentials. Recommends that the Commission consider a date in the standards by which a majority of faculty teaching in doctoral programs is expected to have a doctoral degree.

These issues focus on level of credibility in our field and what will be the practical impact on our colleges when one has those levels of standards.

On a subject that is less relevant to the draft standards themselves, there has been virtually no in-depth discussion about the financial impact of moving to the entry-level doctoral program. These include the cost of developing the program, the cost of paying administrators – because you want them at a higher level – what you will need to pay your faculty and the development of full-time faculty who will be involved in research; the issue of students and student loans, among others. So the vast financial ramifications of moving to the doctoral level have not, to my knowledge, even been discussed. That discussion has been occurring somewhat at the Council level. Virtually everyone on the CCAOM panel today on the DAOM, talked about the tremendous financial impact on the institutions for creating this program. It would be negligent to move forward without looking at the practicality of what this means financially for our colleges and ultimately for the patients; students will have higher student loans coming out of college and will probably charge patients more for services.

I recently attended a WASC – Regional Accreditation meeting in CA when they were talking about new standards. It was a very productive dialog where we spent a full day discussing issues. I highly endorse the Core Curriculum Committee's recommendation for a day of dialogue with the Council instead of just a public hearing – the impact would be profound.

**Dr. Simmons** -- Dr. Goldblatt, I am not sure I understand what your question was at the beginning, particularly since you were not very clear about the difference between first professional doctoral standards and for ones for the DAOM program, because they are two separate degrees.

**Dr. Goldblatt** -- Dr. Simmons, you made an opening comment about this not being a Commission's decision, so how is it your sense about how this would move?

**Dr. Simmons** -- It is still the same answer -- the Commission will not make that decision. What we have to be ready for is when the communities of interest are ready to move forward, we have to have the standards already there and we are going to begin having institutions who want to go through the pilot program. Before we can ask the USDE to deal with a change of scope, we have to have some institutions that have already gone through this. Now the question of the DAOM is different because we have already had several institutions going through the review process. What the Commission has to decide now is the timing for asking for a change of scope with the USDE and that is something that is going to be dealt with at our next Commission meeting in February.

**Dr. Goldblatt** -- Just to clarify one-step further, once the Commission has adopted standards for the entry-level doctoral program, colleges then could put in applications to start it. I wanted to make sure everyone was clear about this.

**Dr. Simmons** -- Initial accreditation reviews for a new program level must be on a pilot basis, because we cannot ask for any kind of USDE recognition unless we have already gone through this particular process. You can never have a change of scope unless you go through this process. So, obviously, you have to have standards and you have to put institutions through the review process and then you can be in a position of asking for a change of scope with USDE. The other thing that's very important for everybody to understand is that this also has to be done with the greatest political adroitness, because of the fact that we are dealing with three degree levels. We will not be removing anything yet until there is a decision made. So, therefore, in my mind anyway -- as a matter of fact I am going to have a discussion with the Commission on this -- is that we have to start with the DAOM, because obviously that was the first one that we put forward and we already have experience with that. So, it makes sense for us to deal with that particular issue early on. That would be my recommendation.

**Dr. Goldblatt** -- Thank you. I was clear on it. It was just that I think that some individuals perhaps in your opening statement about the Accreditation Commission won't drive it, may not have been aware that once the standards are adopted colleges can then put in their application.

**Dr. Simmons** -- That is correct.

**Mr. Robert Chelnick** (Midwest College of OM) -- You know, this last discussion opened up a question, not specifically on one of the Essential Requirements, but

I see it occurring already and no one has brought this up --The DAOM... which one? No one has brought up the fact that it appears to be two programs with significantly different prerequisites, curriculum, and outcomes, potentially at this point, have the same academic credential awarded. And already in the first discussion at this hearing it was like which DAOM are you talking about? I am just wondering if the Commission is considering different credentials that would distinguish the different programs.

And since many schools already have been approved by their various educational boards to award a credential called DAOM, it would appear that it may be better to clarify this so there would be no confusion among the various stakeholders, the prospective students, regulators, patients, and so the first professional doctorate should lead to a different academic credential. I know it's hard to come up with one. But I think it's pretty important we distinguish between the different programs. People attending the post-professional doctorate have attained a very high level of achievement, and I think if they feel the credential they earned is the same after years of practice and research in a capstone project, is identical to the credential of someone who is just entering the profession, it may hurt their sense of "buy in" to this post-professional doctoral program.

**Dr. Simmons** -- The Commission is not unaware of this. As a matter of fact, I have written a lot about the subject of degree designation. We have to be very clear about what the degree designation is. This was a topic that was discussed at the Doctoral Task Force, although we didn't get into this as much as we wanted to, but it is something that was on the table. As a matter of fact, it was one of the issues that was left before us to continue discussing. I can assure you of this, the Commission will not adopt something where there will be confusion. We have to have some differences and the problem is that there have been so many different things put forward in the past.

History is also a part of this problem, where states have used certain designations as licensure titles and so there are only so many designations you can use. But this is not a problem that is peculiar to AOM. It is something in the academic community that we have had for a long time. Even if you take the degrees, Ph.D.s and so forth, Ph.D.s are not equal as far as what they contain, what the direction is, what the purposes are, even though we think we know what they are, which is a Doctor of Philosophy, it makes a difference where they come from.

Some institutions, for example, in the area of education won't allow for a Ph.D. For example, Harvard does not give Ph.D. s in education. And there are other

institutions where, within the same institution, you will have a Ph.D. an Ed.D. -- and if you look at the curricula you cannot tell the difference. So, what I want to say to you is that while we have to be very aware of not being a party to creating more confusion, at the same time, we have to understand what we have before us. In my mind, there is a big distinction.

The DAOM is a post-graduate degree. First professional doctoral degrees are not doctoral degrees. Now, I am going to say to some of you who understand about the history of degree designation, it is very important to understand that first professional degrees are just what they say. It's the M.D., it's the D.D.S., any of those degrees, J.D.s, the Pharm. D. all of these are called first professional degrees in our nomenclature in higher education. They are not doctorates. There are only two academic doctorates in our world. One is the Ph.D. and one is the Ed.D. Now, we have developed a lot of professional degrees. For example, the field of psychology, in addition to the PhD, in psychology, we have the Psy.D. And in other fields you develop other kinds of degrees.

There are reasons why we have those kinds of designations, but it's not going to be crystal clear. What we don't want to do is to create more confusion. You can be sure that we will have extensive discussions about that because once it happens, it is there and then it's very difficult to change it.

Now, as I said, some of this is already problematic because of what happened at the state level, where the designation was not a degree but rather a licensure credential. We still have some of this in higher education. Let me give you an example, and some of you will be appalled. For example, the honorary degrees are basically the Doctor of Humane Letters, the Doctor of Literature, Humane Letters and the L.L.D -- the L.L.D. is not an earned degree in this country. In other countries it is, it is not in the United States, it's an honorary degree. The Doctor of Science is generally not an earned degree in the United States; however, Johns Hopkins University awards the degree, but not in the field of science but in the field of education. Now you just think about that, and think about who's doing it. So, if you think you have some kind of strange feelings about degree designations, let me tell you that I am a student of degree designations and I can tell you about these institutions. They will adopt whatever they want because it really is a matter for the governing boards of educational institutions to decide what degrees they are going to award. If the state goes along with it, that's what they do.

So, we still have this as an issue, but what I am saying to you is that we are very aware of what these things are, and if anybody is standing up there and saying we'd better clear it up, it's going to be ACAOM. I could write the book about

degree designations, and every one of you that tells me that it is strictly done this way, I can tell you that it is not. The only thing that I can tell you right now is that the first-professional doctoral degree is not the same as the degree that was approved earlier called the DAOM, which is a post-graduate degree.

Now, here is another issue that was raised. The whole business of our faculty and Dr. Goldblatt is absolutely correct. When you talk about getting faculty for these programs and, by the way it's happening in other fields, and the one where it's most difficult and I serve on that Commission, is the National League for Nursing Accrediting Commission. Because there is such a shortage of nurses in this country, it makes for even more of a shortage for faculty. So, you say that there has to be at least a master's degree for a nurse who can teach at any level.

You also see programs such as for the DNP (Doctor of Nursing Practice) now, which is like the one we are talking about. That's going to be a source in the future for faculty; however, not everybody agrees that should be the case. Some people think that it ought to be the Ph.D. or it should be some other designation. I'm trying to bring home to you the fact that you are not alone in dealing with this issue. The history of higher education is old. These issues come up time and time again and they are going to affect you the same way that they affect other professions. So, we need to get ready for that.

By the way, Dr. Goldblatt, I used to serve on the Commission on Chiropractic Education. One of the biggest issues there was to move away from the two-year admissions requirement. To move up as they said it. Whether we like it or not, this profession may move faster than we do. And the students, what I call the market forces -- and I teach a course on quality assurance dealing with the accountability triangle, the market forces of academic concerns, and so forth -- is going to be the key to what we do. If you say that students won't do X Y and Z, well I got news for you. If you talk to the students, they will tell you something else. So, don't believe that it's going to stay the way that it's been all the time. It's not. It really has to do with market forces; it also has to do with our own creditability in the larger world of higher education, but also in the world of health care training.

We all are going to be scrutinized whether we like it or not by the LCMs of the world and the American Medical Association. We are not going to get away from that. When ACAOM goes to the Department of Education and seeks a change of scope, we are going to have just as many naysayers as we'll have people who will be supporting. So, let's be clear about this -- that this is not something that can be played around with.

We as a Commission must be very careful in how we move through this thicket to protect you, as well as students and others. So, we are not unaware of this by the way, and I am unabashedly telling you that we must be strong in all of this. We have to have the stomach for it. And if you don't have the stomach for it, you don't have what it takes to get through the process. Because it's going to be a lot of hard work and it's not always going to be satisfactory. That's what happens with every profession and it's not going to be any different with this one.

**Ms. Wilson** -- Thank you, Dr. Simmons.

**Mr. Paul Karsten** (President of the Seattle Institute of Oriental Medicine) -- I actually only had just a brief comment and that is that I think essentially we are all experimental. We are seeking to find the best training we can to take care of patients, and I don't think we have found it yet. Therefore, I am very happy to see that the Commission is brave enough to consider diversity in terms of the different ways that we explore what is the best way to provide an education for our graduates, so that they can be successful in caring for patients. I don't really know if the Master's Degree is sufficient, or the tiered programs, or the free-standing program will be more helpful. But if we are afraid to find out, we will never know.

**Ms. Wilson** -- Thank you Mr. President

**Dr. Bruce Robinson** (President AIMC, Berkeley) -- I need to tell you a little bit about myself before I make these comments because I think that has to do with my comments. I went to college for four years, got a degree in psychology, and because I decided that medicine was importantly about psychology. Then I went to the University of Michigan Medical School for four a grueling years, with very high standards, so I know what a doctoral program is like when it's tough.

I learned to wake up at five in the morning, so that I could go see my patients before surgery, and I've done that all my life since then. Then I did five more years, after my doctorate, so that I could get my Boards in general surgery and in vascular surgery. I practiced it for thirty years and treated eighty -thousand people. Now I am very excited about Chinese medicine. I have been in the field of Chinese medicine for ten years. I'm at my mid-seventies. I was the Academic Director at Five Branches, I was the President of Meridian Institute and now I am the President of AIMC, Berkeley.

I think what you've done here is outstanding; I know it represents a lot of work, for at least four or five years. But it's not strong enough, it needs to be stronger. It

needs to have more Western Clinician Training. And for acupuncturists to live my dream, you are going to have to have more rigorous training.

Let me tell you my dream. I spent thirty years in the hospital taking care of people who were really sick, not the ones who go to a clinic in the neighborhood because they have chronic pain. I took care of people who have heart problems, respiratory problems, autoimmune diseases, and severe neurological diseases. When you are taking care of those critically ill people, you need to know, of course, what's going on with them in terms of a Western medical paradigm.

I personally believe every one of those people needs Chinese medicine. Everybody with cancer and everybody with severe Lupus need Chinese medicine. But if you are going to work with those people, you've got to be able to make a clinical diagnosis. You've got to be able to know what the seven causes of shortness of breath are. If you don't know what they are, and you want to talk with me, I'll be happy to go over those seven causes. You should have those memorized and everyone who is a doctor on this level should have that kind of expertise and the ability to do a careful physical evaluation. It does not make you a Western doctor, it makes you much better able to treat that patient and to know how best to support their overall patient care. So, all I'm saying is we need a stronger program and I would be happy to work with you on this if you are interested. This proposal is a great start.

**Ms. Eva Hammer** (Dragon Rises College, Florida) -- I want to also thank the Commission for a very excellent set of standards. What I think makes them good is that they are nonprescriptive, that they do allow our colleges to find the best way of teaching the students and having them meet the parameters that you have defined in those standards. I think that going any further in terms of defining how many hours we need in Western Medicine, especially, would be very counterproductive.

**Practitioner** -- Comments that schools that were approved for the DAOM are the same schools that opposed to raising standards in California. Questions the real direction behind creating this doctorate program, and asks whether it's a financial windfall for the schools.

**Dr. Simmons** – Comments that the preceding testimony is not germane to the standards that are the subject of the current hearing and that the basis for the adoption of standards must be evidenced-based and not just based on emotional commentary.

**Mr. Benjamin Dierauf** (Academic Dean, Acupuncture & Integrative Medicine College, Berkeley) – Thanks the Commission for moving forward in developing the standards. Comments that they are extremely well written and they are a major step forward for the profession. It fulfills the promise that was made to the profession when the add-on DAOM was first conceived to have a standalone doctorate.

I think the issue of the number of academic years needs to be looked at...I agree with Dr. Goldblatt on that issue. Another problem that it brings up is the unfairness in terms of how academic years are calculated with trimesters and quarters. Basically, four calendar years have twelve quarters in it and eight trimesters. Recommends that the standards go back to an hours approach to come up with fair standards that would apply equally to all schools, regardless of whether they have adopted quarter, trimester or semester systems. States that four academic years may not be enough time to complete the program and fulfill the competencies that have been outlined adequately. The Commission should look at four and a half or even five years if the academic year approach is preserved.

The program AIMCB has right now is five academic years. This is a little bit blown up because it is based on a trimester system as opposed a quarter system, but we are close to the ballpark. Our students would even be glad to do another trimester or two in order to come out of the program with a doctorate as opposed a Masters.

There are a couple areas where the language gets a little too political and dances around. The draft standards cover very well the issues around referral, but don't state that these are primary care competencies that are being addressed -- and if the standards could actually come out and say that, it would really strengthen the product and the profession as well.

The same can be said about specifically making a biomedical differential diagnosis as one of the competencies -- this is something we are teaching our students now. If it's taught well, it can be a lot of fun and very engaging and the net result is that you will have a much stronger practitioner.

As far as the degree designation, I'll vote for OMD, if that comes up. It's been used in California before, but all those people are starting to retire and move on, so I think we can resurrect it.

Most of all, what you are doing is supporting the profession, and by doing that, especially with a stronger document, with primary care and biomedical differential diagnosis, it gives us a much stronger leg to stand on when larger

policy issues come into play. For example, in California, we just have the California Acupuncture Board right now that provides policy that supports the higher standard of care the profession is striving to provide. Universal health care is coming down the pipeline and the better we can position ourselves with a really strong educational program, I think the chances are much better that we can be players in that as well.

**Dr. Laurie Regan** (Classical Chinese Medicine Program, The National College of Natural Medicine) -- As a general comment, and I will follow-up and submit some specific wording on-line. I think the wording in the document about collaboration is important and I support the move toward increased awareness of Western diagnoses. But I would like the document to be stronger in terms of its support of really becoming doctors of what the medicine really is as it relates to TCM. In one of the recommendations that was made at the core curricular meeting on yesterday, is that the word "advanced" be taken out of the standards on "Purpose." It's Essential Requirement 1.a, "the program will provide advanced training and core didactic and clinical areas with particular emphases on clinical assessment, diagnoses, and intervention". I'd like to see the wording in this stronger in terms of really strengthening the core of what Chinese Medicine really is.

Related to that as well, in 1.c, when it talks about scholarly inquiry, it should be clear that it includes the classical Chinese scholarly literature as well and that the references to scholarly activity is not just about Western sciences -- that ancient medicine is equally important. I'd like to make another general comment about wording. There is a lot of wording in the document about thinking, but there isn't a lot of wording about cultivation. I would love to see that added as well.

**Dr. Kris LaPoint** (Midwest College of Oriental Medicine) -- I have been studying this medicine since 1989 and I'm going to die and not know it all. I have to say that I really do not understand how anybody could assume and digest this medicine in less than five years. I think a four-year academic program is too short to be called an entry-level doctorate.

**Unidentified Speaker** -- I would like to thank the Commission for all the work that you have done. I just wanted to point out that the term "Oriental," in a political sense, in California, has been determined to be pejorative. It has been outlawed everywhere in the statutes, in California. With so many practitioners in California that would be affected by the terms that you use, I don't have the answer, but I would encourage you to put that in the discussion. Perhaps you should talk with some of those legislative leaders, or those who passed laws that

felt it was pejorative, and try to come up with a common language that they would find acceptable.

**Ms. Wilson** -- If there are no more comments on the doctoral standards, we'll move into the discussion on eligibility requirements. I'd like to ask our Executive Director to make some comments on this.

**Mr. Dort Bigg** – In terms of introductory comments, you could practically read them right off the cover memo to the materials that we provided as handouts for this hearing. The purpose of this proposal is to enable the Commission to articulate in its requirements a much clearer delineation between the Commission's expectations for programs seeking candidacy, from those that have already achieved official status with the Commission. The proposed eligibility standards are designed to establish basic threshold requirements that all institutions seeking candidacy would be required to demonstrate. Schools and programs that already have achieved candidacy or accreditation status would be required to remain in compliance with those requirements. What the Commission has experienced, in interpreting its existing standards, is that some schools do not have basic structures in place, and those are consistently the same institutions that are not successful in achieving candidacy and accreditation status.

The proposal is designed to reflect the Commission's way of interpreting its existing standards and to more clearly delineate ACAOM expectations for programs that wish to seek candidacy and maintain status in the accreditation process. For example, if an institution is financially unstable and does not have the financial resources to operate at an acceptable level or to support quality education and training, that is not the type of institution that should be eligible to achieve or retain candidacy or accreditation status. As another example, if an institution is not authorized to operate as an educational institution in the state where it is located, the US Secretary of Education's Criteria for Recognition of Accrediting Agencies requires that we not grant any status to the institution at all. So, these are basic threshold requirements that the Commission believes are important for it to clarify, and articulating them in separate eligibility requirements strengthens the accreditation process. In short, the proposal is intended to provide clear threshold requirements for attaining and maintaining status with the Commission.

**Dr. Simmons** -- I think it's important that there always be a balance in what this all means. While those things are true, it's also true, that we need to be fair to the institution that is applying for the first time -- that it not feel that it must meet the highest level in some of these areas. For example, on the whole business of

outcomes assessment, most of our institutions, whether they are regionally accredited or specialized, have been working on this area for a long time and they still have not reached a level where they should be. Most of them have not. However, it is even more burdensome on a new institution that has a lot of opportunity for development and you can see them through the process. So it makes it easier for a team of people to not apply the hammer to them when they ought to be more helpful to the institution so they can move forward. In other words, if we applied the same level to all institutions, it means that most of these institutions would never make it. This has always been an issue on the Commission's agenda and we have not really addressed it in the past, but you have to have a way of distinguishing what is considered to be "candidacy" from "accreditation." In other words, there would be no way for you to achieve that if you are going to use the same standards, same procedures. If you applied the same standards, then why would you go to the pre-candidacy period. That's the point.

So, we have to make a distinction, and this is the way to make the distinction. By the way, most accrediting agencies do this. What it does is help institutions decide whether or not they have met a minimum or threshold level before they apply for status with ACAOM. So, most of the statements, if you notice, are not very difficult. Most of them are descriptive and are things that you either have or don't have. So you don't get into a lot of subjective judgments about them. Basically, that's what distinguishes them. For the most part, they are rather descriptive as opposed to being at the next level, analytical, where you have to provide evidence-based outcomes. Basically, that's where we are with this, but it's still something that we feel we need to get input from our communities of interest before we move to approve them. The Commission will have that responsibility in the summer meeting.

**Carla Wilson** -- Are there those who would like to make comments on the proposed eligibility requirements that are before you?

**Mr. Robert Chelnick** (Midwest College of OM) -- I have a comment, that's also a question. I'm commenting on a combination of #8 and specifically, #11. For many years, many schools have had successful advisory boards, and many schools have been complemented on the work and oversight of their advisory boards. As I now look at #11, and it says, "Chief Executive Officer appointed by the governing board and doesn't serve as Chairman of the institution's governing body", and also in #8. I see no mention of anything called an advisory board. Is it the Commission's intention that future colleges must have a not-for-profit style governing board and that advisory boards will not meet the

eligibility requirement? It's just a question for those people who are interested to see what the future direction's going to be.

**Mr. Dort Bigg** -- As you'll see in #8, the term used is "governance structure." Governance structure includes the entire governing structure, including advisory boards, as defined under Essential Requirement 3, of our standards.

**Ms. Valarie Hobbs** -- I am going to ask you another question about #8. I think it hasn't changed until you get to the last sentence in #8, which states "The governing body is an independent policy making body capable of reflecting constituent and public interest within governance activities." This sounds more like a nonprofit board than an advisory board.

I have another question. Just in reading the introduction, it would seem that this is the guide for the candidacy programs, but it also is pretty clear here that it also applies to anyone who seeks reaccreditation status.

**Dr. Simmons** -- It wouldn't make sense otherwise. We have to have something that says we have minimum requirements for candidate institutions. You should be able to meet those requirements as an accredited institution.

**Ms. Valarie Hobbs** -- Hence, the little character of change in the language surrounding the concentration of public constituent interest and what's said here is the governing body instead of governing structure.

**Dr. Simmons** -- I think that this is something we can probably look at, but there is not going to be a lot of change to that because of the fact that you have a requirement, as we have a requirement. You must have some public representation on governing boards, regardless of whether you call it advisory or the governing body. But that is not any different than what we have now, but we will take a look at that particular statement. Those are the kind of things that we need you to make comments about.

**Mr. Paul Karsten** - President of the Seattle Institute of Oriental Medicine -- I must admit that I just read this now because I was confused when I saw it on the ACAOM website. I obviously did not look closely enough at it because I thought they were talking eligibility requirements. I thought there were some modifications of the Essential Requirements in going to candidacy so my use of the word "eligibility" and your use of the word "eligibility" were different in my mind, and I don't know if anybody else was confused about that. I might have missed something because I haven't been around. I don't really understand the rationale behind having Essential Requirements and these "eligibility requirements."

**Dr. Simmons** -- We have been in a sea of confusion because of the fact that we always use the words ERs, when most agencies use the term standards. The other requirements under them are criteria. So the eligibility requirements are different, meaning all institutions should meet the basic threshold requirements. They are not standards; they are just what they are called, eligibility requirements. Whereas in the new standards, it will say Standard 1, Criterion 1, Criterion 2, etc. So this is a change in nomenclature.

**Mr. Paul Karsten** -- That explains my confusion. Not to have a discussion about it now, but I was curious, when we evaluate standards, we have site visits and we have reports for that. I was just curious if this was going to be a separate document. How would you evaluate the requirements? Is this going to be part of their eligibility?

**Dr. Simmons** -- Actually, the responsibility is going to be yours, not the Commission's. In other words, you'll have to sign an affidavit that your institution continues to meet the requirements. If you don't, in what ways don't you continue to meet the requirements? In most places where this is used, I haven't seen an institution that did not continue to meet the eligibility requirements, but we do have institutions that come forward to apply for status where they will not meet some of the eligibility requirements. That's why we have to make the distinction.

**Mr. Paul Karsten** -- I'm a little slow, so it will take time for my mind to comprehend this. You know my history with government structures.

**Dr. Simmons** -- Yes, I do recall quite well.

**Mr. Paul Karsten** -- I had only one small comment. I think just to set context, I think about governance a lot because I am in a small school and governance is a big issue. I realize that you all think about governance a lot and we have entirely different perspectives given our roles.

**Dr. Simmons** -- Not necessarily.

**Paul Karsten** -- Fair enough. There is only one word that makes me a little nervous, because when I think of governance in a small institution I don't think of it as being independent. I think of it as maybe interdependent, but I think of the governance structure as being very intertwined with the students, the faculty, the administration and the program.

**Dr. Simmons** -- Facilitating the work of the institution...the mission. That's the way most people think of it.

**Mr. Paul Karsten** -- As independent?

**Dr. Simmons** -- No. To facilitate the mission.

**Mr. Paul Karsten** -- I think we agree on all that.

**Dr. Simmons** -- That's what I was saying. If I were you, I would not make an assumption on behalf of the Commission that we believe otherwise.

**Mr. Paul Karsten** -- Fair enough. So I would request striking of the word independent. That's all. Thank you.

**Ms. Eva Hammer** -- Again, on point #8, I find the language a bit confusing. Maybe I'm just slow. However, in the last two sentences where it says, "its membership is sufficient in size and composition with public representation adequate to fulfill all governing body responsibilities..." and the next sentence defines the governing body as, "an independent body capable of reflecting..." Now, that to me sounds like you're talking about the governing board, not the advisory board. Because the advisory board typically has the role of advising the governing board and not making the decisions or setting policy per se. So, I'd like clarification here.

**Dr. Simmons** -- Let me stop this for a minute, because we are getting into something where we're going to be hit with a big hammer by the government if we are not clear from the start. We can talk all we want about independence, but what we're going to see in the new age of accountability is that all boards, regardless of how they define themselves, have to be accountable for what they do no matter whether they are non-profit or for-profit institutions.

All of this came about because of Sarbanes-Oxley, which is going to be extended more and more into the nonprofit sector as well as the for profit sector. What our concern is that whatever decisions are made they have the benefit of voices other than a handful of people and you also have to consider that you have clientele, who are students and faculty that are stakeholders. Therefore, whether or not they sit there is not the point. The point is that there has to be a voice.

Now we know very well that when you have a for profit corporation that you have the right to have control of assets and so forth, and no one is saying that you shouldn't. That's part of what is happening, and that's happening in regionals as well as specialized. That's not what the issue is. If you have an advisory board and you have been careful to include public representation, nobody is going to tell you that that is not what you should do. In fact, when we

passed this the last time in the Master's standards, that was very clear, and that's why we used the word "governance structure." Because it is inclusive, it is not exclusive. So, the answer is in your case, I don't see a problem. I don't see it as a problem where an institution decides it's going to have a governing board and not an advisory board, as long as there is still some public representation.

**Ms. Eva Hammer** -- On one of the boards.

**Dr. Simmons** -- It doesn't matter.

**Mr. Neil Miller** -- I have a question. How long is the public comment period? There should be a public comment period before you make final decisions.

**Mr. Dort Bigg** -- Are you talking about the doctoral, the eligibility, or both?

**Neil Miller** -- Both.

**Mr. Dort Bigg** -- The Commission normally conducts at least two public hearings before we act on standards. The Commission can extend that period if it chooses to and feels that further development is required. What we do is give all of our communities of interest an adequate opportunity for comment to ensure that everyone has had their say and that we've addressed issues so that there is reasonable agreement that the standards are where they should be. Then the Commission will act.

**Dr. Simmons** -- The period started a couple of weeks ago and will extend for 90 days. That's process.

**Mr. Neil Miller** -- So, it would be safe to say that between now and the end of the year, no final decisions will be made.

**Dr. Simmons** -- Correct.

**Mr. Neil Miller** -- I have a follow up brief question. The documents that I received tonight say "not for distribution or reproduction".

**Mr. Dort Bigg** -- That's an error. There was another draft of the standards before we made copies for this public hearing. It actually says draft. The language hasn't changed, but this is all for public comment now.

**Mr. Neil Miller** -- So, let's be very clear. Would it be okay to take a copy of either one of these and email or communicate to those in the state where I am from, so the 10,000 or so people could have some input and they would have about three months time in which to participate?

**Mr. Dort Bigg:** Absolutely.

**Mr. Neil Miller --** Is there another public forum like this where they would be able to comment publically or would it be written? What would be the method?

**Mr. Dort Bigg --** The best method is through a link on our website to the doctoral standards. You can bypass and go directly to the link by typing [www.acaom.info](http://www.acaom.info) into your browser. That will take you right into the call for comments for the doctoral standards and there is a survey where you may categorize yourself as a practitioner, an educator, a regulator, a member of the public, or other. You put in a user name and an access code that you develop; it takes the respondent to the standards where one can download all the standards, or select the specific standards and criteria for which members of the public choose to provide commentary. The standards survey contains text boxes under each standard where the respondent can issue any comments that they wish on any of the standards. For example, if one decides to comment on program of study and doesn't have time to address other standards, they may save the comments and log out. When the person later has the time, he or she can return to the survey by entering the user name and the access code that was previously entered. This enables the respondent to complete the rest of the survey at their leisure. [Comment period for on-line survey ends December 15].

**Mr. Neil Miller --** Beyond there being an opportunity for comment, is there an opportunity for discussion between now and the time that you come to completion?

**Dr. Simmons --** This is something we have never faced before. I would rather see one thousand people responding to these surveys than a handful of vocal people who always do the same thing. We need to have more than that. So, it depends on what kind of discussion you want to have. And I think we can have the same result or a better result by having more people respond than fewer.

**Mr. Neil Miller --** I think that's a great idea, but if those thousand people heard a comment or there was some discussion amongst them...

**Dr. Simmons --** They will have an opportunity to respond to the next version that we are going to send out. And by the way, there won't be that many discrepancies in this I can tell you. There will also be a lot of consensus about what it is. And the points where there is great divergence, we'll also know that, and you will know it too.

**Mr. Neil Miller --** I appreciate you taking the time to answer my questions.

**Ms. Wilson** – Gives closing. Thanks participants for providing testimony. States that it has been a good hearing, and a lot of material was covered and that the Commission will give serious consideration to all testimony provided. Urges members of the public to visit the ACAOM web site and provide commentary through the Commission's on-line survey.

**Hearing Adjourned.**