

ACUPUNCTURE PRACTICE ACTS: A PROFESSION'S GROWING PAINS

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State legislation that authorizes any healthcare profession is known as the Practice Act. In order for a profession to establish a recognizable national presence and be integrated into mainstream medicine, all the state Practice Acts must evidence consistency. The extent to which state Practice Acts fail to exhibit consistency can inhibit the ability of the profession to grow and become successful. We looked at the histories of other health professions, along with the 45 acupuncture Practice Acts in the USA, in order to

understand the time worn paths that lead to integration in the mainstream and how the acupuncture profession might benefit.

Key words: Acupuncture, licensing, practice acts, health professions

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INTRODUCTION

Acupuncture is not a uniform profession. Contradictions and confusion are readily discerned. Perhaps the most obvious conundrum is the perceived equivalence of the terms acupuncture and Traditional Chinese Medicine (TCM). Acupuncture is needle insertion; Chinese Medicine includes knowledge of how herbs are used medicinally; yet, the terms are used interchangeably by the public and professionals. This fundamental incongruence personifies how standardization for the acupuncture profession is handicapped. An assumption of equivalency cannot be made. This constitutional schism must be resolved, along with other anomalies less obvious, in order for the profession to proceed along the developmental pathway followed by so many other professions that leads to integration in the mainstream (Figure 1).

We notice that the variety of forms of TCM, e.g., Korean, Vietnamese, Five Elements, are compounded by the various practice styles of acupuncture, e.g., Balance Method, Dr. Tung, and trigger point. We further notice that the wide range in core concepts is reflected in the wide variation among licensure standards. We believe the variation in core concepts translates into the wide variation in Practice Acts which in turn contributes to the difficulty the acupuncture profession has found with integrating into the mainstream of healthcare. For example, credentialing in hospitals is straightforward and standard for most health professions while this is not the case for licensed acupuncturists (LAc). The best available data shows approximately one to three percent of licensees have a hospital affiliation.^{1,2} The clinical driver for most health professions to become accepted in the mainstream is

improved therapeutic effects. Recent clinical reviews have shown that acupuncture can be an effective treatment modality.³ However, high variability in training and practice methods historically corresponds with wide variation in licensure which signifies a non-standard profession.

HEALTHCARE PROFESSIONS FOLLOW SIMILAR DEVELOPMENTAL PATHS

Acupuncture finds itself in a position along a developmental path similar to other health professions. A quick review of healthcare professions from the latter half of the 19th century and throughout the 20th century reveals a consistent pattern. Healthcare professions seek to establish the same essential organizational components: a national professional organization, a national body that represents training programs, a national certification body that provides a group of national certification exams, and a national accreditation body that ensures training programs meet national standards. These are the leadership organizations which collectively drive the passage of state laws.

Health professions licensure in the US occurs on a state by state basis creating an inherent risk of variability and inconsistency among Practice Acts. In acupuncture, legislative variability is prominent. It is our view that the absence of a clear definition of practice standards across statutes impairs the integration of acupuncture into the larger medical system. The acupuncture/TCM conundrum creates similar confusion within the profession. We point out that healthcare professions must resolve internal conflicts in order to make the transition from a marginal to a mainstream profession. This extraction process is evident in nursing, physician assistant (PA) and chiropractic as well as numerous other health professions. Acupuncture presently finds itself in a threshold position along its developmental path.

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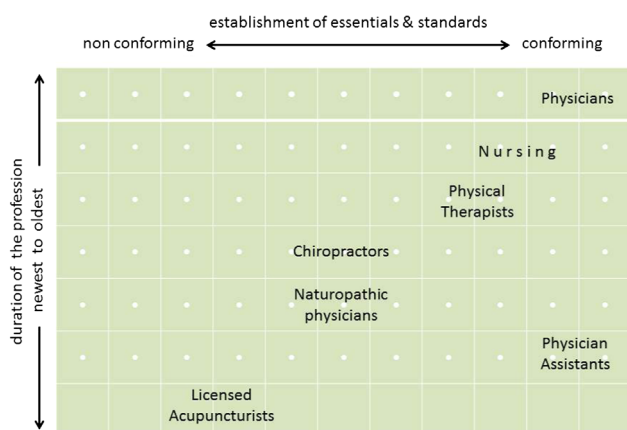


Figure 1. Health professions development and longevity.

The most prestigious and successful health profession is medicine. The medical profession followed a wrong-headed strategy for decades that featured ineffective campaigns to eliminate competing healthcare practitioners such as naturopaths, bonesetters and homeopaths. Medicine underwent a sea change with the advent of scientific advances³ that enabled the medical profession to finally establish “social” and “cultural” authority, enabling its practitioners to assume the dominant position among all healthcare providers.⁴

According to Starr, medicine in the mid-19th century was “internally divided [and] incapable of mobilizing its members for collective action or of winning over public opinion.”^{4(p80)} It was not until the end of the 19th and the turn of the 20th centuries that medicine was able to mobilize its organizational components to establish consistent standards for accreditation of schools, certification and licensure exams, drafting consistent professional competencies [knowledge, skills, and abilities (KSAs)], and passing uniform state-to-state legislation. The histories of medicine, chiropractic, nursing, physical therapy, for example, bear this out.

Two essential conclusions that authenticate healthcare professions are clear: consistent legislative Practice Acts and professional competencies, also known as KSAs. Both provide face validity for every profession. Creating the correct organizations is insufficient if these organizations are unable to establish standards. Without profession-driven KSAs and uniform Practice Acts, claims that a profession has a national presence are spurious.

IRREGULARITIES ARE THE NORM WHEN IT COMES TO ESTABLISHING HEALTHCARE PROFESSIONS

Health professions develop at different rates and along different paths. Professions with a younger history of development show more variability in these areas and less continuity in

achieving key definitional components. Healthcare professions rarely if ever follow a routine path in establishing themselves. Internal struggles are commonplace. Failure to meet key essentials—such as consistent Practice Acts—becomes inexorable. We note that longevity seems to be a factor in establishing a profession. The longer a profession manages to exist the more likely that profession will eventually develop the essential qualities that will enable it to prosper.

History shows health professions tend to develop KSAs when they get around to it. The chiropractic profession did not develop professional competencies for decades after its beginnings circa 1890. In 1981, nearly 90 years after the profession was founded, a joint task force representing the principal representative and oversight bodies in the profession began working on clinical competencies, i.e., KSAs, which were adopted three years later.³

Purging problem schools is a more familiar tactic. In 1935 the chiropractic professional organization created a committee to reduce the number of schools from 37 to 12. The weaker schools merged with stronger ones while many programs disappeared: “A number of the grossly substandard institutions were closed. By 1961 the number of institutions had been reduced to 10.”⁵

The legal definition of Chiropractic practice has long been regulated by law in every state. Yet the definition of practice and the scope are inconsistent across states. In a handful of states Chiropractic practice is limited to spinal analysis, use of x-rays and spinal adjustments. In a handful of other states chiropractors are licensed to perform venipuncture, proctology, and obstetrical procedures. Some researchers have concluded that the failure of the chiropractic profession in dispelling adherence to pseudo-scientific notions such as “innate intelligence” flowing through spinal nerves, and suppressing factional opposition within the profession to immunizations, has reduced the ability of the profession to grow.⁶

The Physician Assistant (PA) profession shows how the process of becoming established as a healthcare profession is unpredictable even when consecrated by the medical profession. Historically, physicians empowered PAs as health professionals. In Practice Acts the PA scope has always been an extension of the physician’s scope. PA licensing Practice Acts were established more than four decades before the profession determined its own educational standards including KSAs in 2006. PAs have defined their own KSAs and developed specializations as their practice has become more independent.

Nursing spent decades resolving an internal fight about their identity. As we have noted, identity is a prominent concern within acupuncture. Nursing provides an example of the discord that typically accompanies the process of establishing a profession. “... the history of nursing largely concerns itself with organizational issues, battles for registration, movement towards professional status, or with the nurses themselves education and training.”⁷ This extended conflict was instrumental in shaping their definition and scope. Arguably, the development of advanced practice training for nursing in clearly defined multiple medical specialties was a byproduct of the identity battles.

^a The discovery of asepsis and anesthesia in the very late 19th century along with the development of pathology and bacteriology labs were critical to establishing clinical authority for surgeons. The rise of drug therapies including insulin and antibiotics further established biomedicine as the pre-eminent health profession well into the 20th century.

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