

Resolution 814 - Limited Licensure Health Care Provider Training and Certification Standards

Whereas, The physicians of America voluntarily perform a vital role through initial and subsequent credentialing and privileging of limited licensure health care providers at health care facilities and through peer review of the quality of care provided by these providers at these facilities; and

Whereas, In comparison to the uniform national standards of undergraduate and graduate medical education and board certification for physicians, the education and certification standards for limited licensure health care providers may not be uniform nor well-defined nor generally understood by physicians and the public; and

Resolution 814 claims that “the education and certification standards for limited licensure health care providers may not be uniform nor well-defined nor generally understood by physicians and the public.” In fact there are uniform national standards for licensed acupuncturists. There is the Accreditation Commission for Acupuncture and Oriental Medicine as well as the National Certification Commission for Acupuncture and Oriental Medicine. There are a number of possible solutions for this problem including programs in physician training programs so that they are more informed and can more effectively employ systems based care in the interest of the patient.

Whereas, The American public and health care facilities’ governing boards rely upon physicians to be well-informed about the education, training, and certification standards of all health care professionals when performing voluntary credentialing, privileging, and peer-review; and

If the American public and health care facilities’ governing boards rely upon physicians to be well-informed about the education, training, and certification standards of all health care professionals, then why do medical doctors claim to not understand and how can they claim this authority?

Whereas, State legislatures, courts, and regulatory agencies frequently call upon the opinions and/or testimony of informed physicians when they consider the public’s safety and qualifications in relation to the statutory limitations of practice of limited licensure health care providers; and

Whereas, While our American Medical Association has well defined the training and certification of 65 allied health professionals in its 33rd edition of Health Professions Career and Education Directory, 2005-2006, there is no similar source of information on such limited licensure health care providers as chiropractors, optometrists, nurse anesthetists, advanced practice nurses, podiatrists, or psychologists; and

It is true, there is no similar source of information for the field of acupuncture as the 33rd edition of Health Professions Career and Education Directory, 2005-2006. We should consider some of the reasons for this. Chinese medicine has had legal authorization in the US since the late 1970s and is a young profession in this country.

As far as other CAM modalities are concerned, the absence from the Health Professions Career and Education Directory is rooted in the 1910 Flexner report which was funded by the Rockefeller Foundation. The Flexner report has been considered by many to be the hallmark of good educational practices in medicine and the origin of the ‘site visit.’ It is important however, to consider that Flexner had a powerful bias against homeopathy and anything that did not match the Johns Hopkins gold standard which mandated chemical laboratories. The schools of the medical herbalist traditions that had philosophical opposition to chemically based medical interventions were denied governmental funds on the basis of the Flexner report. Those herbal and homeopathic medical schools failed

financially and disappeared from the landscape of conventional medical practices. The fact that these disciplines do not show in the Health Professions Career and Education Directory is rooted in attempts to monopolize healthcare and restrain the trade of alternative practitioners such as the physiomedicalists and eclecticists.

Whereas, The standards for admission, graduate education, postgraduate training, education, testing, graduation, board certification, board governance, ethics, professional discipline, and licensing of limited licensure health care providers are neither well-defined nor generally known by physicians or public members who voluntarily evaluate and recommend them, grant them privileges, and conduct peer review of the quality of care they provide; and

The standards for admission, graduate education, postgraduate training, education, testing, graduation, board certification, board governance, ethics, professional discipline, and licensing of limited licensure health care providers are in fact well defined and the AAOM.org, NCCAOM.org and ACAOM.org web sites are an excellent source to find out more about all of these very well developed standards.

Whereas, the uniformity of training, autonomy of accrediting organizations, independence of peer review, and the role played by the professions' trade associations of limited licensure health care providers are neither well-defined nor generally known by physicians or public members who voluntarily evaluate and recommend them, grant them privileges, and conduct peer review of the quality of care they provide; therefore be it

RESOLVED, That our American Medical Association along with the Scope of Practice Partnership and interested Federation partners, study the qualifications, education, academic requirements, licensure, certification, independent governance, ethical standards, disciplinary processes, and peer review of the limited licensure health care providers, and limited independent practitioners, as identified by the Scope of Practice Partnership, and report back at the 2006 Annual Meeting.

Given the history, methods and outcomes of the Flexner report and the Committee on Quackery it would seem that an unbiased group with no conflicts of interest or economic incentives related to the outcomes of the study evaluate the qualifications, education, academic requirements, licensure, certification, independent governance, ethical standards, disciplinary processes, and peer review of qualified professional providers of acupuncture and Oriental medicine.