

Letters to the Editor

Medical Acupuncture Training

Dear Editor:

I read with interest your recent editorial in *Medical Acupuncture*, “Acupuncture Curriculum in Medical School.”

I believe that a physician trained in the customary 300 hours of medical acupuncture would benefit from in-depth training as is required by licensed acupuncturists in most states.

I am not in favor of compromising the art of acupuncture with rapid recipes which misrepresent this wonderful healing art. I personally feel strongly that physicians should have consistent and thorough acupuncture training—not so much in the clinical realm but in the actual needling techniques—and the theory behind the needle combinations, since accurate pattern differentiation is key to effective treatment in most complex, chronic disease.

I also suggest that both licensed acupuncturists and physicians who perform medical acupuncture should be held to the same level of clinical competency by nationally known standards which are enforced by independent commissions recognized by the United States government.

The World Health Organization (WHO) met in Italy in 1999 and set forth a set of standards for physicians performing acupuncture. The number recommended was 1500 hours. At the same meeting, another standard of 300 hours was recommended for physician-training if the physician was to oversee research projects dealing with acupuncture, but not personally performing acupuncture on patients.

At present, the ACAOM (Accreditation Commission for Acupuncture and Oriental Medicine) is the only agency recognized by the United States Department of Education for accrediting acupuncture schools. The ACAOM requires 1455 hours of didactic instruction and supervised clinical training for entry-level acupuncture practitioners (this excludes over 1000 hours of training required in biomedicine and Chinese herbs/formulas).

As a physician who attended and completed a “medical acupuncture” course, I know what that training entails. I also attended a 3-year program as a full-time student in Oriental Medicine. I can appreciate the dramatic impact of this educational experience in furthering my acupuncture skills and better understanding the paradigm of Oriental Medicine and the challenges of chronic and recalcitrant disease.

All healthcare professionals should be held to minimum entry-level standards in acupuncture. I would encourage the American Academy of Medical Acupuncture (AAMA) to revisit this issue and consider increasing their training hours to include more education in needling techniques and supervision of patient treatments.

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