

CAM Symposium Address - December 5th/04
From the Margins to the Mainstream:
The Professionalization of CAM Practitioners

Professionalization

When we first began to study CAM as a social phenomenon, over a decade ago, it was easy for us to keep track in the office of the articles in newspapers and magazines, and the radio and television programmes that featured it. As time has gone by, the flood of interest in CAM therapies has made it impossible for us to stay on top of the media reports. We have simply given up! Accompanying this dramatic increase in public interest has been a corresponding escalation in the number of CAM practitioners entering the field. As more and more people decide to use CAM therapies, more CAM practitioners are setting up shop. You have all seen the mushrooming signs designating new chiropractors, naturopaths, homeopaths, traditional Chinese doctors, and others. The colleges are producing more graduates and the number of teaching institutions is also growing.

One of the consequences of all this expansion has been a desire on the part of many CAM practitioners, across a range of modalities, to be recognized as professionals. We social scientists call this the process of professionalizing, and the work that goes into moving a group from being an occupation to achieving the status of a full profession is termed 'the professional project'. Some practitioners may not believe that professionalization is desirable for their group; others may wonder: Why does it matter? Nevertheless, there is today a definite interest in professionalizing among a number of CAM groups. In Britain, osteopaths and chiropractors have recently been regulated, there is considerable activity in Australia and in the United States, more and more states are moving to regulate selected CAM groups. While regulation does not necessarily confer professional status, it is an important milestone on the road---one that the leaders of these groups regard as critical.

Our research team (Kelner, Wellman, Boon and Welsh) has been following four of these CAM occupations as they strive to advance their professional goals. In 1999, we interviewed in depth the leaders (heads of associations and educational institutions) of: chiropractors, naturopaths, TCM/acupuncturists and homeopaths in the province of Ontario. We asked about the steps they have taken to move their professional project forward. With the exception of the chiropractors who already have been granted self-regulating status by the government, the other groups all emphasized the need to become regulated under the Regulated Health Practitioners Act.

This fall we have been engaged in a follow-up study in which we are examining changes that have occurred since we last talked with them five years ago. This round of research will also include an investigation of the practitioners in the field, to see whether they share the attitudes and opinions of their leaders. We strongly suspect that they do not!

I think we should recognize that the push to achieve professional status is certainly not restricted to CAM practitioners. Many other groups are engaged in the same process today--from travel agents to beauticians to barbers. A recent story in the New Yorker magazine told about a barber who had been cutting hair since he was sixteen (August 23, 2004). In New Jersey where he has worked for thirty five years, they have recently passed the Cosmetology and Hairstyling Act which requires that aspiring haircutters have high school equivalency plus twelve hundred hours of accredited cosmetics training before they can be licensed. The result is that there are no new barbershops, only beauty parlours and the article predicts that within the next ten years, barbers will vanish entirely. It seems that a lot of occupations are working to legitimate their position and gain the rewards of increased status, power and more financial security that characterize a profession.

It is really interesting that this move to professionalization is taking place at a time when many people in our society are becoming increasingly more skeptical of professionals. There appears to be a widespread feeling that professionals are arrogant, out-of-touch with the average person, and not to be trusted. Yet, at the same time, we are more demanding than ever that the people we deal with be legitimated by certification and accreditation---what we call 'creeping credentialism' These conflicting trends are reflected in the case of the CAM groups, where there exists a real tension between the formally educated expert who has been legitimated by the state, and the apprentice-trained practitioner who seeks to work in an equal partnership with the patient. It is against this background that we have studied the different paths that CAM groups have followed in their quest to professionalize.

Studying the Professions

While our research team is interdisciplinary, we use sociological theory to frame our work. There are several perspectives that social scientists use to study the professions. In our research, we have chosen to use three main perspectives: 1) Becoming a professional (the interactionist perspective of Hughes 1958 and Friedson 1986) 2) Social closure (used by scholars such as Collins 1999, MacDonald 1995, and Saks 2000) and 3) The system of professions, which highlights the role of jurisdictional claims (used by Abbott 1988). **Becoming a professional** involves a focus on the work that people do, and the claims of expertise they use to carve out a niche or territory for themselves. The notion of social **closure**- points to the political aspects and power struggles involved in the process of professionalization. It refers to the process by which groups are able to limit access to a selected few and thus reduce competition by excluding outsiders and monopolizing available opportunities. The profession of medicine has used this process to great advantage and has been able to establish itself at the top of the health care pyramid. **The system of professions**-emphasizes that a group cannot occupy a jurisdiction without either finding it vacant or fighting for it. Some might say that the treatment of chronic problems has been left as a vacancy by conventional medicine, but while chronic illness has provided an opportunity for CAM, the profession of medicine has not proven willing to cede this boundary without a fight.

Our research team has been working to try to understand the goals and strategies that each of the groups has been employing to move ahead. Building on our 1999 interviews with leaders, we interviewed other stakeholders in the health care system such as the leaders of established health care professions and key informants in government, and have examined their responses to the ambitions of these CAM groups. We have also conducted focus groups with practitioners working in the field and studied each group's official statements and other documents (both online and in print) such as mission statements and entrance requirements for their training colleges. My remarks today are based on the results of the interviews we conducted in 1999, plus some insights acquired from reinterviewing many of these same leaders this fall. Our research addressed the following three questions: 1) How have each of the groups been working to become professional? 2) How have each of the groups been striving to achieve social closure? and 3) How does each group perceive its place within the system?

Strategies for Professionalizing

Each of the four groups is at a different place in the professionalization process. While they operate outside of the formal system, they are struggling to find their way in. To accomplish their goals, the leadership of the groups ---each in its own way---is attempting to pursue four main strategies: 1) Improving the quality of their educational programs, 2) Elevating their standards of practice and ethical behaviour, 3) Developing more peer-reviewed research and 4) Increasing cohesion among its members

The Four Cam Groups

Let's look at each of the four groups we've studied and examine where they are and how they are proceeding on the path to professional status.

Chiropractors--

This is the largest group of the four CAM practitioners we studied, (approx.6,700) and they are the closest to being considered 'mainstream". The chiropractors have been organized on a provincial and national level for much longer than the other groups and have developed a comprehensive professional structure. They have one main educational institution, the CMCC, plus a smaller and newer one in Quebec and the majority of Canadian chiropractors have received their training at CMCC. All these characteristics tend to encourage cohesiveness among the group and while they still have their differences, this cohesiveness makes it easier for them to agree on matters of policy and to negotiate with others.

So far, the chiropractors are the only CAM group that has been granted self-regulatory status by the provincial government of Ontario. Until very recently, they were also the only CAM group to be included (even though in a small way) in the provincial health insurance scheme. In the spring of 2004, however, they were delisted, along with a number of other health care groups such as audiologists and physiotherapists.

In spite of their success in gaining self-regulation, the chiropractors in Ontario believe they are still meeting opposition from the medical and scientific community and have yet

to achieve full professional legitimacy. For example, the CMCC has attempted to affiliate with several Canadian universities. Their approaches have consistently been rejected on the grounds that they are not considered sufficiently scientific to be included in an academic setting. Furthermore, certain segments of the medical profession (Dr. Katz, etc) appear to be still working at discrediting chiropractic treatments. Physiotherapists also regularly contest the claims of chiropractors for relief from musculoskeletal problems

In the struggle to become a full-fledged profession, the chiropractic leaders have put their faith in increasing their standards of education and in developing scientific research. . The CMCC has an extensive scientific curriculum. Applicants are required to have a minimum of three years university education and then to spend another four years before graduating as chiropractors. The college has just moved into new quarters with state of the art teaching facilities and laboratories. and has just received degree-granting status. The chiropractic leaders emphasize the need for rigorous ongoing research using widely accepted, conventional methods. Indeed, one told us: "It is the basis of our survival". Because they have been able to organize effectively, and increase their numbers across the country, the chiropractors are in a better position than the other CAM groups to undertake and fund the required research and also beginning to partner with other established researchers

At this point in time, the chiropractors are closest to joining the mainstream, but they still have not been able to establish one fully agreed upon standard of practice or attain social closure in the health care market. PPhysiotherapists, some physicians and some naturopaths also offer spinal manipulation as part of their treatments While they have received strong support from their patients, they continue to be challenged by segments of the established health care professions and believe that the government does not adequately recognize the value of their services It is clear that this group still faces strong competition in its fight for social closure and exclusive jurisdiction.

Naturopaths---

Since the 1970's, when there were only a handful of naturopaths in Ontario, this group has worked to build an organizational structure that has made it possible for them to mobilize resources and build up their membership. There are now well over about 500 practitioners in Ontario. They have established a national organization and provincial associations in a majority of the provinces. Their principal educational institution (CCNM) is located in Ontario and has recently experienced outstanding growth. It has been upgrading its standards to the point where they now have an accredited four-year, full-time professional program. The leaders believe the establishment of high quality training with a strong scientific base is an essential step for the success of the college and the future acceptance of its practitioners.

Statutory self-regulation is perceived by these leaders as a key step in the professionalization process and they are actively engaged in lobbying and making submissions to government to achieve this goal They regard it as necessary to maintain high standards of practice and also recognize the value of doing peer-reviewed research.

Because they are a relatively small group, they lack the financial resources to do much scientific research. Instead, they are currently seeking to partner with more established researchers and also to develop new strategies of research, which take account of the highly individualized nature of their therapies.

During the last five years or so, the leaders have had considerable success in consolidating the membership and developing their associations. They attribute this change to the influence of the new, better educated and more numerous graduates who have begun to assume leadership roles. health care professionals The leaders are nevertheless disappointed that they have yet to be awarded regulatory status by government, and are not recognized by the medical establishment.

Like the other CAM groups, the naturopaths understand that their greatest recognition and support comes from the public. To further strengthen that support, they have developed a series of television advertisements, which extol the benefits of 'natural medicine'. Their strategy is to become more visible and let the public know what they do. They believe that public endorsement will influence government to regard them as professionals

The scope of practice of naturopathy is very broad, and overlaps with a number of other specialties such as acupuncture, herbal medicine, chiropractic and homeopathy. As a consequence, naturopaths find it difficult to achieve social closure and make jurisdictional claims. Nevertheless, they see themselves as primary care practitioners who can play the same role as family physicians in delivering care.

Homeopaths---

Although widely used in several other parts of the world, homeopathy has not flourished here, in spite of its earlier popularity in the last century. During the last decade there has been a revival, although it is still a relatively small group and there is no central registry to confirm actual numbers; anyone can hang out a shingle and call himself or herself a homeopath. There are several competing homeopathic associations and educational institutions. Although one of the groups has applied to the provincial government for regulation, the others have taken little interest in it and show no signs of consensus on this issue. This is in spite of the fact that the leaders recognize that regulation would allow them to achieve a measure of social closure by establishing education and qualification standards that would deter others from practicing on their turf.

Unlike the naturopaths, homeopaths work within a narrow scope of practice although neither the public nor the government seems to be clear on what this is. Homeopathic medicine is based on the principle that "like cures like". Treatments consist of remedies based on that philosophy--minute amounts of natural substances believed to mimic the body's symptoms, in order to stimulate the body's own defences. If there was some unity among the various factions, this clear scope of practice might help the homeopaths to make a serious jurisdictional claim for their therapies.

Since homeopathic education is divided into several competing schools, there are different views about what is an appropriate curriculum, the length of training and the required standards for graduating. While all the leaders see a need for accreditation and certification of their educational programs, they have not been able to agree on the requisite standards.

Some of the leaders regard scientific research on the efficacy and safety of their therapies as a way to improve the acceptance of their group, but others are convinced that sufficient proof already exists. As one leader told us: "It is already proven all over the world. There is a two hundred year history of case studies that shows it works". Without credible evidence, homeopaths have little hope of gaining legitimacy, but the small size of the group and its lack of cohesion make it extremely difficult to pursue this kind of research. It is a costly undertaking and requires a sizeable group of practitioners who are sufficiently committed to the project to raise the necessary funds. This avenue to professional status does not seem currently available to the homeopaths.

It is clear that the continuing conflict and infighting among the homeopathic groups in Ontario has seriously hampered attempts to move closer to their goal. Their place in the overall system is still on the margins.

Traditional Chinese Doctors/Acupuncturists--

The leaders we interviewed included a mixture of acupuncture specialists, TCM specialists and practitioners of both. Well over half of the leaders had trained in China before coming to Canada and most of the practitioners are Chinese, although most have been here long enough to be fluent in English. This group consists of many competing associations and educational institutions, and communication between them is limited and often acrimonious. When there are disagreements among a particular group, it is common practice for one of the parties to leave and set up a new educational institution or association with his or her own followers. This makes it extremely hard to ascertain how many different groups and schools there are at any given time, especially since practitioners often belong to more than one association. One of the principal sources of tension is that some regard acupuncture as a modality in itself, while others consider it to be based on the precepts and philosophy of TCM.

Despite requesting regulatory status from the Ontario government for over twenty years through submissions of various kinds, TCM practitioners and acupuncturists have not yet gained self-regulating status. (British Columbia has now extended this status to TCM doctors, and acupuncturists are separately regulated by legislation in three provinces: BC, Alberta and Quebec). The leaders believe that the government should adopt a single standard of practice for all the different groups and then let those who do not meet the standards work to upgrade their qualifications. It seems likely, however, that they will first need to resolve their differences in order to propose an agreed-upon standard to government that can be backed up with sanctions.

Like the naturopaths, this group has difficulty defining a distinctive scope of practice. Several regulated health professions such as physicians and physiotherapists as well as some unregulated practitioners such as naturopaths believe that acupuncture falls within their scope of practice. Underlying the practice of TCM doctors and acupuncturists is a basic philosophy of healing that is based on the general idea of a balance of energy. Treatments seek to remove blockages of energy so that it can keep flowing through the body. In spite of agreement on the general theory of healing, the nature and extent of treatment varies. Some practitioners have a broad scope of practice while others limit their treatments to the manipulation of needles. This situation makes it very hard for the group to attain social closure or a monopoly on their services.

Just as differences are evident concerning therapies, so they are also apparent when it comes to educational standards. There is no one shared concept of how a well qualified TCM doctor or acupuncturist should be trained. While some schools have established high quality, accredited programs, others have sprung up in an “ad hoc” fashion and have yet to prove themselves. As a result, the level of training lacks consistency across schools both in terms of curriculum and in the standards expected of graduates. It is not surprising that they cannot agree on qualifications and standards of practice, nor how these should be applied. While the leaders are aware that they should work toward establishing and enforcing uniform standards of practice, they recognize that this is not possible at the present time. But without these, it will be harder to become regulated and move toward the mainstream.

In spite of the fact that there is a growing body of scientific research that proves the efficacy of acupuncture for a variety of health problems, most of the leaders do not see research as a means to enhance their professional status. They believe that there is ample proof that their therapies work and can save money for the health system. As one leader said: “It has been tested on millions if not billions of people around the world and it is proven daily in my practice.” In a society that is increasingly concerned with evidence-based health care, this lack of interest in further research can be a serious obstacle to professionalizing.

This is a group that, like homeopathy, is hampered by internal battles among its members. The divisions are caused by culture, language, differing traditions of training and conflict over the importance of medical science versus traditional Chinese philosophy. If they can resolve their internal jurisdictional battles, they will be in a better position to become part of the established system of health care.

The Future Place of CAM in the Health Care System

These four groups are trying to carve out their own turf in a health care system already crowded with other professional groups. In a formal system, they are struggling to find a way to fit within the existing system. Their biggest ally in this venture is the public. It is pressure from the public that has kept them going and made them serious contenders for professional status.

Overall, the groups expect that statutory self-regulation will be a huge step in providing them with the power to effect social closure around their particular specialties. But as we have seen, their professional projects are constrained by a number of factors. These include lack of internal cohesion, battles over jurisdiction, both internal and external, and the lack of a perceived need for additional health care professions.

It is important to emphasize that state recognition is not the end point of the professional project. As we see in the case of the chiropractors, the struggle for legitimacy continues even after professional attributes like regulation have been attained. New challenges seem to arise to keep full acceptance out of reach.

Furthermore, because professionalization for health care providers in Western society seems to require the imprimatur of scientifically validated findings, as understood by conventional medicine, CAM groups may be tempted to modify their distinctive philosophies and approaches in order to fit the biomedical model. Such a move would render them mere shadows of allopathic practitioners and would deter the development of alternative paradigms for healing. In my view, it would be a Faustian bargain and would represent a severe loss to the unique potential of CAM therapies for healing and preventing illness.

To move from the margins to the mainstream, the CAM groups will need to engage in ongoing dialogue and negotiations with the government and other stakeholders in the system, who are reluctant to let them in. They will need to reach agreement among themselves and also to work with other CAM groups. They will need to address issues such as cost-effectiveness, evidence-based care and the overall shape of health care in the future. They need to show how their different model of health care fits in with the overall system and speaks to the new goals of wellness and prevention, in an era of primary care reform. Ultimately, as Donald Light (2000) suggests, it will be a political contest between the countervailing powers of the established health professions, the public, and the different levels of the state that will decide the fate of these CAM groups' professional aspirations.