Academic Collaborative for Integrative Health (ACIH)
Post-Graduate Training (PGT) Paper
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Executive Summary
Residencies and Post-graduate training (PGT) in the licensed integrative health and medicine (IHM) disciplines [acupuncture and Oriental medicine, chiropractic, massage therapy, direct-entry midwifery, and naturopathic medicine] are important to prepare graduates to work in clinical settings. The purpose of this paper is to report on the status of residencies/PGT, e.g., how they are managed, what organizations are involved, guidelines on how to start programs, and to provide ideas for increasing opportunities in IHM fields. The authors found that there are significant variations in PGTs among the IHM disciplines, and where there are opportunities, there is a shortage of number and types of opportunities. Having more residencies/PGTs in general, and more specifically in integrated settings, available for IHM graduates will help interprofessional practices, providing more opportunities for experiences with professionals from a variety of disciplines. This is meant to be a living document and updates will be posted on the ACIH website periodically.

Introduction

The Project
In an effort to disseminate information on Residencies and Post-graduate training (PGT) in the licensed integrative health and medicine (IHM) disciplines, and ultimately to further development of PGT options and opportunities, the Academic Collaborative for Integrative Health (ACIH – formerly the Academic Consortium for Complementary Health Care, ACCAHC – www.accahc.org) Clinical Working Group (CWG) formed a small project group with members (inside and outside the CWG) from each of the five licensed IHM disciplines: acupuncture and Oriental medicine, chiropractic, massage therapy, direct-entry midwifery, and naturopathic medicine. Initially, group members identified a set of questions about the state of residencies in their professions, and responded to those questions in a panel presentation given during an ACIH CWG meeting, February 2014. The presentations were transcribed and became the seed for this paper.

Residencies and PGT in the licensed IHM disciplines are important to prepare graduates to work in clinical settings. We found that there are significant variations in PGTs among the IHM disciplines, and where there are opportunities, there is a shortage of number and types of opportunities. Having more residencies/PGTs in general, and more specifically in integrated settings, available for IHM graduates will help interprofessional practices, providing more opportunities for experiences with professionals from a variety of disciplines. The overall goal of this paper is to report on status of residencies/PGT, e.g., how they are managed, what organizations are involved, guidelines on how to start programs, and to provide ideas for increasing opportunities in IHM fields.

Residencies and Post-Graduate Training Defined
The project began with a focus on residencies but it was quickly discovered that the term "residency" is defined differently by the various disciplines, and the decision was made to use the broader term post-graduate training (PGT). An initial point of clarification was to define what residencies and PGT meant in each of the professions. In most cases we didn't find specific definitions within the fields, and so for the

purposes of this paper we have considered residencies as part of a more general category of post-graduate *clinical* training opportunities. If you know of more precise definitions of PGT and residencies that should be included here, or have any other feedback about the paper, please contact Beth Rosenthal at brosenthal@accahc.org.

Wikipedia defines and describes residency as:

> …a stage of graduate medical training. A **resident physician** or **resident** or **resident medical officer** is a person who has received the title of "physician" (usually a M.D., D.O., or MBBS, MBChB, BMed) or in some circumstances, another health sciences terminal degree (such as psychology or dentistry) who practices medicine usually in a hospital or clinic. …In the U.S., it is classically associated with physicians (M.D. or D.O.). The training programs of pharmacists, physical therapists, physician assistants, veterinarians, podiatrists, medical physicists, optometrists, and dentists may also involve a period of training referred to as a residency.[1]

In allopathic and osteopathic medicine, the graduate works initially as an intern and then as a resident, progressing through training that leads to examination for board certification. Postgraduate programs include certificate, diplomat, fellowships and residency programs. Residencies for medical and osteopathic doctors are primarily funded through a Medicare subsidy to medical education. This currently amounts to $10 billion per year or $113,000 per resident per year.

Project to paper evolution

A template for chapter headings was developed, elaborating on the questions that had been addressed during the panel presentation. Each member, using the content from the webinar presentation, completed sections regarding their field, using the template chapter headings. The group initially used a WIKI platform, and then communicated via email and follow up phone meetings to discuss development of the paper, potential places for publication and/or presentation, and the process for having others with knowledge about PGT in their fields review the paper for accuracy and completeness.

This information collected was organized into a draft paper and reviewers in each profession were asked for their feedback. Resources are referenced within this document for starting and maintaining PGT programs. The purpose of collecting and sharing this information is to educate our own fields and external parties about the present role of PGT in each of our fields, and what is possible. Each profession covered, to the extent possible, the following outline:

1. **Overview of Post-Graduate Training (PGT) in your discipline**
   - Do you have PGT opportunities? If so, what do they look like?
   - Historical perspective - how did these opportunities come to be?
   - Are there any requirements/regulations?

2. **Accreditation and Educational Standards in PGT/Residencies**
   - Do formalized/standardized/accredited PGT opportunities/residencies exist in your discipline? If so, how long have they existed, and through what agencies?
   - How many positions exist nationally annually? Please provide the reference for that data.
   - Describe the locations of such residencies such as Clinic(s) owned/operated by the school, located on the school's campus; Clinic(s) owned/operated by the school, located off site from the school's campus; Hospitals/medical centers (inpatient/outpatient?); Federally Qualified Health Centers; Ambulatory community health facilities; Private practice settings. Are these locations Single discipline or Multi-discipline settings? If multi-disciplinary, what disciplines? How many in each of these settings, if any?
   - PGT/ Residency Clinical Oversight

    - Who oversees and monitors clinical education for residencies/PGT at the site? Is there a research aspect to it?
    - Are there set standards/competencies for the residencies? If so, provide a sense of what these are, with links.
    - Is there a curriculum? Who develops and monitors?

3. Leadership on PGT/Residencies

- Are there organizations or committees/initiatives in the profession that are actively engaged in discussing, expanding or strengthening PGT/residency opportunities in the profession? If yes, name the entities.
- Is there any such work in councils of colleges, accrediting organizations, certification/testing organizations, professional organizations, and/or separate not-for-profits? Describe history, work product, goals, charges, completed projects etc.

4. **Establishing PGT/Residencies**
    - Are there guidelines for establishing a residency/PGT opportunities in your discipline? Who created the guidelines? Who maintains them?
    - If these guidelines can be shared with other disciplines, please provide links.
    - What can you share that might help disciplines who are in the process of establishing PGT/residency opportunities?

5. **Best practices in interprofessional and team care training and PGT opportunities/residencies**
    - Do you have any PGT opportunities/residencies that are particularly focused on interprofessional care/team care? Please describe existing examples that are providing post-graduates the best opportunity to gain competencies for practice in teams, and in integrated environments.

6. **Business Model for Existing PGT Opportunities/Residencies**
    - How are PGT participants/residents compensated? Volunteerism? Stipends? Institutional support? Philanthropy? Contributions from community clinicians? Other?
    - Is there any standardization or recommendation for salaries?

7. **Policy-related state of national efforts for increasing PGT opportunities/residencies**
    - What, if any, policy or political initiatives at local, state or federal levels has your profession engaged, or is anticipating engaging, that might increase PGT/residency opportunities?
    - What policy shifts, if any, would support enhance PGT opportunities?

8. **Aspirations for PGT opportunities/residencies**
    - Describe any aspirations for PGT opportunities/residencies in your profession. Have formal goals been set? How important is growth in these opportunities to your profession's overall goals?
    - Where would you like to be in 2025?

9. **Recommendations for increasing PGT opportunities/residencies**
    - What would you recommend as your profession's game plan for increasing PGT opportunities?
    - What policy shifts, if any, would enhance PGT opportunities?

10. **Resources**
    - List all related organizations, initiatives, resources developed, links, contact information relative to your profession's engagement in advancing PGT opportunities/residencies.

The draft paper, incorporating the template of section headings, was completed in August 2014. Initial submission for a research conference presentation was made in September 2014. Review of the paper by the councils of colleges, accrediting agencies, and/or other organizations/individuals known to have expertise with PGT was completed in December 2014. The paper was completed and made available to the ACIH community in the Spring of 2016.

Section 1: Acupuncture and Oriental Medicine

1. **Overview of Post-Graduate Training (PGT)**
   Based on a review of literature available on the web, there are few current post graduate training / residency offerings in the U.S. for LAc's. Although the AOM discipline doesn't formally recognize "residencies", there are various kinds of post-graduate clinical opportunities, including DAOM programs, Certificate programs, and CE trainings.

2. **Accreditation and Educational Standards in PGT/Residencies**

   At this time no residencies are overseen by accrediting bodies within Acupuncture and Oriental Medicine. With the current residencies offered, individual continuing education programs and schools oversee the standards and evaluations for residency.

   Here are examples of the few current post graduate training / residency offerings in the U.S. for LAc's.

   - Oregon College of Oriental Medicine (OCOM) has a residency program for new grads and those graduating from their Master's Degree program and entering the doctoral program. Web information does not provide details on the residency. It is not a salary-based residency.

   - National University of Natural Medicine (NUNM) hired two residents starting on September 1, 2014, under the BEMA-sponsored NUNM AOM Residency Program. BEMA, an herbal company based in Canada, donated money to help cover the costs of the AOM residency program at NUNM.

     One resident will be on-site at NUNM, assisting on clinic shifts and assisting with education at the school. The other resident will be off-site in a private clinic. Both residents will be full time, salaried staff, and are expected to treat patients, market, and continue to learn from direct mentorship. Salary is $28,000 per year plus benefits.

     The BEMA sponsored NUNM AOM Residency is a full time clinical position. The curriculum outlined was developed and approved by NUNM. The main goal of the curriculum is to thoroughly train the resident in a lineage based system of Chinese Medicine so that they are adequately trained to become leaders in the field. The curriculum is monitored by the AOM Residency Director.

     The current plan is to obtain feedback on the success of the program from the new residents, and then approach the ACAOM and NCCAOM to consider creating an accreditation for AOM residency. The State of Oregon will also be asked to consider a special status for residents in their role of teaching and potentially supervising students during their clinical years.

   - Robert Doane in Seattle offers a 2-3 year residency in which he trains to treat 25-40 patients daily, utilizing his specific system of herbalism and acupuncture. This high volume clinic also teaches the resident the business model that Doane has found successful. The salary for this trainee position is $36,000 per year.

The other residencies that exist are more accurately described as Continuing Education Courses.

3. **Leadership on PGT/Residencies**
   There may be organizations discussing this, but at this point the AOM community does not have published material to convey this.

4. **Establishing PGT/Residencies**
   No guidelines have been established at this time.

5. **Best practices in interprofessional and team care training and PGT opportunities/residencies**
   Currently the educational model for Chinese Medicine is 3-4 year of post-graduate training. This is the minimal amount of training to graduate as a safe professional. Interprofessional and team care are important aspects of continued development as practitioners and within the AOM community.

6. **Business Model for Existing PGT Opportunities/Residencies**
   NUNM pays $28,000/year plus benefits.
   Robert Duane pays $36,000/year plus benefits.
   OCOM residents get a share of gross profits from patients seen.
   In other programs described, student usually pays to participate.

7. **Policy-related state of national efforts for increasing PGT opportunities/residencies**
   NUNM will continue to seek development of standards for AOM residencies. There are currently no national AOM residency standards.

8. **Aspirations for PGT opportunities/residencies**
   No specific aspirations have been established by the AOM community.

9. **Recommendations for increasing PGT opportunities/residencies**
   The main policy shift that would support the development of AOM residencies is the ability for residents to supervise students in the clinical setting. Many states, including Oregon, require supervisors to have five years clinical experience. This creates a financial limitation for having residents within the educational setting.

10. **Resources**
    None provided.

Section 2: Chiropractic

1. **Overview of Post-Graduate Training (PGT) in your discipline**
   Chiropractic specialties are diverse and many of the original diplomate programs were oriented around patient management needs with the primary goal for doctors entering the programs being to improve patient care within their private practices. Many of the specialties arose in conjunction with national chiropractic organizations such as the with “Councils” of the American Chiropractic Association and included Chiropractic Pediatrics, Chiropractic Physiological Therapeutics and Rehabilitation, Chiropractic Acupuncture, Diagnosis and Internal Disorders, Diagnostic Imaging (Radiology), Neurology, Nutrition, Occupational Health, Sports Physician and Orthopedics. Today these programs commonly entail 300 to 400 hours of post-graduate study, concluding with written and practical examinations. This training is usually offered through chiropractic colleges as weekend seminars over a period of up to three years. Some programs, namely radiology and rehabilitation, have now developed well defined syllabi and certifying bodies, and represent the most common specialties to exist as residencies.

Radiology in particular provides services to the profession at large in the form of consultation services. Chiropractic radiology includes, but is not limited to, plain film radiography, fluoroscopy, tomography, ultrasonography, radioisotope imaging, computed tomography, digital radiography, and magnetic resonance imaging. Some chiropractic institutions are also offering academic credentialing programs to include Master's degrees in chiropractic research, diagnostic imaging, and acupuncture and oriental medicine. Some chiropractic institutions have other residencies, such as at National University of Health Sciences' Family Practice and Research residencies. The Research residency requires either a concurrent MPH or PhD at University of Illinois at Chicago School of Public Health. The Family Practice residency program is full-time and three calendar years in length. The same institution offers a family practice residency which includes a Master of Science in Advanced Clinical Practice degree. Los Angeles College of Chiropractic (Southern California University of Health Sciences) additionally offers residencies in Chiropractic Sports Medicine and Primary Spine Care Practitioner.

According to the Clinicians' and Educators' Desk Reference on the Licensed Complementary and Alternative Healthcare Professions, "There are many opportunities for postgraduate study in chiropractic. A number of full-time residency programs exist, of which the most popular and ubiquitous is diagnostic imaging (a three year, full-time residency). A full-time residency program in chiropractic geriatrics was recently initiated at Northwestern Health Sciences University, and National University of Health Sciences offers three-year residency programs in family practice and research."[2]

2. Accreditation and Educational Standards in PGT/Residencies

The American Chiropractic Board of Radiology (ACBR) is the certifying agency for Chiropractic Radiologists and is an autonomous examining agency not affiliated with the American Chiropractic Association American Chiropractic College of Radiology. The ACBR now requires all post graduate training through residencies. Chiropractic radiologists complete approximately 4,000 hours of training in practical and didactic training during their three to four year full-time residencies.

The Council on Chiropractic Education (CCE) maintains recognition by the United States Department of Education as the national accrediting body for Doctor of Chiropractic Programs. CCE is recognized by the Council for Higher Education Accreditation (CHEA) and is a member of the Association of Specialized and Professional Accreditors (ASPA). In January 2014 the CCE published accreditation standards for the Doctor of Chiropractic Residency programs. At this juncture accreditation of residency programs is a voluntary process, meaning the standards for residencies put forward by the CCE are voluntary for programs. The intent of accreditation is to provide assurances of educational quality and institutional integrity to stakeholders. As with the chiropractic programs, the accreditation process is thorough and is designed to "improve health care by assessing and advancing the quality of chiropractic residency education and to accredit those programs which meet the minimum requirements as outlined in the DCRP Standards and provide for training programs of good educational quality in each specialty"[3] The CCE is expected to publish a list of accredited DCRPs.

In July 2014, the Veterans Affairs (VA) initiated chiropractic residency training programs at five VA medical centers. The focus of these programs is Integrated Clinical Practice, with training emphasizing the provision of chiropractic care in an integrated healthcare system, collaborating with primary care Patient Aligned Care Teams (PACTs), specialty care, and other medical and associated health providers and trainees. The residencies provide advanced clinical training in complex case management, allowing recent graduates to increase their scope and depth of clinical knowledge, experience and acumen. Residents are mentored by senior VA chiropractors who are national leaders in integrated chiropractic

practice. These clinicians share their expertise in patient care, academics and research to provide a robust educational experience.

Residencies are not currently accredited. A majority of the chiropractic institutions offer or have offered radiology residencies. These residencies generally are of three years duration and have 2-3 residents simultaneously in training. The residencies are usually conducted within the respective clinic systems and are governed by a senior radiologist/department. The academic program is dictated by a syllabus formulated by the American Chiropractic College of Radiology. There are approximately 150 chiropractic radiologists in the United States, with another 50 outside this country. One rehab residency exists. Various programs such as Chiropractic Pediatrics, Chiropractic Physiological Therapeutics and Rehabilitation, Chiropractic Acupuncture, Diagnosis and Internal Disorders, Diagnostic Imaging (Radiology), Neurology, Nutrition, Occupational Health, Sports Physician and Orthopedics have 300 to 400 hours of post-graduate study concluding with written, and practical examinations but do not usually exist as residencies.

3. **Leadership on PGT/Residencies**
   Many of the stronger post-graduate programs, primarily radiology, rehab and pediatrics, are actively engaged in promoting the associated services to the profession, primarily through seminars and educational opportunities. In January 2014 the CCE published accreditation standards for the Doctor of Chiropractic Residency programs. Going through the accreditation process through the CCE is voluntary at this point.

   In July 2014, the Veterans Affairs initiated a chiropractic residency training programs at five VA medical centers.

4. **Establishing PGT/Residencies**
   The most established are radiology and rehab residencies. Websites for the American Chiropractic College of Radiology and the American Chiropractic Board of Radiology are in the resources section of this chapter.

5. **Best practices in interprofessional and team care training and PGT opportunities/residencies**
   Most of the residency programs have informal interprofessional relationships, and some residencies, because of relationships with hospitals, have relatively strong associations.

6. **Business Model for Existing PGT Opportunities/Residencies**
   In radiology and rehab the residents are paid and act as faculty.

7. **Policy-related state of national efforts for increasing PGT opportunities/residencies**
   See discussion in other sections of this chapter regarding the VA and the CCE.

8. **Aspirations for PGT opportunities/residencies**
   Aspirations include promoting residences and creating them in multiple areas. Early adopters work better with others and understand how to interact together.

9. **Recommendations for increasing PGT opportunities/residencies**
   Of the post-graduate programs in chiropractic, radiology has had most success with residency opportunities. In part this is because of the strong use of imaging in the profession. Residency opportunities might be elevated by increasing clinical workload at training facilities; promoting utilization of trained residents in practices and expanding opportunities beyond chiropractic. As an example many chiropractic radiologists have positions in medical imaging facilities.

10. **Resources**
    American Chiropractic College of Radiology https://www.accr.org/
    American Chiropractic Board of Radiology http://www.acbr.org/
    Smith SD, Beran TN. *Radiology Today*. http://www.radiologytoday.net/archive/rt0810p20.shtml
    Practice analysis of chiropractic radiology: Identifying items for Part I of the Clinical competency examination. *J Manipulative Physiol Ther* 2012 Nov-Dec; 35(9):710-9.

Section 3: Massage Therapy

1. **Overview of Post-Graduate Training (PGT) in your discipline**
   There are no known PGT programs in the massage therapy (MT) field in the U.S. Of the more than 1200 massage programs in the country, only a handful offer bachelor's degrees in massage. Some massage schools offer associate level degrees in massage. The vast majority offer programs that award a certificate after less than a year of training. There are, of course, training programs for massage therapists in assessment, technique, and other academic subject areas after their original training has been completed. But these are not equivalent to the type of PGT that one would pursue after doctoral level training has already been completed like a formal residency in conventional medicine.

2. **Accreditation and Educational Standards in PGT/Residencies**
   Most massage therapy programs are less than 1,000 hours of training, and are not followed by a PGT/Residency.

3. **Leadership on PGT/Residencies**

4. **Establishing PGT/Residencies**

5. **Best practices in interprofessional and team care training and PGT opportunities/residencies**

6. **Business Model for Existing PGT Opportunities/Residencies**

7. **Policy-related state of national efforts for increasing PGT opportunities/residencies**
   In order to create PGT opportunities, the massage field would have to raise its educational standards to require at least a bachelor level requirement for entry level practice. No serious consideration is being given to such a requirement.

8. **Aspirations for PGT opportunities/residencies**
   The National Certification Board for Therapeutic Massage & Bodywork (NCBTMB) is considering developing specialty certifications in various topic areas, including the development of appropriate training to work collaboratively in primary care and integrative medicine centers. This may involve residency and post clinical training (personal communication from Dr. Guptha Chair NCBTMB to Rosenthal, February 17, 2015.)

9. **Recommendations for increasing PGT opportunities/residencies**

10. **Resources**

Section 4: Direct-Entry Midwifery

1. **Overview of Post-Graduate Training (PGT) in your discipline**
   There are two categories of midwives: Certified Nurse Midwives, who hold a Master's degree in midwifery, and primarily work in hospitals, and Direct Entry Midwives (DEM) who are certified or licensed by states, educated as autonomous providers, and perform home birth and at birth centers. There are ten DEM accredited programs.

2. **Accreditation and Educational Standards in PGT/Residencies**
   There are no formalized direct-entry midwifery residencies. While it has been discussed, and many newly licensed midwives practice under the guidance or supervision of a more experienced midwife, there is no formalized process or criteria. This is largely because direct-entry midwives (Certified Professional Midwives and Licensed Midwives) practice in individual practices, either joining established practices or setting up their own business. DEMs do not practice in hospitals and do not work under the supervision of medical doctors and obstetricians.

   There are informal residencies. Graduates frequently join in practices with experienced midwives. One practice in Seattle is interested in setting up a residency structure for new graduates. The discipline is challenged by the size pool of practitioners, the wide variety of educational models, and the fact that there are three professional associations.

3. **Leadership on PGT/Residencies**
   Although there has been significant discussion about the need and desire for residencies, there is currently no organized movement in that direction.

4. **Establishing PGT/Residencies**

5. **Best practices in interprofessional and team care training and PGT opportunities/residencies**

6. **Business Model for Existing PGT Opportunities/Residencies**

7. **Policy-related state of national efforts for increasing PGT opportunities/residencies**

8. **Aspirations for PGT opportunities/residencies**
   There has been expressed interest in how graduates leave educational programs, become certified, and start practicing. There is also interest in how residencies are developed and managed. Nurse midwives do not have residencies either.

9. **Recommendations for increasing PGT opportunities/residencies**

10. **Resources**

Section 5: Naturopathic Medicine

1. **Overview of Post-Graduate Training (PGT) in your discipline**
   The Council on Naturopathic Medical Education (CNME) is the accrediting body for the naturopathic medical programs in North America, and approves residencies within those accredited programs. Some, but not all, naturopathic programs have approved residency sites. A site may submit an application to a CNME-accredited sponsor program to be an approved residency site. The CNME-accredited sponsor programs in North America with approved residencies are Canadian College of Naturopathic Medicine (CCNM), National University of Natural Medicine (NUNM), Southwest College of Naturopathic Medicine (SCNM)

and Bastyr University. Each of these programs have approved residency sites within their own institutions, such as school clinics. In addition, each of these four CNME-accredited programs with approved residencies also oversee off-site residencies, such as in hospitals and private clinics, scattered throughout North America.

2. **Accreditation and Educational Standards in PGT/Residencies**

The four CNME-accredited naturopathic medical programs with approved residencies have approved residency sites within their own institutions, and serve as the "sponsoring institutions" to off-site residencies. Sponsorship does not include financial assistance to these sites. Some of the off-site residencies have external funding, but more commonly the residency site itself provides the funding. The residency director at each institution oversees the off-sites, with a designated on-site director at each location. For example, NUNM has an associate dean/residency director who oversees the resident at NUNM and approximately 18 distant site residents around the country, most in smaller practices. Another example is Bastyr's residency program which has residents at their school clinics and residents in a variety of larger institutions, e.g., Indiana University Health Goshen Hospital, and Cancer Treatment Centers of America. However, residents at most other off-site residency programs work in one-on-one mentorships.

CNME has established standards, e.g., requirements identifying the duration of the residency, percent of time of oversight by an ND, details regarding external rotations, opportunities for research, and diversity of clinical experiences. Each site develops a Residency Handbook, including program and resident expectations for the individual residency site. The Residency Handbook is a required component for programs that are CNME-approved for a residency program. Annually, data is submitted by these programs to the CNME regarding details of each residency site over which the program has responsibility. The CNME currently acknowledges only general medicine residencies. At this time there are no national residency competencies, although all programs develop and/or require identification of competencies specific to the site. There has been considerable discussion regarding development of general and/or site-specific competencies. Curricular development is specific to each site, and varies with the focus of the site. For example, the Indiana University (IU) Health Goshen Center for Cancer Care residency site includes a curriculum and competencies significantly weighted to integrative cancer care. Other sites have curricula and competencies more focused on Primary Care.

The Research component at each residency site varies significantly. Exposure to research is expected, but no specific participation in research is required. Some individual sites may require participation in research activities.

There have been consistent efforts to increase the number of residency sites, but due to fiscal constraints it has remained largely static over the last five years. The number fluctuates somewhat, and presently there are approximately 60 approved residency positions throughout North America. At the time this document was written, with regard to residency positions at the academic institutions NUNM has fifteen, Bastyr has seven, SCNM has five, and CCNM has two. Approved residency sites that are not at academic institutions are in hospital and private practice settings throughout the U.S.

3. **Leadership on PGT/Residencies**

The Naturopathic Post-Graduate Association (NPGA) provides a coordination of efforts regarding the application and matching process of residents to sites, with the development of the Universal Application process and the Match process for those U.S. residencies that are part of the CNME approval process. The NPGA was established in 2009, founded by a small group of naturopathic physicians, to promote and coordinate naturopathic residencies throughout North America. Of the work completed thus far by this organization, the development and implementation of a central application process and a match process of the applicants has been most significant. The NPGA is an affiliate member of the American

Association of Naturopathic Physicians. There is significant dialogue within the profession regarding the role of residencies in the training of naturopathic physicians, and the desire to expand the number of sites available to graduates.

As the accrediting body, the CNME is the primary organization that is involved in oversight. The Council Committee on Post-graduate Naturopathic Medical Education (CPNME) is a committee of the CNME responsible for immediate oversight of the programs with approved residencies, and from which recommendations to the full Council on Naturopathic Medical Education are made.

4. **Establishing PGT/Residencies**
   Guidelines published by the accrediting body (CNME) are available on line at http://www.cnme.org/resources/2012_cnme_residency_handbook.pdf. Guidelines to support individuals interested in establishing a residency site are available through the NPGA website at http://www.np-ga.com.

5. **Best practices in interprofessional and team care training and PGT opportunities/residencies**
   Some of the approved off-site residencies include interprofessional training, such as that found at the CTCA sites, and IU Health Goshen Center for Cancer Care. These sites include MD, DO, and NDs, as well as allied health care providers, such dietitians, counselors, physical and occupational therapists, and licensed acupuncturists. ND residents may be supervised by ND, MD, or DO providers.

6. **Business Model for Existing PGT Opportunities/Residencies**
   Naturopathic medical educational programs provide funding for residents located at the institutions and clinics associated with the educational programs. Funding for off-site residency sites are provided by each site individually, whether it is a hospital or private practice. Salary ranges are generally $32-38K. The CNME has completed research regarding naturopathic residency salaries and provides that information to the naturopathic programs. CNME standards require that the positions are salaried, and malpractice insurance is required. Sites are encouraged to provide health benefits, although smaller sites rarely do. The total cost for each resident is approximately $45–60K/year.

7. **Policy-related state of national efforts for increasing PGT opportunities/residencies**
   Currently, Utah is the only state in the U.S. that requires a history of a residency to practice. As states become licensed, there is typically discussion regarding that requirement, but no other state has done so to date. California initially required an affiliation with an MD for new practices. Canada does not require residencies to practice naturopathic medicine.

8. **Aspirations for PGT opportunities/residencies**
   The NPGA aspires to the establishment of the availability of residencies for every graduate, but is not directly involved in the development of those residencies. The American Association of Naturopathic Physicians (AANP) and the Association of Accredited Naturopathic Medical Colleges (AANMC) have residency development as goals.

9. **Recommendations for increasing PGT opportunities/residencies**
   a) Funding is a key issue for the development of widespread residency opportunities for naturopathic graduates. NDs are not currently eligible for funding through U.S. Medicare dollars, which is the primary source of MD and DO residencies, and consequently other financial sources must be identified.
   b) Development of enhanced understanding by students regarding the significance of residencies.
   c) Encouragement and improved communication with NDs in practice, to support a resident academically and financially.

10. Resources

CNME website: http://www.cnme.org/resources/2012_cnme_residency_handbook.pdf
NERC website: http://www.spiresmedia.com/nerc/
NPGA website: http://www.np-ga.com.
STAIR website: http://www.integrativepro.com/Student-Resources/STAIR-Residency
Guidelines published by the accrediting body (CNME) are available on line at http://www.cnme.org/resources/2012_cnme_residency_handbook.pdf
Guidelines to support individuals interested in establishing a residency site are available through the NPGA website at http://www.np-ga.com/

Conclusion: Summary of Findings

Among the various IHM professions, residencies and PGT have largely been developed outside of accrediting bodies for schools and colleges, except for the Naturopathic Medicine discipline. The number of residencies is continuing to grow in the Naturopathic Medicine discipline with the recognition that extending the educational options for graduates of naturopathic medical programs would provide the graduates, the educational program, and the community with NDs who are better able to meet the needs of patients and the programs.

Through this project we have learned much about each of our disciplines, and find that the challenges are often similar. In addition, we have identified ideas that may work across the disciplines, and hope to incorporate the best practices in each of our fields. While we recognize that there are controversies within each of the fields around residencies and other forms of PGT, we hope to continue the discussions and find common ground to further the opportunities for our graduates. Our aspirations for what is possible include having residencies and PGT for each graduate, and PGT opportunities in integrated practice settings. It is our hope that the information in this paper and the links to resources will help residency/PGT education programs in all of our professions. Creative solutions such as developing modules within residencies that involve working with other professions may become more commonplace, and graduates would better be able to learn how to incorporate professionals from other disciplines in their referral network.

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[1] http://en.wikipedia.org/wiki/Residency_(medicine)

[2] Goldblatt, E., Snider, P., Rosenthal, B., Quinn, S. & Weeks, J. (Eds.). (2013). *Clinicians' and Educators' Desk Reference on the Licensed Complementary and Alternative Healthcare Professions* (2nd Ed), 60. Seattle, WA: Academic Consortium for Complementary and Alternative Health Care.

[3] CCE Standards http://www.cce-usa.org/uploads/2014_CCE_RESIDENCY_ACCREDITATION_STANDARDS1.pdf