

## CAVM CE Update (3/10/11)

Thanks to all of you who have been concerned about this issue. The OVMEB meeting on March 5th was very productive. While the board is receptive to CAVM CE, their main concern is how to decide what constitutes high quality CAVM CE in the absence of suitable recommendations from RACE. The AHVMA (American Holistic Veterinary Medical Association) has offered the services of their research committee that is designed to evaluate courses; each course is directed by topic to the appropriate member. Each committee member is certified in their field of interest, and most also have either an advanced degree (e.g. PhD) or are board-certified by an AVMA recognized board (e.g. ACVIM) or both. So for now, until a permanent solution is decided, the OVMEB will continue to accept those courses it has previously accepted, and submit new courses to the AHVMA for evaluation. The OVMEB will be meeting again for further discussions on July 23. Your voices still need to be heard on the national level, so please keep those letters coming to our regional AVMA delegate ([dougmcinnis@aol.com](mailto:dougmcinnis@aol.com)) and AAVSB/RACE ([kmcghee@aavsb.org](mailto:kmcghee@aavsb.org)). For those of you new to this issue, please see [www.tendingthewind.com](http://www.tendingthewind.com) at the bottom of the homepage. Thank you!

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Addendum: I was informed by the board that one of the RACE committee members suggested creating a separate category for CAVM CE (outside their scientific and non-scientific categories). This was my response:

“Considering this suggestion, I don't think that would be healthy in the long run. First, CAVM needs to be considered scientific because it is. The definition of scientific is "a method or procedure that consists of systematic observation, measurement, and experiment, and the formulation, testing, and modification of hypothesis." CAVM modalities like traditional Chinese medicine and homeopathy were developed precisely in this manner, and continue to be practiced this way. Second, to place CAVM in a "separate but equal" category will only further divide the camps; we need to integrate rather than separate. Third, if CAVM CE is given a category that does not carry equal weight to conventional CE (i.e. if there are only a limited number of hours counted, like for non-scientific CE) then we would still be penalized for our decision to essentially specialize in CAVM. CAVM is not a board-certified specialty, but to do it well you must devote the majority of your CE time and money to it, and this would be like a neurology specialist only being allowed to count a few hours of his or her 30-hour ACVIM neurology seminar toward licensure.”