

Chinese Medicine Accreditation Committee

Interim Accreditation Standard for Chinese Medicine

Preamble to the Interim Accreditation Standard for Chinese Medicine

Background

The Health Practitioner Regulation National Law Act (National Law) came into force on 1 July 2010 in all States and Territories except Western Australia (18 October 2010) and empowers the relevant national board to decide whether the accreditation functions will be carried out by an external accreditation entity, or a committee established by the board (section 43).

Prior to joining the National Registration and Accreditation Scheme (NRAS) in July 2012, Chinese medicine was only regulated in the State of Victoria by the Chinese Medicine Registration Board of Victoria (CMRBV) under the Health Profession Registration Act (HPR Act) 2005.

The Chinese Medicine Board of Australia (National Board) appointed an Accreditation Committee to carry out the accreditation functions for the Chinese medicine profession.

Accreditation function under the National Law

The National Law provides a statutory framework for accreditation functions. This is an important change to previous health regulatory schemes such as that operated in Victoria under the Health Professions Registration Act 2005 (HPR Act). An important distinction under the National Registration and Accreditation Scheme (NRAS) is independence of accreditation functions which is reflected in the separate roles and decision-making functions the National Law specifies for accreditation authorities, whether they are external bodies or committees of the National Board, and for National Boards.

Under the National Law an Accreditation Committee assesses and accredits a program of study, and the education provider that provides the program, and the National Board approves a program of study for the purposes of registration.

Under the regulatory scheme operating in Victoria prior to 1 July 2012, the Chinese Medicine Registration Board of Victoria (CMRBV) was responsible for both assessing and approving programs of study.

Transition to the NRAS of programs of study approved under the repealed Victorian legislation

One of the CMRBV's functions under the HPR Act was the approval of courses of study in Chinese medicine for the purpose of registration. In undertaking this function the CMRBV assessed courses of study against the Guidelines for the Approval of Courses of Study as a Qualification for Registration Version 4 – August 2011 ("the CMRBV Guidelines"). This was the standard applicable immediately prior to the implementation of the NRAS and was developed following broad consultation.

At 30 June 2012 immediately prior to the transition to the NRAS, 11 programs of study were approved by the CMRBV. On 1 July 2012, these 11 programs transitioned to the NRAS as approved programs of study for the Chinese Medicine profession as if they had been approved by the National Board under the National Law (see section 283 of the National Law).

Monitoring approved programs of study under the National Law

Under its Terms of Reference and section 50 of the National Law, the Accreditation Committee is responsible for monitoring approved programs of study and education providers to ensure the Accreditation Committee continues to be satisfied that the approved program meets the approved accreditation standards.

Development and approval of Accreditation Standards under the National Law

Under the National Law one of the functions assigned by the National Board to the Accreditation Committee is the development of accreditation standards for approval by the National Board, see sections 42(1)(a) 46 and 47 of the National Law.

The Accreditation Committee is currently developing an accreditation standard on which it will consult widely as required by section 46 (2) of the National Law.

Interim Accreditation Standard

In the interim period, while the Accreditation Committee is developing and consulting on an accreditation standard and prior to the National Board approving that accreditation standard, an approved accreditation standard is required for Chinese Medicine.

The Accreditation Committee considers that the standards contained in the CMRBV Guidelines which were the applicable accreditation standards immediately prior to the transition to the NRAS and against which the majority of programs of study in Chinese medicine in Australia, and all approved programs have been assessed, are suitable accreditation standards for the purpose of monitoring existing programs of study, and the education providers who provide those programs of study, during the interim period while the Accreditation Committee is developing and consulting on an accreditation standard and prior to the National Board approving that accreditation standard.

The Accreditation Committee considers the specific sections and appendices of the CMRBV Guidelines that provide an accreditation standard suitable for use in the interim period include:

- Part C, section 13.4
- Appendix 1
- Appendix 2
- Appendix 4

Accreditation processes during the interim period

Under the National Law, "An accreditation standard for a health profession is used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes to practise the profession".

The sections of the CMRBV Guidelines that describe procedures and process have not been included by the Accreditation Committee as part of the interim accreditation standards for approval by the National Board. They are not an accreditation standard under the National Law.

However, if the need arises the Accreditation Committee will apply the following 6 general principles adapted from section 10 of the CMRBV guidelines as guiding principles for the interim accreditation processes as follows:

- programs of study in Chinese medicine may differ in many respects, and educational objectives may be achieved in a variety of ways;
- innovation in achieving educational objectives should be encouraged:
- criteria used in evaluating programs of study should not intrude upon the diverse and unique character of individual programs/education providers;

- the accreditation process may examine a number of input elements of programs, but should not be overly prescriptive concerning curriculum details;
- programs of study in Chinese medicine should address contemporary professional and clinical issues; and
- the accreditation process should be based on the principles of equity and justice, and assessment against the standards should be conducted fairly and without bias.

Redundant terminology in the Interim Accreditation Standard

Although the sections and appendices identified by the Accreditation Committee do not contain references to the repealed legislation, there are some references to the CMRBV, the Board, and the Course Assessment Panel (CAP). These references should not affect the Accreditation Committee's monitoring of approved programs against the interim accreditation standard.

During the interim period, a pragmatic approach will be taken to any redundant terminology that interferes with the application of the interim accreditation standard by the Accreditation Committee. For example, any action required by the CAP or the Board will be undertaken by the Accreditation Committee.

Approval of the Interim Accreditation Standard

The Chinese Medicine Accreditation Committee at its December 2012 meeting resolved to submit for the Board's approval the accreditation standards that were applied by the CMRBV together with this preamble as an accreditation standard for the purpose of monitoring existing programs of study, and the education providers who provide those programs of study, only for the interim period while the Accreditation Committee is developing and consulting on an accreditation standard and prior to the National Board approving that accreditation standard.

The National Board at its 21 January 2013 meeting approved the specific sections and appendices of the CMRBV Guidelines attached as the accreditation standard only for the interim period while the Accreditation Committee is developing and consulting on an accreditation standard under the National Law and prior to the National Board approving that accreditation standard.

Associate Professor Meeuwis Boelen
Chair
Chinese Medicine Accreditation Committee

February 2013



Chinese Medicine Accreditation Committee

Accreditation standards

The attached accreditation standards are an extract from the former Chinese Medicine Registration Board of Victoria's *Guidelines for the* Approval of Courses of Study in Chinese Medicine as a Qualification for Registration

Version 4 - Revised August 2011

They apply only to existing approved programs for monitoring and renewal which transitioned under section 293 of the Health Practitioner Regulation National Law Act until a new Standard is approved by the Board under the National Law.



Guidelines for the Approval of Courses of Study in Chinese Medicine

as a Qualification for Registration

First Issued August 2002 Version 4 - Revised August 2011

These guidelines were issued by the Chinese Medicine Registration Board of Victoria pursuant to:

- section 118(1)(b) of the Health Professions Registration Act 2005; and
- applicable to the approval of courses of study as a qualification for registration as an Acupuncturist and/or a Chinese herbal medicine practitioner.

This work may be reproduced in whole or in part for study or training purposes on condition that the source is acknowledged. This document is not available for commercial use or sale.

ISBN 978-0-9751546-6-3 © 2011 by Chinese Medicine Registration Board of Victoria Victoria, Australia

Contents

Parts A, B,	parts	C12-C	13.3, D,	Appendix	x 3 and	some 1	figures	in list	have	been re	emoved	l. .	
	13	.4 T	he Stand	ards									5

	1	13.4.1	Standard 1: Graduate Knowledge, Skills and Attributes	5
		13.4.2	Standard 2: Course Structure and Operations	
		13.4.3	Standard 3: Course Management	
		13.4.4	Standard 4: Resources and Physical Environment	
		13.4.5	Standard 5: Curriculum – General Features	17
App	endix 1 Gra	aduate	Knowledge, Skills and Attributes	28
17	Theoretic	cal Kno	owledge	28
18	Clinical	Skills		29
19	Practice	Manag	ement, Interpersonal Skills, Professional Ethics & Values	29
App	endix 2 Are	eas of S	Study	31
20	Summar	y of Ar	eas of Study	31
21	Core and	l Recon	nmended Areas of Study	32
22	Specific	Prograi	m Content	35
	22.1 C	hinese	Medicine Theoretical Paradigm	35
	22.2 N	Iodaliti	ies of Chinese Medicine – Acupuncture	37
	22.3 C	hinese	Herbal Medicine	39
	22.4 T	'ui na ((Chinese Therapeutic Massage)	42
	22.5 C	hinese	Medicine Classic Literature	43
	22.6 B	asic an	nd Biomedical Sciences	45
			Chinese Medicine	
			Training – General Description	
	22.9 P	rofessio	onal Development – Other Areas of Study	64
Appo	endix 4 App	proval	Guidelines for Postgraduate Courses	67
23	General	Princip	les	67
24	Types of	Postgr	aduate Courses	68
25	Length o	f Postg	graduate Courses	68
26	Sequenc	ing of I	Learning in Postgraduate Courses	69
27	Training	Requir	rements for Graduates of CM Undergraduate Courses	70
28	Training	Requir	rements for Graduates of Non-CM Undergraduate Courses	71
29	Supervis	ed Clin	nical Training in Postgraduate Courses	72
30	Other Co	ourse D	esign Considerations	72
31			ween the Study of Acupuncture and Chinese herbal	76

List of Figures

Figure 2: Relative Weightings and Contact Hours	Page 18
Figure 3: Outline of Each Year of the Course	Page 19
Figure 4: Outline of the Course by CMR Board Graduate Attributes	Page 20
Figure 5: Mapping of Course Content against CMR Board Core Content	Page 20
Figure 6: Core and Recommended Areas of Study for Approved Courses	Page 32
Figure 10: Core and Recommended Areas of Study for Approved Postgraduate Courses When One Modality Has Been Completed at Undergraduate Level	Page 73

13.4 The Standards

The rest of Part C contains more detailed descriptions of the five Standards and the criteria that make up each Standard.

Applicants must address all the criteria in all Standards.

13.4.1 Standard 1: Graduate Knowledge, Skills and Attributes

The majority of graduates from courses of study in Chinese medicine will enter private practice as primary contact practitioners, and will practise either acupuncture and/or Chinese herbal medicine plus other modalities of Chinese medicine. It is expected that some graduates will enter Chinese medicine research, education, or professional leadership, and some may practise in hospitals, community health centres, and other healthcare agencies.

As primary contact healthcare practitioners, graduates are not only expected to be competent in the practice of Chinese medicine, but also to be conversant with the legal responsibilities, ethics, and standards of Australian health professions generally. Graduates are expected to be familiar with the Australian healthcare system in order to make appropriate referrals and to use that system in the interests of their patients.

The broad educational base of a primary qualifying course, and the development of analytical skills offered within such a course, should equip graduates to be life-long learners and should encourage them to develop a wider professional role in healthcare.

In order for a course of study to be approved by the Board, the institution should have defined the outcomes that its students are expected to exhibit upon graduation. Schools should indicate (in their applications) the defined graduate outcomes that address the criteria, and provide any additional information or clarification they consider necessary.

The following criteria set out the minimum expected graduate outcomes.

Graduate Attributes

The design of the course works towards development of a clearly defined set of attributes in graduates.

Indicate whether graduate attributes have been developed by the applicant separate to those specified by the CMR Board (see Appendix 1 for individual, detailed graduate attributes). If a set of graduate attributes has been developed by the applicant, please refer to Figure 4 in section 13.4.5 and provide a table (in the application) that shows how the course addresses these. Also comment on how the course progressively develops these graduate attributes.

The CMR Board broadly defined graduate attributes are as follows:

Theoretical Knowledge

Graduates have knowledge and understanding of the theory and practice of Chinese medicine, biomedical sciences and the role of Chinese medicine practice in the Australian

healthcare system, sufficient to ensure safe and competent practice in acupuncture and/or Chinese herbal medicine.

See Figure 4 in section 13.4.5 for requirement to detail how graduate attributes are met.

Clinical Skills

Graduates have skills in data gathering, analysis and treatment planning, as well as training in clinical procedures, sufficient to deliver acupuncture and/or Chinese herbal medicine treatment in a safe, competent and effective (in terms of practice or clinical end points) manner. Underlying principles centre on patient safety, and developing confidence and competence in practice. This requires the provision of meaningful clinical learning experiences, managed in accordance with best practice in all aspects.

See Figure 4 in section 13.4.5 for requirement to detail how graduate attributes are met.

Practice Management, Interpersonal Skill, Professional Ethics and Values

Graduates possess adequate interpersonal, communication and management skills to enable them to operate a successful private practice. They demonstrate humane and ethical behaviour in their professional life as well as respect for the multi-cultural and multi-racial community. They are aware of the need for professional development and have critical literature appraisal skills to enable them to be effective career-long learners.

See Figure 4 in section 13.4.5 for requirement to detail how graduate attributes are met.

13.4.2 Standard 2: Course Structure and Operations

The structure and operation of the course is a key determinant of the quality of the graduates. The criteria that the Board will apply in assessing whether a course of study is approved are as follows.

Aim of Course

The undergraduate course is designed as a primary qualifying program for entry to the profession of Chinese medicine. The philosophy and objectives of the course are clearly defined and:

- are consistent with the professional practice of Chinese medicine; and
- underpin the curriculum, assessment processes and outcomes to be achieved by students and graduates.

Indicate the overall aim, objectives and underpinning philosophy of the course and indicate how these inform and are manifest throughout the course. Include consideration of how the Chinese and western components of the program are integrated, and how students are assisted to develop a complementary approach to the blending of Chinese and western concepts and approaches to healthcare.

Scope of the Course

It should be clear whether the course is single or double modality, at undergraduate or postgraduate level, and therefore in what divisions of the Register of Chinese Medicine graduates will be eligible to apply for registration.

Indicate the scope of the course and its limitations.

Nomenclature

Any different or new course must have a new course code and course codes must be clearly identified.

Course Information

Policies, procedures and course information are kept up-to-date and are provided to all students. This includes information on:

- the aims, objectives and underpinning philosophy of the course;
- assessment requirements and methods;
- requirements for progression and graduation;
- appeal processes;
- academic review processes; and
- costs and expenses.

Provide details and evidence of how policies, procedures and course information are kept up-to-date and are provided to all students. Provide details of the information to be made available to students regarding policies, procedures and course objectives, as well as assessment, progression, plagiarism and academic misconduct. Copies of relevant policies and publications should be provided.

Subject/Unit Documentation

A standard template is used to create an outline of each unit, and unit outlines are provided to students. See section 13.4.5 for expected content of a unit/subject outline.

If the unit outlines provided to students vary from those used in formal course applications, provide samples of the outlines provided to students when they commence study of a unit.

Teaching and Learning Methods

The course utilises a range of teaching and learning methods that are sufficient to:

- meet the learning styles of the students; and
- achieve the learning objectives of the course.

Describe the School's teaching and learning philosophy and the approach taken to teaching and learning. Assessment methods should be clearly related to the learning outcomes.

Assessment

Institutions are required to provide an overall statement of methods and criteria for assessment of courses and subjects. The following should be noted:

- the assessment components of a course should involve coursework submissions by students including essays and formal examinations if oral presentations are included then the basis upon which these are graded should be clear;
- students should receive detailed feedback on their assignments;

- examinations should be set to ensure that the breadth of knowledge of core subjects is assessed; and
- procedures should be in place to ensure that standards are maintained, that assessment and grading is moderated and reviewed, and that academic misconduct (e.g. cheating and plagiarism) is dealt with.

See Assessment Methods in section 13.4.3 for italicised instructions.

Language of Instruction

For courses offered in Australia, English is expected to be the language of instruction. If any components (e.g. internships) are taught in languages other than English, please provide details of arrangements for effective communication between teachers and students.

Indicate in which language/s instruction will take place and any relevant details on the components conducted in languages other than English.

Distance Learning Components

For any distance learning components of the program consideration will need to be given to student access to the necessary resources and staff.

For distance components the applicant needs to demonstrate:

- instructional design;
- an administrative system that handles mail to and from students;
- an administrative system through which students can communicate with academic staff;
- access to relevant support, such as telephone conferencing and/or videoconferencing, and library facilities/resources;
- organisation of any residential or block components;
- mechanisms for student evaluation of units; and
- careful scheduling of on-campus components to minimise student travel.

Please also see Standard 3: Course Management in section 13.4.3, and Student and Staff Ratios in section 13.4.4.

The applicant should detail the content of the unit, the materials provided and used, and the arrangements in place to meet the requirements as listed above. Include designated hours of staff availability to these students, EFTSU¹ requirements which allow for sufficient time for preparation and updating of teaching material, and evidence of speedy turnaround of assignments.

Student Selection Criteria: Equal Opportunity

There is equal opportunity for entry into the course with respect to race, creed, colour, national origin, gender, age, disability, socio-economic and marital status.

¹ Equivalent Full-Time Student

Describe or provide the institution's policies on equity and access, and provide evidence of implementation.

Admission Policies and Standards

The academic prerequisites, and other specific criteria for entry to the course, are clearly stated and are compatible with the requirements of the course.

Provide relevant institutional policies showing:

- admission policies;
- prerequisites and criteria;
- recognition of prior learning;
- credit transfers; and
- entry quotas and sub-quotas.

Any agreement to admit students from 'feeder' courses/schools in Australia, or elsewhere, or into the course after year one, should be detailed.

Academic Structure

A Degree course in Chinese medicine should meet the relevant Government Qualification Framework for Bachelor or higher level, and should demonstrate how the learning outcomes will be achieved.

Normal Course Mode

Describe the normal mode of offering of the course. For example, full-time; part-time; mixed-mode; external study; or other.

Alternative Course Mode

For alternative course modes, provide a statement setting out the process by which the same educational outcomes are attained by students studying under the alternative mode as by students studying under the normal course mode.

Program Length

List the years of full-time study and the semesters per year (including weeks per semester and contact hours.)

Structure of the Course (Sequencing)

Provide a table or description of the normal order in which students complete each area of study as they progress through the course. This information should be presented in such a way as to reflect the regulations applying to student progress through the course.

Student Progression

Provide policies relating to student progress and the maintenance of course standards that impact on the quality of graduates.

Integrated Learning

The structure and sequencing of the curriculum integrates classroom, clinical and research experiences for effective learning.

Explain how integrated learning is approached.

13.4.3 Standard 3: Course Management

The institutional support for, and management of, the course is a key determinant of its quality and effective delivery. There are two aspects of course administration: the broad administrative structure needed to run a course, and the administrative details associated with each subject of the course. Both are essential. The criteria that the Board will apply in assessing whether a course of study is approved are as follows.

Institutional Support

The institution demonstrates support for Chinese medicine, both as an academic and professional discipline.

Submit evidence that the program receives human and financial resources, commensurate with the size and scope of the program, to ensure successful delivery.

Organisational Structure

There is a clearly defined organisational structure for the academic governance and course management.

Provide a flow chart of academic structures (committees, department, etc.), and lines of reporting and governance.

Course Development

The institution has in place comprehensive policies and procedures relevant to course development and maintenance.

Describe the institution's general policies on course development and maintenance.

Support for Research

The course demonstrates a commitment to research through the documented philosophy of the course, and through support for staff participation (and participation or preparation of students in/for) in research activities related to Chinese medicine.

Demonstrate how teaching is informed by current research.

Quality Assurance, Review and Evaluation

Policies and Procedures

There are policies and procedures for continuous quality improvement of the course, including periodic review of course goals, content, relevance and quality.

Indicate the mechanisms that ensure accountability of the course to the institution, the student body and to the Chinese medicine profession.

A copy of the institution's policies and evidence of implementation should also be made available.

Evaluative Methods

The course administrators use a range of evaluative methods to monitor and improve the quality of the educational process.

State the policy for, and provide evidence of implementation of, any regular review and improvement of the educational process.

Assessment Methods

There are regular reviews of assessment methods that consider student load and the emphasis, balance and appropriateness of assessment.

State the policy for, and provide evidence of implementation of, any review of assessment methods, and for calculating and evaluating student workload in individual subjects and across the course as a whole.

Student Satisfaction

Student satisfaction with the course is assessed on a regular basis, and there are established structures and processes for students to provide input into the course design and delivery.

Describe the means by which student satisfaction is assessed, how student feedback is made possible, and provide actual examples of responses of the institution to student feedback.

Staff Performance

There is ongoing evaluation of the performance of all academic and clinical staff that includes the assessment of their teaching ability, scholarly activity, administrative competence and student satisfaction.

Describe the institution's mechanism for conducting staff performance appraisal and professional development. Provide details for all academic staff including sessional staff.

Professional Development

The organisation provides support and resources for professional staff development programs linked to evaluation of performance.

Provide details of review and professional development strategies for all academic staff including sessional staff.

Monitoring and Evaluation of Course Objectives

The attainment of course objectives is monitored and evaluated.

Describe procedures for monitoring and evaluating the attainment of course objectives. Provide an example of how evaluation has led to an adjustment of the course to improve attainment of course objectives. Any available, recent reports should be provided. Also provide details of the institution's monitoring and tracking processes to provide information about student destinations.

Multi-Campus Arrangements

Where there are multi-campuses for delivery of the Chinese medicine course/s careful consideration will be given to whether there are appropriate staffing levels and resources on each campus. Consideration will be given to the geographical location of campuses relative to each other. In some cases they may be close enough to function effectively as one in relation to students having direct access to classes and resources without any special arrangements. If this is not the case students at one campus may be disadvantaged because of a lack of resources or classes offered.

The onus is on the institution to demonstrate what measures have been taken to overcome any shortfalls. For example, when the library functions as one cross-campus facility, there should be adequate direct access to key texts, journals and databases at each campus. The CAP will consider the library holdings on each campus and in total.

Provide details of any multi-campus arrangements and measures in place to ensure equity.

Offshore Teaching

If part of the course is taught offshore (including clinical training), or students have the option of undertaking part of their course offshore, the institution will need a policy and mechanisms in place to ensure that the quality of teaching, facilities and resources in these settings is comparable to the standards required in Australia.

Provide evidence of the policies that are in place regarding the:

- initial assessment of suitability;
- ongoing monitoring of arrangements;
- recruitment of academic and clinical teachers;
- approval of external or offshore clinical settings;
- assessment of students in offshore clinical settings;
- evaluation of offshore clinical settings and clinical teachers; and
- teaching in a language other than English.

13.4.4 Standard 4: Resources and Physical Environment

The resources and physical environment provided within the course facilitate effective delivery of the course and the achievement of learning outcomes. The criteria that the Board will apply in assessing whether a course of study is approved are as follows:

Funding

The course has adequate funding available to provide sufficient numbers of staff and resources required to achieve the goals of the course.

Describe the financial management of the course and resource allocation.

Work Environment

The institution's policies and procedures (including its occupational health and safety policies and procedures) ensure a safe working environment that is also free from sexual or other harassment.

Provide a list of all relevant policies.

Professional Indemnity Insurance

Professional indemnity insurance is properly arranged for staff and students, and includes coverage in external and offshore clinical placements.

Provide evidence that insurance cover is in place and the amount of indemnity provided.

Student Support

Student Consultation

There is adequate time and access to academic and clinical staff for student consultation on progress, course content and assessment.

Outline arrangements for consultation between staff (including sessional staff) and students relating to course management, teaching and content.

Student Support Services

Students have ready access to student support services to facilitate their progressive completion of the course.

Describe the student support services and how students access these.

Students with Special Needs

There are adequate facilities and resources to support students with special needs.

Describe the institution's policy related to students with special needs, and outline the facilities and resources available to support these students.

Student Workload

The School should demonstrate that it has given consideration to student workload in the design of the course.

For each component of the course, provide a statement and rationale for the expected student workload. This statement should include the average contact hours per week, self-study and other hours expected, and the minimum attendance requirements for each component.

Staff Qualifications and Skills

Staffing Profile

There is sufficient diversity of areas of expertise, and academic qualifications in Chinese medicine and related sciences, as well as in curriculum design, development and delivery.

Provide a summary of areas of staff qualification, expertise and experience, and how these match the subjects or units of study, and support the requirements of the course and the staff team.

Staff Skills and Qualifications

Each academic staff member has documented qualifications and expertise, demonstrated effectiveness in teaching and evaluation of students, and/or a record of involvement in scholarly research and professional activities consistent with their teaching responsibilities. Clinical teachers should have a minimum of five years practice experience.

Provide, as Appendices, the following information:

- 1. For academic staff teaching in non-Chinese medicine areas of study:
- a list of academic staff with responsibility for teaching any compulsory non-Chinese medicine areas of study (e.g. anatomy); and
- details of their academic qualifications and status within the institution.
- 2. For academic staff teaching in Chinese medicine areas of study:
- a resume for each member of the academic staff who has responsibility for the course, or who teaches students in the course (including sessional and contract staff);
- identify (where relevant) their academic qualifications; experience in curriculum development; research interests; list of principal publications during the past five years; principal appointments held; summary of professional experience during the previous ten years, including research and professional developments relevant to academic responsibilities (include continuing education courses attended); and their participation in Chinese medicine and related professional associations, including those relevant to academic responsibilities; and
- state which subjects each person teaches in the course
- 3. An overall profile of academic staffing including:
- *numbers and levels of appointment;*
- *number of equivalent full-time tenured staff;*
- *number of equivalent full-time non-tenured staff;*
- number of equivalent full-time, part-time or fractional-time staff; and
- number of sessional/casual staff.
- 4. An overall profile of administration/support staff including their name, classification, qualifications (expected or held) and area of activity.

Recruitment

The institution has policies in place regarding the minimum qualifications of teaching staff, including clinical and sessional staff. Advertising of positions is carried out in a manner that will attract the most qualified applicants from the field, and the selection method is designed to avoid bias and ensure appointment is based on merit.

State the policy and procedures for recruitment and cite recent examples of implementation.

Student and Staff Ratios

The number of academic, clinical and administrative staff (and their qualifications and experience), are sufficient to deliver the course and adequately cover all areas of the curriculum. If any units/subjects are offered by distance education the number of these students is included in the total student number when calculating staff: student ratios.

State the policy on the staff-to-student ratio, and indicate the actual staff-to-student ratio (for academic, clinical and administrative staff).

Provide a statement of:

- the expected number of equivalent full-time students to be admitted to the course over the next five years;
- the planned ratio of equivalent full-time students to equivalent full-time academic staff over the next five years; and
- details of the ratio of equivalent full-time administration/support staff to equivalent full-time academic staff.

Teaching Resources, Support and Facilities

The teaching staff should have access to adequate teaching facilities as well as access to secretarial, clerical, technical and computing support. Some of these may be shared.

Physical Environment

There is sufficient quantity and quality of classrooms, laboratories, offices and space for students, academic and general staff to provide an environment conducive to learning and research.

List the:

- principal classrooms (or minimum size of classrooms) and laboratories used by students in each subject or unit of study; and
- equipment available for use by teaching staff, students and in clinical training.

Equipment and Tools

Students and staff have access to sufficient teaching and learning tools, and equipment and consumables, to provide the means for effective learning and research.

List the teaching and learning equipment and tools utilised in material preparation and classroom teaching. Comment on staff and student access to software packages (which may include data presentation packages, statistical packages, spreadsheets, full electronic mail facilities, internet access etc.) Comment on the adequacy of budget allocation for the purchase of required materials.

Library

Students and staff have ready access to a well-maintained and catalogued library of appropriate media and holdings, which are current and sufficient in number and breadth to support the content of the curriculum and to meet the needs of the course.

Summarise the:

- library facilities provided centrally and/or by the School/faculty (or equivalent) and any other library facilities available for access by students; and
- annual budget for serials, monographs and other material (e.g. audio-visual and computer-based materials) pertaining to the course.

Comment on:

- the search facilities;
- inter-library loan facilities;
- size, capacity and accessibility to students;
- hours of opening; and
- any specialist support provided by the library (or libraries) to undergraduate students in the course.

See also section 13.4.3 on Multi-Campus Arrangements and Offshore Teaching.

Administration and Other Support

For effective course delivery the institutional unit delivering the course must have adequate administrative support.

Comment on the adequacy of the administrative support including:

- clerical support;
- information technology support;
- teaching experience;
- access to research;
- relevant advisory services; and
- other available supports.

On-Campus Student Study Areas

There are suitable study areas on campus, or in adjacent areas, that are available to students.

- Summarise the institution and faculty/School (or equivalent) policy towards the provision of suitable areas for scheduled and unscheduled group work; and
- comment on the availability of such areas for student use outside of scheduled classes and laboratory sessions.

Clinical Facilities

Whether onsite or offsite, there are adequate and appropriate facilities and equipment for the conduct of a primary contact healthcare practice. This includes (but is not limited to) the following criteria:

 all consultation rooms have easy access; provide sufficient patient privacy; have ample lighting and ventilation; and have practical accessibility to hand basins and toilets;

- all diagnostic and therapeutic equipment meets infection control standards and is in sound operating condition;
- all materials and equipment, required for procedures performed in the clinic, are available and accessible; and
- all occupational health and safety and infection control requirements are met.

There is a sufficient number and quality of relevant clinical placement locations and educators available to meet the needs of the students enrolled in the course.

Describe the clinical facilities and resources in place for students. For external placements provide details of the criteria and process applied for selection and ongoing evaluation of external facilities.

13.4.5 Standard 5: Curriculum - General Features

The curriculum is a key standard in determining whether a course will be approved by the Board as a qualification for general registration as an acupuncturist and/or Chinese herbal medicine practitioner.

Definition of Curriculum

In this document, the term 'curriculum' is defined as 'all the arrangements the institution makes for student learning and development and research. This includes the content of the course, student activities, teaching approaches, and the ways in which the teaching and learning is organised. It also includes decisions on the need for and use of facilities.'2

General Principles

The general principles, relating to the approval of courses by the Board as a qualification for registration, are set out in section 10 of these guidelines.

A course of study that satisfies the curriculum Standard will include all the characteristics and components necessary to ensure that its graduates are sufficiently prepared for safe and ethical clinical practice in Australia.

The way in which course components are designed, combined, and sequenced is an issue for the institution. It is not the intention of the Board to impose a particular form of course structure.

However, to meet the curriculum Standard required by the Board, the scope of the educational material included in the course, and the manner in which course components are sequenced and delivered, should be appropriate to produce graduates who possess the attributes specified in Appendix 1 of these guidelines.

Course Length

An approved course at undergraduate level will normally be:

at least an equivalent of four academic years (i.e. eight semesters³ of full-time study) for a single modality (acupuncture or herbal medicine), or five academic years (i.e. ten semesters of full-time study) for a dual modality course (acupuncture and herbal medicine); and

² Adapted from the Osteopaths Registration Board of Victoria, Accreditation Policy: Procedures and Guidelines for Accreditation of Osteopathic Programs, February 2000.

Semesters are based on 13 teaching weeks, excluding exams and 'swot-vac'.

• will include a minimum of 500-800 hours of supervised practical clinical training depending upon the scope of the course.

(For approved courses at a postgraduate level see Appendix 4.)

If a course is compressed into less time, the School must provide evidence of how it ensures that the learning outcomes can be achieved. Evaluation should include independent review of student experience including workload pressures.

Provide details of the length of course and how this is calculated, and provide evidence and details of the processes for evaluation of a compressed course.

Relative Weightings

An approved course will demonstrate inclusion of all core curriculum components. The relative proportions of these components will vary according to the scope of the course.

The following is a guide to the relative weighting of curriculum components for undergraduate courses. Please include a completed table in each course approval application.

Figure 2: Relative Weightings and Contact Hours

Essential Curriculum Components	CMR Board Recommended %	% in the Course	Contact Hours in the Course
Acupuncture/Chinese herbal medicine theory	30-45%		
Clinical theory and training	25-35%		
Basic and biomedical sciences	20-35%		
Professional and practice issues	5-15%		
Totals		100%	

Modes of Delivery

The Board encourages innovation in the delivery of courses. The use of new technologies and online delivery modes may be suitable for specific components of the course.

However, due to the nature of Chinese medicine clinical practice, components that include a practical aspect (such as acupuncture needling skills, diagnostic skills and clinical training) require a face-to-face supervised environment to ensure learning outcomes are achieved.

Approved courses will therefore include a substantial proportion of face-to-face education.

Indicate the modes of delivery for the course.

Course Components

Courses may be composed of many different elements combined in various ways. The arrangement, sequencing and the weighting of course units is a decision for each institution, based on its interpretation of the basic educational objectives for professional courses in Chinese medicine and its educational philosophy.

Outline of the Course

The course contains an appropriate range of western medical and biosciences, Chinese medicine subjects/units, clinical studies and practicum, and professional studies. The subjects are appropriately sequenced to enable students to build their knowledge and skills, and to progress to completion.

Provide a table outlining all units of the course by year and semester, as follows.

Subject or Unit Outlines

Provide an Appendix that contains all the subject or unit outlines. The order of the subjects or units of study in the Appendix should allow the Course Assessment Panel to find a subject or unit easily. Please ensure that pages are numbered and an index of unit names is provided.

Each subject or unit outline should contain the:

- title and code of the subject or unit of study;
- contact hours and duration (average hours per week);
- explanation of the unit value and/or estimate of the total workload;
- prerequisite and co-requisite subjects or units of study (by code and title);
- teaching/educational methods employed (include a description of methods of delivery including lectures, laboratories, tutorials, problem-based learning, and self-directed learning; and show how the teaching/learning methods match the learning objectives *for the unit);*
- distribution of student contact hours according to mode of delivery (e.g. lecture, laboratory, tutorial, computer problem-based learning);
- learning objectives and teaching plan;
- description of the subject or unit in sufficient detail to allow the CAP to assess the depth and breadth of treatment of a topic;
- planned methods of assessment, and how these relate to learning outcomes;
- examination and assessment requirements (including criteria for assessment, *standards to be achieved and frequency);*
- details of any other educational courses whose students share this subject or unit of study; and
- prescribed and recommended texts (including year of publication).

Figure 3: Outline of Each Year of the Course

Unit Code	Unit Name	Contact Hrs p/week	Credit Points	Core Related Graduate Attributes*			
Year 1, Semester 1							
Year 1, Semeste	Year 1, Semester 2						
Etc							

^{*} Indicate which of the CMR Board graduate attributes (see Appendix 1) are addressed in the unit.

Provide a table outlining <u>how</u> *the CMR Board core graduate attributes are met (Figure 4 is an example).*

Figure 4: Outline of the Course by CMR Board Graduate Attributes

Core Graduate Attribute*	Unit Name	Unit Codes
Theoretical Knowledge		
	Detailed information is provided in Appendix 1 and in template	
Clinical Skills		
	Detailed information is provided in Appendix 1 and in template	
Practice Management,	Interpersonal Skills, Professional Ethics and Values	
	Detailed information is provided in Appendix 1 and in template	
Etc		

^{*} See CMR Board Graduate Attributes in Appendix 1; and note that all unit outlines should be provided as an Appendix to the submission.

If applicable, also provide a table outlining how the institution's core graduate attributes are met.

Also see section 13.4.1 regarding the progressive development of these attributes throughout the course.

Detailed Content of the Course

Provide, as an Appendix, a detailed map of how the course addresses the content requirements and meets the learning outcomes for all the core areas of study (from Figure 6 in Appendix 2) as per the following sample. Do a separate map for acupuncture and Chinese herbal medicine.

Figure 5: Mapping of Course Content against CMR Board Core Content

Area of Study	Unit Name	Unit Codes					
Chinese Medicine Subjects							
History of Chinese medicine *							
Principles of Chinese medicine							
Biomedical Sciences							
Cell biology							
General Subjects							
Research methods							
Etc							

^{*} Recommended not core.

Chinese Medicine Studies

The primary aims of the course should be to provide students with a comprehensive understanding of the theory of Chinese medicine, and to train them in the safe and competent practice of Chinese medicine including acupuncture and/or Chinese herbal medicine.

The Chinese medicine theoretical paradigm should underpin the curriculum and be reflected throughout it. Training in the practice of various modalities of Chinese medicine should be guided by its principles (see also sections 9 and 10 of these guidelines).

General Theory

The Chinese medicine theoretical component should typically include areas of study that address:

- the traditional theoretical orientation of Chinese medicine, its philosophical underpinnings and historical development;
- the physiology, aetiology and pathogenesis of Chinese medicine;
- the theoretical frameworks of the channels and points (for acupuncture courses, and/or the Chinese materia medica and formulary for Chinese herbal medicine courses); and
- the diagnostic and therapeutic system typified by Si Zhen (Four Diagnostic methods) and Bian Zheng Lun Zhi (planning treatment in accordance with syndrome differentiation).

(For further details, see Appendix 1.)

Clinical Medicine

Chinese medicine theory, and Chinese medicine clinical studies and clinical training, should comprise the primary component of the course. Approved courses should include sufficient Chinese medicine studies for graduates to meet the requirements specified in this document for the safe practice of acupuncture and/or Chinese herbal medicine.

The viewpoints of modern biomedicine can be integrated into these studies, and the results of modern clinical and experimental research should be included where appropriate. However, in approved courses, this should not be at the expense of a thorough grounding in the Chinese medicine theoretical paradigm.

Clinical studies in Chinese medicine should include a wide range of clinical conditions that may be treated using acupuncture and/or Chinese herbal medicine. Areas of study should include (but not be limited to):

- internal medicine;
- gynaecology;
- paediatrics;
- traumatology;
- external medicine and dermatology; and
- ear, eye, nose and throat disorders.

Within these areas of clinical study emphasis should be placed upon the kinds of conditions typically encountered in Australia. The following skills should also be addressed:

- competence in differential diagnosis and clinical decision making in Chinese and/or western medicine;
- communication and counselling skills to ensure effective patient relations;
- effective record keeping, labeling and provision of instructions; and
- awareness of the viewpoints of clinical biomedicine and complementary/alternative therapies, and of the need to recommend appropriate referral.

Describe the clinical studies component of the course, how it develops students' knowledge and skills in Chinese medicine, and how it is linked to other aspects of the course including the biomedical and other western sciences.

Biomedical and Other Sciences

An approved course should include a substantial component of study in biomedical and other sciences. These should be relevant to Chinese medicine practice and should aim to expand the knowledge and develop skills of graduates in relation to:

- safe and effective patient evaluation, management and referral; and
- drug, herb and food interactions.

Areas of study included in the bioscience components may be of a generic nature. However, they should be adapted to ensure that their content and focus addresses the needs of students whose primary area of study is Chinese medicine.

An alternative approach is the provision of a science component that is purpose-designed to be pertinent to the clinical practice of Chinese medicine in an Australian context. These components would usually include (but not be limited to) relevant aspects of biology, chemistry and biochemistry, anatomy, physiology, microbiology, pathology, plant science and pharmacology.

Describe the institution's approach to the biomedical and science components of the course.

Professional Practice

An approved course should include a substantial component of study in professional practice issues. These should be relevant to Chinese medicine practice in Australia and should aim to expand the knowledge and develop skills of graduates in relation to:

- development of critical thinking and clinical judgment;
- critical appraisal of research;
- the development of research skills;
- communication with other healthcare professionals; and
- integration of the practice of Chinese medicine into the Australian healthcare system.

Building Research Skills

There is a clear relationship between research activities and the content and delivery of the course.

- Explain how the course builds students' research skills, starting with basic literature review skills and explaining how this is developed throughout the course; and
- Outline the involvement of both staff and students in research related to Chinese medicine practice.

Critical Analysis and Thinking

The course develops students' abilities to think analytically, critically and ethically.

Explain how the curriculum develops skills of independent thinking and analysis including how this relates to ethical issues, clinical reasoning, and decision-making.

Practice Management

The majority of graduates will go into private practice as primary contact practitioners. Therefore, students in approved courses should be equipped to establish and maintain a private practice that provides Chinese medicine services to the Australian public.

The course should provide education in the general principles of sound healthcare practice management, as well as in those aspects specific to the practice of Chinese medicine. This component of the course will typically include:

- clinical and financial record keeping;
- compliance with legal and professional requirements (including the requirements of registration boards and government regulations);
- ethical and legal aspects of providing healthcare to members of the public;
- referral procedures; and
- adverse event reporting requirements.

(For further details, see Appendix 1.)

Indicate how practice management and small business skills are taught within the course.

Professional Values, Ethics, Behaviour and Communication

Graduates are expected to behave as healthcare professionals. Consequently, approved courses should ensure that students understand the values that underpin responsible, ethical and professional practice. This should include information in relation to:

- the respective roles of professional associations, regulatory authorities and other relevant bodies;
- proper standards of behaviour including adherence to accepted codes of ethics and practice, and how this relates to the therapeutic relationship and interactions with other healthcare professionals and relevant authorities;

- the importance of career-long learning, professional development and continued reflection in practice;
- the importance of operating within professional and personal strengths and limitations;
- the need for critical thinking, reflection and self-evaluation; and
- the need for basic practical skills in relation to communication, health education and counselling.

(For further details, see Appendix 1.)

Indicate how professional values, ethical understanding and behaviours, and effective communication are addressed in the course and how these attributes are developed in students across the whole course.

First Aid Training

The requirements of the course include training in first aid. The content should include basic first aid, casualty management, basic life support, and management of major external bleeding.

State the institution's arrangements for first aid training.

Practical Clinical Training in Chinese Medicine

Approved courses should provide thorough training in the practicalities of providing healthcare services to the Australian public using the theories, procedures and therapeutic modalities of Chinese medicine.

The principal aim of clinical training is to produce graduates who are safe and competent to practise. Therefore, key aspects of the management of patients and their wellbeing, and of the clinical environment, should be provided. These key elements include:

- communicating with patients;
- record keeping;
- the management of the clinic space and/or dispensary;
- conduct of diagnostic procedures;
- clinical decision-making;
- ethical reasoning;
- treatment planning and delivery;
- evaluation of patient progress; and
- patient referral.

(For further details, see Appendix 2.)

Ideally Chinese medicine schools running approved courses will seek to foster relationships with external organisations with a view to providing the broadest possible clinical experience. It is desirable that students gain experience treating patients with varied health conditions, demographics, and locations/contexts.

Clinical training should commence early in the course to ensure maximum exposure of students to a wide range of patients and conditions, and to allow time for consolidation of students' clinical skills.

There should be effective and timely linkages between the theoretical components of the course and the clinical training provided, to ensure that students have the opportunity to apply the theoretical knowledge acquired throughout each stage of the course.

Students should be provided with training to deal with the diagnosis and treatment of a range of health disorders, with particular reference to those patients and health disorders frequently encountered in clinical practice in Australia.

Clinical training in Chinese medicine is normally divided into two phases: clinical observation and clinical practicum.

Clinical Observation

Students should begin attending a teaching clinic (or clinics) for observation as early as possible after commencement of the course. Observation should include:

- reception duties;
- clinic layout, facilities and equipment;
- general patient care;
- the patient consultation process; and
- treatment procedures.

In addition, students should participate in record keeping for patient consultations and the clinic operations. The responsibilities required of students should be progressively increased as their knowledge and skills improve.

Clinical Practicum

After the completion of the observation phase, students should engage in a period of supervised clinical practice. Prior to graduation they should be in a position to take substantial responsibility for patient care.

This may take the form of supervised practice in teaching clinics and/or a period of internship in a functioning clinic or hospital in Australia or overseas. A substantial proportion of clinical training must take place in an Australian clinical setting. In addition, the opportunity for students to undertake a period of clinical internship in a teaching hospital in China or elsewhere is desirable.

This period of supervised clinical practice should be formally assessed and will need to be designed to ensure that the tasks students carry out are matched to their capabilities.

Describe the approach taken to clinical practicum.

Scope of Clinical Training

Students need to have knowledge and training that encompasses a broad range of Chinese medical practice. The areas of clinical training need to include relevant aspects of:

- internal medicine:
- gynaecology;
- paediatrics;
- · traumatology;
- · external medicine and dermatology; and
- ear, eye, nose and throat disorders.

Comprehensive differential diagnosis, in addition to training in patient communication and basic counselling skills, should equip students to make appropriate patient assessments and referrals.

The clinical sciences should teach a methodology for thorough and competent clinical decision-making, therefore:

- indicate the scope of clinical training;
- describe the approach students are taught to patient assessment and clinical decisionmaking; and
- state the policy on patient referrals.

Requirements and Monitoring for Clinical Training

The institution has in place suitable arrangements for broad monitoring of clinical training both for internal and external placements (see section 13.4.3 regarding Offshore Teaching).

Provide details of arrangements for meeting the requirements and monitoring all clinical training.

Clinical Placements

The institution has a suitable range of clinical placements and appropriate clinical supervision for students. All external placements should be supervised by a field supervisor who has ongoing contact with the students.

List all types and locations for clinical practice, and:

- describe the arrangements for student supervision and assessment; and
- specify the involvement of the course's educators in the monitoring or delivery of clinical components of the course.

Clinical Competence Assessment

The institution has in place suitable methods for assessing the clinical competence of students. At completion of the undergraduate course, a final exit examination or equivalent is in place.

Explain how the clinical competence of students is assessed throughout, and at the end of, the course. Include information on the assessment of students undertaking clinical internships interstate or overseas (see section 13.4.3 regarding Offshore Teaching).

Assessment Methods

The standard of performance expected of students is clearly specified in the form of specific learning outcomes for each unit of study. The methods of assessment and assessment tasks are designed to measure these learning outcomes and provide feedback to students to enhance their learning.

The course employs a range of assessment methods that accommodate the various learning styles of students, and assessment is performed at regular intervals throughout the course and forms the basis for student progress.

Provide an outline of the approaches taken to assessment, including an explanation of how the validity and reliability of the assessment processes are monitored.

Essential Components

Regular assessment is performed of all units of study including clinical units. Clinical assessment includes the demonstration of practical skills and incorporates all aspects of the clinical context, including Chinese medicine diagnostic skills, patient communication, treatment design and administration of point prescriptions or herbal formulae.

A minimum attendance requirement is specified for practical and clinical training and is required for successful completion of the course. A final, practical clinical examination is conducted to assess clinical competence prior to graduation.

Records

Adequate records of progressive and final assessments are maintained. The assessment tools used for each component of the assessment, and sample completed records of high, medium, low pass and failed performance students, are archived.

Other Information

Provide any other information regarding the course, or the School (or equivalent) offering the course, that may be useful or which could be reasonably expected to be provided.

Appendix 1 Graduate Knowledge, Skills and Attributes

The knowledge, skills and attributes expected of graduates of approved courses of study in Chinese medicine are set out in detail below.

17 Theoretical Knowledge

Graduates would be expected to have knowledge in the following areas that are necessary to support safe and effective professional practice:

- 1. the theory and practice of acupuncture and/or Chinese herbal medicine, its contemporary structure and role in the Australian healthcare context;
- 2. the historical context in which Chinese medicine has developed;
- 3. the processes used for disease diagnosis in Chinese and western medicine, and identification of potential risks resulting from underlying pathology;
- 4. the implications of simultaneous use by patients of pharmaceuticals and Chinese herbal medicines, and their potential interactions;
- 5. the contraindications of acupuncture and Chinese herbal medicine, including those due to other concurrent interventions or drug administration;
- 6. effective communication with practitioners of other relevant health professions;
- 7. appropriate referral to medical and other allied health professionals when concurrent medical care is desirable, or when acupuncture or Chinese herbal medicine is inadequate or contraindicated;
- 8. the process of clinical decision-making with respect to disorders in children and adults to determine whether to treat or refer;
- 9. an understanding of scientific research methodology, and an ability to critically evaluate research publications relevant to Chinese medicine;
- 10. factors affecting the patient such as their familial, social and physical environments, and the impact of these on the therapeutic relationship;
- 11. ethical and legal responsibilities of primary contact healthcare professionals;
- 12. management strategies necessary for the successful conduct of business as a practitioner of Chinese medicine; and
- 13. the process involved in formally reporting adverse events related to the practice of acupuncture and Chinese herbal medicine.

18 **Clinical Skills**

Graduates would be expected to be able to:

- 14. gather, record and analyse clinical information gained by taking an accurate and organised patient case history, and conduct a physical examination, appropriate for the safe, competent, independent practice of acupuncture and/or Chinese herbal medicine:
- 15. differentiate syndromes, by evaluating clinical information according to the differential diagnostic system, and link the results of this evaluation to strategies and techniques consistent with Chinese medicine practice;
- 16. select in a judicious manner, from a variety of treatment approaches, the appropriate Chinese medicine strategies and techniques to effectively treat a patient's condition:
- 17. provide safe and competent manual practice of acupuncture and dispensing of Chinese herbal products;
- 18. monitor the health of a patient by applying relevant assessment procedures and modify treatment accordingly;
- 19. communicate in a sensitive and appropriate manner with patients and their families, peers, other health professionals, and the public;
- 20. implement appropriate first aid measures when a patient displays an adverse reaction to treatment, and ensure prompt transfer to medical services where necessary;
- 21. critically evaluate relevant literature to inform and modify current clinical practice, and benefit future client/patient healthcare management;
- 22. seek out and use resources such as libraries, databases and computer resources to enable independent learning, especially for improving theoretical understanding and clinical practice; and
- 23. manage a private practice and adhere to all statutory requirements particularly in relation to infection control and the use, prescribing or dispensing of therapeutic goods.

19 **Practice Management, Interpersonal Skills, Professional Ethics & Values**

Graduates are expected to have the following attributes and attitudes necessary for professional practice:

- 24. ability to effectively communicate with the general public, patients and peers in plain language, or appropriate terminology, depending on the context;
- 25. respectful awareness and appreciation of human life and the effect that illness and suffering can have on physical, social, and spiritual wellbeing;

- 26. open-minded sense of inquiry in the pursuit of excellence relating to both professional and personal development;
- 27. commitment to ethical professional practice and a willingness to address ethical issues appropriately and sensitively;
- 28. awareness of the professional responsibility of a Chinese medicine practitioner, both to the client and the wider community;
- 29. appreciation of the multi-cultural and multi-racial nature of the Australian community and how this may affect the practice of Chinese medicine;
- 30. desire to achieve the optimum level of care for every patient, acknowledging financial and ethical constraints peculiar to the individual client/patient;
- 31. appreciation of the traditions and philosophical foundations of Chinese medicine;
- 32. realisation of the strengths and limitations of Chinese medicine and the necessity to refer to peers, or other medical and health professionals, when appropriate;
- 33. commitment to work professionally and effectively with peers and other health professionals;
- 34. sense of responsibility towards the profession of Chinese medicine, fellow colleagues and peers, and to the education of future students;
- 35. commitment to appropriate reporting of adverse events; and
- 36. desire to achieve excellence in the practice of acupuncture and/or Chinese herbal medicine, and to contribute to improving both the quality of life of patients and the wellbeing of the community and the environment.

Appendix 2 Areas of Study

Summary of Areas of Study 20

The following is a summary of the main areas of study required for approval of a Chinese medicine course:

- Chinese Medicine Theoretical Paradigm: includes terminology, history, theoretical orientation, principles and diagnosis. These studies should provide a firm understanding of the theory of Chinese medicine as well as develop practical skills in collecting and interpreting information in a clinical setting;
- Modalities of Chinese Medicine: these studies should provide an understanding of the theoretical aspects specific to acupuncture and/or Chinese herbal medicine, as well as practical training in the application of these therapeutic methods. More specifically:
 - acupuncture includes the meridian system, acupuncture points, microsystems and various stimulation methods: and
 - Chinese herbal medicine includes pharmacology of Chinese herbal medicine, medicinal formulae and herbal dispensing;
- Chinese Medicine Classic Literature: includes study of major Chinese medicine classics including Nei Jing, Shang Han Lun, Jin Gui Yao Lue and Wen Bing Xue. These studies should provide an understanding and appreciation of the sources of many of the concepts and therapeutic approaches used in contemporary Chinese medicine:
- Basic and Biomedical Sciences: includes biology, chemistry, biochemistry, anatomy, physiology, microbiology, pathology, pharmacology, diagnosis and differential diagnosis in western medicine.
 - These studies should provide an understanding and appreciation of the theoretical background of modern biomedicine in order to establish common ground for communication with the established healthcare system in Australia, to enable practitioners to interpret the biomedical viewpoint, and to encourage the application of scientific ways of knowing in clinical practice;
- Clinical Chinese Medicine: includes internal medicine, gynaecology, paediatrics, traumatology, Five-sense organ disorders, dermatology and external diseases including acupuncture/Chinese herbal medicine treatment methods.
 - These studies should provide theoretical and practical skills in the diagnosis, differentiation and clinical management of a wide range of health disorders using acupuncture and/or Chinese herbal medicine;
- Chinese Medicine Clinical Training: includes clinical observation, clinical practicum and internship. These studies should provide practical training in the application of the theories of Chinese medicine and biomedicine, in the management of a wide range of health disorders using acupuncture and/or Chinese herbal medicine, as well as in the operation of a Chinese medicine clinic and/or dispensary;
- Professional and Practice Issues: includes ethics, counselling and communication, the legislative framework and legal responsibilities, practice management, small business management, first aid, and research methods. These studies should provide knowledge and skills in a range of areas needed for the effective operation of an

independent practice in Chinese medicine and/or ongoing study in Chinese medicine. This should be integrated into teaching and learning throughout the course.

21 Core and Recommended Areas of Study

The Board recognises that courses may not be able to cover the full scope of Chinese medicine in an undergraduate program. Therefore, certain areas of study have been designated 'core content' while other areas are 'recommended'.

The following table indicates whether the Board regards the study areas to be essential core components or recommended study areas in an undergraduate Chinese medicine course in acupuncture and/or Chinese herbal medicine.

The core and recommended requirements are also shown for Chinese herbal dispensing when taught as part of a Chinese herbal medicine course. The table does not address the requirements for a discrete Chinese herbal dispensing course.

The requirements for training in Schedule 1 herbs are core requirements for those courses that seek approval for Schedule 1 herb training.

Note that it is not intended that the listed areas of study be regarded as separate subjects within a course of study, nor is it intended that the course be divided into separate Chinese medicine and western medicine components. Providers can structure courses according to their specific requirements and philosophies of education. This may involve combining or dividing areas of study that are described separately in this document. However, courses should aim to deliver all the learning outcomes specified in each of the 'core' areas of study.

When a course of study aims to provide education in only one modality (either acupuncture or Chinese herbal medicine) the learning outcomes in the core areas of study relating to that modality should be delivered.

Figure 6: Core and Recommended Areas of Study for Approved Courses

Areas of Study	Ac	up.		rbal licine			Comments
	Core	Rec.	Core	Rec.	Core	Rec.	
Chinese Medicine (CM) Subjects	•	•	•	•	•	•	
History of Chinese medicine		Х		Х		Х	Some historical study is recommended to place medical developments in context.
Principles of Chinese medicine	Х		Χ		Χ		
Chinese language terminology for CM	Х		Χ		Χ		
Diagnosis in Chinese medicine	Х		Х				Includes the Four Methods and syndrome differentiation.
Channel theory	Х		Х				Fundamentals of channel theory required for herbal medicine.
Acupuncture point theory	Х						400 points to be studied.
Needling theory & practice	Х						
Moxibustion theory & practice	Χ						
Acupuncture micro-systems: ear & scalp	Х						Points additional to the above 400 need to be studied.
Acupuncture micro-systems: hand/foot		Х					Points additional to the above 400 need to be studied.

Areas of Study	ady Acup. Herbal Herbal medicine dispensing			Comments			
	Core	Rec.	Core	Rec.	Core	Rec.	
Materia medica of Chinese medicine			Χ		Χ		400 medicinal substances to be studied.
Chinese medicinal formulae			Х		Х		A minimum of 120 commonly used formulae to be studied.
Dispensing Chinese medicinal substances			Х		Х		
Tui na (Chinese massage)		Χ					
Huang Di Nei Jing	Х		Х				Focus on relevant sections of <i>Su Wen</i> and <i>Ling Shu</i> .
Shang Han Lun			Χ				
Jin Gui Yao Lue		Х		Х			Reference to relevant content should be made in internal medicine & other clinical subjects.
Wen Bing Xue			Χ				
Overview of Classics of CM (above)						Х	With emphasis on relevance to Chinese herbal dispensing
CM internal medicine	Χ		Χ				
CM gynaecology	Χ		Χ				
CM paediatrics	Х		Χ				
CM traumatology	Х		Х				Commonly encountered conditions should be included.
CM external medicine		Х		Х			Commonly encountered conditions should be included.
CM dermatology	Х		Х				
CM ear, eye, nose & throat disorders		Х		Х			Commonly encountered conditions should be included.
CM health preservation & enhancement	Х		Χ				
Supervised clinical practice	Х		Х				Dispensing to be included for herbal medicine.
Supervised clinical dispensing practice					Χ		
Clinical internship	Χ		Χ				May include an overseas component.
Dispensing internship					Χ		May include an overseas component.
Schedule 1 Herb Training							
Component 1: Phytochemistry and Pharmaceutics			Х		Х		This area of study is core if Schedule 1 training is included in the curriculum.
Component 2: Dispensing Chinese Medicinal Substances			Х		Х		This area of study is core if Schedule 1 training is included in the curriculum.
Component 3: Schedule 1 Herb Prescribing			Х				This area of study is core if Schedule 1 training is included in the curriculum.
Component 4: Schedule 1 Herb Dispensing			Х		Х		This area of study is core if Schedule 1 training is included in the curriculum.
Component 5: Schedule 1 Herb-specific training			Х		Х		This area of study is core if Schedule 1 training is included in the curriculum.
Biomedical Sciences	•						
Cell biology	Х		Χ				
Biochemistry/molecular biology	Х		Χ				
Anatomy	Х		Х				
Physiology	Х		Х				
Microbiology	Х		Х				
Pathology	Χ		Χ				

Areas of Study	Ac	cup.		rbal licine	Herbal dispensing		Comments
	Core	Rec.	Core	Rec.	Core	Rec.	
Pharmacology & toxicology	Х		X		X		Variation in content according to whether the focus is acupuncture or herbal medicine or dispensing
Phytochemistry				Х	X		The focus is plant pharmacology relevant to Chinese herbal medicine study.
Diagnosis in western medicine	Х		Χ				
Radiology & imaging	Х		Χ				
Laboratory diagnosis	Х		Х				
Clinical western medicine	Х		Х				
Professional Practice							
Research	Х		Χ		Χ		
Professional issues	Х		Х		Χ		
First aid	Х		Х		Χ		May be provided by an external agency.
Small business management		Χ		Х		Χ	
Communication & health education	Х		Х		Х		

22 **Specific Program Content**

This part provides a synopsis and a list of main learning outcomes for both core and recommended areas of study in a Chinese medicine program.

22.1 **Chinese Medicine Theoretical Paradigm**

a. Terminology for Chinese Medicine

Synopsis

This area of study aims to introduce students to the Chinese language with particular reference to the Chinese terms used in CM. It provides an overview of the Chinese language and specific instruction in the reading, writing and pronunciation of common CM terms. The use of the *Pin Yin* system of romanisation is examined in detail, to enable students to accurately spell and pronounce common CM terms they will encounter in their study of CM. Students should learn to use a Chinese-English Pin Yin dictionary of Chinese medicine terminology.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- briefly outline the history, development and structure of the Chinese language;
- demonstrate use of the *Pin Yin* system of romanisation in writing the main Chinese medicine terms;
- demonstrate the writing of simple Chinese characters used in the practice of Chinese medicine;
- demonstrate the pronunciation of commonly used Chinese medicine terms;
- recognise and read simple Chinese characters relevant to the practice of Chinese medicine: and
- demonstrate the use of a Chinese-English *Pin Yin* Chinese medicine terminology dictionary.

b. History of Chinese Medicine

Synopsis

This area of study provides an overview of the history of the formation and development of medicine in China from ancient times to the present. This should include an examination of the social, political, philosophical and religious factors that shaped the development of medicine in different eras, in order to place medicine within a broader historical context. In addition, the spread of the Chinese medicine system to other parts of Asia and the influences of Chinese medicine on Europe should be examined. The contribution of key individuals, and the content of key texts, should be examined with particular reference to the sources of key concepts, methods and materials of use in current Chinese medicine practice.

Learning Outcomes

- demonstrate a basic knowledge of Chinese history including the main social,
 economic and political developments in each era that impacted upon the development of Chinese medicine:
- outline the key features of the development (theoretical, institutional, material) of medicine in China in each era, from the *Shang* Dynasty to the establishment of the People's Republic of China;
- name and outline the key contributions of major figures in Chinese medical history;
- name and outline the key contributions of major Chinese medical texts;
- demonstrate a basic knowledge of how the influence of Chinese medicine spread in East Asia and to Europe; and
- outline the development of the Chinese medicine profession in Australia and explain its role in contemporary Australian healthcare.

c. Principles of Chinese Medicine

Synopsis

This area of study should provide a comprehensive coverage of the general theories of Chinese medicine required for the further study of acupuncture and/or Chinese herbal medicine. The content should include the *yin yang wu xing* (Yin Yang Five-Phase) theory; the structure and function of the body (organs, channels, and vital substances); the Channel system and its role in human physiology; the Chinese medicine theory of the causes, development and progression of disease; the approaches to the prevention and management of diseases; and the therapeutic principles and methods employed in Chinese medicine practice.

Learning Outcomes

- explain *yin yang* theory and *wu xing* theory in general and in relation to Chinese medicine;
- understand the features, physiological functions and pathological changes of the *zang* fu, and the jing luo (Channel) system;
- define the concepts and explain the functions of qi, xue, jin ye, jing, and shen;
- explain the Chinese medicine model of the origin and development of diseases;
- understand the Chinese medicine concepts of pathogenesis including the concept of Disease Mechanism (*bing ji*);
- understand the Chinese medicine concepts of prevention, harm minimisation and treatment principle;
- explain the various methods of treatment and how these methods are applied;
- name and describe the Chinese medicine therapeutic techniques used in prevention and clinical management of disease; and
- explain the concepts of primary (*ben*) and secondary (*biao*), reinforcement (*bu*) and reduction (*xie*) and how these methods are applied in the treatment of diseases.

d. Diagnosis in Chinese Medicine

Synopsis

This area of study provides comprehensive knowledge and skills in methods and procedures relevant to clinical data collection, organisation and interpretation in Chinese medicine, in order to arrive at a diagnosis including identification of the disease and pattern of disharmony. This should cover six components: guiding principles of Chinese medicine diagnosis; the four data collection methods; methods of identification of patterns of disharmony; procedures for collecting diagnostic information; application of data collection and pattern identification methods; and case recording.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- comprehend the guiding principles of Chinese medicine diagnosis;
- understand the application of the four data collection methods, including inspection, auscultation and olfaction, interrogation and palpation;
- interpret the clinical significance of the main signs and symptoms, including tongue and pulse diagnosis;
- define the concepts and interrelationships between zheng (symptom), zheng (syndrome), and bing (disease);
- comprehend the theory of the Eight Parameter (ba gang) system and apply it in the identification of syndromes;
- explain the syndrome identification methods, identify the main syndromes, and explain the aetiology of zang fu, qi, xue and jin ye, and jing luo;
- explain the syndrome identification methods, identify the main syndromes, and explain the aetiology of the six stages, four phases and triple burner; and
- demonstrate the methods of taking a case history, conducting a diagnostic examination and recording the diagnostic details of cases.

Modalities of Chinese Medicine – Acupuncture 22.2

a. Channel and Acupuncture Point Theory

Synopsis

This area of study should cover *jing luo* and point theory. This should include the composition and functions of the jing luo system, and acupuncture points, in sufficient detail to enable the naming/numbering of the points, the location of individual points, explanation of the classification, and an understanding of their therapeutic functions and clinical indications - a total of 400 acupuncture points should be studied.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

outline the composition and function of the jing luo system, the distribution and connection of each of the various components of the system;

- explain the significance of the symptoms and signs associated with disorders of the *jing luo* system;
- apply the proportional measurement method used in acupuncture point location;
- explain the theories of the acupuncture points including the general features and functions of acupuncture points, the categories of acupuncture points and their significance, and the naming and numbering of acupuncture points; and
- identify and locate the major points of the 14 meridians and major extra-ordinary channel points.

b. Needling Theory and Practice

Synopsis

This area of study comprises the theory and practical techniques pertaining to the therapeutic stimulation of the acupuncture points using needles. It should include an examination of the origins and development of acupuncture needling theory, and discussion of the mechanisms by which acupuncture works according to both traditional Chinese and western scientific perspectives. The focus of this area of study should be on theories of point selection, and the theory and practical techniques for the safe and effective insertion, manipulation, removal and disposal of needles.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- explain the rationale for acupuncture treatment within the Chinese medicine theoretical paradigm;
- outline the methods of point stimulation and their significance;
- identify the types of acupuncture needles and explain their application;
- understand the principles of point selection and the combining of points in therapy;
- understand the principles of infection control and demonstrate the use of aseptic technique in needling;
- demonstrate the use of each of the modern types of acupuncture needles, including the
 use of filiform needles in the needling of selected points, the use of aseptic technique
 in needling, the insertion of the needle to the required depth and angle, the application
 of specific needle manipulation methods and the removal of the needle;
- explain the contraindications and cautions that relate to the application of needling and detail the management of accidents resulting from needling; and
- explain the principles and demonstrate the procedures for the management of sharps and other biohazards.

c. Moxibustion and Cupping Theory and Practice

Synopsis

This area of study should cover the theory and practical techniques pertaining to the therapeutic stimulation of the body using moxa and cupping techniques. It should include an examination of the origins and development of moxibustion theory, discussion of the mechanisms by which moxibustion works according to the traditional Chinese perspective, as well as the theoretical basis for the use of cups. The focus of this area of

study should be on the theories of point selection and the theory and practical techniques for the safe, effective application of moxibustion and cupping.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- explain the functions and therapeutic aims of moxibustion and cupping treatment;
- outline the methods of point stimulation and their significance;
- identify the types of moxibustion and explain their application;
- compose a point prescription to achieve a specified therapeutic outcome and explain the relationship between the point prescription and the principle of treatment;
- demonstrate the use of each of the types of moxibustion and cupping;
- explain the contraindications and cautions that relate to the application of moxibustion and cupping; and
- detail the management of accidents resulting from moxibustion and cupping.
- d. Acupuncture Microsystems

Synopsis

This area of study provides the history, theory and practice of commonly used microsystems including ear and scalp acupuncture. The focus of this area of study should be the theoretical basis, location of points, and clinical application of ear and scalp acupuncture in the management of diseases. Sufficient detail and practical classes should be provided to ensure the safe practice of these two models. Infection control requirements should be emphasised.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- understand the history of the ear and scalp acupuncture systems;
- comprehend the theoretical basis of these two microsystems;
- locate ear and scalp acupuncture points and zones, and perform specific needling procedures;
- explain the importance of infection control in the needling procedure; and
- apply these two needling methods in the clinical management of common clinical conditions.

22.3 **Chinese Herbal Medicine**

a. Materia Medica of Chinese Medicine

Synopsis

This area of study introduces the principles of Chinese herbal materia medica. It should cover the historical development of the Chinese materia medica; the theories and systems of traditional classification of Chinese materia medica; the characteristics and general clinical applications of substances within these categories; the methods of collection and

processing of Chinese medicinal substances; and the forms in which they are administered. About 450 Chinese medicinal substances should be studied. The depth of study may vary depending on the importance of the substance and its frequency of use. The characteristics and therapeutic applications of individual Chinese medicinal substances in each of the categories should be identified, including the names and appearance, main preparation methods, characteristics (flavour, nature, channel tropism), functions, combination with other herbs, main therapeutic applications, dosage range and any cautions or contraindications. Chinese medicinal substances that are affected by the Australian regulations should be identified.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- outline the historical development of the Chinese materia medica;
- explain how Chinese medicinal substances are classified and their properties defined;
- name and describe the main methods by which Chinese medicinal substances are collected and processed/prepared (*pao zhi*), and explain the aim and function of specific herb processing methods;
- name and describe the types of preparations of Chinese medicinal substances including decoction, infusion, powder, pill, syrups, plasters, and medicinal wines;
- identify, by name and sight, samples of Chinese medicinal substances including naming in *pin yin* and/or Chinese characters, scientific name, and common English name (if applicable);
- explain the concept of toxicity of Chinese materia medica;
- explain the compatibility and incompatibility of Chinese medicinal substances;
- explain the impact of regulations that establish restricted schedules of drugs and poisons, and what impact these have on use of toxic herbs and endangered species used in CM practice;
- name, describe and explain the characteristics, functions and main therapeutic
 applications of the main traditional Chinese medicinal substances in each category
 including properties and channel tropism, the major functions of the medicinal
 substance, and the main therapeutic applications of the substance; and
- state the dosage range and any cautions or contraindications of the main Chinese medicinal substances and describe any special preparation requirements of the substance.

b. Chinese Medicinal Formulae

Synopsis

This area of study comprises two parts. The first part covers the theories of the classification of Chinese herbal formulae, their construction and application. This should include the historical development of formula theory; how formulae are currently classified; the functions of formulae within each of the main categories; and how these relate to therapeutic methods, the methods of herbal formulae modification, the main methods by which Chinese herbal formulae are prepared and the forms in which they are administered. The second part covers the theories of how formulae are structured, the practice of formula construction and modification, the hierarchy of constituents and how

they function in concert within a formula. A minimum of 120 commonly used medicinal formulae should be studied. For each of the major herbal formulae used in contemporary practice, the composition, modifications, actions, therapeutic applications, and cautions or contraindications should be covered, as well as the methods and procedures of formula preparation, administration and instructions to clients.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- outline the development and explain the principles of CM formula theory;
- explain the principal actions of formulae in each of the formula categories used in modern CM, and the relationship between formula categories and treatment strategies;
- describe the main forms in which formulae are prepared and administered;
- explain the principles for combining substances in formulae and analyse the composition of major formulae;
- discuss the actions, main therapeutic applications, contraindications, modifications and preparation requirements of the main traditional Chinese herbal formulae;
- compare and contrast the compositions, actions and indications of the principal formulae that belong to the same formula category, and distinguish the most appropriate formula to achieve a particular therapeutic effect;
- demonstrate the methods of preparation and administration of Chinese herbal formulae: and
- explain how to advise patients/clients on preparation, dosage and administration of herbal formulae, and the actions to take in the event of an unexpected reaction.

c. Dispensing Chinese Medicinal Substances

Synopsis

This area of study should provide training in the safe, accurate preparation and dispensing of individual Chinese medicinal substances and Chinese herbal formulae. The knowledge and skills required of a dispenser of Chinese medicinal substances includes six aspects: herbal storage; herb identification; herb processing; filling herbal prescriptions; instructing patients/clients; and dispensary management. Education and training should provide both practical skills and a thorough appreciation of the ethical and legal issues involved in the supply of Chinese medicinal substances to the public.

Learning Outcomes

- explain the requirements for the storage of Chinese medicinal substances;
- identify Chinese medicinal substances commonly held in a CM dispensary in the form received from a wholesaler; verbally identify unlabelled samples of commonly used Chinese medicinal substances; and distinguish correctly and incorrectly labelled samples of herbs;
- distinguish the quality and condition of samples of Chinese medicinal substances and apply quality assurance principles and processes

- read, scrutinise and interpret a CM prescription and identify each of the herbs, any
 preparation requirements specified, the dosage of each of the herbs and any errors or
 omissions in the names, preparation methods or dosages of the Chinese medicinal
 substances specified on the prescription;
- demonstrate the main methods by which Chinese medicinal substances are processed (pao zhi);
- explain and demonstrate the procedures involved in the dispensing of a CM
 prescription including preparing individual Chinese medicinal substances; weighing
 each substance; preparing the specified number of packets; packaging individual
 substances and packets of Chinese medicinal substances as specified; and labelling
 individually packaged substances and completed prescriptions;
- instruct patients in the use of the CM prescription they receive including the general methods of preparing a decoction; the specific preparation methods for a particular prescription; when and how often to take a particular prescription; and explain any cautions or contraindications associated with a particular prescription;
- explain to patients what actions they should take after finishing the prescription and in the event of an unexpected reaction to the prescription;
- establish and manage a Chinese herbal dispensary including the layout and equipment required, the labelling requirements of herbs, the safe and hygienic handling of herbs, and the record keeping requirements; and
- explain the ethical and legal issues associated with the dispensing of Chinese
 medicinal substances including governmental regulatory requirements for prescribing
 and dispensing of scheduled substances and therapeutic goods, and the use of
 endangered, substitute or poor quality species in medicines

22.4 Tui na (Chinese Therapeutic Massage)

Synopsis

This area of study should cover the theory and practice of Chinese massage (tui na) including the general application of *tui na* as a means of enhancing health and wellbeing, as well as the application of *tui na* in the management of common disorders. The theoretical component focuses on the use of *jing luo* theory in *tui na* therapy, and upon the functions and therapeutic indications of the major *tui na* techniques. Since the therapeutic application of *tui na* requires physical and mental stamina, instruction in exercises designed to enhance physical and mental strength should be included. *Tui na* techniques should be practised to ensure students develop the skills required for the safe, effective application of these techniques. The therapeutic application of *tui na* in a range of commonly encountered conditions should be discussed in detail.

Note: The particular methods and therapeutic applications of paediatric *tui na* are possible extensions to this area of study.

Learning Outcomes

- explain the features of *tui na* as a specific modality in CM practice;
- identify each of the key *tui na* techniques, and explain the functions and therapeutic indications of the major *tui na* techniques;

- demonstrate the basic techniques of tui na including the application of each of the key tui na techniques, the correct positioning of the client for the application of tui na, and tui na routines for each section of the body;
- explain the cautions and contraindications of tui na including general contraindications, specific cautions and contraindications for the application of tui na to particular parts of the body, and specific cautions and contraindications for the application of specific tui na techniques;
- explain and demonstrate the exercise methods used by tui na practitioners including how the method develops the physical and mental strength of the *tui na* practitioner, and the specific cautions and contraindications for the performance of these exercise methods; and
- explain the therapeutic aims and demonstrate methods of application of tui na in the management of a range of commonly encountered conditions.

22.5 **Chinese Medicine Classic Literature**

a. Huang Di Nei Jing (Yellow Emperor's Internal Classic) **Synopsis**

This area of study covers the *Huang Di Nei Jing* (Yellow Emperor's Internal Classic) that constitutes the source for much of Chinese medicine theory and practice. It examines the history, structure and scope of this work, and its significance in Chinese medicine. The focus should be upon the key concepts and statements that shaped later Chinese medicine theory.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- explain the importance of the *Huang Di Nei Jing* in the development of Chinese medicine theory and practice;
- outline the key concepts introduced in the Huang Di Nei Jing and explain the application of these concepts in CM practice; and
- explain the current academic views on the formation of the *Huang Di Nei Jing* corpus, and the methods used in studying the texts.

b. Shang Han Lun (Treatise on Diseases Due to the Contraction of Cold Injury) **Synopsis**

This area of study introduces the Shang Han Lun including the diagnosis and treatment of febrile diseases. It should cover an overview of the history, the Shang Han Lun, the historical development of shang han theory and its significance in modern Chinese medicine practice. The focus should be on clinically relevant aspects such as the application of the six channels (liu jing); the relationship between six channels and eight guiding principles and zang fu bian zheng; and the processes of disease transmission through the six channels including complicated and concurrent syndromes. Students should learn to apply treatment principles and use designated formulae from the Shang Han Lun according to syndrome identification.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- explain the context, history and development of the *Shang Han Lun* and *shang han* theory;
- describe and explain the *liu jing* (six channels) system;
- apply the method of pattern identification according to Shang Han Lun;
- explain the relationship between *liu jing* syndrome identification and *zang fu* syndrome identification;
- explain the process of transmission according to liu jing;
- outline the principle of treatment in accordance with *liu jing* syndrome identification; and
- explain the differentiation and treatment of liu jing syndromes based on pulse, signs and symptoms.
- c. Jin Gui Yao Lue (Essentials of the Golden Chest)

Synopsis

This area of study covers the main contents of the *Jin Gui Yao Lue* including key source material in the classification, diagnosis, and treatment of miscellaneous diseases. This classic complements the *Shang Han Lun* to provide a broad view of CM during its formative stages. Study should include the history of the *Jin Gui Yao Lue*, its structure and content, the key concepts introduced, and its clinical application in CM practice. The focus should be upon the diseases discussed in the *Jin Gui Yao Lue* and for key diseases their differential diagnosis, treatment methods, formulae and modifications.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- explain the importance of the *Jin Gui Yao Lue* in the development of Chinese medicine theory and practice, including being able to:
 - outline the history, significance, structure and content of the *Jin Gui Yao Lue*;
 - explain the approach of the *Jin Gui Yao Lue* to the classification and differentiation of diseases and syndromes;
- explain the naming, differentiation and complications of key diseases discussed in the *Jin Gui Yao Lue*; and
- explain the treatment of key miscellaneous diseases discussed in the *Jin Gui Yao Lue* including the formulae used, their actions and the main ways these formulae are modified.
- d. Wen Bing Xue (Studies of Diseases Due to Warm Pathogens)

Synopsis

This area of study should provide students with an understanding of the diagnosis and treatment of febrile diseases. Students gain an overview of the historical development of the *Wen Bing* theories and how these relate to *Shan Han* theory. The focus of study should be upon the characteristics of the four phases (*wei qi ying xue*) and *San Jiao* classifications of febrile diseases, and upon the diagnostic and treatment methods used in

the management of Wen Bing. The treatment of specific Wen Bing diseases including their aetiology, differentiation of symptoms, treatment principles and formulae should be included.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- outline the development of Wen Bing theory and identify the main points that distinguish Shang Han theory from Wen Bing theory;
- discuss the concept of transmission of pathogens in Wen Bing theory;
- discuss the similarities and differences between the four phases (wei qi ying xue) and San Jiao classifications of febrile diseases;
- identify the specific diagnostic methods that are used in the differentiation of Wen Bing diseases;
- explain the diagnosis and treatment of key diseases (feng wen, chun wen, shu wen, shi wen, fu shu, qiu zao, dong wen, wen du, wen yi) including aetiology, syndrome identification, selection of formulae, components and modifications; and
- explain the cautions required when treating Wen Bing diseases.

e. Other Subjects

In courses that aim to provide training in acupuncture, study of the Zhen Jiu Jia Yi Jing (Classified Acupuncture Classic) and the Nan Jing (Classic of Difficulties) are considered appropriate inclusions.

Basic and Biomedical Sciences 22.6

a. Cell Biology

Synopsis

This area of study provides an introduction to cell biology through examination of the structure and function of the cell, transport mechanisms, protein synthesis, cell division and differentiation. The principles of cellular organisation, the roles of individual organelles within the cell, cellular metabolism and genetics, including the molecular basis of gene replication and expression, transcription and translation, are examined. The role of the cell membrane and cytoskeleton is introduced, and the cell cycle and the importance of cell cycle regulation in growth is examined. Cell proliferation in cancer and cell death may also be examined.

Learning Outcomes

- demonstrate an understanding of the basic concepts of cell biology at the cellular and molecular levels;
- list the subcellular organelles that make up the cell and explain their functions in relation to the organism as a whole;
- explain the roles of the cell membrane and cytoskeleton in relationship to metabolic processes including protein synthesis and the KREBs cycle;

- explain the cell cycle and associated metabolic processes of cell replication, differentiation and cell death; and
- explain the molecular basis of gene replication including the processes of expression, transcription and translation.

b. Biochemistry and Molecular Biology

Synopsis

This area of study should provide students with an understanding of biochemical reactions in the human body. This includes the structures and functions of proteins and enzymes, the bioenergetics and metabolism of carbohydrates and lipids, and the metabolism of proteins, amino acids and nucleic acids. The roles of minerals and vitamins are examined, as is the function of hormones in extracellular and intracellular communication. The structure of the genetic code, the mechanisms of gene expression and regulation, gene replication and repair, should also be examined.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- explain the synthesis and functions of proteins and enzymes;
- explain how various cellular reactions utilise or produce energy, and the pathways by which carbohydrates are synthesised and degraded;
- describe the metabolism of amino acids and how this yields energy;
- explain the synthesis and functions of nucleic acids and their roles in the genetic code and protein synthesis;
- describe mechanisms of DNA organisation and replication, RNA synthesis, processing and metabolism; and
- describe the structure of hormones and explain their key roles in intercellular communication and metabolic regulation.

c. Anatomy

Synopsis

This area of study should introduce students to basic histology and human anatomy. In histology students will be introduced to the structure and function of the tissues. In anatomy the main systems of the body should be examined including the skeletal, muscular, cardiovascular, lymphatic, respiratory, digestive, urinary, reproductive, integumentary, endocrine and nervous systems. This should include the names, forms and locations of the main structures of the human body and their physiological functions. Aspects of surface anatomy required in clinical application in Chinese medicine should be emphasised, particularly the surface anatomy (including underlying structures) required to exactly identify acupuncture points. Basic microscopic anatomy may be covered.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

• explain structure and function of tissues, glands and membranes;

- demonstrate an understanding of the terminology of topographic anatomy and the body plan;
- identify the major components of the skeletal, muscular, cardiovascular, lymphatic, respiratory, digestive, urinary, reproductive, integumentary, endocrine and nervous systems:
- explain the structure and functions of the major components of the skeletal, muscular, cardiovascular, lymphatic, respiratory, digestive, urinary, reproductive, integumentary, endocrine and nervous systems; and
- describe the surface anatomy of the body with specific reference to the location of acupuncture points and their underlying structures.

d. Physiology

Synopsis

This area of study should introduce students to the structure and physiological functions of the various body systems. This should include examination of the functions of the musculo-skeletal, cardiovascular, lymphatic, respiratory, digestive, urinary, reproductive, integumentary, endocrine and nervous systems. Emphasis should be on homoeostatic control mechanisms in each system, the integration of the systems in the body, and common dysfunctions in these systems. Basic embryology should be included.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- explain the structure and functions of the musculo-skeletal system and control of human movement, the processes of respiration and gas exchange, and the circulatory system and control of blood pressure;
- describe the processes of digestion, absorption, transport and elimination, and maintenance of human nutrition;
- demonstrate an understanding of hormonal and neural regulation in the body;
- demonstrate an understanding of the mechanisms of immunity;
- describe processes of metabolism and temperature regulation;
- demonstrate knowledge of the structure and function of the sense organs, the processes of olfaction, gustation, vision, hearing and balance, and the physiology of pain;
- describe the processes of reproduction, development and aging; and
- describe the urinary system and the mechanisms of fluid balance.

e. Microbiology

Synopsis

This area of study should introduce students to the microorganisms including bacteria, fungi, viruses and protozoa, their structure, physiology, growth, control, diversity and relationships. Emphasis should be on the role of microorganisms in infectious diseases, the nature of microbial infections in the different body systems, infection control, immunity and mechanisms of host resistance, common vaccines, the mode of action of antibiotics, and the development of drug resistance.

Learning Outcomes

- Upon successful completion of this area of study students should able to:
- describe and differentiate the common types of microorganisms;
- explain the structure, physiology and lifecycles of viruses, bacteria, fungi and protozoa;
- explain the roles of microorganisms in physiology and human disease;
- demonstrate knowledge of the relationship between microorganisms and human immunity;
- describe the principles of infection control; and
- explain the modes of action of commonly used antibiotics, vaccines and how microorganisms become resistant to drugs.

f. Pathology

Synopsis

This area of study should introduce students to the causal factors in disease, disease processes and bodily responses. This should include the processes of cell damage and necrosis, inflammation and healing. The causes of genetically determined and acquired diseases should be examined, and the roles of physical agents, chemical poisons, nutritional deficiencies, infections and infestations, abnormal immunological responses, and psychological factors should be identified. The common diseases of each bodily system should be examined including aetiological factors, pathogenesis, diagnostic features, prognosis and sequelae.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- outline the classifications and common causes of human disease;
- explain the responses of the body to injury at both the cellular and tissue levels;
- describe the role of immunological responses in the disease process;
- explain the pathogenesis, symptomatology and control of viral, bacterial, fungal, protozoal and parasitic diseases;
- explain the pathogenesis of neoplasia and circulatory dysfunction;
- describe the aetiology and symptomatology of diseases due to chromosomal and genetic abnormalities;
- describe the aetiology, pathogenesis, and clinical manifestations of common diseases
 of the bodily systems including the cardiovascular, respiratory, gastrointestinal,
 hepatobiliary and pancreatic, urogenital, nervous, integumentary, hematological and
 endocrine systems; and
- describe the aetiology, pathogenesis, and clinical manifestations of common disorders of the ear and eye.

g. Pharmacology and Toxicology

Synopsis

This area of study should provide an introduction to the mechanisms of drug action with particular reference to commonly prescribed drugs. This should include the selective therapeutic and prophylactic effects of western medical drugs according to principles of pharmacokinetics and pharmacodynamics; the biomedical rationale for the use of specific drugs in commonly encountered conditions; interactions between drugs and adverse reactions. In addition, students should be introduced to the principles of the safe use of drugs, the prevention and management of drug-related disorders, and the skills required to access information on drugs. It should provide an overview of toxicology including the procedures for evaluating toxicity, the types of toxic effects, and the action mechanisms of antidotes.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- explain the nomenclature, classifications, formulations and methods of administration of western pharmaceutical drugs;
- outline the basic principles of pharmacology and toxicology, including pharmacokinetics and pharmacodynamics;
- explain the dose response relationship and factors that affect it;
- outline the main types of drug interactions;
- explain the therapeutic applications, pharmacological actions and contraindications of the main drugs in use;
- explain the types and mechanisms of adverse reactions to drugs, and outline the management of drug related emergencies;
- demonstrate the use of reference materials and information services to obtain information on drugs:
- explain the concepts of margin of safety, predictable and unpredictable drug reactions, drug teratogenicity and carcinogenicity; and
- explain how to prevent and manage adverse and toxic reactions to drugs.

h. Phytochemistry and Pharmaceutics

Synopsis

This area of study should introduce the chemistry and pharmacology of Chinese herbal medicines. This should cover how plants produce chemicals, the chemical composition and active constituents of specific Chinese herbal medicines, and the availability of these constituents in herbal preparations. The mechanisms by which medicinal plants act on the human body should be examined, including the metabolic pathways of active constituents, their sites of action, and potential for interaction and toxicity. Issues relating to the scheduling of herbal medicines, adverse reactions to herbal medicines, and interactions between western pharmaceuticals and Chinese medicinal substances should also be examined.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

explain the production and function of phytochemicals;

- explain the actions of active constituents found in Chinese herbal medicines on the human body;
- explain the rationale for the inclusion of Chinese medicinal substances in the Standard for Uniform Scheduling of Drugs and Poisons (SUSDP);
- explain the mechanisms by which phytochemicals interact with western pharmaceuticals;
- identify potential interrelationships between pharmaceutical and pharmacological substances, with particular reference to commonly used drugs of Chinese pharmacopoeia and their interactions with other commonly used forms of chemical substance:
- identify known interactions between Chinese medicinal substances and commonly used pharmaceuticals; and
- explain the use of traditional antidotes for adverse reactions to herbs in the Chinese pharmacopoeia, and how to prevent and manage adverse and toxic reactions to Chinese medicinal substances.
- i. Diagnosis in Western Medicine

Synopsis

This area of study should provide students with an overview of the diagnostic process as applied in the contemporary biomedical setting. This includes the knowledge and skills required to conduct clinical interviews, obtain and analyse case histories, and undertake a range of physical examinations to establish a biomedical diagnosis. This should include the aims, structure, logic of the diagnostic interview, inter-personal and cultural issues, the rationale and procedures of relevant physical examinations, and the methods of recording patient information. The issues relating to referral, based on an understanding of underlying pathology, should be emphasised.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- explain the principles of biomedical history taking, and physical examination, and their relevance in CM practice;
- describe the roles of cultural and inter-personal factors in healthcare, and outline the factors that need to be considered during the clinical interview;
- explain and demonstrate the conduct of a clinical interview;
- explain the processes and issues involved in specific physical examinations;
- describe the techniques and equipment used in physical examination and demonstrate specific non-invasive physical examinations;
- explain the rationale and need for referral in certain conditions; and
- describe the procedures involved in compiling data and maintaining clinical records.
- j. Radiology and Imaging

Synopsis

This area of study should provide students with a basic knowledge of the range of radiographic and other diagnostic imaging procedures commonly used in clinical practice, and how they are interpreted. The plain radiographic and other imaging appearances of normal human anatomy, including normal variants that may easily be confused with pathology; the normal values and parameters for each measurement; and the significance of any deviation from normal should be presented. In addition, the contemporary application of imaging in diagnosis and the features of a radiologist's report should be examined.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- use appropriate descriptive terminology when referring to the findings of radiographic and other imaging procedures;
- identify on plain film radiographs, the densities corresponding to the skeletal and soft tissue structures (skull, spine, upper and lower extremities, chest and abdomen), and the major landmarks of individual osseous, as well as articular and soft tissue structures of the body;
- identify the view a given radiograph represents;
- identify, describe and discuss the radiographic features of common anomalies and variants of radiographic anatomy;
- apply the basic principles of radiographic interpretation to a given plain film radiograph to identify an abnormal presentation;
- explain the features of commonly used radiographic reports and interpret the significance of an example report; and
- explain the clinical indications for requesting specialised radiographic procedures such as CT. MRI. ultrasound and nuclear medicine studies.

k. Laboratory Diagnosis

Synopsis

This area of study should provide students with an overview of the knowledge and skills required to interpret the results of commonly used laboratory investigations. These should include haematological, coagulation, urine, renal function and liver function tests; and tests for endocrine, cardiac, infectious, rheumatological and miscellaneous diseases or disorders.

Learning Outcomes

- identify the commonly used laboratory tests, and the purpose of these tests (including full blood examination, urinalysis, thyroid function and liver function);
- explain the rationale for ordering common laboratory tests, and how the results are integrated into the biomedical clinical diagnostic process;
- explain the structure and content of laboratory pathology reports for commonly ordered tests:
- distinguish between normal and abnormal values for commonly ordered tests;

- explain the relationship between abnormal laboratory test results and the diagnosis of various diseases; and
- explain how the results of laboratory tests can influence CM diagnosis and treatment.

1. Clinical Biomedicine

Synopsis

This area of study focuses on the clinical aspects of contemporary biomedicine. It should build upon the study of pathology and diagnosis to examine the clinical management of common diseases. The main disorders of each system of the body should be examined to provide students with an overview of their diagnosis and treatment, to enable them to communicate effectively with medical practitioners and patients, and to refer patients where appropriate. For each disorder, the aetiology, presenting signs and symptoms, diagnostic procedures, clinical management, and prognosis should be examined.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- outline the classification of diseases in clinical medicine;
- explain the aetiology, development and progression of the common disorders;
- explain the differential diagnosis of the main diseases based on clinical data, including the results of radiographic and laboratory tests; and
- outline the clinical management of common disorders and understand the need for referral in certain conditions.

22.7 Clinical Chinese Medicine

a. Internal Medicine

Synopsis

This area of study should cover the theory and practice of Chinese internal medicine (*nei ke*). It should include the classification of diseases, common aetiology and pathogenesis, and therapeutic methods. For each disease the syndrome differentiation, treatment principles and methods, appropriate formulae and modifications, details of the application of modalities (Chinese herbal medicine and/or acupuncture and/or *tui na*), cautions and contraindications, and relevant lifestyle advice should be included.

Learning Outcomes

- explain the classifications of diseases in CM internal medicine (nei ke);
- explain the symptomatology, aetiology and pathogenesis of each of the main diseases;
- identify the main syndromes (zheng) that can be present in each of these diseases;
- explain the CM approaches to the treatment of the main diseases in internal medicine including the principle(s) of treatment; the relationship between the disease mechanism(s) and the principle(s) of treatment; and the most appropriate method(s) of treatment for the particular disease;

- explain the treatment of the main diseases using Chinese herbal medicine including the principal guiding formula(e) used in the treatment of the particular condition; the ways in which the formula(e) can be modified to suit the particular condition; the function(s) of each of the herbs in the resultant formula; and assigning dosages to each of the herbs in the formula:
- explain the treatment of the main diseases of each of the traditional categories or bodily systems using acupuncture, moxibustion and/or tui na including acupoints that could be used in the treatment of the particular condition; the functions of these points in treating the condition; designing a point prescription appropriate to a particular condition; and the needling and manipulation techniques and/or moxa techniques to be used:
- identify and explain any cautions and contraindications that need to be considered in the treatment of the main diseases including the complications that could arise from the particular disease; possible adverse reactions to the herbal formula; possible interactions between the formula and other medications commonly used for the particular disease; and cautions and possible adverse reactions to be considered in performing the treatment using acupuncture and moxibustion;
- identify any lifestyle, dietary or other advice that needs to be given to the patient; and
- state the instructions to be given to the client regarding appropriate behaviour in the event of an adverse reaction.

b. Gynaecology and Obstetrics

Synopsis

This area of study should cover the theory and practice of Chinese medicine gynaecology and obstetrics. This includes the anatomy and physiology of the female reproductive system, the processes of pregnancy and birth, as well as those diagnostic features that pertain to gynaecological and obstetric disorders. For each of the main gynaecological and obstetric disorders the aetiology, differentiation of syndromes, appropriate treatment principles and strategies should be examined. Treatment approaches should include Chinese herbal formulae and/or acupuncture, with appropriate adjustments for individual cases, together with lifestyle and dietary advice to support the total treatment plan.

Learning Outcomes

- understand the anatomy and physiology of the female reproductive system;
- understand the physiological features of conception, pregnancy, parturient, puerperium and lactation;
- explain the main causes and pathogenesis of female urogenital, gynaecological and obstetric diseases;
- explain and apply the methods of diagnosis used in the identification and differentiation of gynaecological and obstetric diseases;
- explain the symptomatology, aetiology and pathogenesis of the main gynaecological and obstetric disorders including the principal symptoms and the main syndromes (zheng) that can be present in the disease;

- explain the disease mechanisms involved in the aetiology of the disease, and the relationship between the symptom pattern and the disease mechanism;
- outline the CM approaches to the treatment of the main gynaecological and obstetric disorders, identify the principle(s) of treatment and the most appropriate method(s) of treatment for particular diseases;
- describe and explain the treatment of the main gynaecological and obstetric disorders using Chinese herbal medicine including the principal guiding formula(e) used in the treatment of the particular condition; the ways in which the formula(e) can be modified to suit the particular condition; and the function(s) of the herbs in the formula:
- describe and explain the treatment of the main gynaecological and obstetric disorders using acupuncture, moxibustion and/or *tui na*;
- identify and explain any cautions and contraindications that need to be considered in the treatment of the main gynaecological and obstetric disorders including the complications that could arise from the particular disease; possible adverse reactions to the herbal formula; possible interactions between the formula and other medications commonly used for the particular disease; and the cautions and possible adverse reactions to be considered in performing the treatment using acupuncture, moxibustion and/or *tui na*; and
- explain the measures required for the prevention and amelioration of gynaecological and obstetric conditions that are exacerbated by personal hygiene dietary practices.

c. Paediatrics

Synopsis

This area of study should cover the theory and practice of Chinese medicine paediatrics. It should include the physiology of children including growth, development and care needs, as well as the pathology of childhood disorders. The methods of paediatric diagnosis should be examined including the CM differentiation of the main paediatric disorders. For each condition the aetiology, differentiation of syndromes, appropriate treatment principles and strategies should be examined. Treatment approaches should include Chinese herbal medicine, acupuncture/moxibustion, tui na, dietary management and nursing care.

Learning Outcomes

- explain the characteristics of the physiology and normal development of children including the stages in child development, and the characteristics of each age stage; the importance of correct feeding to the growth and development of children; and the importance of the proper care and education of children;
- explain and apply the methods of diagnosis used in the identification and differentiation of paediatric diseases;
- explain the symptomatology, aetiology and pathogenesis of the main paediatric disorders including the principal symptoms and main syndromes (*zheng*) that can be present in the disease;

- identify the principle(s) of treatment for each of the main syndromes in a particular disease and explain the relationship between the disease mechanism(s) and the principle(s) of treatment;
- outline the CM approaches to the treatment of the main paediatric disorders, and identify the most appropriate method(s) of treatment for the particular disease:
- explain the treatment of the main paediatric disorders using Chinese herbal medicine including the principal guiding formula(e) used in the treatment of the particular condition; the ways in which the formula(e) can be modified to suit the particular condition; and the function(s) of the herbs in the formula;
- describe and explain the treatment of the main paediatric disorders using acupuncture, moxibustion and/or tui na:
- identify and explain any cautions and contraindications that need to be considered in the treatment of the main paediatric disorders including the complications that could arise from the particular disease; possible adverse reactions to the herbal formula; possible interactions between the formula and other medications commonly used for the particular disease; and cautions and possible adverse reactions to be considered in performing the treatment using acupuncture and moxibustion; and
- explain the measures required for the prevention, amelioration and care of paediatric conditions.

d. Traumatology

Synopsis

This area of study covers the theory and practice of CM traumatology (gu shang ke). The structure of the skeleton, muscles and tendons, and normal functioning angles of body joints should be examined. It should include the aetiology, pathogenesis and differentiation of syndromes for common conditions. For each condition appropriate treatment principles and strategies using Chinese herbal formulae, acupuncture, massage and exercise methods, lifestyle advice and dietary measures should be included.

Learning Outcomes

- understand the classification of injuries and wounds;
- explain the external and internal causes of injury and wounds, the reactions of the body to injury and the processes of healing;
- demonstrate the application of CM diagnostic procedures in traumatology;
- demonstrate knowledge and skills relating to the pathogenesis, diagnosis, differential diagnosis and ancillary rehabilitation treatment of common fractures and dislocations, and the primary treatment of soft tissue injuries;
- explain the symptomatology, aetiology and pathogenesis of the main traumatological disorders including the principal symptoms and main syndromes (zheng) that can be present in the disorder;
- explain the principles and demonstrate the applications of external therapies including manual reduction, Chinese herbal medicine and rehabilitation exercises; and

• identify and explain any cautions and contraindications that need to be considered in the treatment of traumatological disorders including the complications that could arise; possible adverse reactions to the herbal formula; possible interactions between the formula and other medications commonly used for the particular disease; and cautions and possible adverse reactions to be considered in performing the treatment using acupuncture, moxibustion and manual therapies.

e. External Medicine

Synopsis

This area of study covers the theory and practice of CM external medicine (*wai ke*). It should include the general features of physiology, pathology, pathogenesis and diagnosis as applied to external medicine as well as the diagnosis, differentiation and treatment of the common external diseases. For each of the diseases covered in this area of study students should learn to formulate prescriptions of Chinese herbs, and/or select points for acupuncture and moxibustion, in order to address the specific requirements of the symptom patterns (*zheng*) involved. In addition, students should learn to advise clients with regard to lifestyle and safety issues.

Learning Outcomes

- identify and explain the key features of pathology in external medicine disorders;
- explain and apply the methods of diagnosis used in external medicine disorders;
- discuss the approaches to therapy and treatment principles used in external medicine disorders;
- explain the symptomatology, aetiology and pathogenesis of the main external medicine disorders including the principal symptoms and syndromes (*zheng*) that can be present in the disease;
- identify the principle(s) of treatment for each of the main syndromes and explain the relationship between the disease mechanism(s) and the principle(s) of treatment;
- outline the CM approaches to the treatment of the main external medicine disorders, and identify the most appropriate method(s) of treatment for the particular disease;
- detail any lifestyle, dietary or other advice that needs to be given to the patient;
- explain the treatment of the main external medicine disorders using Chinese herbal medicine including the principal guiding formula(e) used in the treatment of the particular condition; the ways in which the formula(e) can be modified to suit the particular condition; and the function(s) of the herbs in the formula;
- describe and explain the treatment of the main external medicine disorders using acupuncture, moxibustion and/or *tui na*;
- identify and explain any cautions and contraindications that need to be considered in the treatment of the main external medicine disorders including the complications that could arise from the particular disease; possible adverse reactions to the herbal formula; possible interactions between the formula and other medications commonly used for the particular disease; and cautions and possible adverse reactions to be considered in performing the treatment using acupuncture, moxibustion and/or tui na;

- identify the conditions under which a referral to a medical practitioner is warranted;
- state the instructions to be given to the client regarding appropriate behaviour in the event of an adverse reaction.

f. Dermatology

Synopsis

This area of study covers the theory and practice of CM dermatology. It should include the traditional and modern classification systems of dermatological disorders; and the general features of physiology, pathology and diagnosis as applied to dermatology. For each of the common dermatological diseases the aetiology, diagnosis, differentiation and treatment should be examined. Students should learn to formulate prescriptions of Chinese herbs and/or select points for acupuncture or moxibustion in order to address the specific requirements of the syndromes (zheng) involved. In addition, students should learn to advise clients with regard to lifestyle, and transmission and infection control.

Learning Outcomes

- explain the classification of dermatological diseases from a Chinese medical viewpoint;
- explain and apply the methods of diagnosis used in the identification and differentiation of dermatological diseases;
- explain the symptomatology, aetiology and pathogenesis of the main dermatological disorders including the principal symptoms and main symptom patterns (zheng) that can be present in the disease;
- identify the principle(s) of treatment for each of the main symptom patterns in a particular disease, and explain the relationship between the disease mechanism(s) and the principle(s) of treatment;
- outline the CM approaches to the treatment of the main dermatological disorders and identify the most appropriate method(s) of treatment for the particular disease;
- explain the treatment of the main dermatological disorders using Chinese herbal medicine including the principal guiding formula(e) used in the treatment of the particular condition; the ways in which the formula(e) can be modified to suit the particular condition; and the function(s) of the herbs in the formula;
- describe and explain the treatment of the main dermatological disorders using acupuncture, moxibustion and/or tui na;
- identify and explain any cautions and contraindications that need to be considered in the treatment of the main dermatological disorders including the complications that could arise from the particular disease; possible adverse reactions to the herbal formula; possible interactions between the formula and other medications commonly used for the particular disease; and cautions and possible adverse reactions to be considered in performing the treatment using acupuncture and moxibustion and/or tui na; and
- explain the measures required for the prevention and amelioration of dermatological conditions that are exacerbated by personal hygiene and dietary practices.

g. Ear, Eye, Nose and Throat Disorders

Synopsis

This area of study covers the theory, CM diagnosis and treatment of disorders of the ear, eye, nose and throat. This study is often divided into ophthalmology and otorhinolaryngology. It should include the general features of the physiology, pathology and diagnosis of disorders of the ear, eye, nose, pharynx, larynx, mouth and teeth. For each of the main diseases the aetiology, diagnosis, differentiation and treatment should be examined. Students should learn to formulate prescriptions of Chinese herbs and/or select points for acupuncture or moxibustion in order to address the specific requirements of the syndromes (*zheng*) involved. In addition, students should learn to advise clients with regard to lifestyle and diet, and transmission and infection control.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- explain the classification of diseases of the ear, eye, nose and throat from a CM viewpoint;
- explain and apply the methods of diagnosis used in the identification and differentiation of ear, eye, nose and throat diseases;
- explain the symptomatology, aetiology and pathogenesis of the main ear, eye, nose and throat disorders including the principal symptoms of the specific disease and the main syndromes (*zheng*) that can be present in the disease;
- identify the principle(s) of treatment for each of the main syndromes in a particular disease, and explain the relationship between the disease mechanism(s) and the principle(s) of treatment;
- outline the CM approaches to the treatment of the main ear, eye, nose and throat disorders and identify the most appropriate method(s) of treatment for the particular disease;
- explain the treatment of the main ear, eye, nose and throat disorders using Chinese herbal medicine including the principal guiding formula(e) used in the treatment of the particular condition; the ways in which the formula(e) can be modified to suit the particular condition; and the function(s) of the herbs in the formula;
- describe and explain the treatment of the main ear, eye, nose and throat disorders using acupuncture, moxibustion and/or *tui na*;
- identify and explain any cautions and contraindications that need to be considered in the treatment of the main ear, eye, nose and throat disorders including the complications that could arise from the particular disease; possible adverse reactions to the herbal formula; possible interactions between the formula and other medications commonly used for the particular disease; and cautions and possible adverse reactions to be considered in performing the treatment using acupuncture and moxibustion and/or *tui na*; and
- explain the measures required for the prevention and amelioration of ear, eye, nose and throat conditions that are exacerbated by personal hygiene and dietary practices.

h. Health Preservation and Enhancement

Synopsis

This area of study covers the traditional Chinese methods of preserving and enhancing health and wellbeing through lifestyle, diet, and physical exercise. It should include the methods of maintaining a proper balance between work and rest, the cultivation of the mind and body through physical and mental training, the principles of dietary regulation, knowledge of foods for health preservation and Chinese medicine dietary therapy. It should include practical skills in the preparation of health-enhancing recipes, and the practice of specific physical and mental training techniques aimed at enhancing health and fitness and preserving life.

Learning Outcomes

- Upon successful completion of this area of study students should be able to:
- explain the principles and methods of health preservation and enhancement in CM and outline the features of a balanced lifestyle;
- explain the principles of mental cultivation and the relationship between mental state, lifestyle, disease and longevity;
- outline the principles of TCM dietary regulation and explain the use of diet in the maintenance of health;
- demonstrate the preparation of specific health food dishes and explain their functions;
- explain the use of Chinese medical dietary therapy in the treatment of common diseases:
- explain the principles of TCM health preservation and enhancement through physical and breathing exercises; and
- demonstrate specific physical and breathing exercises.

22.8 **Clinical Training – General Description**

Clinical training in Chinese medicine is an integral part of a course. It should aim to prepare students for individual clinical practice upon graduation. The form in which this training is undertaken is an issue for individual institutions but there are certain features that are required for it to be effective. Firstly, supervised clinical training should be undertaken in a setting in which Chinese medicine treatment is offered to members of the public. Secondly, students should have an opportunity to become competent in each of the roles and in using each of the skills they will require in independent practice. Thirdly, clinical training should be linked to theoretical training to ensure that the theoretical aspects, which are relevant to particular clinical roles, are studied prior to being required in the clinical component of training. Fourthly, students should progressively undertake more responsible roles as knowledge and skills develop.

Clinical training can be divided into the following stages:

- managing patients and patient records;
- managing equipment used in treatment;
- assessing a patient, gathering clinical information and clinical decision-making;
- performing acupuncture treatments;
- dispensing prescriptions; and
- consulting patients and providing treatment.

Stages 'a' to 'e' involve progressively more patient interaction and responsibility whereas stage 'f' involves semi-independent practice. It should be noted that some of these stages are modality-specific and it is not intended that these stages be rigidly sequential.

Upon completion of a primarily qualifying Chinese medicine education program, graduates are expected to:

- demonstrate skillful use of relevant diagnostic equipment;
- record physical examination findings in a legible, accurate and orderly manner;
- conduct examination procedures in a way that minimises patient distress, embarrassment and risk of injury;
- understand the clinical significance of both negative and positive findings;
- use Chinese medicine diagnostic methods to assess the dysfunctions of all systems within the patient, including the ability to perform specific Chinese medicine diagnostic procedures such as tongue and pulse diagnosis; and
- communicate effectively with patients
- a. Managing Patients and Patient Records

Synopsis

In the early stages of clinical training students should learn to interact with patients, and engage with the general management of a clinic and of the treatment rooms. This should be undertaken in a supervised setting and would include the following aspects:

- patient relations greeting clients, seating clients, respecting privacy, preparing patients for treatment and respecting modesty;
- managing files retrieving, updating and storing files;
- recording patient details recording details of new clients;
- managing appointments answering the telephone, providing general information, arranging and recording appointment times, arranging and recording follow-up appointments; and
- managing payments informing patients of the fee schedule, receiving and recording payments.

Learning Outcomes

- explain and demonstrate effective interaction with patients including greeting, seating and directing patients, and maintaining the privacy of patients;
- demonstrate the procedures involved in preparing patients for treatment, including maintaining the modesty of patients;
- describe and demonstrate the general procedures involved in managing files including retrieving and storing patient files, updating patient files, and preserving the confidentiality of patient files;
- explain the general procedures involved in recording patient details on their files;

- demonstrate the interviewing of a new patient, to obtain general details, and the recording of the general details of a new patient;
- explain the procedures involved in arranging patient appointments and managing payments;
- demonstrate taking an appointment over the telephone, arranging a follow-up appointment, and recording appointments; and
- explain and demonstrate the procedures for the management of payments.
- b. Managing Equipment Used in Treatment

Synopsis

At this stage in a clinical program the focus is on the treatment room and the role of an assistant. This area of study is more relevant to acupuncture/moxibustion and tui na than to herbal medicine, however, some aspects apply to all modalities. Prior to students engaging in the actual treatment of clients (using acupuncture and related techniques), they require experience in the procedures involved in managing the treatment room. This area of study should also provide students with opportunities to develop the skills required of a clinical assistant, and provide students with an opportunity to observe treatment procedures. A major focus of this area of study should be on hygiene in the clinic, and general clinical procedures including preparation of the treatment room and handling of equipment. It should include:

- personal hygiene cleanliness, dress and handling equipment;
- preparing the treatment room changing linen, removing waste and cleaning floors;
- preparing treatment equipment preparing materials for acupuncture, moxibustion and cupping; and
- taking the role of an assistant to a practitioner assisting in handling and operating equipment.

Learning Outcomes

- explain the principles and procedures of personal hygiene in the clinic;
- demonstrate compliance with standards of personal hygiene and dress in the clinic;
- describe the procedures involved in the management of a treatment room;
- demonstrate the changing of linen, the cleaning of the treatment room and the removal of used equipment following a patient treatment;
- demonstrate the removal and proper disposal of sharps and other waste;
- explain the duties of a clinical assistant;
- describe the procedures involved in the management of treatment equipment (including cleaning);
- demonstrate the preparation of materials for acupuncture, moxibustion and cupping including electro-acupuncture devices; and
- demonstrate the hygienic handling of equipment and the proper storage of materials for acupuncture, moxibustion and cupping.

c. Assessing a Patient, Gathering Clinical Information and Clinical Decision-Making Synopsis

Prior to engaging in supervised practice students require experience in consulting patients, in order to obtain clinically relevant information from which they can understand how the practitioner formulates a diagnosis and designs a treatment. This stage in clinical training focuses on observing the treatment process and on interacting with patients in the treatment room. Together with a practitioner, students should be involved in assessing the patient, formulating a diagnosis and treatment plan, recording clinical information, and responding to client inquiries.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- communicate with patients in the treatment room and elicit the patient's reasons for seeking treatment;
- respond to a patient's enquiries about Chinese medicine;
- advise clients regarding their health condition and lifestyle;
- demonstrate the procedures involved in recording diagnostic and treatment details;
- demonstrate the gathering of diagnostic information including questioning the patient regarding their medical history, their current symptoms and signs;
- demonstrate the examination of the patient's tongue and pulse;
- demonstrate further physical examinations of the patient according to the case requirements;
- explain and justify the formulation of a diagnosis and treatment plan; and
- formulate an acupuncture and/or herbal prescription for a particular case and explain how the prescription achieves the principles of treatment.
- d. Performing Acupuncture Treatment

Synopsis

Prior to engaging in semi-independent consultation students require experience in the supervised application of acupuncture, moxibustion and related techniques. At this stage the focus should be upon selecting acupuncture treatments appropriate to actual cases, and the performance of a range of acupuncture procedures in a clinical setting under the supervision of a trained practitioner.

Learning Outcomes

- select specific acupuncture points and explain how they can achieve specific therapeutic outcomes;
- explain the methods of stimulating the selected points in order to achieve the stated therapeutic outcomes;
- explain and demonstrate the management of materials for acupuncture, moxibustion and related techniques;

- describe the procedures involved in safe needling;
- demonstrate the hygienic handling of needles and treatment of surfaces;
- demonstrate the informing and positioning of the patient;
- demonstrate body acupuncture techniques, ear acupuncture techniques, moxibustion techniques, and cupping techniques;
- demonstrate the use of electro-acupuncture equipment and electro-acupuncture techniques;
- obtain and interpret feedback from the patient; and
- demonstrate the disposal of sharps and other waste following an acupuncture treatment.

e. Dispensing Prescriptions

Synopsis

Practitioners of Chinese herbal medicine need to be able to dispense prescriptions so practical training in this area is an important component of a clinical program. In this area of study the focus is upon performing the duties of a dispenser in an active clinic. In a supervised dispensary, students should undertake all aspects of management including the preparation and processing of herbs and the dispensing of prescriptions.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- explain and demonstrate the procedures involved in assisting in the management of a herbal dispensary including storage, labelling, inventory control and contamination control;
- demonstrate competence in herbal identification and herbal prescription scrutinizing;
- demonstrate the processing of herbs including grinding, dry frying, char frying and honey frying;
- demonstrate the observation of hygienic procedures when preparing herbs;
- explain and demonstrate the procedures involved in the preparation of herbs for a prescription;
- explain and demonstrate the procedures involved in the dispensing of herbal prescriptions;
- demonstrate the packaging of a prescription; and
- instruct patients in the preparation and administration of herbal prescriptions.

f. Consulting Patients and Providing Treatment

Synopsis

In this final stage of clinical training the focus should be upon performing each of the stages in the consultation process under the supervision of a practitioner. Students should deal with patients, take case histories, formulate diagnoses and treatments, obtain advice from supervising practitioners, perform treatments using acupuncture, moxibustion and

cupping and/or herbal medicine, record details of treatments, advise patients, and evaluate their own management of cases.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- explain and demonstrate the procedures involved in obtaining clinical information and formulating a treatment;
- interview and examine the patient to obtain diagnostic information;
- formulate and justify a diagnosis and treatment plan;
- treat patients in a CM clinic using therapeutic methods including moxibustion, cupping, gua sha, tui na, acupuncture and herbal medicine according to the patient's needs;
- instruct and inform a patient regarding lifestyle;
- obtain and evaluate clinical advice from a practitioner;
- determine when referral is warranted; and
- evaluate one's own diagnoses, treatment approaches and communication skills.

22.9 Professional Development - Other Areas of Study

a. Research

Synopsis

This area of study should focus on developing basic research skills such as critically reviewing literature, developing answerable research questions and the ability to seek answers through the scientific process. It should also nurture scientific thinking in Chinese medicine, and encourage critical thinking to ensure knowledge renewal and application. This includes the definition of research, the scope of research, research methodologies, and the evaluation and critique of research publications. Basic skills, such as performing and writing up a literature review, should be addressed. Emphasis should be placed on aspects of research relevant to Chinese medicine.

Learning Outcomes

- perform and report on a literature review;
- understand the concepts of 'research' (including qualitative and quantitative research) and 'evaluation' their differences and inter-relationships;
- identify and define research questions within the context of the healthcare;
- understand the unique features of research in Chinese medicine;
- identify and explain issues in the research process as they relate to evaluation of healthcare practice, programs and policy development;
- evaluate and critique examples from the research literature in Chinese medicine; and
- critically appraise published research.

b. Professional Issues

Synopsis

This area of study should aim to instruct students in the requirements and procedures involved in establishing and maintaining a private CM practice, with an emphasis on the legal, ethical, interpersonal, financial, organisational and professional issues. This must include the responsibilities of registered practitioners in the Australian healthcare context. Students should learn the methods of establishing procedures that address the main aspects of each area. Ethical issues should be discussed so that students are aware of the type, scope and implications of situations they may encounter in practice. The need for effective communication, safe practice and ongoing professional development should be examined and discussed.

Learning Outcomes

Upon successful completion of this area of study students should be able to:

- outline the processes involved in establishing a practice and explain the legal requirements relating to CM practice;
- explain the processes involved in managing a practice;
- identify and discuss ethical aspects of CM practice;
- explain the need for effective communication and outline key aspects of communicating with clients (including dealing with complaints);
- explain the roles of continuing education and professional development in maintaining a practice; and
- explain the responsibilities and obligations of a registered practitioner, and discuss the expectations the public has of registered practitioners.

c. First Aid

Synopsis

Study of the theory and practice of emergency first aid is an essential inclusion in a course of Chinese medicine study. The content should include basic first aid, casualty management, basic life support and management of major external bleeding.

This section of the course may be delivered by an external provider so the content and learning outcomes are not detailed in this document.

d. Small Business Management

Synopsis

This area of study should teach students the fundamentals of business management, including researching location, set-up and ongoing costs, relevant legislation and codes, as well as requirements for maintaining safe practice. It should also cover strategies for marketing, clinic management, staffing, and general management skills.

Learning Outcomes

- describe and explain how to research a location for clinic establishment;
- identify and calculate the costs associated with setting up a new business;
- identify the relevant standards, codes, laws etc, for skin penetration, infectious disease and other governmental and professional requirements;
- describe the governmental regulations, permits and guidelines for establishing a small business; and
- explain the procedures and requirements for clinic establishment including design, layout, marketing strategies, clinical management and staffing policies.

e. Effective Communication and Health Education

Synopsis

This area of study should introduce issues, approaches and techniques relating to communicating with the general public, patients and peers. It should examine issues in interpersonal interactions including the client/practitioner relationship, ethical issues, professionalism and confidentiality. Since this study should aim to prepare students to function in their role as primary healthcare Chinese medicine practitioners, it needs to cover the typical issues that may be triggered in the course of a CM consultation, and how to adapt health counselling techniques to the CM framework of clinical practice.

Learning Outcomes

- explain how to deal with difficult areas in interpersonal relations, health education and counselling;
- understand, from a CM perspective, the different facets of the person and personality;
- acquire basic practical skills in relation to communication, health education and counselling; and
- broadly understand the range and features of the commonly used models of health education and counselling.

Appendix 4 Approval Guidelines for **Postgraduate Courses**

Preamble

This Appendix provides additional guidelines on the approval of courses offered at a postgraduate level. These postgraduate courses aim to provide entry-level training in acupuncture and/or Chinese herbal medicine to:

- graduates with a qualification in a single modality of Chinese medicine (e.g. acupuncture), who wish to obtain a qualification in a second CM modality (e.g. Chinese herbal medicine): or
- graduates from courses in other healthcare disciplines.

In cases where students have not undertaken prior education and training in a healthcare field, all the components of an undergraduate course would need to be offered in the postgraduate course and this Appendix would not apply.

This Appendix does not refer to courses offering specialist training at postgraduate level to persons who have already completed undergraduate training in Chinese medicine, for example, specialist training in acupuncture and/or aspects of Chinese herbal medicine for those who have already completed undergraduate study in these fields.

23 **General Principles**

The following general principles will guide the Board and Course Assessment Panels when considering postgraduate courses for approval:

- 1. The knowledge and skills acquired through the successful completion of an approved course should be substantially the same irrespective of whether the course is delivered at an undergraduate or postgraduate level. Therefore, the course components and learning outcomes specified for undergraduate courses also apply to courses offered at postgraduate level.
- 2. Postgraduate courses should aim to build upon, rather than duplicate, the education and training provided by the undergraduate course and the skills acquired in clinical practice (if any).
- It is expected that students who have already completed an undergraduate Degreelevel professional qualification in a healthcare field should have developed the capacity to undertake self-directed learning. Compared with students undertaking their first Degree such students should be able to acquire a new range of knowledge and skills at a faster rate and with less direct supervision. Consequently, there is scope for courses delivered at postgraduate level to be offered in part-time mode, over a shorter time-span in an accelerated mode, or by other flexible means.
- When accelerated learning and/or flexible delivery is proposed, the sequence of learning needs to be considered and not compromised by the delivery method(s). In addition, course components that require practical instruction must be offered in face-to-face mode; the inclusion of sufficient practical clinical training is an essential component, and key assessment events must be properly supervised.

- 5. The structure of a postgraduate level course may vary depending on the target group of graduates. For example, a course aimed at medical graduates may differ from one aimed at graduates of a naturopathy course. Nevertheless, the content that is covered, and the skills acquired upon completion of training, should be substantially the same.
- 6. The scope of courses may vary courses may offer acupuncture or Chinese herbal medicine only, or may offer comprehensive training in Chinese medicine including acupuncture, Chinese herbal medicine and *tui na*. There are efficiencies to be gained in terms of delivery time when comprehensive Chinese medicine courses are offered.
- 7. Courses offered at postgraduate level should specify that an undergraduate qualification, at Degree or equivalent level, should be a prerequisite for entry into the course. This does not, however, preclude entry via a bridging course or entrance examination.
- 8. Recognition of prior learning (RPL) may comprise a substantial component of a postgraduate course. However, the RPL process needs to be specific to the individual topic areas and demonstrate that the previous study was sufficient to produce the learning outcomes required of the topic areas for which RPL is granted.
- 9. Supervised clinical training should comprise a substantial component of a course offered at postgraduate level. The general requirements for clinical training are equivalent to those for undergraduate level courses.

24 Types of Postgraduate Courses

Since postgraduate courses should aim to build upon, rather than duplicate, the education and training acquired in the undergraduate course and in clinical practice, the components of the postgraduate course may vary depending on the target group of students.

It is expected that postgraduate courses would be aimed at students who have undertaken professional level undergraduate training in a healthcare field. Therefore, the Board seeks to provide guidance with regard to the length, components and content of postgraduate courses aimed at the following categories of healthcare professionals:

- graduates of courses in acupuncture who wish to obtain a registrable qualification in Chinese herbal medicine;
- graduates of courses in Chinese herbal medicine who wish to obtain a registrable qualification in acupuncture; and
- graduates of courses in non-Chinese Medicine healthcare fields who wish to obtain a registrable qualification in acupuncture and/or Chinese herbal medicine.

25 Length of Postgraduate Courses

The Board's Course Approval Guidelines estimate that, at undergraduate level, at least eight semesters full-time study is required to acquire the knowledge and skills in acupuncture or Chinese herbal medicine, and 10 semesters of full-time study is required for both acupuncture and Chinese herbal medicine.

Due to the foundation established in undergraduate study, the study of an additional field at the postgraduate level should require less time, especially when the student has had an extended period of clinical practice experience.

The Board has developed the following weightings as a guide to determine the relative proportions of study time that should be devoted to the key components of single modality courses in acupuncture or Chinese herbal medicine at an undergraduate level:

1. CM theory and diagnostics	10%
2. Theory of acupuncture/CHM	10-15%
3. Therapeutics of acupuncture/CHM	15-20%
Subtotal for CM subjects (1+2+3) =	(40%)
4. Biomedical sciences (and other non-CM subjects)	30%
5. Supervised clinical practicum	30%

These weightings for undergraduate studies may be used as guides when considering the proportion of an undergraduate course that a postgraduate student may already have completed. For example, a student in a postgraduate course who has completed undergraduate studies in biomedical sciences could be expected to have already completed about 30% of the undergraduate course. Similarly, a student who had completed undergraduate studies in biomedical sciences plus acupuncture or Chinese herbal medicine course is likely to have completed at least 40% of the undergraduate course components.

Therefore, the eight semesters required for an undergraduate course in one modality is effectively equivalent to a reduction of two-three semesters for biomedical sciences, and three-four semesters for biomedical sciences plus acupuncture or Chinese herbal medicine.

The length of courses must be sufficient for all of the learning outcomes to be achieved. The actual length of the course will depend upon the scope of the course, the mode(s) of delivery, the prerequisite knowledge and skills for acceptance into the course, and the need for proper sequencing of learning. Where any of the above components have been covered in undergraduate study, the length and content of the course can be reduced proportionally.

Estimates of the number of semesters of learning are provided below. These should be regarded as a guide for course designers. A semester is calculated on the basis of an Australian university semester of 13 teaching weeks per semester. It is not a requirement that institutions adopt a semester system of this type.

26 **Sequencing of Learning in Postgraduate Courses**

The period of time required to complete a course of study is not only based on the amount of material required to be covered, and the practical skills that must be acquired, but is also a product of the sequence in which material must be presented in order for effective learning to take place. For example, in general:

the study of materia medica should precede the study of Chinese herbal medicine formula:

- the study of acupuncture channel and point theory should precede the study of acupuncture therapeutics; and
- the practical clinical components of the course should provide practical extension of the theoretical components learnt previously in class (e.g. students should have at least begun the study of internal medicine prior to engaging in supervised practice).

The requirements of proper sequencing of study will limit the extent to which courses can be compressed and accelerated learning adopted. The course provider will need to satisfy the Board that the design and delivery of the course takes account of the need for proper sequencing of study.

27 Training Requirements for Graduates of CM Undergraduate Courses

27.1 General Considerations

Once a person has completed a course of study and clinical practice, in either acupuncture or Chinese herbal medicine, it can be expected that they will have covered the main aspects of:

- the fundamental theories of Chinese medicine;
- Chinese medicine diagnostics;
- the classification of disease; and
- studies in biomedical sciences relevant to the practice of Chinese medicine.

Such students would also have undertaken a substantial amount of supervised clinical training. Therefore, study of the other principal modality in a postgraduate setting need not involve repetition of topic areas covered in the undergraduate program. However, where there are key subject areas that have not been completed at undergraduate level these should be included in the postgraduate training or a bridging course undertaken.

In the case of Chinese medicine clinical subjects (e.g. internal medicine and gynaecology), which have been undertaken at undergraduate level as part of a course in acupuncture or Chinese herbal medicine, there is scope for these subjects to be offered at an accelerated rate as long as the learning outcomes are not compromised.

With regard to practical clinical training, there is scope for customising the practical clinical component of the course to suit the needs of the student group, particularly when the students have had a substantial period of clinical practice.

27.2 Course Scope and Components

The following points need to be considered when determining the appropriate scope (including components and length) of courses:

students should have covered most or all of the biomedical and other non-Chinese
medicine components at undergraduate level. However, when the undergraduate
qualification does not contain all the relevant studies in biomedical and other
sciences, the missing studies will need to be included in the postgraduate course and
this may impact upon the course length;

- studies in the basic theory of Chinese medicine, diagnostics, clinical management and professional issues should have been covered in the undergraduate study. In addition, some aspects of clinical subjects would also have been covered. However, when key aspects of these studies have not been covered, or have not received sufficient depth of coverage at undergraduate level, these studies need to be included in the postgraduate course;
- the scope and length of the postgraduate course will be affected by the scope and depth of coverage of the undergraduate course. In such cases, the content, delivery and length of the postgraduate course needs to be considered in light of the training undertaken in the undergraduate course. The course provider will need to clearly demonstrate the linkages between both courses in the application for course approval;
- a postgraduate student should have a greater capacity for self-directed and accelerated learning, however, this must not compromise the requirement for proper sequencing of study; and
- the scope of the postgraduate course (i.e. whether acupuncture, Chinese herbal medicine, Chinese herbal dispensing and/or tui na is included) is another factor affecting course length. Courses must deliver all the learning outcomes specified in the Course Approval Guidelines for the particular areas of study (for a list of the areas of study required see Figure 10 in section 30).

Taking into account the issues of scope and sequencing, the recommended duration of training, including supervised clinical practicum, is four-five semesters for a single modality.

28 Training Requirements for Graduates of Non-CM Undergraduate Courses

28.1 **General Considerations**

Once a person has completed a course of study and clinical practice in a healthcare field it can be expected that they will have completed studies in biomedical sciences that are broadly equivalent to those included in an undergraduate course in Chinese medicine. Therefore, study of Chinese medicine in a postgraduate setting need not involve repetition of topic areas covered in the undergraduate program. However, where there are key subject areas that have not been completed at undergraduate level these should be included in the postgraduate training or a bridging course undertaken.

With regard to the Chinese medicine theoretical and clinical components of the course, the scope would be the same as for an undergraduate course and the same learning outcomes would be expected.

When students have a substantial amount of clinical experience, there is scope for customising the practical clinical component of the course to suit the needs of the student group.

28.2 Course Duration

The following points need to be considered when determining the appropriate length of a course:

students should have covered most or all of the biomedical and other non-Chinese medicine components at undergraduate level;

- when the undergraduate qualification does not contain all the relevant studies in biomedical and other sciences, the missing studies will need to be included in the postgraduate course and this may impact upon the course length;
- a postgraduate student should have a greater capacity for self-directed and accelerated learning, however, this must not compromise the requirement for proper sequencing of study;
- the scope of the postgraduate course (i.e. whether acupuncture, Chinese herbal medicine, Chinese herbal dispensing and/or *tui na* is included) is another factor affecting course length. Courses will need to be able to realistically deliver all the learning outcomes specified in the Course Approval Guidelines for the particular areas of study; and
- teaching and learning efficiencies can be achieved when acupuncture and Chinese herbal medicine are combined.

The recommended length of a postgraduate course aimed at graduates of a non-CM healthcare field, including supervised clinical practicum, is:

- five-six semesters for a single modality (i.e. acupuncture *or* Chinese herbal medicine); and
- seven-eight semesters for Chinese herbal medicine and acupuncture.

29 Supervised Clinical Training in Postgraduate Courses

Clinical practicum that is supervised and assessed is an essential feature of a course whether at undergraduate or postgraduate level. The scope and nature of the supervised clinical training offered in a postgraduate course should be similar to that offered in an undergraduate course. However, when the course is aimed at students who already have clinical experience there is scope for variation in the way the clinical training is offered, and for a reduction in the length of the clinical training not exceeding 20% of that required for undergraduate training.

The practical clinical component of the course must be adequately assessed, and a final assessment of clinical competence must be undertaken, prior to graduation.

When an institution proposes to vary the nature and/or length of the supervised clinical training component the rationale for doing so should be detailed in the submission for course approval.

30 Other Course Design Considerations

When offering postgraduate courses in Chinese medicine, institutions should aim to provide at least the same standard of knowledge and practical training as in an undergraduate program.

However, there are some differences in the design, focus and methods of delivery of the postgraduate courses, namely:

• courses offered at postgraduate level should be designed to take into account the training completed at undergraduate level, so students are given the opportunity to build upon the range of knowledge and skills they have already acquired;

- when a course is aimed at practitioners who have already studied a Chinese medicine modality, and have had some years of clinical training, there is an opportunity for the clinical subjects to be delivered in greater depth than in an undergraduate course in the same modality;
- when a course is aimed at a group of practitioners who have completed a non-Chinese medicine heathcare qualification, there is scope for customisation of the course to address the needs of this group. For example, a course aimed at chiropractors might focus on traumatology, tui na and acupuncture, and a course aimed at GPs might focus on internal medicine, gynaecology and paediatrics;
- since postgraduate students can be expected to have developed a self-directed approach to learning there may be greater scope for flexible modes of delivery, and accelerated learning, in a postgraduate course than in an undergraduate one. Nevertheless, certain components will require face-to-face teaching, and the proper sequencing of learning should not be compromised; and
- when a student is already in clinical practice there is scope for integration of the clinical practicum into a work environment. For example, a postgraduate student who is already in clinical practice could undertake clinical practicum under supervision of a qualified practitioner.

In designing courses, institutions should refer to the Course Approval Guidelines for undergraduate programs for guidance. The core areas of study are the same for both undergraduate and postgraduate level courses, and courses should aim to produce graduates with the same attributes, knowledge and skills.

Figure 10: Core and Recommended Areas of Study for Approved Postgraduate Courses When One Modality Has Been Completed at Undergraduate Level

Area of Study	Acu			Herbal medicine		rbal ensing	Comments			
	Core	Rec	Core	Rec	Core	Rec				
Chinese Medicine (CM) Subjects										
History of Chinese medicine		X		X		X	Some historical study is recommended to place medical developments in context - this may have been completed at an undergraduate level.			
Principles of Chinese medicine							Completed at undergraduate level.			
Chinese language terminology for CM	Х		Х		Х		If not completed at undergraduate level.			
Diagnosis in Chinese medicine		X		X			Some study of subjects not completed at undergraduate level, and that are related to the specific modality, may need to be included.			
Channel theory	Х		Х				If not completed at undergraduate level.			
Acupuncture point theory	Х						A minimum of 400 commonly used points to be studied.			
Needling theory & practice	Х									
Moxibustion theory & practice	Х									
Acupuncture microsystems: ear & scalp	Х						Points additional to the above 400 need to be studied.			

Area of Study	Acu		CHM		CHD		Comments
	Core	Rec	Core	Rec	Core	Rec	
Acupuncture microsystems: hand/foot		Х					Points additional to the above 400 need to be studied.
Pharmacology of Chinese medicine			Х		Х		450 medicinal substances to be studied.
Chinese medicinal formulae			Х		Х		A minimum of 120 commonly used formulae to be studied.
Dispensing Chinese medicine substances			Х		Х		
Tui Na (Chinese massage)		Χ					
Huang Di Nei Jing	Х		Х				Focus on relevant sections of <i>Su Wen</i> and <i>Ling Shu</i> .
Shang Han Lun			Х				
Jin Gui Yao Lue		Х		Х			Reference to relevant content should be made in internal medicine & other clinical subjects.
Wen Bing Xue			Χ				
CM internal medicine	X		X				Modality-specific aspects not covered in the undergraduate program.
CM gynaecology	X		X				Modality-specific aspects not covered in the undergraduate program.
CM paediatrics	Х		X				Modality-specific aspects not covered in the undergraduate program.
CM traumatology	Х		X				Modality-specific aspects not covered in the undergraduate program.
CM external medicine		X		X			Commonly encountered conditions should be included, and any modality-specific aspects not covered in the undergraduate program.
CM dermatology	Χ		Х				
CM ear, eye, nose & throat disorders		Х		Х			Commonly encountered conditions should be included.
CM health preservation & enhancement							Included in undergraduate program.
Supervised clinical practice	Х		Х				Dispensing to be included for herbal medicine.
Supervised dispensing practice					Х		
Clinical internship	Х		Х				May include an overseas component.
Dispensing internship					Х		
Schedule 1 Herb Training							
Component 1: Phytochemistry and Pharmaceutics			Х		X		This area of study is core if Schedule 1 training is included in the curriculum.
Component 2: Dispensing Chinese Medicinal Substances			X		X		This area of study is core if Schedule 1 training is included in the curriculum.

Area of Study	А	cu	С	НМ	С	HD	Comments
	Core	Rec	Core	Rec	Core	Rec	
Component 3: Schedule 1 Herb Prescribing			Х				This area of study is core if Schedule 1 training is included in the curriculum.
Component 4: Schedule 1 Herb Dispensing			X		X		This area of study is core if Schedule 1 training is included in the curriculum.
Component 5: Schedule 1 Herb-specific training			X		X		This area of study is core if Schedule 1 training is included in the curriculum.
Biomedical Sciences							
Cell biology							Included in undergraduate program.
Biochemistry/molecular biology							Included in undergraduate program.
Anatomy	Х						May need additional surface anatomy if not included in undergraduate program.
Physiology							Included in undergraduate program.
Microbiology							Included in undergraduate program.
Pathology							Included in undergraduate program.
Pharmacology & toxicology			X		X		Focus on aspects relating to herbal medicine not included in undergraduate program.
Phytochemistry				Х	Х		The focus is on plant pharmacology relevant to CHM study.
Diagnosis in western medicine							Included in undergraduate program.
Radiology & imaging							Included in undergraduate program.
Laboratory diagnosis							Included in undergraduate program.
Clinical western medicine							Included in undergraduate program.
Research	X		Х		X		Included in undergraduate program, but programs that aim at preparing student for higher Degrees need to include further study in this area.
Professional Practice							
Professional issues	X		X		X		General issues included in under- graduate program, but some extra modality-specific issues need to be covered.
First aid							Included in undergraduate program.
Small business management							Included in undergraduate program.
Communication & health education							Included in undergraduate program.

31 Differences between the Study of Acupuncture and Chinese herbal medicine

There are a number of reasons why the addition of the study of Chinese herbal medicine, following the study of acupuncture, generally requires a greater workload and consequently more time than the study of acupuncture following the study of Chinese herbal medicine. These reasons are as follows:

- 1. the study of materia medica and formulae generally requires more time than channel and point theory and point location. In addition, the basics of channel theory should have been covered in fundamental CM theory in a Chinese herbal medicine course:
- 2. the clinical subjects in Chinese herbal medicine generally require more time than the corresponding subjects in acupuncture because:
 - a) the differentiation of sub-types is more crucial in the selection of model formulae than for the selection of acupuncture points;
 - b) new formulae are included that are not included in formula study; and
 - c) formula modification is an additional component in Chinese herbal medicine.

Since the clinical subjects comprise a large proportion of a course, these differences in the amount of study required for each disease add up to a considerable difference in course delivery time over a number of clinical subjects;

- 3. it is necessary to include *Shang Han* and *Wen Bing* in Chinese herbal study but not in acupuncture study. In acupuncture study *Huang Di Nei Jing* is included but the scope of coverage is not equivalent to *Shang Han* and *Wen Bing* combined;
- the studies of general and herbal toxicology are additional components in Chinese herbal medicine courses while surface anatomy is included in acupuncture courses. However, the amount of study required for surface anatomy is less than for general and herbal toxicology;
- 5. topics relating to dispensing herbs and dispensary management are included in C Chinese herbal medicine, and acupuncture/moxibustion/cupping methods are included in an acupuncture course. These two components tend to balance each other out; and
- 6. the requirements for practical clinical training are considered equivalent for Chinese herbal medicine and acupuncture.

Therefore the scope of specific studies in Chinese herbal medicine tends to be greater than for acupuncture-specific studies. In addition, there are more sequencing constraints in Chinese herbal medicine study. The result is that the amount of study and class time required to attain a professional level of skill in Chinese herbal medicine tends to be greater than for acupuncture. This is not intended as a value judgment about the relative worth of acupuncture or herbal medicine - it is intended as an advice to course designers. If further topics are added to an acupuncture course it would, of necessity, become longer. Typical examples would be acupuncture and drug addiction, additional acupuncture microsystems and *tui na*. These are not, however, included in the core topic areas required for course accreditation.