Ms Debra Gillick
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Australian Health Practitioner Regulation Agency
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Dear Ms Gillick

Chinese Medicine National Registration Standards Public Consultation

Thankyou for the opportunity to submit a response to the Board's draft registration standards. I have closely read the Board's consultation paper and broadly support all registration standards, with the exception of some elements of the Grandparenting standard.

Due to time pressures, I will be brief and to the point. My concerns are directed at three areas.

1. Assessment of practice evidence for overseas-qualified practitioners
2. Assessment of competency evidence for Japanese-qualified practitioners
3. Use of formulae in the assessment of competency evidence for Chinese herbal medicine

1. Assessment of practice evidence for overseas-qualified practitioners

Schedule 1 of the Board's Consultation paper (p.44) states in many instances that untranslated documents in Chinese are permitted as evidence of practice. That being the case, applicants qualified in countries where the mother language is not Chinese should also be given the right to submit untranslated documents from their country of qualification. Failure to provide equality in this regard might be construed as breaching Commonwealth anti-discrimination legislation such as the Racial Discrimination Act (1975), the Australian Human Rights Commission Act (1986) and various State anti-discrimination legislation.

The other alternative would be to simply disallow untranslated foreign language documents.

I submit that for the purposes of evidence of practice, the Board either

i. allows untranslated documents from all overseas countries of qualification, or
ii. disallows all untranslated foreign language documents

2. Assessment of competency evidence for Japanese-qualified practitioners

There are a handful of Japanese nationals holding Japanese qualifications and practicing in Australia (I think about 20 practitioners altogether) who will be affected by the Board's proposed assessment criteria. I understand that I am the only Australian to hold Japanese qualifications and licenses. To my knowledge all of us graduated from our respective institutions and obtained our practitioners' licenses well before 2008.

The draft standards require that practitioners submit patient records which evidence the practitioners' ability to conduct treatment based on a *Chinese Medicine* diagnosis and "demonstrates the application of principles of point selection as applied to the individual patient".

The question here is, what constitutes a Chinese medicine diagnosis?
In my experience, practitioners of Japanese medicine use processes and vocabulary that are not widely used in the Australian Chinese Medicine context. It is therefore possible that a Japanese Medicine diagnosis might not conform to what the Board would consider a Chinese Medicine diagnosis. It seems this depends entirely on the Board's interpretation of the term and its diagnostic expectations, which have not been elucidated.

Although Japanese and Chinese Medicine share the same roots, the branches have grown in slightly different directions. Thus, despite the fact that Japanese practitioners may be immensely competent clinically, with large practices and many more years of experience than required by the Board, they may not be able to conform to the competency standards being proposed by the Board.

It would be a loss for the Australian community if established Japanese practitioners were to be denied registration simply because of semantic differences in terminology and methodology.

While I understand the necessity for the Board to set standards for assessment, I would hope that the application of the assessment criteria encourages as broad an interpretation of the notions of Chinese Medicine as the practice of the Medicine itself allows. The fundamental tenets of the Medicine as set down in the Classics may be its touchstones, but diversity of thought and practice is part of its DNA.

Additionally the clinical notes of many Japanese medicine practitioners will probably be in Japanese. Due to the fact that Japanese medicine is not widely practiced in Australia, It will be extremely difficult for practitioners to find qualified Japanese-English translators who are competent in the theory, terminology and usage of Chinese medicine concepts, who can adequately translate patient records in a way that satisfies the Board's assessment criteria.

I submit that the Board appoints a person who is very familiar with Japanese medicine to assist in the assessment of competency evidence submitted by these practitioners.

3. Use of formulae in the assessment of competency evidence for Chinese herbal medicine

The prescription of standard Chinese Herbal formulae is a quick, effective and legitimate method of exercising competence in Chinese Herbal medicine. The AACMA email *Draft Registration Standards - Member Call for Action* (3.10.11) states:

> "If you prescribe Chinese herbs in pre-manufactured pill form, it is unlikely you will be unable *(sic)* to demonstrate competence to practise Chinese herbal medicine as the pills cannot be individualised, despite pills having a long tradition in Chinese medicine.
>
> "Secondly, it is unclear whether prescribing two different pill formulae to be taken concurrently would be considered individualisation, despite this being an accepted part of Japanese (Kampo) medicine.
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> "If you record an appropriate Chinese medicine differential diagnosis and prescribe a formula that matches and accords with your diagnosis, it is unlikely you will be able to prove competence as you have not modified the formula. Even if the prescribed formula does not require modification to be appropriate for the patient's individual condition and does not need modification, it is unlikely that you will be considered competent."

Is this true?

A very significant part of Chinese Herbal Medicine is the study and use of classic formulae, as evidenced by the contemporary bible of Chinese Herbal Medicine, Bensky's "Formulas and Strategies". This text is widely accepted as a foundation and clinically essential text for the study and practice of Chinese Herbal Medicine in most English-speaking countries.

More recently there has been a resurgence of interest worldwide in the study of the Shang Han Lun, (Classic of Cold Damage) – a formula-based approach to the practice of Chinese Medicine – which was written over 2000 years ago and is accepted as the pre-eminent Chinese classic in Herbal Medicine.

The use of formulae, with and without modification, is the way Chinese (and Japanese) Herbal Medicine has been practiced throughout most of its history. Where a Chinese Medicine diagnosis points clearly to the use of a standard formula that does not need modification it seems unreasonable and presumptuous that such evidence would not be considered by the Board as proof of competence.

I submit that the Board changes its competency standards to allow the use of standard formulae, whether it be raw herb, granules or pills, insofar as the practitioner can clearly demonstrate the link between diagnosis and prescription.

I trust that the Board will give full consideration to my submission in framing its advice to the Minister.

Kind regards

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Clinic Director