

**Response to Consultation Paper Re: Draft National Registration Standards prepared by the Chinese Medicine Board of Australia/Australian Health Practitioner Registration Agency (AHPRA)**

I wish to specifically comment on the proposed grandparenting registration standard in respect to Australian acupuncture qualifications before 2008. I graduated in 1976 and I am part of the older generation of practitioners who established the acupuncture profession in this country. I did meet the standards as set out in the consultation paper but now **do not meet the standards as set out in the addendum**. I have an established acupuncture clinic at Guildford and have actively practised acupuncture for thirty five years and do some casual research work for the University of Technology, Sydney. I also am a published acupuncture researcher, peer reviewer for several journals, honorary clinician to two Universities, presented an international webinar (7<sup>th</sup> July 2011), was an acupuncture expert witness for the NSW Department of Police Prosecutions for a criminal case involving a person delivering so-called acupuncture treatment ( August, 2011) and have just returned from Korea after presenting as a keynote speaker for an international symposium ( 19<sup>th</sup> September 11) on pattern identification. I think I am a good example to show how this grandparenting proposal fails.

My understanding is that AHPRA was initially set up to implement National Registration and Accreditation across Australia for 10 National Health Practitioner Boards and as of 1<sup>st</sup> July, 2012 that number will be extending to 14. Although Victoria registered Chinese Medicine using a grandparenting clause and these people will automatically be taken into the National scheme, it seems that this draft proposal has made changes which will not allow the same smooth transition of practitioners who have worked in the industry for 20 plus years – this does not seem fair. I am hoping that this is an oversight and hopefully my comments and suggestions are seen as helpful in an endeavour to remedy these problems rather than just offering criticism.

*The draft grandparenting standard defines appropriate qualifications to be consistent with a minimum Advanced-Diploma-level in accord with the Australian Qualifications Framework (AQF) (page 41). Adequate clinical and practical training considered by the Board (page 42) and;*

- *training in Chinese medicine theory including differential diagnosis and the design of individualised acupuncture and/or Chinese herbal medicine prescriptions; and*
- *training in biomedical sciences (i.e. anatomy, physiology, microbiology, pharmacology, pathology, clinical diagnosis and therapeutics); and*
- *ethics, jurisprudence, and practice management.*

**Background:** I graduated 19 years prior to the introduction of the AQF in 1995. At the time of my graduation (mid 1970s) the acupuncture training program was 12 months. During the 70s acupuncture was predominantly undertaken by doctors, physiotherapists, chiropractors and osteopaths. There was no acupuncture or Chinese medicine profession. However within a very short time the course for new students expanded and us oldies upgraded with bridging and weekend courses. I cannot remember when, but it was a long time ago that continuing professional education (CPE) was introduced. In 1977 the Hospital Contributions Fund (HCF) wanted to pay rebates for acupuncture services provided by graduates from Acupuncture Colleges Australia. The then principal, Russell Jewel thought this unfair to acupuncturists who had been trained elsewhere (overseas) and set the Acupuncture Ethics and Standards Organisation (AESO) which accredited acupuncturists for the health fund provider

rebate status. The AESO grew over the years, its mandate was not that of an association but that of an accreditation board, to lift academic standards by recognising graduates from colleges which met certain standards, provide CPE for its accreditees, gain rebate status for its accreditees from all health funds, make representation to government bodies and at all times looking after the interests of the public – a pseudo registration board. In 1993 AESO was absorbed into the Australian Acupuncture Association which later became the Australian Acupuncture and Chinese Medicine Association (AACMA). So this is a very rudimentary explanation of how our profession developed and grew.

*Page 42 of the consultation paper refers us to a Discussion paper proposal for adequate clinical training for practitioner courses of study (Addendum to Chinese medicine draft standards consultation paper, 27 September, 2011). This document reads as a correction to the consultation paper and identifies;*

*“Adequate clinical training for practitioners is expected to be:*

- Structured*
- directly supervised*
- formally assessed*
- minimum 390 hours for undergraduate*
- minimum 180 hours for post-graduate level studies by a person with an undergraduate qualification in the other area of Chinese medicine practice*
- minimum 210 hours for post-graduate level studies by a person with a degree in medicine, chiropractic, nursing or other health care profession*

These types of courses were not available when I graduated. Over the years I have worked for the profession and have held senior positions on several Australian organisations and also was a Vice President to the World Federation of Acupuncture Moxibustion Societies, a non-government organisation of the World Health Organisation. Standards were often an agenda item. During the 70s and 80s there were not many text books available, so initially workshops, journals and CPE was the way practitioners acquired new knowledge. As China, Asia and the world opened up acupuncturists had access to lots of new information and texts. Twenty or thirty plus years of experience has to account for something!

*The Board seeks advice on:*

- 7.1 Whether you agree with the qualifications standards*
- 7.2 Whether you agree with the types of practice evidence requested*
- 7.3 Whether you agree with the types of competence evidence requested*

**Response:** The Board needs to consider two generations of grandparenting. It needs to consider those who qualified within the last 15 years since the introduction of the AQF (1995) and those practitioners who predate this era, those who have been practising 25 – 35 years plus. Perhaps the qualification standards, practice and competence evidence being proposed should be applied to those practitioners who have graduated within the last 15 years when these standards applied. Retrospective application of such requirements feels discriminatory. Maybe the veteran practitioners should be a separate classification, the great-grandparents. Practitioners who have worked in the industry 20 years plus can easily show evidence of practise (as per schedule 1). Competence can be provided by a statement from a Chinese medicine professional association or evidenced by the fact that these practitioners have been in continual practise and provided services to the Australian community over two,

three or four decades, having earned their living from acupuncture - how many millions of treatments have they delivered to the Australian community over this period of time?

In 2005 I applied to the University of Technology, Sydney (UTS) to undertake a post-graduate Master of Science (Research) degree in which I examined the effect of acupuncture on people with hepatitis C virus: A randomised controlled pilot study. UTS accepted my application without an undergraduate degree based on my experience and two academic referees who were familiar with my work/experience. Both referees submitted an "Academic Referee's Report". Maybe something like this could be another method of establishing credibility?

#### *Board assessment*

*The Board considers that its proposed grandparenting registration standard meets the objectives and guiding principles of the National Law. In particular, to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered; to enable the continuous development of a flexible, responsive, and sustainable Australian health workforce; and that the National Scheme is to operate in a transparent, accountable, efficient, effective and fair way.*

**Response:** I do not believe that the Board's proposed grandparenting registration standard meets the objectives and guiding principles of the National Law. The proposal does not include **all** suitable, competent and ethical acupuncture practitioners. It does not allow for the veterans of our profession, that is those who have been practising for 20 plus years.

*The Board specifically addresses the four COAG principles as follows:*

*(e) ...The intent is to ensure that practitioners who are legitimately practising the profession (particularly in those jurisdictions that do not currently require registration) are not unjustly disadvantaged because they are not automatically transitioned into the National Scheme as state or territory registrants or because they do not hold an approved qualification.*

**Response:** I do not believe that the Board addresses the four COAG principles as listed above in respect to those practitioners who have been legitimately practising for 20 plus years. These practitioners will be unjustly disadvantaged, and I can only see that they will be eligible for National Registration through supplying patient records or examination. Grandparenting should be about a mechanism to enable legitimate practitioners to continue to practise in their profession and this should take into account the legitimate standards that applied at the time they undertook their studies, not about the retrospective application of contemporary standards. I will find it difficult to accept that someone who has qualifications in another health profession and yet has 210 acupuncture clinical training hours will be accepted under this proposal where as I will not.

**Other comments:** I am concerned that the Addendum to Chinese medicine draft standards consultation paper is dated 27 September, 2011 and therefore posted with a short period of reply. The gravity of its content is significant and I think has the potential to effect many hundreds of acupuncture practitioners – that is whether they will be able to continue to practise or not. Albeit that the legislation is restriction of title those practitioners who are not

registered will not have access to health fund rebate status and etc. and therefore will be again disadvantaged in the workplace and workforce. I would like to think that those who responded prior to the time of the posting have been advised so their submissions can be amended if needed. Although I am mindful of the tight timelines of the Board's work, I am concerned whether such late posting has allowed adequate consultation period considering the importance of both the consultation paper/addendum and the project (registration).

I am also interested in the working of the Board, did all members of the Board agree to the inclusion of the addendum and with late notice? Are there minutes of the Board's meetings?

Your truly,  
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10<sup>th</sup> October, 2011