

Fri 16/09/2011

Dear Board,

Regarding Grandparenting - Practice Evidence - Patient records, certain particulars should be noted.

1) As most practitioners practise alone, their patient notes need only be understood by themselves. While much of the treatment information would be understood by other practitioners, I use many abbreviations and symbols to document the treatment that would be only understood by myself. I suggest that if this is the case, the applicant provide a list of such explanations related to the copies provided.

2) As the treatment approach is based on the "Presenting Pattern" leading to certain symptoms, it should first be noted that the naming of the pattern differs from text to text even in the TCM education model. Furthermore, if practising another style of acupuncture as I do (Classical Japanese Meridian Therapy), the naming of the patterns differ considerably. For example, we have no "Heart" patterns at all. Also, the use of certain acupuncture points and techniques are very different to a TCM prescription. It is my fear that this approach may not be understood by the assessor and may be misinterpreted as a poor treatment.

These differences may also lead to confusion when assessing the appropriate use of a Chinese Herbal Formula. For example, Jia Wei Xiao Yao San might be prescribed for a pattern of "Liver Qi Stagnation" in TCM, but in TJM (Traditional Japanese Medicine), this formula may be prescribed for a diagnosed pattern of "Liver Yin Deficiency Heat" with appropriate presenting symptoms.

Regarding CPD.

There are many opportunities for Chinese Herbal Medicine continuing education in Australia, however there is rarely any education available that is relevant to my practice of "Classical Acupuncture - Japanese Meridian Therapy". From time to time courses in Toyohari or Manaka Japanese styles are offered, however their approach still differs from my teaching in Japan. My teacher advises that I be cautious, as it may lead to confusion.

I have been with my current teacher in Japan since 2000. While I am always involved in self-directed learning through texts and journal articles, my current level of skill and education is mostly due to the relationship with my teacher by way of email contact and regular trips to his clinic in Tokyo where I am assessed on knowledge and technique.

It is my belief that the best quality learning is in a clinical environment with a highly skilled clinician and educator. This form of continuing education should be encouraged and be included as an option in the CPD requirements.

Regards,
Chris Bishop