

Name: Leanne Lee, Lees Traditional Chinese Medicine

8 October 2011

Attn: Ms Debra Gillick
Executive Officer
Chinese Medicine Board of Australia
AHPRA
GPO Box 9958, MELBOURNE, VIC 3001

Dear Ms Gillick

RE: SUBMISSION – MANDATORY REGISTRATION STANDARDS FOR CHINESE MEDICINE AND GRANDPARENTING ARRANGEMENTS

I refer to the proposed mandatory registration standards for Chinese Medicine which has been recently released for public comment by the Chinese Medicine Board of Australia (the Board). I understand that the Board is seeking public comment in the following areas:

1. Proposed mandatory registration standards:
 - 1) Continuing professional development;
 - 2) Criminal history;
 - 3) English language skills;
 - 4) Professional indemnity insurance; and
 - 5) Recency of practice.

2. Proposed registration standards:
 - 1) Grandparenting.

With regard to "Proposed mandatory registration standards", I strongly object to the proposed standards for English language skills for the following reasons:

- The proposed standards are inconsistent with the Victorian Registration Policy for Chinese Medicine. These standards are clearly higher than the Victorian standards. It is understood that the National Board allows for the Victorian registered practitioners to be automatically transferred into the National register. This clearly presents unfairness and injustice due to the

inconsistent English requirements between the two Boards. The proposed English standards should not be higher than the Victorian requirements.

- The Board needs to recognise that the development of Chinese medicine are based on the foundations of Chinese Daoism over 3,000 years ago, which indicates its inherent association with the Chinese culture, history and most importantly, the Chinese language. Some of the words and terms such as “Qi”, “Yin” and “Yang” are irreplaceable by English language. Overly emphasising on English requirements will have negative impact on the traditional essence of Chinese Medicine as well as its unique culture.
- Whilst I understand the intent of imposing English skills by the Board to ensure public safety, the Board should recognise the fact that the most fundamental methods of diagnosing a patient in Chinese Medicine are: observation, auscultation and olfaction, and the taking of the pulse and palpation. To a large extent, diagnosing a patient can be accomplished without verbal interrogation. This is exactly why many Chinese Medicine practitioners who do not have good English skills are able to serve the Australian public competently for so many years. The Board should recognise that the majority Chinese Medicine practitioners in Australia have limited English skills, but they are working hard to serve the community and are welcomed by the community.
- It is because of the above reasons, the requirement on English skills will have major negative impact on most Chinese Medicine practitioners as well as the Chinese Medicine industry. It will also negatively impact on the community members who require the service (treatments) of Chinese Medicine if some of the practitioners are being refused from registration due to the English requirements.

For the above reasons, I strongly object to the proposed English Standards, and request the Board to consider lowering the standards to the minimum – even the Victorian Standards are considered too high by many practitioners.

With regard to the Grandparenting registration standards, whilst I support in principle of provisions, I object to the “5 years practice within the profession” as I believe that it is too excessive, and 3 year should be more appropriate length. Secondly, I object to the wording of “between 2002 and 2012”. This discriminates those practitioners who have the “5 years practice” but was not practiced “between 2002 and 2012”, particularly those younger practitioners. I request the Board to consider replace the above wording with “between 2002 and 2015”.

Furthermore with regard to the Grandparenting registration qualification requirements, whilst I support that a formal qualification is essential, I believe that the following component should not be included in the Board assessment:

- Ethics, jurisprudence, practice management and research skills (Page 41 of the Consultation Paper)

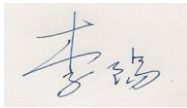
In many Chinese Medicine tertiary schools, a Bachelor Degree course (particularly those older qualifications) may not include the above study component. However, the principles and skills of ethic, jurisprudence, practice management and research skills have been learnt in their practice. Therefore, I request the above requirement be deleted from the Qualification requirements.

In conclusion, whilst I understand the intent of proposed mandatory registration standards and support in principle of the grandparenting standards, I object to:

- the proposed standards for English language skills, and request the Board to consider lowering the English requirements to the minimum;
- the length of “5 years practice within the profession” for grandparenting requirement, and request it be replaced with “3 years practice within the profession”;
- the wording of “between 2002 and 2012” in the Grandparenting requirements and believe it is discriminative against younger practitioners, and request it be replaced with the wording of “between 2002 and 2015”.
- the requirement of having the study component of “Ethics, jurisprudence, practice management and research skills”, and request this be deleted.

I thank you for the opportunity to comment on the Consultation Paper, and request you to consider my objections and address the issues raised in this letter. I look forward to receiving your further correspondences regarding these matters.

Yours faithfully

A square image containing a handwritten signature in black ink. The signature is stylized and appears to be the name 'Leanne Lee' written in Chinese characters.

Leanne Lee