

24 September 2011

Board of Chinese Medicine, Australia

AHPRA

Grandparenting registration standard: Transitional Arrangements for Qualifications

7.1 I disagree with the qualifications standards where a course of study which is consistent with a minimum of Advanced Diploma level in the AQF is considered adequate only if it had been obtained before 2008. While it is appreciated that the Board demands a high standard in safety and quality of practitioners for the protection of the public, it is inconceivable and inequitable to conclude that Advanced Diploma courses which have been run for over 20 years, would be of an inferior standard after 2008.

In the case of Sydney Institute of Traditional Chinese Medicine (SITCM) from where I graduated, the opposite is true as the course has been restructured on an ongoing basis to take into account contemporary issues in traditional chinese medicine and one can only conclude that graduates from Advanced Diploma courses from 2008 to 2011 are better trained academically.

I understand and commend the Board wishing to raise the standards of training and qualifications of Chinese Medicine practitioners in the future. However, for the grandparenting arrangement during the transitional period graduates of Advanced Diploma obtained prior to June 2012 should be accepted for general registration. Future registrants after June 2012 should be informed of this standard and be held to this.

In addition, a lot of graduates from SITCM's Advanced Diploma courses who graduated from 2008 to 2011 have been practising, some very successfully, in the community. Most of them would not have completed 5 years of practice within the profession but have had PI insurance, acceptance by major health funds for rebates, acceptance as members by major Chinese medicine professional association. Practising traditional chinese medicine has been their main and only livelihood. Some of them spent a lot of capital in building up the goodwill of their business. If these practitioners are not allowed to register without incurring further financial burdens of obtaining a bachelor's degree or sitting for examinations, their

livelihood will be ruined and the welfare of their patients disadvantaged. This will give the whole industry of traditional chinese medicine a bad name.

Recommendations:

I recommend that the Chinese Medicine Board *in this transition period* to registered practitioner status, allows holders of Advanced Diploma in Chinese Medicine (Herbal and Acupuncture) up to June 2012 to transit automatically to full registration.

I recommend that practitioners with Advanced Diploma in Chinese Medicine up till 2012 be treated equally with those holding degrees.

I recommend that no additional burdens, eg, entrance exams, practical tests, etc, be inflicted on practitioners with Advanced Diplomas in Chinese Medicine up to June 2012 that would not be equally sought from practitioners holding Bachelor degrees.

Li rong Li
Advanced Dip TCM
B of Bus, CPA

Li rong Li
Advanced Dip TCM
Valia Body & skin Care Clinic
Shop 1/600 Railway PDE
Hurstville 2220 NSW

8 October 2011

Ms Debra Gillick
Executive Officer,
Chinese Medicine Board of Australia
AHPRA
GPO Box 9958, Melbourne, 3001

Email: Subject: Mandatory registration standards
chinesemedicineconsultation@ahpra.gov.au

Dear Ms Gillick

Re: Submission on the Mandatory Registration Standards and the Grandparenting Arrangements

I am writing in regard to the above matter. I would like to thank the Chinese Medicine Board of Australia (the Board) for the opportunity to express my opinion on the mandatory registration standards and grandparenting arrangements.

I disagree to set a standard of English language skills for the registration of Chinese medicine profession, as a practitioner's English language proficiency does not reflect his or her professional skills. A practitioner of Chinese medicine does not only use language to communicate with his/her patients, but more importantly apply methods of observation, smelling and feeling of pulses to make a judgment. A good practitioner should not be denied of recognition for his/her clinical skills, nor should he/she be barred from practice purely based on his/her English language skill. Chinese medicine has been deeply rooted in Chinese tradition, culture and language for thousands of years and theories like "yin and yang" and "five elements" are difficult to be translated into English in a precise and accurate manner. It is obvious that Chinese language has always been an important and inseparable part of Chinese medicine. Therefore it is advantageous to teach Chinese medicine in Chinese language over English. Teaching Chinese medicine in English denies the importance of Chinese as a language in Chinese medicine. And setting an English language standard as one of the qualification assessments in the registration of Chinese medicine profession is totally unfair.

FCMA has always been providing Chinese medicine practitioners with effective English translation services and exchange activities with various communities. Meanwhile, practitioners are doing their best to improve their English skills and actively involved in FCMA's activities and programs. The registration standards should exclude the requirement for English skill, and the communications between the practitioners and the board should be done through translation. I hope the Chinese Medicine Board of Australia will take my opinions into consideration.

I agree with and support the proposed mandatory registration standards and grandparenting arrangements in particular on “*The exemption arrangement for grandparented applicants*”. I appreciate the consideration given by the Board on specific needs in making flexible arrangement on English requirements due to historical and uniqueness of the development of Chinese Medicine in Australia. I support the overall language requirements for post-grandparenting requirements but believe IELTS 6.5 or equivalent level should be adequate.

I also agree with and support the proposed Proof of Practice and Competence Applicants for acupuncturist, Chinese herbal practitioner and Chinese herbal dispenser under the heading of “Grandparenting registration standard”. Those evidence requirements listed on Schedule 1 and Schedule 2 are reasonable and acceptable.

I acknowledge that registration should not be considered as an award or honour to anyone on the basis of their contribution to the development of Chinese medicine in Australia. Indeed, the ultimate aim of statutory regulation for the Chinese medicine profession is to protect the public by setting up criteria so that only those practitioners who could demonstrate their knowledge, competence and skills of Chinese medicine are eligible for registration. Therefore, I believe that the proposed mandatory registration standards and grandparenting arrangements have met the requirements.

I further suggest that the Board should clearly define the scope of Acupuncture and Chinese herbal medicine on its registration standards. I strongly believe those who practise Japanese acupuncture, Myofascial dry needling, Ayurvedic (Indian) acupuncture, Korean oriental medicine, Japanese (Kampo) medicine, Natural medicine or herbal medicine should not be eligible to apply for registration of Chinese medicine as only **Chinese medicine profession** is included in the National Registration and Accreditation Scheme (NRAS).

In conclusion, the proposed registration standards are well-designed, thorough and balance the need for the protection of the public and legitimacy of the Chinese medicine practitioners who hold appropriate Australian and/or overseas qualifications or demonstrated themselves with competence of practice.

I hope the Board will consider my suggestions.

Yours sincerely

Li rong Li