

Professor Lin Tzi Chiang

9 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 agree with and support the proposed mandatory registration standards and grandparenting arrangements in particular on "The exemption arrangement for grand-parented 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 mandatory registration should only considered Chinese herbal medicine and Acupuncture because at this stage Australian government is ready for statutory regulate Chinese Medicine profession only. Therefore, I further suggest that the Board should define the scope of Chinese herbal medicine and Acupuncture on its registration standards. I strongly do not believe that other forms of acupuncture practice such Japanese acupuncture, Korean acupuncture or medical acupuncture or other form of medicine such as ayurvedic medicine, Kampo medicine, Korean Oriental medicine,

natural medicine or Western herbal medicine should be included into Chinese herbal medicine and Acupuncture scope. For those who practise other forms of medicine and want to be included in the NRAS (National Registration and Accreditation Scheme) may submit their applications in the future but not within the Chinese Medicine profession.

The ultimate aim of statutory regulation for the Chinese medicine profession is to protect the public by setting up criteria that only those practitioners who could demonstrate their qualifications, 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.

In conclusion, the proposed registration standards are well-designed, thorough and balance the need of protection of the public and legitimate Chinese medicine practitioners who have held Australian and/or overseas qualifications or have demonstrated themselves of competence in practice.

I wish the Board consider my suggestions.

Yours sincerely,

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Professor Lin Tzi Chiang, PhD. JP.