

# *QJ Ausino Health Service*

*Registered Chinese Herbal Medicine & Acupuncture Practitioners*  
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In 2006, one of main reasons to introduce Chinese medicine legislation is: in Australia the training and education for Chinese medicine is substantial (see Chinese medicine legislation documents)

Over years, many clinical practice training for Chinese medicine provided by BMIT (Royal Melbourne Institute of Technology) is taken in China (see their course introduction).

6 October 2011

Ms Debra Critick

Executive Officer,

Chinese Medicine Board of Australia

AUSTRALIA

GPO Box 9438, Melbourne, 3001

Email: [debra.critick@cmra.gov.au](mailto:debra.critick@cmra.gov.au) Subject: Mandatory registration standards  
[www.chinesemedicineconsultation.com.au](http://www.chinesemedicineconsultation.com.au)

Dear Ms Critick

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 grandparented applicants". I appreciate the consideration given by the Board on specific needs in making flexible arrangements 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 practitioners and Chinese herbal dispenser under the heading of "Grandparenting registration standard". These 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



Mr Hailong Qian