

Tue 4/10/2011

To Whom It May Concern:

The AACMA recently informed members of the release of draft national registration standards for Chinese Medical practitioners. I am writing to submit input on the formulation of such standards, particularly the draft grandparenting standard. As a practitioner who qualified in an AACMA accredited Diploma of Applied Science program almost 16 years ago, who has been in successful practice for 16 years undertaking continual professional education, the draft standard requires me to prove my competence in the same manner as unqualified practitioners. It will also require hundreds of my colleagues in established practices who graduated before 2008 to do the same.

I would like to include in my submission the following statements:

- Australian-trained practitioners applying for registration under the national scheme should not be put to a higher grandparenting standard than applied under the Victorian scheme.
- All government/university-accredited qualifications at least three years full-time equivalent duration should be included on the list of courses deemed adequate for grandparenting, and this include the past advanced diploma and diploma level programs.
- Unaccredited programs that were recognised by AACMA as meeting the requirements for practice at that time should also be included on the list of courses deemed adequate for grandparenting, and that this include the past practitioner diploma and unaccredited bachelor programs.
- The list submitted by the AACMA of Australian Chinese medicine programs deemed adequate for grandparenting purposes should be included on the CMBA list of courses deemed adequate for grandparenting purposes.

As a practitioner and longstanding member of AACMA I am curious to know what necessitates draft grandparenting standards that equate established practitioners with unqualified ones, and subjects established practitioners to higher educational requirements than those in the Victorian registration process. It seems only reasonable to ask the CMBA to provide the AACMA and its members evidence for the necessity of such requirements.

After consulting with a number of other established practitioners who qualified in Chinese medical practice prior to 2008, many of us are offended that the CMBA would deem to treat us in the same manner as unqualified practitioners, when we have been proving our competence to patients for years. In many cases, decades.

Next, we are very concerned our national professional association, the AACMA, which has worked for many years to establish appropriate standards for our profession, is being disregarded in the formulation of registration standards. We are disappointed and depressed that not only do our years of clinical practice mean nothing to the CMBA, but the CMBA has no regard for the work of the association, and no regard for our years of paying membership fees, adhering to professional standards and pursuing continuing professional education according to AACMA guidelines.

We believe the grandparenting standards submitted by the AACMA and outlined above are sufficient for established practitioners to gain registration. Since instances of misconduct or adverse events among our patients are extremely rare, we are at a loss to understand why the addendum to the grandparenting standards sets the requirements higher than those used in the Victorian scheme. If my colleagues and I are made to prove our competency to the board, a tedious and needless process that will detract from time we could be spending attending to patients, we will demand evidence from the board of precisely how patients will be adversely affected should the board adopt the AACMA's recommended grandparenting standards. We will demand to see data.

Yours sincerely,

Esther Rockett