

October 10,2011

Dear Board Members,

As a current practitioner of acupuncture & moxibustion I am writing to submit my thoughts on the Draft Registration Standards. As a long standing member of the AACMA I was alerted last week to concerns raised about the possible impact that these standards may have on myself, and many others, with regards to our ability to continue practicing post registration. In particular, I am referring to concerns raised with regards to the contents of the Addendum and how they may impact upon us. It is our understanding that you are under significant pressure to finalize these standards within a very tight timeframe, and that this may have contributed to a situation where either some misunderstanding or potential for unintended consequences has occurred. If that is all that lies at the crux of the matter then I for one would be very glad to hear that this is the case - the simplest solution would appear to be to just drop the Addendum. Until such time, however, I must respond based on the facts as I am advised and believe them to possibly be.

The main focus of my submission will be on the draft of the grandparenting standard, but I wish to state that subsequent to receiving commentary from the AACMA last week I have taken the time to peruse the original draft as posted on your website and in the spirit of co-operation will make brief comment on the other five draft mandatory standards also.

Continuing Professional Development:

I am agreeable to the number of hours. As well as practicing acupuncture & moxibustion I am also a practicing registered nurse and under AHPRA am required to meet the same. I would like to see clarification on what constitutes professional issues and mandatory further education. As an RN mandatory training, including clinical skills such as basic life support (BLS) is included.

Criminal History:

I am agreeable to these so long as they are applied consistently and not harshly.

### English Language Standards:

I am aware that there are practitioners for whom English is very much a second language and whose practices are significantly reliant on treating patients drawn from within their own communities in their native tongue. Whilst, in some cases, their level of English proficiency may not be sufficient to normally enable them to be considered under the new standards I hope that they will be dealt with compassionately. As someone who has worked very hard in the past to succeed in becoming fluent in an Asian language whilst living abroad, I certainly empathise with them.

### Professional Indemnity:

This draft standard seems to agree with the requirements which I am currently obliged to fulfil as a member of AACMA. So at this time I don't see any cause for concerns there.

### Recency of Practice:

I am in general agreement so long the burden of proof of practice is not made too onerous. The suggestion of two separate pieces of evidence as outlined in Schedule 1 of the draft seems appropriate. This is still greater than the amount of evidence that I am required to submit as an RN.

### Grandparenting:

With regards to the grandparenting standard I wish to include the following statements in my submission:

1. Australian-trained practitioners should not be subject to a higher qualification burden than those already accepted for registration under the grandparenting provisions of the Victorian scheme.
2. All government/university accredited qualifications, including past diploma and advanced diploma programmes, equivalent to at least three years full-time in duration should be included in the list of courses deemed as adequate for the purposes of grand-parenting provisions.
3. Unaccredited programmes previously recognised by AACMA as meeting the requirements for practice at the time should also be included in the

list of courses deemed as adequate for the purposes of grandparenting provisions.

4. The list of Chinese medicine courses submitted by AACMA and deemed as adequate for grandparenting purposes should also be included in the CMBA list of courses deemed adequate for grand-parenting purposes.

By way of comparison I wish to make my final comment by again drawing on my experience as an RN as I believe it to be very relevant. Although qualified with a university Bachelor of Nursing degree myself I have in fact found many of the most proficient and committed RNs remain to this day to be found among those who were in fact hospital trained and who remain practicing without ever receiving any tertiary education. Like many of our Chinese medical practitioners they learned their profession when no such university based courses existed. As they are more drawn to clinical settings rather than teaching or research, for example, they have not felt the need to pursue such qualifications. But that does not make them any less proficient as clinicians. Furthermore, RNs all over the country practice in settings where lives are literally at stake and very much dependent upon their competency. I don't know of too many Chinese medical practitioners to whom the same applies. Therefore, it is difficult to grasp why any higher burden of qualifications or competency should apply to any Chinese medical practitioners who have already proven their ability to practice safely and effectively over the course of many years.

Yours sincerely,

Tony Williamson