

Bencaotang Chinese Herbal Clinic

Shop 3C, 14-16 The Avenue
Hurstville 2220
ABN 86 102 816 222

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 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

Hong Zhou
FCMA 2349

7 October 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.

Ms Hong Zhou
ATMS 23529
FCMA 2349
Advanced Dip TCM

9/10/2011

Dear Officer in Charge,

Submission to Chinese Medicine Panel Australia
relating to the proposed registration standard
Grand-parenting.

The proposed registration standard for Grand-parenting will cause a significant number of existing practitioners to suffer serious hardship and loss of income through no fault of their own.

Amongst those who will be seriously affected are practitioners who have graduated from an Advanced Diploma course between 2008 and 2011, also future practitioners who have begun an Advanced Diploma course from 2008 and 2011 will also suffer a significant loss through no fault of their own. It should be noted that neither of these groups of people have the opportunity to show 5 years of practice since qualifying, nor has any forewarning been provided to these people, that their Advanced Diplomas may not be recognized from 2012.

Many of the practitioners who graduated between 2008 and 2011 have been registered and are practising under the protection of health insurance and are registered to practise for patients of health funds.

Existing health funds who have accepted the Sydney Institute of Traditional Chinese Medicine, Advanced Diploma from include;

For Remedial:

AHM, ARHG, Aust Unity, CBHS Doctors Health fund, HCF, MBF, NIB BUPA/HBA, Medibank P.

For Acupuncture:

ARHG, Aust Unity, CBHS, NIB, Medibank P.

For Chinese Herbal Medicine:

ARHG, Aust Unity, CBHS, BUPA/HBA, MBF, NIB, Medibank P.

It is also considered that the proposed grand-parenting scheme does not

meet section 8.

section (f) of the Chinese Medicine Panel Australia own procedures for the development of the registration standard.

(f) The Board considered whether the draft grandparenting registration standard results in an unnecessary restriction of consumer choice. Rather than restricting consumer choice, the draft standard supports consumer choice by ensuring that practitioners who currently practise the profession, and who are suitably trained and qualified to practise in a competent and ethical way, are eligible to apply for national registration. A nationally registered practitioner will be able to practise the profession in any Australian state or territory. In the authors opinion the proposed draft grand-parenting standard will unnecessarily deny many existing patients the option to seek Chinese Medicine from the practitioner with whom they have already built a patient practitioner relationship.

English Language Skills

While it is acknowledged that the mandatory requirement for English language skills is necessary to meet the objectives of the registration standard, the period that existing practitioners have to develop english language skills would appear to be inadequate.

In order to avoid loss of income existing practitioners should be allowed a period longer than 9 months to meet the competent english language skill. Many existing Chinese Medicinal practitioners are native chinese speakers and even when study has occurred in Australia the education was often conducted in Chinese.

Recommendations

It is recommended that practitioners with an Advanced Diploma in Traditional Chinese Medicine who qualify up to the end of 2012 be treated the same as Bachelor of degree of TCM.

It is also recommended that existing Students of an Advanced Diploma in Traditional Chinese Medicine, either have their qualifications recognized when complete, or alternatively provision should be made to allow these students to transfer to a Bachelor Degree in TCM. If future Advanced Diplomas in Traditional Chinese Medicine are not to be recognized then the Chinese

Medicine Board of Australia should be proactive in approaching the Universities to ensure that partially completed courses can be transferred. Greater consideration should be given to the transition period for practitioners to develop their english language skills. Many practitioners and possibly as many as 90% of the patients seeking a traditional chinese medicine are native chinese speaking people.

Many of the courses for TCM practitioners in australia are conducted in chinese. The description of competent English in the draft standard is not sufficient, while reference is made to IELTS the proposed draft does not specify whether the standard is for academic reading or common language. IELTS has separate grades in english language skills for both academic and general usage.

Conclusion

The proposed mandatory registration standards in traditional chinese medicine will have a very serious and negative affect on recent graduates and students of an Advanced Diploma in Traditional Chinese Medicine. To be successful Registration standards need to be equitable and to protect both patient and practitioner.

A longer transition period and more precise guidelines are required for the demonstration of English language skills for practitioners of Traditional Chinese Medicine.

Yours sincerely

Hong Zhou
ATMS 23529
FCMA 2349