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AUSTRALIAN TRADITIONAL-MEDICINE SOCIETY LTD

Response to the Chinese Medicine Board of Australia
Addendum Consultation Paper on proposals for the
adequate clinical training for practitioner courses.

**The Australian Traditional Medicine Society is pleased to
provide this response to the Chinese Medicine Board of
Australia Addendum Consultation Paper issued in respect of
the above topic.**



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The Addendum Consultation Response by ATMS

The following response by ATMS is set out in a manner to reflect the Addendum to the Consultation Paper. As this response is only to the addendum consultation paper, it should be read in conjunction with the already submitted response by ATMS to the original consultation paper.

Adequate clinical training for practitioner courses

• Structured

ATMS agrees that clinic must be structured. However it is not enough to simply say clinic must be 'structured'. Specific guidelines as to what is expected of a structured clinic are required. ATMS suggests that to be structured in an acceptable and appropriate manner, students undertaking clinic must be situated in a clinic open to members of the public and must:

- consult with clients;
- perform an appropriate health assessment; and
- prepare and provide treatment/management plans;

• Directly supervised

ATMS agrees that direct supervision is essential for the clinical practicum of a course. It is however not feasible to expect that there be one on one supervision. Consequently ATMS suggests the supervisor:student ratio must not typically exceed 1:8.

• Formally assessed

ATMS agrees that the clinical practicum of a course must be formally assessed. ATMS suggests that the final assessment of the student is to be conducted by an appropriately qualified assessor who additionally holds the Cert IV TAA or equivalent.



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- **Minimum 390 hours for undergraduate**

ATMS strongly disagrees with this minimum. Supervised clinic represents in many ways the culmination of a student's studies and assessment. It must not be compromised by being too short. To be adequate, ATMS suggests that the minimum number of clinic hours for the undergraduate be set at 500 hours.

However it is also not sufficient to simply set a minimum number of hours. ATMS suggests that for acupuncture at least 80% of the clinic hours must be spent actively assessing and treating clients under supervision (i.e. no more than 20% of the time spent observing, working in reception etc).

For Chinese herbal medicine students at least 70% of the clinic hours must be spent actively assessing and treating clients under supervision (i.e., no more than 30% of the time spent working in reception, working in the dispensary on tasks not directly related to their consultations, etc). Additionally Chinese herbal medicine students must act as the primary consulting practitioner (that is taking the case history, health assessment etc, developing the provisional diagnosis and treatment plan and being the sole/primary person talking with the patient) for at least 30 patients.

- **Minimum 180 hours for post-graduate level studies by a person with an undergraduate qualification in the other area of Chinese medicine practice**

ATMS suggests that this requirement be set at at least 50% of the undergraduate requirement, and thus ATMS suggests 250 hours as a minimum. ATMS would however also be comfortable with a higher amount to ensure the specific and specialist clinical skills of each respective modality are adequately addressed.

- **Minimum 210 hours for post-graduate level studies by a person with a degree in medicine, chiropractic, nursing or other health care profession**

ATMS disagrees with this suggestion. Practitioners qualified in allopathic medical disciplines typically lack the necessary depth and breadth of training required in conducting holistic consultations. Such consultations are a fundamental of all natural medicine practices, including acupuncture and Chinese herbal medicine. Additional training (to allopathic studies) is also often required in non allopathic modality specific consultation and diagnostic methods. This need for additional training is perhaps most essential in acupuncture and Chinese herbal medicine. This requirement should be set at the same level as that for the undergraduate, that is 500 hours.



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Adequate practical training for dispensers

Courses with adequate practical training would include:

- courses that aimed to train Chinese herbal dispensers and/or Chinese herbal pharmacists (e.g. courses in China or elsewhere that specifically trained people to work in Chinese herbal pharmacies, manufacturing plants etc); and***
- courses that aimed to train Chinese herbal medicine practitioners, and that included a substantial amount of education and training in herbal dispensing***

ATMS agrees with this proposal in principle, and provided that the herbal dispensing training provided to persons training in Chinese herbal medicine was a discrete addition to the Chinese herbal medicine studies (that is no part of the Chinese herbal studies were substituted by studies on dispensing.)

Thank you for allowing ATMS the opportunity to comment on this addendum Consultation Paper on proposals for the adequate clinical training for practitioner courses. In addition to the above response, ATMS is happy to provide any further information or commentary as requested by the Chinese Medicine Board of Australia.

Matthew Boylan

Chief Administrative Officer

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