

29 September 2011

Board of Chinese Medicine, Australia  
AHPRA

Dear members of the Board,

**Submission – Grandparenting regulation standard: Transitional arrangements for qualifications (Sep 2011)**

I would like to draw your attention to the inequity and unfairness of some of the provisions spelt out in the aforementioned draft document.

It is stated in the document that advanced diplomas obtained between 2008-2012, when the regulatory agency shall operate legally, will not be recognized by the Chinese Medicine Board as approved for automatic transition under the grandparenting provisions.

This is predicated on recency of practice, defined as 5 years to the effective date of operation, namely 2012, as evidence of competency; it's safety and quality as the twin arms of protecting the public. It seems to me that the implied arguments contained in these provisions are flawed for reasons I shall enunciate.

With reference to point (A)

The insistence on a 5 year recency of practice is deemed as a criterion for judging safety, quality and competency. It is to ensure the public is protected from poor and harmful practice and rightly so. That being the case, the requirement of competency during the transition should not be restricted to only holders of Advanced Diplomas in Chinese Medicine. If public safety is truly the priority, then recency of practice must be extended to all potential registrants whether they are graduates of Bachelor degree or Advanced Diploma programmes, excepting present members of the Victorian Chinese Medicine regulatory body.

Under the draft document, a holder of a Bachelor degree in Chinese Medicine who graduated in 2007 is accepted for full registration even if s/he has not practiced Chinese Medicine upon or since graduation. Conversely, an Advanced Diploma graduate in 2010 who has embarked on clinical practice with the appropriate professional indemnity cover is deemed incompetent until proved otherwise. This is patently unfair and inequitable and subverts the professed aim of the Board to protect the public.

Recommendations:

If recency of practice is required in this transitional period, then I recommend that the requirement of recency of practice be imposed on all potential registrants excepting those of the Victorian Chinese Medicine regulatory body, be they holders of, Bachelor degrees or Advanced Diplomas.

I recommend that the recency of practice be reduced to one year to accommodate in a fair manner graduates of 2011.

#### With reference to point (B)

It is right that the regulation body demands safety and quality of its registrants. However, graduates of Advanced Diploma courses (currently approved by government education authorities) post 2008 are held to a different standard by the Board.

The discussion of upgrading training requirements to degree level is known to those in the industry for some time. 3 out of 4 of the major professional associations, the Australian Traditional Medicine Society, the Australian Natural Therapists Association and the Federation of Chinese Medicine and Acupuncture Societies have accepted and continues to accept graduates of Advanced Diploma in Chinese Medicine from approved colleges as full and equal members as those with Bachelor degrees.

In other words, these 3 professional bodies view such graduates including those recently qualified, as having pursued a quality course, are safe and clinically competent to practice. These 3 professional bodies accept and have ensured that the public is protected from harm where Advanced Diploma members are concerned, no more and no less than their degree level members.

In addition, practically all the insurance companies are willing to extend professional indemnities to practitioner-members holding Advanced Diplomas in Chinese Herbal Medicine and Acupuncture. Insurance companies which are highly risk-averse would not have accepted such undertakings if these practitioner-members were in any way clinical incompetent or sub-competent, thereby becoming a threat to the public.

It would seem an oversight of the Board to impose an unnecessary exacting burden on graduates with Advanced Diplomas, especially those after 2008, in the name of public safety when such a perceived threat or lack of safety and quality have not been proved.

#### Recommendation:

I recommend that all graduates of Advanced Diploma of Chinese Herbal Medicine and Acupuncture up to 30 June 2012, and who are practicing be treated in the same manner as those with Bachelor degrees, namely, that they be automatically accepted as full and equal registrants of the regulatory body.

#### With reference to academic levels

I understand and commend the Board wishing to raise the standards of training and qualifications of Chinese Medicine practitioners in the future. To the extent a degree is deemed appropriate to this end, future registrants should be informed thus and be held to this new standard. However, in the transition to the new regulatory body, the competency conferred in Advanced Diploma programmes ought not to be questioned for the reasons spelt out in the argument against point (B).

There is a significant difference between distinguishing clinical competency and academic qualifications. The Advanced Diploma courses approved by the 3 professional bodies and the vast majority of insurance companies are accepted as affording equal clinical competency to that of degree programmes. The Board ought not in this transition confuse a higher academic level as conferring a higher clinical competency level.

#### Recommendations:

I recommend that the Chinese Medicine Board *in this transition period* to registered practitioner status, allows holders of Advanced Diploma of Chinese Medicine (Herbal and Acupuncture) up to 30 June 2012 to transit automatically to full registration.

I recommend that practitioners with Advanced Diploma in Chinese Medicine up till 30 June 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 30 June 2012 that would not be equally sought from practitioners holding the Bachelor degrees.

While it may be easier to follow the Victorian model, I urge the Board not to simply take the easy road but to review the matter anew. Practitioners like myself do want to raise the profile and standards of the profession but not in a manner that is extraneous, and exacting further financial and other burdens which eventually disadvantage the public who uses our services. Standards required must be equitable, appropriate and relevant rather than elitist.

It is my hope that you, the Board members, will give my submission deep consideration. I look forward to your reply.

Best regards,

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