

9 January 2012

Ms Debra Gillick,
Executive Officer,
Chinese Medicine Board of Australia,
AHPRA,
GPO Box 9958 Melbourne 3001.

Email: chinesemedicineconsultation@ahpra.gov.au

Dear Ms. Gillick,

Re: Submission on the Codes and Guidelines

Thank you for the opportunity to respond to the Australian Health Professional Regulation Agency document on the establishment of national registration for Chinese medicine. I was on the Generalist Health Care Practitioners Subcommittee when the state of Victoria established the Chinese Medicine Board of Victoria and was an academic who had taught in a university for many years in nursing. Currently, I am a practitioner of Chinese medicine and acupuncture. Given my experiences, I would like to comment on the various issues discussed in the document. I hope that the comments would be considered and some be adopted in the final document.

1. Advertising of Qualifications and Titles.

When I was working in a university, I was involved in the development of undergraduate to professional doctoral programs for accreditation and, hence, aware of the academic conventions to do with titles conferred on graduates. With those experiences, I would like to offer the following suggestions regarding the advertising of qualifications and titles.

Honorary title

I would like to suggest that the title of “Doctor” to be used by practitioners who practice in both Chinese herbal medicine and acupuncture. As the title is an honorary title, I believe that Chinese Medical practitioners are no different from other health care practitioners such as medical doctors, chiropractors and dentists who are allowed to use the title. Chinese medicine is recognized by the World Health Organization as a legitimate medical system in its own right. It has been in existence for thousands of years, long before the establishment of Western (current orthodox) medicine. It is considered an “alternative” medicine for a better terminology and not a complementary medicine. Hence, Chinese medicine gives the public an alternative choice of treatment. Since chiropractors (who are complementary health care practitioners), for example, are

allowed the honorary title, then it would be consistent that Chinese medicine practitioners be given a similar honorary title.

I would also like to suggest that a Chinese medicine practitioner who uses the honorary “Doctors” title clarifies that he/she is: a “practitioner of Chinese medicine and acupuncture” after the practitioner’s name; and is one who is registered in both divisions of Chinese herbal medicine and acupuncture. This is no different from the newly graduated doctors with a basic bachelor degree in both medicine and surgery and has the honorary title of “Doctor”. The title does not separate their medical and surgical skills.

I also suggest that a practitioner who practices in either Chinese herbal medicine or acupuncture only, similarly, be allowed to use the “Doctors” title with the relevant clarification after the name. Thus, this recognition would make it consistent with chiropractors who are qualified in one field of health practice but still is allowed to use the honorary title.

I suggest that the following distinctions in the title and clarifications to be made after the practitioner’s name for the different qualifications. Example:

Dr. John Smith (Practitioner of Chinese Herbal Medicine and Acupuncture)

This clarifies that the practitioner has both qualifications in Chinese herbal medicine and acupuncture and registered as such; using the honorary title of “Dr.”.

Dr. John Smith (Practitioner of Chinese Herbal Medicine)

This clarifies that the practitioner is qualified only in Chinese Herbal Medicine and using the title “Dr.”.

Dr. John Smith (Practitioner of Acupuncture) or simply (Acupuncturist)

This clarifies that the practitioner is qualified only in acupuncture and using title “Dr.”.

Academic titles: Professional doctorate and doctor of philosophy

In the field of Chinese medicine, there are practitioners who do have higher degrees and I believe that those with academic doctoral degrees are to be recognized. Given that there are two doctoral titles, I suggest that the distinctions between a professional doctorate and a doctor of philosophy be identified. These doctoral titles are no longer an honorary title but well-earned academic recognition; to which, I offer the following suggestions:

Dr. John Smith (Dr. of Chinese Herbal Medicine and Acupuncture)

This clarifies that the practitioner has completed a professional doctorate and originally registered in both Chinese herbal medicine and acupuncture.

Dr. John Smith (Chinese Herbal Medicine and Acupuncture, Ph.D.)

This clarifies a doctor of philosophy and not a professional doctorate and that the practitioner is originally registered in both Chinese herbal medicine and acupuncture.

Dr. John Smith (Dr. of Chinese Herbal Medicine)

This clarifies that the practitioner has completed a professional doctorate only in Chinese herbal medicine.

Dr. John Smith (Chinese Herbal Medicine, Ph.D.)

This clarifies a doctor of philosophy and not a professional doctorate and registered in Chinese herbal medicine only.

Dr. John Smith (Dr. of Acupuncture)

This clarifies that the practitioner has completed a professional doctorate only in acupuncture and registered as such.

Dr. John Smith (Acupuncture, Ph.D.)

This clarifies a doctor of philosophy and not a professional doctorate and registered only in acupuncture.

Similarly, the different titles and qualifications could be used for herbal pharmacist, etc, who are not only a dispenser but is also a specialist in herbal pharmacy. If one has completed a professional doctorate or a Ph.D., due recognition should be given.

Professorial title

Professorial title is given according to one's position within an academic institutional structure. It is general academic convention that the title of "Professor" is used when a person remains in an academic institution. When a person leaves the institution, the title no longer applies as the person no longer holds the position within an institutional structure. If the person has a doctorate degree, then the person is within convention to retain the title of "Dr." outside the institution as it is a well-earned academic recognition. A person keeps the title of "Professor" when no longer employed by an institution only when accorded the title of "Emeritus Professor". Therefore, the following should apply:

Emeritus Professor John Smith (Dr. of Chinese Herbal Medicine and Acupuncture.) or
(Dr. of Chinese Herbal Medicine) or
(Dr. of Acupuncture) or
(Dr. of Chinese Herbal Pharmacy).

Other qualifications

There is general acceptance that other qualifications such as Graduate Certificates, Diplomas, and other health care degrees for physiotherapy, nursing etc.. be included in the business cards and other advertisements as these are complementary skills

that can enhance the practitioner's skills. Generally, qualifications and degrees conferred by recognized higher educational institutions should be accepted; and these include education, social science degrees, etc..

2. Guidelines for Patient Records.

On page 62, it is acceptable where it is stated that "Chinese medicine diagnosis, treatment principle(s), recommended treatment plan" be documented. Following four dot points down, it stated that "recommended management plan and, where appropriate, expected process of review" are also to be documented, in my view, is redundant. It is obvious that any change or subsequent consultations would be followed by a new plan for review and treatment and would also be documented.

Again, on page 62, with regard to one of the dot points, it is acceptable that the practitioner should document "relevant diagnostic data, including accompanying reports"; provided that the patient has such tests done and able to access the images or results. The later dot point stating that "all (relevant) diagnostic laboratory, imaging and other investigations, data and reports" to be documented; I believe, is also redundant.

Chinese medical practitioners in Australia are not allowed to order relevant tests as allowed in Mainland China. Unless the practitioner works with a general practitioner (GP) or has an integrated management relationship with one, it is not possible for the Chinese herbal practitioner to request for investigations. The practitioner has to either depend on the diligence of the patient to go to a general practitioner to request for the investigation or that the practitioner has direct communication with a GP to get the investigation done. This also depends on the willingness of the patient to have to incur the further expense of seeing a GP. This might be a good time to allow Chinese medical practitioners to independently request for the relevant investigation; as currently, imaging can be independently ordered by chiropractors and physiotherapists. This will in turn provide better Chinese medical health care and safer care for the patient and better protection for the public. Right now, a practitioner is hindered from giving patients the best care by not being allowed to independently request for investigations.

3. Records not in English

I do not agree that records not kept in the English language has to be translated at the expense of the practitioner. I believe that the patient should bear the cost of the translation if there is a need for the records to be sent to a third party. Currently, most GP practices require that the patient pays for the photocopy or copy of the records to a data disc or USB drive at a substantial cost. If GPs do not have to bear the cost of transfer, then it would be fair that Chinese medical practitioners do not need to do so either.

On the point of Chinese practitioners having to be proficient in English discriminates some very experienced and well established practitioners. I suggest that interpreter services be made available to Chinese practitioners as is made available to Western medical doctors and it should not cost the patient or the practitioner. This is

consistent with services provided to a patient or a Western medical doctor who do not speak the patient's language. Currently, those who are registered under grandfathering are not made to redo the examinations to qualify for registration, thus, those who do not speak English well but has established a good practice need not be made to be proficient in English. There should be a period where natural attrition should be allowed to play its course and in the meantime ensure that new registrants be proficient in English.

As a practitioner, I understand the realities of running a practice; and as an academic, I also understand the importance of standards and protection for the public. I hope the Board would kindly consider the suggestions put forward.

Yours sincerely

G. Tham

B. App. Sc. Chin. Med., M. App. Sc. Acup.,
RN., B. App. Sc. Nsg. Ed., M. Ed. Stud.