

Draft revised professional
capabilities for Chinese
medicine practitioners

DRAFT

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1. Introduction

Background to the professional capabilities

The Health Practitioner Regulation National Law Act, as in force in each state and territory (the National Law), established the Chinese Medicine Board of Australia (the Board) to begin national regulation of the profession from 1 July 2012. The Board is responsible for the regulation of Chinese medicine practitioners and established the Chinese Medicine Accreditation Committee (the Accreditation Committee) under the National Law in July 2012.

In December 2013, the Accreditation Committee first published professional capabilities as Field 6 of the *Accreditation standards: Chinese medicine* (2013 accreditation standards). The professional capabilities in the 2013 accreditation standards are used in the assessment of education providers and their programs of study (programs) to assure those programs provide graduates with the knowledge, skills and professional attributes needed to safely and competently practise Chinese medicine in Australia.

In 2018, the Accreditation Committee began reviewing the 2013 professional capabilities as part of their review of the 2013 accreditation standards document. These *Draft revised professional capabilities for Chinese medicine practitioners* (draft revised professional capabilities) will form part of the revised accreditation standards (2019 accreditation standards).

Purpose of the Professional capabilities for Chinese medicine practitioners

Within the framework of the National Law, accreditation standards are used to assess if education providers and their programs provide graduates with the knowledge, skills and attributes for practice in Australia. The professional capabilities in this document identify the knowledge, skills and professional attributes needed to safely and competently practise as an acupuncturist, and/or a Chinese herbal medicine practitioner and/or a Chinese herbal dispenser in Australia.

Professional capabilities for Chinese medicine practitioners and accreditation of Chinese medicine programs in Australia

The Accreditation Committee is responsible for accrediting and monitoring education providers and Chinese medicine programs. The Accreditation Committee assesses programs against accreditation standards developed by the Accreditation Committee and approved by the Board. The Accreditation Committee accredits programs that meet – and monitors programs to ensure they continue to meet – the accreditation standards.

The professional capabilities in this document are linked to the 2019 accreditation standards. The 2019 accreditation standards require education providers to design and implement a program where learning outcomes and assessment tasks map to all the professional capabilities in this document. Accreditation of a program therefore assures the Board and the community that graduating students from the accredited Chinese medicine program have the knowledge, skills and professional attributes needed to safely and competently practise Chinese medicine in Australia.

The Board considers approving an accredited program as providing a qualification for registration purposes, based on its accreditation by the Accreditation Committee. The Board does not directly examine or assess the competence of applicants for registration who have completed their Chinese medicine education in Australia and hold an approved qualification.

Chinese medicine practice in Australia

Chinese medicine has been practised in Australia since the mid-nineteenth century, and in 2000, practitioner registration was introduced in the State of Victoria. Subsequently, Chinese medicine was included in the National Registration and Accreditation Scheme (the National Scheme) and national practitioner registration was implemented in July 2012. The profession has grown rapidly over the last two decades, with approximately 5,000 registered practitioners in Australia. Practitioners are registered in one or more of the three divisions: acupuncturist, Chinese herbal medicine practitioner and Chinese herbal dispenser.

The document describes the threshold level of professional capability needed to safely and competently practise Chinese medicine in Australia. Chinese medicine practitioners in Australia are regulated by the National Law and must be registered with the Board. Only individuals who hold current registration with the Board are permitted to use the professional titles 'Chinese medicine practitioner', 'acupuncturist', 'Chinese herbal medicine practitioner', 'Chinese herbal dispenser', or 'Oriental medicine practitioner'.

Key features of Chinese medicine in Australia

Chinese medicine practitioners in Australia share a culture of professionalism and ethical practice with all other regulated health professionals. Throughout their careers, Chinese medicine practitioners engage in professional development and practice to continuously maintain competence within their chosen field of practice.

Some Chinese medicine practitioners in Australia further develop their chosen field of practice and work in roles that require advanced levels of capability. Some Chinese medicine practitioners take on responsibilities other than direct client care. They may work in management, administration, education, research, advisory, regulatory or policy development roles.

Chinese medicine practitioners in Australia:

- work in partnership with individuals to provide treatment for a range of health issues and promote health and wellbeing within the Chinese medicine framework, and
- consider each patient/client holistically, and
- where practicable, apply the principles and approaches of evidence-based practice.

Evidence-based practice and Chinese medicine

Chinese medicine has a long history of experience-based practice and has rich classical literature. Evidence-based medicine was introduced in the late twentieth century and it has been increasingly used in clinical decision making. While effective application of evidence-based practice is still a common challenge for all forms of health interventions and for health practitioners due to the overall lack of high quality clinical evidence. The newer scientific techniques are now providing the opportunity to strengthen the evidence base of Chinese medicine.

Chinese medicine graduates must be capable of evidence-based practice in the context of using the best available clinical evidence, the practitioner's experience and the patient's preferences and choice of care.

Cultural competence and cultural safety

While there are many professional capabilities necessary to be a competent health practitioner, in Australia's multicultural society, cultural competence and cultural safety are particularly important.

Cultural competence is defined as a set of congruent behaviours, attitudes and policies that come together in a system, agency, or among professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations. The word culture is used because it implies the integrated pattern of human behaviour that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word competence is used because it implies having the capacity to function effectively. A culturally competent system of care acknowledges and incorporates – at all levels – the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural

differences, the expansion of cultural knowledge and the adaptation of services to meet culturally unique needs.¹

Chinese medicine practitioners in Australia must be able to work effectively with people from various cultures, that may differ from their own. Culture may include, but is not limited to, age, gender, sexual orientation, race, socio-economic status (including occupation), religion, physical, mental or other impairments, ethnicity and organisational culture. A holistic, patient/client-centred approach to practice requires cultural competence.

Chinese medicine practitioners in Australia also require a working knowledge of factors that contribute to, and influence, the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. These factors include history, spirituality and relationship to land and other determinants of health in Aboriginal and Torres Strait Islander communities.

The Board is part of the National Scheme's Aboriginal and Torres Strait Islander Health Strategy Group (the Health Strategy Group) which published a *Statement of Intent* (Statement) in July 2018. The Statement highlights the Health Strategy Group's intent to achieve equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians and to close the gap by 2031. Their vision is that patient/client safety for Aboriginal and Torres Strait Islander Peoples is the norm. Patient/client safety includes the inextricably linked elements of clinical and cultural safety. The Health Strategy Group defines cultural safety as the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal healthcare for Aboriginal and Torres Strait Islander Peoples. The current definition of cultural safety is under review and any changes will be reflected in this document.

At the time of this draft, the Health Professions Accreditation Collaborative Forum was undertaking a collaborative project to determine how programs across all health professions prepare their graduates to support Aboriginal and Torres Strait Islander Peoples to achieve their health outcomes. As this project continues to develop a strategy, further content on cultural competence and cultural safety will be incorporated into the professional capabilities and the accreditation standards for Chinese medicine.

Contexts of Chinese medicine in Australia

Most Chinese medicine practitioners work in the private sector, including practising with other healthcare professionals in multidisciplinary centres.

Contexts of Chinese medicine practice and the ways Chinese medicine practitioners work in Australia may change as health workforce roles evolve and new roles emerge. The professional capabilities in this document apply to all contexts of Chinese medicine, irrespective of setting, location, environment, field of practice or workforce role.

Format of the Professional capabilities for Chinese medicine practitioners

The professional capabilities in this document are organised into three sub-domains (within Domain 1) related specifically to each of the three divisions of the Chinese medicine register and four domains (Domains 2-5) that cover capabilities common to all divisions of the register. The common domains cover capabilities that would be expected of a health practitioner in any profession.

Domains

The domains are thematically arranged and describe the essential characteristics of safe and competent Chinese medicine practice in Australia:

¹ Cross T, Bazron B, Dennis K, and Isaacs M (1989) *Towards a culturally competent system of care*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

| | |
|------------|---------------------------------------|
| Domain 1A: | Acupuncturist |
| Domain 1B: | Chinese herbal medicine practitioner |
| Domain 1C: | Chinese herbal dispenser |
| Domain 2: | Professional and ethical practitioner |
| Domain 3: | Communicator and collaborator |
| Domain 4: | Lifelong learner |
| Domain 5: | Quality and risk manager |

Each domain consists of corresponding key capabilities and enabling components.

Key capabilities

The key capabilities describe the key features of safe and competent Chinese medicine practice in a range of contexts and situations of varied complexity and uncertainty. During any one consultation involving a patient/client interaction or treatment, practitioners are expected to demonstrate key capabilities from various domains. This recognises that safe and competent professional practice requires an ability to draw on and integrate a breadth of capabilities to support overall performance.

Enabling components

The enabling components describe the essential and measurable characteristics of the corresponding key capabilities and facilitate assessment of performance in the clinical practice setting. Safe and competent Chinese medicine practitioners will demonstrate all enabling components for all the key capabilities in clinical practice. This includes applying, adapting and synthesising new knowledge from experience to continually improve clinical and professional performance.

Explanatory notes

Explanatory notes follow each domain and relate to some enabling components. They provide clarification and additional information.

Concept of threshold professional capability and competence

Professional capability is the ability to take appropriate and effective actions to formulate and solve problems in both familiar and unfamiliar, complex and changing settings.² Capability does not preclude the expression of competence, nor is capability a higher level of competence. Rather, competence is viewed as an essential part of being capable.

Competence refers to the knowledge and skills being applied consistently to the standard of performance required in the workplace.^{3,4} The definition of competence required for the job will change as the job role evolves.

Capable people have high levels of self-efficacy, know how to learn, work well with others and are creative.⁵ A practitioner's capability will expand and improve as they gain professional experience in a critical and reflective manner. Professional capability reflects how a practitioner uses their professional judgement, decision-making skills and experiential knowledge to apply their knowledge, practical skills and ability in any given situation.

² Davis L and Hase S (1999) 'Developing capable employees: the work activity briefing'. *Journal of Workplace Learning*. 8:35-42.

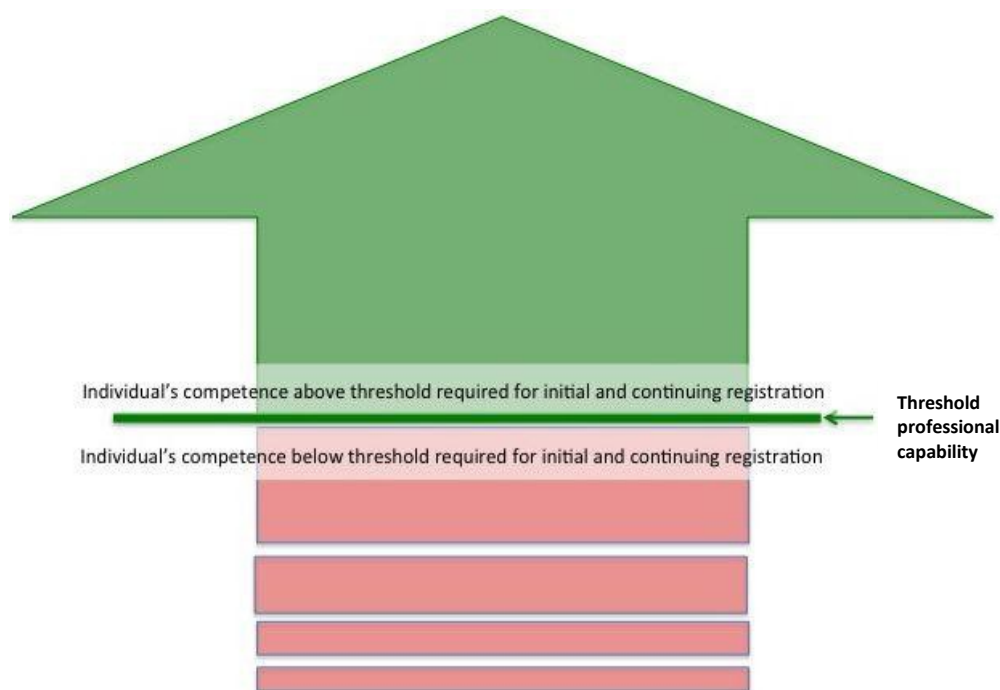
³ Department of Health and Human Services State of Victoria (2016). *Allied health: credentialling, competency and capability framework (revised edition)*. Melbourne: State of Victoria Department of Health and Human Services.

⁴ Australian Skills Quality Authority (2017). 'Users' guide to the standards for RTOs 2015', Canberra: Australian Government., see, www.asqa.gov.au/standards. Accessed on 20 November 2018.

⁵ Lester S (2014) 'Professional standards, competence and capability'. *Higher Education, Skills and Work-based Learning*. 4(1):31-43.

'Threshold professional capability' is used here to describe the capability level required to practise as a registered Chinese medicine practitioner in Australia. This is based on the premise that capability levels can be described on a continuum. The threshold represents the point on the continuum that delineates a minimum acceptable level of capability to practise as a Chinese medicine practitioner. This level is described as 'threshold professional capability' (see Figure 1).

Figure 1: Continuum of threshold professional capability



The diagram illustrates the concept of a line on the capability continuum delineating 'threshold professional capability'. The green arrow represents the capability on the continuum above the threshold. The red area represents gradations of capability on the continuum below the threshold. The line labelled 'threshold professional capability' is the lower margin of the green arrow – that is, the minimum level of capability required to practise safely and competently as a registered Chinese medicine practitioner in Australia.

Threshold professional capability is often referred to as 'entry-level competence' and is described from the perspective of an individual wishing to enter practice from below the line representing threshold professional capability. This approach often describes capability in the context of the current requirements for graduates of education programs in Australia to enter practice. When threshold professional capability is described from this perspective, it frequently comprises task-oriented statements that identify the foundational abilities (knowledge, skills, attitudes, values and judgements) acquired in entry-level programs during development of the key capabilities necessary to practise as a registered Chinese medicine practitioner.

In contrast, the professional capabilities in this document describe the requirement to practise Chinese medicine safely and competently from the perspective of a Chinese medicine practitioner.

The key capabilities and enabling components in this document take into account the complex conceptual, analytical and behavioural elements that integrate competent performance of observable abilities into Chinese medicine practice relevant to the key capability. The foundational abilities, such as the knowledge, skills, attitudes, values and judgements, that may be learnt in entry-level programs are integrated in the abilities described by the key capabilities and enabling components.

Maintenance of professional capability

The professional capabilities are relevant throughout a registered Chinese medicine practitioner's career. Registered Chinese medicine practitioners are expected to maintain at least the threshold level of professional capability in all areas relevant to their practice and maintain the currency of their skills and knowledge through continuing professional education.

Feedback and further information

The Accreditation Committee invites users of this document to provide feedback on this document.

Please email your comments and suggestions to the Accreditation Unit at accreditation.unit@ahpra.gov.au. The Accreditation Committee will review all feedback, which will inform any future refinements to this document.

2. Key capabilities and enabling components

Domain 1A: Acupuncturist

This domain covers the knowledge, skills and attributes an Acupuncturist requires to practise independently. Acupuncturists provide the full range of acupuncture intervention methods and/or other Chinese medicine manual therapies to members of the public who consult them for such a service. This includes the differential diagnosis of the patient's/client's condition and the design and implementation of treatment specific to the patient's/client's condition.

| Key capabilities – <i>registered acupuncturists are able to:</i> | Enabling components – <i>registered acupuncturists are able to:</i> |
|---|---|
| <p>1. Plan and perform an efficient, effective, culturally responsive and patient/client-centred assessment for acupuncture and/or other Chinese medicine manual therapies.</p> | <ul style="list-style-type: none"> a. Plan an acupuncture assessment drawing on applied knowledge of Chinese medicine theories and principles, anatomy, physiology, pathology, and other core biomedical sciences. b. Explain to the patient/client and relevant other persons about the purpose of an assessment for acupuncture and/or other Chinese manual therapies and any relevant risks, benefits and options. c. Perform the patient/client assessment in line with the patient/client need and choice, legislation, registration standards, codes and guidelines, including gaining informed consent. d. Collect information about the patient's/client's current, past and family history relevant to their presenting health issue(s) via a sequenced and problem-focused interview and examination of physical and mental status, including tongue and pulse examinations relevant to Chinese medicine, their pathology test results, and their use of other interventions, and identify the patient's/client's expectations of acupuncture and/or other Chinese manual therapies. e. Analyse the patient's/client's response and information gathered during the acupuncture assessment using clinical reasoning and applied knowledge of Chinese medicine theories and principles, anatomy, physiology, pathology, test results, use of other interventions, and other core biomedical sciences to diagnose the presenting health issue. f. Recognise and evaluate evidence for effective use of acupuncture and/or other Chinese medicine manual therapies used in their area of practice. g. Recognise and evaluate the cultural, social, personal, financial and environmental factors that may impact on each patient's/client's response and/or capacity to undergo treatment. h. Understand and recognise the risks, precautions and contraindication interactions between all herbal and pharmaceutical medicines and/or with other complementary medicines when prescribing acupuncture to patients/clients, drawing on pharmacognosy, pharmacokinetics, pharmacodynamics and toxicology knowledge. |
| <p>2. Involve the patient/client and relevant others in the planning, implementation and evaluation of safe acupuncture and/or other Chinese medicine manual</p> | <ul style="list-style-type: none"> a. Explore the diagnosis and/or causes of the presenting health issue and make evidence-based treatment recommendations for acupuncture and/or other Chinese medicine manual therapies and/or referrals to other health professionals, particularly when urgent and unexpected findings are identified. |

| Key capabilities – registered acupuncturists are able to: | Enabling components – registered acupuncturists are able to: |
|--|--|
| therapies, using evidence-based practice to inform decision-making. | <ul style="list-style-type: none"> b. Explain to the patient/client, other health professionals and relevant others, the findings, diagnosis and/or causes of the presenting health issue, relevant treatment principle, recommendations for acupuncture and/or other Chinese medicine manual therapies, and/or referrals to other health professionals, particularly when urgent and unexpected findings are identified. c. Facilitate discussions with the patient/client and relevant others that reflect realistic expectations of the risks, benefits and likely outcomes of acupuncture and/or other Chinese medicine manual therapies. d. Perform acupuncture and/or other Chinese medicine manual therapies based on the relevant theories and principles in line with relevant legislation, registration standards, codes and guidelines, the patient's/client's choice, including gaining informed consent. e. Use specific and relevant measures to evaluate a patient's/client's response to acupuncture and/or other Chinese medicine manual therapies and recognise and act when that response is not as expected. f. Explain to the patient/client, other health professionals and relevant others, the patient's/client's response to acupuncture and/or other Chinese medicine manual therapies. g. Assist and support the patient/client, other health professionals and relevant others to make informed healthcare decisions and, where relevant, provide options for referral to other health practitioners, including those with more appropriate expertise in the scope of Chinese medicine practice relevant to the patient's/client's needs. h. Identify when emergency medical care is required and safely perform first aid and life support procedures. |
| 3. Assess the progress and/or review the continuation of the acupuncture and/or other Chinese medicine manual therapies. | <ul style="list-style-type: none"> a. Engage with the patient/client and relevant others to: <ul style="list-style-type: none"> • develop an agreed plan to review the continuation of the acupuncture and/or other Chinese medicine manual therapies • recognise when the acupuncture and/or other Chinese medicine manual therapies are no longer suitable for the patient/client and/or conditions, and • identify and facilitate access to more suitable treatment options, including referral to other health professionals where necessary. b. Engage with the patient/client and relevant others to promote health, wellbeing and patient/client self-management within the Chinese medicine framework. |

Domain 1A: Explanatory notes

Chinese medicine manual therapies include but are not limited to, techniques associated with acupuncture such as moxibustion, cupping, *tuina*, ear acupuncture, laser acupuncture, electro-acupuncture and plum-blossom needle.⁶

Chinese medicine theories and principles means the theories and principles of Chinese medicine required for the contemporary practice of acupuncture and/or other Chinese medicine manual therapies, including but not limited to:

- a) the yin yang theory/Eight Principles & Eight Extraordinary Vessels
- b) the five-element theory (*wu xing*) and six channel theory (*liu jing*)
- c) the Chinese medicine theories and principles relevant to structure and function of the body organs (*zang fu*), channel system (*jing luo*) and acupoints systems (*xue wei*) and vital substances (*qi, xue, jing, shen* and *jin ye*)
- d) the Chinese medicine theory of the aetiology, causes, development and progression of disease
- e) the Chinese medicine approach to the prevention and management of diseases, and
- f) the therapeutic principles of differential diagnosis (*zhen duan*), including disease differentiation (*bian bing*) and syndrome/pattern differentiation (*bian zheng*) as employed in Chinese medicine practice.
- g) the triple burner (*san jiao*) theory

Informed consent is a patients/clients voluntary decision about their healthcare that is made with knowledge and understanding of the benefits, side-effects and risks involved. A guide to the information that practitioners need to give to patients/clients is available in the National Health and Medical Research Council (NHMRC) publication *General guidelines for medical practitioners in providing information to patients* (www.nhmrc.gov.au).

Collecting information elicits required information about the patient's/client's current, past and family history relevant to their presenting health issue(s).

Conducting a sequenced and problem-focused physical examination is expected to be complete, accurate and performed in line with Chinese medicine theories and principles, including tongue and pulse examinations.

A patient's/client's behaviour and/or capacity to undergo treatment may be influenced by pre-existing physical, physiological or psychological medical conditions, age, gender, pregnancy, culture, English language skills, psycho-social and socio-economic factors and personal beliefs.

Diagnosing the presenting health issue includes interpreting and analysing information collected during the patient/client interaction, applying the theories of disease differentiation (*bian bing*) and pattern differentiation (*bian zheng*).

Explaining to the patient/client, other health professionals and relevant others is a key responsibility when a Chinese medicine practitioner makes a diagnosis, identifies treatment options and any medically significant findings. Information may be conveyed verbally or in writing and to the appropriate persons who may include other practitioners, the patient/client and their family/carers/guardians, in line with relevant protocols and other guidelines. It is important that a Chinese medicine practitioner checks that the other person has understood what has been explained. Communication between health practitioners about the clinical status of a patient/client is expected to be recorded in line with relevant legislative requirements.

⁶ World Health Organization (WHO). Regional Office for the Western Pacific. Manila. (2007). 'WHO international standard terminologies on traditional medicine in the Western Pacific Region'. see apps.who.int/iris/handle/10665/206952. Accessed on 15 February 2019.

Identifying urgent and unexpected findings includes recognising and applying knowledge of serious medical issues such as cardiac disease or malignancy based on the patient's/client's clinical presentation and clinical history.

Referring patients/clients to other health practitioners is recommended when it is recognised that an alternative intervention may provide a better patient/client outcome. Chinese medicine practitioners are expected to provide patient/client-centred care and advocate for the patient's/client's equitable access to other health professionals and services that address their needs as a whole person, acknowledging that access broadly includes availability, affordability, acceptability and appropriateness.

Identifying when emergency medical care is required and safely perform common first aid and life support procedures means contacting emergency medical services when needed and/or providing first aid to the patient/client.

Domain 1B: Chinese herbal medicine practitioner

This domain covers the knowledge, skills and attributes a Chinese herbal medicine practitioner requires to practise independently. Chinese herbal medicine practitioners provide the full range of administration methods and routes in Chinese herbal medicine to members of the public who consult them for such a service. This includes diagnosing the patient's/client's condition, designing and prescribing herbal formulae specific to each patient's/client's condition and/or prescribing manufactured herbal medicines.

Registered Chinese herbal medicine practitioners may dispense Chinese herbal medicines to their own patients/clients as part of normal practice and are permitted to supply and sell TGA-listed products to their patients/clients. They are not required to be separately registered as a Chinese herbal dispenser in these circumstances.

| Key capabilities – registered Chinese herbal medicine practitioners are able to: | Enabling components – registered Chinese herbal medicine practitioners are able to: |
|---|--|
| <p>1. Plan and perform an efficient, effective, culturally responsive and patient/client-centred assessment for Chinese herbal medicine.</p> | <ul style="list-style-type: none"> a. Plan a Chinese herbal medicine assessment drawing on applied knowledge of Chinese medicine theories and principles, anatomy, physiology, pathology, and other core biomedical sciences. b. Explain to the patient/client and relevant others about the purpose of an assessment for Chinese herbal medicine and any relevant risks, benefits and options. c. Perform the patient/client assessment in line with the patient/client need and choice, legislation, registration standards, codes and guidelines, including gaining informed consent. d. Collect information about the patient's/client's current, past and family history relevant to their presenting health issue(s) via a sequenced and problem-focused interview and physical examination, including tongue and pulse examinations relevant to Chinese medicine, and identify the patient's/client's expectations of Chinese herbal medicine treatment. e. Analyse the patient's/client's response and information gathered during the Chinese herbal medicine assessment using clinical reasoning and applied knowledge of Chinese medicine theories and principles, pathology anatomy, physiology, and other core biomedical sciences to diagnose the presenting health issue. f. Recognise and evaluate evidence for effective use of Chinese herbal medicine used in their area of practice. g. Recognise and evaluate the cultural, social, personal, financial and environmental factors that may impact on each patient's/client's behaviour and/or capacity to undergo treatment. |
| <p>2. Involve the patient/client and relevant others in the planning, implementation and evaluation of safe and effective Chinese herbal medicine, using evidence-based practice to inform decision-making.</p> | <ul style="list-style-type: none"> a. Explore the diagnosis and/or causes of the presenting health issue and make evidence-based treatment recommendations for Chinese herbal medicine, including any referrals to other health professionals, particularly when urgent and unexpected findings are identified. b. Explain to the patient/client, other health professionals and relevant others about the diagnosis and/or cause(s) of the presenting health issue, relevant treatment principle, recommendations for Chinese herbal medicine treatment and/or |

| Key capabilities – registered Chinese herbal medicine practitioners are able to: | Enabling components – registered Chinese herbal medicine practitioners are able to: |
|---|---|
| | <p>referrals to other health professionals, particularly when urgent and unexpected findings are identified.</p> <ul style="list-style-type: none"> c. Facilitate discussions with the patient/client and relevant others to reach agreed goals of the Chinese herbal medicine treatment that reflect realistic expectations of the risks and likely outcomes. d. Perform the Chinese herbal medicine treatment based on relevant theories and principles, in line with relevant legislation, registration standards, codes and guidelines, the patient's/client's choice, including gaining informed consent. e. Use specific and relevant measures to evaluate a patient's/client's response to Chinese herbal medicine treatment and recognise and act when that response is not as expected. f. Explain to the patient/client, other health professionals and relevant others about the patient's/client's response to Chinese herbal medicine treatment. g. Assist and support the patient/client, other health professionals and relevant other persons to make informed healthcare decisions and, where relevant, provide options for referral to other health practitioners, including those with more appropriate expertise in the scope of Chinese medicine practice relevant to the patient's/client's needs. h. Identify when emergency medical care is required and safely perform common first aid and life support procedures. |
| <p>3. Prescribe and/or supply Chinese herbal medicines safely and effectively.</p> | <ul style="list-style-type: none"> a. Understand and comply with legislation and guidelines relating to safe and effective use of Chinese herbal medicines. b. Consider the patient's/client's cultural and physical background, and mental status to ensure the safe and effective supply and administration of Chinese herbal medicines. c. Consider the therapeutic effects and their relationship with the patient/client presentation, the patient's/client's capacity to tolerate the effects of the herbs, and choice when prescribing Chinese herbal medicines to patients/clients. d. Consider the risks, precautions and contraindications of Chinese herbal medicines when prescribing herbs to patients/clients. e. Consider the interaction between herbal and pharmaceutical medicines and/or with other complementary medicines when prescribing herbs to patients/clients, drawing on pharmacognosy and toxicology knowledge. f. Record a complete and accurate prescription to enable the prescription to be accurately compounded, dispensed, used and tracked. g. Provide clear verbal and written instructions to the patient/client on the correct usage and method of administration of Chinese herbal medicines and implement appropriate monitoring mechanisms for patients/clients that self-administer herbs. |

| Key capabilities – registered Chinese herbal medicine practitioners are able to: | Enabling components – registered Chinese herbal medicine practitioners are able to: |
|---|---|
| | <p>If supplying Chinese herbal medicines, comply with appropriate procedures for compounding, dispensing, labelling, record keeping and safe storage of Chinese herbal medicines.</p> <p>h. Recognise and evaluate evidence for effective use of Chinese herbal medicines used in their area of practice.</p> |
| <p>4. Evaluate the progress and/or review the continuation and modification of the Chinese herbal medicine treatment.</p> | <p>a. Engage with the patient/client and relevant others to:</p> <ul style="list-style-type: none"> • develop an agreed plan to review the continuation and modification of the Chinese herbal medicine treatment • recognise when the Chinese herbal medicine treatment is no longer suitable for the patient/client and/or conditions, and • identify and facilitate access to more suitable treatment options, including referral to other professionals where necessary. <p>b. Engage with the patient/client and relevant others to promote health, wellbeing and patient/client self-management within the Chinese medicine framework.</p> |

Domain 1B: Explanatory notes

Chinese medicine theories and principles means the theories and principles of Chinese medicine required for the contemporary practice of Chinese herbal medicine, including, but not limited to:

- a) the *yin yang* theory/Eight Principles (*ba gang*) & Eight Extraordinary Vessels
- b) the five-element theory (*wu xing*) and six channel theory (*liu jing*)
- c) the Chinese medicine theories and principles relevant to structure and function of the body organs (*zang fu*), channel system (*jing luo*), vital substances (*qi, xue, jing, shen and jin ye*)
- d) the Chinese medicine theory of the causes, development and progression of disease
- e) the Chinese medicine's holistic approach to the prevention and management of diseases
- f) the therapeutic principles of differential diagnosis (*zhen duan*), including disease differentiation (*bian bing*) and syndrome/pattern differentiation (*bian zheng*) as employed in Chinese medicine practice
- g) Chinese materia medica
- h) the theories and principles of herbal formulae, including modifications where necessary, and
- i) processing methods and techniques (*pao zhi*) where relevant
- j) the triple burner (*san jiao*) theory

Informed consent is a patient's/client's voluntary decision about healthcare that is made with knowledge and understanding of the benefits, side-effects and risks involved. A guide to the information that practitioners need to give to patients/clients is available in the National Health and Medical Research Council (NHMRC) publication *General guidelines for medical practitioners in providing information to patients* (www.nhmrc.gov.au).

Collecting information elicits required information about the patient's/client's current and past family history relevant to their presenting health issue(s).

Conducting a sequenced and problem-focused physical examination is expected to be complete and accurate and performed in line with Chinese medicine theories and principles, including tongue and pulse examinations.

A patient's/client's behaviour and/or capacity to undergo treatment may be influenced by pre-existing physical, physiological or psychological medical conditions, age, gender, pregnancy, culture, English language skills, psycho-social and socio-economic factors and personal beliefs.

Diagnosing the presenting health issue includes interpreting and analysing information collected during the patient/client interaction, applying the theories of disease differentiation (*bian bing*) and pattern differentiation (*bian zheng*).

Explaining to the patient/client, other health professionals and relevant others is a key responsibility when a Chinese medicine practitioner makes a diagnosis, identifies treatment options and any medically significant findings. Information may be conveyed verbally or in writing and to the appropriate persons who may include other practitioners, the patient/client and their family/carers/guardians, in line with relevant protocols and other guidelines. It is important that a Chinese medicine practitioner checks that the other person has understood what has been explained. Communication between health practitioners about the clinical status of a patient/client is expected to be recorded in line with relevant legislative requirements.

Identifying urgent and unexpected findings includes recognising and applying knowledge of serious medical issues such as cardiac disease or malignancy based on the patient's/client's clinical presentation and clinical history.

Referring patients/clients to other health practitioners is recommended when it is recognised that an alternative intervention may provide a better patient/client outcome. Chinese medicine practitioners are expected to provide patient/client-centred care and advocate for the patient's/client's equitable access to other health professionals and services that address their needs as a whole person,

acknowledging that access broadly includes availability, affordability, acceptability and appropriateness.

Identifying when emergency medical care is required and safely perform common first aid and life support procedures means contacting emergency services when needed and/or providing first aid to the patient/client.

Legislation and guidelines relating to safe and effective use of Chinese herbal medicines relevant to practice include the Board's *Guidelines for safe Chinese herbal medicine practice*, state/territory and commonwealth legislation regarding supply and administration of Chinese herbal medicines and information about any restrictions and warnings related to the Standard for Uniform Scheduling of Medicines and Poisons (SUSMP) and the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES).

Considering the risks, precautions and contraindications of Chinese herbal medicines includes having the understanding of the use of potentially toxic but clinically proven herbs such as *Fu Zi* and *Ma Huang*, and the ability to manage and determine the use of such herbs, in accordance with relevant guidelines.

Recording a complete and accurate prescription is expected to be performed in line with the Board's *Guidelines for safe Chinese herbal medicine practice*, for example, including writing clearly and legibly in plain English and writing herb names in *pin yin* (as a minimum), using the Board's *Nomenclature compendium of commonly used Chinese herbal medicines*, with appropriate dosage of each herb.

Dispensing herbal medicines relates to prescriptions that the Chinese herbal medicine practitioner has recorded themselves – dispensing of prescriptions from other practitioners is not permitted.

The Chinese herbal medicine treatment may no longer be suitable for the patient/client for a range of reasons, including adverse reactions to the treatment, the patient's/client's condition has altered, and further information about the condition has become available.

Domain 1C: Chinese herbal dispenser

This domain covers the knowledge, skills and attributes a Chinese herbal dispenser requires to practise independently. Chinese herbal dispensers operate in dispensary clinics or shops and dispense herbal medicines according to prescriptions from Chinese herbal medicine practitioners.

| Key capabilities – <i>registered Chinese herbal dispensers are able to:</i> | Enabling components – <i>registered Chinese herbal dispensers are able to:</i> |
|--|---|
| 1. Implement safe and effective Chinese herbal dispensing. | <ul style="list-style-type: none">a. Understand and comply with legislation and guidelines relating to safe and effective use of Chinese herbal medicines.b. Apply Chinese medicine theories of practice relevant to Chinese herbal dispensing.c. Comply with appropriate procedures for compounding, dispensing, labelling, record keeping, and safe storage of Chinese herbal medicines.d. Check the prescription to ensure it is in date; includes relevant and correct patient/client details; includes the correct prescriber details; there are no errors in the names of herbs, dosages or preparation instructions, or if there are any potential safety issues; and communicate with the prescribing practitioner when needed.e. Consider the risks, precautions and contraindications of the use of Chinese herbal medicines when dispensing herbs to patients/clients.f. Consider the interaction between herbal and pharmaceutical medicines and/or with other complementary medicines when dispensing herbs to patients/clients, drawing on pharmacognosy and toxicology knowledge.g. Effectively prepare and provide herbs in the form specified on the prescription.h. Ensure a complete and accurate label is placed on dispensed herbs in line with relevant state/territory legislation.i. Provide clear verbal and written instructions to the patient/client on the correct usage and method of administration of the Chinese herbal medicines. |

Domain 1C: Explanatory notes

Legislation and guidelines relating to safe and effective use of Chinese herbal medicines

relevant to practice include the Board's *Guidelines for safe Chinese herbal medicine practice*, state/territory and commonwealth legislation regarding supply and administration of Chinese herbal medicines and information about any restrictions and warnings related to the Standard for Uniform Scheduling of Medicines and Poisons (SUSMP) and the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES).

Chinese medicine theories and principles means the theories and principles of Chinese medicine required for the contemporary practice of Chinese herbal dispensing, including but not limited to:

- a) Chinese materia medica
- b) theories and principles of herbal formulae, and
- c) processing methods and techniques (*pao zhi*).

Ensuring labels are complete and accurate may include the using the prescription as a label providing all required information is included with the expiry date specified. In accordance with the Board's *Guidelines for safe Chinese herbal medicine practice*, all labels are expected to be clear, legible and written in plain English with herb names written in *pin yin* (as a minimum), using the Chinese Medicine Board of Australia's *Nomenclature compendium of commonly used Chinese herbal medicines*.

Domain 2: Professional and ethical practitioner

This domain covers Chinese medicine practitioners' responsibility and commitment to the health and wellbeing of individual patients/clients and society through professional and ethical practice within the Australian medico-legal framework, high personal standards of behaviour, maintenance of personal health and accountability to the profession and society. It also addresses their responsibility for ensuring that patient/client confidentiality and privacy is maintained at all times, while recognising the potential role as a patient/client advocate. Key capabilities in this domain are common to Chinese medicine practitioners registered in any of the three divisions of the Chinese medicine register.

| Key capabilities – registered Chinese medicine practitioners are able to: | Enabling components – registered Chinese medicine practitioners are able to: |
|--|--|
| 1. Practise in an ethical and professional manner, consistent with relevant legislation and regulatory requirements. | <ul style="list-style-type: none"> a. Understand and comply with legal responsibilities. b. Understand and comply with legislation and guidelines relating to data privacy; and the ownership, storage, retention and destruction of patient/client records and other practice documents. c. Understand and comply with restrictions on importing and/or exporting and using medicines and medical devices as regulated by the Therapeutic Goods Administration (TGA) and other government agencies. d. Manage personal, mental and physical health to ensure fitness to practise. e. Follow mandatory and voluntary reporting obligations. f. Apply the Board's standards, guidelines and <i>Code of conduct</i> to practice. g. Apply knowledge and understanding of the Australian healthcare system to practice. h. Apply the basic principles underpinning bioethics within Chinese medicine and recognise and respond appropriately to ethical issues encountered in practice. i. Exercise appropriate levels of autonomy and professional judgement. j. Identify and manage own conflicts of interest including personal, professional and financial interests. |
| 2. Provide each patient/client with dignity and care. | <ul style="list-style-type: none"> a. Recognise and evaluate the socio-cultural and socio-economic factors that may influence patient/client attitudes and responses to Chinese medicine services. b. Apply the principles of cultural competence and cultural safety to practice. c. Where relevant, recognise and respect Aboriginal and Torres Strait Islander Peoples' ways of knowing, being and doing in the context of history, culture and diversity and affirm and protect these factors through ongoing learning in health practice. d. Display appropriate professional behaviour in patient/client interactions. e. Communicate to ensure adequate informed consent by the patient/client or carer/guardian. |

| Key capabilities – registered Chinese medicine practitioners are able to: | Enabling components – registered Chinese medicine practitioners are able to: |
|--|---|
| | f. Identify and respect appropriate boundaries between patients/clients and health professionals and other members of the community. |
| 3. Assume responsibility and accept accountability for professional decisions. | a. Recognise and respond appropriately to unsafe or unprofessional practice. b. Integrate organisational policies and guidelines with professional standards and apply to practice. c. Identify and practise within own scope of practice, knowledge and skills. |
| 4. Advocate on behalf of the patient/client when appropriate. | a. Support and promote the rights and health interests of patients/clients and support them to represent their own interests, when appropriate. b. Recognise the patient's/client's knowledge, experiences and culture are integral to effectively addressing the presenting health issue and/or restoring function. c. Reflect on cultural factors and respond to the rights and cultural needs of the patient/client and relevant others. d. Advocate for the patient's/client's equitable access to effective Chinese medicine treatments, other professionals and services that address their needs as a whole person, acknowledging that access broadly includes availability, affordability, acceptability and appropriateness. e. Where relevant, advocate for adequate resources to meet service goals and achieve positive outcomes of treatment for their patients/clients. |

Domain 2: Explanatory notes

Legal responsibilities include but are not limited to, responsibilities contained in relevant state/territory and commonwealth legislation and regulations, specific responsibilities to maintain confidentiality, confirm informed consent and exercise duty of care.

Legislation and guidelines relating to data privacy; and the ownership, storage, retention and destruction of patient/client records and other practice documents include, but are not limited to, the Board's *Patient health records guidelines* as updated from time to time and relevant state/territory and commonwealth legislation.

Key elements of fitness to practise include competence, professionalism, including a sense of responsibility and accountability, self-awareness and professional values, sound mental health and the capacity to maintain health and wellbeing for practice.

Reporting obligations are addressed in the Board's *Guidelines for mandatory notifications* and includes making a notification about the health (impairment), conduct or performance of another registered health practitioner that may be placing the public at risk and about the Chinese medicine practitioner's own impairments to practise safely.

Relevant aspects of the Australian healthcare system include, but are not limited to, knowledge of the structure and service provision arrangement, the role of private health funds and third-party payment systems such as workers compensation and motor accident insurance.

Principles underpinning bioethics include respecting the rights of the individual, respecting the autonomy of the individual, causing no harm and advancing the common good.

Socio-cultural factors include, but are not limited to, those related to cultural and linguistic diversity, age, gender, disability, religion, socio-economic factors, geographic locations; and identifying as Aboriginal and/or Torres Strait Islander Peoples.

Cultural competence is a set of congruent behaviours, attitudes and policies that come together in a system, agency, or amongst professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations. The word culture is used because it implies the integrated pattern of human behaviour that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious, or social group. The word competence is used because it implies having the capacity to function effectively. A culturally competent system of care acknowledges and incorporates – at all levels – the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge and the adaptation of services to meet culturally unique needs.⁷

Cultural safety is defined by the National Scheme's Aboriginal and Torres Strait Islander Health Strategy Group as the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal healthcare for Aboriginal and Torres Strait Islander Peoples.

Aboriginal and Torres Strait Islander Peoples' ways of knowing relate to entities of people, land, animals, plants, skies, waterways and climate. **Aboriginal and Torres Strait Islander Peoples' ways of being** is a concept about how to be respectful, responsible and accountable in relation to self and entities. **Aboriginal and Torres Strait Islander Peoples' ways of doing** is the lived expression of relatedness.⁸

Appropriate professional behaviour includes behaviour that is non-discriminatory, empathetic and respects socio-cultural differences.

⁷ Cross T, Bazron B, Dennis K, and Isaacs M (1989) 'Towards a Culturally Competent System of Care'. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

⁸ Martin K and Mirraboopa B (2003) 'Ways of knowing, being and doing: A theoretical framework and methods for indigenous and indigenist research'. *Journal of Australian Studies*. 27(76):203-214.

Domain 3: Communicator and collaborator

This domain covers Chinese medicine practitioners' responsibility to communicate clearly, effectively, empathetically and appropriately with patients/clients and their families or carers. It also addresses their responsibility to work effectively with other health practitioners to provide safe, high-quality, patient/client-centred care. Key capabilities in this domain are common to Chinese medicine practitioners registered in any of the three divisions of the Chinese medicine register.

| Key capabilities – registered Chinese medicine practitioners are able to: | Enabling components – registered Chinese medicine practitioners are able to: |
|--|---|
| 1. Communicate clearly, effectively, empathetically and appropriately with the patient/client and their family or carers. | <ul style="list-style-type: none"> a. Establish rapport with the patient/client to gain understanding of their issues and perspectives. b. Communicate effectively with the patient/client (and at times beyond the patient/client) to collect information and convey information about the proposed Chinese medicine service. c. Convey knowledge and information in ways that engender trust and confidence and respect patient/client confidentiality, privacy and dignity. d. Identify likely communication barriers specific to individual patients/clients and/or family/carers and implement strategies to avoid or overcome these. e. Engage in culturally appropriate, safe, empathetic and sensitive communication that facilitates trust and the building of respectful relationships including with Aboriginal and Torres Strait Islander Peoples and those from culturally and linguistically diverse backgrounds. f. Make provisions to engage third parties to facilitate effective communication when required. |
| 2. Communicate and collaborate with Chinese medicine and other health practitioners. | <ul style="list-style-type: none"> a. Establish and maintain effective and respectful working relationships with other health practitioners. b. Understand, acknowledge and respect the skills, roles and responsibilities of other health practitioners and providers and work effectively and collaboratively with them in the interests of the patient/client. c. Follow accepted protocols and procedures to provide relevant and timely verbal and written communication. |
| 3. Examine and reflect on how one's own culture, influences, perceptions and interactions with others from different cultures. | <ul style="list-style-type: none"> a. Recognise the influence of one's own cultural identity on perceptions of and interactions with Aboriginal and Torres Strait Islander Peoples and people from other cultures. b. Recognise different forms of cultural bias and associated stereotypes that impact on Aboriginal and Torres Strait Islander health and practice in a culturally sensitive and inclusive manner. c. Where relevant, recognise the role of history and relationships between Aboriginal and Torres Strait Islander Peoples and white Australian society and how this has affected the inequitable distribution of privileges. |

Domain 3: Explanatory notes

Effective communication includes active listening, use of appropriate language and detail, use of appropriate verbal and non-verbal cues and confirming that the patient/client has understood.

Communication beyond the patient/client includes, but is not limited to the patient's/client's family, significant others, carers, interpreters, legal guardians and medical advocates.

Communication barriers may arise due to the Chinese medicine practitioner's own culture and experience affecting their interpersonal style, or due to the patient's/client's or family's/carer's/guardian's culture and experience. The patient's/client's or family's/carer's/guardian's capacity to understand may be influenced by English language skills, health literacy, age, gender or health status.

Other health practitioners include registered health practitioners, accredited health professionals and licensed and unlicensed healthcare workers.

Communicating and collaborating with other health practitioners includes accepting referrals from other practitioners, referring patients/clients to other practitioners and/or engaging in inter-professional collaborative practice, as part of a multidisciplinary team. When referring patients/clients or accepting referred patients/clients, practitioners are expected to communicate verbally and/or in writing.

Domain 4: Lifelong learner

This domain covers Chinese medicine practitioners' responsibility to engage in evidence-based practice and to critically monitor their actions through a range of reflective processes. It also addresses their responsibility for identifying, planning and implementing their ongoing professional learning needs with the objective of continuous improvement. Key capabilities in this domain are common to Chinese medicine practitioners registered in any of the three divisions of the Chinese medicine register.

| Key capabilities – <i>registered Chinese medicine practitioners are able to:</i> | Enabling components – <i>registered Chinese medicine practitioners are able to:</i> |
|---|---|
| 1. Manage issues and challenges through the application of critical thinking and reflective practice. | <ul style="list-style-type: none"> a. Identify the issue or challenge and the information that is required to respond. b. Find, appraise, analyse, interpret and apply evidence from best available research and primary literature (including Chinese medical classics) to ensure that the practice of Chinese medicine is guided by relevant evidence. c. Review existing protocols and methods – reflecting on professional challenges or experiences – and integrate knowledge and findings into practice. d. Recognise opportunities to contribute to the development of new knowledge through research and enquiry. |
| 2. Identify ongoing professional learning needs and opportunities. | <ul style="list-style-type: none"> a. Comply with legal and professional responsibilities to undertake continuing professional development (CPD). b. Critically reflect on personal strengths and limitations to identify learning required to improve and adapt professional practice. c. Seek input from others to confirm learning needs of self and others to deliver improved patient/client outcomes. d. Plan and implement steps to address professional development needs. |
| 3. Engage in peer learning and mentorship. | <ul style="list-style-type: none"> a. Participate in peer assessment, standard-setting and mentorship. b. Where relevant, provide developmental support to other Chinese medicine practitioners. c. Where relevant, use appropriate strategies to effectively participate in the supervision of students in the clinical setting. d. Share knowledge, experiences and learnings with other practitioners to enhance therapeutic outcomes of patients/clients. |

Domain 4: Explanatory notes

Issues or challenges are not limited to clinical challenges or questions. Chinese medicine practitioners are expected to identify and seek a solution for any challenge or question they encounter.

Best available research evidence is information from valid and clinically relevant research conducted using sound scientific methodology.

Legal and professional responsibilities to undertake continuing professional development (CPD) includes, but is not limited to, compliance with the Board's *Continuing Professional Development Registration Standard*. Professional development may be provided by the professional community and the broader healthcare network/practice.

Sharing knowledge, experiences and learnings includes being transparent with other practitioners, for example, about the composition of herbal formulae.

Domain 5: Quality and risk manager

This domain covers Chinese medicine practitioners' responsibility to protect patients/clients, others and the environment from harm. Chinese medicine practitioners are directly responsible for quality assurance, quality improvement and managing and responding to the risks inherent in Chinese medicine practice. It also addresses their responsibility for providing safe, effective and high quality professional services, to ensure the safety of patients/clients and other service users. Key capabilities in this domain are common to Chinese medicine practitioners registered in any of the three divisions of the Chinese medicine register.

| Key capabilities – registered Chinese medicine practitioners are able to: | Enabling components – registered Chinese medicine practitioners are able to: |
|--|---|
| 1. Practise Chinese medicine safely. | <ul style="list-style-type: none"> a. Comply with relevant legislation, guidelines and codes of conduct across jurisdictions. b. Apply principles of quality assurance and quality improvement to enhance the safety and quality of practice. c. Identify risks and implement effective and appropriate risk management systems and procedures. d. Recognise and report on near misses and their consequences, adverse events and relevant contributing factors and implement learnings and/or changes to practice as a result. |
| 2. Protect and enhance patient/client safety. | <ul style="list-style-type: none"> a. Identify and manage risk of infection, including during aseptic procedures. b. Apply relevant quality frameworks to practice. c. Manage and dispose of needles, sharps containers and other clinical waste in line with appropriate regulation and procedures. |
| 3. Implement quality assurance processes prior to providing Chinese medicine services to patients/clients. | <ul style="list-style-type: none"> a. Consider any precautions and contraindications prior to providing Chinese medicine services and manage and mitigate any risks that may arise. b. Check and confirm that all equipment is in good order and condition. c. Identify and take action to address risks associated with any equipment that is in an unacceptable condition. |
| 4. Maintain safety of the workplace and associated environments. | <ul style="list-style-type: none"> a. Identify safety hazards in the workplace and respond to incidents in a timely and appropriate manner, in line with relevant work health and safety, regulatory and professional indemnity insurance policies, protocols and procedures. b. Report on all incidents and the action taken in line with relevant requirements. |

Domain 5: Explanatory notes

Relevant legislation and guidelines include state/territory and commonwealth legislation and guidelines, recognising that there may be differences across the states and territories, and relevant guidelines issued by the Board, specifically the Board's *infection prevention and control and safe herbal medicine practice guidelines*.

Reporting adverse events includes reporting suspected adverse events to the Therapeutic Goods Administration (TGA) in line with relevant guidelines issued by the Board.

Identifying and managing risk of infection includes complying with the Board's *Infection prevention and control guidelines for acupuncture practice* and the NHMRC *Australian guidelines for the prevention and control of infection in healthcare* (2010)⁹; managing transmission modes of infections acquired in healthcare facilities (host, agent and environment); preventing the transmission including effective hand hygiene; and compliance with the *Preventing and Controlling Healthcare-Associated Infection Standard* within the *National Safety and Quality Health Service (NSQHS) standards*.¹⁰

Quality frameworks include workplace specific frameworks, relevant jurisdiction publications and frameworks relevant to the context of practice such as the Australian Safety and Quality Framework for Health Care published by the Australian Commission on Safety and Quality in Health Care.

Equipment includes any items used in assessing and treating a patient/client, including disposable items and equipment used for related activities, such as the preparation, processing and dispensing of herbs. Items may include, but are not limited to, disposable needles, gloves, treatment couch, electro-stimulators, laser equipment, heat lamp, message devices, cups, scraping devices, moxa devices, exhaust fan, electronic scales and working surfaces.

Good order may be achieved by following storage protocols and cleaning and hygiene protocols. Issues affecting the condition of equipment are expected to be fully resolved prior to providing Chinese medicine services to patients/clients, in line with any relevant protocols, procedures and workplace materials.

⁹ NHMRC *Australian guidelines for the prevention and control of infection in healthcare* (2010), see www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2010. Accessed 19 March 2019.

¹⁰ 'Preventing and Controlling Healthcare-Associated Infection', see www.nationalstandards.safetyandquality.gov.au/3.-healthcare-associated-infection. Accessed on 15 February 2019.

Glossary

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| Accreditation Committee | Appointed by the Chinese Medicine Board of Australia (the Board), the Chinese Medicine Accreditation Committee (the Accreditation Committee) is responsible for implementing and administering accreditation. |
| Accreditation standards | Used to assess whether a program of study, and the education provider that provides the program, provide persons who complete the program with the knowledge, skills and professional attributes needed to safely and competently practise as a Chinese medicine practitioner in Australia. |
| Acupuncturist | <p>A person registered by the Chinese Medicine Board of Australia in the acupuncturists division of the register of Chinese medicine practitioners.</p> <p>Acupuncturists provide the full range of acupuncture-related intervention methods (such as acupuncture, electro-acupuncture, laser acupuncture, moxibustion, cupping, ear acupuncture and plum-blossom needle) to members of the public who consult them for such a service. This includes the differential diagnosis of the patient's/client's condition and the design and implementation of treatment specific to the patient's/client's condition.</p> |
| Adverse events | Adverse events are unintended and sometimes harmful occurrences associated with the use of a medicine or medical device (collectively known as therapeutic goods). Adverse events include side effects to medicines and problems or incidents involving medical devices. ¹¹ |
| Chinese herbal dispenser | <p>A person registered by the Chinese Medicine Board of Australia in the Chinese herbal dispensers' division of the register of Chinese medicine practitioners.</p> <p>Chinese herbal dispensers operate in dispensary clinics or shops and dispense Chinese medicinal materials according to prescriptions from Chinese herbal medicine practitioners.</p> |
| Chinese herbal medicines | <p>Chinese herbal medicines include the following product types:</p> <ul style="list-style-type: none"> • raw herbs (fresh, dried and/or traditionally processed) • decoctions of single or multiple ingredients • extracts (powders, granules or liquids) • pills, tablets or capsules • compounded topical preparations including, washes, liniments, ointments etc.¹² |
| Chinese herbal medicine practitioner | <p>A person registered by the Chinese Medicine Board of Australia in the Chinese herbal medicine practitioners' division of the register of Chinese medicine practitioners.</p> <p>Chinese herbal medicine practitioners provide the full range of administration methods and routes in Chinese herbal medicine to</p> |

¹¹ Adapted from Australian Government Department of Health's Therapeutic Goods Administration, 'Reporting adverse events', see www.tga.gov.au/reporting-adverse-events. Accessed on 15 February 2019.

¹² 'Guidelines for safe Chinese herbal medicine practice', see <https://www.chinesemedicineboard.gov.au/Codes-Guidelines/Guidelines-for-safe-practice.aspx>. Accessed on 15 February 2019.

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| | <p>members of the public who consult them for such a service. This includes diagnosing the patient's/client's condition, designing and prescribing herbal formulae specific to each patient's/client's condition and/or prescribing manufactured herbal medicines.</p> <p>Registered Chinese herbal medicine practitioners can dispense Chinese herbal medicines to their own patients/clients as part of normal practice, and can supply and sell TGA-listed products to patients/clients. They are not required to be separately registered as a Chinese herbal dispenser in these circumstances.</p> |
| Common good | Those facilities – whether material, cultural or institutional – that the members of a community provide to all members to fulfil a relational obligation they all have to care for certain interests that they have in common. ¹³ |
| Compounding | The extemporaneous preparation of a medicine for a specific person in response to an identified clinical need. ¹⁴ |
| Education provider | The term used by National Law to describe universities; tertiary education institutions or other institutions or organisations that provide vocational training; or specialist medical colleges or health professional colleges. |
| Enabling components | Describe the essential and measurable characteristics of the corresponding key capabilities and facilitate assessment of performance in the practice setting. Chinese medicine practitioners are expected to demonstrate all enabling components for all key capabilities for safe and competent practice. This includes applying, adapting and synthesising new knowledge and skills gained from experience to continually improve performance. |
| Impairment | The term 'impairment' has a specific meaning under the National Law in Australia. It refers to a physical or mental impairment, disability, condition or disorder that is linked to a practitioner's capacity to practise or a student's capacity to undertake clinical training. A person's physical or mental impairment, disability, condition or disorder is only a matter of interest to the Chinese Medicine Board of Australia (including its delegated decision-maker) if it detrimentally affects, or is likely to detrimentally affect, a practitioner's capacity to practise or a student's capacity to undertake clinical training. ¹⁵ |
| Jurisdiction | In the context of the Australian healthcare system, a jurisdiction refers to the Commonwealth or a state or territory. |
| Key capabilities | Describe the key features of safe and competent practice in a range of contexts and situations of varied complexity and uncertainty. During any one procedure or treatment, practitioners are expected to demonstrate key capabilities from various domains. This recognises that competent professional practice is more than a sum of each discrete part and requires an ability to draw on and integrate the breadth of capabilities to support overall performance. |

¹³ 'The Common Good', see www.plato.stanford.edu/entries/common-good. Accessed on 15 February 2019.

¹⁴ 'Guidelines for safe Chinese herbal medicine practice', see <https://www.chinesemedicineboard.gov.au/Codes-Guidelines/Guidelines-for-safe-practice.aspx>. Accessed on 15 February 2019.

¹⁵ Section 143(1) of the National Law.

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| Learning outcomes | The expression of the set of knowledge and skills and the application of the knowledge and skills a person has acquired and is able to demonstrate as a result of learning. ¹⁶ |
| Pharmacognosy | Pharmacognosy is the study of natural product molecules (typically secondary metabolites) that are useful for their medicinal, ecological, gustatory or other functional properties. The natural species that are the source of the compounds under study span all biological kingdoms, most notably marine invertebrates, plants, fungi and bacteria. ¹⁷ |
| Program of study | A program of study consists of a set of structured units or subjects provided by an education provider. The term 'course' is used by many education providers. |

¹⁶ Adapted from Australian Qualifications Framework, Second Edition January 2013, see www.aqf.edu.au/. Accessed on 15 February 2019.

¹⁷ The American Society of Pharmacognosy, 'About us', see www.pharmacognosy.us/what-is-pharmacognosy. Accessed on 15 February 2019.

List of acronyms

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| AQF | Australian Qualifications Framework |
| CITES | Convention on International Trade in Endangered Species of Wild Fauna and Flora |
| CPD | Continuing professional development |
| NHMRC | National Health and Medical Research Council |
| NSQHS | National Safety and Quality Health Service |
| SUSMP | Standard for Uniform Scheduling of Medicines and Poisons |
| TGA | Therapeutic Goods Administration |
| WHO | World Health Organization |