Wed 5/10/2011

Chinese Medicine Board of Australia,

I am writing in response to your recent unveiling of proposed CMBA policies regarding the registration of Chinese Medicine. I am very happy to finally be witnessing the national registration of Chinese Medicine. I believe that it is an important step to recognise the skill required to practise and how that impacts on public health. I do however have few concerns with regards to some of your proposed policies – that of CPD (continuing Professional Development), PII (Professional indemnity Insurance), and the grand parenting standards.

With respect to CPD I am happy to support a 20 hour annual requirement. I am wondering however why there is an emphasis on 4 hours annually to be accorded to professional development? I have two concerns with this – firstly the availability of seminars to allow us to comply with this and secondly the importance of self regulation amongst practitioners. I have been in practice for 14 years and know of only 2 or 3 seminars hosted which have ever dealt with this topic. Unless the CMBA is prepared to allow the purchase of reading materials as evidence of continuing education I am unable to see how this will translate in reality. I would also stress that all continuing education is equally important and as such I would hope that the practitioner can be expected to self regulate in the areas he/ she needs more growth and knowledge. To allot 25% of continuing education to professional issues is quite high. In my view it would appear reasonable to suspect that most practitioners will be spending more than 4 hours annually acquainting themselves with updated legislation as and when legislation changes. But how is this evidenced?.

I am also wondering how CPD will be recognised. Currently there exists the problem of practitioners working in small towns without access to seminars. In order to complete their annual requirements will they be allowed to use purchased materials eg DVD's, books, magazines etc as CPD points?

Finally, the grand parenting issue causes me the greatest concern. Your specification of numbers of hours in clinical practice is beyond what was considered acceptable by many past educational facilities rendering the 3 year Advanced Diploma/ Diploma. This is a commonly held qualification. I would ask that this be reconsidered for 2 reasons.

Firstly, it imposes a standard higher than the standard imposed by the Victorian Registration Board. If they are automatically transitioned in it stands to reason that their grandfathering standards are acceptable to you. As such I would ask for a reconsideration of this matter. Otherwise it may be construed that you are unfairly biased towards registrants in the Victorian scheme.

All courses that were government/ university accredited (including diploma and advanced diplomas) should be included on the list of courses deemed adequate for grand parenting. The standards of the time were different to the current standards and it is unfair to apply more recent standards retroactively. Grand parenting is a mechanism to allow for the smooth transition of existing practitioners into the new framework respecting that in most cases the new requirements were previously unavailable. Acknowledgement should be given to those

individuals who have spent three years learning their trade at a time in which there were no educational requirements.

I would ask that you consider the list of schools which has been submitted by the AACMA as acceptable for grand parenting purposes. The AACMA has been in the fortunate position of monitoring the changes in educational standards over the 35 years it has been in existence. It has changed its entrance requirements in step with the changing face of education over these 35 years. It has taken the issue of practitioner training so seriously that it published guidelines in 2000 to establish what it felt was acceptable for the profession, at a time when registration still appeared to be a pipe dream.

With respect to the conditions of schedule 2 it is unfortunate that the CMBA has chosen to identify itself with TCM alone as there are endless traditions that fall under the umbrella of Chinese Medicine. (For those of you unfamiliar with the history of Chinese medicine please refer to Professor Paul Unschuld's seminal work The History of Chinese Medicine). Practitioners of Chinese Medicine who choose to utilize another style than the TCM are being unfairly disadvantaged. There are many different types of acupuncture currently being performed in Australia and they include but are not limited to Five Element Acupuncture (as rediscovered by the now deceased JR Worsley), Toyohari Acupuncture a form prevalent in Japan, Meridian Therapy another form prevalent in Japan., Korean acupuncture etc etc.

Evidence of competence should be able to be determined within the tradition that the practitioner follows, not via the TCM framework. Accordingly it must be acknowledged that a treatment plan which has not been reported in the TCM style is not automatically deemed incompetent. There must be some tolerance in the approval criteria for evidence of competence.

Lastly I would like to draw your attention to evidence of practice with Chinese herbs. The assumption of writing out a prescription for each patient is that as a herbalist you are using either raw or powdered herbs. Pill bottles list the individual herbs on the side of the bottle rendering this an unnecessary task. Patient compliance is far higher when using pills as opposed to powders or raw herbs. (Both powders and raw herbs have an unbearable taste for many and the added inconvenience of boiling up herbs on a daily basis which cause the house to smell badly reduced patient compliance even further in the case of raw herbs.) This should not reflect on the practitioner's perceived competence in prescribing herbs. I would suggest that the presence of a formula within patient notes is sufficient to prove competency. The choice of formula reflects the diagnosis to anyone who is familiar with herbal formulas. One cannot be chosen without the other.

The other issue to be addressed with herbs is how to distinguish those who are able to sell herbs from those who are herbalists. I do not have a clear understanding at this point of how Chinese herbs will be regulated. The topic has increasing complexity given that some Chinese herbs are also Western or Indian herbs as well. Will naturopaths be denied the right to sell herbs that are concurrently both a Chinese herb as well as a Western one? Will non herbalists have the right to continue to sell herbs and if so are they able to select them for patients or not? I am wondering with reference not only to practitioners but also to stores such as Woolworth's or Terry White or the independent Chinese shops. What will be the definitive guideline with reference to a shop attendant recommending one herbal formula over another? How will that differ from a practitioner?

Thank you for allowing me the opportunity to give a written response to the draft guidelines. I appreciate that your task is not just time sensitive but that the varied backgrounds of all the members means that there is added pressure to come up with a document that all can agree upon. As a practitioner of 14 years I am thoroughly familiar with my own profession. Not all on this board will have the same advantage of intimate familiarity with the daily practice of acupuncture and herbs. I do hope that I have been able to contribute meaningfully to your discussions and second draft of the guidelines.

Best of wishes,

Jacqueline Corner
Past National Board Member for AACMA
Practitioner for 14 years of acupucnture and herbal medicine