澳洲全國中醫藥針灸學會聯合會

# Federation of Chinese Medicine & Acupuncture Societies of Australia Ltd.

澳洲全國中醫藥針灸學會聯合會 (National Body)

FCMA

ACN: 104 651 523 ABN: 70 199 744 719
All correspondence:
6 Paisley Street
Footscray Victoria 3011
Australia
Tel: +61 3 9689 2678
Fax: +61 3 9689 0872
+61 3 9802 4261
Email: contactus@fcma.org.au
tchiangl@fcma.org.au
Web: http://www.fcma.org.au

Program Manager, Accreditation, AHPRA,
GPO Box 9958, Melbourne, 3001.
accreditation.unit@ahpra.gov.au

23 August 2013

Dear A/Prof. Meeuwis Boelen,

Re: Feedback on Draft Chinese medicine accreditation standards

On behalf of the Federation of Chinese Medicine & Acupuncture Societies of Australia Ltd (FCMA), one of the leading Chinese Medicine associations representing the Chinese Medicine profession in the Professions Reference Groups established by AHPRA, I would like to submit the following feedback on the Draft Chinese Medicine Accreditation Standards.

1. Standard 5.5 Chinese medicine practice

In Standard 5.5 Chinese medicine practice, there is no explicit requirement for study of classical literature (in either Acupuncture [p. 18] or Chinese herbal medicine [p. 19], including the classic texts ***Inner Canon of Yellow Emperor*** (Huangdi Neijing, including Su Wen and Ling Shu), ***Treatise on Cold-Induced Diseases*** (Shang Han Lun), ***Synopsis of the Golden Chamber*** (Jin Gui Yao Lue), and ***Science of Seasonal Febrile Diseases*** (Wen Bing Xue). Classical literature provides the very foundation of the practice of Chinese medicine.

Standard 5.5.3 relates to the historical development of the system of medicine: *'5.5.3 demonstrate broad knowledge of the history of the formation and development of medicine in China from ancient times to the present, including examining its geographical and historical development'*. This clause does not articulate classic literature, though it may be implied. We believe that implication is not sufficient.

Standard 5.5.4 states: *'demonstrate a basic understanding of the theories and principles of Chinese medicine required for the contemporary practice of acupuncture and/or Chinese herbal medicine, including (a) the five –element theories (yin yang and wu xing).....'*. Whilst yin yang theory, five phase theory, zang fu theory etc. are key theories of Chinese medicine, foundational knowledge related to Chinese medicine goes well beyond these.

The FCMA strongly recommends that in Standard 5.5 specific reference is made to knowledge of the foundations of Chinese medicine including classical literature, and as a minimum this should

include: the Huangdi Neijing (Su Wen and Ling Shu), Shang Han Lun, Jin Kui Yao Lue and Wen Bing Xue for Chinese herbal medicine stream and other acupuncture classics for acupuncture stream.

Whilst it is acknowledged that reference is made to knowledge of the Chinese medicine classics in Standard 5.7.8 which states: *'demonstrate fundamental knowledge of theory and principles of as well as conversance with the clinical primary Chinese medicine classics and be able to apply its relevance to contemporary Chinese medicine practice'*, graduates should be able to demonstrate an understanding that goes beyond being *'conversant'* with Chinese medicine classics. The fundamental theoretical knowledge of Chinese medicine is derived from the classic literature. The phrase *'be able to apply its relevance'* is somewhat clumsy. A better form of words could be:

'demonstrate fundamental knowledge of theory and principles espoused in classic literature and modern texts and be able to apply and/or adapt this knowledge to contemporary Chinese medicine practice'.

In preparing graduates to practice Chinese medicine in an uncertain future in which many future diseases are not yet known (think back to the Bird Flu virus only a few years ago), it is important that graduates understand the key guiding principles and be able to adapt these to new conditions also.

2. <u>Standard 5.6 Chinese medicine practice in acupuncture</u>

In relation to Standard 5.6.4, the word *'matching'* does not adequately reflect the practice of acupuncture. It is suggested that a different form of words is used. For example:

'interpret and analyse the information gathered during interview and physical examination, using their knowledge to diagnose the presenting health issue, including the application of differentiations of diseases (bian bing) and patterns (bian zheng) in Chinese medicine, identify appropriate treatment principles and select the appropriate treatment method(s) of acupuncture and/or moxibustion and/or other Chinese medicine manual therapies, formulating the acupuncture prescription based on knowledge of key meridian theories underpinning acupuncture practice'.

3. <u>Standard 5.7 Chinese herbal medicine practice</u>

a. Standard 5.7.8 states:
*'..... including the application of diseases (bian bing) and patterns (bian zheng) in Chinese medicine and matching them to Chinese herbal medicine treatment and methods'.*

As in Standard 5.6.4 in relation to acupuncture (see previous section), we suggest that the word *'matching'* is not appropriate in relation to Chinese herbal medicine and suggests a 'cookbook' approach to Chinese herbal medicine practice. Whilst it is acknowledged that there are representative formulae for particular patterns, this is a limited approach to the practice of Chinese herbal medicine. Patients often present with complex patterns. Experienced practitioners will often create their own medicinal formulae from first principles, based on an understanding of aetiology and pathogenesis, and the patterns (and 'disease') involved, and knowledge of the actions of herbs. Such formulae may be based on key formulae or combinations of key formulae or developed by the practitioner. Thus, a better form of wording for the end of this clause might be:

'..... including the application of diseases (bian bing) and patterns (bian zheng) in Chinese medicine, and identify appropriate treatment principles and consequently formulate appropriate Chinese herbal medicine treatments/formulae based on a knowledge of Chinese herbal medicine theories and Chinese herbal medicine pharmacology'.

b. There is no requirement with respect to the study of Scheduled (Schedule 1, S1) herbs. Although none of the states or territories had altered its drugs and poisons legislation in relation to S1 herbs, it is likely that in the future, drugs and poisons legislation may be amended and registered Chinese herbal medicine practitioners could be able to prescribe S1 herbs . Therefore, it is very important that the study of Schedule 1 herbs (including Pao Zhi, herbal processing) is included in curricula.
c. There is no explicit requirement to demonstrate Pao Zhi (herbal processing). This is a serious omission. Without practical experience in Pao Zhi, graduates may be unable to adequately process herbs. This will decrease their ability to modify the therapeutic action of herbs accordingly. It may be implied under Section 5.7.10, however we believe there should be an explicit clause in relation to Pao Zhi.

4. Standard 5.8 Chinese herbal medicine dispensing

In Standard 5.8, again there is no explicit reference made to being able to demonstrate Pao Zhi . Whilst this may be implied under Standard 5.8.6, we believe that it needs to be made explicit.

5. Further suggestions in relation to clinical hours

Under Standard 1.8 Clinical Education, we note that Standard 1.8.5 specifies: *'ensures the volume, range and level of clinical education is adequate for effective delivery of the Chinese medicine program learning outcomes'*. Standard 3.1.5 states: *'The Chinese medicine program documentation clearly presents the rationale, objectives, structure, delivery methods, assessment approaches and student workload requirements for the program, and includes any compulsory requirements for completion of the program'*. Whilst we appreciate the fact that the draft accreditation standards has a focus on outcomes and therefore does not specify length of programs, we do feel that it is important to specify a minimum expected number of hours in relation to clinical practical units.

We thank the Accreditation Committee of Chinese Medicine Board of Australia for the opportunity to give feedback on Draft Chinese Medicine Accreditation Standards and look forward to seeing the next iteration.

Yours sincerely

Professor Tzi Chiang Lin PhD, JP
National President, FCMA