



Submission by

Chinese Medicine & Acupuncture

Society of Australia

CMASA

for

Consultation on

Review of Criminal History Registration Standard

and

English Language Skills Registration Standard

to

Executive Officer

AHPRA

standard.consultation@ahpra.gov.au

9th December 2013



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CMASA Profile

Twenty years ago, with an increasing number of immigrants from China, CMASA precedents, the first batch of TCM practitioners from Mainland China, unfolded the prologue by establishing one of the earliest professional body for Chinese Medicine practitioners in New South Wales. It was then officially registered as the **Chinese Medicine and Acupuncture Society of Australia Ltd , CMASA**, in 1999 according to the Federal Company Law as a limited public company.

With its Chinese ethnic background from different part of the world, CMASA has gained its social recognition among various communities with its characteristics including rigorous professionalism, simple yet dedicated academic pursuit, and kind and responsible serving attitude. CMASA, over the last decade, has made great efforts to build a platform for communications and academics exchange among, not only its members, also with other professional associations and regulating bodies. It has also participated actively in The National Registration of Chinese Medicine in Australia.

In 2000, the Society successfully launched the Chinese Medicine & Health Journal, ISSN 1447-3321. CMASA official website was launched in 2005. In 2007, an official TCM Forum -“Da Yi Lun Tan” was launched, under which series of high standard professional seminars with renowned Australian and International speakers are invited for speeches and workshops. By 2012, CMASA became a recognised professional association for all private health insurance companies such as Medibank, Bupa, HCF and AHRG, with only Nib in application process. In February 2013, the Society set up its National office to provide better services to its rapid growing number of over 1,000 members. The mission for CMASA National Office is to support CMASA non English members understand and comply with all new rules and regulations such as CMBA CPD guideline and other newly implemented regulations..

Now, CMASA is an Australian nation-wide non-profit organisation with more than 1,000 members, and growing, with offices in New South Wales, Victoria, Queensland, Western Australia , Southern Australia and the newly established ACT office. All CMASA members are professional Chinese medicine practitioners, acupuncturists and Massage therapists majority from China, Taiwan, Hong Kong, Macau, and other Southeast Asian countries, with growing members from Australian graduated practitioners.

AHPRA Consultation on

' Review of Criminal history registration standard and English language skills registration standard '

Standard.consultation@ahpra.gov.au

Re: Review of Criminal history registration standard and English language skills registration standard '

Thank you for providing the opportunity to comment on the options for Review of Criminal history registration standard and English language skills registration standard.

Review of Criminal History Registration Standard

We support Option 1 to continue the existing registration standard since there have been no issues arisen and any possible flaws of the existing registration would be resolved by the individual assessment by the Board. It would be a waste of resource to change the system that has been working well.

English Language Skills Registration Standard

1. From your perspective, how is the current registration standard working?

From our perspective, the current English Language Skills Registration Standard has caused a tremendous impact within the Chinese ethnic practitioners' community and has caused consequential emotion in the aspects of being treated unfairly and not given a fair go as every Australian deserved.

According to the Registration-Data Table June 2013 released by Chinese Medicine Board of Australia, total number of registrants 4,070, data of registered Chinese Medicine practitioner by age group as following

Age between 25 - 30	: 6%
31-40	: 23.57%
41-50	: 25.28%
51 & above	: 45.15%

Although the ethnic background of registered Chinese medicine practitioners is not included in the CMBA Registration Data table, according to the Australian Bureau of Statistic Complementary therapies from the over market view, majority of nearly 72% of the practicing Chinese medicine practitioners are Chinese ethnic born overseas.

From the data, above only 29.57% of practitioners are below age 40, 25.28% age between 41 to 50 and 45.15% age over 50. In China, Chinese Medicine education started in 1950s and was

disrupted between 1966 till 1976 during the Culture Revolution. Only in 1982, first Bachelor degree graduates was introduced. The population of Chinese Medicine practitioners who was born before 1960 do not have degree qualification. They are in their early fifties in 2013.

From the above data, the 45.15% of the 51 and above age group are not only facing the issue of language conditional registration by CMBA, their livelihood are also threatened by Private Health Funds only accepting providers with 5 year Bachelor degree in traditional Chinese Medicine on top of the tough economic status in Australia, due to cultural and political development of the country of which are beyond anyone control.

2. Should the countries recognised in the standard be consistent with those countries recognised by the Department of Immigration and Citizenship for exemptions from English language testing?

If so, should the recognition of South Africa in the National Boards' English language skills registration standard be phased out over time?

No, the countries recognised in the standard need not be consistent with those countries recognised by the Department of Immigration and Citizenship for exemptions from English language testing, but can be used as part of the references. Some countries, such as Taiwan, Chinese Medicine education is 7 full years Chinese Medicine medical degree and 5 full years of Post-Baccalaureate Chinese Medicine Medical degree in Medical University where all subjects in western medicine are taught in English and Chinese Medicine related subjects taught in Mandarin. The list of exemptions of Department of Immigration and Citizenship does not reflect the education standard in the country.

3. Is there any evidence to assist National Boards to assess whether there are any additional countries that should be recognised in their English language skills registration standard?

Any formal documentation showing the degree of English used in the academic education and reference letter from employees etc should be taken into consideration.

4. Do you have comments about how the National Boards should approach test results that are very close to, but slightly below, the current standard?

The National Board should set up a mathematical offset range and accept those with test results very close but slightly below current standard but falls within the offset range.

5. Should National Boards accept results from more than one sitting or is there a better way to address this issue, such as the approaches described above?

Chinese Medicine Registration Board of Australia not only should accept results from more than one sitting, but also lift the bar of only accept the test results within the 2 years of application with supporting documentation that the practitioners have been or are currently practicing in English speaking country for the past 5 years since the research conducted by University of Melbourne does not provide a conclusive answer, and linguistic research has

shown that a range of affective and physical factors can influence candidate performance on the test day which conclusively convinced OET single sub-test re-sit is justifiable.

We also suggest CMBA should accept test results without the limitation of 2 or 3 years from application as long as applicants can show the evidence of recency of practice in Australia and English speaking country. There is no need of scientific research evidence to know that practice of language makes perfect, also a lack of data showing the shortfall of language threatening public safety in any part of the world. On the other hand a practitioner with better language ability does not prove to be a better doctor to the patients than a doctor with lesser language ability.

6. Is the content of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?

The content of the draft revised registration standard is more workable than the current standard but there is much room for improvement in the aspects of wider scope should be taken into consideration.

7. Is there any content that needs to be changed or deleted in the revised draft registration standard?

Yes, much of the content can be better elaborated to accommodate wider range of circumstances. Chinese Medicine Board of Australia should also consider to have an English language standard different to other 12 National Boards in consideration of the unique cultural and historic background of Chinese medicine professional as The Aboriginal and Torres Strait Islander Health Practice Board of Australia to better reflex the specific nature of practice of the Chinese Medicine profession.

8. Is there anything missing that needs to be added to the revised draft registration standard?

Yes, for those practitioner reach age 50 by 2014, should have special consideration of their language conditional lifted not with sitting through test which is mission impossible for them, rather than completion of classes of Certificate III/IV or equivalent for them to continue learning as a high proportion of them are the spine of Chinese Medicine profession who not only uphold the high standard of the industry service to the general public but also the mentors to the younger generations of the profession.

9. Do you have any other comments on the revised registration draft standard?

In Health & Care Profession Councils in the United Kingdom, Cross Boards Standard of Proficiency Section 8.2

“be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5”

There is nothing mentioned about the requirement being in “Academic module”. One would presume the General module is implemented, instead of Academic module”.

Recently, there had been an outburst of panic atmosphere in the Chinese Medicine community when practitioners with receiving section 80 1 b form. Some of our members mistakenly ticked the wrong box and submitted 20 copies of patient records, which had caused a lot of stress and financial burden. We strongly recommend Chinese Medicine Board of Australia to improve the degree of bilingual in communication letters and guidelines for the high percentage of Chinese Medicine practitioners with language conditions to know clearly without doubts what needed to be done as they were all law abiding practitioners and the last thing they would want to do is breaching of any guideline or overlooking request of the board due to language negligence.

Due to the cultural and historic background of the Chinese medicine Industry, Mandarin and English should possess an equal importance in every aspect with many similarities with Italian opera which was first created in 1960. The language for Italian opera not only is the language but also the art of the opera. The same applies to Chinese Medicine where Mandarin in Chinese Medicine is not only the art, it is also the culture and philosophy of Chinese Medicine. The development of Chinese Medicine in the world has an adamant bond with Mandarin in both the past and the future of Chinese medicine, not only with the past historic Chinese Medicine Classics but also with the advance research and the fast ever changing progress of Chinese Medicine in modern China.

On behalf of all CMASA members and all Chinese medicine practitioners, we are pledging for the Board to elevate mandarin as official language alongside with English for future of Chinese Medicine industry in Australia.

Last but not least, we would like to express our gratitude for the hard work for the past year and wishing Chair and all Board of committee members of the Chinese Medicine Board of Australia a Merry Christmas and a Happy New Year.

Please feel free to contact us at CMASA National Office for any further discussion.

Yours Faithfully



Guo Qing Wei
CMASA Director
Chief Administrator of CMASA National Office

Elline Chen
CMASA National Office Secretary

