

Draft revised accreditation standards for Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine and Medical Radiation Practice

---

Stakeholder details:

Dr Benjamin Xue  
Approved accreditation assessor  
Chinese Medicine Accreditation Committee



6 October 2018

**Responses to consultation questions**

*The following responses to the consultation questions are commenting the accreditation standards for Chinese Medicine only.*

**Does any content need to be added?**

No.

**Does any content need to be amended?**

Yes.

Standard 1: Assuring safe practice

1.4 Health practitioners who supervise students in the program during work integrated learning hold current registration in Australia for the clinical elements they supervise.

*Amendment suggested:*

*Supervisors should have at least five years of clinical experience.*

1.5 Internal and external facilities and health services where students in the program engage in work integrated learning maintain relevant accreditation and licenses.

*Amendment suggested:*

*External facilities should be established for at least five years prior to taking students.*

Standard 2: Academic governance and quality assurance of the program

2.2 Students in the program have opportunities to input into the decision-making processes addressing program design, implementation and quality.

*Amendment suggested:*

*Lectures and clinical supervisors should have the same opportunities.*

2.3 The education provider has robust academic governance for the program that includes systematic monitoring, review and improvement, and a committee or similar entity with the responsibility, authority and capacity to develop, implement and change the program to meet the needs of the Chinese medicine profession and health workforce needs.

*Amendment suggested:*

*The review should be published by a committee or review panel composed of program leader, lecturer and students periodically, e.g. the beginning of the academic year, rather than randomly at any time.*

2.5 There is external stakeholder input to the design, implementation and quality of the program, including from representatives of the Chinese Medicine profession, other health professions, prospective employers, health consumers and graduates of the program.

*Amendment suggested:*

*Independent clinical practitioners should be included in the list.*

Standard 3: Program design, implementation and resourcing

3.14 The program has the level and range of human resources, facilities, equipment and financial resources to sustain the quality and scope of education required for students to achieve all the professional capabilities endorsed by the Chinese Medicine Board of Australia.

*Amendment suggested:*

*Teaching clinics should have sufficient and diverse patients. Otherwise, external teaching facilities should be added.*

Standard 5: Assessment

5.4 Staff who assesses students in the program are suitably qualified and experienced and prepared for the role.

*Amendment suggested:*

*External qualified clinical practitioners should be included in the assessment team.*

**Are there any potential unintended consequences of the current wording?**

No.

**Do the proposed revised accreditation standards, associated criteria, expected information and explanatory notes indicate clearly what is required for education providers to demonstrate they are producing safe and competent graduates?**

No. Some of them are not specific, therefore, can be understood vaguely.

**Do you consider education providers will have difficulty in providing evidence (expected information) to meet any of the criteria?**

No.

**Do you have any other general feedback or comments on the proposed revised standards?**

No.

Email to AHPRA at [accreditationstandards.review@ahpra.gov.au](mailto:accreditationstandards.review@ahpra.gov.au)

The closing date for feedback is Monday 15 October 2018