Aboriginal and Torres Strait Islander Health Practice
Chinese Medicine
Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery
Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Response template for providing feedback to public consultation – draft revised professional capabilities for Chinese medicine

This response template is an optional way to provide your response to the public consultation paper for the **Draft revised professional capabilities for Chinese medicine.** Please provide your responses to any of the questions in the corresponding text boxes; you do not need to answer every question if you have no comment.

Making a submission

Please complete this response template and send to accreditationstandards.review@ahpra.gov.au, using the subject line *'Feedback on draft revised professional capabilities for Chinese medicine*.'

Submissions are due by COB on Monday 9 September 2019.

Stakeholder details

Please provide your details in the following table:

Name:	Dr John Gemmell
Organisation Name:	Acu-ease

Your responses to the public consultation questions

1. Does any content need to be added to the draft revised professional capabilities?

Yes. Content needs to be added to the draft to reflect that:

1. the discipline of Chinese medicine is a comprehensive system of health care that assesses, diagnoses and treats, physical, emotional, psychological, spiritual and psychosocial health issues

2. registered acupuncturists and registered Chinese herbal medicine practitioners have a great many other therapeutic skills, such as health counselling, constitutional psychotherapy, sociological and public health expertise.

The following recommendations are made:

1. **Section 1**
   - The sub-section Key features of Chinese Medicine in Australia needs to include an additional dot point which refers to the clinical skills taught in a Chinese medicine degree and required for the safe practice of primary care in Australia. Recommended wording is provided below:

     Conduct a Chinese medicine-based diagnosis, prognosis and develop, implement and review treatment plans

2. **Section 2**

   - Content needs to be added to the descriptions of Domains 1A and 1B to reflect the primary care role of Acupuncturists and Chinese Herbal Medicine Practitioners.

3. **Whole document**
   - The following concepts should be integrated into the document and added to the Explanatory Notes:

     Chinese medicine soft skills include but are not limited to adaptability, clearly and concise verbally communication, creative thinking, teamwork, networking ,decision making, positivity, time management, motivation, flexibility, problem-solving, critical thinking.

     Primary care health professional skills include but are not limited to building rapport, provide health team leadership, written communication skills, problem-solving skills, strong work ethic, analytical/quantitative skills, technical skills, verbal communication skills, computer skills and display flexibility/adaptability

     Chinese medicine diagnostic and treatment planning, include but are not limited to professional level of skill in questioning/history taking, inspection, auscultation (listening) & olfaction (smelling), and palpation of the patient's condition so that a Chinese medicine based diagnosis, prognosis and treatment plan can be presented for patient consent prior to treatment.

2. Does any content need to be amended or removed from the draft revised professional capabilities?

Yes. The following issues are identified:

1. The introductory section of the document is too wordy, and repetitive. The document is too lengthy to make it easy for the reader to assimilate and digest the information. It focuses too much on trying to educate people about Chinese Medicine, rather than identifying what the threshold professional capabilities are.

2. The draft does not adequately reflect the clinical skill set that is both taught in Chinese medicine degrees and which are required in the safe practice of primary care in Australia.

3. The distinction between an acupuncture assessment and a Chinese herbal medicine assessment should be removed. Both practitioners perform a Chinese medicine assessment.

4. The heading and order of the domains within the document has the unintended consequence of reducing acupuncture to a technique, rather than a comprehensive system of Chines medicine practice.

The following recommendations are made:

1. **Section 1**
    a. This section is reduced from 6 pages to a maximum of 2 pages.

    b. The first three sub-sections of the Introduction are merged to make the purpose of the document clearer, less repetitive and easier for the reader to understand.

    c. The contextual information about Chinese medicine practice in Australia is removed as it is providing an educational role which is not the purpose of this document.

    d. The section on evidence-based practice is removed or reduced to a succinct dot point. The professional capabilities relating to evidence-based practice should be drawn out in the Domains, not in the introduction. If it is necessary to provide further explanation of what evidence-based practice means in the context of Chinese medicine, particularly in relation to the classical texts, this should be articulated in Explanatory notes.

    e. The section on cultural competency is removed or reduced to a succinct dot point. The professional capability is addressed in the Domains and is not required in the introduction and the rationalisation for cultural competency is not required and has the unintended consequence of making Chinese Medicine Practitioners appear to be culturally incompetent (see response to Question 3 below).

    f. The section on the Contexts of Chinese medicine in Australia is removed or reduced to a single dot point.

g. The Section on Concept of threshold professional capability and competence is reduced to approximately half a page, by eliminating repetition and removing Figure 1. Figure 1 does not add enough value for the space that it takes up at the front end of the draft. If desired, it could be put into an Appendix.

2. Section 2

a. Domain 1 is titled Clinical Practice, with Domains 1A, 1B and 1C sitting underneath as separate streams of Practice.

b. A holistic description of the Clinical Practice Domain 1 is provided. Recommended wording is provided below:

> **This domain covers the clinical knowledge, skills and attributes required for Chinese medicine practitioners to practice independently. It is divided into three sub-domains to reflect the clinical practice requirements and responsibilities of Acupuncturists, Chinese Herbal Medicine Practitioners and Chinese Herbal Medicine Dispensers.**

c. Domains 1 and 2 are reordered to place Clinical Practice within the broader context of being a Professional and Ethical Practitioner. This provides an overarching context as it applies to all three areas of practice and establishes the requirement to comply with all legislative, regulatory and ethical obligations.

d. The description of Domain 1A and Domain 1B are amended to reflect that both are primary care practitioners. Recommended wording for Domain 1A is provided below:

> **This domain covers the knowledge, skills and attributes an Acupuncturist requires to responsibly practice a professional standard of primary care within their area of practice. Acupuncturists are directly responsible for utilising Chinese medicine theory and practice to accurately assess, diagnose and treat patients. Acupuncturists provide the full range of acupuncture intervention methods and/or Chinese medicine manual therapies to members of the public who consult them for such a service. Primary care provision by Acupuncturists, regardless of practice setting, encompasses preventative, acute, chronic and palliative care and management.**

e. The first two key capabilities and enabling components of Domain 1A and Domain 1B are amended into three capabilities to separate the assessment process from the diagnosis and treatment plan, and content added to emphasise the primary care role. Recommended additions and amendments are provided in red below:

Key capabilities	**Enabling Components**
1. Plan and perform an efficient and effective patient/client-centred Chinese medicine assessment	Plan a Chinese medicine assessment drawing on applied knowledge of Chinese medicine theories and principles, anatomy, physiology, pathology, psychology, sociology and other core biomedical sciences. Explain to the patient/client and relevant other persons about the purpose of a Chinese medicine assessment ~~(and any risks benefits and options)~~ .

		Perform a full and accurate physical examination, including a mental state examination, or a problem-focused examination as indicated. Undertake Chinese medicine assessment, using the four Chinese medicine examination methods: questioning/history taking, inspection, auscultation (listening) & olfaction (smelling), and palpation. Elicit an accurate, organised and problem-focused medical history, including family and social occupational and lifestyle features, from the patient, and other sources. Demonstrate understanding by listening, sharing and responding, the ability to communicate clearly, sensitively and effectively with patients, their family/carers, doctors and other health professionals.	
	2. Develop a Chinese medicine-based diagnosis, prognosis and treatment options	Utilise objective and subjective analysis to integrate and interpret findings from the history and examination, to arrive at an initial assessment including a relevant differential Chinese medicine-based diagnosis. Discriminate between possible differential Chinese medicine diagnoses, justify the decisions taken and involve the patient in evaluating these. Select, justify and refer for common investigations, with regard to the anatomical, physiological, pathological, psychological, sociological basis of the patient's illness. Recognise and evaluate evidence for effective use of acupuncture and/or other Chinese medicine manual therapies used in their field of practice. 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. Understand and recognise the risks, precautions and contraindication interactions between all herbal and pharmaceutical medicines and/or with other complementary medicines when prescribing acupuncture or herbs to patients/clients, drawing on pharmacognosy, pharmacokinetics, pharmacodynamics and toxicology knowledge. In an accurate, organised and problem-focused manner review the utility, safety and cost effectiveness of the results of the analysis.	

		Make clinical judgements and decisions based on the available evidence to identify and justify relevant management options, alone or in conjunction with colleagues, according to level of training and experience. Identify treatment options, integrating prevention, early detection, health maintenance and chronic condition management as relevant, so Chinese medicine-based diagnosis, prognosis and treatment plan can be presented for patient consent prior to treatment.	
	3. Involve the patient/client and relevant others in the planning, implementation and evaluation of the treatment plan	Prescribe treatment plans safely, effectively and economically using objective evidence. Explore the diagnosis and/or causes of the presenting health issues and make evidence-based treatment recommendations for acupuncture or other Chinese medicine manual therapies and/or referrals to other health professionals, particularly when urgent and unexpected findings are identified. Involve patients in decision-making and planning their treatment, including communicating risk and benefits of management options and elicit their questions, views, concerns and preferences, promote rapport, to ensure patients' full understanding of their problem(s) and management options. Explain to the patient/client, other health professionals and relevant others, the findings, diagnosis, and/or causes of the presenting health issues, relevant treatment principles and recommendations. Facilitate discussions with the patient/client and relevant others to establish realistic expectations of the benefits, risks and likely outcomes of treatment. Provide information to patients, and family/carers where relevant, to enable them to make a fully informed choice among various diagnostic, therapeutic and management options. Assist and support the patient/client, other health professionals, and relevant others to make informed health care decisions. 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/client's needs. Select and perform safely a range of common acupuncture techniques and/or Chinese medicine manual therapies used in their field of practice.	

	Use specific and relevant measures to evaluate a patient's/client's response to treatment and recognize and act when that response is not as expected. Identify when emergency medical care is required and safely perform first aid and life support procedures.

f. All references to acupuncture assessment and a Chinese herbal medicine assessment should be replaced with **Chinese medicine assessment**, as the process of assessment is the same, but the treatment plan is different.

g. Enabling component a. in Key Capability 1. Of Domains 1A and 1B should be amended to include the following words in bold:

> Plan a **Chinese medicine assessment** drawing on applied knowledge of Chinese medicine theories and principles, anatomy, physiology, pathology, **psychology, sociology** and other core biomedical sciences.

h. Enabling Component d. in Key Capability 1. of Domains 1A and 1B should be replaced to read:

> **d. Elicit and collect information including family, social, occupational and lifestyle features about the patient's/client's current, past 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 Chinese medicine treatment.**

3. Explanatory Notes

a. Explanatory notes are removed from Section 2 and placed in an Appendix to make the document more succinct and easier to read.

b. Consideration should be given to merging the Explanatory Notes for Domains 1A and 1 B, as many of them are repeated.

c. The Explanatory note relating to Chinese medicine manual therapies in Domains 1A and 1B should be amended to include the words in bold:

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

3. Is the language clear and appropriate? Are there any potential unintended consequences of the current wording?
1. It is important to recognise that while the primary audience for this document is the education sector, it will be used more broadly by insurers, legislators and regulators, the judiciary, the media and the general public to guide their understanding of Chinese Medicine. It is therefore essential that the draft reflects the full system of Chinese medical practice. In its current version: • the language of the draft does not adequately reflect that Chinese Medicine is a fully comprehensive system of medicine that assesses, diagnoses and treats, physical, emotional, psychological, spiritual and psychosocial health issues (see response to Q. 1 &2) • the ordering of the domains (placing Domains 1A, 1B and 1C before Domain 2) implicitly reduces Chinese medicine to a series of techniques, rather than a system of professional and ethical practice with different streams of clinical capability. The unintended consequence of this is that groups such as the Traffic Accident Corporation, Work Cover, Medicare, Private Health Insurers, Professional Indemnity Insurer's and Veterans' Affairs will continue to perpetuate the lack of distinction between the professional capacities of a "Registered Acupuncturist" and the technique of acupuncture, which can be undertaken by other providers, and "is the same as dry needling, right?". To this day Registered Acupuncturists are still required to provide acupuncture to every patient that attends for treatment and is seeking to use their private health cover for the appointment. This is inappropriate, particularly in situations where acupuncture is contraindicated, and other Chinese medicine therapies are required for good care. By inadequately addressing the broader primary care role of Chinese medicine practitioners, the profession is being treated as nothing more than a 'technique' which is effectively destroying the profession. The profession is still being treated by the private health insurance industry as a technique and complementary medicine. It is an allied health care system NOT a technique. This document absolutely needs to draw a line in the sand. **Example 1:** It is well understood that is some circumstances Acupuncture is contraindicated and may actually do harm. *Patient A presents for treatment, she is a 43 year old female with chronic Xue Xu, and in in the middle of a heavy period. She presents, with dizziness and fatigue and significant lumber pain. Moxibustion, warming her lower heater with an infrared heat lamp, tonifying tui na along her bladder meridian and laser treatment at spleen 6 is indicated.* *This patient is on a low income and her husband is currently in hospital dying of cancer in his final few days. His dying wish is that his wife be by his side when he passes. Patient A is in significant pain, over the counter analgesics have never worked for her because she has bifurcated uterus.* *Patient A has popped out for 1 hour to receive some pain relieving care and emotional support from her trusted Dr of Chinese Medicine, who has been helping her manage her condition for 7 years and is now at this critical period in her and her family's life a key support structure having helped her through two rounds of IVF, the death of her sister and three miscarriages.*

The Registered Acupuncturist knows that Acupuncture will cause issues in the situation, but is torn between the patient's need for ancillary health cover due to financial constraints and the potential of harm. Acupuncture is provided because he is acutely aware of not wanting to commit insurance fraud and jeopardise his professional standing and financial future.

Patient A undergoes treatment, makes her claim and proceeds to her car. Once she sits in her sun heated car, she immediately feels feint and sleepy, so elects to have 20 min sleep. Unfortunately, the contraindicated Acupuncture has weakened the patients already deficient qi and xue. This results in Patient A sleeping for 6 hours. Patient A's husband passes away in the period, the consequences of this are many and varied, including legal action against the Acupuncturist and significant emotional harm to the patient.

This is not an uncommon scenario in private practice in Australia. If this document is put to action in its current format, you will be relegating the entire discipline of Chinese medicine yet again down to a series of techniques and condemning the entire profession to an ongoing and unresolvable ethical dilemma.

Chinese medicine is NOT a series of techniques. The universities are training highly skilled primary care providers, that can and do, work across the full spectrum of primary care in Australia. It is high time this document reflects the reality of education and practice of Chinese Medicine in Australia.

2. There is an overemphasis on educating people about Chinese Medicine in the document. This is not relevant to the purpose of the document has the unintended consequence of perpetuating the view that Chinese Medicine is not an integral part of Australian primary care system.

3. There is an overemphasis on cultural competence in the draft. The unintended consequence of this is that it suggests that Chinese medical practitioners are not culturally competent and reinforces the stereotype that Chinese medicine is not an integral part of Australian primary care system. It is recommended that cultural competence be addressed succinctly (one or two dot points) within Domain 3 section in the first sub-section. This would bring it into line with the Australian Medical Council Limited Accreditation Standards for Primary Medical Education Providers and their Program of Study and Graduate Outcome Statements.

4. The document is too verbose which has the unintended consequence of reducing comprehensibility. It is recommended that:

   - Words included in the explanatory notes are bolded in the throughout the document.
   - Double barrelled terms such as patient/clients are reduced to one or the other, with a definition indicating that the term client includes patients and clients.

4. Are there jurisdiction-specific impacts for practitioners, or governments or other stakeholders that the Accreditation Committee should be aware of, if these revised professional capabilities are adopted?
The Accreditation Committee should be aware of the continued underrepresentation of Chinese Medicine by WorkCover in Western Australia. This document needs to establish the professional grounding for Chinese Medicine as a comprehensive primary care system.

5. Are there implementation issues the Accreditation Committee should be aware of?

Yes I believe there is. While I appreciate that you state this document is intended as guide for educational institutions, I also think that it is being used by other government departments, other health boards and the insurance industry. Because this document does not describe Chinese medicine providers as competent and professional primary care providers, it does not adequately illustrate how the profession fits within the health care system as a registered profession. This is seen in the fact that the private health insurance industry still defines Acupuncture as a system of complementary health care and not as an allied health system like chiropractic, physio etc. It would be nice if our regulatory body actually reflected what the modern practice of Chinese medicine is rather that what it is in china or what it was 30 years ago when it was a cottage industry in Australia. This hybridised not quite China because the profession is predominately in private practice in Australia and not in hospitals like China, and not a health discipline, because it is being practiced as a technique by the vast majority of providers sets the bar very low indeed.

I draw your attention to the following passage on page 12 and 13 of IBISWorld Industry Report X0015, Alternative Health Therapies in Australia, November 2014 David Whytcross (emphases added), which shows the low level of understanding among the community, which is being perpetrated by documents such as this which haven't fully considered the unintended consequences of the language:

> 'Health Insurance in Australia Health insurers are increasingly covering alternative health therapies as part of comprehensive health insurance. Therapies covered include acupuncture and remedial massage.'
>
> *'Acupuncture **often considered** a part of traditional Chinese medicine, acupuncture generates a large enough share of industry revenue to stand alone as a segment. Acupuncture is used to treat a variety of conditions through inserting needles into key body points to restore its natural alignment and the flow of qi. Practitioners are generally divided between traditional Chinese methods and the Westernised form of practice. Acupuncture is often used as a treatment for acute and chronic pain. Acupuncture has remained stable as a portion of industry revenue over the past five years.*
>
> *Traditional Chinese medicine*
>
> *The many additional forms of traditional Chinese medicine outside acupuncture have remained stagnant as a product segment and share of industry revenue over the past five years. Such therapies include acupressure, cupping, **herbology** and coin rubbing. Traditional Chinese medicine generally follows a macro philosophy on disease, with diagnosis based on overall observation of the patient and a holistic understanding of their symptoms. Methods used in traditional Chinese medicine include observations made through sight, hearing, touch and smell, in combination with background questions.'*

Note the language: Acupuncture is not even really considered **('often considered' – what a joke)** to be a part of Chinese medicine by the rest of the community and Registered Chinese Herbalists do **('herbology' also – what a joke)**. I'd like to see the evidence base to Acupuncture not being part of Chinese medicine.

6. Do you have any other feedback or comments on the draft revised professional capabilities?
This document will set the tone for how this profession is regarded. The axiom ‘what gets measured get done’ very much applies in this situation, and as the regulatory body for Chinese medicine in Australia I think you need to be representing the professional practice of Chinese medicine not the cottage industry style of practice. The board has an ethical and moral obligation to stop under-representing the professional practice of Chinese medicine in all of its forms to the Australian Community. Significantly edit this document. Find out from people out in the field what day-to-day practice involves.