

06 September 2013

The Chinese Medicine Accreditation Committee
Chinese Medicine Board of Australia (CMBA)
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Re: Consultation paper - Accreditation standards for Chinese medicine

Thank you for the opportunity to provide comments on the draft accreditation standards for Chinese medicine.

1. These standards are intended to be outcomes focussed do you think that they achieve this?

In the case of the standards in Fields 1-4, the outcomes specified are generic to many education programs, so there is considerable data available to course developers, institutions and course assessors to refer to and benchmark the course against. In Field 5, standards 5.1-5.4 are also fairly generic but the information needed for adequate benchmarking is less readily available and there is the issue of how these standards should be interpreted in the context of Chinese medicine training and practice. This issue is more evident in standards 5.5 – 5.8.

For example, in standard 5.1.1 the graduate is required to ‘demonstrate the ability to manage their own mental and physical health’. While the statement is clearly written and the concept can be interpreted, it is not clear how this outcome can be operationalized within a course of study and training.

2. Are the criteria in the draft standards clear?

Fields 1-4 are generally clear but the clarity is considerably reduced in Field 5, standards 5.5 – 5.8.

One issue is the combination of multiple items into one standard. For example, 5.6.6 mixes the issues of discussing Chinese medicine treatment options with the need for referral. These are separate concepts.

Some sentences are long and unclear. For example, 5.6.4 contains numerous aspects with the first part referring to the analysis of information, the middle part referring to diagnosis and the third part is unclear since it refers to ‘matching’ whereas the formulation of a treatment strategy would appear to be the next logical step. As in the previous example, clearly specified and distinct learning outcomes are needed.

In some cases, the general statement is illustrated with an example but it is not clear whether this example is intended to guide the focus of the learning outcome or whether it is simply illustrative. For example, 5.6.3 ‘safely perform a complete and accurate problem-focused physical examination, especially tongue and pulse examinations in Chinese medicine.’ The use of the word ‘especially’ places special focus on these aspects whereas these aspects are not necessarily the primary aspects

of a physical examination, nor is it evident how tongue and pulse examinations could be unsafely performed. Since each of these statements relates to an outcome that the education provider ‘must’ ensure, they need to be carefully worded in an unambiguous manner so as to be clearly understood by assessors.

In 5.7.1 ‘acquire the specific knowledge and theories that underpin and enable the safe application of Chinese herbal medicine skills, including relevant knowledge of pharmacognosy and toxicology’ the practical skills required for dispensing a prescription are conflated with knowledge of toxicology. These should not be included within the same learning outcome.

3. *The set of standards will be used to assess whether a program of study and the education provider provides students who complete that program with the knowledge, skills and professional attributes to practice the profession.*

3.1 *Is the set of standards adequate for this purpose?*

As it stands, the set of standards requires improvement in the clarity of a number of learning outcomes and the addition of another standard. With these revisions, a standard that is adequate as a statement of learning outcomes/graduate attributes could be achieved. However, there is a definite need for a more detailed supporting document that specifies the parameters of an adequate course of study in terms of breadth, depth, sequencing, assessment and the amount and form of clinical training provided. We understand that it is the intension of the Accreditation Committee to develop Guidelines to assist the implementation of this set of standards.

3.2 *Are the relevant issues covered by the draft standards?*

Relevant issues are covered but not with sufficient clarity or specificity to enable the development of a program of study or its assessment.

3.3 *Does any content need to be changed, deleted or added?*

See 2 above and 3.4 below.

3.4 *Are any additional standards required?*

“Standard 5.5.5 demonstrate knowledge of the biomedical sciences of cell biology, microbiology, anatomy, physiology, pathology, pharmacology, the physical sciences including biomechanics, and the behavioural sciences including psychology, sociology and public health as they relate to the practice of Chinese medicine within the Australian health care context.”

This is a major component of a course of study, not a minor sub-component of 5.5. This aspect requires a separate standard with clearly specified learning outcomes.

The study of pharmacognosy and toxicology is relevant to the practice of herbal medicine and should be included in the new biomedical sciences standard.

4. *What specific guidance relevant to the standards and criteria in Field 5 should be included in the guidance document to accompany the standards, particularly in relation to any content and/or skills you expect an education provider should include in their curriculum?*

The standards and criteria in Field 5, require clarification in order to provide clear statements regarding the knowledge, skills and professional attributes of graduates of a program.

Assuming that the statements in the standards were made clear, there remains the issue of what guidance needs to be provided to accompany the standards. Learning outcomes can provide clear statements of what type of knowledge, skills and attributes a graduate requires but not provide adequate information on the depth of knowledge or level of skills required for the safe provision of the service at a professional level.

Currently, the CMBA has an interim accreditation standard that provides considerable guidance on the scope and depth of the knowledge and skills base that is needed for the practice of Chinese medicine at the level of professionalism that the Australian public expect of a registered primary health care practitioner. It is essential that a document of similar scope, detail and specificity be provided to guide both course developers and course assessors.

5. *Do you have any other comments on the draft standards?*

- Professional editing to ensure clarity and stylistic consistency between standards 5.5 – 5.8 and the other parts of the document is recommended.
- Under 3.4.1 (a) “[...staff, including clinical supervisors, who teach students in the Chinese medicine program are appropriately qualified in the relevant discipline for their level of teaching (qualified to at least one Australian Qualifications Framework level higher than the program of study being taught or with equivalent relevant professional experience.” It is not practical and not feasible to identify sufficient clinical supervisors meeting such a requirement due to the nature of the program is to train health practitioners. The same situation is also evidenced in other regulated health professions under the AHPRA.
- Under section 8.1(b) of the Chinese Medicine Accreditation Process document, there was a requirement for an annual declaration of statistical data. Specific reporting parameters are recommended.

Yours sincerely,

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