AACMA
AUSTRALIAN ACUPUNCTURE & CHINESE MEDICINE ASSOCIATION LTD
ACN 010 020 390

INCORPORATING:
AUSTRALIAN ACUPUNCTURE ASSOCIATION
ACUPUNCTURE ETHICS & STANDARDS ORGANISATION LTD
ACUPUNCTURE ASSOCIATION OF SOUTH AUSTRALIA INC.

ALL ENQUIRIES & CORRESPONDENCE TO:
PO BOX 1635
COORPAROO DC QLD 4151

REGISTERED OFFICE:
UNIT 1, 55 CLARENCE STREET
COORPAROO QLD 4151

PHONE 07 3324 2599
FAX 07 3394 2399
1300 NUMBER 1300 725 334

EMAIL: aacma@acupuncture.org.au
WEB: www.acupuncture.org.au

14 May 2012

Executive Officer
Medical Board of Australia
medboardconsultation@ahpra.gov.au

Dear Sir/Madam

Re: Consultation – Endorsement for Acupuncture

I write with reference to the document 'Consultation – endorsement for acupuncture' published by the Medical Board of Australia.

The Australian Acupuncture and Chinese Medicine Association Ltd (AACMA) thanks you for the opportunity to comment on the draft endorsement standard.

GENERAL COMMENTS

It is our understanding that the purpose of registration is the protection of the public. We understand that purpose of endorsement for an area of practice, including endorsement for acupuncture, is to fulfil the primary purpose of statutory registration – protection of the public.

We also understand that the standards for endorsement in an area of practice are expected to be transparent in both their substance and form as well as in the way they are applied.

Unfortunately, the proposed acupuncture endorsement standard is neither fully transparent nor does it serve the primary purpose of registration to protect the public.

The draft standard appears to be pitched to the lowest global common denominator in terms of acupuncture education and training and practitioner endorsement.

Our reasons are outlined in the body of this submission.

Furthermore, as stressed in the Background Paper attached to the Consultation Paper, this is about use of title, not about practice. This means that if a standard for use of the title 'acupuncturist' is different from, and more importantly of a lesser standard than, that required for a CMBA-registered acupuncturist, the public will be confused and misled to think that an endorsed medical practitioner has the same type of education and training in acupuncture as a registered acupuncturist.

APPROVED COURSES & ACCREDITATION STANDARDS

AACMA supports endorsement for acupuncture being based on a qualification, particularly from 1 July 2015.

The list of current 'approved qualifications' is outlined in the Background Paper to the proposed standard. We are aware that these are the courses approved for acupuncture endorsement by the previous Victorian Medical Board.

We note that this list is limited to two courses which are both short courses in acupuncture with limited (if any) supervised acupuncture practice.

The Monash course is a one semester program made up of 4 units of study, all of which are delivered in correspondence mode. The clinical component, if it can be called that, is 30 hours of mentoring and there appears to be no requirement to undertake any supervised clinical practice in an appropriate setting.

The AMAC course appears to be 10 month part-time program consisting of 3 face to face meetings, clinical mentoring and monthly online components. Again there does not appear to be any requirement to undertake supervised clinical practice in an appropriate setting.

Therefore, based on the available information, it would appear that around 250 hours of training in various forms (mainly correspondence and on-line delivery) is the minimum training necessary for acupuncture endorsement. Clinical practice, included in the 250 hours, appears to be in the form of mentoring or unsupervised practice.

In 1999, the World Health Organization published Guidelines on Basic Training and Safety in Acupuncture. This document can be downloaded from the following site: http://whqlibdoc.who.int/hq/1999/WHO_EDM_TRM_99.1.pdf.

When reviewing the WHO Guidelines, it needs to be taken into account that they are intended to apply globally and therefore must be applicable to countries that do not have a well-established health system. For this reason, a higher standard would be expected for countries, such as Australia, which have highly developed healthcare systems incorporating quality standards as well as basic competency and safety.

For medical practitioners wishing to practise acupuncture in a country where the practice of acupuncture is regulated, the WHO guidelines recommend 1,500 hours theoretical and clinical training as a full course of training in acupuncture. This figure is exclusive of studies in the bio-medical sciences.

The two programs accredited by the JCCMA fall well short of this standard.

The MBA should be applying first world health standards when considering endorsement for acupuncture, and set a standard for endorsement that at least matches the standard of the Chinese Medicine Board of Australia, rather than relying on the lowest common denominator intended for developing countries less capable of providing a higher standard of health care training.

GRANDFATHERING ARRANGEMENTS

AACMA agrees that there needs to be a mechanism in relation to bona fide existing practitioners of acupuncture who are also medical practitioners.

Our great disappointment with the current proposed acupuncture endorsement standard is that it is even less rigorous than the standard proposed in 2010.

The second limb of the 'grandfathering' standard for acupuncture endorsement states:

> Medical practitioners with general and/or specialist registration can apply for endorsement of registration for acupuncture if:
> …
> 2. they do not have an approved qualification but have general and/or specialist registration and:
>   a. have been accredited by the Joint Consultative Committee on Medical Acupuncture for acupuncture prior to 30 June 2012 and have complied with the continuing professional development requirements for medical acupuncture for the previous triennium and/or
>   b. have been practising acupuncture in the 24 months from 1 July 2010 to 30 June 2012, as evidenced by a minimum of 25 relevant Medicare claims in that period and have undertaken relevant CPD in acupuncture over that period of time.

In relation to paragraph (b) of the second limb, practitioners are deemed competent in the practice of acupuncture simply by providing 25 treatments under any Medicare Item for Acupuncture plus some CPD in acupuncture.

Medicare Item 173 applies to medical practitioners who are so poorly trained that they don't even meet the standards of the AMAC/RACGP Joint Consultative Committee on Medical Acupuncture. The proposed endorsement standard only assesses whether they have been in some level of practice through the provision of an average of one acupuncture treatment per month over two years. One would also question if this actually amounts to adequate evidence of being in bona fide acupuncture practice.

The proposed standard under paragraph (b) does not include any requirement as to competence in the practice of acupuncture. Attending the odd seminar may go to practice but does not necessarily imply any level of competence in the practice of acupuncture.

Whereas elements of the medical profession have been highly critical of the Chinese Medicine Board's grandparenting registration standard, at least the CMBA standard does require the applicant to prove they are competent in the practice of acupuncture, and does not simply require evidence of practice.

We are further concerned that the proposed standard under paragraph (b) will result in a rush of acupuncture services being provided under Medicare Item 173 in the lead up to 30 June 2012 in order to qualify for acupuncture endorsement.

One would have to question the clinical relevance of services where it is demonstrated that a medical practitioner commences claiming under Item 173 or shows an increase in the number of services provided under Item 173 in the period leading up to 30 June 2012. It could be reasonably deduced that the purpose of the acupuncture services was

to meet the criteria for acupuncture endorsement, rather than the provision of reasonably necessary services to patients.

Recommendation: That the provision of treatments under Medicare Item 173 be removed from the acupuncture endorsement standard

Recommendation: That the Medical Board of Australia adopt the same standards for grandparenting/grandfathering that have been approved by the Health Ministers for registration as an acupuncturist by the Chinese Medicine Board of Australia.

Recommendation: That the Medical Board of Australia consult with the Chinese Medicine Board of Australia about the types of evidence that would be appropriate for determining a medical practitioner's competence in the practice of acupuncture.

ACCREDITATION BY THE JOINT CONSULTATIVE COMMITTEE ON MEDICAL ACUPUNCTURE

It is disappointing that the basic structure of the draft acupuncture endorsement standard relating to accreditation with the Joint Consultative Committee in the 2010 consultation has been left substantially unchanged.

We reiterate the comments from our 2010 submission (attached) about what we see as disturbing levels of vertical integration in the process of course development and delivery, course approval, and practitioner accreditation/endorsement that exists within the AMAC and the Joint Consultative Committee on Medical Acupuncture. The levels of potential conflicts of interest and apparent self-interest that derives from too close an integration of the process is not supportive of sound and independent decision-making **in the public interest.**

> The draft standard for endorsement for acupuncture is of such a poor standard, in terms of the accreditation component, that it cannot, by any reasonable interpretation, be considered to provide sufficient protection for the public in relation to acupuncture services provided by endorsed medical practitioners. The draft standard reflects a poor understanding of the depth and breadth of knowledge, skills and attributes necessary for safe, competent and reflective acupuncture practice.
>
> Rather, the standard appears to be serving the self-interests of a small sector of the medical profession seeking to use a professional title without, in our view, an adequate level of training and education. This self-interest has a run-on effect in that recognition by the Joint Consultative Committee on Medical Acupuncture (JCCMA) enables access to the higher rebates for acupuncture under Medicare.
>
> Further, there is no point of comparison, in terms of depth, breadth and duration of training, with the standards required for recognition as a medical specialist.

The process of course assessment and review must be independent of the providers of those training programs, as is required under the national law. Experts in acupuncture outside of the AMAC & RACGP (such as CMBA-registered acupuncturists and academics in CMBA-approved programs of study) should be included in the accreditation process. This will assist in ensuring MBA-approved courses are of an appropriate standard **to protect the public.**

Many well-qualified medical practitioners have completed a four to five year bachelor degree program majoring in acupuncture.

In any fair and reasonable view, the MBA accreditation process for acupuncture programs should include adoption, by reference, of courses formally approved by the Chinese Medicine Board of Australia.

The primary consideration behind a registration or endorsement standard that permits use of a protected title should be the public interest in protecting the health and safety of the community and not the self-interest of elements in the related profession.

We hope this submission will be of assistance to the Medical Board of Australia when finalising an appropriate standard for acupuncture endorsement.

Yours sincerely

Judy James
Chief Executive Officer
Encl AACMA 2010 Submission to MBA on acupuncture endorsement

AACMA
AUSTRALIAN ACUPUNCTURE & CHINESE MEDICINE ASSOCIATION LTD
ACN 010 020 390

INCORPORATING:
AUSTRALIAN ACUPUNCTURE ASSOCIATION
ACUPUNCTURE ETHICS & STANDARDS ORGANISATION LTD
ACUPUNCTURE ASSOCIATION OF SOUTH AUSTRALIA INC.

ALL ENQUIRIES & CORRESPONDENCE TO:
PO BOX 1635
COORPAROO DC QLD 4151

REGISTERED OFFICE:
UNIT 1, 55 CLARENCE STREET
COORPAROO QLD 4151

PHONE 07 3324 2599
FAX 07 3394 2399
1300 NUMBER 1300 725 334

EMAIL: aacma@acupuncture.org.au
WEB: www.acupuncture.org.au

20 August 2010

Dr Joanna Flynn
President, Medical Board of Australia
medboardconsultation@ahpra.gov.au

Dear Dr Flynn

Re: Consultation Paper 5 – Proposal for Registration Standards

I write with reference to the registration standard – endorsement for acupuncture, as outlined in Consultation Paper 5 of the Medical Board of Australia.

We thank you for the opportunity to comment on the draft standard.

Purpose of registration: protection of the public

It is our understanding that the purpose of registration is the protection of the public. We understand that purpose of endorsement for an area of practice, including endorsement for acupuncture, is to fulfil the primary purpose of statutory registration – protection of the public.

We also understand that the standards for endorsement in an area of practice are expected to be transparent.

The draft standard for endorsement for acupuncture is of such a poor standard, in terms of the accreditation component, that it cannot, by any reasonable interpretation, be considered to provide sufficient protection for the public in relation to acupuncture services provided by endorsed medical practitioners. The draft standard reflects a poor understanding of the depth and breadth of knowledge, skills and attributes necessary for safe, competent and reflective acupuncture practice.

Rather, the standard appears to be serving the self-interests of a small sector of the medical profession seeking to use a professional title without, in our view, an adequate level of training and education. This self-interest has a run-on effect in that recognition by the Joint Consultative Committee on Medical Acupuncture (JCCMA) enables access to the higher rebates for acupuncture under Medicare.

Further, there is no point of comparison, in terms of depth, breadth and duration of training, with the standards required for recognition as a medical specialist.

Endorsement standard pitched to the lowest common denominator

The draft standard appears to be pitched to the lowest global common denominator in terms of acupuncture education and training.

There are two courses recognised for vocationally registered practitioners:

- the Graduate Certificate in Medical Acupuncture at Monash University
- the AMAC-QLD and AMAC-NSW combined course in medical acupuncture.

The Monash course is a one semester program made up of 4 units of study, all of which are delivered in correspondence mode. The clinical component, if it can be called that, is 30 hours of mentoring and there appears to be no requirement to undertake any supervised clinical practice in an appropriate setting.

The AMAC course is a 10 month part-time program consisting of 3 face to face meetings, clinical mentoring and monthly online components. Again there does not appear to be any requirement to undertake supervised clinical practice in an appropriate setting.

Therefore, based on the available information, it would appear that around 250 hours of training in various forms (mainly correspondence and on-line delivery) is the minimum training necessary for acupuncture endorsement. Clinical practice, included in the 250 hours, appears to be in the form of mentoring or unsupervised practice.

In 1999, the World Health Organization published Guidelines on Basic Training and Safety in Acupuncture. This document can be downloaded from the following site: (http://whqlibdoc.who.int/hq/1999/WHO_EDM_TRM_99.1.pdf.

When reviewing the WHO Guidelines, it needs to be taken into account that they are intended to apply globally and therefore must be applicable to countries that do not have a well-established health system. For this reason, a higher standard would be expected for countries, such as Australia, which have highly developed healthcare systems incorporating quality standards as well as basic competency and safety.

For medical practitioners wishing to practise acupuncture in a country where the practice of acupuncture is regulated, the WHO guidelines recommend 1,500 hours theoretical and clinical training as a full course of training in acupuncture. This figure is exclusive of studies in the bio-medical sciences. The two programs accredited by the JCCMA fall well short of this standard.

The WHO guidelines also recommend 2,500 hours for a full course of training in acupuncture theory and practice and the bio-medical sciences for persons without prior medical science training. Australian bachelor degree programs in acupuncture have generally been taught full-time over at least four years and generally exceed the standards as outlined in the WHO Guidelines.

While hours are not the only indicator of the standard of a program, they are an indicator as to whether the outcome of safe, competent and reflective unsupervised practice can be achieved through the program of study.

In contrast, the WHO Guidelines make reference to limited training for medical practitioners in the use of acupuncture as a technique in countries where the practice of acupuncture is not regulated or licensed. In those countries not less than 200 hours is recommended. We note that this figure of 200 hours roughly corresponds to the duration of short courses being offered to doctors by certain national and commercial interests at the time.

In Australia, the practice of acupuncture is regulated, currently in Victoria by the Chinese Medicine Registration Board, and nationally by the Chinese Medicine Board of Australia from 1 July 2012.

Therefore, there is no justification to set an endorsement standard that is less than the standard expected of a registered acupuncturist, as determined by the registration board in force at the time. At worst, for a transitional period up to 1 July 2012, the endorsement standard for acupuncture should not be of a standard lower than that recommended by the WHO in 1999 for medical practitioners wishing to practise acupuncture. There is no basis in the contemporary Australian healthcare system to apply a standard that is comparable to that expected in a third world country without an established system of education in acupuncture.

The Australian Medical Board should be applying first world health standards in relation to endorsement for acupuncture, and set a standard for endorsement that at least matches the standard of the Chinese Medicine Board of Victoria, rather than relying on the lowest common denominator intended for a third world healthcare system.

Transparency not apparent

Transparency in standards for accreditation and endorsement is an important and necessary component of the national registration and accreditation scheme for the health professions. Unfortunately, the draft standard is not transparent as to requirements.

For example, apart from comments about the draft standard for vocational registrants, the standard for specialists who are not on the vocational register are non-existent. Individual assessment on a case-by-case basis is not a standard and there are no criteria set down against which an individual will be assessed.

In contrast, the acupuncture/Chinese medicine profession has established guidelines and standards for the assessment of programs in acupuncture. These include:

- *Australian Guidelines for Traditional Chinese Medicine Education* (2001);– published by the Australian Acupuncture and Chinese Medicine Association Ltd on behalf of the National Academic Standards Committee for TCM; download from http://www.acupuncture.org.au/education_guidelines.cfm
- *Guidelines for the Approval of Courses of Study as a Qualification for Registration* (August 2002; last updated November 2006); published by the Chinese Medicine Registration Board of Victoria http://www.cmrb.vic.gov.au/information/p&c/registration/GuidelinesApprovalCourses-Nov06.pdf

Draft endorsement standard ignores established bachelor and master degree programs in acupuncture

The draft standard totally ignores the well-established bachelor and master degree programs in acupuncture. These programs, which are of a standard far superior to the JCCMA in terms of depth, breadth and duration, as well as clinical practice requirements, include all the elements of the programs approved by the JCCMA for medical acupuncture. These programs include:

Endeavour College of Natural Health
Four year full-time Bachelor of Health Science (Acupuncture) programs
Adelaide, Brisbane, Gold Coast, Melbourne, Perth campuses
Web: www.endeavour.edu.au/courses/acupuncture

RMIT University
Five year full-time Bachelor of Applied Science (Chinese Medicine)/Bachelor of Applied Science (Human Biology) program (double degree award)
Melbourne campus
Three year part-time Master of Applied Science (Acupuncture) program
Web: www.rmit.edu.au/program

Southern School of Natural Therapies
Four year full-time Bachelor of Health Science (Chinese Medicine)
Melbourne campus
Web: www.ssnt.vic.edu.au

University of Technology, Sydney
Four year full-time Bachelor of Health Science in Traditional Chinese Medicine
Sydney campus
Web: www.science.uts.edu.au/centres/tcm/

All Victorian courses on the above list have been approved by the Chinese Medicine Registration Board of Victoria for registration of graduates in the division of acupuncture.

It defies common sense that AMAC and the JCCMA have not seen fit to recognise these programs for the purposes of acupuncture accreditation for medical practitioners.

Conflict of interest and apparent bias

It is noted that AMAC is the body that assesses courses for JCCMA accreditation in acupuncture. AMAC also runs its own program which has been recognised by the AMAC for JCCMA accreditation. The AMAC also acts as final gatekeeper through the completion of its FAMAC examinations being mandated under the JCCMA arrangements. The AMAC is also a politically driven member-based association that receives benefits from JCCMA accreditation through a potential increase in their membership base from JCCMA endorsed graduates.

This does not lead to a sense of confidence in the criteria and process being both independent and transparent.

Under the national registration and accreditation scheme for the health professions, a clear separation has been made between the registration and accreditation functions of the national boards. This was outlined in the Ministerial Communiqué dated 8 May 2009 and incorporated into the relevant legislation.

It is the AACMA view that there is a direct conflict of interest in the AMAC acting in both roles of provider and assessor of the study that enables endorsement for acupuncture.

A further conflict of interest is also apparent in the role of AMAC as the practitioner assessing body (FAMAC examinations) as well as the provider of the training and assessor of the course. In this role, the AMAC acts as gatekeeper to endorsement for acupuncture through the mandatory FAMAC examination. A gatekeeper role in this regard would not be so concerning were the AMAC not also the deliverer of the training and the body that accredits the training. It is noted that the link on the JCCMA website for further information on the FAMAC examination leads to a commercial site that has nothing to do with the AMAC and which promotes a course in acupuncture not even recognised by the AMAC (www.acupunctureaustralia.org).

Indeed, the apparent significant level of vertical integration under the AMAC as gatekeeper to JCCMA endorsement and access to higher Medicare rebates is a matter that, in our view, amounts to anti-competitive conduct.

The program of study provided by the AMAC is not an accredited program in the usual sense and does not result in an accredited award. Whereas other providers of education leading to a professional outcome are required to be either a Registered Training Organisation (RTO) or a self-accrediting agency (university), the AMAC is neither. Furthermore, the course offered by the AMAC does not lead to any award, and can, at best, be described as a Continuing Professional Development (CPD) program.

It would be stretching the limits of credibility to suggest that the AMAC operates like a specialist medical college. Specialist colleges require substantially more content, depth, breadth and clinical training in their specialty than is evident under the draft standard for acupuncture endorsement.

Possibly, if the established degree programs majoring in acupuncture were listed alongside the Monash graduate certificate program and the AMAC training, it would be apparent that the latter courses were considerably shorter and more superficial than the degree programs. Such listing would assist in reducing a perception of bias in the accreditation of courses for acupuncture endorsement.

We hope this submission will be of assistance to the Medical Board of Australia when considering an appropriate standard for endorsement for acupuncture.

Yours sincerely

Judy James
Chief Executive Officer

Encl AACMA Recognised Course List