



INCORPORATING:
AUSTRALIAN ACUPUNCTURE
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3 February 2012

Prof Charlie Xue
President
Chinese Medicine Board of Australia

Dear Prof Xue

**Re: Chinese Medicine Board of Australia
English Language Skills Registration Standard**

I write in relation to the English Language Skills Registration Standard of the Chinese Medicine Board of Australia, approved by Health Ministers and published on 16 January 2012.

The Australian Acupuncture and Chinese Medicine Association Ltd is the peak national professional body of qualified practitioners of acupuncture and Chinese herbal medicine. We represent over 1800 qualified Chinese medicine practitioners and over 400 Chinese medicine students.

While AACMA supports the English Language Skills General Standard, we believe that the Transition Standard to apply to the existing Chinese medicine practitioner cohort needs urgent review, as it will result in a number of unintended and/or unreasonable consequences, in some cases verging on the ridiculous.

If the Transition Standard is strictly applied in its current form, many practitioners whose first language is English will be required to employ a professional interpreter to provide English-English interpretation for all their patients. These practitioners have been practising safely and competently for many years using English as the only language of communication.

Similarly, many practitioners from non-English speaking backgrounds who have been using English as the primary language of communication with their patients for many years will be required to employ an interpreter to provide English-English interpretation. The English language proficiency of this group is more than adequate for safe and competent practice in Australia.

Students enrolled in the four year full-time Australian bachelor degree programs in Acupuncture/Chinese medicine will be ineligible for registration, even if enrolled in an approved qualification, if they undertook their secondary studies in a non-approved country.

While many existing practitioners may be able to pass an IELTS academic test at the required level given sufficient time to prepare, the short timeframe allowed for these tests to be completed will result in an unnecessary and unreasonable burden on these practitioners.

Sole practitioners whose English does not meet the Transition Standard will be required to employ a full-time staff member to be present at the practice in the unlikely event that emergency services will need to be contacted. A more appropriate response, that would have a public health and safety benefit, would be to require practitioners to hold a current first aid certificate which would enable the practitioner to provide immediate emergency care and not rely solely on waiting for emergency services to attend the practice to provide this necessary intervention.

The imposition of conditional registration in each of the above circumstances would result in costly and unreasonable barriers to practice and in many cases would result in closure of their practices.

To provide better and further information to Ministers, we have outlined some scenarios and proposed some solutions that we think would be operationally practical.

SCENARIO A: PRACTITIONER WHOSE FIRST LANGUAGE IS ENGLISH

A practitioner whose first language is English and:

- practises using English as the language of communication
- cannot demonstrate five years full-time education in an approved country
- will have undertaken secondary and/or tertiary studies using English but not in an approved country [such as in Fiji, Hong Kong, India, Singapore, Sri Lanka, or at an international school in a non-English speaking country]
- undertook their Acupuncture/Chinese medicine education in Australia or in another approved country using English as the language of delivery and assessment.

This practitioner will be deemed to have inadequate English language skills and will be required to employ a professional interpreter to provide English-English interpreting services for all their patients.

Solution: Deem English language skills to be adequate where:

- There has been five years full-time education in any country, where the teaching and assessment was conducted in English; or
- The practitioner completed their Chinese medicine education in Australia or another approved country where the teaching and assessment was conducted in English.

SCENARIO B: STUDENT OR RECENT GRADUATE OF AUSTRALIAN CHINESE MEDICINE PROGRAM

Students currently enrolled in or recently graduated from an Australian Chinese medicine program of four years full-time duration who cannot demonstrate five years full-time study in an approved country, and:

- who migrated to Australia to undertake the course and intends to practise in the profession in Australia
- applied for and obtained a student visa to study Acupuncture/Chinese medicine in Australia and who intends to practise in the profession in Australia after graduation.

The English Language Skills Transition Standard is causing insecurity and uncertainty for this category of students currently enrolled in a higher education Acupuncture/Chinese medicine program. Feedback from AACMA student members indicates there is widespread concern within this group about whether there is any point in continuing their studies if they cannot get unconditional registration. This has the potential to damage Australia's international education industry – an industry currently struggling against recent bad media and a high Australian dollar.

Solution: Deem English language skills to be adequate where:

- The student is enrolled in or has graduated within the past five years from a Chinese medicine education program approved for grandparenting purposes where the teaching and assessment is/was conducted in English; and
- Where the course duration is/was at least four years full-time.

SCENARIO C: PRACTITIONER WHOSE FIRST LANGUAGE IS NOT ENGLISH

A practitioner whose first language is not English but who:

- completed their Chinese medicine studies in Australia, or another approved country, using English as the language of delivery and assessment
- completed at least three years full-time study for their professional qualification (in English)
- has been practising in the profession in Australia for five years or more using English as the primary language of communication.

This practitioner will be deemed to have inadequate English language skills and will be required to employ a professional interpreter to provide English-English interpreting services for all their patients.

Solution: Deem English language skills to be adequate where:

- The practitioner completed their Chinese medicine education in Australia or another approved country where the teaching and assessment was conducted in English
- Where the course was at least three years duration
- Where the practitioner has been practising in Australia for at least five years using English as the language of communication.

SCENARIO D: PRACTITIONER WHOSE FIRST LANGUAGE IS NOT ENGLISH

An overseas-trained practitioner whose first language is not English and who:

- completed their studies in Acupuncture/Chinese medicine in a language other than English, and
- has been safely and competently practising in the profession using for English as the primary language of communication for five or more years.

Solution: Deem English language skills to be adequate where:

- The practitioner can demonstrate that they have been in five or more years practise in Australia using English as the primary form of communication, and
- Evidence could be provided by one or more of the following methods:
 - o engagement in academic activities at an Australian university or a Recognised Training Organisation providing post-secondary education where English is the language of communication [evidence could be a letter from the relevant organisation]
 - o engagement in professional activities using English as the language of communication, such as committee or board member, or in volunteer work [evidence could be a letter from the relevant organisation]
 - o employment/practise in a group practice where English is the language of communication [evidence could be a letter from the practice manager or senior practitioner]
 - o patient records are maintained in English [evidence could be de-identified patient cards]
 - o evidence of having undertaken English language skills training [evidence could be certificates of completion/course results].

SPECIAL CIRCUMSTANCES

As with Aboriginal and Torres Strait Islander Health Practitioners, Chinese medicine practitioners have special circumstances that should be considered in the transitional period.

The historical background to the profession in Australia means that there are a large number of practitioners from non-English speaking backgrounds. Special consideration needs to be given to the existing practitioner and student cohort, taking into account public health and safety.

Where a practitioner cannot demonstrate that they meet the standards outlined in the solutions proposed above, then a more effective way to protect public health and safety through improved English language competence would be to require the practitioner to take active steps to improve the English skills, such as through enrolment in an educational program or private tutoring.

IELTS TESTING AND SHORT TIMEFRAMES

It is noted that the decision of Health Ministers regarding the English Language Skills Transition Standard was not published until 16 January 2012. It is also noted that the final standard is substantially different from the draft standard put out for consultation by the Chinese Medicine Board of Australia. Under these circumstances, it was not reasonably foreseeable that the transition standard would be set at IELTS overall Band 6 (Academic) and this decision has left affected practitioners with little or no time to prepare.

Practitioners have been asked to submit their registration applications by the end of March 2012, in order to allow enough time to be assessed and processed before 30 June 2012. There is simply not enough time for practitioners to prepare for and pass the IELTS test to the required level.

Furthermore, having regard to date of publication of the Transition Standard for English, it is simply unreasonable to expect practitioners to comply within such a short timeframe.

The result has been high anxiety and feelings of frustration within a significant proportion of the existing profession, many of whom already conduct their professional practices fully or primarily in English.

SOLE PRACTITIONERS

Sole practitioners who cannot afford additional staff to be on-site in the event of emergency services will be unable to afford the costs of practice. It is noted that:

- the risk of an emergency situation requiring the attendance of emergency services is extremely low
- emergency services usually provide access for callers whose language is other than English.

It is when the emergency services arrive that the direct communication in English is necessary and a person with sufficient English proficiency should be available for this purpose.

In the meantime, the patient would benefit from the timely application of emergency first aid, rather than having to wait until the ambulance arrives. Therefore, requiring the practitioner to have a first aid certificate and therefore able to provide immediate emergency care should be a priority.

SUMMARY

The likely imposition of conditional registration on a large proportion of the Chinese medicine profession who already safely and competently conduct their practices in English will result in unnecessary barriers to practice and an unreasonable cost burden. This will inevitably result in closure of many practices and loss of their healthcare services to the public.

The uncertainty created for students enrolled in or recently graduated from Australian primary qualifying educational programs in Chinese medicine will result in some students ceasing their studies and will certainly damage Australia's overseas reputation as a provider of quality Chinese medicine educational services.

Graduates of Australian Chinese medicine programs which have been taught and assessed in English should be deemed to have sufficient English language competence for registration under the grandparenting/transition standard.

Existing practitioners from non-English speaking backgrounds who are providing safe and competent services to the public should not have conditions placed on their registration where they can demonstrate they have at least five years practice using English as the language of communication.

For practitioners whose English language standard is poor, requiring ongoing English language education and training is preferred as a condition, as it is more likely to result in improved English language skills. The CMBA conditions on effective communication will still apply where the patient and practitioner do not share a common language.

These issues can be dealt under a 'compelling circumstances' exemption clause, similar to that included in the Nursing and Midwifery Board's English Language Skills registration Standard.

We seek an urgent meeting to discuss these issues and reach a solution that both protects public health and safety and is acceptable to the existing practitioner and student cohort.

I may be contacted at the AACMA national office on 07 3324 2599 to discuss the contents of this submission.

Yours faithfully



Judy James
AACMA CEO

cc. AHPRA