



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.

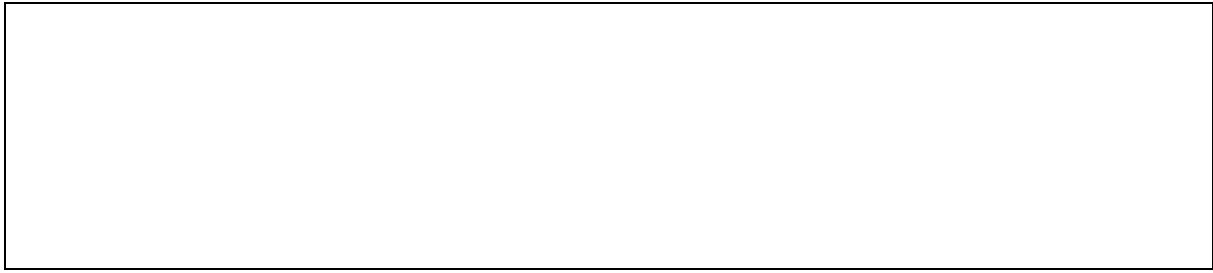
Stakeholder details

Please provide your details in the following table:

Name:	Lois Nethery / Silvia Russo
Organisation Name:	Ocean Acupuncture Pty Ltd / Chi Temple

Your responses to the public consultation questions

1. Does any content need to be added to the draft revised professional capabilities?
2. Does any content need to be amended or removed from the draft revised professional capabilities?
3. Is the language clear and appropriate? Are there any potential unintended consequences of the current wording?
<p>I am concerned with the mention of evidence-based practice for Chinese medicine practitioners. Chinese medicine is a systems-based approach. It is a complex intervention in which the subjective experience of the practitioner is included. The earliest written records include many instructions about the personal development of the practitioner, the interface of their consciousness with the patient, their attitude in holding the needle and so on.</p> <p>The complexity of diagnosis and treatment with multiple interventions, the therapeutic relationship between practitioner and patient and the intrapersonal events within the practitioner during the process of needling are unable to be addressed in the reductionist, empirical, quantitative, materialistic paradigm of the double-blind randomised placebo-controlled trial.</p> <p>Much acupuncture research is still assessing the insertion of a needle at an anatomical location, with all of the difficulties of finding an appropriate inert comparison (“placebo”). The use of acupoint “protocols” rather than a genuine, theory-driven and spontaneous therapeutic response from practitioner to patient is a further departure from Chinese medicine practice.</p> <p>For a practitioner of Chinese medicine, most RCTs are clinically irrelevant. This differs from pharmacological research and the way that those results may interface with the Western medicine practice paradigm.</p> <p>Until research methodologies can accurately and adequately embrace the totality of Chinese medicine practice, the requirement for practitioners to rely on RCT-based evidence for clinical decision-making is misguided.</p>
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?



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

Training programs in Chinese medicine should address “cultivation” of the practitioner, including Qigong practice and discussion of classic texts that describe the attitude of the practitioner with the patient.

This aspect of Chinese medicine offers a valuable position in the healthcare landscape, with practitioners who use their own person as one of the instruments that delivers the health intervention.

Students should be made aware of the attempt at objectivity that is included in the Western scientific world view, and the realities of subjective and interpersonal dynamics that influence both research and clinical practice. A nuanced understanding of the so-called “placebo effect” is very important, combined with an appreciation of qualitative research methods and whole-systems research methodology.

6. Do you have any other feedback or comments on the draft revised professional capabilities?

It is important that the principles of Chinese medicine, including concepts such as Qi, yin, yang as well as the broader ontological perspective and diagnostic process, be retained in definitions of acupuncture practice. It is important to understand the difference between a practitioner of a different health modality simply inserting needles into a patient, versus the application of Chinese medicine theory to a patient’s health situation, only one aspect of which is the insertion of needles.