

The clinical training component of a degree program should occupy approximately 30% of the total course time in a four-year degree course and must be sufficient to prepare a graduate for independent, unsupervised clinical practice.

This schema also accords with the natural development of most current Australian bachelor degree courses in TCM, although some courses have elected for a significantly higher proportion of biomedical sciences.

Based on the above general recommendations, the allocation of hours is as recommended in table 4.1.

4.6 EDUCATIONAL MODELS

Undergraduate and graduate-entry course models which meet the criteria within this document are both acceptable. Particular note should be taken of Chapters 3, 4 and 5 of these guidelines. An end-on program, such as a bachelor degree conversion program, graduate diploma or higher degree following a primary TCM program, must be an extension in terms of educational standards as well as in TCM if it is intended to meet the requirements of these guidelines. Graduate-entry course models following a primary non-TCM health-science program must also meet the requirements of these guidelines.

4.7 MODES OF DELIVERY

In the health sciences as taught in Australia today, significant components of face-to-face

delivery are expected in the teaching of aspects of the biomedical sciences and in clinical training. There will also be significant components of TCM which require face-to-face delivery of teaching, and therefore primary qualifying TCM courses should incorporate a substantial proportion of such teaching.

In light of the current Australian situation, in which no registered primary health-care professions endorse qualifying courses taught by distance education, and given the educational difficulties of delivering certain course components (such as practical acupuncture, needling skills, and clinical training) in any way other than face-to-face and under supervision, substantial components of non-face-to-face education are not recommended for the delivery of primary qualifying acupuncture-moxibustion or Chinese herbal medicine courses.

While some portions of courses may lend themselves to delivery by modes other than face-to-face mode, the identification of these portions is not a matter for consideration in this document.

The above recommendations with respect to delivery modes are not intended to diminish innovation in TCM course development. Nevertheless, distance/external delivery should be recognised only if the same learning outcomes can be demonstrated as are demonstrated through face-to-face education.

Appendix A.5 refers to a dissenting view to this section.



Curriculum guidelines

5.1 PHILOSOPHY ON TCM COURSE DEVELOPMENT AND COURSE DELIVERY

There is broad agreement that, in order to achieve the goal of TCM education (as outlined in Chapter 2), course providers must be committed to developing and delivering courses in acupuncture, Chinese herbal medicine, and other TCM modalities that are firmly embedded within the theoretical and philosophical framework of Traditional Chinese Medicine.

It is not intended that this approach limit innovation and diversity in course development and delivery, as long as courses achieve the outcomes required of a primary qualifying TCM program and, where relevant, produce registrable TCM practitioners.

5.2 PHILOSOPHICAL ORIENTATION OF STUDENTS

AQF guidelines for bachelor degree programs require that a program provides for the acquisition of a systematic and coherent body of knowledge, the underlying principles and concepts, and associated problem-solving techniques. It is therefore essential that appropriate attention be given to the TCM philosophical paradigm at the beginning of the program, to ensure that students' learning occurs within that paradigm.

The same principle should apply to courses accredited at other AQF educational levels.

5.3 COURSE DEVELOPMENT

These guidelines are not intended to spell out curriculum content for course providers; rather they outline the standards for Australian primary qualifying TCM programs as determined by the TCM profession in Australia.

It is the responsibility of course providers to develop their own particular course philosophy and rationale, aims and objectives, course structure, sequencing of learning outcomes, module content, student assessment criteria, etc., and to demonstrate how these achieve the goal of TCM education and meet the requirements of the relevant accrediting authorities.

Graduate-entry course models based on a primary qualification in a non-TCM health-care discipline or other science discipline must meet the requirements set out in this document. Providers of such courses must also demonstrate how the entry requirements in prerequisite core areas meet the standards set out in these guidelines.

5.4 SEQUENCING OF COURSE MATERIAL

Curriculum development is not a matter of content sequencing alone. Course providers must develop and articulate a clear rationale for course structure and sequencing.

Table 4.1 Recommended allocation of hours

| Core course components | Hours | | Percentage of course time |
|--|-----------------|-----------------|---------------------------|
| | Single modality | Double modality | |
| TCM and acupuncture/Chinese herbal medicine theory | 750± | 1,200± | 30-35% |
| Practical studies and clinical practicum | 750± | 1,000± | 25-35% |
| Biomedical sciences | 750± | 850± | 20-35% |
| Counselling, ethics, professional issues, research | 250± | 250± | 7.5-15% |

It is expected that:

- each area of the curriculum will be designed to provide a logical progression of knowledge in that area, and to integrate with the other course components into a comprehensive whole;
 - the learning outcomes, in terms of graduates' skills, discipline knowledge and attributes, will be comparable to those of bachelor degrees in the Australian higher education system.
- Appendix D.1 provides a sample rationale for the course structure and content sequencing of the TCM and acupuncture components in the four-year Bachelor of Health Sciences (Acupuncture) program developed by the Australian College of Natural Medicine in Brisbane.

5.5 STREAMS OF STUDY OR CURRICULUM AREAS

5.5.1 Traditional Chinese Medicine studies

The TCM components, and the acupuncture and/or Chinese herbal medicine components of primary qualifying TCM courses should include the following broad content areas:

- fundamental theories of TCM;
- TCM diagnostic methods;
- TCM therapeutic methods;
- acupuncture and/or Chinese herbal medicine principles and practice;
- history of TCM in general and acupuncture–moxibustion and/or Chinese medicine in particular as relevant;
- Acupuncture and/or Chinese herbal medicine clinical studies, including review of contemporary research.

These content areas should be covered to a depth sufficient to produce graduates capable of independent unsupervised practice.

Details of minimum content required in acupuncture and Chinese herbal medicine streams of study are listed in Appendices C.1–C.4.

However, course providers are encouraged to develop opportunities for undergraduates to undertake optional clinical training in other countries.

A more detailed list of the requirements for clinical practice is provided in Appendix C.3.

5.5.4 Biomedical science components

Courses in acupuncture or Chinese herbal medicine should include:

- a study of *human anatomy, physiology, pathophysiology and clinical decision-making* (including relevant aspects of microbiology, histology, and pathology) sufficient to provide an understanding of the structure, function and normal growth and development of the human body at all stages of life; the disorders of structure and function which may occur; and how these disorders are described in the biomedical sciences. Students will benefit from wet-laboratory access to observe body samples. Where laboratory access is unavailable, students will need to have access to computer-based resource material in these fields.
- a study of *biochemistry, pharmacology and pharmacognosy* in sufficient depth to enable students to have a basic understanding of the role of Western

pharmaceutical and Chinese medicine in treating disorders of the human systems;

- a study of *basic nutrition and dietary principles* in sufficient depth to enable students to understand the place of nutrition in health care;

- a study of *the basic principles of botany* in sufficient depth to enable students of Chinese herbal medicine programs to understand botanical terminology and plant structures and functions relevant to the Chinese materia medica;

- a study of *neuroanatomy and neurophysiology* in sufficient depth to enable students to understand the neurological aspects of acupuncture. Students will start with subjects in basic biomedical sciences. Medical terminology will be introduced at an early stage in the course, followed by topics in pathophysiology, physical examination and biomedical pharmacology.

5.5.5 Other areas

In addition to the areas of study outlined in 5.5.1–5.5.4, students should undertake studies in the following areas: behavioural sciences, counselling, ethics, legal issues, professional issues, and research. Such studies must be to a sufficient depth to produce graduates capable of providing safe and competent primary health care.



Resources and infrastructure

6.1 INFRASTRUCTURE

The institutional and academic structures of course providers must meet the standards of university or State higher education accrediting authorities, as appropriate. These standards include, but are not limited to, those relating to:

- financial viability of the institution
- independent academic oversight of the program
- program review mechanisms
- student representation and grievance procedures.

6.2 PHYSICAL RESOURCES

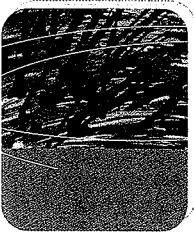
Course providers must ensure that adequate teaching/clinical resources and facilities are

available to meet legal requirements, and to provide education of a standard similar to that expected for courses training other primary health-care professions.

Typical requirements with respect to clinical facilities are outlined by the Queensland Office of Higher Education in their working guidelines, an extract of which is provided in Appendix D.4.

6.3 HUMAN RESOURCES

Course providers must ensure that the qualifications and experience of academic and clinical staff are relevant to and adequate for the areas of the course being taught. Typical requirements for academic and clinical staff are outlined in Appendix C.5.



Abbreviations, Chinese terminology and definition of TCM

ABBREVIATIONS USED IN CHAPTERS 1–6

| | |
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| AQF | Australian Qualifications Framework |
| NASC | National Academic Standards Committee for TCM |
| TCM | Traditional Chinese Medicine |

DEFINITION OF TRADITIONAL CHINESE MEDICINE

Traditional Chinese Medicine (TCM) is a system of primary health care, encompassing a range of therapeutic approaches (disciplines or treatment modalities), including but not limited to Acupuncture, Chinese Herbal Medicine, Tuina (therapeutic massage, acupressure, spinal and joint manipulation), and contemporary practice developments.

Each TCM discipline is predicated upon a common philosophical, theoretical and diagnostic framework. Differences and diversity appear in the therapeutic and clinical applications of the component disciplines.

Practitioners of TCM utilise one or more TCM treatment disciplines in clinical practice.

From Traditional Chinese Medicine (TCM): Submission for Occupational Regulation. Submitted to Australian Health Ministers Advisory Council (AHMAC) by the TCM Registration Submission Committee, 11 October 1996.

GLOSSARY OF KEY CHINESE TERMS

| | |
|------------|---|
| Qigong | A system of Chinese exercise and breathing techniques |
| Shiliao | Chinese food therapy |
| Taijiquan | A system of Chinese exercise and breathing techniques |
| Tuina | Chinese therapeutic massage |
| Zangfu | Internal organs |
| Zhenjiu | Acupuncture–moxibustion |
| Zhongyao | (1) Chinese herbs (2) pharmacology |
| Zhongyi | TCM |
| Zhongyiyao | Chinese herbal medicine |