



# Chinese medicine practitioner registration: What can you expect from a 6-year old?

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# A National Scheme

Children usually progress in a natural, predictable sequence from one developmental milestone to the next.

**So do regulators.** And likewise, for both, progress varies – they can be advanced in one area, but behind in another, but the evolution continues.

The Board is shortly finishing its second term and this is an idea moment to reflect on our progress and our journey.

# Common features

- One national law for all: the Health Practitioner Regulation National Law 2009 (the National Law)
- One national scheme for all: the National Registration and Accreditation Scheme (the National Scheme)
- Public national register for each profession
- Consistent handling of notifications/complaints & concerns
- Independent course accreditation
- Administrative support by Australian Health Practitioner Regulation Agency (AHPRA)

# Who does what? Working together

## National Boards

- Primary role is regulatory decision-making in the public interest
- Set national registration requirements and standards  
Oversee various regulatory processes including registration, and the receipt, assessment and investigation of notifications (complaints)\*
- Approve accreditation standards for the professions
- Approve qualifications for entry into the profession

## AHPRA

- Administers the Scheme
- Supports National Board decision-making
- Establishes and administers procedures for managing registration and notification matters\*
- Provides legal interpretation
- Makes recommendations to the Boards and Committees
- Is the first contact point for all enquiries about registration, notifications from practitioners, employers, governments and stakeholders

## Accreditation agencies

- Assigned accreditation functions by the National Board
- Develop accreditation standards for board approval
- Accredite programs of study
- Submit accredited programs of study to Board for approval
- Monitor approved programs of study
- Assess overseas trained practitioners applying for registration in Australia

# Unique characteristics: CMBA

- Quite unique challenges inherent in:
  - the English language standard
  - grandparenting
  - bringing profession into new statutory scheme
- Confidentiality, consistency, transparency and efficiency
- Understanding that Board members are not representatives

# The regulator is now six years old

Developmental milestones usually are grouped into five major areas.

- MILESTONE 1: Growth and development
- MILESTONE 2: Cognitive development
- MILESTONE 3: Emotional & social development
- MILESTONE 4: Language development
- MILESTONE 5: Sensory & motor development

# MILESTONE 1: Growth and development

**Initially a bit uncoordinated and clumsy, we are now maturing nicely. Since July 2011:**

- 1. Foundation for registration established and grandparenting implemented**
- 2. Board's finances stabilised**
- 3. Board development**
- 4. Risk-based regulation**

# Board's progress

- Grandparenting -Transition Phase completed, but task yet to be completed: ~ 18% of the almost 5,000 registered practitioners were registered with conditions, mostly English language; ~15 left
- Post grandparenting Standards: developed, implemented, now under review
- Key guidelines developed: infection control and safe herbal medicine practice
- Accreditation: most programs either completed or in progress
- Managing complaints
- Immediate action
- Professional reference group appointed and met
- Contributing to many reviews
- Developing international partnership, ACC fund etc



# Risk-based Regulation

## Applying the Regulatory Principles:

- Accessible at [www.ahpra.gov.au/About-AHPRA/Regulatory-principles.aspx](http://www.ahpra.gov.au/About-AHPRA/Regulatory-principles.aspx)
- Endorsed by all National Boards and the AHPRA Agency Management Committee and released in July 2014
- **One** of the regulatory tools that will guide Boards and AHPRA when they are making decisions and regulating Australia's health practitioners, in the public interest
- Regulatory decision making is complex and contextual, requiring judgment, experience and common sense. The principles will further support decision making which is consistent and balanced.

# Gathering and using data and research



# Building to a Decision

## Good Decision Making



# MILESTONE 2: Cognitive development

- We have certainly learned through experience and now have a better understanding of the many and varied relationships we are part of.
- We need to talk about understanding the different roles of the regulator versus the association/s.
- Current big challenge: assessing overseas qualified applicants.

# *Different* roles CMBA and professional associations

- The CMBA and Associations have entirely *different* roles.
- CMBA is directed by the National Law to protect public safety
- Associations advocate for and support the profession

## **Chinese Medicine Board of Australia**

Key role is protecting the public from harm

Workforce development and mobility

Develop standards for professional practice and education

Ensure a registered profession

## **Professional associations**

Support the profession through education around standards

Advocate for the profession

Lobby Government

Represent the profession in all professional areas

# We each have our ongoing challenges.

A high priority for the Board currently is assessing equivalence for overseas-qualified practitioners who apply for registration in Australia.

- Degree level qualifications or equivalent
- Meet learning outcomes and clinical training
- Australian health context
- Quality assurance process
- Meet English language standards

# MILESTONE 3: Emotional & social development

- We have paradoxically grown both more independent and more interdependent.
- We have developed strong partnerships within the scheme and can now pay more attention to alliances and collaboration outside the scheme.
- We need to talk about Code of Conduct and responsible advertising

# Strong Partnerships Key

1. Strong relationships with AHPRA and other national boards
2. Australia-China Council Grant (Department of Foreign Affairs and Trade)
  - to facilitate dialogue and strengthen engagement between international authorities that regulate Chinese Medicine practice
  - grant has enabled the Board's first ever visit to China (Beijing, Shanghai and Hong Kong) - 4 days



# *Code of Conduct*

- Being self-critical is essential for the Board and for registered practitioners.
- Current shared Code of Conduct reviewed and published in March 2014
- New review now underway (big project)
- AHPRA policy working group
- National boards reference group
- Please engage actively in the consultation process

# Advertising: section 133 of the National Law

A person must not advertise a regulated health service, or a business that provides a regulated health service, in a way that -

- a) is false, misleading or deceptive or is likely to be deceptive; or
  - b) offers a gift, discount or other inducement to attract a person to use the service or the business, unless the advertisement also states the terms and conditions of the offer; or
  - c) uses testimonials or purported testimonials about the service or business; or
  - d) creates an unreasonable expectation of beneficial treatment;
  - e) directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services
- For more information: <http://www.chinesemedicineboard.gov.au/Codes-Guidelines/Guidelines-for-advertising-regulated-health-services.aspx>

# Advertising

- All advertising must comply with:
  - Provisions of the National Law on advertising
  - Relevant consumer protection legislation
  - State and territory fair trading Acts and,
  - If applicable, legislation regulating the advertising of therapeutic goods
  - Very large number of complaints received
  - Please **check, correct** and **comply** with your professional and legal advertising obligations
  - National Boards and AHPRA published a strategy

# MILESTONE 4: Language development

- The language of the National Law is not what we were used to. We now cope with understanding and using regulatory language to explain and explore complex professional issues.
- The National Registration and Accreditation Scheme is established and governed by the *Health Practitioner Regulation National Law*, known as the **National Law is designed to promote:**
  - **Mobility:** register, practise across Australia
  - **Uniformity:** consistent national standards
  - **Efficiency:** less red tape – streamlined
  - **Collaboration:** sharing, learning and understanding between professions
  - **Transparency:** national online registers - shows current conditions on practice

# Title protection

The primary mechanism of National Law for all the regulated professions

Illegal to use unless registered:

- Chinese medicine practitioner
- Acupuncturist
- Chinese herbal medicine practitioner
- Chinese herbal dispenser
- oriental medicine practitioner
- any title, name, initial, symbol, word or description that in circumstances would be reasonably understood to mean that person is a Chinese medicine practitioner .....

# Evidence-based practice

- Reputation and credibility
- Integrating expertise with (traditional and scientific) evidence and recognising patient uniqueness
- Well-informed patient consent
- Know your level of competency and refer when appropriate
- Introduction of manufactured herbal medicines, granules and new devices  
→ expectations for more conventional levels of evidence
- Expectation of evidence-based practice is reflected in the Code of conduct
- If using unusual treatments, ensure:
  - this is supported by suitable evidence and meet
  - comply with all professional standards and TGA legislation
  - coverage by professional indemnity insurance

# MILESTONE 5: Sensory & motor development

- Whilst a child might learn to ride a bicycle, or developing complex moving skills like running in a zig-zag pattern, the Board has been very responsive to consultation feed-back.
- One of the best examples being the *Guidelines for safe herbal medicine practice* for which the end of the transition period coming up soon.

# Safe Chinese herbal medicine practice

Key safety issues are:

- Clear herbal nomenclature
- Standardised prescription writing
- Proper labelling and dispensing
- Record of herbs prescribed in patient record
- Adequate supervision of dispensary assistants



# What next?

## Chinese herbal medicine

- Now published
- Two-year transition before fully effective November 2017
- Use English and **pin yin**
- Consider using computers and label printers
- Board monitoring and review

## Upcoming consultations: three-year review standards

- Continuing professional development
- Professional indemnity insurance
- Recency of practice

## Recently completed consultation

- Health records guidelines

# Key strategic priorities 2014-2016

1. To be an effective regulator
1. To consolidate the financial position of the Board
2. To actively engage stakeholders

# Closing remarks

- Patient safety lies at the heart of our health system and the National Scheme
- Maintaining standards and ensuring we have a safe, competent and patient-centered health workforce is a vital part of our work as a regulator
- Evidence-based practice is a community expectation
- Questions and discussion invited

# More information

- [www.chinesemedicineboard.gov.au](http://www.chinesemedicineboard.gov.au)
- FAQ: Information for the profession

## Contact us:

- Call 1300 419 495
- [www.ahpra.gov.au/enquiry](http://www.ahpra.gov.au/enquiry)
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Thank you for your time