



Federation of Chinese Medicine & Acupuncture

Societies of Australia Inc. (National Body)

SOUTH AUSTRALIA BRANCH (南澳中醫藥針灸學會)

Society of Chinese Medicine & Acupuncture of SA

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30th September 2011

Ms Debra Gillick

Executive Officer,

Chinese Medicine Board of Australia

AHPRA

GPO Box 9958, Melbourne, 3001

Subject: Mandatory registration standards

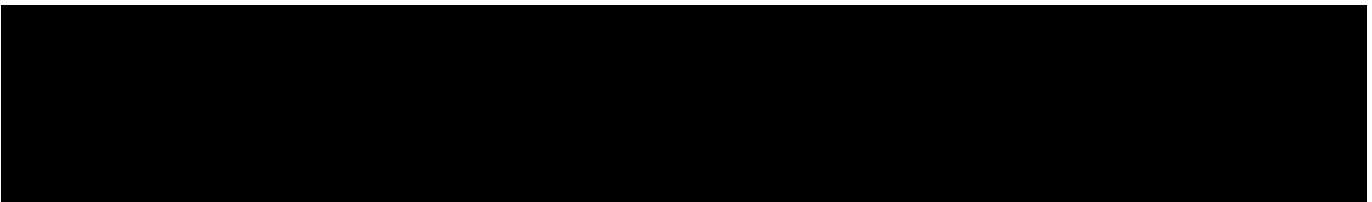

Email: chinesemedicineconsultation@ahpra.gov.au

Dear Ms Gillick,

Re: Submission on the Mandatory Registration Standards and the Grandparenting Arrangements

I am writing in regard to the above matter on behalf of the Society Chinese medicine & Acupuncture of SA Inc. The Association thanks the Chinese Medicine Board of Australia (the Board) for the opportunity to express its opinion and feedback on the mandatory registration standards and other proposals.

As you may be aware, over the past decades, the FCMA has been a leader in initiating the development of Chinese medicine by way of statutory regulation of the profession that has been greatly supported by the Health Department of Victoria which led to statutory regulation of Chinese medicine practitioners in Victoria in the year 2000. The inclusion of the Chinese medicine profession in the National Registration and Accreditation Scheme (NRAS) in 2012



will work constructively and collaboratively to ensure that the public receives the optimal level of service with respect to Chinese medicine health care.

The following are comments and suggestions with regards to the mandatory registration standards and other proposals.

1. Continuing Professional Development (CPD) and Guidelines:

The Association agrees with the proposed requirement of 20 hours CPD, with a minimum 20% in professional issues annually as one of the mandatory standards for registration. In fact, all practitioner members of the Association have to demonstrate similar evidence per year to be maintaining their membership of the Association.

In regard to the proposed requirements for scheduled herb endorsement the Association believes the proposed 10% of the total CPD per year should be determined based on need and availability of new knowledge, it may not be necessary as knowledge and information about scheduled herbs is unlikely to change significantly from year to year unless there is an urgent alert or a new Chinese herb is endorsed. Should this happen then the study of such newly scheduled medicine(s) should be included in the CPD and may take more than 10% of the proposed time.

The Association would like the Board endorses the requirements set by FCMA for the renewal of registration each year.

The Association suggests that the Board lists the actual CPD activities that are suitable, such as attending workshops, seminars, symposiums or conferences in the section of “*suitable activities*”. For remote or isolated practitioners, i.e. practitioners working in rural areas, a combination of attending CPD activities and self-directed study should be encouraged. A uniform record card and acceptable method of reporting supporting evidence of CPD should be developed by the Board to ensure consistency.

2. English Language Skills Registration Standard

The Association agrees with the proposed English language skills registration standard included as “the exemption arrangement for grand-parented applicants”. The Association

appreciates the consideration given by the Board on specific needs in making flexible arrangement on English requirements due to historical and uniqueness of the development of Chinese Medicine in Australia. Although the Board could attach conditions to the practitioners' registration, these practitioners should not be significantly disadvantaged compared to those who meet the English language skills requirement for registration as long as they can meet the requirements for effective communication such as provision of translation services. If this condition is met, they should not be labelled as "conditional registration" if granted an exemption. The Association supports the overall language requirements for post-grandparenting requirements but the Association believes IELTS 6.5 or equivalent level should be adequate.

3. Professional Indemnity Insurance (PII) Arrangements Registration Standard

The Association agrees with the proposed PII arrangements registration standard. Guidelines for adequate PII should be developed by the Board and these guidelines should be circulated to practitioners and insurance companies or their brokers who provide PII.

4. Recency of Practice Registration Standard

The Association agrees with the proposed recency of practice registration standard. The Association suggests that registered practitioners who enrol in postgraduate coursework study or research in Chinese medicine for more than three years should be granted an exemption or they could be categorised as "*recent graduates*" under the proposed *Exemption 1 a)*.

Guidelines should be developed by the Board to guide practitioners in such situation to meet the Board's requirements to demonstrate recency of practice.

5. Grandparenting Registration Standard: Transitional Arrangements For Qualifications

The Association agrees with the proposed grandparenting registration standard in principle and would like to raise the following issues for consideration:

a) Wording of “*Phytochemistry and pharmaceuticals (Chinese herbal medicine only)*” under the heading of For Practitioners and For dispensers: Bachelor degree level qualification (or higher) on page 41 could be replaced with “*Materia medica (Zhong Yao Xue) or Phytochemistry and pharmaceuticals (Chinese herbal medicine only)*” as the subject of phytochemistry and pharmaceuticals is quite a new study in Chinese herbal medicine and it may not be included in Bachelor degree courses of Chinese medicine prior to the year 2000.

b) Qualifications before 2008: The Association would like to ask the Board to explain the rationale for why a qualification in an advanced diploma level after 2008 should be ineligible for registration. With respect to the formal training of Chinese medicine in Australia, Chinese medicine courses at Bachelor degree level that were approved by the Chinese Medicine Registration Board of Victoria (CMRBV) were only available in Victoria. Chinese medicine Bachelor degree programs approved by the CMRBV were only available in Queensland and New South Wales this year.¹¹

The following is a possible scenario, an example of how a holder of an Advanced Diploma after 2008 could be disadvantaged, which could test this proposal:

In 2005 in N.S.W., Mr A and Mr B learned and practised Chinese medicine under mentoring by a Chinese medicine master for one year. Mr A decided to enrol a course for further study. The course that Mr A enrolled was the highest level available in 2005 and Mr A graduated with award of Advanced Diploma of Chinese Medicine in 2009. At the same time, Mr B continued his practice to 2011. Based on the proposed grandparenting registration standard, Mr B who has no any formal qualification but has been practising for six years (2005 to 2011) is eligible to apply for registration. While Mr A, who has qualification and only three years of practice experience (2005, 2010 and 2011) is not qualified to be registered under the proposed criteria of registration.

The Association believes the Board should provide access for those graduates who hold an Advanced-Diploma-level under the Australian Qualifications Framework (AQF) (assessed by NOOSR) in between 2009 to 2015 for registration.

¹¹c) The wording “*Adequate clinical training for practitioner courses of study means:*

¹ Reference from <http://cmrb.vic.gov.au/registration/approvedcourses.html> accessed on 11th September 2011

- *See Discussion paper proposal*

“Adequate practical training for dispenser courses of study means:

- *See Discussion paper proposal*

on page 42 is not clear. Information that addresses these two issues is not able to be located within the discussion paper.

In South Australia, the Society of Chinese Medicine & Acupuncture of SA has “new arrival” members who have been working less than 5 years in South Australia. Most of them hold a “475 visa” (Skilled Regional Sponsored). They have been *invited* by the South Australian government as *remote state settlement skilled migrants* (All areas of Australia are covered except Sydney, Newcastle, Wollongong, NSW Central Coast, Melbourne, Perth, Canberra, Brisbane and the Gold Coast).

They have been requested by South Australia Government to have their skills and qualifications assessed by *Vocational Education and Training Assessment Service (VETASSESS)*.

Should the Chinese Medicine Board of Australia include VETASSESS as another authority to recognise overseas qualification other than NOOSA?

In conclusion, the proposed registration standards are well designed, thorough and balance



ion, the proposed registration standards are well designed, thorough and balance In context of protection of the public and accessibility for legitimate Chinese medicine the need