



**Federation of Chinese Medicine &
Acupuncture Societies of Australia Ltd.**
澳洲全國中醫藥針灸學會聯合會 (National Body)

FCMA

ACN: 104 651 523 ABN: 70 199 744 719

All correspondence:
6 Paisley Street
Footscray Victoria 3011
Australia

Tel: +61 3 9689 2678
Fax: +61 3 9689 0872
+61 3 9802 4261

Email: contactus@fcma.org.au
tchiangl@fcma.org.au
Web: <http://www.fcma.org.au>

9 October 2011

Ms Debra Gillick
Executive Officer,
Chinese Medicine Board of Australia
AHPRA
GPO Box 9958, Melbourne, 3001

Email: Subject: Mandatory registration standards
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 Federation of Chinese Medicine & Acupuncture Societies of Australia Ltd. (the FCMA). The FCMA thanks the Chinese Medicine Board of Australia (the Board) for the opportunity to express its opinion on the mandatory registration standards and other proposals.

The FCMA is a national Chinese medicine¹ professional organisation incorporated by guarantee with affiliated associations in Victoria, New South Wales, Queensland, the Australian Capital Territory, South Australia and Western Australia. It represents more than 600 members who are practising Chinese herbal medicine and/or acupuncture. Over the past decades, the FCMA has endeavoured to foster the development of Chinese medicine by way of statutory regulation of the profession,

¹ Chinese medicine consists of acupuncture, Chinese herbal medicine, and herbal dispensing

which led to statutory regulation of Chinese medicine practitioners in Victoria in the year 2000. The inclusion of the Chinese medicine profession in NRAS (the National Registration and Accreditation Scheme) in 2012 is an outcome of the need of regulation demonstrated by the great work that was done through the Victorian regulation of the Chinese medicine profession since 2000. The FCMA congratulates the Board and its Executive Officer and hopes that the Board and the profession 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 FCMA 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 FCMA have to demonstrate similar evidence per year to be maintaining their membership of the FCMA.

In regard to the proposed requirements for scheduled herb endorsement the FCMA 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 FCMA 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. An 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 FCMA agrees with the proposed English language skills registration standard included as “the exemption arrangement for grand-parented applicants”. The FCMA 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 FCMA supports the overall language requirements for post-grandparenting requirements but the FCMA believes IELTS 6.5 or equivalent level should be adequate.

3. Professional Indemnity Insurance (PII) Arrangements Registration Standard

The FCMA 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 FCMA agrees with the proposed recency of practice registration standard. The FCMA 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 FCMA 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 FCMA 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 year².

² Reference from <http://cmrb.vic.gov.au/registration/approvedcourses.html> accessed on 11th September 2011

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. Whiles Mr A who has qualification but only has three years of practice (2005, 2010 and 2011) is not qualified to be registered under the proposed criteria of registration.

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

FCMA also agrees with and support the proposed Proof of Practice and Competence Applicants for acupuncturist, Chinese herbal practitioner and Chinese herbal dispenser under the heading of “Grandparenting registration standard”. Those evidence requirements listed on Schedule 1 and Schedule 2 are reasonable and acceptable.

FCMA acknowledges that mandatory registration should only considered Chinese herbal medicine and Acupuncture because at this stage Australian government is ready for statutory regulate Chinese Medicine profession only. Therefore, FCMA further suggest that the Board should define the scope of Chinese herbal medicine and Acupuncture on its registration standards. FCMA strongly does not believe that other forms of acupuncture practice such Japanese acupuncture, Korean acupuncture or medical acupuncture or other form of medicine such as Ayurvedic medicine, Kampo medicine, Korean Oriental medicine, natural medicine or Western herbal medicine should be included into Chinese herbal medicine and Acupuncture scope.

For those who practise other forms of medicine and want to be included in NRAS may submit their applications in the future but not within the Chinese Medicine profession.

In conclusion, the proposed registration standards are well-designed, thorough and balance the need of protection of the public and accessibility for legitimate Chinese medicine practitioners applying for registration.

The FCMA wishes the Board consider its suggestions.

Yours sincerely

A handwritten signature in dark ink, appearing to be 'Tzi Chiang Lin', written in a cursive style with a horizontal line underneath.

Prof. Tzi Chiang Lin PhD, J. P.
National President of FCMA