

Consultation Paper

征求意见稿
Bản tham khảo ý kiến
참고 문서

September 2011

Proposed mandatory registration standards:

- Continuing professional development
- Criminal history
- English language skills
- Professional indemnity insurance, and
- Recency of practice

Proposed registration standard:

- Grandparenting

Summary

Currently, requirements for the registration of the Chinese medicine profession are set by the state and territory governments. In Chinese Medicine only Victoria has established a statutory practitioner registration scheme. However, from 1 July 2012, national registration for the profession will commence and approved national mandatory registration standards will apply.

Translation of documents

The Board is now seeking feedback on the draft mandatory registration standards and other board proposals – see Attachments.

Whilst recognising the multi-cultural nature of Chinese medicine practice, the Chinese Medicine Board of Australia must have regard to the requirement for English proficiency in order to safely practise. It will therefore not run a separate information system in a language other than English. Chinese medicine practitioners are advised that new legislation and requirements will soon apply to the practice of Chinese medicine. All the relevant material will be in English and members of the profession are advised that, if needed they must obtain their own assistance to read these important documents.

For these consultation standards, the title, summary and consultation questions within the documents have been translated into Chinese, Vietnamese and Korean.

Please note that all submissions must be in English and must be typed.

文件翻译

委员会现在请大家对强制性注册标准草案以及委员会的其他建议提出看法——请参阅附件。

虽然澳大利亚中医委员会充分认识到中医执业的多元文化性质，但为了保证执业安全，也必须考虑英语水平要求；为此，委员会不会另外运行英语以外其他语言版本的信息系统。在此通知中医医师，中医行业很快就将实行新的法规和要求。所有相关材料，都会用英文写成，建议中医行业从业人员需要时，必须自己寻求帮助，阅读这些重要文件。

文件中这些征求意见的标准、头衔、概要和征求意见问题，已翻译成中文、越南语和韩语。

请注意，所有呈交文件均必须用英语写成，而且必须以打字后提交。

Bản dịch các tài liệu

Hội Đồng hiện muốn có ý kiến đóng góp về dự thảo các tiêu chuẩn đăng bạ bắt buộc và các đề nghị khác của hội đồng – xin xem Phụ Lục.

Dù biết nghề thầy thuốc Bắc có tính chất đa văn hóa, Hội Đồng Thuốc Bắc Úc Châu phải xét yêu cầu về trình độ tiếng Anh để hành nghề một cách an toàn. Do đó, Hội Đồng sẽ không duy trì hệ thống thông tin riêng bằng ngôn ngữ khác tiếng Anh. Người hành nghề thuốc Bắc nên biết sắp tới đây luật lệ và yêu cầu mới sẽ bắt đầu áp dụng với việc hành nghề thuốc Bắc. Tất cả các tài liệu liên quan đều là tiếng Anh và người hành nghề thuốc Bắc nên biết nếu cần quý vị phải tự tìm người giúp đọc các tài liệu quan trọng này.

Đối với những tiêu chuẩn tham khảo ý kiến này, tựa đề, phần tóm tắt và các câu hỏi tham khảo ý kiến trong các tài liệu này đã được dịch sang tiếng Hoa, tiếng Việt và tiếng Triều Tiên.

Xin lưu ý tất cả các bản đệ trình phải viết bằng tiếng Anh và đánh máy.

문서 번역

본 협회는 필수 등록 기준안 및 기타 협회 제안에 대한 의견을 기다리고 있습니다. 첨부 문서를 참조하십시오.

호주 한의사협회 (Chinese Medicine Board of Australia)는 한의사 업무의 다중 문화 성격을 인정하는 한편 안전하게 업무를 수행하기 위해 영어 능력 요건을 고려해야 합니다. 따라서 본 협회는 영어가 아닌 언어를 사용한 별도의 정보 시스템을 운영하지는 않을 것입니다. 신규 법과 요건들이 한방 업무에 곧 적용될 것임을 한의사들에게 주지하는 바입니다. 모든 관련 자료는 영어로 기재될 것이며 본 전문 회원들은 이들 중요한 문서들을 읽기 위해 필요할 경우 각자가 지원을 얻어야 합니다.

이들 문서 내의 협의 기준, 제목, 요약 및 협의 질문들은 중국어, 베트남어 및 한국어로 번역되었습니다.

모든 제출 내용은 영어로 기재되고 타이프로 작성해야 합니다.

Mandatory registration standards

Section 38 of the *Health Practitioner Regulation National Law Act* as in force in each state and territory (the National Law), requires the National Boards to develop and recommend to the Australian Health Workforce Ministerial Council (Ministerial Council) five mandatory registration standards.

The National Law also requires the Chinese Medicine Board of Australia (the Board) to undertake wide-ranging consultation on proposed registration standards.

This consultation paper seeks feedback on proposed mandatory registration standards for:

1. Continuing professional development (CPD)
2. Criminal history
3. English language skills
4. Professional indemnity insurance (PII) and
5. Recency of practice.

The five proposed mandatory registration standards that the Board must develop in accordance with the National Law are attached to this consultation paper (**Attachments 1 to 5**).

The Board's *Statement of Assessment against AHPRA's Procedures for Development of Registration Standards* is at **Attachment 6**.

Other Board Proposal

Section 38 of the National Law, also enables the National Boards to develop and recommend to the Ministerial Council other registration standards, including about the scope of practice of health practitioners registered in the profession and any other issue relevant to the eligibility of individuals for registration in the profession or the suitability of individuals to competently and safely practise the profession. The Board is therefore also consulting on the proposed Grandparenting registration standard for the Chinese medicine profession (**Attachment 7**).

Background

In July 2011, the Ministerial Council appointed the:

- Aboriginal and Torres Strait Islander Health Practice Board of Australia
- Chinese Medicine Board of Australia
- Medical Radiation Practice Board of Australia
- Occupational Therapy Board of Australia

to begin work twelve months in advance of national registration commencing, to support the four 2012 professions move from state and territory based registration to national registration.

From 1 July 2012, each of the National Boards will have responsibility for the registration and regulation of their profession under the National Law.

However, before this can happen, a priority task for the four National Boards is to develop and consult on proposed mandatory registration standards and the proposed grandparenting registration standard.

The National Boards aim to have the final proposed mandatory registration standards submitted for approval by the Ministerial Council by December 2011, so that practitioners have time to familiarise themselves with the new national requirements for each of the four professions and to enable application for registration forms to be finalised in advance of the 1 July 2012 registration start date.

The National Law also empowers the National Boards to develop and recommend to the Ministerial Council, other registration standards.

Submissions

The Board is now seeking feedback on the draft mandatory registration standards and other board proposals – see Attachments.

Please provide written submissions by email, marked “Mandatory registration standards” to chinesemedicineconsultation@ahpra.gov.au by close of business on **10 October 2011**.

Submissions by post should be addressed to the Executive Officer, Chinese Medicine Board of Australia, AHPRA, GPO Box 9958, Melbourne, 3001.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board publishes submissions on its interim website www.ahpra.gov.au/chinese-medicine.aspx to encourage discussion and inform the community and stakeholders.

Submissions that contain offensive or defamatory comments or which are outside the scope of the discussion will not be placed on our website, or made available to the public. Before publication, any personally identifying information will be removed from submissions.

The Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence.

Please tell us if you do not want your submission published, or want us to treat any part of it as confidential. A link to the National Law is available at www.ahpra.gov.au/Legislation-and-Publications.aspx.

Attachments

September 2011

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1. Draft registration standard: Continuing professional development (CPD)

注册标准草案：持续专业发展(CPD)

Dự thảo tiêu chuẩn đăng bạ: Tiếp tục tu nghiệp (CPD)

등록기준안: 지속적인 전문 개발 (CPD)

Draft at September 2011

Introduction

What the National Law requires

The National Law requires a registered health practitioner to undertake the continuing professional development (CPD) required by the Board as set out in an approved registration standard for the profession (section 128).

When a practitioner renews their registration, he/she must make a declaration about whether the CPD requirements have been met for the preceding period of registration (section 109). The Board may decide not to renew the practitioner's registration if the CPD requirements are not met (section 112).

The CPD requirements do not apply to a person granted 'non-practising' registration.

The Board is required to develop and recommend to the Ministerial Council, a registration standard about the requirements for CPD for registered Chinese medicine practitioners (section 38).

What the Board is consulting on

The Board is consulting on the following draft registration standard which sets out the proposed requirements of the Chinese Medicine Board with respect to CPD.

Specifically, **the Board seeks advice on:**

- 1.1 Whether you agree with the number of hours specified
- 1.2 Whether you agree with the requirement that a minimum number of hours must relate to professional issues
- 1.3 Whether you agree with the requirement that for endorsed practitioners and dispensers a minimum number of hours must relate to scheduled herbs
- 1.4 Whether you agree that mandatory further education, training, mentoring or supervision (which is remedial) should not be counted
- 1.5 Whether you agree with the exemptions

具体而言，委员会征求如下意见：

- 1.1 您是否同意规定的小时数
- 1.2 您是否同意关于专业事项方面所须达到最低时数的要求
- 1.3 您是否同意关于认证医师和配药师在草药目录方面所须达到最低时数的要求
- 1.4 您是否同意强制性进修教育、培训、辅导或监督(补救性质)不应计入在内

1.5 您是否同意免除情况

Đặc biệt, Hội Đồng muốn có ý kiến đóng góp về:

- 1.1 Liệu quý vị ưng thuận số giờ đã ấn định
- 1.2 Liệu quý vị ưng thuận yêu cầu rằng số giờ tối thiểu phải liên quan tới các vấn đề chuyên môn
- 1.3 Liệu quý vị ưng thuận yêu cầu rằng, đối với người hành nghề và bốc thuốc hợp lệ, số giờ tối thiểu phải liên quan tới vị thuốc trong danh mục
- 1.4 Liệu quý vị ưng thuận rằng không nên tính những việc học tập, huấn luyện, diu dắt hay giám sát (để chẩn chỉnh)
- 1.5 Liệu quý vị ưng thuận các đặc miễn

구체적으로, 본 협회는 아래 사항에 대한 정보를 원합니다.

- 1.1 명시된 시간 수에 대한 귀하의 동의 여부
- 1.2 최소한의 시간 수는 업무 이슈에 연관되어야 한다는 요건에 귀하가 동의하는지 여부
- 1.3 승인된 한의사와 약사를 위해 최소한의 시간 수는 리스트에 있는 한약에 연관되어야 한다는 요건에 귀하가 동의하는지 여부
- 1.4 필수적인 차후 교육, 훈련, 멘토링 혹은 감독 (치료 목적)은 계산되지 않아야 한다는 것에 귀하가 동의하는지 여부
- 1.5 면제에 대한 귀하의 동의 여부

Chinese Medicine Board of Australia

澳大利亚中医委员会

Hội Đồng Thuốc Bắc Úc Châu

호주 한의사 협회

Continuing professional development registration standard

持续专业发展注册标准

Tiêu chuẩn đăng bạ về tiếp tục tu nghiệp

지속적 전문 업무 개발 등록 기준

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <date> pursuant to the *Health Practitioner Regulation National Law Act*, as in force in each state and territory with approval taking effect from <date>.

Summary

Continuing Professional Development (CPD) assist practitioners to maintain and enhance currency in theoretical knowledge and professional skills. The Board requires a minimum annual requirement of 20 hours.

摘要

持续专业发展(CPD)有助于医师与时俱进, 维持和强化理论知识与专业技能。委员会规定每年至少要达到 20 小时。

Tóm tắt

Tiếp Tục Tu Nghiệp (CPD) giúp người hành nghề duy trì và tăng cường kiến thức cập nhật về lý thuyết và kỹ năng chuyên môn. Hội Đồng đòi hỏi mỗi năm tối thiểu là 20 giờ đồng hồ.

요약

지속적인 전문 개발 (CPD)은 한의사들이 이론적 지식 및 전문 기술을 유지 및 업그레이드하도록 지원합니다. 본 협회는 최소한 연간 20 시간의 요건을 요구합니다.

Scope of application

This standard applies to:

- a) all practitioners with registration in any practising category of registration
- b) all applicants equally, whether they practise full time or part-time or whether the work is remunerated or not.

It does not apply to students.

Requirements

Continuing Professional Development Hours

Registrants must participate in at least 20 hours of CPD per year.

The quality and appropriateness of activities is an important consideration. CPD activities should contribute directly to maintaining and improving competence in the profession.

At least four of the hours must relate to professional issues.

All practising registrants are required to comply with this standard.

It should be noted that undertaking your day to day work duties **cannot** be counted as CPD hours.

Requirements for scheduled medicine endorsements

Practitioners who hold a scheduled herbs endorsement must complete at least 2 hours per year related to the endorsement.

Pro rata arrangements

When a person registers for the first time or reregisters during the registration year compliance with the number of CPD hours to be completed can be calculated on a pro rata basis.

Mandatory CPD requirements

Mandatory further education, training, mentoring or supervision (which is remedial) may not be counted towards CPD.

Suitable Activities

CPD activities should:

- a) Be relevant to the registrant's area of practice
- b) Meet current professional and educational standards
- c) Be designed to build on previous knowledge, skills and experience
- d) Have clear aims and objectives that meet the individual's identified learning needs
- e) Include research and teaching

Periodic audits

Periodic audits of Registrants will be conducted on an annual basis to ensure that Registrants are compliant with this standard.

Records

All practitioners must ensure that their CPD activities are recorded. The records should include :

- a) details of CPD activity (date, a brief description and the number of hours spent in each activity, provider or participants/resources)

b) evidence of attendance.

Declaration on renewal

All registrants will be asked to declare annually on their renewal of registration and/or endorsement that they have met the CPD standard set by the Board.

Exemptions

For temporary absence from practice the following requirements apply:

- a) for up to one year - no CPD requirements
- b) for between one and two years - complete a minimum of 20 hours CPD activities designed to maintain and update knowledge and competence.
- c) an absence of more than two years is not regarded as temporary absence by the Board. In this case the practitioner does not have recency and is required to submit a proposed plan for re-entry to professional practice for the Board's consideration. See the Board's 'Recency of practice registration standard'.

Failure to comply

Failure to comply with this standard is a breach of the legal requirements for registration and may constitute behaviour for which health, conduct or performance action may be taken under s. 128(2) of the National Law.

If a registrant is unable to make the required declaration of compliance at annual renewal the Board may refuse to renew their registration or any endorsement of registration, or may grant renewal of registration or endorsement of registration subject to conditions.

Knowingly making a false declaration will be considered by the Board to be a professional conduct matter and as such, may be dealt with by the Board through disciplinary mechanisms available under the National Law.

Definitions

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

Practice means any role in which a Chinese medicine practitioner or Chinese herbal dispenser uses their skills in their profession in any way that impacts on safe, effective delivery of health services.

Professional Issues includes but is not limited to ethics, communication, professional boundaries, advertising, infection prevention and control, new standards, privacy, regulatory matter, confidentiality, dealing with complaints and so forth.

Review

This standard will commence on <date>. The Board will review this standard at least every three years.

2. Draft registration standard: Criminal history

注册标准草案：犯罪历史

Dự thảo tiêu chuẩn đăng bạ: Tiền sử phạm pháp

등록기준안: 범죄 경력

Draft at September 2011

Introduction

What the National Law requires

In accordance with the National Law, the Board is required to check an applicant's criminal history before deciding an application for registration (section 79). All applicants for registration are required to declare if they have a criminal history as part of the application process. The Board may also, at any time, obtain a written report about a registered practitioner's criminal history – for example, as part of an audit, or to check a statement made by a registrant renewing his/her registration (section 135).

The Board may decide that an individual is not a suitable person to hold general registration, if in the Board's opinion, the individual is not an appropriate person to practise the profession, or it is not in the public interest for the individual to practise the profession, after the Board has had regard to the individual's criminal history to the extent that is relevant to his/her practice of the profession (section 55).

The Board is required to develop and recommend to the Ministerial Council, a registration standard about the criminal history of applicants for registration, including the matters to be considered in deciding whether an individual's criminal history is relevant to the practice of the profession (section 38).

What the Board is consulting on

The Board is consulting on the Ministerial Council approved criminal history registration standard that was implemented at the start of the National Registration and Accreditation Scheme on 1 July 2010 for the original 10 professions. (The other 3 National Boards for the 2012 professions are also consulting on the same document).

This is the only mandatory registration standard that is the same for **all** ten National Boards. It was subject to wide-ranging consultation with stakeholders prior to approval by the Ministerial Council.

The Board considers it is important to have a consistent, fair, and transparent standard that enables all National Boards to make equitable decisions about whether a health practitioner's criminal history is relevant to the practice of their profession.

- 2.1 **The Board seeks advice on its proposal** to seek Ministerial Council approval for this registration standard to apply to the Chinese medicine profession.

The draft criminal history registration standard is on the following page.

Chinese Medicine Board of Australia

Criminal history registration standard

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <<date>> pursuant to the *Health Practitioner Regulation National Law Act* as in force in each state and territory (the National Law), with the approval taking effect from <<date>> .

Summary

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the 10 factors set out in this standard. While every case will need to be decided on an individual basis, these 10 factors provide the basis for the Board's consideration.

摘要

在判定卫生职业者的犯罪史是否涉及执业行为时，委员会将考虑本标准规定的 10 个因素。虽然每个个案都需单独评判，但这 10 个因素却是委员会研究考虑的基础。

Tóm tắt

Khi quyết định liệu tiền sử phạm pháp của người hành nghề y tế có ảnh hưởng tới việc hành nghề hay không, Hội Đồng sẽ xét theo 10 yếu tố như được liệt kê trong tiêu chuẩn này. Dù phải quyết định mỗi trường hợp theo bối cảnh riêng, Hội Đồng sẽ dựa vào 10 yếu tố này khi cứu xét.

요약

의료인의 범죄 경력이 자신의 전문 업무에 관련되는지 여부를 결정할 때 본 협회는 이 기준에 설정된 10 가지 요소를 고려할 것입니다. 모든 경우가 개별적 근거에 따라 결정되어야 되는 한편, 이들 10 가지 요소는 본 협회의 고려에 대한 근거를 제공합니다.

Scope of application

This standard applies to all applicants and all registered health practitioners. It does not apply to students.

Requirements

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the following factors.

1. The nature and gravity of the offence or alleged offence and its relevance to health practice.

The more serious the offence or alleged offence and the greater its relevance to health practice, the more weight that the Board will assign to it.

2. The period of time since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place greater weight on more recent offences.

3. Whether a finding of guilt or a conviction was recorded for the offence or a charge for the offence is still pending.

In considering the relevance of the criminal history information, the Board is to have regard to the type of criminal history information provided. The following types of criminal history information are to be considered, in descending order of relevance:

- a) convictions
- b) findings of guilt
- c) pending charges
- d) non-conviction charges; that is, charges that have been resolved otherwise than by a conviction or finding of guilt, taking into account the availability and source of contextual information which may explain why a non conviction charge did not result in a conviction or finding of guilt.

4. The sentence imposed for the offence.

The weight the Board will place on the sentence will generally increase as the significance of the sentence increases, including any custodial period imposed. The Board will also consider any mitigating factors raised in sentencing, where available, including rehabilitation.

5. The ages of the health practitioner and of any victim at the time the health practitioner committed, or allegedly committed, the offence.

The Board may place less weight on offences committed when the applicant is younger, and particularly under 18 years of age. The Board may place more weight on offences involving victims under 18 years of age or other vulnerable persons.

6. Whether or not the conduct that constituted the offence or to which the charge relates has been decriminalised since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place less or no weight on offences that have been decriminalised since the health practitioner committed, or allegedly committed, the offence.

7. The health practitioner's behaviour since he or she committed, or allegedly committed, the offence.

Indications that the offence was an aberration and evidence of good conduct or rehabilitation since the commission, or alleged commission of the offence, will tend to be a mitigating factor. However, indications that the offence is part of a pattern of behaviour will tend to have the opposite effect.

8. The likelihood of future threat to a patient of the health practitioner.

The Board is likely to place significant weight on the likelihood of future threat to a patient or client of the health practitioner.

9. Any information given by the health practitioner.

Any information provided by the health practitioner such as an explanation or mitigating factors will be reviewed by the Board and taken into account in considering the health practitioner's criminal history.

10. Any other matter that the Board considers relevant.

The Board may take into account any other matter that it considers relevant to the application or notification. A Board will not require an applicant or registered health practitioner to provide further information that may prejudice their personal situation pending charges and the Board

must not draw any adverse inference as a result of the fact that information has not been provided.

Note: the above factors have been numbered for ease of reference only. The numbering does not indicate a priority order of application.

Definitions

Criminal history is defined in the National Law as:

- every conviction of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law,
- every plea of guilty or finding of guilt by a court of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law and whether or not a conviction is recorded for the offence
- every charge made against the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements.

Review

This standard will commence on <<date>>. The Board will review this standard at least every three years.

3. Draft registration standard: English language skills

注册标准草案：英语语言技能

Dự thảo tiêu chuẩn đăng bạ: Trình độ tiếng Anh

등록기준안: 영어 능력

Draft at September 2011

Introduction

What the National Law requires

In accordance with the National Law, the Board may decide that an individual is not a suitable person to hold general registration in the Chinese medicine profession if in the Board's opinion, the individual's competency in speaking or otherwise communicating in English is not sufficient for the individual to practise the profession (section 55).

The Board is required to develop and recommend to the Ministerial Council, a registration standard setting out requirements for the English language skills that are necessary for an applicant to be suitable for registration in the Chinese medicine profession (section 38).

What the Board is consulting on

The Board is consulting on the following draft registration standard which sets out the proposed requirements of the Chinese Medicine Board with respect to English language skills.

Specifically, **the Board seeks advice on:**

- 3.1 Whether the evidence requirements in the proposed standard is acceptable
- 3.2 Whether you agree with the minimum test result levels
- 3.3 Whether you agree with the effective communication requirements applicable for all practitioners
- 3.4 Whether you agree with the general exemptions
- 3.5 Whether you agree with exemptions which apply to "grandparented" practitioners
- 3.6 Whether you agree with appropriate arrangements for for the purposes of consultation/treatment
- 3.7 Whether you agree with appropriate arrangements for contacting emergency services

具体而言，委员会征求如下意见：

- 3.1 是否接受拟议标准里的证据要求
- 3.2 您是否同意基本测试结果水平

- 3.3 您是否同意对所有医师实行的有效沟通要求
- 3.4 您是否同意一般免除情况
- 3.5 您是否同意对“原有资格认定”医师实行的免除情况
- 3.6 您是否同意对问诊/治疗实行的适当安排
- 3.7 您是否同意对联系应急服务实行的适当安排

Đặc biệt, Hội Đồng muốn có ý kiến đóng góp về:

- 3.1 Liệu các yêu cầu về bằng chứng trong dự thảo tiêu chuẩn là có thể chấp nhận được
- 3.2 Liệu quý vị ưng thuận các cấp độ kết quả trắc nghiệm tối thiểu
- 3.3 Liệu quý vị ưng thuận các yêu cầu giao tiếp thông suốt áp dụng với tất cả người hành nghề
- 3.4 Liệu quý vị ưng thuận các đặc miễn tổng quát
- 3.5 Liệu quý vị ưng thuận các đặc miễn áp dụng với người hành nghề “đặc cách”
- 3.6 Liệu quý vị ưng thuận các sắp xếp thích hợp về việc khám bệnh/chữa trị
- 3.7 Liệu quý vị ưng thuận các sắp xếp thích hợp về việc gọi các dịch vụ cấp cứu

구체적으로, 본 협회는 아래 사항에 대한 정보를 원합니다.

- 3.1 제기된 기준의 증거 요건이 채택 가능한지의 여부
- 3.2 테스트 결과 최소 수준에 대한 귀하의 동의 여부
- 3.3 모든 한의사에게 적용되는 효과적인 의사소통 요건에 대한 귀하의 동의 여부
- 3.4 일반적 면제에 대한 귀하의 동의 여부
- 3.5 “유효기간 만기 (grandparented)” 한의사에게 적용되는 면제에 대한 귀하의 동의 여부
- 3.6 진료/치료의 목적을 위한 적절한 조치에 대한 귀하의 동의 여부
- 3.7 응급 서비스 연락을 위한 적절한 조치에 대한 귀하의 동의 여부

The draft registration standard for English language skills is on the following page.

Chinese Medicine Board of Australia

English language skills registration standard

英语语言技能注册标准

Tiêu chuẩn đăng bạ về trình độ tiếng Anh

영어 능력 등록 기준

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <date> pursuant to the *Health Practitioner Regulation National Law Act*, as in force in each state and territory (the National Law), with approval taking effect from <date>.

Summary

1. English language skills standard
2. Exemptions – including arrangements for “grandparented” practitioners.
3. All registrants must ensure effective communication is available to support safe and competent practice.

摘要

1. 英语语言技能标准。
2. 免除情况——包括“原有资格认定”医师的安排。
3. 为支持安全胜任的执业活动，全体注册人员必须保证有效沟通。

Tóm tắt

1. Tiêu chuẩn trình độ tiếng Anh
2. Đặc miễn – bao gồm sắp xếp cho người hành nghề “đặc cách”.
3. Tất cả người đăng bạ phải bảo đảm có cách thức giao tiếp thông suốt để

hỗ trợ việc hành nghề một cách an toàn và có năng lực.

요약

1. 영어 능력 기준
2. 면제 – “유효기간 만기 (grandparented)” 한의사를 위한 조치 포함
3. 모든 등록자들은 안전하고 능력 있는 업무를 지원하기 위해 효과적인 커뮤니케이션이 가능하도록 해야 합니다.

Scope of Application

This standard applies to all applicants for initial registration. It does not apply to students. All registrants must ensure effective communication for the purpose of consultation/treatment of patients.

Requirements

1. Evidence

1.1 Evidence of completion of 4 years (full time equivalent¹) or postgraduate studies of at least 1.5 years (full time equivalent) of education taught and assessed in English, or

1.2 English language proficiency demonstrated by Test Report Form of one of the following tests of English language proficiency :

- The International English Language Testing System (IELTS) examination (academic module) with an overall score of at least 7 with no individual score (in components of listening, reading, writing and speaking) below 6.5, or
- Completion and an overall pass in the OET with grades A or B only in each of the four components (listening, reading, writing and speaking), or
- Successful completion of the American Test for English as a Foreign Language (TOEFL test) including the spoken component and a minimum of 237 (test of written English 4.5), or
- Other English language tests approved by the Board from time to time, and

1.3 Results must have been obtained within two years prior to applying for registration, and

1.4 Results from any of the above mentioned English language examinations must have been obtained in one sitting, and

1.5 The applicant is responsible for the cost of the English tests, and

1.6 The applicant must make arrangements for test results to be provided directly to the Board by the testing authority; for example, by secure internet login.

¹ 4 years full time equivalent education taught and assessed in English means 4 years full time equivalent of either tertiary and secondary, tertiary and vocational or combined tertiary, secondary and vocational education.

2. Periodic audits

Periodic audits of Registrants may be conducted on an annual basis to ensure that registrants are compliant with this standard.

3. Non Compliance with Standard

Non compliance with this standard is a breach of the National Law and may result in disciplinary action.

Exemptions - General

1. The Board may grant an exemption where an applicant applies for limited registration in special circumstances, such as:
 - To undertake research that involves limited or no patient contact.
 - To undertake a period of postgraduate study or supervised training while working in an appropriately supported environment that will ensure patient safety is not compromised.

These special circumstance exemptions will generally be subject to conditions requiring supervision by a registered Chinese Medicine practitioner and may also require the use of an interpreter.

The Board reserves the right at any time to require an applicant to undertake a specified English language test.

2. Where the applicant is a registered student an English Test Report Form more than two years old may be accepted if that registered student has been continuously enrolled in a Board approved Chinese Medicine program of study taught and assessed in English.

Exemption Arrangements - Grandparented Applicants till 31 December 2015

Introduction

This standard applies to applicants for initial registration under the grandparenting provisions of the national law who cannot meet the English language skills evidence requirements of this standard.

The Board will not necessarily refuse registration to an existing practitioner on the

basis of his or her lack of competence in the English language if the practitioner meets all the other relevant criteria for registration.

The Board will take an applicant's competency in communicating in English into account and may, however, attach conditions to the practitioner's registration, where the Board considers it necessary to do so to protect the public.

Requirements

Communication with Patients

To meet the requirement for effective communication with patients practitioners who cannot meet the English language requirements are required to have "appropriate arrangements" for treating English-speaking patients as well as any other patient with whom they do not share a common language.

Communication with Emergency Services

A registered practitioner must have 'appropriate arrangements' in place at all times whilst practising to enable swift and effective telephone contact in English with emergency services (medical and non-medical). Emergency services are most swiftly and effectively accessed by persons who are competent in speaking English.

Definitions

Appropriate Arrangements for the purposes of consultation/treatment are that:

- a) the registered practitioner and the patient are both competent in communicating in a common language, or
- b) a suitable interpreter is present throughout the consultation/treatment.

Appropriate Arrangements for the purposes of contacting emergency services, 'appropriate arrangements' are that:

- a) the registered practitioner is competent in speaking English and in communicating by telephone swiftly and effectively, or
- b) a person appointed by the registered practitioner is present at all times in the clinic who is competent (i.e. of at least average skill) in speaking English and in communicating by telephone swiftly and effectively.

Common language is a language which the registered practitioner:

- is competent in communicating in for the purpose of practising Chinese medicine;
- reasonably believes that the patient is competent in communicating in, AND
- reasonably believes will ensure that effective two-way communication occurs (whether by speaking and/or otherwise communicating, e.g. reading and writing).

Competent English means of at least average skill.

Effective Communication with Patients

In Australia most patients speak English as their first language and/or are competent in communicating in English, however, within a multi-cultural community such as Australia there are patients who do not speak competent English.

All registered practitioners must have 'appropriate arrangements' in place at all times during a consultation/treatment to ensure effective two-way communication with the patient, in particular, to enable:

- an adequate patient history to be taken;
- the patient to understand the information and advice given in relation to their medical condition;
- the patient to understand the explanations and instructions given in relation to their treatment regime, in particular, the administration of herbal medicines; and

IELTS means the International English Language Testing System developed by the University of Cambridge Local Examination

Syndicate, The British Council and IDP Education Australia (see <http://www.ielts.org/>).

OET means Occupational English test administered by the Centre for Adult Education (see <http://occupationalenglishtest.org/>).

An **Internationally qualified applicant** means a person who qualified as a health practitioner outside of Australia.

One sitting means the period of time set by the testing authority for completion of the test. If for example IELTS states that the listening, reading and writing components of the test are always completed on the same day.

Depending on the test centre, the speaking test may be taken up to seven days either before or after the test date.

Suitable interpreter means a person who:

- has experience in health interpreting
- is agreed to by both the patient and the practitioner
- is considered by both the patient and the practitioner to be competent in communicating in their respective languages
- is agreed by both to not compromise privacy and confidentiality.

TOEFL test means the (American) Test of English as a Foreign Language.

Review

This standard will commence on **<date>**. The Board will review this standard at least every three years.

4. Draft registration standard: Professional indemnity insurance

注册标准草案：专业赔偿保险

Dự thảo tiêu chuẩn đăng bạ: Bảo hiểm bồi thường nghề chuyên môn

등록기준안: 전문인 배상책임 보험

Draft at September 2011

Introduction

What the National Law requires

The National Law requires that a registered health practitioner must not practise their profession unless they have appropriate professional indemnity insurance (PII) arrangements in force. The Board may, at any time in writing, require a registrant to give the Board evidence of that he/she has appropriate PII arrangements (section 129).

When a practitioner renews their registration, he/she must make a declaration that he/she has not practised the profession during the preceding period without having appropriate PII arrangements in place, and that he/she will not practise the profession unless appropriate PII arrangements are in place (section 109). The Board may decide not to renew the practitioner's registration if he/she failed to have appropriate PII arrangements in place for the preceding period of registration (section 112).

The PII requirements do not apply to a person granted 'non-practising' registration.

The Board is required to develop and recommend to the Ministerial Council, a registration standard about the requirements for PII arrangements for registered Chinese medicine practitioners (section 38).

What the Board is consulting on

The Board is therefore consulting on the following draft registration standard which sets out the proposed requirements of the Chinese Medicine Board with respect to PII.

Specifically, **the Board seeks advice on:**

- 4.1 Whether you agree with the minimum cover for a single claim
- 4.2 Whether you agree with the other minimum requirements
- 4.3 What you think about the proposal to rely on a self-declaration that compliant insurance is in place

具体而言，委员会征求如下意见：

- 4.1 您是否同意单次索赔的基本保障水平
- 4.2 您是否同意其他基本要求

4.3 您对依靠自我声明来表明已投保合规保险的拟议方案有何看法

Đặc biệt, **Hội Đồng muốn có ý kiến đóng góp về:**

4.1 Liệu quý vị ưng thuận việc bảo hiểm tối thiểu cho một đơn đòi bồi thường riêng lẻ

4.2 Liệu quý vị ưng thuận các yêu cầu tối thiểu khác

4.3 Quý vị nghĩ thế nào về đề nghị tin tưởng vào việc tự khai báo đã có bảo hiểm đạt yêu cầu

구체적으로, **본 협회**는 아래 사항에 대한 정보를 원합니다.

4.1 귀하가 단일 클레임을 위한 최소한의 커버에 동의하는지 여부

4.2 기타 최소 요건에 동의하는지 여부

4.3 규정을 준수하는 보험에 가입했다는 자가 선언에 의존하는 제안에 대해 어떻게 생각하는지

The draft registration standard for Professional indemnity insurance is on the following page.

Chinese Medicine Board of Australia

Professional Indemnity Insurance arrangements registration standard

专业赔偿保险方案注册标准

Tiêu chuẩn đăng bạ về cơ chế Bảo Hiểm Bồi Thường Nghề Chuyên Môn

전문인 배상책임 보험 등록 기준

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <date> pursuant to the *Health Practitioner Regulation National Law Act*, as in force in each state and territory (the National Law), with approval taking effect from <date>.

Summary

1. Registrants must not practise unless they have Professional Indemnity Insurance (PII) arrangements in place for their full scope of practice which comply with this standard.
2. Professional Indemnity Insurance must include:
 - 2.1 a minimum of \$2 million in cover for any single claim
 - 2.2 a minimum of one automatic reinstatement during each year of insurance cover
 - 2.3 run off cover
 - 2.4 unlimited retroactivity
 - 2.5 includes product liability where the registrant uses, sells or dispenses therapeutic goods.
3. When applying for registration or renewing registration registrants must declare that they will not practise the profession unless they have PII arrangements in place that meet this standard.
4. Non compliance with this standard is a breach of the National Law and may lead to disciplinary action.

摘要

1. 注册人除非依据本标准规定，对全部执业范围均投保了专业赔偿保险(PII)，否则不得从事执业活动。
2. 专业赔偿保险必须包括：
 - 2.1 单次索赔基本保障\$200 万
 - 2.2 每年保险期内至少一次自动恢复保险金额
 - 2.3 自然终止的保障
 - 2.4 无限追溯力
 - 2.5 包括注册人使用、销售或配发治疗用品的产品责任
3. 申请注册或续签注册时，注册人必须声明在投保符合本标准规定的 PII 前，不会从事本行业的执业活动。
4. 不遵守本标准规定，视为违反全国法律，可能受到纪律处分。

Tóm tắt

1. Người đăng bạ không được phép hành nghề trừ khi đã có Bảo Hiểm Bồi Thường Nghề Chuyên Môn (Professional Indemnity Insurance - PII) cho toàn bộ phạm vi hành nghề theo đúng tiêu chuẩn này.
2. Bảo Hiểm Bồi Thường Nghề Chuyên Môn phải bao gồm:
 - 2.1. bảo hiểm tối thiểu 2 triệu đô-la cho bất kỳ đơn đòi bồi thường riêng lẻ nào
 - 2.2. tối thiểu một lần tự động tăng mức bảo hiểm cho mỗi năm của hợp đồng bảo hiểm
 - 2.3. tiếp tục bảo hiểm dù ngưng hành nghề
 - 2.4. có hiệu lực trở về trước không giới hạn
 - 2.5. bao gồm trách nhiệm về sản phẩm trong trường hợp người hành nghề sử dụng, bán hoặc phân phối sản phẩm trị liệu.
3. Khi xin đăng bạ hoặc tái đăng bạ, người đăng bạ phải khai báo rằng mình sẽ không hành nghề trừ khi có PII (Bảo Hiểm Bồi Thường Nghề Chuyên Môn) đáp ứng tiêu chuẩn này.
4. Vi phạm tiêu chuẩn này là vi phạm Luật Toàn Quốc và có thể bị kỷ luật.

요약

1. 등록자들은 이 기준을 따르는 업무 전 영역을 위해 전문인 배상책임 보험 (PII)에 가입하지 않은 한 업무를 수행하지 않아야 합니다.
2. 전문인 배상책임 보험은 아래를 포함해야 합니다.
 - 2.1. 단일 클레임에 대해 최소한 2 백만 달러 커버
 - 2.2. 보험이 커버되는 각 연도에 최소한 한 번의 자동 복귀
 - 2.3. 런오프 (run off) 커버
 - 2.4. 무제한 소급
 - 2.5. 등록자가 약품을 사용, 판매 혹은 분배하는 장소에서의 제품 책임 포함
3. 등록 신청을 하거나 등록 갱신을 할 때 등록자는 이 기준을 충족하는 PII 가입을 하지 않은 한 업무를 수행하지 않겠다는 선언을 해야 합니다.
4. 이 기준을 준수하지 않는 것은 해당 국내 법을 위반하는 것이며 처벌을 받을 수가 있습니다.

Scope of application

This standard applies to all registrants applying for initial registration or renewal of their registration. It does not apply to student registrants or practitioners with non-practising registration.

Requirements

1. Scope of Practice Insurance Cover

Registrants must not practise in Australia unless they have PII arrangements in place for their full scope of practice regardless of whether they are practising full time, part time or in a volunteer position

2. Level of Cover

PII cover must include:

- a) a minimum of \$2 million in cover for any single claim
- b) a minimum of one automatic reinstatement during each year of insurance cover
- c) run-off cover
- d) unlimited retroactivity
- e) product liability where the registrant uses, sells or dispenses therapeutic goods

A self- assessment of the appropriate level of insurance by the registrant is required to consider whether cover in addition to the minimum is required. This assessment must consider:

- the practice setting and type of services and care being provided
- the patient or client group
- current employment status (Part time/Full time/teaching/research etc)
- any areas of practice where there is greater risk
- the volume of patients or clients to whom treatment, advice, guidance or care is provided
- previous history of insurance claims and the type of claim made against the practitioner in the past, if any
- any advice from professional indemnity insurers or professional associations, including advice regarding the history and volume of professional liability claims experienced by other members of the profession
- any advice from an insurance broker.

3. Policy Owner

Individual registrants may be covered by either individual or third party PII arrangements. Examples of third party PII include cover via the employer's insurance arrangement or cover through membership with a professional association. Registrants covered by a third party PII arrangement must satisfy themselves that the policy meets this standard, and if the third party cover does not meet this standard the individual must take out their own insurance to ensure this standard is met.

4. Disciplinary Matters under Third Party Insurance

Some PII arrangements may not routinely provide cover for matters of a disciplinary character. These matters do not usually lead to awards of compensation to patients, clients or other persons who have suffered detriment as a result of a practitioner's action. These matters, however, may involve costs for individual practitioners. Examples are breaches of professional standards, codes or ethics and breaches of institutional privacy policies. The Board strongly recommends that each practitioner consider whether they have this cover as part of their PII arrangement and if not whether they wish to obtain it.

5. Declarations

When applying for registration applicants must declare that they will not practise the profession unless they have PII arrangements in place that meet this standard.

6. Evidence

Registrants who hold private insurance in their own name are required to retain documentary evidence of their insurance. Registrants covered by a third party insurance are not required to retain documentary evidence of the insurance policy.

The Board may, however, require any practitioner to submit evidence of their PII arrangements.

7. Non Compliance with Standard

Non compliance with this standard is a breach of the National Law and may result in disciplinary action.

8. Periodic audits

Periodic audits of registrants may be conducted on an annual basis to ensure that registrants are compliant with this standard.

9. Definitions

Claims made policies means the policy will only respond to claims made against the insured and notified to the insurer during the period of insurance

Occurrence-based policy provides indemnity for any incident which occurs during the coverage period, regardless of when a claim is made, even if the policy has not been renewed. Therefore retroactivity of cover is not relevant, or necessary, for 'occurrence-based' policies as long as it has been maintained from commencement of practice.

Professional indemnity insurance arrangements means arrangements that secure for the practitioner's professional practice insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries and covers the cost and expenses of defending a legal claim, as well as any damages payable. Some government organisations under policies of the owning government are self-insured for the same range of matters.

Run-off cover means insurance that protects a practitioner who has ceased a particular practice against claims that arise out of or are a consequence of activities that were undertaken when the practitioner was conducting that practice. This type of cover may be included in a PII policy or may need to be purchased separately.

Retro-active cover means PII arrangements which cover the insured against claims arising out of or in consequence of activities that were undertaken in the course of the practitioner's professional practice, prior to the date of the commencement of the insurance. Retroactive cover only applies to 'claims made' policies. With occurrence-based policies it is not relevant, but any periods of practice without current insurance leave practitioner/patients without cover.

Practice means any role in which a Chinese medicine practitioner or Chinese herbal dispenser uses their skills in their profession in any way that impacts on safe, effective delivery of health services.

Review

This standard applies from <date>. The Board will review this standard at least every 3 years.

1. Draft registration standard: Recency of practice

注册标准草案：近期执业经历

Dự thảo tiêu chuẩn đăng bạ: Hành nghề trong thời gian gần đây

등록기준안: 최근 업무 여부

Draft at September 2011

Introduction

What the National Law requires

In accordance with the National Law, the Board may decide that an individual is not a suitable person to hold general registration in the Chinese medicine profession if the nature, extent, period and recency of any previous practice of the profession is not sufficient to meet the requirements specified in an approved registration standard relevant to the profession (section 55).

Also, when a practitioner renews their registration, he/she must make a declaration that he/she has met any recency of practice requirements set by the Board in an approved registration standard for the profession (section 109).

The Board is required to develop and recommend to the Ministerial Council, a registration standard about requirements in relation to the nature, extent, period and recency of any previous practice of the profession by applications for registration in the Chinese medicine profession (section 38).

What the Board is consulting on

The Board is consulting on the following draft registration standard which sets out the proposed requirements of the Chinese Medicine Board with respect to recency of practice.

Specifically, **the Board seeks advice on:**

- 5.1 Whether you agree with the period of 3 years
- 5.2 Whether you agree with who it applies to (see the scope of application)
- 5.3 Whether you agree with the exemptions
- 5.4 Whether you agree with the definition of practice

具体而言，委员会征求如下意见：

- 5.1 您是否同意 3 年期的规定
- 5.2 您是否同意适用对象(请参阅适用范围)

5.3 您是否同意免除情况

5.4 您是否同意有关执业的定义

Đặc biệt, **Hội Đồng muốn có ý kiến đóng góp về:**

5.1 Liệu quý vị ưng thuận thời gian 3 năm

5.2 Liệu quý vị ưng thuận về việc áp dụng với những ai (xem phạm vi áp dụng)

5.3 Liệu quý vị ưng thuận các đặc miễn

5.4 Liệu quý vị ưng thuận định nghĩa của việc hành nghề

구체적으로, **본 협회**는 아래 사항에 대한 정보를 원합니다.

5.1 3 년 기간에 대한 귀하의 동의 여부

5.2 적용되는 사람에 대한 귀하의 동의 여부 (적용 범위 참조)

5.3 면제에 대한 귀하의 동의 여부

5.4 업무 정의에 대한 귀하의 동의 여부

The draft registration standard for recency of practice is on the following page.

Chinese Medicine Board of Australia

Recency of practice registration standard

近期执业经历注册标准

Tiêu chuẩn đăng bạ về hành nghề gần đây

업무의 최신성 등록 기준

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <date> pursuant to the *Health Practitioner Regulation National Law Act*, as in force in each state and territory with approval taking effect from <date>.

Summary

1. All registered practitioners practising in Australia are required to maintain their currency of practice and must demonstrate, to the satisfaction of the Board, that they have undertaken sufficient practice in their profession to maintain competence.
2. Practitioners applying for registration or renewal of registration are required to make a declaration that they have engaged in sufficient practice of the profession that meets the requirements of this standard.
3. If a practitioner is unable to make the declaration required, the Board may refuse their registration or renewal of registration or grant registration/renewal subject to conditions.

摘要

1. 凡在澳洲开展执业活动的注册医师，均需当紧跟执业趋势，必须证明并让委员会相信他们已在个人专业领域开展了足够的执业活动，具备胜任能力。
2. 申请注册或续签注册的医师，应声明他们已在个人专业领域开展符合本标准要求的足够执业活动。
3. 若医师未能按照规定做出声明，委员会可拒绝其注册或续签注册申请，或给与有条件的注册/续签注册。

Tóm tắt

1. Tất cả người hành nghề có đăng bạ, đang hành nghề tại Úc phải duy trì việc hành nghề của mình và phải chứng tỏ rằng mình đã hành nghề đủ để duy trì năng lực và việc này phải được Hội Đồng chấp thuận.

2. Người hành nghề muốn xin đăng bạ hoặc hoặc tái đăng bạ phải khai báo rằng mình đã hành nghề đủ và đáp ứng các yêu cầu của tiêu chuẩn này.
3. Nếu người hành nghề không thể khai báo như đã yêu cầu, Hội Đồng có thể từ khước việc đăng bạ hoặc tái đăng bạ của họ hay chấp thuận cho đăng bạ/tái đăng bạ có điều kiện.

요약

1. 호주에서 업무를 수행하는 모든 등록자들은 최신 업무를 유지해야 하며 자신들의 역량을 유지하기 위해 자신의 전문 분야에서 충분한 업무를 수행하였음을 본 협회가 만족하는 수준으로까지 보여야 합니다.
2. 등록 신청 혹은 등록 갱신을 하는 한의사들은 이 기준의 요건을 충족하기에 충분한 업무 수행을 하였음을 선언해야 합니다.
3. 한의사가 필요한 선언을 할 수 없는 경우에는 본 협회에서 이들의 등록 혹은 등록 갱신을 거부하거나 조건 하에서 등록/갱신을 부여할 수도 있습니다.

Scope of application

This standard applies to all practitioners seeking registration in a practising category of registration, endorsement of registration or renewal of registration. It is applied to all applicants equally, whether they practise full time or part-time or whether the work is remunerated or not.

It does not apply to students, applicants for non practising registration, non practising registrants.

Requirements

When to notify about recency

The Board will consider recency of practice when considering an initial application for registration².

A registered practitioner must then make an annual statement every year when they apply to renew registration³ that they have met the recency requirements per this standard. In making this annual statement, practitioners are expected to ask themselves the following questions:

- Have I practised at all in the last three years and is it enough to maintain competence?
- What is my current level of knowledge and skills and how do I know?
- Have I participated in continuing professional development?
- What have I done to prepare to return to practice?
- Have I done more study during the period of absence?

² Refer section 55(1)(f) within “Unsuitability to hold general registration

³ Refer section 109(1)(a)(ii) within “Annual statement”

This does not apply when applying for or renewing non-practising registration. It will, however, apply when changing registration category from non-practising to practising registration.

Any detection or notification of non-compliance with the standard will initiate follow up from the Board requesting evidence or demonstration of maintenance of skills and knowledge to practise competently during the relevant period.

A practitioner who has not practised for three or more years is required to submit a proposed plan for re-entry to professional practice⁴.

If a practitioner has their registration suspended, resulting in non-practice for two or more years, they must submit a proposed plan for re-entry to professional practice⁵ before they resume practice when the suspension ends.

The Board's assessment of a proposed re-entry plan is on an individual basis and includes consideration of the matters outlined in the Schedule.

Exemptions

1. Practitioners exempt from meeting the requirements of this standard include:
 - a) Recent graduates who apply for registration within 1 year of graduation
 - b) Practitioners who have undergone and passed an approved formal competency assessment as determined by the Board within the previous 2 years
 - c) Practitioners applying for or renewing non practising registration.

Definitions

Practice means any role in which a Chinese medicine practitioner or Chinese herbal dispenser uses their skills in their profession in any way that impacts on safe, effective delivery of health services.

Clinical practice means direct clinical care of patients, using the current knowledge, skills and attitudes of the profession, whether remunerated or not, and regardless of job title.

Non clinical practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession, except for the provision of direct clinical care. It includes working in a direct non clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

Recent graduate means a person applying for registration for the first time whose qualification for registration was awarded not more than one year prior to the date of their application.

Recency of practice means that a practitioner has maintained an adequate connection with, and recent practice in, the profession since qualifying or obtaining registration.

⁴ The CMRBV experience is that practitioners phone in requesting details of what they are required to do and what to submit; this could be addressed via a code/guideline

⁵ The CMRBV experience is that practitioners phone in requesting details of what they are required to do and what to submit; this could be addressed via a code/guideline

Review

This standard will commence on <date>. The Board will review this standard at least every three years.

SCHEDULE

The Board's assessment of a proposed re-entry plan is on an individual basis and includes consideration of the following matters:

- a) date and location of primary qualification
- b) practitioners' registration and practice history
- c) length of absence from practice
- d) when the applicant last practised in Australia
- e) activities undertaken in the past five years related to the profession
- f) additional qualifications or study obtained during the period of absence
- g) reasons for absence from practice
- h) proportion of self directed learning with no peer interaction
- i) prospective working context (e.g sole practice vs group practice)
- j) possible linguistic isolation from Australia's health care system.

The Board may:

- a) refuse registration, endorsement or renewal of registration; or
- b) require the applicant to undergo a performance assessment; and/or
- c) require the applicant to successfully complete an examination, and/or
- d) require the applicant to successfully complete further education aimed at remedying shortfalls in their professional knowledge; and/or
- e) require the applicant to successfully complete an approved course of study or retraining aimed at remedying shortfalls in their professional skills (e.g. completion of one clinical practice unit from within a Board approved course)
- f) require the applicant to successfully complete a period a period of mentoring and/or supervised practice under the supervision of a registered practitioner approved by the Board;
- g) grant or renew registration but impose a condition of registration.

6. Board statement of assessment against AHPRA's procedures for development of registration standards - mandatory registration standards

委员会依据澳大利亚医疗人员管理局(AHPRA)注册标准(强制性注册标准)制定流程所做的评估声明

Lời công bố của Hội Đồng về việc thẩm định so với các thủ tục của AHPRA đối với việc biên soạn các tiêu chuẩn đăng bạ - các tiêu chuẩn đăng bạ bắt buộc

등록 기준 개발을 위한 AHPRA 절차에 대한 협회의
평가문 - 필수 등록 기준

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the Development of Registration Standards* which are available at: www.ahpra.gov.au

Below is the Chinese Medicine Board of Australia's assessment of its proposed mandatory registration standards against the three elements outlined in the AHPRA Procedures.

The proposed mandatory registration standards takes into account the objectives and guiding principles of the National Law (section 3)

Board assessment

The Board considers that its proposed mandatory registration standards meet the objectives and guiding principles of the National Law. In particular, the Board notes that the development of the registration standards on these five matters is required under the National Law and is not at the Board's discretion.

The proposed mandatory registration standards meet the consultation requirements of the National Law

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards. The National Law also requires the Board to consult other boards on matters of shared interest.

The Board is ensuring that there is public exposure of its proposals and the opportunity for public comment by undertaking a 5 week public consultation process. This process includes the publication of the consultation paper and draft registration standards on the website. The Board has also drawn this paper to the attention of the 13 other National Boards, the Chinese Medicine Registration Board of Victoria, professional associations and governments.

The Board will take into account the comments it receives when finalising its draft standards for submission to the Ministerial Council for approval.

The proposed mandatory registration standards take into account the COAG principles for best practice regulation

Board assessment

In developing the draft mandatory registration standards for consultation, the Board has taken into account the Council of Australian Governments (COAG) Principles for Best Practice Regulation.

As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens

that would create unjustified costs for the profession or the community. The Board makes the following assessment specific to each of the five draft mandatory registration standards.

- The ***Continuing professional development (CPD) registration standard*** imposes a modest requirement on registrants to undertake professional development activities to ensure that their skills and knowledge remain current. It is consistent with the policy of the Victorian Board and also with the current requirements of the relevant professional associations. For this reason it is likely to be understood and accepted. In addition it provides guidance for registrants about what they must undertake whilst also being flexible about how this is achieved.
- The ***Criminal history registration standard*** is the same as the Ministerial Council approved registration standard that was implemented by the first 10 National Boards on 1 July 2010 and explains the factors that the Board will take into account in reviewing criminal history. The approved registration standard was subject to wide-ranging public consultation in 2009 prior to the start of the scheme, and was largely consistent with the way state and territory registration boards assessed the criminal history of health practitioners in relation to registration matters across the 10 professions.

The intent of having the same registration standard as the other 10 National Boards is to ensure that a consistent, transparent and equitable framework is applied to Board decisions on the sensitive matter of whether a person's criminal history is relevant to the practice of their profession. The Board considers that differing criminal history registration standards will risk imposing unjustified additional costs due to national processes needing to be changed to accommodate a different standard of criminal history for the profession and there may be an increased risk of inconsistent decisions being made due to the different requirements, which in turn may have a negative impact on a person seeking registration or may pose a risk to public safety.

- The ***English language registration standard*** proposed is consistent with the standards set by other national health Boards. The Department of Immigration and Citizenship (DIAC) requires sufficient English language ability to work in Australia, known as 'vocational' English and refers to the International English Language Testing System (IELTS) test to evidence English language ability. DIAC also advises that a higher level of English may be required for certain occupations. The Board accepts IELTS plus additional tests and evidence. It provides for exemptions to ensure that the cost of assessments only applies where necessary to ensure public protection. It also recognises the multi-cultural nature of Chinese medicine practice and as a transitional arrangement imposes specific arrangements to ensure safe and effective communication with patients and with emergency services.
- The ***PII registration standard*** has determined a minimum amount of PII cover having regard to the value of catastrophic injury claims across Australia. The proposed standard recognises that the profession is largely employed in private practice. Employment in the public and/or government and or tertiary educational sectors is uncommon but the experience of the Victorian Board has been that all such persons have been able to provide evidence of compliant insurance cover. The proposed standard avoids imposing onerous documentation requirements on practitioners which has the potential to add to employer and/or practitioner costs and costs to consumers.
- The ***Recency of practice registration standard*** does not impose costs on registrants or the public, but may involve some costs for boards in monitoring compliance with the standard, in line with their role in protection of the public. It ensures that practitioners have sufficient recent practice experience to maintain their competence, to protect the public. The standard also provides for ways that practitioners who have not met the recency requirements to re-enter practice, to promote workforce participation. It is consistent with the policy of the Victorian Board.

Further, the Board specifically addresses the **four COAG principles** as follows:

- (a) The Board considered whether the draft mandatory registration standards may result in an **unnecessary restriction of competition** among health practitioners. The draft registration standards do not restrict competition among health practitioners. Rather, the draft standards promote the public interest in ensuring that the public receive safe, high-quality health care and that practitioners are suitable to practise, maintain their skills and competence, are appropriately insured and have adequate English language skills.
- (b) The Board considered whether the draft mandatory registration standards result in an **unnecessary restriction of consumer choice**. Rather than restricting consumer choice, the draft standards support consumer choice by ensuring that practitioners have the necessary skills,

qualities and competence to practice safely.

- (c) The Board considered that the **overall costs** of the draft standards to members of the public and/or registrants and/or governments **are reasonable in relation to the benefits to be achieved**. While there are a number of requirements that a practitioner must satisfy to qualify for registration, this is consistent with the objectives and guiding principles for the National Registration and Accreditation Scheme and is appropriate to ensure that practitioners have the necessary qualities, knowledge and skill to practice the profession, for the protection of the public.
- (d) The Board has **procedures in place to ensure that the standards remain relevant** and in the public interest over time. The standards will be reviewed within three years of their commencement, including assessment against the objectives and guiding principles in the proposed national law and the COAG principles for best practice regulation. However, the Board may choose to review an approved registration standard at an earlier point in time, if it is necessary to ensure the standard's continued relevance and workability.

7. Grandparenting registration standard: Transitional Arrangements for Qualifications

原有资格认定注册标准：资格过渡性安排

Tiêu chuẩn đăng bạ đặc cách: Cơ Chế Chuyển Tiếp cho Văn Bằng

유효기간이 지난 (grandparenting) 등록 기준: 자격증 임시 주선

Draft at September 2011

Introduction

What the National Law says:

Special grandparenting provisions for registration are set out under Section 303 of the National Law. An individual may be eligible to apply for registration until 1 July 2015 even if the person does not hold an approved qualification for registration, but does have other relevant qualifications, training, or experience practising the profession.

The grandparenting provisions are broad. The intent is to ensure that practitioners who are legitimately practising the profession (particularly in those jurisdictions that did not require registration) are not unjustly disadvantaged because they are not automatically transitioned to the national registration scheme as a state or territory registrant or because they do not hold an approved qualification.

It is important to note that all of the other eligibility for registration requirements set out in section 52 of the National Law apply to people seeking registration using the grandparenting provisions.

What the Board is consulting on

The Board is consulting on the following draft grandparenting registration standard which sets out the proposed requirements of the Chinese Medicine Board with respect to applying the grandparenting provisions of the National Law.

Specifically, **the Board seeks advice on:**

7.1 Whether you agree with the qualifications standards

7.2 Whether you agree with the types of practice evidence requested

7.3 Whether you agree with the types of competence evidence requested

具体而言，委员会征求如下意见：

7.1 您是否同意资格标准

7.2 您是否同意所要求的执业证据类型

7.3 您是否同意所要求的胜任能力证据类型

Đặc biệt, **Hội Đồng muốn có ý kiến đóng góp về:**

7.1 Liệu quý vị ưng thuận các tiêu chuẩn về văn bằng

7.2 Liệu quý vị ưng thuận các loại bằng chứng hành nghề đã yêu cầu

7.3 Liệu quý vị ưng thuận các loại bằng chứng năng lực đã yêu cầu

구체적으로, **본 협회는 아래 사항에 대한 정보를 원합니다.**

7.1 자격증 기준에 대한 귀하의 동의 여부

7.2 요청된 업무 유형 증빙문서에 대한 귀하의 동의 여부

7.3 요청된 권한 유형 증빙문서에 대한 귀하의 동의 여부

The draft grandparenting registration standard is on the following page.

Chinese Medicine Board of Australia

Grandparenting registration standard: Transitional Arrangements for Qualifications

原有资格认定注册标准：资格过渡性安排

Tiêu chuẩn đăng bạ đặc cách: Cơ Chế Chuyển Tiếp cho Văn Bằng

유효기간이 지난 (grandparenting) 등록 기준: 자격증 임시 주선

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on XXXXXX pursuant to section 38 (2)(c) of the *Health Practitioner Regulation National Law Act*, as in force in each state and territory (the National Law) with approval taking effect from XXXXXX.

Summary

This standard outlines:

- The qualifications and evidence required to meet section 303 of the national law (for the purpose of section 52(1)(a) instead of section 53)
- The requirements required to demonstrate ability to competently and safely practise as per section 52(1)(b)(ii)

The Board may decide to impose conditions on registration.

Chinese medicine practitioners who hold an approved Chinese medicine qualification, as listed on the Board's website, are eligible to apply for general registration under section 52 of the National Law. Practitioners who do not meet these requirements may be eligible to apply for registration under the 'grandparenting' provisions.

概要

本标准概述的是：

- 达到全国法律第 303 节规定所需的资格和证据(针对的是 52(1)(a)节，而非第 53 节)
- 展示能根据 52(1)(b)(ii)节规定，具备安全执业的能力

委员会可决定对施加条件。

凡持有委员会网站所列获准中医资格的中医医师，根据全国法律第 52 节规定，有资格提出普通注册。不符合这些规定的中医医师，可能有资格根据“原有资格认定”规定提出注册申请。

Tóm tắt

Tiêu chuẩn này là về:

- Văn bằng và bằng chứng cần thiết để đáp ứng mục 303 trong luật toàn quốc (đối với mục 52(1)(a) thay vì mục 53)
- Các yêu cầu cần thiết để chứng tỏ khả năng hành nghề một cách an toàn và có năng lực theo mục 52(1)(b)(ii)

Hội Đồng có thể quyết định áp đặt các điều kiện kèm theo đăng bạ.

Người hành nghề thuốc Bắc có văn bằng thuốc Bắc hợp lệ, như được liệt kê trên trang mạng của Hội Đồng, sẽ hội đủ điều kiện để xin đăng bạ tổng quát theo mục 52 trong Luật Toàn Quốc. Người hành nghề không đáp ứng được các yêu cầu này có thể hội đủ điều kiện để xin đăng bạ theo diện 'đặc cách'.

요약

기준 아웃라인:

- (53 조 대신 52 조 (1)(a)의 목적을 위해) 해당 국내법 303 조의 충족 자격 및 증거
- 52 조 (1)(b)(ii)에 근거한 유능하고 안전한 업무수행 능력을 위한 요구 사항

본 협회는 등록 조건 부여 결정을 내릴 수 있습니다.

인가된 한방 자격증을 보유한 한의사들은 본 협회의 웹사이트에 명시된 대로 해당 국내법 52 조 하에 일반 등록을 신청할 자격이 있습니다. 이들 요건을 충족하지 못하는 한의사는 '유효기간 만기' 조항 하에서 등록을 신청할 자격이 있을 수도 있습니다.

Scope of application

Registration under the national scheme is a requirement in all state and territories in Australia.

Practitioners who on 30 June 2012 are registered with the Chinese Medicine Board of Victoria will automatically transition to the new national registration and accreditation scheme commencing on 1 July 2012 (by operation of section 269 of the National Law).

This standard sets out the qualification requirements for general registration from 1 July 2012 until 30 June 2015. Practitioners may apply for registration within one or more of the following divisions:

- Acupuncturists
- Chinese herbal medicine practitioners
- Chinese herbal dispensers

Requirements

Qualifications for general registration

The qualifications necessary to obtain general registration are set out in section 53 of the Act. However, existing practitioners who do not qualify under section 53 may be eligible to practise per the special rules that allow the National Board to register competent practitioners during the first three years.

These special rules are part of the staged commencement arrangements and also called grandparenting. The grandparenting rules are set out in section 303 of the Act which comes into operation on 1 July 2012 and will expire on 30 June 2015. According to section 303 to be qualified for

general registration practitioners must be able to demonstrate to the Board or their delegates satisfaction, evidence of:

- a qualification or training program deemed adequate by the Board; or
- a qualification or training program plus further study, training or supervised practice as required by the Board; or
- 5 years of practice within the profession between 2002 and 2012.

Conditions and refusal of registration

When registering practitioners for general registration s.52(2) of the National Law enables the Board to impose conditions.

The Board may refuse to grant registration on any of the grounds set out in s.82 (1)(c) of the National Law.

Adequate Qualifications

The Board considers the following qualifications to be adequate for grandparenting purposes.

Bachelor degree level qualification (or higher)

A relevant course of study that is accredited at Bachelor degree level (or higher) under the Australian Qualifications Framework (AQF) (assessed by NOOSR), or

A relevant course of study that is equivalent to Bachelor degree level (or higher) under the Australian Qualifications Framework (AQF)

Such a qualification must include:

For practitioners (acupuncture and Chinese herbal medicine)

- a clinical component considered adequate by the Board; and
- training in biomedical sciences (i.e. anatomy, physiology, microbiology, pharmacology, pathology, clinical diagnosis and therapeutics); and
- training in Chinese medicine theory including differential diagnosis and the design of individualised acupuncture and/or Chinese herbal medicine prescriptions; and
- phytochemistry and pharmaceuticals (Chinese herbal medicine only); and
- ethics, jurisprudence, practice management and research skills.

For dispensers

- phytochemistry and pharmaceuticals; and
- dispensing Chinese medicinal substances: theory and adequate practical training; and
- ethics, jurisprudence, practice management, and research skills.

Qualifications before 2008

A course of study which is broadly consistent with a minimum of Advanced-Diploma-level in the Australian Qualifications Framework (AQF) (assessed by NOOSR).

Such a qualification must include:

- *For practitioners (acupuncture and Chinese herbal medicine)*

- a clinical component considered adequate by the Board; and
- training in Chinese medicine theory including differential diagnosis and the design of individualised acupuncture and/or Chinese herbal medicine prescriptions; and
- training in biomedical sciences (i.e. anatomy, physiology, microbiology, pharmacology, pathology, clinical diagnosis and therapeutics); and
- **ethics, jurisprudence, and practice management.**

For dispensers

- phytochemistry and pharmaceuticals; and
- dispensing Chinese medicinal substances: theory and adequate practical training; and
- **ethics, jurisprudence, practice management.**

Adequate clinical training for practitioner courses of study means:

- See Discussion paper proposal

Adequate practical training for dispenser courses of study means:

- See Discussion paper proposal

The Board will publish a list of courses deemed acceptable.

Proof of Practice and Competence Applicants

The Board is required to:

- provide for the protection of the public by ensuring that only Chinese medicine practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered; and
- ensure that restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.

Applicants who do not have sufficient qualifications and training to be eligible on the basis of a course of study alone must provide:

1. Board-approved evidence of practice; and
2. Board-approved evidence of competence.

Required Practice Evidence

Evidence of practice within the profession at any time between 1 July 2002 and 30 June 2012 for a consecutive period of 5 years or any periods which together amount to 5 years. The evidence of practice must represent 5 years of practice within the division of registration being applied for.

The evidence that the Board considers acceptable proof of practice is included as Schedule 1.

Required Competence Evidence

Acupuncture

The Board needs to be confident that a person holding the title 'acupuncturist' (or other similar title) is competent to provide the full range of acupuncture intervention methods to a member of the public who consults them for such a service. This would be expected to include the differential diagnosis of

the person's condition and the design of a treatment specific to the person's condition and adequate knowledge to ensure the safe insertion, manipulation, removal and disposal of needles and other stimulation methods such as electro-acupuncture and cupping.

Chinese herbal medicine

The Board needs to be confident that a person holding the title 'Chinese herbal medicine practitioner' is competent to provide the full range of administration methods and routes in Chinese herbal medicine to a member of the public who consults them for such a service. This would be expected to include the differential diagnosis of the person's condition and the design of a herbal formula specific to the person's condition, and adequate knowledge to ensure the safe selection, combination and dispensing of herbs and proper instructions to the patient about dosage etc. The patient could also reasonably expect that a person who advertises a Chinese herbal medicine service would understand the properties and application of the herbs individually as well as in formulae in various forms such as decoction, pills, capsules etc. The non decoction administration may involve use of raw herbal powders (traditional preparation of pills) and extracted granular that involve the appropriate use of solvents such as ethanol.

The evidence that the Board considers acceptable proof of practice is included as Schedule 2.

Documentation

All documents must be certified copies of the original. Refer to the *Certified Documents (02/2011)* guidelines accessible on the AHPRA website at <http://www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents.aspx>

All documents in foreign languages must be translated by a certified translator. Refer to <http://www.ahpra.gov.au/Registration/Registration-Process/Translating-Documents.aspx>⁶

Definitions

Practice means any role in which a Chinese medicine practitioner or Chinese herbal dispenser uses their skills in their profession in any way that impacts on safe, effective delivery of health services.

Review

This standard will commence on 1 July 2012 and cease on 1 July 2015.

⁶ It would, be more user friendly to provide the details of this information to applicants

SCHEDULE 1 – PRACTICE EVIDENCE – Acupuncture and Chinese herbal medicine - 2 separate pieces of evidence required for each claimed year of practice

| Type of Evidence | Acupuncture | Chinese herbal medicine | Details and explanations |
|--|-------------|-------------------------|--|
| Taxation records | Yes | Yes | Documentation which clearly identifies occupation as or earnings from the relevant area of practice |
| Health Fund (or other third party payer) Rebate Status | Yes | Yes | Evidence of health provider rebate status, including details of health fund, category, and provider number. This information varies between funds, years, etc. Whether this evidence satisfies the Board's evidentiary requirements will be assessed on a case-by-case basis. Only one private health fund Provider Rebate Status per year can be claimed as approved evidence. |
| Proprietor of premises registered for skin penetration with local council | Yes | No | Statement from a local government authority identifying the registered proprietor of a premises that is (or was) registered to provide acupuncture under relevant State legislation. |
| Invoices or statement from supplier of Chinese herbs | No | Yes | If these documents are in Chinese, translations are not required. Certified copies of Chinese originals are sufficient. |
| Invoices or statement from supplier of Acupuncture needles | Yes | No | If these documents are in Chinese, translations are not required. Certified copies of Chinese originals are sufficient. |
| Professional Indemnity Insurance | Yes | Yes | Must be in the name of the applicant and covering the specific area of practice. |
| Membership of a professional association relevant to the specific area of practice | Yes | Yes | Only one membership of a professional association can be claimed per year as approved evidence. |
| Written Record from an Employer or Landlord | Yes | Yes | The record must state the period of time employed, title and that your duties related to the specific area of practice. Practitioners who have worked in China: where a certified copy is received of a notarised statement of employment issued by the relevant Chinese authorities, a second piece of approved evidence may not be required for that year. |
| Patient records | Yes | Yes | 10 de-identified, certified copies of real patient records for each Division being applied for. Where these documents are in Chinese, translations are NOT required. Each patient record/file MUST contain at least the following information: (a) Date(s) of consultation (b) First name of patient ONLY (or other non-identifying record of patient name, e.g. patient's initials); (c) Presenting condition (including signs & symptoms from case notes); (d) Treatment provided (i.e. acupuncture and/or Chinese herbal medicine). |

| EVIDENCE OF PRACTICE OF CHINESE HERBAL DISPENSING | |
|---|---|
| Two separate pieces of evidence required for each year claimed | |
| Type of Evidence | Details and explanations |
| Receipts for the purchase of raw herbs and/or single herbs in powdered or extract form | At least 3 invoices or receipts required for each year claimed |
| Evidence of the operation of a dispensary | Could be local council permit, business name registration, etc. |
| Evidence of the practice of Chinese herbal dispensing that involved the dispensing of herbal formulas that comprised raw herbs (e.g.) | De-identified patient-related records with prescriptions and details of dispensing. |
| Letter from employer indicating employment as a dispenser of Chinese herbs in a dispensary, clinic or shop | |

SCHEDULE 2 – COMPETENCE EVIDENCE

1. EVIDENCE FOR ACUPUNCTURE AND/OR CHINESE HERBAL MEDICINE

General requirements

Evidence provided must demonstrate:

- whether the applicant’s practice was in acupuncture and/or Chinese herbal medicine;
- the knowledge and application of Chinese medicine differential diagnosis;
- the design of a treatment specific to the person’s condition.

For acupuncture the evidence must demonstrate:

- design and use of individualised acupuncture prescriptions

For Chinese herbal medicine the evidence must demonstrate:

- design and use of individualised Chinese herbal medicine prescriptions.

Forms of Evidence (must provide one of the following)

Statement from a Chinese medicine professional association

The professional association must show that it has assessed the practitioner’s competence against criteria acceptable to the Board.

Statement from an Employer

The employer must show that they are qualified and have assessed the practitioner's competence against criteria acceptable to the Board.

Patient Records - 20 de-identified patient records for each Division being applied for.

You must supply a **certified copy** of the original patient record/files and the original patient record/file must have been recorded at the time that you treated the patient (or immediately thereafter).

Each record must contain at least the following information:

- a) Date(s) of consultation;
- b) First name of patient only (or other non-identifying record of patient name, e.g. patient's initials);
- c) Presenting condition;
- d) Chinese medicine differential diagnosis;
- e) Record of treatment provided, being:
 - (i) for Acupuncturists: the design of an individualised acupuncture treatment plan. This means an acupuncture/moxibustion point prescription that accords with the Chinese medicine diagnosis and demonstrates the application of principles of point selection as applied to the individual patient, and/or
 - (ii) for Chinese Herbal Medicine Practitioners: an individualised Chinese herbal medicine prescription, being a Chinese herbal prescription that accords with the Chinese medicine diagnosis and demonstrates the application of the principles of Chinese herbal medicine formulae construction as applied to the individual patient. The Chinese herbal medicine formulae can employ Chinese herbs in unprocessed or processed forms.

2. EVIDENCE FOR CHINESE HERBAL DISPENSING

General requirements

Applicants must provide an explanation explain how they have learned:

- Principles of Chinese medicine
- Chinese language terminology for Chinese medicine
- Materia medica
- Chinese medicinal formulae
- Dispensing Chinese medicine substances
- Overview of Classics
- Supervised dispensing practice
- Supervised dispensing internship
- Pharmacology & Toxicology
- Phytochemistry

Forms of Evidence (must provide one of the following)

Statement from a hospital, university or similar institution regarding the person's competence as a Chinese herbal dispenser.

Evidence from such institutions must be provided by someone with general authority such as an executive of a hospital or the equivalent of a the institution's department of "Education and Training" 教务处 or 医教处 or a "Human Resources Management" department 人事处.

Statement from employer regarding the person's competence as a Chinese herbal dispenser.

The employer must show how they have assessed the dispenser's competence against criteria acceptable to the Board

Evidence of completion of an examination in Chinese herbal dispensing

The examining body and examination process must be acceptable to the Board.

3. EXAMINATION

Applicants who do not have sufficient formal qualifications and/or evidence of practice and/or evidence of competence can elect to sit a Board-approved examination in:

- Acupuncture, and/or
- Chinese herbal medicine , and/or
- Chinese herbal dispensing

8. Board statement of assessment against AHPRA's procedures for development of registration standards – grandparenting registration standard

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the Development of Registration Standards* (the AHPRA Procedures) which are available at www.ahpra.gov.au.

Below is the Chinese Medicine Board of Australia's assessment of its proposed **Grandparenting Registration Standard: Transitional Arrangements for Qualifications** against the three elements outlined in the AHPRA procedures.

The proposed Grandparenting registration standard: transitional arrangements takes into account the objectives and guiding principles of the National Law (section 3)

Board assessment

The Board considers that its proposed grandparenting registration standard meets the objectives and guiding principles of the National Law. In particular, to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered; to enable the continuous development of a flexible, responsive, and sustainable Australian health workforce; and that the National Scheme is to operate in a transparent, accountable, efficient, effective and fair way.

The proposed standard meets the consultation requirements of the National Law

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards. The National Law also requires the Board to consult other boards on matters of shared interest.

The Board is ensuring that there is public exposure of its proposals and the opportunity for public comment by undertaking a five week public consultation process. This process includes the publication of the consultation paper and the draft registration standard on the AHPRA website. The Board has also drawn this paper to the attention of the 13 other National Boards, the Chinese Medicine Registration Board of Victoria, professional associations and governments.

The Board will take into account the comments it receives when finalising its draft standards for submission to the Ministerial Council for approval.

The proposed standard takes into account the COAG principles for best practice regulation

Board assessment

In developing the draft grandparenting registration standard, the Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

The grandparenting registration standard: transitional arrangements set out, for transparency, how the broad grandparenting provisions of section 303 of the National Law are to be applied to Chinese medicine. The Board's decision to develop a registration standard means that the standard must be submitted for approval by the Ministerial Council; an approach that supports best practice regulation.

The Board specifically addresses the four COAG principles as follows:

- (e) The Board considered whether the draft grandparenting registration standard: transitional arrangements may result in an **unnecessary restriction of competition** among health practitioners. The draft registration standard does not restrict competition among health practitioners. Rather, the standard provides clarity and certainty to practitioners who may not otherwise be eligible to apply for general registration because they do not hold an approved qualification. The intent is to ensure that practitioners who are legitimately practising the profession (particularly in those jurisdictions that do not currently require registration) are not unjustly disadvantaged because they are not automatically transitioned into the National Scheme as state or territory registrants or because they do not hold an approved qualification.

- (f) The Board considered whether the draft grandparenting registration standard results in an **unnecessary restriction of consumer choice**. Rather than restricting consumer choice, the draft standard supports consumer choice by ensuring that practitioners who currently practise the profession, and who are suitably trained and qualified to practise in a competent and ethical way, are eligible to apply for national registration. A nationally registered practitioner will be able to practise the profession in any Australian state or territory.
- (g) The Board considered that the **requirements** of the draft grandparenting registration standard to members of the public and/or registrants and/or governments **are reasonable in relation to the benefits to be achieved**. The Board considers that it is appropriate to ensure that practitioners have the necessary qualities, knowledge and skill to practice the profession, for the protection of the public. The draft registration standard does not impose an additional cost burden – the National Law sets out the grandparenting provisions and this draft registration standard provides clarity and certainty in how the provision are to be applied for the benefit of the profession, the public and employers, including governments.
- (h) The Board has **procedures in place to ensure that the standard remains relevant and in the public interest over time**. The grandparenting provisions of section 303 of the National Law apply until on 1 July 2015. Therefore, this standard is time limited with an expiry date of 1 July 2015. The Board may choose to review an approved grandparenting registration standard at any time, for example if it is necessary to ensure the standard’s continued relevance and workability.