

## Consultation Draft – AHPRA WA response

**Profession:** Chinese Medicine Board of WA

**Name of draft:** Proposed Mandatory Registration Standards

**Final submission date:** 10/10/2011

**Official Response:** Attention: Mandatory Registration Standards  
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### **These comments /feedback are provided by AHPRA WA following consultation with staff.**

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

### **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.

CPD 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.

20 hrs CPD is in line with other professions and should be adequate

‘At least 4 hours must relate to professional issues’. There should be further clarification on what “professional issues” means. What does this cover? It needs to be more specific.

If a practitioner is dispensing herbs, I agree that it would be safe practice to ensure they are up to date with their knowledge. I am unable to comment on the time requirement of 2 hours per year as I have insufficient experience in this area to judge whether this is adequate or not.

### **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.

If a person is registering for the first time, they would have undertaken studies to be accepted into the profession, therefore they should have covered any CPD requirement. Ditto with re-registering, have they completed studies to re-register? If not, they should be required to comply with FULL CPD not pro-rata.

Mandatory education and mentoring is allowed in other professions therefore it should also be allowed here, we need consistency with the registration standards or it will become too confusing to ensure compliance.

## 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'.

I disagree with the exemption for temporary absence, the health professional should still keep up to date with their CPD to maintain their knowledge and competence. It could be "informal" CPD activities during their absence,( reading journal articles etc.,). If a nurse or midwife was to take maternity leave, we would still expect them to keep up to speed with their CPD.

## English Language Standard

- 1.1 Evidence of completion of 4 years (full time equivalent<sup>1</sup>) or postgraduate studies of at least 1.5 years (full time equivalent) of education taught and assessed in English, or

I think the English Language Standard must be STANDARD throughout all professions. Standard from Monday 19 September requires minimum of five (5) years if educated in list of countries, if not IELTS or OET is required. Should be the same for all professions or will result in confusion for staff assessing applications.

## 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

I agree with the grandfathering clause, with “appropriate arrangements” in place to ensure communication with patients is adequate. The alternative is a whole heap of registrants would probably be none compliant! However, in the future the usual English Language Standards should apply to new registrants.

## 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

## When to notify about recency

The Board will consider recency of practice when considering an initial application for registration<sup>2</sup>.

A registered practitioner must then make an annual statement every year when they apply to renew registration<sup>3</sup> 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?

I believe we need some kind of consistency between professions on the recency of practice. Equivalent of 3 months fulltime in a five year period (for N&Ms) seems fair and I think it should be adopted here. Asking “is it enough to maintain competence” leaves it too open to dispute. It must be set down by the Board and you either comply or you don’t register.