



**Submission by  
The**

**Australian Natural Therapists Association Ltd**

**On**

**Mandatory Registration Standards and Other  
Board Proposals**

**Delivered to:**

**Executive Officer  
Chinese Medicine Board of Australia  
AHPRA**

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## **INDEX**

- 1. ANTA Profile**
- 2. ANTA Submission on Mandatory Registration Standards and Other Board Proposals**



## 1. ANTA Profile

The Australian Natural Therapists Association Limited (ANTA) is the largest national democratic association of '*recognised professional*' traditional medicine and natural therapy [complementary medicine] practitioners who work in the areas of health care and preventive medicine.

ANTA was founded in 1955 and represents the multi-disciplinary interests of over 6000 members nationally. ANTA is one of the original *Schedule 1* bodies as defined in the regulations of the Therapeutic Goods Act 1989.

ANTA was recognised by the Australian Taxation Office, in November 2002, under a private ruling as '*...a professional association that has uniform national registration requirements for practitioners of traditional medicine and natural therapies...*' thereby allowing ANTA practitioners of Acupuncture, Chinese Herbal Medicine, Naturopathy and Western Herbal Medicine to practise GST- free.

ANTA:

- provides an egalitarian representation of all disciplines accredited by the association
- possesses infrastructure, systems, policies and procedures which enables the association to encompass all aspects of the profession
- represents the interests of individual disciplines
- acts as advocate for practitioners of all disciplines accredited by the association
- promotes the health and safety of consumers of traditional medicine and natural therapy health services

The disciplines recognised by ANTA and accredited by the Australian Natural Therapists Accreditation Board (ANTAB) are:

<b>Acupuncture</b>	<b>Aromatherapy</b>
<b>Ayurvedic Medicine</b>	<b>Chinese Herbal Medicine</b>
<b>Chiropractic/Osteopathy</b>	<b>Homoeopathy</b>
<b>Naturopathy</b>	<b>Nutrition/Nutrition Medicine</b>
<b>Shiatsu</b>	<b>Remedial Massage Therapy</b>
<b>Traditional Chinese Medicine</b>	<b>Myotherapy</b>
<b>Counselling</b>	<b>Musculoskeletal Therapy</b>
<b>Western Herbal Medicine</b>	<b>Tui-na/Chinese Massage Therapy</b>



ANTA is committed to continuous quality improvement and providing the Australian public with the highest possible standards for the conduct and safety of traditional medicine and natural therapy practitioners, and addresses standards for conduct and safety through:

- The high standard of entry requirements for potential members
- Yearly review of entry standards to maintain currency and ensure relevance
- Active participation in setting standards at national and state levels via industry reference group and working committee participation
- Free student membership to the Association
- Yearly review of the courses on offer within the profession, and courses currently accredited by ANTAB
- Compulsory yearly proof of minimum continuing professional education requirements of members
- Provision of “free” continuing professional education seminars in all states of Australia
- Provision of online continuing professional education services for members
- Compulsory up-to-date senior first aid certificates
- Compulsory specialised professional indemnity and public liability insurance
- The Association enforces a strict Code of Professional Ethics
- The Association maintains effective public complaints handling and resolutions mechanisms outlined in the Constitution
- The Association maintains a National Administration Office, which is open five days a week and staffed by an Executive Officer and fully trained support staff
- The Association maintains fully computerised membership, accreditation and course recognition databases and systems
- Provision of communication via the Members' page on the ANTA website of the most up to date information related to the profession
- Provision of regular Newsletters and ANTA e-News detailing information of current interest to the profession
- Provision of a Professional Publication ‘The Natural Therapist’, four times a year offering the latest information available on topics of interest to the profession
- Provision of an ANTA website to allow interested persons and consumers to obtain information about the Association, natural therapies and traditional medicine and the location of accredited practitioners of the Association
- Provision of online resources including the latest up to date scientific information and monographs including:
  - 300 Herbs
  - 350 Diseases & Conditions
  - 250 Supplements
  - Herb – Drug Interaction Guide
  - Supplement – Drug Interaction Guide
  - Treatment Options
  - Organ & Body Systems
  - Drug Induced Depletions
  - Evidenced Based & Peer Reviewed Information



- Provision of funding grants for research into traditional medicine and natural therapies
- Provision of online resources and latest research for members
- Provision of annual ANTA National Student Bursary Awards program which has provided over \$50,000 to students as at March 2011 to encourage excellence in the study of traditional medicine and natural therapies
- Setting of standards for clinics, hygiene and infection control
- Setting of standards for skin penetration
- Setting of standards for keeping and maintaining patient records
- Making public the requirements for recognition of traditional medicine and natural therapy courses by ANTA for membership purposes
- Making public details of traditional medicine and natural therapy courses recognised by ANTA for membership purposes
- Only recognising government accredited courses that meet ANTA's stringent requirements (note - ANTA does not recognise courses delivered totally by distance education)
- Making public details of ANTA membership criteria and qualifications
- Consultation with Members on matters of importance. The Association uses the Members' web page, consultation meetings, newsletters, ANTA e-News and the magazine to consult with Members
- A '1800' free-call number promoted to consumers and practitioners, facilitating a direct path of communication with the Association's National Administration Office staff
- A '1800' free-call number and web page promoted to consumers and practitioners, to identify appropriately qualified practitioners in the consumer's geographical area
- Undertaking ongoing internal audits of its policies and processes of operation and all matters to do with professional practice
- External audits of procedures, policies & processes to ensure compliance with the principles of best practice
- Publishing an Annual Report on the activities and performance of the Association
- Undertaking a yearly audit of its Constitution which includes the Association's Complaints, Ethics & Disciplinary Panels
- Undertaking a yearly audit of its Code of Professional Ethics
- Ongoing consultation and collaboration with other professional associations
- Ongoing dialogue and correspondence with ministers, government departments and regulatory bodies
- Ongoing research of policies in overseas professional associations and policies of overseas governments
- Maintaining a Natural Therapy Adverse Events Register
- On line polling of Members and the Public on relevant professional and health issues
- Democratic voting system for the election of directors by members



ANTA is a public company limited by guarantee, and is governed by a National Council [Board of Directors] which is elected by the Members of the Association for a term of 3 years. The Council in turn elects all office bearing positions within the Association, which are for a term of 1 year.

National Council is supported by the services of a full time Executive Officer, full time Company Secretary and full time National Administration Office Staff.

ANTA practises a policy of consultation with representatives of all stakeholders of traditional medicine and natural therapies, as well as being available to all government and regulatory bodies associated with the professions.

Persons wishing to discuss with ANTA any matters relevant to the professions of traditional medicine and natural therapies should contact:

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## 2. ANTA Submission on Mandatory Registration Standards and Other Board Proposals

### Background

The first Chinese Medicine Board of Australia has been appointed on the Australian Health Workforce Ministerial Council (AHWMC).

From the 1<sup>st</sup> July 2012 all Chinese Medicine practitioners are required to be registered and national mandatory registration standards will apply.

The Chinese Medicine Board of Australia (CMBA) released a consultation paper on proposed mandatory registration standards and other board proposals and invited feedback and submissions on the standards outlined in the consultation paper.

### 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 CMBA to develop and Recommend to AHWMC five mandatory registration standards. The National Law also requires the CMBA to undertake wide-ranging consultation on proposed registration standards.

The CMBA consultation paper seeks feedback on the following proposed mandatory registration standards:

- **Continuing Professional Development (CPD) Standard**

*Proposed requirements:*

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

ANTA members are required to participate in 20 hours of CPD per calendar year and 20 hours of CPD is regarded as the standard in the natural therapy profession. ANTA concurs with this proposed requirement.

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

ANTA policies reflect a requirement to maintain and improving competence in the profession. ANTA concurs with this proposed requirement.

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

ANTA policies reflect the same requirement and ANTA concurs with this proposed requirement.



*All practicing registrants are required to comply with this standard.*

It is a requirement of ANTA membership that members complete 20 hours of CPD annually and comply with the above requirements. ANTA concurs with this proposed requirement.

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

ANTA concurs with this proposed requirement.

*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.*

ANTA concurs with this proposed requirement.

*Mandatory further education, training, mentoring or supervision may not be counted towards CPD.*

ANTA concurs with this proposed requirement.

*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*

ANTA concurs with the proposed requirements of (a) – (d)

ANTA concurs with research being included in CPD requirements in (e) and recommends teaching in (e) should not be made a requirement of CPD. Any teaching undertaken should be included in CPD hours however teaching should not be a requirement.

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

ANTA concurs with this requirement.

*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*

ANTA concurs with the proposed requirements in (a) and recommends (b) be amended to include *'at seminars, conferences, workshops, symposiums, forums, summits, courses and the like.*



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

ANTA concurs with this proposed requirement and recommends the proposed requirement be amended to included reference that registrants declare they will continue to meet the requirements for the current year of registration.

*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.*

ANTA concurs with this proposed requirement.

- **Criminal History Registration Standard**

ANTA notes this standard is consistent with registration standards that were implemented by the ten national boards on 1<sup>st</sup> July 2010. ANTA concurs with the scope, requirements as outlined in the consultation paper relating to Criminal history registration requirements.

- **English Language Skills Registration Standard**

ANTA notes this standard is consistent with registration standards that were implemented by the ten national boards on 1<sup>st</sup> July 2010. ANTA concurs with the scope, requirements as outlined in the consultation paper relating to English language skills requirements and recommends comprehension should be added to the components of listening, reading, writing and speaking with a minimum of 6.5 in any one band.

- **Professional Indemnity Insurance Arrangement Registration Standard**

All ANTA members are required to have current Professional Indemnity Insurance. ANTA concurs with the scope and requirements as outlined in the consultation paper relating to professional indemnity insurance.



- **Recency of Practice Registration Standard**

ANTA concurs with the scope and requirements as outlined in the consultation paper relating to Recency of practice registration standard,

- **Grandparenting Registration Standard**

ANTA has serious concerns with the standards for grandparenting proposed by the CMBA and believes the proposed grandparenting standards in many instances are not fair or equitable.

The consultation paper states:

*'The intent is to ensure that practitioners who are legitimately practicing 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.'*

Whilst the above statement is similar to the process and internet used by the Chinese Medicine Registration Board (CMRB) in Victoria, based on the information provided in the consultation paper released by the CMBA there are some significant differences.

The most notable is the qualifications gained by a large number of practitioners in Australia will not be recognised for grandparenting by the CMBA, whereas the same qualifications were recognised in the CMRB grandparenting program. As a result, the CMBA grandparenting program has serious elements of inequity when compared to practitioners who will enter the CMBA through the CMRB grandparenting program.

All practitioners registered with the CMRB will automatically transition into the CMBA including those with qualifications that the CMBA will not recognise for grandparenting.

An area of great concern for ANTA is the CMBA consultation paper outlines bachelor degree or higher qualifications will be recognised for registration for qualifications awarded from 2008 and onwards. Bachelor degree programs are relatively new in Australia and the vast majority of practitioners post 2007 have completed a government accredited Advanced Diploma qualification.

The CMBA is not proposing to grandparent practitioners who obtained post 2007 qualification at Advanced Diploma level and these practitioners will also



be ineligible to apply under the 5 year practice requirement as they have not been in practice for 5 years.

The exclusion of practitioners with government accredited Advanced Diploma's post 2007 from grandparenting with the CMBA is at odds with the CMBA stated intent of ensuring practitioners who are legitimately practising the profession are not unjustly disadvantaged.

ANTA believes there are between 300-500 practitioners currently practicing in Australia with government accredited Advanced Diploma qualifications obtained post 2007. These practitioners will be severely disadvantaged and unjustly treated if the CMBA does not include them in the grandparenting process. These practitioners will suffer unwarranted hardship and forced out of the profession if excluded from grandparenting provisions which will also result in unnecessary restriction of competition.

ANTA strongly recommends the CMBA grandparents practitioners with Advanced Diploma qualifications obtained post 2007.

ANTA recommends the CMBA adopts the same grandparenting approach used by the CMRB which delivered fairness and equity to practitioners whilst at the same time provided protection for the public.

ANTA recommends all courses recognised by ANTA should be included on the list of CMBA courses for grandparenting purposes.

There are still a significant number of students undertaking studies at Advanced Diploma level and ANTA recommends the CMBA establishes a grandparenting period of 3 years from the 1<sup>st</sup> July 2012 to allow graduates and practitioners to apply for registration. After the 3 year period ANTA recommends CMBA sets the qualification standard at a minimum of Bachelor Degree.

The CMBA consultation paper proposes qualifications obtained before 2008 should be consistent with a minimum of Advanced Diploma and have adequate clinical training as outlined in the *Addendum to Chinese medicine draft standards consultation paper* dated 27<sup>th</sup> September 2011.

The release of the addendum by the CMBA does assist in clarifying the important area of what is adequate clinical training. The timing of the release of the addendum 3 weeks after the release of the consultation paper and 2 weeks prior to the close of submissions is unfortunate and does not allow adequate consultation with practitioners.



The addendum outlines clinical training for practitioners is expected to be structured, directly supervised, formally assessed and contain a minimum of 390 hours for undergraduates. Many government accredited Advanced Diploma courses delivered prior to 2008 do not contain 390 hours of clinical training and many practitioners with qualifications obtained before 2008 will be severely disadvantaged and not eligible for grandparenting with the CMBA. This will add to the unnecessary restriction of competition outlined above.

ANTA recognises clinical training is a vital component of qualifications however, the concept of clinical training hours in the 390-400 hours range is a relatively new concept recently introduced with bachelor degree programs.

When considering clinical training included in pre 2008 qualifications ANTA recommends the CMBA also takes into consideration the hours of clinical practice a practitioner has accumulated over many years of practice.

In ANTA's opinion the grandparenting standards proposed by the CMBA will disadvantage a large number of bona-fide practitioners who have invested a significant amount of time, finances and resources in obtaining their qualifications and setting up their practices. The grandparenting standards proposed by the CMBA will result in the removal of a significant number of bona-fide practitioners from the workforce and result in unnecessary restriction of competition.

It should be noted bona-fide practitioners with qualifications pre 2008 and post 2008 not at bachelor degree level have been members of professional associations and recognised by health funds over many years.

ANTA's view is the grandparenting program should be designed and managed by the CMBA to be inclusive of all current bona-fide practitioners and should be based on the CRMB grandparenting model whilst being inclusive, at the same time provided protection to the public.

- **Chinese Herbal Medicine Practitioner**

The CMBA consultation paper proposes evidence for registration in Chinese Herbal Medicine must demonstrate the design and use of individualised chinese herbal medicine preparations. The consultation paper also states chinese herbal medicine formulae can employ chinese herbs in unprocessed or processed forms.



ANTA has serious concerns the proposed requirements for registration as a Chinese herbal medicine practitioner will exclude the large number of practitioners who currently prescribe chinese herbs in pill or powder form.

Proposed registration is based on evidence of receipts for the purchase of raw herbs or single herbs in powdered or extract form and herbal formulae designed specific to the persons condition.

There are large numbers of Chinese herbal medicine practitioners in Australia using powders or pills manufactured in China imported into Australia and registered with the TGA. This is common practice in Australia and there are many large business involved in the supply and distribution of powders and pills to practitioners.

From the requirements proposed by the CMBA many Chinese Herbal Medicine practitioners who use powders or pills will not be able to provide the evidence the CMBA requires for registration in Chinese Herbal Medicine.

In ANTA's opinion the grandparenting standards proposed by the CMBA for Chinese Herbal Medicine practitioners will disadvantage a large number of bona-fide practitioners who have invested a significant amount of time, finances and resources in obtaining their qualifications and setting up their practices. The grandparenting standards proposed by the CMBA will result in the removal of a significant number of bona-fide practitioners from the workforce and result in unnecessary restriction of competition. ANTA estimates between 200-400 practitioners will be forced out of business if the proposed grandparenting standards are introduced.

ANTA's view is the grandparenting program should be designed and managed by the CMBA to be inclusive of all current bona-fide practitioners and should be based on the CRMB grandparenting model whilst being inclusive, at the same time provided protection to the public.

- **Summary**

In general ANTA supports the introduction of national registration for Chinese Medicine practitioners however, the standards proposed by the CMBA will result in large numbers of legitimate practitioners being forced out of their practice and businesses because of unfair grandparenting standards proposed by the CMBA.

Large numbers of legitimate practitioners who have invested considerable time, finances and resources in obtaining qualifications, building up



professional practices will be disadvantaged or put out of business by unfair and inequitable grandparenting standards proposed by the CMBA.

ANTA recommends the CMBA adopt a much fairer and equitable grandparenting program that is inclusive, will not disadvantage bona-fide practitioners and will not result in unnecessary restriction of competition.