



CMR Board Submission on the CMBA's proposed registration standards

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Introduction

The Chinese Medicine Registration Board of Victoria (CMR Board) appreciates the opportunity to comment on the Chinese Medicine Board of Australia (CMBA) draft registration standards and wishes to acknowledge the quality of the documents and their prompt development. The CMR Board's views are offered in the spirit of sharing its knowledge and experience from having regulated Chinese medicine for almost ten years in Victoria, it also acknowledges that its comments are limited by this same condition.

1.0 Continuing Professional Development (CPD) and Guidelines

1.1 Whether you agree with the number of hours specified

The CMR Board agrees with the proposed 20 hour requirement, this is consistent with the CMR Board policy and with current requirements amongst professional associations. The Board observes that the CMBA doesn't propose that CPD be modality specific and the CMR Board agrees with this.

1.2 Whether you agree with the requirement that a minimum number of hours must relate to professional issues

The CMR Board agrees that a minimum number of CPD hours should relate to professional issues and agrees with the proposed 4 hour minimum. However the CMR Board notes that within the Chinese medicine profession discreet training in professional issues is not always readily available and that this requirement may therefore be problematic for practitioners to achieve from year to year.

The CMR Board suggests two changes to the definition of professional issues; clarifying 'advertising', e.g. 'permitted advertising' and clarifying 'confidentiality' e.g. 'patient confidentiality'.

1.3 Whether you agree with the requirement that for endorsed practitioners and dispensers a minimum number of hours must relate to scheduled herbs

The CMR Board agrees with the requirement and agrees that 2 hours is satisfactory.

1.4 Whether you agree that mandatory further education, training, mentoring or supervision (which is remedial) should not be counted

The CMR Board agrees with the proposal.

1.5 Whether you agree with the exemptions

The CMR Board observes that in the case of exemption a, a practitioner who has not practised for one year will in effect have no continuing education. This is anomalous in that such a person is potentially in more need of continuing education than a person who has remained registered and in practice.

In the case of exemptions b and c, there is a discrepancy with the registration standard for Recency of Practice in which recent practice is defined as having practised within three years. Assuming exemption b is meant to state 'for between one and three years' and assuming exemption c is supposed to state 'an absence for more than three years....', the CMR Board would support the requirement for 20 hours of CPD per year when not practising, therefore 40 hours of CPD for practitioners not registered for between two and three years.

2.0 Criminal History

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 CMR Board agrees in principle with this standard as applied to all regulated health professions. The Board notes that the definition at part 3(d) 'non-conviction charges' should exclude those not guilty findings made by a court.

3.0 English Language Skills Registration Standard

3.1 Whether the evidence requirements in the proposed standard is acceptable

The CMR Board agrees with the proposed evidence requirements.

3.2 Whether you agree with the minimum test result levels

The CMR Board strongly supports the notion of a consistent English language standard across the professions but also suggests that the CMBA consider the special circumstance that exists within the Chinese medicine profession. The origins of Chinese medicine come from China and it is widely acknowledged that the bulk of the expertise remains in China. The CMR Board suggests that a mechanism for including such professionals in the Australian regulatory net beyond the conclusion of the 'grandparenting' period may be of great benefit to the profession.

3.3 Whether you agree with the effective communication requirements applicable for all practitioners

The CMR Board agrees with the effective communication requirements however, it suggests that the first paragraph of the definition of 'effective communication' needs to be simplified.

3.4 Whether you agree with the general exemptions

The CMR Board agrees with the general exemptions, however it wonders if there is some ambiguity in the statement that ‘the Board reserves the right at any time to require an applicant to undertake a specified English language test’.

- Does this statement apply only to applicants for limited registration?
- The statement could possibly cause concern to the genuine applicant for limited registration who is undertaking study or research in that their registration is subject to a test for an area that they were granted an exemption for, and on which their study or research situation relies. Could the CMBA clarify under which circumstance a test may be required?

3.5 Whether you agree with exemptions which apply to “grandparented” practitioners

The CMR Board agrees with the exemptions which apply to ‘grandparented’ practitioners.

3.6 Whether you agree with appropriate arrangements for the purposes of consultation/treatment

The CMR Board agrees with the appropriate arrangements for the purposes of consultation/treatment.

3.7 Whether you agree with appropriate arrangements for contacting emergency services

The CMR Board suggests that the CMBA clarifies what ‘average skill’ means in the definition of ‘competent English’. What does ‘average skill’ mean in terms of the IELTS standard tests?

General comment

The definition of Effective Communication with Patients appears incomplete at the third dash point as it finishes with ‘and’.

The definition of Suitable interpreter is not clear at the fourth dash point, it might read better as ‘A suitable interpreter means a person who: - agrees to not compromise privacy and confidentiality’.

4.0 Professional Indemnity Insurance Registration Standard

4.1 Whether you agree with the minimum cover for a single claim

The CMR Board agrees with the minimum cover for a single claim, this is consistent with the current CMR Board policy.

4.2 Whether you agree with the other minimum requirements

The CMR Board agrees with the minimum requirements. It offers the comment that practitioners moving from claims made to occurrence based policies will not be covered for previous years practice unless the occurrence based policy includes retroactivity, however the definition of retro-active cover states that this cover only applies to claims made policies. Therefore there is a potential for practitioners to fall in this loophole and be without insurance cover for a previous period of practice and consequently the public may be placed at risk.

4.3 What you think about the proposal to rely on a self-declaration that compliant insurance is in place

The CMR Board understands that relying on self-declaration of compliant insurance is the model consistent across professions; however it wonders if this is in the public interest. The CMR Board is concerned that as a profession just moving into regulation, (as the majority of the profession will be) and being one that may have a limited culture of compliance with insurance requirements (unlike some other transitioning professions), there will be a danger that many practitioners will not understand and comply. This will leave the public at risk, and practitioners in danger of inadvertently breaching the legislated requirements, for which there may be serious consequences.

5.0 Recency of Practice

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

The CMR Board agrees with the CMBA's registration standard for Recency of Practice. The only comment to offer is to query the inconsistency in the period applied to practitioner's who have had their registration suspended compared to the general period for recency of practice.

6.0 Grandparenting registration standard: Transitional Arrangements for Qualifications

6.1 Whether you agree with the qualifications standards

The CMR Board agrees with the qualifications standards.

6.2 Whether you agree with the types of practice evidence requested

The CMR Board overall agrees with the types of practice evidence however it suggests that some types of evidence are stronger than others and that there may be worth in applying a weighting system to the importance to evidence types.

6.3 Whether you agree with the types of competence evidence requested

The CMR Board agrees with the types of competence evidence.