



澳大利亚首都中医药及针灸学会

SOCIETY OF CHINESE MEDICINE & ACUPUNCTURE (ACT) INCORPORATED

26 September 2011

To: Ms Debra Gillick
Executive Offices
Chinese Medicine Board of Australia
Australian Health Practitioner Regulation Agency
chinesemedicineconsultation@ahpra.gov.au

From: Dr Bing Tian
Secretary
Society of Chinese Medicine and Acupuncture – ACT

Ref: Submission on the Mandatory Registration Standards and the
Grandparenting Arrangements

Dear Ms Gillick,

On behalf of the Society of Chinese Medicine and Acupuncture – ACT Inc (SCMA-ACT) I write in regard to a submission on the mandatory registration standards and the Grandparenting arrangements. SCMA-ACT is grateful for the opportunity to express the following opinion in regards to this matter.

The SCMA-ACT was established in 2003 and has since continued to be committed to the development of Chinese Medicine. The SCMA-ACT therefore supports the inclusion of Chinese Medicine in the National Registration and Accreditation Scheme (NRAS) in 2012 as a start to National regulation of the profession pioneered by the work done by the Chinese Medicine Registration Board of Victoria (CMRBV). The Society congratulates the Board and its Executive Officer and looks forward to the beneficial outcome that will develop from collaboration with stakeholders including both the community and industry professionals.

Some comments and suggestions to the mandatory registration standards are below:

1. Continuing Professional Development (CPD) and Guidelines:

The SCMA-ACT agrees with the proposed requirement of 20 hours of CPD (with a minimum 20% in professional issues) annually. Practitioner members of the SCMA-ACT must already demonstrate similar evidence to maintain membership, and we find that it is essential in maintaining a standard of updated knowledge and skills within the profession.

However the SCMA-ACT believes that the proposed 10% of the total annual CPD should be determined based on need and availability of new information. For example, the knowledge base concerning scheduled herbs is not significantly changed from year to year and should only be a necessity when a new urgent alert or new herb is endorsed. In this case, it may even require more than 10% of the proposed CPD time.

The SCMA-ACT also suggests that the Board also lists the suitable CPD activities (eg. workshop, seminar, symposium, conference etc) in the section titled "*suitable activities*" for clarity. For remote or isolated practitioners who may not be able to attend the required group CPD sessions, a compromise of both CPD activities and self-directed studies should be allowed. Additionally, a CPD record sheet as well as standards for reporting the evidence of CPD should be developed by the Board to ensure consistency.

2. English Language Skills Registration Standard

The SCMA-ACT agrees with the proposed English language skills registration standard to be included as "the exemption arrangement for grand-parented applicants". We would like to extend our appreciation to the Board for the consideration of specific needs in making a flexible arrangement for English requirements. The field of Chinese Medicine has had a unique development in Australia that has been considered and included in this arrangement. As such, the SCMA-ACT encourages the Board to ensure that these practitioners are not significantly disadvantaged by conditions to their registration so long as they can meet the requirements for effective communication in an emergency, and provide a translation service for patients who do not share a common language. In this case, it should not be necessary to label the practitioner under 'conditional registration' if granted an exemption. The SCMA-ACT supports the overall language requirements with the inclusion that an IELTS score of 6.5 is ideal, while the minimum IELTS score of 5.5 should be adequate.

3. Professional Indemnity Insurance (PII) Arrangements Registration Standard

The SCMA-ACT agrees with the proposed PII arrangements registration standard. Guidelines for adequate PII should be developed by the Board and

circulated to practitioners as well as insurance companies and their brokers who provide PII.

4. Recency of Practice Registration Standard

The SCMA-ACT agrees with the proposed recency of practice registration standard. It is suggested that registered practitioners who are enrolled in postgraduate coursework study or research in Chinese Medicine for more than three years should be granted an exemption or alternatively classified as a "recent graduate" under the proposed *Exemption 1 a*).

The Board should develop guidelines for practitioners in undefined situations in relation to requirements for the demonstration of recency of practice.

5. Grandparenting Registration Standard: Transitional Arrangements For Qualifications

The SCMA-ACT agrees with the proposed grandparenting registration standard in principle. Please see the following points for consideration:

- a) On page 31 under the heading of *For Practitioners and For dispensers: Bachelow degree level qualification (or higher)*, the wording of "Phytochemistry and pharmaceuticals (Chinese herbal medicine only)" could be replaced with "Materia medica (Zhong Yao Xue) or Phytochemistry and pharmaceuticals (Chinese herbal medicine only)". The study of phytochemistry and pharmaceuticals is new in Chinese herbal medicine and may therefore not be included in Bachelor degree courses of Chinese medicine prior to the year 2000.
- b) The SCMA-ACT would like a rationale for the separation of a qualification in an advanced diploma into prior to 2008, and post 2008 (of which is ineligible for registration). It should be noted that prior to this year when Chinese medicine Bachelor degree programs became available in New South Wales & Queensland, the only CMRBV approved formal courses by were in Victoria¹.

For example, two students completed an apprenticeship under a master of Chinese medicine in 2006. The first student immediately began practicing Chinese Medicine in Australia; while the other went on to complete a four-year Advanced Diploma of Chinese Medicine. Under the proposed grandparenting registration standard, the first student would be eligible for registration since he has more formal practice, despite the fact that no formal education was received. The second student has a

¹ Chinese Medicine Registration Board of Victoria, (n.d), 'List of Approved Courses'. From <http://cmrb.vic.gov.au/registration/approvedcourses.html>, accessed September 2011.

formal qualification with slightly less practical experience however is not qualified to register under the proposed criteria of registration.

It is important to provide access for graduates who hold an Advanced Diploma level under the Australian Qualifications Framework between 2009 to 2015 for registration.

- c) On page 42, the information that intends to address "*Adequate clinical training for practitioner courses of study*" and "*Adequate practical training for dispenser courses of study*" is not able to be located within the discussion paper proposal as suggested in the text.

Overall, the proposed registration standards are detailed and well-designed to balance the needs of public protection and practitioner accessibility in registration.

Sincerely,



Dr Bing Tian

Secretary

Society of Chinese Medicine and Acupuncture – ACT