

Sun 9/10/2011

To the Registration board,

I would like to offer some comments and concerns about the registration guidelines proposed.

Continued Professional Education:

1.1

Number of hours is adequate provided things such as first aid training, business and communication skills and general health sciences (e.g. anatomy, physiology, pharmacology, medical diagnosis, pain sciences, etc) are able to be considered. A limit to the number hours that these make up can be specified. For example, of the 20 hours not more than 8 can be on the general health sciences, whilst business courses can be a maximum of 4, so that there is at least 8 hours of specific Chinese medicine only study. I would like if I attend a course for physiotherapy that covers biomechanics and diagnosis it is also able to be counted towards the Chinese medicine hours also.

I would also like to see an allowance for self directed individual study (maybe 4-6 hours). Although there is no way to prove attendance, there could be a requirement to keep notes or other proof of action. I personally have thousands of dollars worth of books, audios and DVD's and I would like some recognition for the time that I spend studying them for general improvement, not related to day to day cases. Also as a practitioner in Adelaide with a young family I would prefer not to be forced to fly interstate, away from my family, all the time to gain my hours through courses I may not be interested in. This is common as often courses are not in Adelaide. I would like to have the luxury to do some study at home when my children have gone to bed.

1.2

I do not agree with the minimum number of hours on professional issues. Unless there is going to be a simple way to get these hours, attending formal courses on these areas every year will be difficult. I would say a two hour minimum would be a better guide.

1.3

I think that 2 hour minimum for herbs is fine. If self directed learning (with record of notes) is acceptable I would be happy if it was higher.

1.4

If mandatory further education is education imposed on a practitioner who has not met the minimum standards or has been assigned as part of a disciplinary action then I think that could be allowed to count to some but not all of the yearly CPE. I think it should be a case by case basis, specified at time of mandating by those imposing the conditions. If it is a small amount of hours then it could be not allowed, if it is a very large number of hours then part could be allowed.

1.5

I think the exemptions are fine.

Criminal History

2.1

It seems the same as other boards, so I agree that it should go to be approved.

English Language Skills

3.1

I am a native English speaker so I may not be the best to comment. However if this is in line with other professional boards then I think that it is fine.

3.4 - 3.7

The grand parenting exclusions seem good. The other appropriate arrangements are good.

Professional Indemnity Insurance

4.1

Base cover seems fine at the moment.

4.2.

Other minimum requirements seem acceptable

4.3

I Agree that Self declaration is adequate. Other means would be too expensive to implement. This is in line with the other boards.

Recency Of Practice

5.1

Three years seems adequate

5.2

Applying to all applying as practicing members seems appropriate.

5.3

Exemptions seem appropriate.

5.4

Definition of practice seems appropriate.

Grandparenting

7.1

It seems that those already registered with the Victorian CMRB will automatically be registered under the new scheme, however the new scheme has a very different entry criteria than the Victorian CMRB was subject to for its grand-parenting standard. It seems that it will be much harder to get grandparenting recognition under the national scheme than under the Victorian scheme. I would like to suggest that the national CMRB should not be subject to a higher standard than the Victorian CMRB. This seems to be opposite to page 37 of the draft CMBA standards which states:

'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.'

I would also like to suggest that all programs that were recognised under the Victorian grandparenting scheme be considered as well as others that would be of equivalent levels in other states so that practitioners from other states are not disadvantaged.

All government/university-accredited qualifications at least three years full-time equivalent duration should be included on the list of courses deemed adequate for grandparenting, and that this include the past advanced diploma and diploma level programs;

Unaccredited programs that were recognised by AACMA as meeting the requirements for practice at that time should also be included on the list of courses deemed adequate for grandparenting, and that this include the past practitioner diploma and unaccredited bachelor programs;

The list submitted by the AACMA of Australian Chinese medicine programs deemed adequate for grandparenting purposes should be included on the CMBA list of courses deemed adequate for grandparenting purposes.

I would like to suggest that all practitioners who are currently registered with recognised professional associations (such as the AACMA or ATMS) and who have maintained their practicing member status (i.e. up to date first aid, continued professional education and indemnity insurances) for a long period of (e.g. 5 years, 7 years or more) are automatically considered for grandparenting.

I hope that these thoughts/opinions are helpful.

If there are any questions about my comments please email me or call me on 0416 083 803.

Sincerely,

Brendon Supple