

INTRODUCTION – BACKGROUND & CONTEXT

These submissions are provided in response to the consultation draft standards proposed by Australian Health Practitioner Regulation Agency's (AHPRA's) **Chinese Medicine Board** of Australia to be approved by the Australian Health Minister's Advisory Council (collectively referred to throughout this submission as "**the Authority**") for the purpose of regulating, for the first time, the practice of Chinese Medicine in Australia pursuant to the **Health Practitioner Regulation National Law Act 2009**

STAKEHOLDERS & SUBMISSIONS MADE HERE

We provide this submission from a general principle perspective, on behalf of current practitioners of Chinese Medicine within Australia who do not currently practice in Victoria (see items below under sub-heading 2. GENERAL SUBMISSION – RE: PRINCIPLES OF ADMINISTRATIVE FAIRNESS), and specifically on behalf of **practising holders** and **current students** of the Sydney Institute of Traditional Chinese Medicine's **Advanced Diploma** Course (see items below under sub-heading 1. PRIMARY SUBMISSION - RE: PROPOSED GRANDPARENTING STANDARD).

REFERENCES

Annexed hereto, for clarity and ease of reference, are copies of the following materials we have considered and referenced when preparing these submissions:

- A. AHPRA, Chinese Medicine Board of Australia, *Consultation Paper* - dated (sic) September 2011
- B. AHPRA publication, dated 16 September 2011 titled "*Procedures for the development of Registration Standards*";
- C. AHPRA, Chinese Medicine Board of Australia, *Consultation Paper Addendum* – dated 27 September 2011
- D. Extract of Health Minister's Advisory Council's "*Regulatory Impact Statement for the Decision to Implement the Health Practitioner Regulation National Law*" dated 3 September 2009.
- E. Email trail – commenced 20 September 2011, concluded 5 October 2011 – between stakeholder and AHPRA.
- F. Submissions of numerous NSW based Chinese Medicine Practitioners attesting to the disastrous effect (on their livelihoods, and their patients) if the grandparenting standard as currently proposed were to be approved.
- G. Sydney Institute of Traditional Chinese Medicine prospectus, outlining components of the Advanced Diploma of Traditional Chinese Medicine.
- H. AHPRA Chinese Medicine Board Communique, dated 28 September 2011

1. PRIMARY SUBMISSION RE: PROPOSED GRANDPARENTING STANDARD

We do not agree with the proposed grandparenting standard.

We strongly oppose any grandparenting standard that operates to retrospectively prevent current practitioners from states outside Victoria from registering to practice under the new AHPRA scheme through its transitional or grandparenting provisions.

We note the proposed grandparenting standard is completely at odds with the objectives and concerns underpinning the AHPRA scheme generally and, specifically, it is irreconcilable with the purpose of and provision for grandparenting or transitional arrangements contained within the Law authorising the scheme – that is, in previously unregulated jurisdictions, to enable continuity of practice and service.

We include the submissions of a sample of Advanced Diploma Holder practitioners and students at **annexure F** so as to provide an insight into the harsh reality that a decision to adopt a grandparenting standard with any qualification cut off date that predates the commencement of Chinese Medicine practice becoming legally regulated under the scheme.

We request, as part of this covering submission, that the **recommendations** contained within the submissions comprising **annexure F** be taken to be recommendations contained within this submission.

2. GENERAL SUBMISSION – RE: PRINCIPLES OF ADMINISTRATIVE FAIRNESS

2.1 THE FLAWED CONSULTATION CONTENT AND PROCESS

Within Australia the practice of Chinese Medicine as a health profession is not, nor has it ever been, regulated by way of registration, accreditation or any other requirements. This distinguishes it from the health professions regulated under the first wave of the AHPRA scheme, as they were already subject to reasonably longstanding and well-established, state based registration and other regulatory requirements.

When it comes to the practice of Chinese Medicine in Australia the only State where a regulatory scheme currently operates is Victoria.

In light of the fact that the practice of Chinese Medicine is currently unregulated, other than in one of the eight state/territory jurisdictions, the Authority ought have appreciated, by way of foresight, the importance of ensuring that the content and the method by which any proposed national regulatory standards were communicated to stakeholders was clear, considered, fit for the purpose (the purpose being meaningful community consultation in good faith), and able to be relied upon as accurate, and complete at the point of publication.

It is our submission that none of these standards were satisfied by either the content of the consultation draft, or the method by which the Authority communicated in relation to it. We note this shortfall was compounded by the absence of resources allocated for the purpose of checking or clarifying any aspect of the consultation paper or process. In this regard we draw your attention to annexure A, C, H and E.

The lack of care in preparing the consultation draft for communication, coupled with the lack of informed contact people within AHPRA from whom clarification could be sought is, at its worst suggestive of a sham or tokenistic consultation process, and, at best, inconsistent with the standard that governments and their delegate agencies ought satisfy when undertaking mandated consultation on such significant and far-reaching changes to law as is this case with what is being proposed here.

The effect of this failure is such that there is a reasonable probability that stakeholders, who might otherwise have done so, have been unable to prepare a meaningful submission within the time allowed, or have made a submission that references incomplete, inconsistent or inaccurate material.

By way of example of the inadequacy of the entire consultation process we note the AHPRA procedures for the development of registration standards document (see annexure B) was published on 19 September 2011, two weeks after the consultation draft.

Further undermining the legitimacy of the process, an addendum to the published consultation draft, purporting to correct an error or omission within the version originally published, was posted on the AHPRA website sometime after 26 September, without any active communication from AHPRA to notify stakeholders of its existence (see annexure C, E and H).

2.2 OUTSIDE OR INCONSISTENT WITH THE RELEVANT LEGISLATIVE AUTHORITY

The objectives to be considered, when looking to ensure that what is proposed is not inconsistent with the law under which it is expressed to be authorised, are those of the enabling legislation under which the AHPRA scheme has been created, that is the Health Practitioner Regulation National Law, enacted in the various jurisdictions from 2009 onwards.

There are no specific, different or discreet objectives to be considered for each of the respective health profession groups– the objectives that are relevant, with which any standard approved by the Authority must be consistent, are clearly stated in the Governments' Regulatory Impact Statement, published 3 September 2009 (see annexure D for the relevant extract; being section 3, page 27)

It is our submission that the grandparenting standard as proposed in the current consultation draft is invalid, not only due to its inconsistent with those objectives, but because, in addition its content is outside the scope of the legislative authority it purports to rely upon – both in so far as it is an attempt to provide for something that

an accreditation standard (addressing eligibility of program of study to equip with necessary skills) ought properly provide for, and because it purports to effect something at a point in time which predates the enabling legislation, made law, in the earliest jurisdiction to enact, in 2009.

2.3 STATE BASED DISCRIMINATORY EFFECT

As a result of the fact that a regulatory regime for Chinese Medicine practice currently only exists in one state, those practitioners who currently practise legally in states other than Victoria will, if the standards in their current form proceed to approval, be disadvantaged as compared to their Victorian counterparts just because of the State they reside in.

This seems in breach of one of the foundation principles of Federal or Constitutional law in Australia, namely that government legislation that has the effect of restricting or disadvantaging someone in trade and commerce purely because of the state they reside in is void, invalid or unlawful.

It is clearly inconsistent with one of the stated objectives of the scheme to enable more competition, mobility across jurisdictions and expand availability of health services (see annexure B and D).

2.4 RETROSPECTIVE EFFECT

It is a well established principle of administrative and public law that legislation with retrospective effect is at odds with principles of procedural fairness and natural justice. The effect of the proposed grandparenting standard, in so far as it draws the proverbial line in the sand post which qualifications other than Bachelor level will not be accepted at a date some four or five years prior to the publication of the consultation draft is both a) clearly at odds with the transitional purpose of a grandparenting provision and b) manifestly and grossly unfairly prejudicial in its effect. In support of this please refer to annexure F which sets out the real life effect of what is being proposed.

Furthermore the grandparenting standard in its proposed form is irreconcilably at odds with the objectives of the legislation under which the making of these national standards is authorised.

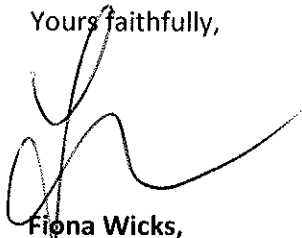
Were it to proceed to approve the standard in its current form, or indeed with any "qualifications prior to" date that predates the existence of the regulation, the Authority should expect the legality of what it has purported to make law to be challenged in a court of competent jurisdiction with the ability to make orders as to compensation and legal costs.

OUR RECOMMENDATIONS:

- I. The draft **grandparenting standard** be amended so as to **allow holders of qualifications such as an Advanced Diploma**, that **commenced** study of same **prior to the point in time the regulation comes into effect** (currently slated for **1 July 2012**), to register under the APHRA scheme without conditions or restrictions.
- II. The **Chinese Medicine Accreditation Committee** (if necessary, by direction of the relevant Health Ministerial of Advisory Council) be referred the task, as a matter of urgency, of decreeing the Australian programs of study or qualifications the holders of which will be eligible for registration under the grandparenting provisions.
- III. The **consultation draft be remedied** of its readability errors and republished for meaningful consultation. Any republished or future version of a consultation draft should include open ended rather than leading questions such as "do you agree" as is the case with the current draft.
- IV. Any future consultation draft be **referred for review** by the relevant Ministerial Council, Government Office of **Best Practice Regulation** (citing their reference RIS 10513) or AHPRA project or advisory team **prior to publishing** for consultation with a view to ensuring that it is consistent with the objectives and purposes of the Health Practitioner Regulation National Law.

We respectfully submit this submission for due consideration and invite you to contact the writer if any clarification or supplementary submission is required.

Yours faithfully,



Fiona Wicks,
Solicitor, Conditsis Lawyers

"A" (25 pages, 2 to a page)



Consultation Paper
征求意见稿
Bản tham khảo ý kiến
참고 문서

September 2011

Proposed mandatory registration standards:

- Continuing professional development
- Criminal history
- English language skills
- Professional indemnity insurance, and
- Recency of practice

Proposed registration standard:

- Grandparenting

Summary

Currently, requirements for the registration of the Chinese medicine profession are set by the state and territory governments. In Chinese Medicine only Victoria has established a statutory practitioner registration scheme. However, from 1 July 2012, national registration for the profession will commence and approved national mandatory registration standards will apply.

Translation of documents

The Board is now seeking feedback on the draft mandatory registration standards and other board proposals – see Attachments.

Whilst recognising the multi-cultural nature of Chinese medicine practice, the Chinese Medicine Board of Australia must have regard to the requirement for English proficiency in order to safely practise. It will therefore not run a separate information system in a language other than English. Chinese medicine practitioners are advised that new legislation and requirements will soon apply to the practice of Chinese medicine. All the relevant material will be in English and members of the profession are advised that, if needed they must obtain their own assistance to read these important documents.

For these consultation standards, the title, summary and consultation questions within the documents have been translated into Chinese, Vietnamese and Korean.

Please note that all submissions must be in English and must be typed.

文件翻译

委员会现在请大家对强制性注册标准草案以及其他建议提出看法——请参阅附件。

虽然澳大利亚中医药委员会充分认识到中医执业的多元文化性质，但为了保证执业安全，也必须考虑英语水平要求。为此，委员会不会另外运行英语以外其他语言版本的信息系统。在此通知中医医师，中医行业很快就将实行新的法规和要求。所有相关材料，都会用英文写成，建议中医行业从业人员需要时，必须自己寻求帮助，阅读这些重要文件。

文件中这些征求意见的标准、头衔、概要和征求意见问题，已翻译成中文、越南语和韩语。

请注意，所有呈交文件均必须用英语写成，而且必须以打字后提交。

Bản dịch các tài liệu

Hội Đồng hiện muốn có ý kiến đóng góp về dự thảo các tiêu chuẩn đang dự bắt buộc và các đề nghị khác của hội đồng – xin xem Phụ Lục.

Dù biết nghề thầy thuốc Bắc có tính chất đa văn hóa, Hội Đồng Thuốc Bắc Úc Châu phải xét yếu cầu về trình độ tiếng Anh để hành nghề một cách an toàn. Do đó, Hội Đồng sẽ không duy trì hệ thống thông tin riêng bằng ngôn ngữ khác tiếng Anh. Người hành nghề thuốc Bắc nên biết sắp tới đây luật lệ và yêu cầu mới sẽ bắt đầu áp dụng với việc hành nghề thuốc Bắc. Tất cả các tài liệu liên quan đều là tiếng Anh và người hành nghề thuốc Bắc nên biết nếu cần quý vị phải tự tìm người giúp đọc các tài liệu quan trọng này.

Đối với những tiêu chuẩn tham khảo ý kiến này, tựa đề, phần tóm tắt và các câu hỏi tham khảo ý kiến trong các tài liệu này đã được dịch sang tiếng Hoa, tiếng Việt và tiếng Triều Tiên.

Xin lưu ý tất cả các bản đề trình phải viết bằng tiếng Anh và đánh máy.

문서 번역

본 협회는 필수 등록 기준안 및 기타 협회 제안에 대한 의견을 기다리고 있습니다. 첨부 문서를 참조하십시오.

호주 한의사협회 (Chinese Medicine Board of Australia)는 한의사 업무의 다중 문화 성격을 인정하는 한편 안전하게 업무를 수행하기 위해 영어 능력 요건을 고려해야 합니다. 따라서 본 협회는 영어가 아닌 언어를 사용한 별도의 정보 시스템을 운영하지는 않을 것입니다. 신규 법과 요건들이 한방 업무에 곧 적용될 것임을 한의사들에게 주지하는 바입니다. 모든 관련 자료는 영어로 기재될 것이며 본 전문 회원들은 이들 중요한 문서들을 읽기 위해 필요할 경우 각자가 지원을 얻어야 합니다.

이들 문서 내의 협의 기준, 제목, 요약 및 협의 질문들은 중국어, 베트남어 및 한국어로 번역되었습니다.

모든 제출 내용은 영어로 기재되고 타이프로 작성해야 합니다.

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 National Boards to develop and recommend to the Australian Health Workforce Ministerial Council (Ministerial Council) five mandatory registration standards.

The National Law also requires the Chinese Medicine Board of Australia (the Board) to undertake wide-ranging consultation on proposed registration standards.

This consultation paper seeks feedback on proposed mandatory registration standards for:

1. Continuing professional development (CPD)
2. Criminal history
3. English language skills
4. Professional indemnity insurance (PII) and
5. Recency of practice.

The five proposed mandatory registration standards that the Board must develop in accordance with the National Law are attached to this consultation paper (**Attachments 1 to 5**).

The Board's *Statement of Assessment against AHPRA's Procedures for Development of Registration Standards* is at **Attachment 6**.

Other Board Proposal

Section 38 of the National Law, also enables the National Boards to develop and recommend to the Ministerial Council other registration standards, including about the scope of practice of health practitioners registered in the profession and any other issue relevant to the eligibility of individuals for registration in the profession or the suitability of individuals to competently and safely practise the profession. The Board is therefore also consulting on the proposed Grandparenting registration standard for the Chinese medicine profession (**Attachment 7**).

Background

In July 2011, the Ministerial Council appointed the:

- Aboriginal and Torres Strait Islander Health Practice Board of Australia
- Chinese Medicine Board of Australia
- Medical Radiation Practice Board of Australia
- Occupational Therapy Board of Australia

to begin work twelve months in advance of national registration commencing, to support the four 2012 professions move from state and territory based registration to national registration.

From 1 July 2012, each of the National Boards will have responsibility for the registration and regulation of their profession under the National Law.

However, before this can happen, a priority task for the four National Boards is to develop and consult on proposed mandatory registration standards and the proposed grandparenting registration standard.

The National Boards aim to have the final proposed mandatory registration standards submitted for approval by the Ministerial Council by December 2011, so that practitioners have time to familiarise themselves with the new national requirements for each of the four professions and to enable application for registration forms to be finalised in advance of the 1 July 2012 registration start date.

The National Law also empowers the National Boards to develop and recommend to the Ministerial Council, other registration standards.

Submissions

The Board is now seeking feedback on the draft mandatory registration standards and other board proposals – see Attachments.

Please provide written submissions by email, marked "Mandatory registration standards" to chinesemedicineconsultation@ahpra.gov.au by close of business on **10 October 2011**.

Submissions by post should be addressed to the Executive Officer, Chinese Medicine Board of Australia, AHPRA, GPO Box 9958, Melbourne, 3001.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board publishes submissions on its interim website www.ahpra.gov.au/chinese-medicine.aspx to encourage discussion and inform the community and stakeholders.

Submissions that contain offensive or defamatory comments or which are outside the scope of the discussion will not be placed on our website, or make available to the public. Before publication, any personally identifying information will be removed from submissions.

The Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence.

Please tell us if you do not want your submission published, or want us to treat any part of it as confidential. A link to the National Law is available at www.ahpra.gov.au/legislation-and-publications.aspx.

Attachments

September 2011

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1. Draft registration standard: Continuing professional development (CPD)

注册标准草案：持续专业发展(CPD)

Dự thảo tiêu chuẩn đăng bạ: Tiếp tục tu nghiệp (CPD)

등록기준안: 지속적인 전문 개발 (CPD)

Draft at September 2011

Introduction

What the National Law requires

The National Law requires a registered health practitioner to undertake the continuing professional development (CPD) required by the Board as set out in an approved registration standard for the profession (section 128).

When a practitioner renews their registration, he/she must make a declaration about whether the CPD requirements have been met for the preceding period of registration (section 169). The Board may decide not to renew the practitioner's registration if the CPD requirements are not met (section 112).

The CPD requirements do not apply to a person granted 'non-practising' registration.

The Board is required to develop and recommend to the Ministerial Council, a registration standard about the requirements for CPD for registered Chinese medicine practitioners (section 38).

What the Board is consulting on

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 remedied) should not be counted
- 1.5 Whether you agree with the exemptions

具体而言，委员会征求如下意见：

- 1.1 您是否同意规定的小时数
- 1.2 您是否同意关于专业事项方面所须达到最低时段的要求
- 1.3 您是否同意关于认证医师和配药师在草药目录方面所须达到最低时段的要求
- 1.4 您是否同意强制性进修教育、培训、辅导或监督(补救性质)不应计入在内

1.5. 您是否同意免除情况

Đặc biệt, Hội Đồng muốn có ý kiến đóng góp về:

- 1.1. Liệu quý vị ưng thuận số giờ đã ấn định
- 1.2. Liệu quý vị ưng thuận yêu cầu rằng số giờ tối thiểu phải liên quan tới các vấn đề chuyên môn
- 1.3. Liệu quý vị ưng thuận yêu cầu rằng, đối với người hành nghề và bốc thuốc hợp lệ, số giờ tối thiểu phải liên quan tới vị thuốc tương danh mục
- 1.4. Liệu quý vị ưng thuận rằng không nên tính những việc học tập, huấn luyện, điu dặt hay giám sát (để chẩn chính)
- 1.5. Liệu quý vị ưng thuận các đặc miễn

구체적으로, 본 협회는 아래 사항에 대한 정보를 원합니다.

- 1.1. 명시된 시간 수에 대한 귀하의 동의 여부
- 1.2. 최소한의 시간 수는 업무 이슈에 연관되어야 한다는 요건에 귀하가 동의하는지 여부
- 1.3. 승인된 한의사와 약사를 위해 최소한의 시간 수는 리스트에 있는 한약에 연관되어야 한다는 요건에 귀하가 동의하는지 여부
- 1.4. 필수적인 저후 교육, 훈련, 멘토링 혹은 감독 (치료 목적)은 계산되지 않아야 한다는 것에 귀하가 동의하는지 여부
- 1.5. 면제에 대한 귀하의 동의 여부

Chinese Medicine Board of Australia

澳大利亚中医委员会

Hội Đồng Thuốc Bắc Úc Châu

호주 한의사 협회

Continuing professional development registration standard

持续专业发展注册标准

Tiêu chuẩn đăng bạ về tiếp tục tu nghiệp

지속적 전문 업무 개발 등록 기준

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <date> pursuant to the *Health Practitioner Regulation National Law Act*, as in force in each state and territory with approval taking effect from <date>.

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.

摘要

持续专业发展(CPD)有助于医师与时俱进，维持和强化理论知识与专业技能。委员会规定每年至少须达到 20 小时。

Tóm tắt

Tiếp Tục Tu Nghiệp (CPD) giúp người hành nghề duy trì và tăng cường kiến thức cập nhật về lý thuyết và kỹ năng chuyên môn. Hội Đồng đòi hỏi mỗi năm tối thiểu là 20 giờ đồng hồ.

요약

지속적인 전문 개발 (CPD)은 한의사들이 이론적 지식 및 전문 기술을 유지 및 업그레이드하도록 지원합니다. 본 협회는 최소한 연간 20 시간의 요건을 요구합니다.

Scope of application

This 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.

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.

Records

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.

Declaration on renewal

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

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'.

Failure to comply

Failure to comply with this standard is a breach of the legal requirements for registration and may constitute behaviour for which health, conduct or performance action may be taken under s. 128(2) of the National Law.

If a registrant is unable to make the required declaration of compliance at annual renewal the Board may refuse to renew their registration or any endorsement of registration, or may grant renewal of registration or endorsement of registration subject to conditions.

Knowingly making a false declaration will be considered by the Board to be a professional conduct matter and as such, may be dealt with by the Board through disciplinary mechanisms available under the National Law.

Definitions

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

Practice means any role in which a Chinese medicine practitioner or Chinese herbal dispenser uses their skills in their profession in any way that impacts on safe, effective delivery of health services.

Professional issues includes but is not limited to ethics, communication, professional boundaries, advertising, infection prevention and control, new standards, privacy, regulatory matter, confidentiality, dealing with complaints and so forth.

Review

This standard will commence on <date>. The Board will review this standard at least every three years.

2. Draft registration standard: Criminal history

注册标准草案：犯罪历史

Dự thảo tiêu chuẩn đăng bạ: Tiền sử phạm pháp

등록기준안: 범죄 경력

Draft at September 2011

Introduction

What the National Law requires

In accordance with the National Law, the Board is required to check an applicant's criminal history before deciding an application for registration (section 79). All applicants for registration are required to declare if they have a criminal history as part of the application process. The Board may also, at any time, obtain a written report about a registered practitioner's criminal history – for example, as part of an audit, or to check a statement made by a registrant renewing his/her registration (section 135).

The Board may decide that an individual is not a suitable person to hold general registration, if in the Board's opinion, the individual is not an appropriate person to practise the profession, or it is not in the public interest for the individual to practise the profession, after the Board has had regard to the individual's criminal history to the extent that is relevant to his/her practice of the profession (section 55).

The Board is required to develop and recommend to the Ministerial Council a registration standard about the criminal history of applicants for registration, including the matters to be considered in deciding whether an individual's criminal history is relevant to the practice of the profession (section 38).

What the Board is consulting on

The Board is consulting on the Ministerial Council approved criminal history registration standard that was implemented at the start of the National Registration and Accreditation Scheme on 1 July 2010 for the original 10 professions. (The other 3 National Boards for the 2012 professions are also consulting on the same document).

This is the only mandatory registration standard that is the same for all ten National Boards. It was subject to wide-ranging consultation with stakeholders prior to approval by the Ministerial Council.

The Board considers it is important to have a consistent, fair, and transparent standard that enables all National Boards to make equitable decisions about whether a health practitioner's criminal history is relevant to the practice of their profession.

- 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 draft criminal history registration standard is on the following page.

Chinese Medicine Board of Australia

Criminal history registration standard

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on 20/01/2011 pursuant to the *Health Practitioner Regulation National Law Act* as in force in each state and territory (the National Law), with the approval taking effect from 01/07/2011.

Summary

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the 10 factors set out in this standard. While every case will need to be decided on an individual basis, these 10 factors provide the basis for the Board's consideration.

摘要

在判定卫生从业者的犯罪史是否涉及执业行为时，委员会将考虑本标准规定的 10 个因素。虽然每个个案都需要单独评判，但这 10 个因素却是委员会研究考虑的基础。

Tóm tắt

Khi quyết định liệu tiền sử phạm pháp của người hành nghề y tế có ảnh hưởng tới việc hành nghề hay không, Hội Đồng sẽ xét theo 10 yếu tố nêu được liệt kê trong tiêu chuẩn này. Dù phải quyết định mỗi trường hợp theo bối cảnh riêng, Hội Đồng sẽ dựa vào 10 yếu tố này khi cứu xét.

요약

의료인의 범죄 경력이 자신의 전문 업무에 관련되는지 여부를 결정할 때 본 협회는 이 기준에 설정된 10 가지 요소를 고려할 것입니다. 모든 경우가 개별적 근거에 따라 결정되어야 하는 한편, 이들 10 가지 요소는 본 협회의 고려에 대한 근거를 제공합니다.

Scope of application

This standard applies to all applicants and all registered health practitioners. It does not apply to students.

Requirements

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the following factors.

1. The nature and gravity of the offence or alleged offence and its relevance to health practice.

The more serious the offence or alleged offence and the greater its relevance to health practice, the more weight that the Board will assign to it.

2. The period of time since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place greater weight on more recent offences.

3. Whether a finding of guilt or a conviction was recorded for the offence or a charge for the offence is still pending.

In considering the relevance of the criminal history information, the Board is to have regard to the type of criminal history information provided. The following types of criminal history information are to be considered, in descending order of relevance:

- a) convictions
- b) findings of guilt
- c) pending charges
- d) non-conviction charges, that is, charges that have been resolved otherwise than by a conviction or finding of guilt, taking into account the availability and source of contextual information which may explain why a non conviction charge did not result in a conviction or finding of guilt.

4. The sentence imposed for the offence.

The weight the Board will place on the sentence will generally increase as the significance of the sentence increases, including any custodial period imposed. The Board will also consider any mitigating factors raised in sentencing, where available, including rehabilitation.

5. The ages of the health practitioner and of any victim at the time the health practitioner committed, or allegedly committed, the offence.

The Board may place less weight on offences committed when the applicant is younger, and particularly under 18 years of age. The Board may place more weight on offences involving victims under 18 years of age or other vulnerable persons.

6. Whether or not the conduct that constituted the offence or to which the charge relates has been decriminalised since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place less or no weight on offences that have been decriminalised since the health practitioner committed, or allegedly committed, the offence.

7. The health practitioner's behaviour since he or she committed, or allegedly committed, the offence.

Indications that the offence was an aberration and evidence of good conduct or rehabilitation since the commission, or alleged commission of the offence, will tend to be a mitigating factor. However, indications that the offence is part of a pattern of behaviour will tend to have the opposite effect.

8. The likelihood of future threat to a patient of the health practitioner.

The Board is likely to place significant weight on the likelihood of future threat to a patient or client of the health practitioner.

9. Any information given by the health practitioner.

Any information provided by the health practitioner such as an explanation or mitigating factors will be reviewed by the Board and taken into account in considering the health practitioner's criminal history.

10. Any other matter that the Board considers relevant.

The Board may take into account any other matter that it considers relevant to the application or notification. A Board will not require an applicant or registered health practitioner to provide further information that may prejudice their personal situation pending charges and the Board

must not draw any adverse inference as a result of the fact that information has not been provided.

Note: the above factors have been numbered for ease of reference only. The numbering does not indicate a priority order of application.

Definitions

Criminal history is defined in the National Law as:

- every conviction of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law,
- every plea of guilty or finding of guilt by a court of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law and whether or not a conviction is recorded for the offence
- every charge made against the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements.

Review

This standard will commence on ~~1 January 2025~~ 1 January 2026. The Board will review this standard at least every three years.

3. Draft registration standard: English language skills

注册标准草案：英语语言技能

Dự thảo tiêu chuẩn đăng bạ: Trình độ tiếng Anh

등록기준안: 영어 능력

Draft at September 2011

Introduction

What the National Law requires

In accordance with the National Law, the Board may decide that an individual is not a suitable person to hold general registration in the Chinese medicine profession if in the Board's opinion, the individual's competency in speaking or otherwise communicating in English is not sufficient for the individual to practise the profession (section 55).

The Board is required to develop and recommend to the Ministerial Council a registration standard setting out requirements for the English language skills that are necessary for an applicant to be suitable for registration in the Chinese medicine profession (section 38).

What the Board is consulting on

The Board is consulting on the following draft registration standard which sets out the proposed requirements of the Chinese Medicine Board with respect to English language skills.

Specifically, the Board seeks advice on:

- 3.1 Whether the evidence requirements in the proposed standard is acceptable
 - 3.2 Whether you agree with the minimum test result levels
 - 3.3 Whether you agree with the effective communication requirements applicable for all practitioners
 - 3.4 Whether you agree with the general exemptions
 - 3.5 Whether you agree with exemptions which apply to "grandparented" practitioners
 - 3.6 Whether you agree with appropriate arrangements for the purposes of consultation/treatment
 - 3.7 Whether you agree with appropriate arrangements for contacting emergency services
- 具体而言，委员会征求如下意见：

- 3.1 是否接受拟议标准里的证据要求
- 3.2 您是否同意基本测试结果水平

3.3 您是否同意对所有医师实行的有效沟通要求

3.4 您是否同意一般免除情况

3.5 您是否同意对“原有资格认定”医师实行的免除情况

3.6 您是否同意对门诊/治疗实行的适当安排

3.7 您是否同意对联系应急服务实行的适当安排

Đặc biệt, Hội Đồng muốn có ý kiến đóng góp về:

- 3.1 Liệu các yêu cầu về bằng chứng trong dự thảo tiêu chuẩn là có thể chấp nhận được
- 3.2 Liệu quý vị ưng thuận các cấp độ kết quả trắc nghiệm tối thiểu
- 3.3 Liệu quý vị ưng thuận các yêu cầu giao tiếp thông suốt áp dụng với tất cả người hành nghề
- 3.4 Liệu quý vị ưng thuận các đặc miễn miễn tổng quát
- 3.5 Liệu quý vị ưng thuận các đặc miễn áp dụng với người hành nghề “đặc cách”
- 3.6 Liệu quý vị ưng thuận các sắp xếp thích hợp về việc khám bệnh/ chữa trị
- 3.7 Liệu quý vị ưng thuận các sắp xếp thích hợp về việc gọi các dịch vụ cấp cứu

구체적으로, 본 협회는 아래 사항에 대한 정보를 원합니다.

- 3.1 제기된 기준의 증거 요건이 채택 가능한 지의 여부
- 3.2 테스트 결과 최소 수준에 대한 귀하의 동의 여부
- 3.3 모든 한의사에게 적용되는 효과적인 의사소통 요건에 대한 귀하의 동의 여부
- 3.4 일반적 면제에 대한 귀하의 동의 여부
- 3.5 “유호기간 만기 (grandparented)” 한의사에게 적용되는 면제에 대한 귀하의 동의 여부
- 3.6 진료/치료의 목적을 위한 적절한 조치에 대한 귀하의 동의 여부
- 3.7 응급 서비스 연락을 위한 적절한 조치에 대한 귀하의 동의 여부

The draft registration standard for English language skills is on the following page.

Chinese Medicine Board of Australia

English language skills registration standard

英语语言技能注册标准

Tiêu chuẩn đăng bạ về trình độ tiếng Anh

영어 능력 등록 기준

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <date> pursuant to the *Health Practitioner Regulation National Law Act*, as in force in each state and territory (the National Law), with approval taking effect from <date>.

Summary

1. English language skills standard
2. Exemptions – including arrangements for “grandparented” practitioners.
3. All registrants must ensure effective communication is available to support safe and competent practice.

摘要

1. 英语语言技能标准。
2. 免除情况——包括“原有资格认定”医师的安排。
3. 为支持安全胜任的执业活动，全体注册人员必须保证有效沟通。

Tóm tắt

1. Tiêu chuẩn trình độ tiếng Anh
2. Đặc miễn – bao gồm sắp xếp cho người hành nghề “đặc cách”.
3. Tất cả người đăng bạ phải bảo đảm có cách thức giao tiếp thông suốt để

hỗ trợ việc hành nghề một cách an toàn và có năng lực.

요약

1. 영어 능력 기준
2. 면제 – “유호기간 만기 (grandparented)” 한의사를 위한 조치 포함
3. 모든 등록자들은 안전하고 능력 있는 업무를 지원하기 위해 효과적인 커뮤니케이션이 가능하도록 해야 합니다.

Scope of Application

This standard applies to all applicants for initial registration. It does not apply to students. All registrants must ensure effective communication for the purpose of consultation/treatment of patients.

Requirements

1. Evidence

- 1.1 Evidence of completion of 4 years (full time equivalent¹) or postgraduate studies of at least 1.5 years (full time equivalent) of education taught and assessed in English, or

- 1.2 English language proficiency demonstrated by Test Report Form of one of the following tests of English language proficiency :

- The International English Language Testing System (IELTS) examination (academic module) with an overall score of at least 7 with no individual score (in components of listening, reading, writing and speaking) below 6.5, or
- Completion and an overall pass in the OET with grades A or B only in each of the four components (listening, reading, writing and speaking), or
- Successful completion of the American Test for English as a Foreign Language (TOEFL test) including the spoken component and a minimum of 237 (test of written English 4.5), or
- Other English language tests approved by the Board from time to time, and

- Successful completion of the American Test for English as a Foreign Language (TOEFL test) including the spoken component and a minimum of 237 (test of written English 4.5), or
- Other English language tests approved by the Board from time to time, and

- 1.3 Results must have been obtained within two years prior to applying for registration, and

- 1.4 Results from any of the above mentioned English language examinations must have been obtained in one sitting, and

- 1.5 The applicant is responsible for the cost of the English tests, and

- 1.6 The applicant must make arrangements for test results to be provided directly to the Board by the testing authority², for example, by secure internet login.

¹ 4 years full time equivalent education taught and assessed in English means 4 years full time equivalent of either tertiary and secondary, tertiary and vocational or combined tertiary, secondary and vocational education.

2. Periodic audits

Periodic audits of Registrants may be conducted on an annual basis to ensure that registrants are compliant with this standard.

3. Non Compliance with Standard

Non compliance with this standard is a breach of the National Law and may result in disciplinary action.

Exemptions - General

1. The Board may grant an exemption where an applicant applies for limited registration in special circumstances, such as:
 - To undertake research that involves limited or no patient contact.
 - To undertake a period of postgraduate study or supervised training while working in an appropriately supported environment that will ensure patient safety is not compromised.

These special circumstance exemptions will generally be subject to conditions requiring supervision by a registered Chinese Medicine practitioner and may also require the use of an interpreter.

The Board reserves the right at any time to require an applicant to undertake a specified English language test.

2. Where the applicant is a registered student an English Test Report Form more than two years old may be accepted if that registered student has been continuously enrolled in a Board approved Chinese Medicine program of study taught and assessed in English.

Exemption Arrangements - Grandparented Applicants till 31 December 2015

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

Syndicate, The British Council and IDP Education Australia (see <http://www.ielts.org>).

OET means Occupational English test administered by the Centre for Adult Education (see <http://occupationalenglishtest.org/>).

An internationally qualified applicant means a person who qualified as a health practitioner outside of Australia.

One sitting means the period of time set by the testing authority for completion of the test. If for example IELTS states that the listening, reading and writing components of the test are always completed on the same day.

Depending on the test centre, the speaking test may be taken up to seven days either before or after the test date.

Suitable interpreter means a person who:

- has experience in health interpreting
- is agreed to by both the patient and the practitioner

- is considered by both the patient and the practitioner to be competent in communicating in their respective languages

- is agreed by both to not compromise privacy and confidentiality.

TOEFL test means the (American) Test of English as a Foreign Language.

Review

This standard will commence on <date>. The Board will review this standard at least every three years.

4. Draft registration standard: Professional indemnity insurance

注册标准草案：专业赔偿保险

Dự thảo tiêu chuẩn đăng bạ: Bảo hiểm bồi thường nghề chuyên môn

등록기준안: 전문인 배상책임 보험

Draft at September 2011

Introduction

What the National Law requires

The National Law requires that a registered health practitioner must not practise their profession unless they have appropriate professional indemnity insurance (PII) arrangements in force. The Board may, at any time in writing, require a registrant to give the Board evidence of that he/she has appropriate PII arrangements (section 129).

When a practitioner renews their registration, he/she must make a declaration that he/she has not practised the profession during the preceding period without having appropriate PII arrangements in place, and that he/she will not practise the profession unless appropriate PII arrangements are in place (section 109). The Board may decide not to renew the practitioner's registration if he/she failed to have appropriate PII arrangements in place for the preceding period of registration (section 112).

The PII requirements do not apply to a person granted 'non-practising' registration.

The Board is required to develop and recommend to the Ministerial Council, a registration standard about the requirements for PII arrangements for registered Chinese medicine practitioners (section 38).

What the Board is consulting on

The Board is therefore consulting on the following draft registration standard which sets out the proposed requirements of the Chinese Medicine Board with respect to PII.

Specifically, the Board seeks advice on:

- 4.1 Whether you agree with the minimum cover for a single claim
- 4.2 Whether you agree with the other minimum requirements
- 4.3 What you think about the proposal to rely on a self-declaration that compliant insurance is in place

具体而言，委员会征求如下意见：

- 4.1 您是否同意单次索赔的基本保障水平
- 4.2 您是否同意其他基本要求

- 4.3 您对我声明已投保合理保险的拟议方案有何看法

Đặc biệt, Hội Đồng muốn có ý kiến đóng góp về:

- 4.1 Liệu quý vị ưng thuận việc bảo hiểm tối thiểu cho một đơn đòi bồi thường riêng lẻ
- 4.2 Liệu quý vị ưng thuận các yêu cầu tối thiểu khác
- 4.3 Quý vị nghĩ thế nào về đề nghị tin tưởng vào việc tự khai báo đã có bảo hiểm đạt yêu cầu

구체적으로, 본 협회는 아래 사항에 대한 정보를 원합니다.

- 4.1 규하가 단일 클레임을 위한 최소한의 커버에 동의하는지 여부
- 4.2 기타 최소 요건에 동의하는지 여부
- 4.3 규정을 준수하는 보험에 가입했다는 자가 선언에 의존하는 제인에 대해 어떻게 생각하는지

The draft registration standard for Professional indemnity insurance is on the following page.

Chinese Medicine Board of Australia

Professional Indemnity Insurance arrangements registration standard

专业赔偿保险方案注册标准

Tiêu chuẩn đăng bạ về cơ chế Bảo Hiểm Bồi Thường Nghề Chuyên Môn

전문인 배상책임 보험 등록 기준

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <date> pursuant to the *Health Practitioner Regulation National Law Act*, as in force in each state and territory (the National Law), with approval taking effect from <date>.

Summary

1. Registrants must not practise unless they have Professional Indemnity Insurance (PII) arrangements in place for their full scope of practice which comply with this standard.
2. Professional Indemnity Insurance must include:
 - 2.1 a minimum of \$2 million in cover for any single claim
 - 2.2 a minimum of one automatic reinstatement during each year of insurance cover
 - 2.3 run off cover
 - 2.4 unlimited retroactivity
 - 2.5 includes product liability where the registrant uses, sells or dispenses therapeutic goods.
3. When applying for registration or renewing registration registrants must declare that they will not practise the profession unless they have PII arrangements in place that meet this standard.
4. Non compliance with this standard is a breach of the National Law and may lead to disciplinary action.

摘要

1. 注册人除非依据本标准规定，对全部执业范围均投保了专业赔偿保险(PII)，否则不得从事执业活动。
2. 专业赔偿保险必须包括：
 - 2.1 单次索赔基本保额\$200 万
 - 2.2 每年保险期内至少一次自动恢复保险金额
 - 2.3 自然终止的保障
 - 2.4 无限追溯力
 - 2.5 包括注册人使用、销售或配发治疗用品的产品责任
3. 申请注册或续签注册时，注册人必须声明在投保符合本标准规定的 PII 前，不会从事本行业的执业活动。
4. 不遵守本标准规定，视为违反全国法律，可能受到纪律处分。

Tóm tắt

1. Người đăng bạ không được phép hành nghề từ khi đã có Bảo Hiểm Bồi Thường Nghề Chuyên Môn (Professional Indemnity Insurance - PII) cho toàn bộ phạm vi hành nghề theo đúng tiêu chuẩn này.
2. Bảo Hiểm Bồi Thường Nghề Chuyên Môn phải bao gồm:
 - 2.1. bảo hiểm tối thiểu 2 triệu đô-la cho bất kỳ đơn đòi bồi thường riêng lẻ nào
 - 2.2. tối thiểu một lần tự động tăng mức bảo hiểm cho mỗi năm của hợp đồng bảo hiểm
 - 2.3. tiếp tục bảo hiểm dù ngưng hành nghề
 - 2.4. có hiệu lực trở về trước không giới hạn
 - 2.5. bao gồm trách nhiệm về sản phẩm trong trường hợp người hành nghề sử dụng, bán hoặc phân phối sản phẩm trị liệu.
3. Khi xin đăng bạ hoặc tái đăng bạ, người đăng bạ phải khai báo rằng mình sẽ không hành nghề từ khi có PII (Bảo Hiểm Bồi Thường Nghề Chuyên Môn) đáp ứng tiêu chuẩn này.
4. Vi phạm tiêu chuẩn này là vi phạm Luật Toàn Quốc và có thể bị kỷ luật.

요약

1. 등록자들은 이 기준을 따르는 업무 전 영역을 위해 전문인 배상책임 보험 (PPI)에 가입하지 않은 한 업무를 수행하지 않아야 합니다.
2. 전문인 배상책임 보험은 아래를 포함해야 합니다.
 - 2.1 단일 클레임에 대해 최소한 2 백만 달러 커버
 - 2.2 보험이 커버되는 각 연도에 최소한 한 번의 자동 복귀
 - 2.3 런오프 (run off) 커버
 - 2.4 무제한 소급
 - 2.5 등록자가 약품을 사용, 판매 혹은 분배하는 장소에서의 제품 책임 포함
3. 등록 신청을 하거나 등록 갱신을 할 때 등록자는 이 기준을 충족하는 PPI 가입을 하지 않은 한 업무를 수행하지 않겠다는 선언을 해야 합니다.
4. 이 기준을 준수하지 않은 것은 해당 국내 법을 위반하는 것이며 처벌을 받을 수가 있습니다.

Scope of application

This standard applies to all registrants applying for initial registration or renewal of their registration. It does not apply to student registrants or practitioners with non-practising registration.

Requirements

1. Scope of Practice Insurance Cover

Registrants must not practise in Australia unless they have PII arrangements in place for their full scope of practice regardless of whether they are practising full time, part time or in a volunteer position

2. Level of Cover

PII cover must include:

- a) a minimum of \$2 million in cover for any single claim
- b) a minimum of one automatic reinstatement during each year of insurance cover
- c) run-off cover
- d) unlimited retroactivity
- e) product liability where the registrant uses, sells or dispenses therapeutic goods

A self-assessment of the appropriate level of insurance by the registrant is required to consider whether cover in addition to the minimum is required. This assessment must consider:

- the practice setting and type of services and care being provided
- the patient or client group
- current employment status (Part time/Full time/teaching/research etc)
- any areas of practice where there is greater risk
- the volume of patients or clients to whom treatment, advice, guidance or care is provided
- previous history of insurance claims and the type of claim made against the practitioner in the past, if any
- any advice from professional indemnity insurers or professional associations, including advice regarding the history and volume of professional liability claims experienced by other members of the profession
- any advice from an insurance broker.

3. Policy Owner

Individual registrants may be covered by either individual or third party PII arrangements. Examples of third party PII include cover via the employer's insurance arrangement or cover through membership with a professional association. Registrants covered by a third party PII arrangement must satisfy themselves that the policy meets this standard, and if the third party cover does not meet this standard the individual must take out their own insurance to ensure this standard is met.

4. Disciplinary Matters under Third Party Insurance

Some PII arrangements may not routinely provide cover for matters of a disciplinary character. These matters do not usually lead to awards of compensation to patients, clients or other persons who have suffered detriment as a result of a practitioner's action. These matters, however, may involve costs for individual practitioners. Examples are breaches of professional standards, codes or ethics and breaches of institutional privacy policies. The Board strongly recommends that each practitioner consider whether they have this cover as part of their PII arrangement and if not whether they wish to obtain it.

5. Declarations

When applying for registration applicants must declare that they will not practise the profession unless they have PII arrangements in place that meet this standard.

6. Evidence

Registrants who hold private insurance in their own name are required to retain documentary evidence of their insurance. Registrants covered by a third party insurance are not required to retain documentary evidence of the insurance policy.

The Board may, however, require any practitioner to submit evidence of their PII arrangements.

7. Non Compliance with Standard

Non compliance with this standard is a breach of the National Law and may result in disciplinary action.

8. Periodic audits

Periodic audits of registrants may be conducted on an annual basis to ensure that registrants are compliant with this standard.

9. Definitions

Claims made policies means the policy will only respond to claims made against the insured and notified to the insurer during the period of insurance

Occurrence-based policy provides indemnity for any incident which occurs during the coverage period, regardless of when a claim is made, even if the policy has not been renewed. Therefore reactivity of cover is not relevant, or necessary, for 'occurrence-based' policies as long as it has been maintained from commencement of practice.

Professional indemnity insurance arrangements means arrangements that secure for the practitioner's professional practice insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries and covers the cost and expenses of defending a legal claim, as well as any damages payable. Some government organisations under policies of the owning government are self-insured for the same range of matters.

Run-off cover means insurance that protects a practitioner who has ceased a particular practice against claims that arise out of or are a consequence of activities that were undertaken when the practitioner was conducting that practice. This type of cover may be included in a PI policy or may need to be purchased separately.

Retro-active cover means PI arrangements which cover the insured against claims arising out of or in consequence of activities that were undertaken in the course of the practitioner's professional practice, prior to the date of the commencement of the insurance. Retroactive cover only applies to 'claims made' policies. With occurrence-based policies it is not relevant, but any periods of practice without current insurance leave practitioner/patients without cover.

Practice means any role in which a Chinese medicine practitioner or Chinese herbal dispenser uses their skills in their profession in any way that impacts on safe, effective delivery of health services.

Review

This standard applies from <date>. The Board will review this standard at least every 3 years.

1. Draft registration standard: Recency of practice

注册标准草案：近期执业经历

Dự thảo tiêu chuẩn đăng bạ: Hành nghề trong thời gian gần đây

등록기준안: 최근 업무 여부

Draft at September 2011

Introduction

What the National Law requires

In accordance with the National Law, the Board may decide that an individual is not a suitable person to hold general registration in the Chinese medicine profession if the nature, extent, period and recency of any previous practice of the profession is not sufficient to meet the requirements specified in an approved registration standard relevant to the profession (section 55).

Also, when a practitioner renews their registration, he/she must make a declaration that he/she has met any recency of practice requirements set by the Board in an approved registration standard for the profession (section 109).

The Board is required to develop and recommend to the Ministerial Council, a registration standard about requirements in relation to the nature, extent, period and recency of any previous practice of the profession by applications for registration in the Chinese medicine profession (section 38).

What the Board is consulting on

The Board is consulting on the following draft registration standard which sets out the proposed requirements of the Chinese Medicine Board with respect to 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

具体而言，委员会征求如下意见：

5.1 您是否同意 3 年期的规定

5.2 您是否同意适用对象(请参阅适用范围)

5.3 您是咨询免除情况

5.4 您是否同意有关执业的定义

Đặc biệt, Hội Đồng muốn có ý kiến đóng góp về:

5.1 Liệu quý vị ưng thuận thời gian 3 năm

5.2 Liệu quý vị ưng thuận về việc áp dụng với những ai (xem phạm vi áp dụng)

5.3 Liệu quý vị ưng thuận các đặc miễn

5.4 Liệu quý vị ưng thuận định nghĩa của việc hành nghề

구체적으로, 본 협회는 아래 사항에 대한 정보를 원합니다.

5.1 3 년 기간에 대한 귀하의 동의 여부

5.2 적용되는 사람에 대한 귀하의 동의 여부 (적용 범위 참조)

5.3 면제에 대한 귀하의 동의 여부

5.4 업무 정의에 대한 귀하의 동의 여부

The draft registration standard for recency of practice is on the following page.

Chinese Medicine Board of Australia

Recency of practice registration standard

近期执业经历注册标准

Tiêu chuẩn đăng bạ về hành nghề gần đây

업무의 최신성 등록 기준

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <date> pursuant to the *Health Practitioner Regulation National Law Act*, as in force in each state and territory with approval taking effect from <date>.

Summary

1. All registered practitioners practising in Australia are required to maintain their currency of practice and must demonstrate, to the satisfaction of the Board, that they have undertaken sufficient practice in their profession to maintain competence.
2. Practitioners applying for registration or renewal of registration are required to make a declaration that they have engaged in sufficient practice of the profession that meets the requirements of this standard.
3. If a practitioner is unable to make the declaration required, the Board may refuse their registration or renewal of registration or grant registration/renewal subject to conditions.

摘要

1. 凡在澳洲开展执业活动的注册医师，均需当紧跟执业趋势，必须证明并让委员会相信他们已在个人专业领域开展了足够的执业活动，具备胜任能力。
2. 申请注册或续签注册的医师，应声明他们已在个人专业领域开展符合本标准要求的足够执业活动。
3. 若医师未能按照规定做出声明，委员会可拒绝其注册或续签注册申请，或给与以有条件的注册/续签注册。

Tóm tắt

1. Tất cả người hành nghề có đăng bạ, đang hành nghề tại Úc phải duy trì việc hành nghề của mình và phải chứng tỏ rằng mình đã hành nghề đủ để duy trì năng lực và việc này phải được Hội Đồng chấp thuận.

2. Người hành nghề muốn xin đăng bạ hoặc tái đăng bạ phải khai báo rằng mình đã hành nghề đủ và đáp ứng các yêu cầu của tiêu chuẩn này.
3. Nếu người hành nghề không thể khai báo như đã yêu cầu, Hội Đồng có thể từ chối việc đăng bạ hoặc tái đăng bạ của họ hay chấp thuận cho đăng bạ/tái đăng bạ có điều kiện.

요약

1. 호주에서 업무를 수행하는 모든 등록자들은 적신 업무를 유지해야 하며 자신들의 역량을 유지하기 위해 자신의 전문 분야에서 충분한 업무를 수행하였음을 본 협회가 만족하는 수준으로까지 보여야 합니다.

2. 등록 신청 혹은 등록 갱신을 하는 한의사들은 이 기준의 요건을 충족하기에 충분한 업무 수행을 하였음을 선언해야 합니다.

3. 한의사가 필요한 선언을 할 수 없는 경우에는 본 협회에서 이들의 등록 혹은 등록 갱신을 거부하거나 조건 하에서 등록/갱신을 부여할 수도 있습니다.

Scope of application

This standard applies to all practitioners seeking registration in a practising category of registration, endorsement of registration or renewal of registration. It is applied to 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, applicants for non practising registration, non practising registrants.

Requirements

When to notify about recency

The Board will consider recency of practice when considering an initial application for registration².

A registered practitioner must then make an annual statement every year when they apply to renew registration³ 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?

² Refer section 55(1)(f) within "Unsustainability to hold general registration"

³ Refer section 109(1)(a)(ii) within "Annual statement"

This does not apply when applying for or renewing non-practising registration. It will, however, apply when changing registration category from non-practising to practising registration.

Any detection or notification of non-compliance with the standard will initiate follow up from the Board requesting evidence or demonstration of maintenance of skills and knowledge to practise competently during the relevant period.

A practitioner who has not practised for three or more years is required to submit a proposed plan for re-entry to professional practice⁴.

If a practitioner has their registration suspended, resulting in non-practice for two or more years, they must submit a proposed plan for re-entry to professional practice⁵ before they resume practice when the suspension ends.

The Board's assessment of a proposed re-entry plan is on an individual basis and includes consideration of the matters outlined in the Schedule.

Exemptions

1. Practitioners exempt from meeting the requirements of this standard include:

- a) Recent graduates who apply for registration within 1 year of graduation
- b) Practitioners who have undergone and passed an approved formal competency assessment as determined by the Board within the previous 2 years
- c) Practitioners applying for or renewing non practising registration.

Definitions

Practice means any role in which a Chinese medicine practitioner or Chinese herbal dispenser uses their skills in their profession in any way that impacts on safe, effective delivery of health services.

Clinical practice means direct clinical care of patients, using the current knowledge, skills and attitudes of the profession, whether remunerated or not, and regardless of job title.

Non clinical practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession, except for the provision of direct clinical care. It includes working in a direct non clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

Recent graduate means a person applying for registration for the first time whose qualification for registration was awarded not more than one year prior to the date of their application.

Recency of practice means that a practitioner has maintained an adequate connection with, and recent practice in, the profession since qualifying or obtaining registration.

⁴ The CAMRB experience is that practitioners phone in requesting details of what they are required to do and what to submit; this could be addressed via a code/guideline

⁵ The CAMRB experience is that practitioners phone in requesting details of what they are required to do and what to submit; this could be addressed via a code/guideline

Review

This standard will commence on <date>. The Board will review this standard at least every three years.

SCHEDULE

The Board's assessment of a proposed re-entry plan is on an individual basis and includes consideration of the following matters:

- date and location of primary qualification
 - practitioners' registration and practice history
 - length of absence from practice
 - when the applicant last practised in Australia
 - activities undertaken in the past five years related to the profession
 - additional qualifications or study obtained during the period of absence
 - reasons for absence from practice
 - proportion of self directed learning with no peer interaction
 - prospective working context (e.g sole practice vs group practice)
 - possible linguistic isolation from Australia's health care system.
- The Board may:
- refuse registration, endorsement or renewal of registration, or
 - require the applicant to undergo a performance assessment, and/or
 - require the applicant to successfully complete an examination, and/or
 - require the applicant to successfully complete further education aimed at remedying shortfalls in their professional knowledge, and/or
 - require the applicant to successfully complete an approved course of study or retraining aimed at remedying shortfalls in their professional skills (e.g. completion of one clinical practice unit from within a Board approved course)
 - require the applicant to successfully complete a period of mentoring and/or supervised practice under the supervision of a registered practitioner approved by the Board;
 - grant or renew registration but impose a condition of registration.

6. Board statement of assessment against AHPRA's procedures for development of registration standards - mandatory registration standards

委员会依据澳大利亚医疗人员管理局(AHPRA)注册标准(强制性注册标准)制定流程所做的评估声明

Lời công bố của Hội Đồng về việc thẩm định so với các thủ tục của AHPRA đối với việc biên soạn các tiêu chuẩn đăng bạ - các tiêu chuẩn đăng bạ bắt buộc

등록 기준 개발을 위한 AHPRA 절차에 대한 협회의 평가문 - 필수 등록 기준

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the Development of Registration Standards* which are available at: www.ahpra.gov.au

Below is the Chinese Medicine Board of Australia's assessment of its proposed mandatory registration standards against the three elements outlined in the AHPRA Procedures.

The proposed mandatory registration standards takes into account the objectives and guiding principles of the National Law (section 3)

Board assessment

The Board considers that its proposed mandatory registration standards meet the objectives and guiding principles of the National Law. In particular, the Board notes that the development of the registration standards on these five matters is required under the National Law and is not at the Board's discretion.

The proposed mandatory registration standards meet the consultation requirements of the National Law

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards. The National Law also requires the Board to consult other boards on matters of shared interest.

The Board is ensuring that there is public exposure of its proposals and the opportunity for public comment by undertaking a 5 week public consultation process. This process includes the publication of the consultation paper and draft registration standards on the website. The Board has also drawn this paper to the attention of the 13 other National Boards, the Chinese Medicine Registration Board of Victoria, professional associations and governments.

The Board will take into account the comments it receives when finalising its draft standards for submission to the Ministerial Council for approval.

The proposed mandatory registration standards take into account the COAG principles for best practice regulation

Board assessment

In developing the draft mandatory registration standards for consultation, the Board has taken into account the Council of Australian Governments (COAG) Principles for Best Practice Regulation.

As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens

that would create unjustified costs for the profession or the community. The Board makes the following assessment specific to each of the five draft mandatory registration standards.

- The **Continuing professional development (CPD) registration standard** imposes a modest requirement on registrants to undertake professional development activities to ensure that their skills and knowledge remain current. It is consistent with the policy of the Victorian Board and also with the current requirements of the relevant professional associations. For this reason it is likely to be understood and accepted. In addition it provides guidance for registrants about what they must undertake whilst also being flexible about how this is achieved.
- The **Criminal history registration standard** is the same as the Ministerial Council approved registration standard that was implemented by the first 10 National Boards on 1 July 2010 and explains the factors that the Board will take into account in reviewing criminal history. The approved registration standard was subject to wide-ranging public consultation in 2009 prior to the start of the scheme, and was largely consistent with the way state and territory registration boards assessed the criminal history of health practitioners in relation to registration matters across the 10 professions.

The intent of having the same registration standard as the other 10 National Boards is to ensure that a consistent, transparent and equitable framework is applied to Board decisions on the sensitive matter of a whether a person's criminal history is relevant to the practice of their profession. The Board considers that differing criminal history registration standards will risk imposing unjustified additional costs due to national processes needing to be changed to accommodate a different standard of criminal history for the profession and there may be an increased risk of inconsistent decisions being made due to the different requirements, which in turn may have a negative impact on a person seeking registration or may pose a risk to public safety.

- The **English language registration standard** proposed is consistent with the standards set by other national health Boards. The Department of Immigration and Citizenship (DIAC) requires sufficient English language ability to work in Australia, known as 'vocational' English and refers to the International English Language Testing System (IELTS) test to evidence English language ability. DIAC also advises that a higher level of English may be required for certain occupations. The Board accepts IELTS plus additional tests and evidence. It provides for exemptions to ensure that the cost of assessments only applies where necessary to ensure public protection. It also recognises the multi-cultural nature of Chinese medicine practice and as a transitional arrangement imposes specific arrangements to ensure safe and effective communication with patients and with emergency services.

- The **PtI registration standard** has determined a minimum amount of PtI cover having regard to the value of catastrophic injury claims across Australia. The proposed standard recognises that the profession is largely employed in private practice. Employment in the public and/or government and/or tertiary educational sectors is uncommon but the experience of the Victorian Board has been that all such persons have been able to provide evidence of compliant insurance cover. The proposed standard avoids imposing onerous documentation requirements on practitioners which has the potential to add to employer and/or practitioner costs and costs to consumers.

- The **Recency of practice registration standard** does not impose costs on registrants or the public, but may involve some costs for boards in monitoring compliance with the standard, in line with their role in protection of the public. It ensures that practitioners have sufficient recent practice experience to maintain their competence, to protect the public. The standard also provides for ways that practitioners who have not met the recency requirements to re-enter practice, to promote workforce participation. It is consistent with the policy the Victorian Board.

Further, the Board specifically addresses the **four COAG principles** as follows:

- (a) The Board considered whether the draft mandatory registration standards may result in an **unnecessary restriction of competition** among health practitioners. The draft registration standards do not restrict competition among health practitioners. Rather, the draft standards promote the public interest in ensuring that the public receive safe, high-quality health care and that practitioners are suitable to practise, maintain their skills and competence, are appropriately insured and have adequate English language skills.
- (b) The Board considered whether the draft mandatory registration standards result in an **unnecessary restriction of consumer choice**. Rather than restricting consumer choice, the draft standards support consumer choice by ensuring that practitioners have the necessary skills,

qualities and competence to practice safely.

- (c) The Board considered that the **overall costs** of the draft standards to members of the public and/or registrants and/or governments are **reasonable in relation to the benefits to be achieved**. While there are a number of requirements that a practitioner must satisfy to qualify for registration, this is consistent with the objectives and guiding principles for the National Registration and Accreditation Scheme and is appropriate to ensure that practitioners have the necessary qualities, knowledge and skill to practice the profession, for the protection of the public.
- (d) The Board has **procedures in place to ensure that the standards remain relevant** and in the public interest over time. The standards will be reviewed within three years of their commencement, including assessment against the objectives and guiding principles in the proposed national law and the COAG principles for best practice regulation. However, the Board may choose to review an approved registration standard at an earlier point in time, if it is necessary to ensure the standard's continued relevance and workability.

7. Grandparenting registration standard: Transitional Arrangements for Qualifications

原有资格认定注册标准：资格过渡性安排

Tiêu chuẩn đăng bạ đặc cách: Cơ Chế Chuyển Tiếp cho Văn Bản

유호기간이 지난 (grandparenting) 등록 기준: 자격증 임시

주선

Draft at September 2011

Introduction

What the National Law says:

Special grandparenting provisions for registration are set out under Section 303 of the National Law. An individual may be eligible to apply for registration until 1 July 2015 even if the person does not hold an approved qualification for registration, but does have other relevant qualifications, training, or experience practising the profession.

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.

It is important to note that all of the other eligibility for registration requirements set out in section 52 of the National Law apply to people seeking registration using the grandparenting provisions.

What the Board is consulting on

The Board is consulting on the following draft grandparenting registration standard which sets out the proposed requirements of the Chinese Medicine Board with respect to applying the grandparenting provisions of the National Law.

Specifically, the Board seeks advice on:

7.1 Whether you agree with the qualifications standards

7.2 Whether you agree with the types of practice evidence requested

7.3 Whether you agree with the types of competence evidence requested

具体而言，委员会征求如下意见：

7.1 您是否同意资格标准

7.2 您是否同意所要求的执业证据类型

7.3 您是否同意所要求的胜任能力证据类型

Đặc biệt: Hội Đồng muốn có ý kiến đóng góp về:

7.1 Liệu quý vị ưng thuận các tiêu chuẩn về văn bản

7.2 Liệu quý vị ưng thuận các loại bằng chứng hành nghề đa yêu cầu

7.3 Liệu quý vị ưng thuận các loại bằng chứng năng lực đa yêu cầu

구체적으로, 본 협회는 아래 사항에 대한 정보를 원합니다.

7.1 자격증 기준에 대한 귀하의 동의 여부

7.2 요청된 업무 유형 증명문서에 대한 귀하의 동의 여부

7.3 요청된 권한 유형 증명문서에 대한 귀하의 동의 여부

The draft grandparenting registration standard is on the following page.

Chinese Medicine Board of Australia

Grandparenting registration standard: Transitional Arrangements for Qualifications

原有资格认定注册标准：资格过渡性安排

Tiêu chuẩn đăng bạ đặc cách: Cơ Chế Chuyển Tiếp cho Văn Bằng

유효기간이 지난 (grandparenting) 등록 기준: 자격증 임시 주선

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on XXXXXX pursuant to pursuant to section 38 (2)(c) of the Health Practitioner Regulation National Law Act, as in force in each state and territory (the National Law) with approval taking effect from XXXXXX.

Summary

This standard outlines:

- The qualifications and evidence required to meet section 303 of the national law (for the purpose of section 52(1)(a) instead of section 53)
- The requirements required to demonstrate ability to competently and safely practise as per section 52(1)(b)(iii)

The Board may decide to impose conditions on registration.

Chinese medicine practitioners who hold an approved Chinese medicine qualification, as listed on the Board's website, are eligible to apply for general registration under section 52 of the National Law. Practitioners who do not meet these requirements may be eligible to apply for registration under the 'grandparenting' provisions.

概要

本标准概述的是:

- 达到全国法律第 303 节规定所需的资格和证据(针对的是 52(1)(a)节, 而非第 53 节)
- 展示能根据 52(1)(b)(iii)节规定, 具备安全执业的能力

委员会可决定对施加条件。

凡持有委员会网站所列获准中医资格的中医医师, 根据全国法律第 52 节规定, 有资格提出普通注册。不符合这些规定的中医医师, 可能有资格根据“原有资格认定”规定提出注册申请。

Tóm tắt

Tiêu chuẩn này là về:

- Văn bằng và bằng chứng cần thiết để đáp ứng mục 303 trong luật toàn quốc (đối với mục 52(1)(a) thay vì mục 53)

- Các yêu cầu cần thiết để chứng tỏ khả năng hành nghề một cách an toàn và có năng lực theo mục 52(1)(b)(iii)

Hội Đồng có thể quyết định áp đặt các điều kiện kèm theo đăng bạ.

Người hành nghề thuốc Bắc có văn bằng thuốc Bắc hợp lệ, như được liệt kê trên trang mạng của Hội Đồng, sẽ hội đủ điều kiện để xin đăng bạ tổng quát theo mục 52 trong Luật Toàn Quốc. Người hành nghề không đáp ứng được các yêu cầu này có thể hội đủ điều kiện để xin đăng bạ theo diện 'đặc cách'.

요약

기준 아웃라인:

- (53 조 대신 52 조 (1)(a)의 목적을 위해) 해당 국내법 303 조의 충족 자격 및 증거
- 52 조 (1)(b)(iii)에 근거한 유능하고 안전한 업무수행 능력을 위한 요구 사항

본 첩보는 등록 조건 부여 절차를 내릴 수 있습니다.

인가된 한방 자격증을 보유한 한의사들은 본 첩보의 웹사이트에 명시된 대로 해당 국내법 52 조 하에 일반 등록을 신청할 자격이 있습니다. 이들 요건을 충족하지 못하는 한의사는 유효기간 만기 조항 하에서 등록을 신청할 자격이 있을 수도 있습니다.

Scope of application

Registration under the national scheme is a requirement in all state and territories in Australia.

Practitioners who on 30 June 2012 are registered with the Chinese Medicine Board of Victoria will automatically transition to the new national registration and accreditation scheme commencing on 1 July 2012 (by operation of section 269 of the National Law).

This standard sets out the qualification requirements for general registration from 1 July 2012 until 30 June 2015. Practitioners may apply for registration within one or more of the following divisions:

- Acupuncturists
- Chinese herbal medicine practitioners
- Chinese herbal dispensers

Requirements

Qualifications for general registration

The qualifications necessary to obtain general registration are set out in section 53 of the Act. However, existing practitioners who do not qualify under section 53 may be eligible to practise per the special rules that allow the National Board to register competent practitioners during the first three years.

These special rules are part of the staged commencement arrangements and also called grandparenting. The grandparenting rules are set out in section 303 of the Act which comes into operation on 1 July 2012 and will expire on 30 June 2015. According to section 303 to be qualified for

general registration practitioners must be able to demonstrate to the Board or their delegates satisfaction, evidence of:

- a qualification or training program deemed adequate by the Board; or
- a qualification or training program plus further study, training or supervised practice as required by the Board; or
- 5 years of practice within the profession between 2002 and 2012.

Conditions and refusal of registration

When registering practitioners for general registration s.52(2) of the National Law enables the Board to impose conditions.

The Board may refuse to grant registration on any of the grounds set out in s.82 (1)(c) of the National Law.

Adequate Qualifications

The Board considers the following qualifications to be adequate for grandparenting purposes.

Bachelor degree level qualification (or higher)

A relevant course of study that is accredited at Bachelor degree level (or higher) under the Australian Qualifications Framework (AQF) (assessed by NOOSR), or

A relevant course of study that is equivalent to Bachelor degree level (or higher) under the Australian Qualifications Framework (AQF)

Such a qualification must include:

For practitioners (acupuncture and Chinese herbal medicine)

- a clinical component considered adequate by the Board; and
- training in biomedical sciences (i.e. anatomy, physiology, microbiology, pharmacology, pathology, clinical diagnosis and therapeutics); and
- training in Chinese medicine theory including differential diagnosis and the design of individualised acupuncture and/or Chinese herbal medicine prescriptions; and
- phytochemistry and pharmaceuticals (Chinese herbal medicine only); and
- ethics, jurisprudence, practice management and research skills.

For dispensers

- phytochemistry and pharmaceuticals; and
- dispensing Chinese medicinal substances; theory and adequate practical training; and
- ethics, jurisprudence, practice management, and research skills.

Qualifications before 2008

A course of study which is broadly consistent with a minimum of Advanced-Diploma-level in the Australian Qualifications Framework (AQF) (assessed by NOOSR).

Such a qualification must include:

- *For practitioners (acupuncture and Chinese herbal medicine)*

- a clinical component considered adequate by the Board; and
- training in Chinese medicine theory including differential diagnosis and the design of individualised acupuncture and/or Chinese herbal medicine prescriptions; and
- training in biomedical sciences (i.e. anatomy, physiology, microbiology, pharmacology, pathology, clinical diagnosis and therapeutics); and
- **ethics, jurisprudence, and practice management.**

For dispensers

- phytochemistry and pharmaceuticals; and
- dispensing Chinese medicinal substances; theory and adequate practical training; and
- **ethics, jurisprudence, practice management.**

Adequate clinical training for practitioner courses of study means:

- See Discussion paper proposal

Adequate practical training for dispenser courses of study means:

- See Discussion paper proposal

The Board will publish a list of courses deemed acceptable.

Proof of Practice and Competence Applicants

The Board is required to:

- provide for the protection of the public by ensuring that only Chinese medicine practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered; and
- ensure that restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.

Applicants who do not have sufficient qualifications and training to be eligible on the basis of a course of study alone must provide:

1. Board-approved evidence of practice; and
2. Board-approved evidence of competence.

Required Practice Evidence

Evidence of practice within the profession at any time between 1 July 2002 and 30 June 2012 for a consecutive period of 5 years or any periods which together amount to 5 years. The evidence of practice must represent 5 years of practice within the division of registration being applied for.

The evidence that the Board considers acceptable proof of practice is included as [Schedule 1](#).

Required Competence Evidence

Acupuncture

The Board needs to be confident that a person holding the title 'acupuncturist' (or other similar title) is competent to provide the full range of acupuncture intervention methods to a member of the public who consults them for such a service. This would be expected to include the differential diagnosis of

the person's condition and the design of a treatment specific to the person's condition and adequate knowledge to ensure the safe insertion, manipulation, removal and disposal of needles and other stimulation methods such as electro-acupuncture and cupping.

Chinese herbal medicine

The Board needs to be confident that a person holding the title 'Chinese herbal medicine practitioner' is competent to provide the full range of administration methods and routes in Chinese herbal medicine to a member of the public who consults them for such a service. This would be expected to include the differential diagnosis of the person's condition and the design of a herbal formula specific to the person's condition, and adequate knowledge to ensure the safe selection, combination and dispensing of herbs and proper instructions to the patient about dosage etc. The patient could also reasonably expect that a person who advertises a Chinese herbal medicine service would understand the properties and application of the herbs individually as well as in formulae in various forms such as decoction, pills, capsules etc. The non decoction administration may involve use of raw herbal powders (traditional preparation of pills) and extracted granular that involve the appropriate use of solvents such as ethanol.

The evidence that the Board considers acceptable proof of practice is included as Schedule 2.

Documentation

All documents must be certified copies of the original. Refer to the *Certified Documents* (02/2011) guidelines accessible on the AHPRA website at <http://www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents.aspx>

All documents in foreign languages must be translated by a certified translator. Refer to <http://www.ahpra.gov.au/Registration/Registration-Process/Translating-Documents.aspx>⁶

Definitions

Practice means any role in which a Chinese medicine practitioner or Chinese herbal dispenser uses their skills in their profession in any way that impacts on sale, effective delivery of health services.

Review

This standard will commence on 1 July 2012 and cease on 1 July 2015.

⁶ It would be more user friendly to provide the details of this information to applicants

SCHEDULE 1 – PRACTICE EVIDENCE – Acupuncture and Chinese herbal medicine - 2 separate pieces of evidence required for each claimed year of practice

Type of Evidence	Acupuncture	Chinese herbal medicine	Details and explanations
Taxation records	Yes	Yes	Documentation which clearly identifies occupation as or earnings from the relevant area of practice
Health Fund (or other third party payer) Rebate Status	Yes	Yes	Evidence of health provider rebate status, including details of health fund, category, and provider number. This information varies between funds, years, etc. Whether this evidence satisfies the Board's evidentiary requirements will be assessed on a case-by-case basis. Only one private health fund Provider Rebate Status per year can be claimed as approved evidence.
Proprietor of premises registered for skin penetration with local council	Yes	No	Statement from a local government authority identifying the registered proprietor of a premises that is (or was) registered to provide acupuncture under relevant State legislation.
Invoices or statement from supplier of Chinese herbs	No	Yes	If these documents are in Chinese, translations are not required. Certified copies of Chinese originals are sufficient.
Invoices or statement from supplier of Acupuncture needles	Yes	No	If these documents are in Chinese, translations are not required. Certified copies of Chinese originals are sufficient.
Professional Indemnity Insurance	Yes	Yes	Must be in the name of the applicant and covering the specific area of practice.
Membership of a professional association relevant to the specific area of practice	Yes	Yes	Only one membership of a professional association can be claimed per year as approved evidence.
Written Record from an Employer or Landlord	Yes	Yes	The record must state the period of time employed, title and that your duties related to the specific area of practice. Practitioners who have worked in China: where a certified copy is received of a notrified statement of employment issued by the relevant Chinese authorities, a second piece of approved evidence may not be required for that year.
Patient records	Yes	Yes	10 de-identified, certified copies of real patient records for each Division being applied for. Where these documents are in Chinese, translations are NOT required. Each patient record/file MUST contain at least the following information: (a) Date(s) of consultation (b) First name of patient ONLY (or other non-identifying record of patient name, e.g. patient's initials); (c) Presenting condition (including signs & symptoms from case notes); (d) Treatment provided (i.e. acupuncture and/or Chinese herbal medicine).

EVIDENCE OF PRACTICE OF CHINESE HERBAL DISPENSING	
Two separate pieces of evidence required for each year claimed	
Type of Evidence	Details and explanations
Receipts for the purchase of raw herbs and/or single herbs in powdered or extract form	At least 3 invoices or receipts required for each year claimed
Evidence of the operation of a dispensary	Could be local council permit, business name registration, etc.
Evidence of the practice of Chinese herbal dispensing that involved the dispensing of herbal formulas that comprised raw herbs (e.g.)	De-identified patient-related records with prescriptions and details of dispensing.
Letter from employer indicating employment as a dispenser of Chinese herbs in a dispensary, clinic or shop	

SCHEDULE 2 – COMPETENCE EVIDENCE

1. EVIDENCE FOR ACUPUNCTURE AND/OR CHINESE HERBAL MEDICINE

General requirements

Evidence provided must demonstrate:

- whether the applicant's practice was in acupuncture and/or Chinese herbal medicine;
- the knowledge and application of Chinese medicine differential diagnosis;
- the design of a treatment specific to the person's condition.

For acupuncture the evidence must demonstrate:

- design and use of individualised acupuncture prescriptions

For Chinese herbal medicine the evidence must demonstrate:

- design and use of individualised Chinese herbal medicine prescriptions.

Forms of Evidence (must provide one of the following)

Statement from a Chinese medicine professional association

The professional association must show that it has assessed the practitioner's competence against criteria acceptable to the Board.

Statement from an Employer

The employer must show that they are qualified and have assessed the practitioner's competence against criteria acceptable to the Board.

Patient Records - 20 de-identified patient records for each Division being applied for.

You must supply a **certified copy** of the original patient record/files and the original patient record/file must have been recorded at the time that you treated the patient (or immediately thereafter).

Each record must contain at least the following information:

- Date(s) of consultation;
- First name of patient only (or other non-identifying record of patient name, e.g. patient's initials);
- Presenting condition;
- Chinese medicine differential diagnosis;
- Record of treatment provided, being:
 - for Acupuncturists:* the design of an individualised acupuncture treatment plan. This means an acupuncture/moxibustion point prescription that accords with the Chinese medicine diagnosis and demonstrates the application of principles of point selection as applied to the individual patient, and/or
 - for Chinese Herbal Medicine Practitioners:* an individualised Chinese herbal medicine prescription, being a Chinese herbal prescription that accords with the Chinese medicine diagnosis and demonstrates the application of the principles of Chinese herbal medicine formulae construction as applied to the individual patient. The Chinese herbal medicine formulae can employ Chinese herbs in unprocessed or processed forms.

2. EVIDENCE FOR CHINESE HERBAL DISPENSING

General requirements

Applicants must provide an explanation explain how they have learned:

- Principles of Chinese medicine
- Chinese language terminology for Chinese medicine
- Materia medica
- Chinese medicinal formulae
- Dispensing Chinese medicine substances
- Overview of Classics
- Supervised dispensing practice
- Supervised dispensing internship
- Pharmacology & Toxicology
- Phytochemistry

Forms of Evidence (must provide one of the following)

Statement from a hospital, university or similar institution regarding the person's competence as a Chinese herbal dispenser.

Evidence from such institutions must be provided by someone with general authority such as an executive of a hospital or the equivalent of a the institution's department of "Education and Training" 教务处 or 医教处 or a "Human Resources Management" department 人事处.

Statement from employer regarding the person's competence as a Chinese herbal dispenser.

The employer must show how they have assessed the dispenser's competence against criteria acceptable to the Board

Evidence of completion of an examination in Chinese herbal dispensing

The examining body and examination process must be acceptable to the Board.

3. EXAMINATION

Applicants who do not have sufficient formal qualifications and/or evidence of practice and/or evidence of competence can elect to sit a Board-approved examination in:

- Acupuncture, and/or
- Chinese herbal medicine , and/or
- Chinese herbal dispensing

8. Board statement of assessment against AHPRA's procedures for development of registration standards – grandparenting registration standard

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the Development of Registration Standards* (the AHPRA Procedures), which are available at www.ahpra.gov.au.

Below is the Chinese Medicine Board of Australia's assessment of its proposed **Grandparenting Registration Standard: Transitional Arrangements for Qualifications** against the three elements outlined in the AHPRA procedures.

The proposed Grandparenting registration standard: transitional arrangements takes into account the objectives and guiding principles of the National Law (section 3)

Board assessment

The Board considers that its proposed grandparenting registration standard meets the objectives and guiding principles of the National Law. In particular, to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered; to enable the continuous development of a flexible, responsive, and sustainable Australian health workforce; and that the National Scheme is to operate in a transparent, accountable, efficient, effective and fair way.

The proposed standard meets the consultation requirements of the National Law

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards. The National Law also requires the Board to consult other boards on matters of shared interest.

The Board is ensuring that there is public exposure of its proposals and the opportunity for public comment by undertaking a five week public consultation process. This process includes the publication of the consultation paper and the draft registration standard on the AHPRA website. The Board has also drawn this paper to the attention of the 13 other National Boards, the Chinese Medicine Registration Board of Victoria, professional associations and governments.

The Board will take into account the comments it receives when finalising its draft standards for submission to the Ministerial Council for approval.

The proposed standard takes into account the COAG principles for best practice regulation

Board assessment

In developing the draft grandparenting registration standard, the Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

The grandparenting registration standard: transitional arrangements set out, for transparency, how the broad grandparenting provisions of section 303 of the National Law are to be applied to Chinese medicine. The Board's decision to develop a registration standard means that the standard must be submitted for approval by the Ministerial Council; an approach that supports best practice regulation.

The Board specifically addresses the four COAG principles as follows:

- (e) The Board considered whether the draft grandparenting registration standard: transitional arrangements may result in an unnecessary restriction of competition among health practitioners. The draft registration standard does not restrict competition among health practitioners. Rather, the standard provides clarity and certainty to practitioners who may not otherwise be eligible to apply for general registration because they do not hold an approved qualification. The intent is to ensure that practitioners who are legitimately practising the profession (particularly in those jurisdictions that do not currently require registration) are not unjustly disadvantaged because they are not automatically transitioned into the National Scheme as state or territory registrants or because they do not hold an approved qualification.

- (f) The Board considered whether the draft grandparenting registration standard results in an **unnecessary restriction of consumer choice**. Rather than restricting consumer choice, the draft standard supports consumer choice by ensuring that practitioners who currently practise the profession, and who are suitably trained and qualified to practise in a competent and ethical way, are eligible to apply for national registration. A nationally registered practitioner will be able to practise the profession in any Australian state or territory.
- (g) The Board considered that the **requirements of the draft grandparenting registration standard to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved**. The Board considers that it is appropriate to ensure that practitioners have the necessary qualities, knowledge and skill to practice the profession, for the protection of the public. The draft registration standard does not impose an additional cost burden – the National Law sets out the grandparenting provisions and this draft registration standard provides clarity and certainty in how the provision are to be applied for the benefit of the profession, the public and employers, including governments.
- (h) **The Board has procedures in place to ensure that the standard remains relevant and in the public interest over time**. The grandparenting provisions of section 303 of the National Law apply until on 1 July 2015. Therefore, this standard is time limited with an expiry date of 1 July 2015. The Board may choose to review an approved grandparenting registration standard at any time, for example if it is necessary to ensure the standard's continued relevance and workability.

Procedures for the Development of Registration Standards

Under section 25 of the Health Practitioner Regulation National Law Act (the National Law) as in force in each state and territory, one of the functions of the Australian Health Practitioner Regulation Agency is:

"to establish procedures for the development of accreditation standards, registration standards and codes and guidelines approved by National Boards, for the purpose of ensuring that the national registration and accreditation scheme operates in accordance with good regulatory practice".

The following is the text of the procedure agreed by the Agency Management Committee at its meeting on 16 November 2009 and updated on 16 September 2011.

Procedures for the development of registration standards

In putting forward a proposal for a new or amended registration standard, a national board must be satisfied that the proposal:

1. takes into account the objectives and guiding principles in the National Law at subsections 3(2) and 3(3) which read as follows:

"The objectives of the national registration and accreditation scheme are as follows:


- a. to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered,
- b. to facilitate workplace mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction,
- c. to facilitate the provision of high quality education and training of health practitioners,
- d. to facilitate the rigorous and responsive assessment of overseas-trained health practitioners,
- e. to facilitate access to services provided by health practitioners in accordance with the public interest,
- f. to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

"The guiding principles of the national registration and accreditation scheme are as follows:

- a. the scheme is to operate in a transparent, accountable, efficient, effective and fair way,
 - b. fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme,
 - c. restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality".
2. meets the consultation requirements in the National Law, namely:
- a. "If a National Board develops a registration standard or a code or a guideline, it must ensure there is wide-ranging consultation about its content (section 40(1)), and
 - b. "If a National Board (the first Board) proposes to make a recommendation to the Ministerial Council about a matter that may reasonably be expected to be of interest to another National Board (the other Board), the first Board must:
 - (a) consult with the other board about the proposed recommendation, and
 - (b) if the first Board makes the recommendation to the Ministerial Council, advise the Council about any contrary views expressed by the other Board about the recommendations" (Schedule 4, clause 9).
3. takes into account the COAG principles for best practice regulation by considering the following matters:
- a. whether the proposal results in an unnecessary restriction of competition among health practitioners,
 - b. whether the proposal results in an unnecessary restriction of consumer choice,
 - c. whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved, and
 - d. whether the Board has procedures in place to ensure that the proposed standard remains relevant and effective over time.

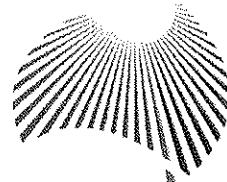
National Boards will make a broad assessment of proposed standards against the COAG principles, which should be made publicly available including during the consultation process. The National Board will provide advice to Ministerial Council about the impact of its proposed registration standards, including the issues in these procedures and a summary of any feedback on impacts provided during the consultation process.

16 September 2011



Peter Allen
Chair
Agency Management Committee

"C" (1 page)



Chinese Medicine
Board of Australia

AHPRA

Addendum to Chinese medicine draft standards consultation paper

27 September 2011

Addendum

On page 42 of the consultation document (within the draft standard for grandparenting) there is a reference to a discussion paper which is not included.

What it should say instead is as follows:

Adequate clinical training for practitioner courses

Adequate clinical training for practitioners is expected to be:

- Structured
- directly supervised
- formally assessed
- minimum 390 hours for undergraduate
- minimum 180 hours for post-graduate level studies by a person with an undergraduate qualification in the other area of Chinese medicine practice
- minimum 210 hours for post-graduate level studies by a person with a degree in medicine, chiropractic, nursing or other health care profession

Adequate practical training for dispensers

Courses with adequate practical training would include:

- courses that aimed to train Chinese herbal dispensers and/or Chinese herbal pharmacists (e.g. courses in China or elsewhere that specifically trained people to work in Chinese herbal pharmacies, manufacturing plants etc); and
- courses that aimed to train Chinese herbal medicine practitioners, and that included a substantial amount of education and training in herbal dispensing

The Board would appreciate your assistance with the distribution of this information to members of the Chinese medicine profession of other stakeholders.

"D" (4 pages)



Australian Health Ministers' Advisory Council

Governance Committee

National Registration and Accreditation Implementation Project

**Regulatory Impact Statement for the Decision
to Implement the Health Practitioner Regulation
National Law**

(4 page extract only).

3 September 2009



Australian Health Ministers' Advisory Council

Governance Committee
National Registration and Accreditation Implementation Project
PO Box 2089
WODEN ACT 2606

Ms Katy Gallagher MLA
Chair
Australian Health Workforce Ministerial Council
PO Box 1020
CANBERRA ACT 2600

Dear Minister

As Chair of the AHMAC Governance Committee responsible for overseeing the implementation of the National Registration and Accreditation Scheme for the Health Professions, I have pleasure in providing you with the Regulation Impact Statement (RIS) to support the Ministerial Council's decision-making on the National Law.

This RIS has been considered and agreed by all health CEOs. It has also been approved as a COAG decision-making RIS by the Office of Best Practice Regulation (OBPR) in the Australian Government Department of Finance and Deregulation. The OBPR reference number for this approval is 10513.

It is proposed that this RIS be made publicly available when the National Law is introduced into the Queensland Parliament.

Yours sincerely

Michael Reid
Director-General
Queensland Health
and Chair, Governance Committee

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3. The objectives of government action

The objectives of the Scheme and of government regulation to address the problems referred to above are as follows:

- (i) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered;
- (ii) to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction;
- (iii) to facilitate the provision of high quality education and training of health practitioners;
- (iv) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners;
- (v) to facilitate access to services provided by health practitioners in accordance with the public interest; and
- (vi) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

The principles that should be used to guide the establishment of the Scheme are as follows:

- (i) the Scheme is to operate in a transparent, accountable, efficient, effective and fair way;
- (ii) fees required to be paid under the Scheme are to be reasonable having regard to the efficient and effective operation of the Scheme; and
- (iii) restrictions on the practice of a health profession are to be imposed under the Scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.

The Scheme is also a key element of efforts to create a Seamless National Economy, the objective of which is:

- more consistent regulation across jurisdictions generally;
- the elimination of unnecessary or poorly designed regulation;
- reduction in excessive compliance costs on business;
- elimination of restrictions on competition; and
- distortions in the allocation of resources in the economy.

The National Partnership Agreement for a Seamless National Economy provides that the States and Territories have responsibility to implement a co-ordinated national approach in a number of areas including in the regulation of the health professions. In this context, the Commonwealth and the States and Territories have agreed to meet the milestones set out in the Implementation Plan to the National Partnership Agreement, which include the implementation of a Scheme by 1 July 2010.

"E" (6 pages)

Fiona Wicks

From: Debra Gillick [Debra.Gillick@ahpra.gov.au]
Sent: 05/10/2011 5:30 PM
To: Fiona Wicks
Subject: RE: Response to your inquiry - which has been passed to me

It is at <http://www.ahpra.gov.au/Legislation-and-Publications/AHPRA-Publications.aspx>

Finally – a quick response. I am so sorry for your earlier frustration.

Cheers,

Debra Gillick

Executive Officer Chinese Medicine

Phone | 03 8708 9303

Email | debra.gillick@ahpra.gov.au

Web | www.ahpra.gov.au

Australian Health Practitioner Regulation Agency

G.P.O. Box 9958 | Melbourne VIC 3001 | www.ahpra.gov.au

From: Fiona Wicks [mailto:F.Wicks@conditsis.com]
Sent: Wednesday, 5 October 2011 5:28 PM
To: Debra Gillick
Subject: RE: Response to your inquiry - which has been passed to me
Importance: High

Thanks Debra.

Do you know where I can find a copy of the AHPRA document "*Procedures for the Development of Registration Standards*". It is referred to in the first paragraph of page 34 of the consultation draft as being available at the ahpra.gov.au however I've web-searched AHPRA locally and searched the broader web via google and can't find anything matching that name.

Thank you again in anticipation of your assistance,

Fiona

Yours faithfully

Fiona Wicks

Solicitor

CONDITSIS LAWYERS

Phone: (02) 4324 5688

Email: f.wicks@conditsis.com

Post: P.O. Box 1357, Gosford, 2250

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From: Debra Gillick [mailto:Debra.Gillick@ahpra.gov.au]
Sent: 03/10/2011 8:04 AM
To: Fiona Wicks
Subject: RE: Response to your inquiry - which has been passed to me

Hi again,
I just returned to my desk this morning – hence the delayed response.
I'll try answering in a different colour below so it is (hopefully) easy to follow.
I chose green.
Cheers,

Debra Gillick
Executive Officer Chinese Medicine
Phone | 03 8708 9303
Email | debra.gillick@ahpra.gov.au
Web | www.ahpra.gov.au

Australian Health Practitioner Regulation Agency
G.P.O. Box 9958 | Melbourne VIC 3001 | www.ahpra.gov.au

From: Fiona Wicks [mailto:F.Wicks@conditsis.com]
Sent: Friday, 30 September 2011 11:56 AM
To: Debra Gillick
Cc: chinesemedicineconsultation; Charlie Xue
Subject: RE: Response to your inquiry - which has been passed to me
Importance: High

Thanks for your reply, Debra.

I'd appreciate further clarification on the items I've inserted (in blue) in the body of your email below:

Your prompt reply would be appreciated given the deadline for submissions is fast approaching.

Thank you in advance for your continuing assistance,

PS - I've pasted in the original email so this trail now contains all the preceding emails, for ease of reference, so please reply to this email when responding so that the trail of emails exchanged remains complete.

Yours faithfully
Fiona Wicks
Solicitor
CONDITSIS LAWYERS

Phone: (02) 4324 5688
Email: f.wicks@conditsis.com
Post: P.O. Box 1357, Gosford, 2250

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From: Debra Gillick [mailto:Debra.Gillick@ahpra.gov.au]
Sent: 29/09/2011 6:12 PM
To: Fiona Wicks
Subject: Response to your inquiry - which has been passed to me
Importance: High

Dear Ms Wicks,

Thank you for your email regarding the consultation draft of the registration standards for Chinese Medicine in Australia.

I note your comments on the layout of the document and the typographical errors, and will pass these comments on to the Chinese Medicine Board of Australia (CMBA) as a part of the consultation feedback. We apologise for any inconvenience to you and are happy to provide further information to assist.

One of the prospective standards being proposed is about "Grandparenting"— the standard which sets out the special provisions that *may* allow practitioners who do not qualify under section 53 of the *Health Practitioner Regulation National Law Act* to be eligible for registration. This standard starts on p. 39 of the consultation document. The subheading "Qualifications before 2008" on p. 41, is not an error. It refers to practitioner qualifications, that may be **considered** (do you mean "may be eligible" or do you mean "may be considered") qualifications which if submitted, will be assessed under the grandparenting arrangements to ascertain eligibility – the plan is to publish a list of qualifications that we already know are adequate for grandparenting purposes – any others (of which there will be many – we already know this from the exercise in Victoria from 2002-2004) will need to be individually assessed. under the grandparenting arrangements, that were **gained** (does "gained" mean "completed"? yes) before 2008 (does "before 2008" mean before the year 2008 started, or before its end?) Before it started.

This is a consultation and the Board is genuine about seeking feed-back. Your remarks and/or suggestions will be welcome and given consideration by the Board. The prospective non-acceptance of Advanced Diplomas' after 2008 is based on that:

- degree level Chinese medicine education/training has been available in Australia now since the early 1990's
- the Chinese Medicine Registration Board of Victoria issued course approval guidelines in 2002 and put all known schools on notice that Advanced Diplomas would not be approved at all after the end of 2007 (what has notice given or otherwise by the Victorian Board of Registration got to do with a newly proposed national scheme? The CMBA looked at current/contemporary expectations of required/adequate education for entry level to the profession in this context; clearly the required standard now is degree level and this has been available for many years – it noted however that the Victorian Board did continue to approve Advanced Diplomas till the end 2007; in considering whether the CMBA should accept Advanced Diplomas after this date, it decided to propose not to for consultation purposes)
- no Advanced Diplomas have been approved for **registration** purposes since 2008 (what does this mean, ie: for "registration purposes" with or for whom or what? With the Chinese Medicine Registration Board of Victoria.

You may also note that the Board proposes that when assessing qualifications is will require:

- a clinical component considered adequate by the Board.

The Board has published an addendum which provides more information about this (when and where was the addendum published and how and to whom was it circulated so as to become part of the proposal currently being consulted on?). This additional information is as follows:

Adequate clinical training for practitioners is expected to be:

- structured
- directly supervised
- formally assessed
- minimum 390 hours for undergraduate
- minimum 180 hours for post-graduate level studies by a person with an undergraduate qualification in the other area of Chinese medicine practice
- minimum 210 hours for post-graduate level studies by a person with a degree in medicine, chiropractic, nursing or other health care profession

NOOSR stands for National Office of Overseas Skills Recognition (<http://www.aei.gov.au/Services-And-Resources/Services/Assessment-of-Overseas-Qualifications/Our-Assessments/Pages/default.aspx>).

I trust this is of assistance. Please contact me again if you have further queries.

Best wishes,

Debra Gillick

Executive Officer Chinese Medicine

Phone | 03 8708 9303

Email | debra.gillick@ahpra.gov.au

Web | www.ahpra.gov.au

Australian Health Practitioner Regulation Agency

G.P.O. Box 9958 | Melbourne VIC 3001 | www.ahpra.gov.au

CONFIDENTIAL INFORMATION

Dear Mr Xue and other representatives of AHPRA

I would be grateful to receive your response to the email at the bottom of this trail. All emails above it relate to my attempts to secure a response to the original email, at the bottom.

Yours faithfully

Fiona Wicks

Solicitor

CONDITSIS LAWYERS

Phone: (02) 4324 5688

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From: Fiona Wicks

Sent: 28/09/2011 5:10 PM

To: 'charlie.xhu@ahprha.gov.au'

Cc: 'chinesemedicineconsultation@ahpra.gov.au'

Subject: URGENT FW: Query on draft - clarification needed prior to making submission.

Dear Mr Xhu,

I called the AHPRA enquires line this afternoon (1300 419 415) chasing up a response to my email (below) – which you will note was sent to “urgent” email address, upon advice from the APHRA enquires hotline staff, on 20 September 2011.

I was informed today that there has recently been a communication to those answering that phone enquiry line directing that all queries relating to the consultation and draft standards for TCM’s regulation under the AHPRA regime get forwarded to the person who is head of the national board. That person is you and so I now forward my original email to you and look forward to receiving a response as soon as possible, bearing in mind the timeframe within which submissions on the current draft are required and the fact that the issues raised in my email below are currently preventing me from making any meaningful submissions on the draft currently the subject of consultation.

I look forward to hearing from you.

Yours faithfully

Fiona Wicks

Solicitor

CONDITSIS LAWYERS

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From: Fiona Wicks

Sent: 20/09/2011 4:25 PM

To: 'vic-urgent-ecc@ahpra.gov.au'

Subject: FW: Query on draft - clarification needed prior to making submission.

Importance: High

Please see below, earlier email contained incorrect email address for you.

From: Fiona Wicks

Sent: 20/09/2011 4:18 PM

To: 'vic-urgent-ecc@aphra.gov.au'

Cc: 'chinesemedicineconsultation@ahpra.gov.au'

Subject: Query on draft - clarification needed prior to making submission.

Importance: High

Dear representatives of APHRA,

I am reviewing a copy of the consultation draft of the Chinese Medicine standards (“the document”), and am finding it difficult to follow due to numerous typographical errors, use of acronyms without identifying the full length name, footnotes that reference partial citations without including the source, misnumbered

headings, incorrectly described Schedule references. In my opinion, the standard of communication represented by this document is poor – undermining to the point of futility its ability to function properly as a consultation document.

I write, not only to share the above observations, but in the hope that someone reading this can clarify something specific within the document – namely, on page 41, the heading, or sub-heading (the formatting doesn't distinguish but the content suggests it should) at the bottom of the page ***“Qualifications before 2008”***. Is the inclusion of that date, 2008, a typo? If not, what does its inclusion in this document, circulated for consultation in 2011 and pertaining to substantial regulatory legislation due to take effect from July 2012, actually mean?

While I have your attention, it would be much appreciated if you could let me know what the acronym “NOOSR” (located below the heading and in other spots in the document) stands for.

If you have any queries in relation to this email, or wish to discuss any aspect of it please don't hesitate to contact me.

Yours faithfully
Fiona Wicks
Solicitor
CONDITSIS LAWYERS

Phone: (02) 4324 5688
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" F " (16 pages)

**S H Lai
1/151 Trafalgar St
Annandale
NSW 2038**

7 October 2011

Dear AHPRA and CMBA members,

I am writing to object to the Pre-2008 condition for the Grandparent category proposed by AHPRA's Chinese Medicine Board (CMBA) in the draft paper published in September 2011.

I

The condition would effectively put an Advanced Diploma holder like myself, who is currently practicing LEGALLY, but would not have accumulated 5 full years of practice by 2015, out of business.

I would lose my only source of income, after investing time and financial resources into the study for an Advanced Diploma which, up until the new requirements become effective, is an acceptable qualification to practice, being recognized by all professional bodies and most major health funds.

My hundreds of clients would not be able to get treatment from me. That would mean tens of thousands of people losing access to their usual TCM practitioners like myself. Surely this is not in the interest of the public.

My reputation as a TCM practitioner would be damaged.

II

The Pre-2008 condition would make the legislation 'RETROSPECTIVE' which is blatantly unjust. This form of autocratic legislative practice is rare, if not unheard of, in a civilized, democratic and developed administration like

Australia.

III

The 2007/2008 dividing line is arbitrary and unjustifiable. If the Victorian process of ‘putting all known colleges on notice that Advanced Diplomas would not be approved at all after the end of 2007 ‘ is the basis for the timeline, then it is clear that the arbitrary dividing line is a mistake borne out of:

- a) confusion/ignorance about the legal boundaries between State Legislations and Federal Legislations**
- b) unfamiliarity with the legislative process**

These assertions call into question the competency of the Board.

If no sound logic can be provided for the basis of the 2007/2008 timeline, then one could only arrive at the conclusion that the dividing line satisfies a pre-determined agenda not disclosed to the public, which calls into serious question:

- the Board’s credibility**
- the sincerity of the consultation process**

IV

If, indeed, all known colleges, including those outside of Victoria, were put on notice by an authority at the Federal level, then I ask the Board to present a copy of the communication and the recipient list.

If the notice originated from the Victorian Chinese Medicine Board, then it clearly did not have the authority outside the jurisdiction of Victoria, let alone dictating national legislations.

If this ‘putting on notice’ pre-determined the national registration requirements, then the Government has failed to communicate such an important decision to Advanced Diploma holders and students.

Furthermore, I ask that the Government explain the legal grounds for pre-determining future legislations as the ‘pre-determination’ is an act of contempt that undermines the legislative process.

Finally, I ask that the Government provide its definition of ‘putting on notice’ and its implications.

Is ‘putting on notice’ part of an established legislative process?

V

The Pre-2008 condition would knowingly put unreasonable burden - financially, professionally and personally - on practitioners who are currently operating legitimate businesses in Australia. The proposed transitional condition violates the fundamental principle of law making.

VI

If the 2007-2008 dividing line is aimed at protecting the public, I ask that the Board make available to the public evidence to prove that:

a) the standards of Advanced Diploma qualifications had indeed declined to an unacceptable level from 1 January 2008 compared to 31 December 2007 and prior, to the extent that allowing those graduating after 31 December 2007 would pose danger to the public. To the end, I ask that the Board make available to the public the published, legislated standards that were used to measure the acceptability of the Advanced Diploma qualifications from 1 January 2008 and prior.

b) the number and seriousness of Chinese Medicine related medical incidents involved more Advanced Diploma holders who graduated after 31 December 2007.

Without such proof, the argument that the 2007-2008 timeline protects the public could not be established.

VII

If the 2007-2008 timeline were based on the value of clinical experience, then it contradicts with the proposed ‘automatic’ acceptance of an inexperienced degree holder versus the proposed rejection of an experienced practitioner without a university degree.

CONCLUSIONS

- 1) Unless the Board provides proof that the ‘putting on notice’ it referred to as a basis for the 2007/2008 dividing line is part of a legal process authorized by the Federal Government, then it would appear that the Board has mistakenly based such an important decision affecting the livelihoods and future livelihoods of numerous people on casual communications that one can only sensibly refer to as ‘anecdotal’.**
- 2) If the Victorian registration process were taken as a blueprint for national standards, surely the more facilitating spirit in which Victoria transitioned those without a recognized university degree by allowing six years between 2002-2008 should be observed. Setting the pre-2008 condition for Advanced Diploma holders is only as rational as drawing a line on the sand post. The Board appears to have taken the 2008 element completely out of context.**
- 3) The transitional conditions set out for current and future practitioners without a recognized university degree are unnecessarily harsh and punitive. No considerations appear to have been given for the impact and stress the conditions would cause them, at both professional and personal levels.**
- 4) The ‘automatic’ assumption that a recognized degree holder makes a better Chinese Medicine practitioner discriminates against practitioners without such a**

qualification and puts them in a disadvantageous position in the registration process.

- 5) Given that Chinese Medicine is widely used in Australia and it isn't regulated in most States, the tight timeline for the Board selection, the draft paper and the consultation indicates a rushed process. The rushed nature is evident in the draft paper as it does not appear to be well thought through and its impact on people affected carefully considered.**

Recommendations:

- 1) The arbitrary and unfair pre-2008 condition be removed for Advanced Diploma holders so post-2008 graduates satisfy the 'Grandparent' category without further requirements attached.**
- 2) Allow five years for the transition. Allow Advanced Diploma holders who graduate up to 30 June 2017 to be recognized in the 'Grandparent' category without further requirements attached.**
- 3) Adopt a facilitating rather than punitive spirit in the transitional strategy. Take into account the hardship that the legislation could bring to Chinese Medicine practitioners and students, through no fault of their own. Find means to reduce the burdens while staying focused on the ultimate objective of the exercise, rather than creating burdens to satisfy unsubstantiated personal views, however strongly-held these views are and however senior the office these individuals hold.**

The notion that, setting harsher transitional conditions and disqualifying more current practitioners, would better serve the primary motives of the national registration process, is misconstrued.

- 4) Be genuine and sincere about the consultation process.**

Acknowledge and address the concerns of those affected rather than focusing on defending the Board's flawed positions.

Sonia Smit
544a Coramba Rd
Karangi NSW 2450

9 October 2011

Executive Officer, Chinese Medicine Board of Australia
AHPRA
GPO Box 9958,
Melbourne VIC 3001

Dear Executive Officer,

RE: Grandparenting registration standard: Transitional Arrangements for Qualifications.

The proposal of CMBA regarding the grandparenting scheme unfairly disadvantages practitioners currently holding an Advanced Diploma. CMBA is proposing to retrospectively impose a time from the end of 2007, obviously without the possibility of having notified enrolled students, that a bachelor degree or higher be required for registration on July 2012. Students graduating with an Adv Dip after 2007 will not qualify, nor be covered by the recency of practice clause as they will not have five years practice. In contrast to the Victorian board which recognized sub-degree programs until three years after the end of grandparenting (ie. Six years after registration commenced). An Adv Dip TCM completed after 2007 is currently recognised by all the professional bodies (ANTA, AMTS, AACMA, FCMA) and AUSTUDY funded by the Federal Government. They are covered by Public Indemnity Insurers without question. No evidence was shown as to why the standards of the Adv Dip are deemed unacceptable after 2007. It is unfair to subject practitioners and students residing in the rest of Australia, to more stringent standards than were applied in Victoria.

Where the purpose of a grandparenting standard is to “ensure that practitioners legitimately practicing the profession are not unjustly disadvantaged” it must also consider students legitimately studying, as there was no national authority able to notify students post 2007 of upcoming changes. The proposed legislation will affect many hundreds of students and recent graduates and cause great hardship to many who have spent years of study and incurred great expense obtaining these Advanced Diplomas and setting up new business.

The criteria for proving competence for Chinese herbal medicine registration, if unchanged, will result in hundreds of existing legitimate Chinese medicine practitioners suddenly being unable to legally provide Chinese herbal medicine services. Public confidence in the industry will be ruined and most of those practitioners will find their clients will not return; their reputation destroyed.

There has already been a precedent for hardship and inconvenience caused by the Australian Health Practitioner Regulation Agency (“AHPRA”) arising from the first round of National Registration Accreditation of Health Practitioners, which occurred earlier this year. The Senate Inquiry into the Administration of Health Practitioner

Registration by the AHPRA dated 3 June 2011, commented in chapter 4, adversely on the poor administrative function of AHPRA as follows:

“4.53 The committee is of the view that the exposure of practitioners to loss of income and financial risk due the inability of the national health practitioner registration authority, AHPRA, to adequately perform its functions, is deplorable.

4.54 The committee notes the estimated financial impact for six months of this debacle exceeds \$0.5 million in labour, and is concerned that there do not appear to have been any support systems put in place for those practitioners and service providers who suffered loss of income.

4.55 The committee is very concerned that on top of the financial risk already faced by many practitioners, practitioners are also facing substantially increased registration fees. The committee notes the impact that this may have on academic staff and the consequent possible implications for the training of practitioners.

4.56 The committee particularly notes comments by the AMA and agrees that any shortcomings in the projected budget for the NRAS should not be recovered through increases in registration fees.”

AHPRA, through the CMBA, will cause even greater hardship to students and practitioners of TCM by implementing a policy which is both unjust and unfair. It will certainly open the door to a collective legal challenge by the substantial number of practitioners and students affected by the issue.

Recommendations

I recommend that the CMBA acknowledges the current status of students and practitioners of TCM in Australian States and Territories other than Victoria, and that it removes the dividing line between pre- and post-2007 Advanced Diploma qualifications. The CMBA should make known its intended changes in qualification standards and provide 5 years from 1 July 2012 (the date of commencement of national registration) for implementation of these changes to allow time for a smooth transition.

Yours sincerely,

Sonia Smit (BSc(Hons), Adv Dip TCM)



21 September 2011

Board of Chinese Medicine, Australia
AHPRA

Dear members of the Board,

**SUBMISSION – GRANDPARENTING REGULATION STANDARD: TRANSITIONAL
ARRANGEMENTS FOR QUALIFICATIONS (SEP 2011)**

I wish to draw your attention to the inequity and unfairness of some of the provisions spelt out in the aforementioned draft document.

It is stated in the document that advanced diplomas obtained between 2008-2012, when the regulatory agency shall operate legally, will not be recognized by the Chinese Medicine Board as approved for automatic transition under the grandparenting provisions. This is predicated on

- a) recency of practice, defined as 5 years to the effective date of operation, namely 2012, as evidence of competency;
- b) safety and quality as the twin arms of protecting the public.

It seems to me that the implied arguments contained in these provisions are flawed for reasons I shall enunciate.

With reference to point (a)

The insistence on a 5 year recency of practice is deemed as a criterion for judging safety, quality and competency. It is to ensure the public is protected from poor and harmful practice and rightly so. That being the case, the requirement of competency during the transition should not be restricted to only holders of Advanced Diplomas in Chinese Medicine. If public safety is truly the priority, then recency of practice must be extended to

all potential registrants whether they are graduates of Bachelor degree or Advanced Diploma programmes, excepting present members of the Victorian Chinese Medicine regulatory body.

Under the draft document, a holder of a Bachelor degree in Chinese Medicine who graduated in 2007 is accepted for full registration even if s/he has not practiced Chinese Medicine upon or since graduation. Conversely, an Advanced Diploma graduate in 2011 who has embarked on clinical practice with the appropriate professional indemnity cover is deemed incompetent until proved otherwise. This is patently unfair and inequitable and subverts the professed aim of the Board to protect the public.

Recommendations:

If recency of practice is required in this transitional period, then I recommend

- 1) that the requirement of recency of practice be imposed on all potential registrants excepting those of the Victorian Chinese Medicine regulatory body, be they holders of Bachelor degrees or Advanced Diplomas.
- 2) that the recency of practice be reduced to one year to accommodate in a fair manner graduates of 2011.

With reference to point (b)

It is right that the regulation body demands safety and quality of its registrants. However, graduates of Advanced Diploma courses (currently approved by government education authorities) post 2008 are held to a different standard by the Board.

The discussion of upgrading training requirements to degree level is known to those in the industry for some time. Yet, 3 out of 4 of the major professional associations, the Australian Natural Therapists Association, the Australian Traditional Medicine Society and the Federation of Chinese Medicine and Acupuncture Societies have accepted and continues to accept graduates of Advanced Diploma in Chinese Medicine from approved colleges as full and equal members as those with Bachelor degrees. In other words, these 3 professional bodies view such graduates including those recently qualified, as having pursued a quality course, are safe and clinically competent to practice. These 3 professional bodies accept and have ensured that the public is protected from harm where Advanced Diploma members are concerned, no more and no less than their degree level members.

In addition, practically all the insurance companies are willing to extend professional indemnities to practitioner-members holding Advanced Diplomas in Chinese Herbal Medicine and Acupuncture. Insurance companies which are highly risk-averse would not have accepted such undertakings if these practitioner-members were in any way clinical incompetent or sub-competent, thereby becoming a threat to the public.

It would seem an oversight of the Board to impose an unnecessary exacting burden on graduates with Advanced Diplomas, especially those after 2008, in the name of public safety when such a perceived threat or lack of safety and quality have not been proved.

Recommendation:

I recommend that all graduates of Advanced Diploma in Chinese Herbal Medicine and Acupuncture up to June 2012, and who are practicing be treated in the same manner as those with Bachelor degrees, namely, that they be automatically accepted as full and equal registrants of the regulatory body.

With reference to academic levels

I understand and commend the Board wishing to raise the standards of training and qualifications of Chinese Medicine practitioners in the future. To the extent a degree is deemed appropriate to this end, future registrants should be informed thus and be held to this new standard. However, in the transition to the new regulatory body, the competency conferred in Advanced Diploma programmes ought not to be questioned for the reasons spelt out in the argument against point (b). There is a significant difference between distinguishing clinical competency and academic qualifications. The Advanced Diploma courses approved by the 3 professional bodies and the vast majority of insurance companies are accepted as affording equal clinical competency to that of degree programmes. The Board ought not in this transition confuse a higher academic level as conferring a higher clinical competency level. An illustration of my argument is seen in the Nurses Registration Board.

The Nurses Registration Board accepts nurses with undergraduate diplomas from the UK as equally competent to those with degrees (Division 1), even though it only registers nurses trained in Australia under Division 1 if they undergo approved degree programmes. The board is satisfied with the comparable *clinical competency* in their role of protecting the public rather than focusing solely on academic qualifications.

Koh Sydney
ABN:47 810 404 453

PO Box 166 Erskineville NSW 2043
mob 0401 251 414
email: andrew@kohsydney.com.au
website www.kohsydney.com.au

Recommendations:

I recommend

- 1) that the Chinese Medicine Board *in this transition period* to registered practitioner status, allows holders of Advanced Diploma in Chinese Medicine (Herbal and Acupuncture) up to June 2012 to transit automatically to full registration.
- 2) that practitioners with Advanced Diploma in Chinese Medicine up till 2012 be treated equally with those holding degrees.
- 3) that no additional burdens, eg, entrance exams, practical tests, etc, be inflicted on practitioners with Advanced Diplomas in Chinese Medicine up to June 2012 that would not be equally sought from practitioners holding Bachelor degrees.

While it may be easier to follow the Victorian model, I urge the Board not to simply take the easy road but to review the matter anew. Practitioners like myself do want to raise the profile and standards of the profession but not in a manner that is extraneous, and exacting further financial and other burdens which eventually disadvantage the public who uses our services. Standards required must be equitable, appropriate and relevant rather than elitist.

It is my hope that you, the Board members, will give my submission deep consideration. I look forward to your reply.

Regards,

Andrew Koh

MA BA(Hons) RN Dip Nursing Adv Dip TCM

delivered via email

Jinny Koh
2/12 Figtree Avenue
Randwick NSW 2031

6 October 2011

Executive Officer, Chinese Medicine Board of Australia
AHPRA
GPO Box 9958,
Melbourne VIC 3001

Dear Executive Officer,

Re: Grandparenting registration standard: Transitional Arrangements for Qualifications

I would like to draw your attention to the unfair treatment of holders of Advanced Diploma qualifications obtained after 2007.

According to the draft grandparenting standards, only a bachelor degree or higher qualifications, will be considered adequate for registration after 2007.

This new proposal means that recent and current graduates of accredited Advanced Diploma programs will be ineligible for registration on the basis of their qualification. They will be also unable to apply under the recency of practice clause (five years practice out of the last 10 years) as they will not have five years practice.

Grandparenting under a national scheme needs to take into account the current position and history of Chinese medicine for of all States of Australia, not just what has been happening in Victoria. Grandparenting needs to enable existing practitioners, recent graduates and students in the pipeline to practise in the profession.

The premises for the Chinese Medicine Board of Australia's ("CMBA's") prospective non-acceptance of Advanced Diplomas after 2008 are:

- degree level Chinese medicine education/training has been available in Australia now since the early 1990's
- the Chinese Medicine Registration Board of Victoria ("CMRBV") issued course approval guidelines in 2002 and put all known schools on notice that Advanced Diplomas would not be approved after the end of 2007 **in Victoria**
- no Advanced Diplomas have been approved **in Victoria** for registration purposes since 2008.

These three premises on which the CMBA exclude recognition of Advanced Diploma qualifications obtained after 2007 are unjust. It is unreasonable to suggest that all TCM students throughout Australia should have been put on notice about the CMRBV's decision not to approve Advanced Diploma holders after 2007. Those guidelines pertain exclusively to Victoria and have no relevance to Australian practitioners outside Victoria except those intending to practice there. Australian Acupuncture and Chinese Medicine Association ("AACMA") have issued a statement in this regard, objecting to the 2007/08 dividing line for Advanced Diploma on the basis that the Victorian notice is irrelevant to the rest of Australia, particularly since other accreditation agencies currently continue to accredit Advanced Diploma programs in Chinese medicine.

As a newly constituted body, CMBA needs to firstly acknowledge the current registration requirements of TCM practice nationally. This forms the basis upon which any proposed changes can be effected. It will be unreasonable and unfair to retrospectively impose new registration standards on TCM practitioners and students without acknowledging the current registration status and without prior notification by CMBA of any intended change from what is current. Retrospective implementation of changes to registration requirements would cause great hardship to people who have invested much time and capital in their training in TCM with the purpose of being able to

practice once completed. CMBA needs to give clear notice of change of registration requirements and concurrently allow suitable time for smooth implementation of this change. If the CMBA chooses to introduce the Victorian model as a basis for its registration requirement, it should apply the same process of phasing-in these changes henceforth, not in retrospection.

The proposed legislation will affect many hundreds of students and cause great hardship to many who have spent years of study and incurred great expense obtaining these Advanced Diplomas.

There has already been a precedent for hardship and inconvenience caused by the Australian Health Practitioner Regulation Agency ("AHPRA") arising from the first round of National Registration Accreditation of Health Practitioners which occurred earlier this year. The Senate Inquiry into the Administration of Health Practitioner Registration by the AHPRA dated 3 June 2011, commented in chapter 4, adversely on the poor administrative function of AHPRA as follows:

"4.53 The committee is of the view that the exposure of practitioners to loss of income and financial risk due the inability of the national health practitioner registration authority, AHPRA, to adequately perform its functions, is deplorable.

4.54 The committee notes the estimated financial impact for six months of this debacle exceeds \$0.5 million in labour, and is concerned that there do not appear to have been any support systems put in place for those practitioners and service providers who suffered loss of income.

4.55 The committee is very concerned that on top of the financial risk already faced by many practitioners, practitioners are also facing substantially increased registration fees. The committee notes the impact that this may have on academic staff and the consequent possible implications for the training of practitioners.

4.56 The committee particularly notes comments by the AMA and agrees that any shortcomings in the projected budget for the NRAS should not be recovered through increases in registration fees."

AHPRA, through the CMBA, will cause even greater hardship to students and practitioners of TCM by implementing a policy which is both unjust and unfair. It will almost certainly open the door to a collective legal challenge by the substantial number of practitioners and students affected by the issue.

The proposed legislation will affect hundreds of students and cause great hardship to many who have spent years of study and incurred great expense obtaining these Advanced Diplomas.

I would like to point out to CMBA that Advanced Diploma in TCM from approved colleges is already recognised by all of the major professional associations (the Australian Natural Therapists Association, the Australian Traditional Medicine Society, the AACMA and the Federation of Chinese Medicine and Acupuncture Societies). They are accepted as full and equal members as those with Bachelor degrees except AACMA which require an additional entrance examination for acceptance.

As further evidence of acceptance of their status, most insurance companies extend professional indemnity to practitioner-members holding Advanced Diplomas in Chinese Herbal Medicine and Acupuncture.

Recommendations

I recommend that the CMBA acknowledges the current status of students and practitioners of TCM in Australian States and Territories other than Victoria, and that it removes the dividing line between pre- and post-2007 Advanced Diploma qualifications. The CMBA should make known its intended changes in qualification standards and provide 5 years from 1 July 2012 (the date of commencement of national registration) for implementation of these changes to allow time for a smooth transition.

Yours sincerely,

Jinny Koh (BCom, CA)

24 September 2011

Board of Chinese Medicine, Australia
AHPRA

Grandparenting registration standard: Transitional Arrangements for Qualifications

7.1 I disagree with the qualifications standards where a course of study which is consistent with a minimum of Advanced Diploma level in the AQF is considered adequate only if it had been obtained before 2008. While it is appreciated that the Board demands a high standard in safety and quality of practitioners for the protection of the public, it is inconceivable and inequitable to conclude that Advanced Diploma courses which have been run for over 20 years, would be of an inferior standard after 2008.

In the case of Sydney Institute of Traditional Chinese Medicine (SITCM) from where I graduated, the opposite is true as the course has been restructured on an ongoing basis to take into account contemporary issues in traditional chinese medicine and one can only conclude that graduates from Advanced Diploma courses from 2008 to 2011 are better trained academically.

I understand and commend the Board wishing to raise the standards of training and qualifications of Chinese Medicine practitioners in the future. However, for the grandparenting arrangement during the transitional period graduates of Advanced Diploma obtained prior to June 2012 should be accepted for general registration. Future registrants after June 2012 should be informed of this standard and be held to this.

In addition, a lot of graduates from SITCM's Advanced Diploma courses who graduated from 2008 to 2011 have been practising, some very successfully, in the community. Most of them would not have completed 5 years of practice within the profession but have had PI insurance, acceptance by major health funds for rebates, acceptance as members by major Chinese medicine

professional association. Practising traditional chinese medicine has been their main and only livelihood. Some of them spent a lot of capital in building up the goodwill of their business. If these practitioners are not allowed to register without incurring further financial burdens of obtaining a bachelor's degree or sitting for examinations, their livelihood will be ruined and the welfare of their patients disadvantaged. This will give the whole industry of traditional chinese medicine a bad name.

Recommendations:

I recommend that the Chinese Medicine Board *in this transition period* to registered practitioner status, allows holders of Advanced Diploma in Chinese Medicine (Herbal and Acupuncture) up to June 2012 to transit automatically to full registration.

I recommend that practitioners with Advanced Diploma in Chinese Medicine up till 2012 be treated equally with those holding degrees.

I recommend that no additional burdens, eg, entrance exams, practical tests, etc, be inflicted on practitioners with Advanced Diplomas in Chinese Medicine up to June 2012 that would not be equally sought from practitioners holding Bachelor degrees.

Ellen Yeung
Advanced Dip TCM
B of Bus, CPA

Address: 4/19 Eastern Rd, Turrumurra 2074
Phone: 0407069721

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Sydney Institute of
Traditional Chinese Medicine
CRICOS provider No.: 01758K
NTIS provider No.: 5143

Student Prospectus

2012

Sydney Institute of Traditional Chinese Medicine is a registered business name of
Sydney Institute of Health Sciences Pty Ltd | ABN 30 100 578 836
Suite 1, Level 5, 545 Kent Street, Sydney, NSW 2000 | PO BOX K623, Haymarket, NSW 2000
P: (02) 9261 2269 | F: (02) 9261 2903 | E: administration@sitcm.edu.au | www.sitcm.edu.au



Sydney Institute of
Traditional Chinese Medicine
CRICOS provider No.: 01758K
NTIS provider No.: 5143

Sydney Institute of Traditional Chinese Medicine
is a registered business name of
Sydney Institute of Health Sciences Pty Ltd
ABN 30 100 578 836

Dear prospective student,

The *Sydney Institute of Traditional Chinese Medicine* is a registered business name of Sydney Institute of Health Sciences Pty Ltd ABN 30 100 578 836 and has been providing Traditional Chinese Medicine courses and qualifications in Australia for over 28 years. It is a progressive institution, established to promote the growth and development of a broader system of health delivery encompassing complementary and Traditional Chinese Medicine (TCM) within our community and the health profession.

The Institute aims to produce primary health care practitioners who practice their profession in a safe, effective and responsible manner within the framework of the Health Care System.

The training provided by the Institute is designed to empower graduates to serve the community in a variety of ways, such as, through primary health care, ongoing education programs, and working alongside other therapists in various clinical settings.

The Institute fosters open-mindedness and commitment to high ideals, providing an environment in which students may develop the habits of continuing self-education and self-fulfilment through service to others. Graduates are empowered to work in a professional and ethical manner and to raise community confidence in the Health Care System.

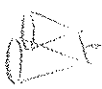
Lecturers at the Institute have undergone formal clinical training in China, Australia, Poland and the United Kingdom. They have been in education and clinical practice in Complementary Medicine, Nursing and TCM for many years. Some of them enjoy widespread recognition as leaders in their field.

Our staff thrive on the challenge of continuous improvement by providing recognised competency based material and the latest technology.

The Sydney Institute of Traditional Chinese Medicine extends a warm welcome to you to experience a professional, friendly and supportive environment at one of the Australia's longest established and most respected institutions of TCM.

We sincerely hope, and we will endeavour to ensure that your time at the Institute is memorable and productive.

Yifan Yang
Principal
Sydney Institute of TCM



Advanced Diploma of Traditional Chinese Medicine (91133NSW)

(Dual Modalities of Acupuncture and Chinese Herbal Medicine)

Course Overview

This course is aimed to provide participants with the necessary knowledge, attitudes, and skills to practice Traditional Chinese Medicine with the therapeutic delivery methods of Chinese herbs and acupuncture (including needling, moxibustion and cupping techniques).

Course Duration

Nominally, this course takes 4 academic years, structured in either full-time or part-time modes (Part-time study is not available to overseas students). This course is undertaken in an institution based situation with a large component of clinic practice included. All course participants will also attend a practical internship in a Chinese TCM hospital for a period of eight to ten weeks (additional fees applicable).

Career Opportunities

Attainment of this qualification may lead to opportunities to become health care practitioners who are capable of operating safely and effectively as unsupervised, primary-contact, health-care practitioners of Traditional Chinese Medicine in general practice who specialise in either acupuncture or Chinese herbal medicine or both.

Entry Requirements

Domestic Students:

Pre-requisites for entry into this course are:

- Students must be over 18 years of age,
- Students must have a NSW Higher School Certificate or interstate equivalent

Potential students are expected to have a keen interest in health care, especially in Traditional Chinese Medicine, and are required to pass an interview to satisfy the Institute of their aptitude to undertake the required studies. There is also a provision for mature age students 21 years or over with a history of work experience or study which shows an aptitude to submit themselves to regimented study patterns.

International Students:

Pre-requisites for entry into this course are:

- Students must be over 18 years of age,
- Students must have an overseas equivalent of the NSW Higher School Certificate
- Students must have an IELTS score of 5.5 or above and must provide documentation to that effect.

Each individual application will be based upon information supplied to the Sydney Institute of Traditional Chinese Medicine on their application form.

Assessment

Students are assessed by:

- A half-semester examination and regular tests, written assignments, research projects, and case studies based upon data collected by the student in clinical practice.



- An end-of-semester (end-of-unit) written and practical examination testing work covered in the whole of the semester, which will comprise of not more than 60% of the student's semester results.

Articulation

On completion of this qualification you may be able to gain advanced standing in various bachelor degrees being offered at such universities as University of Western Sydney, University of Sydney, University of Technology Sydney and RMIT University Melbourne. Formal articulation arrangement is in place with Charles Sturt University for entry into the Bachelor of Health Science (Complementary Medicine).

How to Apply

Please contact Sydney Institute of Traditional Chinese Medicine by phone, fax or email with the subject line ADTCM.

Programs Outline

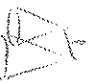
YEAR 1	YEAR 2	YEAR 3	YEAR 4
TCM-1: Theoretical Frameworks of TCM TCM-2: Diagnosis Methods CPI-1: Client Practitioner Communication & History (A) HMS-1: Anatomy & Histology (A) HMS-2: Anatomy & Histology (B)	CHM-2: Chinese Herbs (B) ACU-2: Acupoints (A) HMS-4: Biochemistry CHM-5: Pharmacology of Chinese Herbs HMS-5: Pathology CPI-2: Professional Practice and Ethical & Legal Issues Clinic Practicum [Grade 2]	CHM-4: Chinese Herbal Formulas (B) ACU-5: Acupuncture Treatment (A) CTS-1: Shang Han Lun & CTS-2: Jin Kui Yao Lue HMS-6: Microbiology & HMS-9: Pharmacology HMS-7: Clinical Diagnosis Clinic Practicum [Grade 3]	CLS-2: Internal Medicine (B) CLS-3: External Medicine CTS-4: Traumatology CLS-5: Gynaecology Clinic Practicum [Grade 4]
Semester Two TCM-3: Diagnosis Patterns and Principles of Treatment CHM-1: Chinese Herbs (A) ACU-1: The Channel System HMS-3: Physiology Clinic Practicum [Grade 1]	CHM-3: Chinese Herbal Formulas (A) ACU-3: Acupoints (B) HMS-10: Research Methods ACU-4: Acupuncture Techniques Clinic Practicum [Grade 2 (cont.)]	CTS-3: Wen Bing Xue & CTS-4: Schools of TCM (A) CLS-1: Internal Medicine (A) ACU-6: Acupuncture Treatment (B) HMS-8: Clinical Diagnosis (B) HMS-11 Research Project Clinic Practicum [Grade 3 (cont.)]	CLS-6: E N T and Ophthalmology CLS-7: Paediatrics Block Practicum Internship China Hospital Practicum*

The duration of the program is four academic years (eight semesters), in which 38 learning modules, 490 hours of clinic practicum and **410 hours of China Hospital Practicum*** are undertaken.



Sydney Institute of Traditional Chinese Medicine

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Advanced Diploma of Traditional Chinese Medicine (91133NSW) 2012 Course Structure

Code	Title	Hours
TCM -1	Theoretical Frameworks of Traditional Chinese Medicine	45
TCM -2	Diagnosis Methods	45
TCM -3	Diagnosis Patterns and Principles of Treatment	45
ACU -1	The Channel System	45
ACU -2	Acupoints (A)	45
ACU -3	Acupoints (B)	45
ACU -4	Acupuncture Techniques	45
ACU -5	Acupuncture Treatment (A)	45
ACU -6	Acupuncture Treatment (B)	45
HMS -1	Anatomy and Histology (A)	45
HMS -2	Anatomy and Histology (B)	45
HMS -3	Physiology	45
HMS -4	Biochemistry	33
HMS -5	Pathology	45
HMS -6	Microbiology	22.5
HMS -7	Clinical Diagnosis (A)	45
HMS -8	Clinical Diagnosis (B)	45
HMS -9	Pharmacology	22.5
HMS -10	Research Methods	45
HMS -11	Research Project	45
CHM -1	Chinese Herbs (A)	45
CHM -2	Chinese Herbs (B)	45
CHM -3	Chinese Herbal Formulas (A)	45
CHM -4	Chinese Herbal Formulas (B)	45
CHM -5	Pharmacology of Chinese Herbs	12
CTS -1	Shang Han Lun (TCM Clinical Classic 1)	22.5
CTS -2	Jin Kui Yao Lue (TCM Clinical Classic 2)	22.5
CTS -3	Wen Bing Xue (TCM Clinical Classic 3)	22.5
CTS -4	Schools of Traditional Chinese Medicine	22.5
CIS -1	Internal Medicine (A)	45
CIS -2	Internal Medicine (B)	45
CIS -3	External Medicine	45
CIS -4	Traumatology	45
CIS -5	Gynaecology	45
CIS -6	E.N.T and Ophthalmology	45
CIS -7	Pediatrics	45
CPM -1	Client-Practitioner Communication, Professional Practice and Ethical & Legal Issues in Health Care	45
CPM -2	Health Care	45
Clinic -1	Clinic Practicum Grade 1	30
Clinic -2	Clinic Practicum Grade 2	189
Clinic -3	Clinic Practicum Grade 3	189
Clinic -4	Clinic Practicum Grade 4	82
Block Practicum	Block Practicum (410 hours in TCM Hospital in China)	410
TOTAL	38 Modules, 4 Clinic Practicum Grades & Block Practicum	Theory - 1350 Practicum - 900

Diploma of Traditional Chinese Medicine Remedial Massage (An Mo Tui Na) HLT50107

Course Overview

This course is aimed at those who want to work in or who are currently working in the area of An Mo Tui Na or Traditional Chinese Medicine and want to increase their skills and knowledge level including the specialist skills for the treatment of women and children and in Traumatology treatment. The course outline is as follows:

	Year 1	Year 2	
Semester 1 (15 weeks)			
Common Units (1) - Professional Development:			
HLTCOM5028 Develop professional expertise	80		
CHCOR628A Reflect and improve upon professional practice			60
HLTCOM4088 Use specific health terminology to communicate effectively			
TCM -1: Theoretical Frameworks of TCM	45		45
ACU -1: The Channel System & Acupoints (1)	45		45
HLTCOM5018: Apply TCM remedial massage (AN MO TUI NA) assessment framework	45		45
HMS -1: Anatomy	45		45
HMS -2: Anatomy for Tui Na	20		20
Total	20		60
Semester 2 (15 weeks)			
Common Units (2) - Practice and Health Service Management:			
HLTCOM5018 Manage a practice	100		
HLTHRS501A Maintain an effective health work environment			40
HLTHRS501A Apply First Aid*			
HLTCOM5018 Apply First Aid*	45		45
TCM -2: Diagnosis Methods			
HLTCOM5028: Perform TCM remedial massage health assessment	45		45
ACU -2: The Channel System & acupoints (2)	45		45
HMS -3: Physiology	45		45
CPM -1 & -2: Clinical Practicum (1) & (2)	40		30
CPM -3: Clinical Practicum (3)			100
Total	20		100
Common Units (3) - Client Services and Legal & Ethical Requirements:			
HLTCOM4048 Communicate effectively with clients/patients			40
HLTCOM4068 Make referrals to other health care professionals			
HLTHRS5068 Implement and monitor compliance with legal and ethical requirements			45
HLTCOM401A Confirm physical health status			
HLTCOM5038 Provide TCM remedial massage (AN MO TUI NA) treatment			45
HMS -4: Pathology			
HLTCOM5048 Provide traumatology treatment within a TCM remedial massage (AN MO TUI NA) framework			45
TCM -3: Diagnosis pattern and Principles of treatment			
CPM -3: Clinical Practicum (3)			60
Total	20		60
Common Units (4) - OH&S Processes and Infection Control:			
HLTHRS501A Analyze health information			40
HLTHRS300A Contribute to OH&S processes			
HLTHRS301A Comply with infection control policies and procedures in health work			
HMS -5: Clinical Diagnosis			
HLTCOM5058 Provide TCM remedial massage (AN MO TUI NA) treatment for women and children			45
HLTCOM5068 Work within TCM remedial massage (AN MO TUI NA) framework			
HLTCOM5078 Plan TCM remedial massage (AN MO TUI NA) treatment strategy			30
CPM -4: Clinical Practicum (4)			100
Total	20		100

* Please note that this unit is provided by Australian First Aid Pty Ltd, and that it is a WorkCover requirement to have a first aid refresher training every three years.

Course Duration

Normally, this course takes 2 academic years, structured in either full-time or part-time modes (Part-time study is not available to overseas students). This course is undertaken in an institution based situation with a component of 200 hours of clinic practice included.

Career Opportunities

Attainment of this qualification may lead to opportunities to work with Traditional Chinese Medicine practitioners. Positions may be obtained such as a Remedial Massage Therapist.



Sydney Institute of Traditional Chinese Medicine

CRCOS provider No. 01706A

CRMS provider No. 5143

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Entry Requirements

Domestic Students:

Pre-requisites for entry into this course are:

- Students must be over 18 years of age,
- Students must have a NSW Higher School Certificate or interstate equivalent

Potential students are expected to have a keen interest in health care, especially in Traditional Chinese Medicine, and are required to complete a written application to satisfy the Institute of their aptitude to undertake the required studies. There is also a provision for mature age students 21 years or over with a history of work experience or study which shows an aptitude to submit themselves to regimented study patterns.

International Students:

Pre-requisites for entry into this course are:

- Students must be over 18 years of age,
- Students must have an overseas equivalent of the NSW Higher School Certificate
- Students must have an IELTS score of 5.5 or above and must provide documentation to that effect.

Each individual application will be based upon information supplied to the Sydney Institute of Traditional Chinese Medicine on their application form.

Assessment

Students are assessed by:

- A half-semester examination and regular tests, written assignments, research projects, and case studies based upon data collected by the student in clinical practice.
- An end-of-semester (end-of-unit) written and practical examination testing work covered in the whole of the semester, which will comprise of not more than 60% of the student's semester results.

Articulation

On completion of this qualification you will be able to gain advanced standing in the Advanced Diploma of Traditional Chinese Medicine.

How to Apply

Please contact Sydney Institute of Traditional Chinese Medicine by phone, fax or email with the subject line DTCKM.



Sydney Institute of Traditional Chinese Medicine

CRCOS provider No. 01706A

CRMS provider No. 5143

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Fees Policy (Local Students)

Course Entry Fees

All Sydney Institute of Traditional Chinese Medicine course applicants must pay a non-refundable Student Association fee of \$170.00 payable upon enrolment.

2012 Indicative Course Fees

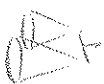
- Advanced Diploma of Traditional Chinese Medicine
 - Tuition fee (theory lectures) is \$780.00 per 45-hour module.
 - Clinical tuition fee is \$295.00 per semester.
- Diploma of Traditional Chinese Medicine Remedial Massage (An Mo Tu Na)
 - Tuition fee (theory lectures) is \$500.00 per 45-hour module.
 - Clinical tuition fee is \$100.00 per semester.
- Youth Allowance, Austudy and Abstudy are available for eligible, full-time students.

		Advanced Diploma of Traditional Chinese Medicine	Diploma of Traditional Chinese Medicine Remedial Massage
DURATION (SEMESTERS)		8	4
SEMESTER ONE (AUD)	Tuition	3,900	3000
	Clinic Practicum		100
SEMESTER TWO (AUD)	Tuition	3,120	2500
	Clinic Practicum	295	100
SEMESTER THREE (AUD)	Tuition	3,900	2500
	Clinic Practicum	295	100
SEMESTER FOUR (AUD)	Tuition	3,900	2500
	Clinic Practicum	295	100
SEMESTER FIVE (AUD)	Tuition	3,900	
	Clinic Practicum	295	
SEMESTER SIX (AUD)	Tuition	3,900	
	Clinic Practicum	295	
SEMESTER SEVEN (AUD)	Tuition	3,120	
	Clinic Practicum	295	
SEMESTER EIGHT (AUD)	Tuition	1,560	
	Block Practicum (China)	4,500	
TOTAL COURSE FEE (AUD)		31,770 Approx	10,900

Note: All fees are subject to annual review.

Students will not be permitted to commence or continue their course at the beginning of any semester until all outstanding fees, charges or accounts are paid. Students will be charged the full amount for repeating subjects.

Fees are set each year and are payable before each semester. The initial rate will apply for the academic year of enrolment but may be subject to change in subsequent years in accordance with the rate set by the Institute Board of Directors. All fees, charges and accounts will be payable in advance as determined by the Sydney Institute of Traditional Chinese Medicine.



Sydney Institute of Traditional Chinese Medicine

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ACN 50 100 079 806
CRICOS provider No. 01786A
NTR provider No. 3143

VET FEE-HELP Available

VET FEE-HELP is a student loan scheme that is funded by the Commonwealth Government to assist eligible students to pay for all or part of their VET tuition fees. Currently it is available to students studying in the Advanced Diploma of Traditional Chinese Medicine at SITCM. VET FEE-HELP loans are not subject to income/assets tests or age restrictions. For more information and to apply, please visit: <http://www.sitcm.edu.au/vetfeehelp.html>

Tuition Fees

Tuition fees DO cover the charges for tuition administration.
Tuition fees DO NOT cover additional text books, equipment, travel, tools, accommodation or general living expenses.

Incidental Fees

- Incidental fees are not covered by tuition fees.
- ✓ Printed copies of record books, work books, handouts, module books or other printed matter issued as part of the Training Material that are available online, or are lost or misplaced - \$0.20 is charged per single sided print (b&w)
 - ✓ Copies of Academic Transcript (Where first copy provided free of charge) \$20.00
 - ✓ Copies of Formal Qualifications (Where first copy provided free of charge) \$50.00
 - ✓ Student ID Card (Where first copy provided free of charge) \$20.00

Late Enrolment Fee

If a student enrolls in a Unit of Study on or after the Start Date and prior to the Census Date, a late enrolment fee of 3% of tuition fee applies to the Unit of Study.
* The late enrolment fee cannot be deferred to VET FEE-HELP.

Instalment

Periodic instalments of tuition fees can be arranged with the Institute.

Refund

Students who have paid and ask for a refund before the beginning of the semester will receive a 90% refund, 70% will be refunded within the first four weeks of the semester, and no refund will be provided after 4 weeks.



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CRICOS provider No. 01786A
NTR provider No. 3143

Fees Policy (International Students)

Application Fee for Courses

All Sydney Institute of Traditional Chinese Medicine course applicants must pay a non-refundable student association membership fee of AUD\$265.00.

2012 Indicative Course Fees

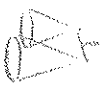
- Tuition fee (theory lectures) is AUD\$1400.00 per module for all programs offered. Refer to the tables below for total fees associated with each program.
- Clinical training fee is AUD\$380.00 per semester for all programs offered.
- Only full-time study is available.

		Advanced Diploma of Traditional Chinese Medicine	Diploma of Traditional Chinese Medicine Remedial Massage
DURATION (SEMESTERS)		8	4
SEMESTER ONE (AUD)			
	Tuition	7,000	8,400
	Clinic Practicum		380
SEMESTER TWO (AUD)			
	Tuition	5,600	7,000
	Clinic Practicum	380	380
SEMESTER THREE (AUD)			
	Tuition	7,000	7,000
	Clinic Practicum	380	380
SEMESTER FOUR (AUD)			
	Tuition	5,600	7,000
	Clinic Practicum	380	380
SEMESTER FIVE (AUD)			
	Tuition	7,000	
	Clinic Practicum	380	
SEMESTER SIX (AUD)			
	Tuition	7,000	
	Clinic Practicum	380	
SEMESTER SEVEN (AUD)			
	Tuition	5,600	
	Clinic Practicum	380	
SEMESTER EIGHT (AUD)			
	Tuition	2,800	
	Block Practicum (China)	4,500 Approx.	
TOTAL COURSE FEE (AUD)		54,380 Approx.	30,920

Note: All fees are subject to annual reviews.

Students will not be permitted to commence or continue their course at the beginning of any semester until all outstanding fees, charges or accounts are paid. Students will be charged the full amount for repeating subjects.

Fees are set each year and are payable before each semester. The initial rate will apply for the academic year of enrolment but may be subject to change in subsequent years in accordance with the rate set by the Institute Board of Directors. All fees, charges and accounts will be payable in advance as determined by the Sydney Institute of Traditional Chinese Medicine.



Tuition Fees

Tuition fees DO cover the charges for tuition administration.

Tuition fees DO NOT cover the charges for registration fee for vocational courses, accommodation, living expenses, textbooks, uniforms, stationery, equipment, and external examinations.

Incidental Fees

Incidental fees are not covered by tuition fees.

- ✓ Printed copies of record books, work books, handouts, module books or other printed matter issued as part of the Training Material that are available online, or are lost or misplaced - \$0.20 is charged per single sided print (B&W)
- ✓ Copies of Academic Transcript (Where first copy provided free of charge) \$20.00
- ✓ Copies of Formal Qualifications (Where first copy provided free of charge) \$50.00
- ✓ Student ID Card (Where first copy provided free of charge) \$20.00

Late Enrolment Fee

If a student enrolls in a Unit of Study on or after the Start Date and prior to the Census Date, a late enrolment fee of 3% of tuition fee applies to the Unit of Study.

Transfer of Fees

No fees will be transferred to other external institutions or persons.

VISA SUSPENSION/CANCELLATION & REFUND POLICY

1. If an application for a student visa is rejected for an international student applying for enrolment from offshore, then all course fees will be refunded in full provided that documentary evidence is supplied within fourteen (14) days of visa rejection. The course enrolment fee will not be refunded.
2. If a student withdraws from a course and supplies the Institute written notification before the course commencement date, 90% of the total course fees paid will be refunded. The course enrolment fee and the clinical practicum fee will not be refunded.
3. If a student withdraws from a course within four (4) weeks after the course commencement date, 70% of the total course fees paid will be refunded. The course enrolment fee and the clinical practicum fee will not be refunded.
4. If a student withdraws from a course four (4) weeks after the commencement date of the course, no refund will be made.
5. As a member of the ACPET OSTAS, if we are unable to fulfil our obligations to complete a course, the international student will be offered a no cost enrolment into another ACPET OSTAS member institute.
6. All requests for refund must be made in writing. We undertake to make payment of all refunds within 28 days of receipt of a written application for refund.

Refunds Paid If SITCM defaults:

1. If the offered course does not start on the published or agreed starting day.
2. If a course that stops being provided after it starts and before it is completed or if a course is not provided fully to the student because we have had a sanction imposed by either VETAB or DEWR under either and or the AQTF and the ESOS Act 2000.
3. We will pay a full refund to all international students within two weeks after the default day. We will provide all students with a statement that explains how the refund amount has been calculated.

Note: The refund policy is subject to review from time to time. Please check the current refund policy before accepting an offer. "This agreement, and the availability of complaints and appeals processes, does not remove the right of the student to take action under Australia's consumer protection laws for unpaid and overdue fees."



Application Process

How to apply

1. After reading the terms & conditions download and complete the Student Application Form available at www.sitcm.edu.au/enrolment_information.html.
2. Attach all required documentation listed in the form.
3. Submit the application form and the necessary documentation to
Sydney Institute of Traditional Chinese Medicine
PO Box K623
Haymarket, NSW 2000
AUSTRALIA
4. If your application is successful you will receive an Offer of Enrolment letter in your nominated course, along with pre-enrolment and fee payment (including the enrolment fee) information.

You will need to send us a Response to Offer located at the last page of the Offer of Enrolment Letter.

5. When we have acknowledged your acceptance, we will send you a letter Successful Enrolment & Acceptance Agreement letter. International students will also receive an electronic Confirmation of Enrolment (eCoE) form. The eCoE is used to apply for your student visa.

You will need to sign and return the Acceptance Agreement to us, before paying your fees. Please read the Terms and Conditions of Acceptance carefully before signing the agreement.

6. An invoice will be sent to you upon receipt of your payment.

Additional Information for International Students

<u>You are an international student if you are</u>	<u>You are not an international student if you are</u>
- a Temporary Resident of Australia	- an Australian citizen
- a Permanent Resident of New Zealand	- an Australian Permanent Resident
- a Resident or citizen of any other country.	- a New Zealand citizen.

International students applying to study in Australia will require a student visa. Application for and processing of student visas can take up to six months. An application fee applies for visas.

For all visa inquiries and applications, students should contact their local Australian Embassy, High Commission or Diplomatic Mission. It is a student's responsibility to ensure a visa is received in sufficient time to commence studies at the Institute by the commencement date of offer.

For more information, please contact:

Australian Diplomatic Missions www.immi.gov.au/contacts
Australian Embassies www.immi.gov.au/contacts
Australian High Commissions www.immi.gov.au/contacts
Department of Immigration and Citizenship (DIAC) www.immi.gov.au/contacts

Communiqué

Meeting of the Chinese Medicine Board of Australia September 2011

The Chinese Medicine Board of Australia (the Board, CMBA) met for the third time on 16 September 2011.

Under the National Registration and Accreditation Scheme, registration and accreditation will become mandatory for Chinese medicine practitioners from 1 July 2012.

On 5 September 2011, the Board released five draft mandatory registration standards (as stipulated in the Health Practitioners Regulation National Law Act 2009) for stakeholder consultation over a five-week period (closing date: 10 October 2011). The proposed registration standards are:

- professional indemnity insurance
- matters about the criminal history of applicants for registration
- requirements for continuing professional development
- requirements for English language skills, and
- requirements in relation to recency of practice.

The Board is also consulting on a draft standard for Chinese medicine Grand-parenting provisions for transitional arrangements for qualifications. This standard is particularly important to all existing practitioners except those currently registered by the Chinese Medicine Registration Board of Victoria.

All of the draft standards can be accessed on the Board's website from 5 September 2011 at <http://www.ahpra.gov.au/chinese-medicine/News/Consultations.aspx> along with details on how to make a submission to the Board.

Making a submission

The Board urges all interested individuals and organisations to make submissions on the proposed standards focusing on the specific questions included in the consultation paper. All submissions should be sent to the Board via email to chinesemedicineconsultation@ahpra.gov.au marked "Registration Standards". The closing date for submissions is 5pm Monday, 10 October 2011. Please note no late submissions can be accepted because the Board has to meet the deadline for submitting the standards to the Australian Health Workforce Ministerial Council for approval.

Please note that the Board will publish all submissions, unless marked as confidential, on the interim website to encourage wide consideration and discussion and inform the community and stakeholders.

Communication Strategy

The Board has accepted a number of invitations to address meetings of members of the Chinese medicine profession and industry.

The Board will develop a set of "Frequently Asked Questions" to clarify and provide more detail on aspects of the standards and to provide details on the actual administration of the registration application processes.

The Project Team which is currently supporting the new Boards will make suitable arrangements for the organising/hosting of state and territory forums. This will most likely be around February 2012 when we expect to have finalised standards to discuss.

Board Committees

The Board has established the following committees which now have Terms of Reference and have commenced their work:

- Communication
- Finance
- Registration Committee
- Policies, Standards and Guidelines Committee

It has also decided to establish a Scheduled Herbs Committee in the near future.

With regard to an Accreditation Committee the Board will soon begin a consultation on the proposed composition of this Committee.

Other Policies and Guidelines

The Board plans to develop and consult on further guidelines for the profession on key topics such as patient record keeping, Chinese herbal medicine practice and infection control.

Acupuncture Accreditation Project

The Board noted the existence of an Acupuncture Accreditation Standard Project, being overseen by several of the existing national boards, and conducted on behalf of AHPRA by the Australian Physiotherapy Council. The CMBA requested to be involved and has now been invited to fulfil an advisory role as an ex-officio member of the Project Management Committee.

Finance

The Board has commenced budget planning and considered a number of other administrative and financial matters. This budget planning process will determine the application and registration fees.

Professor Charlie Xue
Chair
28 September 2011