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Professor Charlie Xue Chair Chinese Medicine Board of Australia Australian Health Practitioner Regulation Agency GPO Box 9958 MELBOURNE VIC 3001

via email: chinesemedicineconsultation@ahpra.gov.au

Dear Professor Xue

The AMA has reviewed the proposed registration standards for Chinese medicine practitioners.

In making our submission to the Chinese Medicine Board of Australia, we have considered the consistency of the proposed standards with the registration standards for the other health professions the *Health Profession Regulation National Law Act 2009* (the National Law).

We have also considered the objective of the National Law to protect the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

Our submission to the Chinese Medicine Board of Australia (the Board) comments on the proposed standards that we believe should be reconsidered by the Board to ensure that chinese medicine practitioners are required to meet registration requirements similar to the other health professions.

Continuing Professional Development standard

We note that you are proposing that chinese medicine practitioners must participate in a minimum of only 20 hours of continuing professional development (CPD) activities per year. The Board should increase this to at least 40 hours, which is commensurate with the CPD requirements for pharmacists. In addition, the number of required CPD hours for chinese medicine practitioners who hold a scheduled herbs endorsement, should be increased from the proposed two hours, to at least 20 hours per year, as a condition of endorsement.

We agree with the proposal that mandatory education, training, mentoring or remedial supervision should not be counted towards CPD.

There should be no exemptions from CPD requirements for temporary absences from practice for up to one year, as proposed by the Board. Chinese medicine practitioners should maintain full CPD if they intend to return to practice within 12 months.

We agree with the Board's proposal that an absence of more than two years from practice is not regarded as a temporary absence and the practitioner would need to register as a new applicant and meet all the registration requirements for new registrants.

English language skills standard

We are extremely concerned that 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.

All health professions registered under the National Law have registrants who are from diverse cultural backgrounds. All these registrants are required to meet high standards of proficiency in the English language. The Board cannot register chinese medicine practitioners with poor English proficiency or no English language skills at all. If it does so it will have compromised the objective of the National Law to protect the public.

Clear and accurate communication between health practitioners and their patients is critical to safe, quality patient care. All registrants under the National Law must be able to demonstrate English language skills. The AMA suggests the Board use the same standards as for the medical profession, i.e. International English Language Testing System (IELTS) academic level 7 or equivalent, and achieve the required minimum score in each component of the IELTS academic module, Occupational English Test or specified alternative.

The Board's proposal that chinese medicine practitioners who cannot meet the English language requirements need to have "appropriate arrangements" in place to treat English-speaking patients is completely inadequate. Indeed, a registrant who is not competent in the English language will not meet the *Effective Communication with Patients* component of the English language skills standard provided for consultation.

Recency of practice standard

Recency of practice registration standard for chinese medicine should be consistent with the recency of practice standards for pharmacists, osteopaths and chiropractors. The Board will note that it has proposed recency of practice standards that are well below these professions e.g. chiropractors must undertake 1000 hours of practice within the preceding five years in order to meet the requirement for Recency of practice.

Similarly, a graduate who applies for initial registration with the Board should be exempt from the recency of practice registration standard for only a period of 6 months (not the proposed 12 months) and that graduate should then be required to complete the pro-rata equivalent of 400 hours of practice in the first three years of registration as per the Recency of practice standard for the Osteopathy Board of Australia.

Gandparenting registration standard: transitional arrangements for qualification

The AMA is aghast that the Board has proposed that evidence of 5 years of practice within the profession between 2002 and 2012 is adequate to allow persons, who do not qualify under section 53 of the Act, to register during the first three years.

It is inconceivable that any health practitioner registration Board charged with the responsibility of protecting the public would allow proof of practice and competency to be evidenced merely by evidence that a person has operated a business.

The AMA highlights to the Board that the Tax Practitioners Board has required people who have operated a bookkeeping business to obtain a basic qualification within three years in order to maintain their registration as a tax practitioner.

It is reprehensible that the Chinese Medicine Board is proposing to register people who do not have qualifications.

Similarly, five years of practice is not sufficient evidence that a practitioner, who does not have qualifications, is competent in acupuncture and/or Chinese herbal medicine. Further, it is inappropriate for the Board to accept an assessment by a professional association that a Chinese medicine practitioner is competent. The other health practitioners must hold approved qualifications or be assessed by the relevant Australian training institution.

In making these particular proposals the Board has seriously neglected it responsibilities to the Australian people and its obligations under the National Law.

Yours sincerely

Steve Hambeletu

Dr Steve Hambleton President

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