



Public Health Association
AUSTRALIA

***Submission from the Public Health Association of Australia to
the Chinese Medicine Board of Australia***

Proposed registration standards for Chinese medicine practitioners

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Contents

Introduction	3
Public Health	3
The Public Health Association of Australia	3
Advocacy and capacity building	3
Submission Summary	4
1. Continuing professional development.....	4
1.1 Number of hours specified	4
1.2 Minimum levels of professional issues (Continuing Professional Development).....	4
1.3 Scheduled herbs.....	4
1.4 Should mandatory CPD be counted?	5
1.5 Exemptions.....	5
2. Criminal history	5
3. English language skills	5
4. Professional Indemnity Insurance	5
5. Recency of practice	5
6. Transitional arrangements.....	5
Conclusion	6

Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles.

Public Health

Public health includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

The Public Health Association of Australia

PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA has been a key proponent of a preventive approach for better population health outcomes championing such policies and providing strong support for the Government and for the Preventative Health Taskforce and National Health and Medical Research Council (NHMRC) in their efforts to develop and strengthen research and actions in this area across Australia.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

Advocacy and capacity building

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Submission Summary

We would like to thank the Chinese Medicine Board of Australia (CMBA) for the opportunity to make a submission on registration standards for Chinese medicine practitioners.

This submission has been prepared by the PHAA's Evidence, Research and Policy in Complementary Medicine Special Interest Group (ERPC-SIG).

On a broad level, ERPC-SIG believes that any standards being considered by the CMBA should be no less than those of the Chinese Medicine Registration Board of Victoria, which should largely form the basis of standards of the CMBA.

Additionally, ERPC-SIG believes that the CMBA should be guided by minimum standards espoused by the various World Health Organization guidelines relevant to the profession of Chinese medicine.

ERPC-SIG has commented on specific issues as requested by the CMBA in this submission.

1. Continuing professional development

1.1 Number of hours specified

ERPC-SIG largely agrees with the number of hours specified, though with the caveats of the recommendations below.

1.2 Minimum levels of professional issues (Continuing Professional Development -CPD)

ERPC-SIG does believe that there should be a minimum number of hours spent on professional issues. ERPC-SIG notes that safety issues such as infection control are to be included in this aspect, however other relevant safety and ethical issues such as Complementary and Alternative Medicine (CAM) drug interactions and sustainable use of endangered plant and animal substances have not been specifically mentioned. ERPC-SIG believes that these issues are essential for broader ethical and safe Chinese Medicine practice and should be specifically included. If they are to be included it would be suggested that a minimum of two (2) extra hours be allocated to the minimum hours relating to professional issues.

Additionally, ERPC-SIG believes that the CMBA should adopt the mandatory Chinese Medicine Registration Board of Victoria's First Aid requirements for Chinese medicine practitioners in addition to CPD requirements.

1.3 Scheduled herbs

ERPC-SIG would assume that endorsement would be a transitional measure, and that relevant training to use Scheduled herbs should be included as a part of CMBA accredited training. For

those with such endorsement, ERPC-SIG agrees that minimum levels of CPD training should be proscribed for these areas.

1.4 Should mandatory CPD be counted?

ERPC-SIG agrees that mandatory CPD requirements should not be counted towards CPD.

1.5 Exemptions

ERPC-SIG agrees with the Board's current proposals for exemptions to CPD arrangements for Chinese medicine practitioners.

2. Criminal history

ERPC-SIG agrees that the criminal history registration standard for Chinese medicine practitioners should be consistent with the current ten National Boards.

3. English language skills

ERPC-SIG agrees with the Board's current proposals for English language requirements for Chinese medicine practitioners.

4. Professional Indemnity Insurance

ERPC-SIG agrees with the Board's current proposals for professional indemnity insurance arrangements for Chinese medicine practitioners.

5. Recency of practice

ERPC-SIG agrees with the Board's current proposals for recency of practice standards for Chinese medicine practitioners.

6. Transitional arrangements

ERPC-SIG agrees with the Board's current proposals for transitional arrangements for recognising Chinese medicine practitioners for registration. However, ERPC-SIG would also recommend that in both transitional arrangements and future accreditation arrangements the CMBA specifically states a policy on the maximum amount of distance or off-campus learning allowable in training courses allowing graduates to be registered with CMBA.

Conclusion

The PHAA is concerned with the promotion of health at a population level. This includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

This submission has been prepared by the PHAA's Evidence, Research and Policy in Complementary Medicine Special Interest Group (ERPC-SIG). ERPC-SIG believes that any standards being considered by the CMBA should be no less than those of the Chinese Medicine Registration Board of Victoria. ERPC-SIG believes that the CMBA should be guided by minimum standards espoused by the various World Health Organization guidelines.

ERPC-SIG has also commented on specific issues as requested by the CMBA in this submission and would be happy to provide additional information in relation to these matters if required.



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21 October 2011



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