Chinese Medicine
Registration Board
of Victoria

Monday, 9 January 2012

Chair, Chinese Medicine Board of Australia
Charlie Xue
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Dear Professor Xue,

PROPOSED REGISTRATION STANDARDS AND ACCREDITATION COMMITTEE MEMBERSHIP

The Chinese Medicine Registration Board (CMRB/CMR Board) thanks you for the opportunity to comment on these very important documents.

We are in general in agreement with much of the standards, and have addressed the specific questions we wish to comment on.

The CMR Board very strongly supports transparency and independence in the accreditation process and in the membership of the Accreditation Committee, and has addressed this in our response.

Our more detailed comments are included as an attachment to this letter.

Yours sincerely,

David Halstead
President

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CMR Board Submission on the Chinese Medicine Board of Australia consultation papers:

- Draft Advertising Guidelines
- Draft Code of Conduct for Registered Health Practitioners
- Draft Guidelines for Mandatory Notifications
- Draft Guidelines on Patient Record Keeping
- CMBA Accreditation Committee Membership

Draft Advertising Guidelines

Do you agree with the proposed modification?

The CMR Board supports the modification that where titles such as 'Visiting Professor', 'Adjunct Professor', 'Honorary Professor', or 'Distinguished Professor' are used the prefix descriptor must be stated and that the name of the conferring institute also be stated. The CMR Board believes this is an important addition to the Draft Advertising Guidelines both for public protection and for maintaining high standards in the profession.

Draft Code of Conduct for Registered Health Practitioners

Do you agree with the proposed modification?

The CMR Board supports the proposed modification.

Draft Guidelines for Mandatory Notifications

The CMR Board supports the Draft Guidelines for Mandatory Notifications.

Draft Guidelines on Patient Record Keeping

Should patient records be mandated to be in English or should there be a principle statement that in general records should be kept in English?

The CMR Board acknowledges that with the move to national regulation comes the requirement for Chinese medicine practitioners to meet standards consistent with all regulated professions,

and to also work in a manner which provides for successful daily interaction with other health care providers.

One of the profession specific characteristics of the Chinese medicine community is the mix in its practitioner base of practitioners with English as their first language and practitioners for whom English is not their first English.

In regulating the patient record keeping practices of this group the ideal would seem to be to balance these two potentially opposing demands.

Mandating that patient records by kept in English would be consistent with the CMBA's proposed English requirements post-grandparenting, however it would not be consistent with the proposed English requirements for grandparented practitioners. The CMBA is concerned that the existing workforce of practitioners, who will register under the grandparenting provisions of the National Law, will keep records of a poorer standard if required to keep them in English (as their second language). Whilst providing for the accessibility of records between health care providers is important, this Board believes the emphasis should be on keeping clear and appropriate records as per the patient record keeping guidelines.

The CMR Board agrees that practitioners should be encouraged to keep patient records in English and supports the proposal that there should be an in principle statement that in general records should be kept in English.

The CMRB provides two suggestions for managing the change in the practice of patient record keeping amongst Chinese medicine practitioners:

1. That the CMBA specify that patient records may be kept in languages other than English only for practitioners who are approved under the grandparenting provisions
2. Setting an end date from when practitioners can no longer keep new patient records in languages other than English (this date could be well into the future to cater for the retirement of the existing workforce who have greater difficulty keeping records in English)[1]

CMBA Accreditation Committee Membership

Do you agree with the proposed inclusion of at least one educationalist, at least one Chinese medicine academic, at least one Chinese medicine practitioner and at least one biomedical sciences academic?

From the experience of the Victorian Board, the breadth of experience required of an accreditation committee should include at least one educationalist, at least one Chinese medicine academic and at least one Chinese medicine practitioner. The Victorian Board has not utilised a biomedical science academic however it considers the addition of an academic with a broader perspective than the discipline at hand would be advantageous.

Do you think there should be additional sub-criteria for the selection of the above persons and if so what they should be?

[1] Practitioners who cannot meet this requirement by the end date could apply for conditional registration to continue keeping records in their native language.

For all members, except the Chinese medicine practitioner, there should be a requirement for experience in course design and course evaluation.

The Chinese medicine practitioner should be registered in both divisions of the Register; acupuncture and Chinese herbal medicine and have had at least 5 years practice experience in Australia.

Do you think a Board member should be on the Accreditation Committee?

The CMR Board emphatically does not support the inclusion of a Board member on the Accreditation Committee. Such inclusion would clearly transgress the intention of the National Law to separate the regulatory and accreditation functions, and would bring either a perceived or actual conflict of interest, or both, to the process.

The public, the professions and its stakeholders must be able to rely on the Board making its decisions without bias and based wholly on the recommendations of the Committee, and on the Committee forming its recommendations through an unprejudiced process.

The problem of Board representation on the Accreditation Committee is not whether such person appointed has a conflict of interest but that the situation is inherently conflicted. Good governance in this situation calls for the separation of the regulatory and accreditation functions.

Do you think a community representative should be on the Accreditation Committee?

The CMR Board does not support the inclusion of a community representative on the Accreditation Committee. Such representation would be inappropriate as the clientele group of the accreditation committee is not the community but the profession. Hence, the only non-academic on the committee should be a Chinese medicine practitioner. Inclusion of a community member would add a financial burden to a small profession without providing relevant expertise.

How many members do you think the Committee should have?

The CMR Board appointed course approval panels have comprised three and five members. This arrangement has been functional, allowing good communication between members, and financially viable due to its manageable size. The Victorian Board therefore suggests a similar arrangement for the National Accreditation Committee.