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## Chair's message

Welcome to the second edition of the Chinese Medicine Board of Australia's (the National Board) newsletter. Despite it being May, as this is the first newsletter for 2013, I would like to take the opportunity to wish everyone a happy and healthy 2013.

On 1 July 2012, Chinese medicine joined the National Registration and Accreditation Scheme (the National Scheme) and became one of the 14 nationally regulated professions. Becoming a nationally regulated profession has meant a big change for the majority of Chinese medicine practitioners as they are new to registration and regulation.

Just like last year, 2013 is a very busy year for the National Board. The Board conducted its Inaugural Strategic Planning Day on 22 January to set its priorities and ensure the effectiveness and efficiency of its operation in partnership with the Australian Health Practitioner Regulation Agency (AHPRA). We are currently finalising our strategic work plan and will publish this on the Board's website in the coming weeks.

A significant amount of the year will be taken up by the AHPRA-wide registration standards review (This review excludes the Chinese medicine *Grandparenting and general registration eligibility registration standard*.) The revision of registration standards and consequential documents is required to begin within three years of their approval. This means that all registration standards approved in July 2010 for 10 National Boards are scheduled for review.

To ensure consistency, we will participate in this review noting that we are one of the 2012 professions. That is, these

standards have only been in place for slightly more than a year, so any recommended change will not have an impact on the grandparenting standards for the Chinese medicine profession. Specifically, conditions on registrations as outcomes of not meeting the English language requirements will not be changed.

Another focus of the National Board for 2013 is to strengthen its engagement with the profession and the public to effectively communicate about the professional obligations and expectations of a registered Chinese medicine practitioner.



It is therefore very important that you keep up to date with important developments that are critical to you as a registered Chinese medicine practitioner in Australia.

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

## Snapshot of the profession

By the end of March 2013, there were 3,999 registered Chinese medicine practitioners throughout Australia.

The number of registered Chinese medicine practitioners by state and territory is illustrated in the tables overleaf. New South Wales hosts the largest registrant base for this profession, with 40.26%. This is followed by Victoria (28.26%), Queensland (19.33%), and Western Australia (4.68%).

Table 1: Chinese medicine practitioners – state and territory by registration type

State	General	Limited Teaching or research	Non-practising	Total	% By State
ACT	62		1	63	1.58%
NSW	1,605		5	1,610	40.26%
NT	12		8	20	0.5%
QLD	765	1	7	773	19.33%
SA	155			155	3.88%
TAS	31			31	0.78%
VIC	1,068		62	1,130	28.26%
WA	186		1	187	4.68%
Not Stated	17		13	30	0.75%
Total	3,901	1	97	3,999	

Table 2: Chinese medicine practitioners – registration numbers by division, by state and territory

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
Acupuncturist	22	402	6	523	84	18	414	65	4	1,538
Acupuncturist and Chinese Herbal Dispenser		1		4						5
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner	6	326		36	7		30	15		420
Acupuncturist and Chinese Herbal Medicine Practitioner	34	815	7	204	61	13	660	101	25	1,920
Chinese Herbal Dispenser		32			1		3	2		38
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner		11			2					13
Chinese Herbal Medicine Practitioner	1	25		6	2	1	26	4		65
Chinese Medicine Practitioner	63	1,612	13	773	157	32	1,133	187	29	3,999

## Applications for registration as a Chinese medicine practitioner

### What is the application process?

AHPRA receives the applications for registration and reviews each application and the evidence submitted. If your application is not complete, or does not address all of the required registration standards, you will be asked for additional information.

AHPRA will ask that all documents are translated into English, except for people applying for registration under the grandparenting provisions of the Chinese medicine *Grandparenting and general registration eligibility registration standard*. Where some documents are exempt under Schedule 1 Practice Evidence – Acupuncture and Chinese herbal medicine, this includes:

- invoices or statements from suppliers (certified copies are sufficient), and
- de-identified patient records (where these documents are in Chinese, translations are not required).

Registration standards can be found under the [Registration standards](#) tab on the Board's website.

If your application is complete, and addresses all the required areas, AHPRA will process your application. However, AHPRA does not have the delegation to process all applications, especially complex applications submitted under the grandparenting provisions: section 303 (1) of the Health Practitioner Regulation National Law (the National Law). Therefore, some applications are submitted to the Chinese Medicine Board's Registration Committee.

## Chinese Medicine Board Registration Committee

The Registration Committee assesses qualifications and other evidence. Where further evidence is required you are given the opportunity to provide this. If you do not respond by the requested date your application will be assessed based on the evidence you originally supplied.

If, after considering your application for registration, the committee is proposing to refuse to register you or to register you subject to a condition, you will receive a letter explaining the reasons and you will be invited to submit a response. Your response is then taken to the committee to consider along with the material you submitted previously.

This process can take anywhere from three weeks to three months depending on:

- the complexity of the application
- the number of applications awaiting assessment
- the number of times your application is returned to the committee
- the reasons your application is returned to the committee
- the number of divisions you are applying for
- the time it takes you to respond, and
- the amount of evidence that needs reviewing.

At present the committee meets one day a month, and at each meeting its members review about 70 matters related to registration applications. One application could contain between 50 to 1,000 pages of submitted evidence, which committee members are required to read.

## Refused registrations and why

AHPRA records indicate that about 200 applications for registration as a Chinese medicine practitioner have been refused.

If an application for registration is refused it will be based on the application not meeting the National Board's standards, including criteria for:

- recency of practice
- professional indemnity insurance
- English language skills
- criminal history
- continuing professional development, and
- grandparenting and general registration eligibility.

## Practitioner obligations under the National Law: meeting standards and complying with guidelines

As a registered Chinese medicine practitioner, it is important that you are familiar with, and understand, the national standards and guidelines that apply to your practice. Ensuring that only practitioners who meet these standards are registered is how the National Board protects the public.

All the standards are published under the [\*Registration standards\*](#) tab on the Board's website, and the codes and guidelines are published under the [\*Codes and guidelines\*](#) tab.

There are also guidelines applicable to any person who provides or operates a business that provides a regulated health service. In relation to Chinese medicine practitioners, the *Guidelines for advertising of regulated health services* are significant.

Any information provided in an advertisement for a regulated health service should be reliable and useful, and assist consumers to make informed decisions about accessing services.

### Risks of misleading advertising

There are risks that false, misleading or deceptive advertising can lead to the indiscriminate or unnecessary provision of health services, or create unrealistic expectations about the benefits, likelihood of success and safety of such services, with possible adverse consequences for consumers. There is potential for inaccurate or misleading advertising of health services to cause harm to consumers, both physically and psychologically. This is particularly relevant in cases in which the consumer may be vulnerable or not sufficiently well informed to make a decision about the suitability of certain types of services.

The guidelines aim to support the provisions of the National Law, to protect the public from advertising that is false, deceptive and misleading, and provide guidance to practitioners about advertising of health services. They include an explanation of the possible consequences of breaching the advertising provisions of the National Law.

The guidelines are also admissible in proceedings against a registered health practitioner as evidence of what constitutes appropriate professional conduct or practice for the health profession.

## Consultation update: guidelines

Consultations provide an important opportunity for practitioners, members of the community and other stakeholders to provide feedback on draft documents and help shape the future of health practitioner regulation in Australia.

### Guidelines across the National Scheme

This will be a big year for National Board consultations, with dozens of papers scheduled for public consultation across all professions. Currently the 14 National Boards in the National Scheme are consulting on the following proposed guidelines:

- revisions to the *Guidelines for advertising* (common to all National Boards)
- a *Social media policy* (common to all National Boards), and
- revisions to the *Guidelines for mandatory notifications* (common to all National Boards).

Also at this time 11 National Boards are consulting on a shared revised *Code of conduct*, with some profession-specific modifications for some Boards (including the Chinese Medicine Board of Australia). Public consultation on these documents closes on 30 May 2013.

The best way to keep abreast of upcoming and current consultations relevant to the Chinese medicine profession is to check the [Consultations](#) page on the National Board's website.

### National Board infection prevention and control guidelines for acupuncture practice

So far this year, the National Board has completed consultation on the *Infection prevention and control guidelines for acupuncture practice*. The guidelines will soon be available on the website under [Codes and guidelines](#). These guidelines set out:

1. How to use the National Health and Medical Research Council's (NHMRC) *Australian guidelines for the prevention and control of infection in health care*.
2. Additional National Board requirements for the prevention and control of infection in acupuncture:
  - a. reprocessing of reusable instruments and equipment
  - b. hand hygiene and special precautions when using alcohol-based hand rub
  - c. appropriate use of gloves
  - d. routine skin preparation and post-treatment procedures
  - e. non-sharp waste disposal, and
  - f. prevention and management of sharps injuries.
3. State and territory guidelines and regulations relevant to acupuncture practice.

## Accreditation update: interim standard published

The National Board has approved an *Interim accreditation standard for Chinese medicine*. While the Accreditation Committee is developing and consulting on an accreditation standard, an approved interim accreditation standard is required. It applies only to the monitoring of approved programs which transitioned under section 293 of the National Law.

You can find this interim standard under the [Registration standards](#) tab on the Board's website.

## Accountability and transparency: panel and tribunal hearing decisions published

AHPRA and the National Boards' commitment to transparency and accountability continues with an expansion of the information published about legal issues and hearing decisions. AHPRA has published a table of [panel hearing decisions](#) dating back to July 2010. Summaries have been provided where there is educational and clinical value. Practitioners' names are not published, consistent with the requirements of the National Law.

Some summaries of [tribunal decisions](#) are also provided, to help share information and guide practitioners.

## New national Community Reference Group

A Community Reference Group is being established by AHPRA and the National Boards. This group has been designed to advise AHPRA and National Boards on ways in which community understanding and involvement in our work can be strengthened. This might include:

- strategies for promoting greater community response to consultations
- ways in which the national registers of practitioners can be more accessible and better understood, and
- strategies for building greater community understanding of how practitioner regulation works.

AHPRA and the National Boards will work with the Community Reference Group to agree on a set of priorities. This will build on the feedback received at the recent community forums held across Australia in partnership with the Consumers Health Forum of Australia (CHF). The forums provided an opportunity for AHPRA and members of national and state boards to meet members of the public to explain how health practitioner regulation works and what it offers the community, and to get feedback on issues of concern.

The Community Reference Group will complement the role of community members of the National Boards. The group

will consist of members from the community who are not health practitioners or current/past members of a National Board or committee in the National Scheme.

## Registration – renew online, renew on time

Registration renewal for Chinese medicine practitioners is due by **30 November 2013**. We want to give you plenty of advance notice.

Most health practitioners across the National Scheme now renew online, which is convenient and saves time. Renewing online also has benefits for the National Board – it reduces the reliance on hardcopy letters and forms, saving on production, printing and postage costs.

Email reminders to renew will be sent by AHPRA later in the year, when online renewal is open. Letters will be sent to practitioners without email.

## Update your contact details

Please check your contact details and update them if necessary in order to receive regular reminders from the Board and AHPRA. Email accounts should be set to receive communications from AHPRA and the Board to avoid misdirection to a 'junk email' box or account.

If you have not yet provided your email address to AHPRA or the Board, please do so as a matter of urgency.

To update your contact details, go online at [www.ahpra.gov.au](http://www.ahpra.gov.au), click 'online services', use your unique contact number (User ID) and follow the prompts. Your User ID is not your registration number. If you do not have a User ID you can complete an online enquiry form, selecting 'User ID' as the category of enquiry, or call 1300 419 495.

## Keep in touch with the Board

Visit our website at [www.chinesemedicineboard.gov.au](http://www.chinesemedicineboard.gov.au) for news about the profession, information on the National Scheme and for the mandatory registration standards, codes, guidelines, policies and fact sheets.

Lodge an enquiry form via the website by following the [Enquiries](#) link on the bottom of every page.

For registration enquiries call 1300 419 495 (from within Australia) or +61 3 8708 9001 (for overseas callers).

Address mail correspondence to: Prof. Charlie Xue, Chair, Chinese Medicine Board of Australia, GPO Box 9958, Melbourne VIC 3001.

