



Submission by

Chinese Medicine & Acupuncture

Society of Australia

CMASA

for

Consultation on

***Draft Supervision Guidelines for Chinese medicine
practitioners***

to

Executive Officer
AHPRA

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CMASA Profile

Twenty years ago, with an increasing number of immigrants from China, CMASA precedents, the first batch of TCM practitioners from Mainland China, unfolded the prologue by establishing one of the earliest professional body for Chinese Medicine practitioners in New South Wales. It was then officially registered as the ***Chinese Medicine and Acupuncture Society of Australia Ltd , CMASA***, in 1999 according to the Federal Company Law as a limited public company.

With its Chinese ethnic background from different part of the world, CMASA has gained its social recognition among various communities with its characteristics including rigorous professionalism, simple yet dedicated academic pursuit, and kind and responsible serving attitude. CMASA, over the last decade, has made great efforts to build a platform for communications and academics exchange among, not only its members, also with other professional associations and regulating bodies. It has also participated actively in The National Registration of Chinese Medicine in Australia.

In 2000, the Society successfully launched the Chinese Medicine & Health Journal, ISSN 1447-3321. CMASA official website was launched in 2005. In 2007, an official TCM Forum -“Da Yi Lun Tan” was launched, under which series of high standard professional seminars with renowned Australian and International speakers are invited for speeches and workshops. By 2012, CMASA became a recognised professional association for major private health insurance companies such as Medibank, Bupa, HCF and AHRG. In February 2013, the Society set up its National office to provide better services to its rapid growing number of over 1,000 members. The mission for CMASA National Office is to support CMASA non English members understand and comply with all new rules and regulations such as CMBA CPD guideline.

Now, CMASA is an Australian nation-wide non-profit organisation with more than 1,000 members, and growing, with offices in New South Wales, Victoria, Queensland, Western Australia, South Australia and the newly established ACT office. All CMASA members are professional Chinese medicine practitioners, acupuncturists and Massage therapists majority from China, Taiwan, Hong Kong, Macau, and other Southeast Asian countries, with growing members from Australian graduated practitioners.

AHPRA Consultation on

'Draft Supervision Guidelines for Chinese medicine practitioners'

chinesemedicineconsultation@ahpra.gov.au

Re: Consultation Paper on 'Draft Supervision Guidelines for Chinese medicine practitioners '

Thank you for providing the opportunity to comment on the options for Draft Supervision Guidelines for Chinese medicine practitioners.

We support the Chinese Medicine Board of Australia, the Board, in setting guidelines for effective supervision of practitioners where supervision is a requirement of registration.

Before we even start looking at the particulars and details of the draft, we felt it is inappropriate for the Board to ask the Chinese medicine industry in Australia to bear the responsibility and the role of supervisors for below simple and straight forward reason; Registered Chinese medicine practitioners in Australia are registered based on their qualifications as clinical practitioners, not Chinese medicine educators. Similar argument goes to someone being able to speak in Mandarin does not guarantee that he or she can be a competent Mandarin teacher if she has no training in field of education.

Although it is not mandatory for the practitioners to be undertake the task of the supervisors, but with all the good will of the draft supervision guideline, supervisees will be left in the dilemmas of not able to find any supervisors in practice who are willing to be involved. Clinical practitioners who already bear a lot of responsibilities in providing best professional healthcare service to their patients, on top of doing everything in their power to abide all rules and guidelines in the profession, under the circumstances of without receiving any benefits of governmental subsidise, it is unfair to add this ethical responsibility onto them.

In Section 5, "Principles", point 15,

"15. Before supervision begins, the supervisor, the supervisee and the Board need to agree on the duration and content of the supervised practice plan; and the reporting requirements, including the period for review if it varies from the standard periods outlined in the supervision levels below. "

It is inappropriate and unjust to the supervisees and supervisors for the Board to ask the potential supervisor to take part in the decision making of the duration and the content of the supervised practice plan, without previous acquaintance between the supervisor and supervisee.

In the situation of potential conflict of interest under section 7, "Requirements of Supervisors" Point 7, there is an obvious ambiguity of the evidence of proof of relationship. To what degree does the Board would consider as "potential" conflict of interest"? What is the evidence deemed acceptable to proof the relationship between supervisees and supervisors to exclude potential conflict of interest ? The Chinese medicine industry in Australia is not a huge or big industry, every practitioners in one way or another know other practitioners.

In the process of finding a supervisor, what are the principle and qualification should the supervisee be looking at? Can a practitioner with conditioned registration him/herself be eligible as a supervisor?

Besides, it is against the principle of COAG, AHPRA, the Board and the Chinese Medicine profession, in protecting public health and safety to put any not fully competent practitioners in the market for the purpose of fulfilling the registration requirement or complying with the Board's requirement in case of professional conduct, performance or health proceedings. It is an act of not only putting public health and safety at risk, but also putting the supervisors' professional reputation at stake.

It is the responsibility of the Board for the registration of the Chinese medicine profession; it is also the responsibility of the Board to liaise with educators with approved course for the supervision or to provide the supervisees a list of practitioners who have agreed to undertake the supervision responsibilities at a reasonable and affordable cost.

The Board should then send invitations to all registered practitioners whom the Board assessed as eligible for supervisors listings. For those Chinese medicine practitioners who agree to participate in the supervision out of their good hearts and good intentions, the Board in turn should show their acknowledgement by issuing some sort of certificate of appreciation in hard copy or sticker format as in the Medical Awarding GPs who meet the higher practice criteria,



as picture on left.

This will act as an encouragement for more practitioners to participate. Of course if the Board could allocate any incentive which is similar the incentive awarded by the Medicare to clinics with "Accredited General Practice" would be the icing on the cake for the practitioners.

Below are our responses to the draft questions:

1. Are the guidelines clear and easy to follow?

No, more information and much more detailed guidelines in area such as evidence of relationship etc are needed to avoid potential ambiguities if not conflicts.

2. Do the principles provide sufficient capacity to supervise and assess practitioners in a range of situations and/or clinical settings?

There is enough principles but the practicality is doubtful as in real practice in the field of clinical Chinese medicine, nothing comes by the book and "individuality" is the speciality of the profession.

3. Are the levels of supervision appropriate to provide for public safety?

It is inappropriate to put any not fully competent practitioners in the market from the aspect of public safety.

4. Do the guidelines adequately cover the expected responsibilities of supervisees?

5. Do the guidelines adequately cover the expected requirements and responsibilities of supervisors?

The guidelines stated only overall principles for both supervisees and supervisors. They will need much more information, manual or hand book, in order to avoid potential ambiguity and worse legal dispute.

6. Are the supervisor and supervisee responsibilities reasonable and achievable?

They are not reasonable and unachievable.

7. Are the four level of supervision for practice plans appropriate?

The 4 levels will not be sufficient to cater individual needs of supervisees.

8. Do the guidelines set out adequate reporting requirements?

It is not achievable in practical settings. The report requirements are too much for a practitioners who are not professionally trained as educators and supervisors.

9. Are the sample templates useful?

Templates are always useful but much amendments are needed.

10. Are there specific impacts for practitioners, or governments or other stakeholders that the National Board should be aware of, if these guidelines are adopted?

Yes, there is a very high possibility that supervisees fail to find a supervisor or to comply with the Board requirement within the valid time frame.

11. Are there implementation issues the National Board should be aware of?

Insufficient indemnification clause for the supervisors' protection. However, the same indemnification clause might be unjust for the supervisees.

12. Should the review period be two, three or five years?

All guidelines should have a consistency of 3 years review period with conditional clause added;"
The review period is to be shorten in the case of the detection of major flaw of guideline".

Please feel free to contact us at CMASA National Office for any further discussion.

Yours Faithfully



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