



Chinese medicine regulation in Australia

Chinese Medicine Board of Australia (CMBA)

2016

Welcome and overview

Professor Charlie Xue

Chair CMBA

Chinese Medicine Board of Australia

(As at June 2016)

PROFESSOR CRAIG ZIMITAT
DEPUTY CHAIR AND COMMUNITY
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PRACTITIONER MEMBER
FROM QUEENSLAND

DI WEN LAI
PRACTITIONER MEMBER FROM
WESTERN AUSTRALIA

DR ANNE FLETCHER
COMMUNITY MEMBER
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FROM SOUTH AUSTRALIA

CHRISTINE BERLE
PRACTITIONER MEMBER
FROM NSW

DR DAVID GRAHAM
COMMUNITY MEMBER
FROM THE ACT

PROFESSOR CHARLIE XUE
CHAIR AND PRACTITIONER
MEMBER FROM VICTORIA

IAN DUMMETT
PRACTITIONER MEMBER
FROM TASMANIA

Program today

1. Role of AHPRA and CMBA
2. Update: notifications trends
3. Update: policy
4. Questions and discussion
5. Networking

Charlie Xue, Chair

Craig Zimitat

Anne Fletcher

All above

Primary objectives of the National Law*

- To protect public health and safety
- To facilitate **workforce mobility** across Australia
- To facilitate the provision of high **quality education and training** of health practitioners
- To facilitate the rigorous and responsive **assessment of overseas-trained health practitioners**
- To facilitate **access to services**
- To develop a flexible, responsive and sustainable Australian **health workforce**

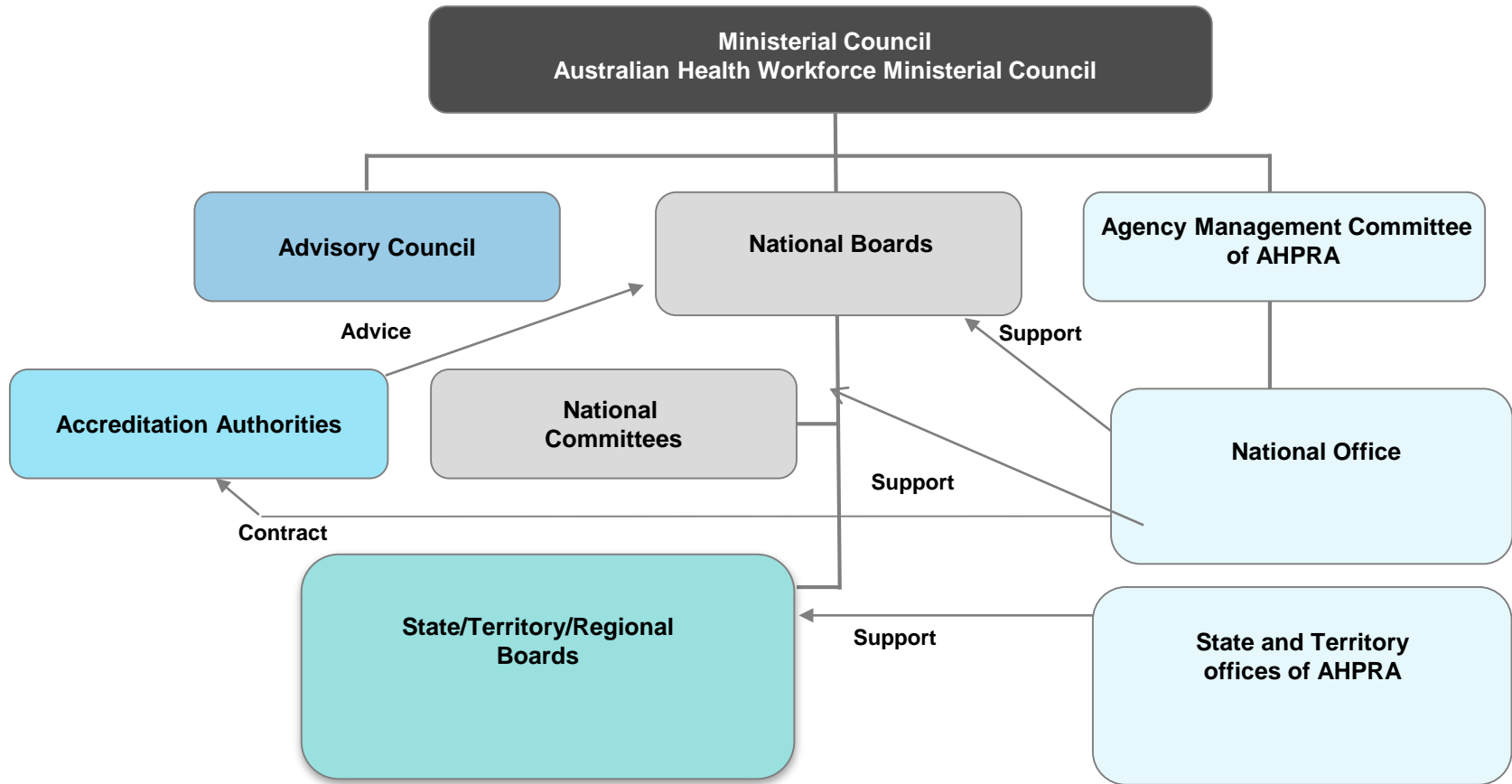
* The Health Practitioner Regulation National Law, as in force in every state and territory.

The National Scheme* is designed to promote

- **Mobility:** practise anywhere in Australia
- **Uniformity:** consistent national performance
- **Efficiency:** less red tape – streamlined
- **Collaboration:** sharing, learning and understanding between professions
- **Transparency:** on line registers – including showing any restrictions on practice

* National Registration and Accreditation Scheme

Structure of the National Scheme



Ministerial Council

(Australian Health Workforce Ministerial Council)

- Comprises the Health Ministers of the states/territories and the Commonwealth
- Appoints National Board members
- Gives directions to AHPRA
- **Approves standards**
- Is accountable to Parliament and the public on effectiveness of the National Scheme

Australian Health Practitioner Regulation Agency (AHPRA)

- Provides the administrative support to enable the Boards to administer the National Law
- Supports the National Boards to perform their functions by carrying out audits and investigations

Chinese Medicine Board of Australia (CMBA)

The CMBA implements the requirements of the National Law by:

- Defining the expected performance of practitioners through standards, codes and guidelines
- Registering Chinese Medicine practitioners
- Investigating notifications (complaints)

Committees of the CMBA

Registration and Notification Committee (RNC)

Makes decisions on:

- Registrations
- Notifications (complaints)

Policy, Planning and Communication Committee (PPCC)

- Advises the Board on communications and policy matters
- Works with the Board, EO and AHPRA to develop standards, guidelines and codes
- Communicates with the Board and the profession

Different roles CMBA and Professional Associations

- The CMBA and Associations have entirely *different* roles.
- CMBA is directed by the National Law to protect public safety
- Associations advocate for and support the profession

Chinese Medicine Board of Australia

Key role is protecting the public from harm

Workforce development and mobility

Develop standards for professional practice and education

Ensure a registered profession

Professional Associations

Support the profession through education around standards

Advocate for the profession

Lobby Government

Represent the profession in all professional areas

Numbers registered at 30 June 2016

Total registered practitioners at 30 June 2016	4,762	%
1 division	1,817	38.2%
2 divisions	2,166	45.5%
3 divisions	779	16.4%
Registered as an acupuncturist	4,650	97.6%
Registered as a Chinese herbal medicine practitioner	2,993	62.9%
Registered as a Chinese herbal dispenser	843	17.7%

Update on notifications trends

Professor Craig Zimitat

Community Board member CMBA
Chair, Registration and Notifications Committee (RNC)

What are notifications?

- Concerns or complaints about registered health practitioners
- Anyone can raise a concern

Notification categories

- Health (impairment)
- Practitioner's conduct
- Practitioner's performance

Basis of notifications

Where a registered health practitioner:

- Did not provide safe care
- Lacks reasonable knowledge, skill or judgment
- Is not 'suitable' to be registered
- Is (or may be) ill and poses a risk to the public
- Has (or may have) broken the National Law
- Breached a condition of registration
- Obtained registration improperly

Some underlying reasons for notifications

- Working outside area of expertise and registration
- Inadequate patient records
- Inadequate infection control
- Causing harm (e.g. pneumothorax)
- Audit referrals: false declarations
- Inappropriate advertising

Possible outcomes from a notification

- Immediate action (if there is an urgent risk to the public)
- No further action
- Caution, undertaking, conditions on registration
- Suspension or cancellation of registration
- Panel or Tribunal hearing

Process – NSW is a bit different

- NSW is a co-regulatory jurisdiction
- In NSW, investigation of notifications is with the NSW Health Professions Councils Authority (HPCA) and the Health Care Complaints Commission (HCCC)
- AHPRA can take no action about Chinese medicine notifications except to refer (within HPCA) to the **Chinese Medicine Council of NSW**
- AHPRA deals with registration matters and advertising complaints

Process – Queensland practitioners only

- Health Ombudsman Act 2013 (co-regulatory arrangements) commenced on 1 July 2014
- Health Ombudsman (HO) receives all complaints
- HO works closely with AHPRA
 - Information exchange
 - Consultation about referrals
 - Referrals to AHPRA
- More information: www.oho.qld.gov.au

Advertising

Advertising must not be false, misleading or deceptive.

- All advertising must comply with:
 - The provisions of the National Law for the advertising of regulated health services (s.133)
 - Relevant consumer protection legislation
 - State and territory fair trading laws, and
 - Laws regulating the advertising of therapeutic goods
- For more information:
www.chinesemedicineboard.gov.au/CodeofConduct

Advertising: section 133 of the National Law

A person must not advertise a regulated health service, or a business that provides a regulated health service in a way that:

- a. is false, misleading or deceptive or is likely to be deceptive; or
- b. offers a gift, discount or other inducement to attract a person to use the service or the business, unless the advertisement also states the terms and conditions of the offer; or
- c. uses testimonials or purported testimonials about the service or business; or
- d. creates an unreasonable expectation of beneficial treatment; or
- e. directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services

For more information:

www.chinesemedicineboard.gov.au/AdvertisingGuidelines

Advertising: areas of concern

- Inappropriate claims of benefit
- Scientific (mis)information in advertising
- Words in advertising that need extra care:
 - Cure
 - Safe
 - Benefit/improve
 - Effective

Guidelines for safe Chinese herbal medicine practice

Dr Anne Fletcher

Community Board member CMBA

Chair, Policy, Planning and Communications Committee (PPCC)

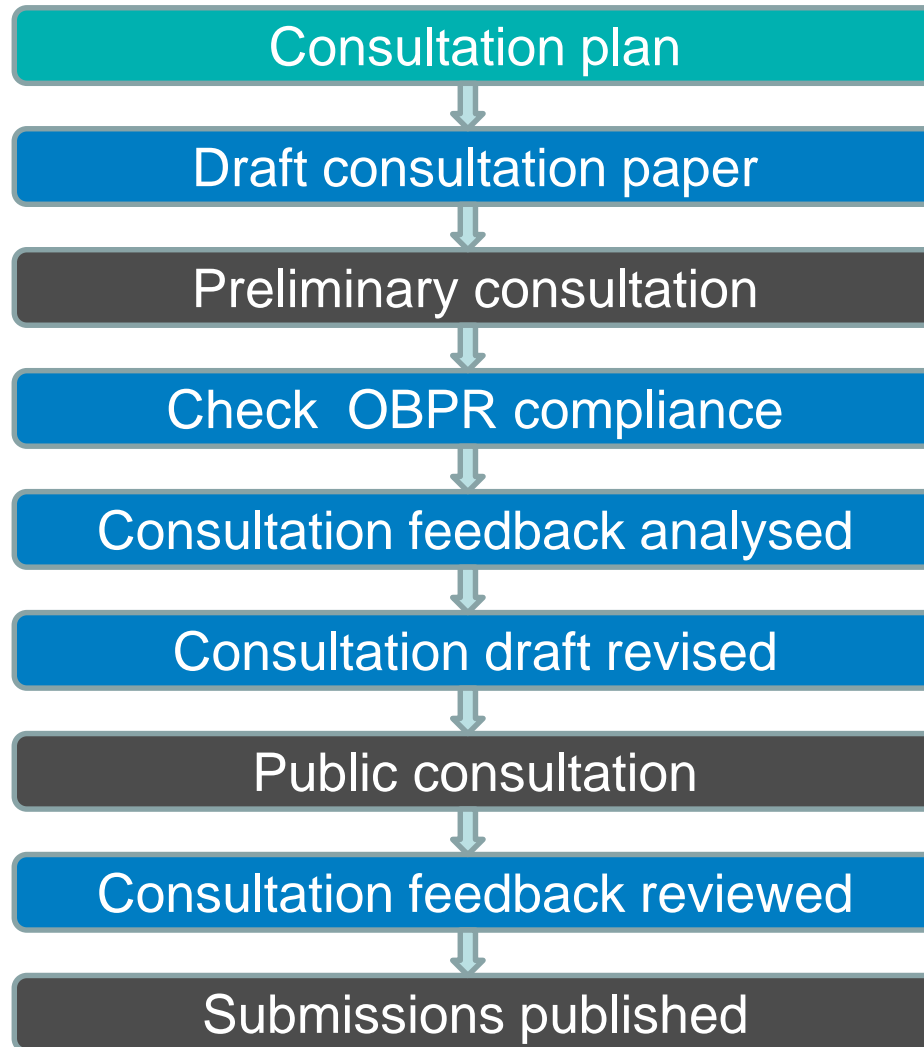
Approval of standards, guidelines and codes

- National Boards develop the **standards, codes and guidelines**
- The Australian Health Workforce Ministerial Council (AHWMC) must approve all **standards**
- The Board approves **guidelines and codes**
- However, the Ministerial Council may give directions to the Board

Recent policy work

- *Supervision guidelines for Chinese medicine practitioners*
(in effect 31 October 2014)
- *Criminal History Registration Standard*
(in effect 1 July 2015)
- *English Language Skills Registration Standard*
(in effect 1 July 2015)
- *Limited Registration for Teaching or Research Registration Standard*
(in effect 9 October 2015)
- *Guidelines for safe practice of Chinese herbal medicine*
(in effect 12 November 2017)

Standard consultation process



Guidelines for safe practice of Chinese herbal medicine – extra steps

- Consultation and meeting with TGA*
- Technical Advisory Group
- Targeted consultation
- Specific engagement with Government representatives

* Therapeutic Goods Administration

Purpose of these guidelines

- Addressing policy gap
- Strong need for guidance (for public safety)
- Reputation of profession/competence
- Board's role to uphold professional standards
- National quality medicines framework
- Relevant to acupuncturists too

Available documents

- The guidelines
- Herbal nomenclature compendium
- User guide for the compendium
- Consultation report
- Frequently asked questions

Main aims/desired outcomes

- Patient safety and rights
- Clarity and transparency about what is expected
- Greater consistency in practice
- Improved traceability of patient medication history
- Ability to inform other health professionals about herbs prescribed
- Improved acceptance of Chinese medicine
- Improved safety, decreased risk and fewer complaints

Main points

- Prescriptions and labels: information is consistent and in English
- Covers raw herbs, herbal extracts and manufactured medicines
- Patient information requirements spelt out
- Dispensing: clarifies responsibility for dispensary assistants
- Compendium helps convert to other nomenclatures
- Herb databases can be searched using scientific name

Main points (continued)

- **Herbal nomenclature – authorised pin yin**, on all prescriptions and labels
- This is feasible to implement and provides proper protection
- Understandable and searchable by both English and non-English speakers
- Taught in Board-approved Chinese herbal medicine courses in Australia

Nomenclature compendium of commonly used Chinese herbal medicines

Cross-references commonly used species by:

- **Pin yin** name
- Simplified and traditional Chinese characters
- Common English name
- Pharmaceutical/Latin name, and
- All the acceptable botanical/scientific (source species) names

What next?

Chinese herbal medicine

- Now published (November 2015)
- Two-year transition before fully effective in 2017
- Use English and **pin yin**
- Consider using computers and label printers
- Board monitoring and review

Upcoming consultations: three-year review standards

- Continuing professional development
- Professional indemnity insurance
- Recency of practice

Recently completed consultation

- Health records guidelines

Scheduled herbs

- See handout (available with this presentation)
- First step is finalising these basic practice guidelines
- Two-year transition as requested by the profession
- Mechanism for endorsement exists in National Law, BUT requires

Scheduled herbs

- update of data/research on herbs
- an amendment to the SUSMP
- changes to *Drugs Poisons and Controlled Substances* legislation in all jurisdictions including Commonwealth, except Victoria, to authorise endorsed Chinese herbal medicine practitioners to use scheduled herbs
- establishment of:
 - accreditation standard for approved training
 - suppliers code of conduct
 - endorsement application mechanisms
 - update to CPD standard and guidelines
 - implementation plan
 - auditing system
 - amendment to Chinese herbal medicine guidelines
- wide-reaching consultation

AHPRA - national awareness campaign

The campaign will be rolled out in stages and has three target audiences:

- Employers – check the [register](#) before employing someone, keep up to date with changes to registrations, make mandatory reports when required.
- Practitioners – know your obligations as a registered health practitioner.
- Public – check to see if your practitioner is registered.

AHPRA - national awareness campaign

Key objectives:

- Increase awareness of why it's important to see a registered practitioner
- Increase awareness and understanding, and encourage greater use of the register
- Establish greater understanding by employers and practitioners of their obligations

AHPRA - national awareness campaign

Campaign is being rolled out Australia-wide using:

- Social media (Facebook, Twitter, LinkedIn)
- Print publications and advertising, including in-language
- Industry newsletters
- Digital advertisements
- Direct mail
- Campaign website

Nomenclature Compendium of commonly used Chinese herbal medicines

- **Do not make changes to the compendium**
- Any alterations will invalidate it
- Compendium and more information found:
www.chinesemedicineboard.gov.au/SafePracticeGuidelines
- Feedback on the compendium is welcome
- To provide feedback on the compendium please email
cmbaupdate@ahpra.gov.au
- Katrina Xanthos will be available to demonstrate how to use the compendium on her laptop

Concluding remarks: Prof Charlie Xue

We have provided a handout on issues of known interest:

- Use of title and the word acupuncture
- Dry needling
- Use of the word specialist
- Access to currently restricted herbs (more detail)
- NSW registration fee

Thank you for your time

More information

- www.chinesemedicineboard.gov.au
- FAQ: information for the profession

Contact us:

- Call 1300 419 495
- www.ahpra.gov.au/enquiry
- Post: Chinese Medicine Board of Australia
Executive Officer: Ms Debra Gillick
AHPRA
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Melbourne VIC 3001

