

Media release

10 November 2016

End of grandparenting provisions prompted a high volume of complex applications for Chinese Medicine practice in 2015/16

The Chinese Medicine Board of Australia intensified its focus on processing the last surge of grandparenting registration applications during 2015/16, according to information released today in the [2015/16 annual report](#) published by AHPRA.

The 2015/16 annual report by AHPRA and the national health practitioner boards is a comprehensive record of the National Registration and Accreditation Scheme for the 12 months ending 30 June 2016.

‘A large number of complex applications were received towards the close of grandparenting provisions on 30 June 2015,’ said Professor Charlie Xue, Chair of the Chinese Medicine Board of Australia.

The board implemented the special provisions to provide an available pathway to registration for existing practitioners who did not have contemporary, approved qualifications.

‘We wanted as quick and easy a process as possible for existing practitioners while maintaining an emphasis on protecting public safety,’ said Prof. Xue. ‘To ensure longstanding practitioners were not unreasonably left off the register, our Registration and Notifications Committee increased the monthly meeting schedule to fortnightly, full-day sessions at various times throughout the year.’

More highlights of the past year include:

- **A simplified renewal process:** The proportion of online registration renewals reached a new high across all 14 registered health professions – with over 98% of all registrants renewing online and on time, making it easier for health practitioners to renew their registration each year.
- **Increased registration:** As of 30 June 2016, there were 4,762 Chinese medicine practitioners registered in Australia, an increase of 6% from the previous year. Chinese medicine practitioners made up 0.7% of all registered health practitioners across the National Scheme.
- **95.2% of Chinese medicine practitioners held general registration**, up 5.1% year on year; 4.8% held non-practising registration, increasing by 26.8%. Student registrations decreased by 11% when compared to 2014/15, with 1,318 student registrants in 2015/16.
- **New guidelines developed to enhance public safety:** The Board continued to develop policy framework for protecting the public in 2015/16. After consulting with the profession and a technical advisory group, [Guidelines for safe practice of Chinese herbal medicine](#) were released. There will be a two-year transition period until the guidelines take formal effect in November 2017. The new guidelines endorse authorised *pin yin* as the standard form for displaying the names of Chinese herbs to ensure clear and consistent nomenclature and accurate and informative prescriptions and labelling of medicines.
- **Communication and consultation were key strategies for the year:** The Board engaged more directly with the profession in 2015/16, with five practitioner forums held between November 2015 and June 2016 in Perth, Adelaide, Melbourne, Brisbane and Sydney.

- **English language-related conditions linked to high percentage of monitoring cases in the profession:** As at June 2016, there were 14 open notifications and 954 active monitoring cases (excluding HPCA data) involving registered Chinese medicine practitioners. This contingent makes up 19.2% of all active monitoring cases managed by AHPRA across all professions.

For more data and information relating to the Chinese Medicine Board of Australia in 2015/16, please see www.ahpra.gov.au/annualreport/2016. The report provides a nationwide snapshot of the work of AHPRA and the Boards and highlights a multi profession approach to risk-based regulation with a clear focus on ensuring that Australians have a safe and competent health workforce.

‘The regulation of over 660,000 registered health practitioners across 14 health professions and eight states and territories is an important task,’ said AHPRA CEO Mr Martin Fletcher. ‘There are many things to consider in regulation – but there is only one main focus, and that is patient safety.’

Supplementary tables that break down data across categories such as registrations, notifications, statutory offences, tribunals and appeals, and monitoring and compliance can also be found on the annual report website.

In the coming months, AHPRA and the National Boards will also publish summaries of our work regulating health practitioners in every state and territory, which will be released in late 2016. Expanded, profession-specific summaries will also be released and progressively published from early 2017.

For more information

- Visit www.ahpra.gov.au/annualreport/2016
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