

Communiqué: Chinese Medicine Board of Australia

Meeting with professional associations May 2019

The first meeting of the Chinese Medicine Board of Australia (the Board) with the Chinese medicine professional associations was held in Sydney on 10 May 2019.

The Board considers that regular exchange of information with the professional associations is essential to further strengthening the good relationships that currently exist. Such meetings provide the opportunity to explore issues of mutual interest and respond in a proactive way.

In attendance were:

Association representatives

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| Australian Acupuncture and Chinese Medicine Association (AACMA) | Ms Waveny Holland |
| AACMA | Mr Paul Stadhams |
| Australian Natural Therapists Association (ANTA) | Ms Jeanetta Gogol |
| Australian Traditional Medicine Society (ATMS). | Mr Peter Berryman |
| Chinese Medicine and Acupuncture Society of Australia Ltd (CMASA) | Ms Rose Shuer Chen |
| CMASA | Mr Guo Qin Wei |
| Chinese Medicine Industry Council (CMIC) | Mr Max Ma |
| Federation of Chinese Medicine and Acupuncture Societies of Australia (FCMA) | Mr Sherman Gu |
| FCMA | Dr Kevin Chang |

The Board

Dr David Graham (Deputy Chair and Community member of CMBA)
Ms Christine Berle, Practitioner member of CMBA
Dr Di Wen Lai, Practitioner member of CMBA

Australian Health Practitioner Regulation Agency (AHPRA)

Ms Debra Gillick, Executive Officer, Chinese Medicine, and
Ms Vanessa Williams, Strategy and Policy.

Dr Graham acknowledged the Traditional Custodians of the land on which this meeting took place and paid respect to Elders past and present and emerging.

The items raised by the Board

1. A pneumothorax education package for general Continuing Professional Development

Pneumothorax is a relatively rare but serious adverse outcome of acupuncture. There have been several pneumothorax events dealt with by the Board and the Chinese Medicine Council of NSW (the Council) in recent years. The Council developed an education package for practitioners subject to such a notification (complaint). The Board reviewed this package for a similar use and the meeting discussed the further development of this package for Continuing Professional Development.

2. Improving compliance with the Patient Health Record Guidelines

An issue often involved in notifications is inadequate record keeping by practitioners. The Board published the [Guidelines: Patient Health Records in August 2016](#) after broad consultation. The Associations supported the development of a quick reference guide to support the Patient Health Record Guidelines together with some examples of good records. It was suggested that consideration should be given to Chinese translations of the documents.

3. Update on the progress of potential scheduled herbs project

Under the National Law¹, the Health Ministers give approval to a Board to be able to endorse practitioners to use substances covered by the Standard for the Uniform Scheduling of Medicines (SUSMP). Their decision is based on a comprehensive submission and following a joint submission from the Chinese medicine profession, the Board commissioned a scoping study to define the parameters of a potential project. The Board has now met with the AHPRA Scheduled Medicines Expert Committee which provides advice on matters related to endorsement of practitioners for use of scheduled medicines and will next explore the issues involved with the Therapeutic Goods Association which manages the SUSMP. The Board will then make a decision on the feasibility of the project progressing.

4. Planned post implementation review of the usefulness of the *Guidelines for safe Chinese herbal medicine practice (the Guidelines)*

The Board is conducting, through a specialist research organisation, a post implementation review of the Guidelines (and the Nomenclature Compendium) to assess their usefulness to practitioners. It is not a review of the content of the document or for measuring compliance with the Guidelines. Chinese herbal medicine practitioners and dispensers will be invited to participate anonymously. The Associations were supportive and agreed to encourage participation by their members in the review.

5. Dry needling

Dry needling is a major concern to well trained Chinese medicine practitioners. The Board explained that while it can only regulate Chinese medicine practitioners, it will provide information about this issue in a presentation to the AACMAC² on 18 May 2019 and this presentation will become available as a podcast.

The issue of dry needling primarily involves unregistered health care workers who are under the jurisdiction of the Health Complaints Entities (HCE) of State and Territory governments and subject to a Code of Conduct for Health Care Workers, with strong sanctions available for breaches of the Code.

6. Consultation on a statement of professional capabilities

The Associations recently participated in preliminary consultation on a statement of the expected minimum professional capabilities for a practitioner upon entering the profession and throughout their career.

It is part of the review of the [Accreditation Standards for Chinese medicine](#). Educational institutions will map the content of their education programs against the expected professional capabilities of graduates. It will also have relevance to the ongoing capabilities for registered practitioners.

This document is expected to be available for public consultation in July 2019.

7. Plans for improved monitoring of English language conditions of registration

During the grandparenting period, Chinese medicine was given special dispensation regarding the English language registration standard (ELRS). Chinese medicine practitioners who could not meet the evidence requirements for proficiency in English, were still able to be registered and continue to practice, with English language conditions. As at October 2018, 850 Chinese medicine registrants were being monitored for compliance with restrictions on their registration and most of these related to a English language conditions.

Under the National Law, compliance with registration conditions must be monitored. The Board and AHPRA are planning an educational approach during the 2020 registration renewal period to remind practitioners with ELRS conditions about their obligations. After that AHPRA will conduct an audit of a random sample of practitioners.

8. Update on notifications and risk

¹ *The Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).*

² Australasian Acupuncture and Chinese Medicine Annual Conference

Notifications data is published annually in the [annual report](#) for Chinese medicine . In addition to this, in October 2018 the Board published an important [paper](#) titled *Contributing to risk-based Chinese medicine regulation in Australia*. This report was undertaken to review, from a regulatory perspective, available national and international data in order to identify possible risks arising from the use of Chinese medicine, and then to review these risks in relation to Chinese medicine as practised in the Australian community. The report finds that the practice of Chinese medicine is generally safe in the Australian regulatory environment, while also identifying areas of higher public risk.

9. A meeting of regulators of traditional medicine practitioners in the Western Pacific region to be held in Melbourne in September 2019

On 9 -11 September 2019, the Western Pacific Office of World Health organisation (WHO) is organising the above meeting. The Board, RMIT and AHPRA are hosting the meeting. One outcome sought from the WHO meeting is to establish a process for ongoing collaboration by the Board with counterpart regulators.

10. Advertising update

AHPRA has taken a largely educational approach to issues involving advertising of health services and nearly all practitioners have responded appropriately. The meeting discussed the resources being developed to assist practitioners. For example, in March 2019 a new resource was published to help practitioners understand their legal obligations when using titles in health advertising. It also outlines some of the common pitfalls that can result in titles being considered misleading under the National Law.(see [check and correct their advertising](#)).

The Board has recently provided clarification about an age limit for evidence to support therapeutic claims in advertising.

11. Progress on the current revisions to Standards and Guidelines

The meeting was given an update of the review of various standards and guidelines.

a. Coordinated review of Core Registration Standards (CPD, PII, ROP).

It is expected that these will be implemented with re-registrations for 2020

b. Shared Code of Conduct

The current code of conduct is being reviewed and updated and will be shortly be circulated for preliminary consultation. The Code is the same for most registration Boards

The Aboriginal and Torres Strait Islander Health Strategy Group provided advice on the definition of cultural safety to be used in the revised shared Code.

Social media policy

c. A revision of the social media policy will be subject to wide ranging consultation.

Advertising guidelines

The current Guidelines are being reviewed in light of the policy developments for advertising policy and the revision is in preparation for public consultation.

d. Supervised Practice Framework

The National Boards have approved a revised framework and also a consultation paper for public consultation.

e. Mandatory Notifications Guidelines

Planning is underway for a review of the Mandatory Notifications Guidelines now that legislative amendments to the mandatory reporting requirements have passed.

Items raised by the Associations

1. Health Funds

Concern was raised by the associations about some Health Funds imposing a requirement that all patient records must be made in English. While it was recognised that health funds are independent organisations who can set their own requirements, it was suggested that the Board write to all health funds drawing attention to the *CMBA Patient Health Records Guidelines*.

2. Inclusion of Chinese Medicine in the Allied Health System

A matter of concern to the profession is the lack of recognition of Chinese medicine as an allied health profession, despite registration under the NRAS, for, various programs and initiatives under the Medicare Benefits Scheme. There are similar concerns with the Commonwealth Department of Veterans Affairs. It was well understood that the Board has no jurisdiction in the area of public or private health funding .

3. Early advice when a registered practitioner's registration is suspended

When a practitioner has had their registration suspended, the information is in the public domain such as on the Register. Members of practitioner associations are expected to advise their association in accordance with their association's rules, but sometimes fail to do so and continue to illegally practise as a member of an association.

4. CMBA roadshows

Participants suggested the following topics for the next round of Roadshows: dry needling, advertising, benefits of being a registered profession and continue to inform about the functions of CMBA and AHPRA.

5. Encouraging interest in becoming Board and committee members

In December 2020, two of the current eight Board members are finishing their third term, and four their second term. Board members present outlined the rich learning and satisfaction involved in serving on the Board and encouraged practitioners to consider applying.

Meeting review, future planning and communique

It was agreed that the meeting was useful and that further meetings once or twice per year would be welcome.

For the next meeting, a possible agenda item is to discuss ways to support the health and wellbeing of practitioners. Most Chinese medicine practitioners practice in small or single person clinics and can feel isolated if they need support. Some National Boards (for the larger professions) provide, for example, a service which enables registrants access to confidential advice and referral on issues related to their health.

It was agreed that a Joint Communique will be published.

Chinese Medicine Board of Australia, with

Australian Acupuncture and Chinese Medicine Association

Australian Natural Therapists Association

Australian Traditional Medicine Society

Chinese Medicine and Acupuncture Society of Australia Ltd

Chinese Medicine Industry Council

Federation of Chinese Medicine and Acupuncture Societies of Australia