

Communiqué: Chinese Medicine Board of Australia

November 2019 meeting

The 91st meeting of the Chinese Medicine Board of Australia (the Board) was held on 26 November 2019 in Brisbane.

This communiqué provides details on the main decisions made at the meeting. It is also published on the Board's website and an announcement via email is sent to a broad range of stakeholders. Please forward the communiqué to colleagues who may be interested in the Board's work.

Late to renew your registration? Apply before 31 December 2019

The late period for registration renewal is in effect until 31 December. If you have not yet renewed the [quickest and easiest way to do so is online](#).

Renewal applications received in December will incur a late payment fee in addition to the annual renewal fee. This is outlined in the [Health Practitioner Regulation National Law](#), as in force in each state and territory (the National Law).

If your application for renewal is received during the one-month late period, you can continue practising while your application is processed.

If you do not apply to renew your registration by 31 December 2019 your registration will lapse. You will be removed from the [Register of Chinese medicine practitioners](#) and will not be able to practise your profession in Australia.

Further information about renewal is available on the [Board's website](#).

Provide your feedback on the proposed *Supervised practice framework*

The Board is carrying out a public consultation alongside other National Boards and Ahpra on a draft proposed *Supervised practice framework*.

The Board invites Chinese medicine practitioners and stakeholders to provide feedback prior to 17 December 2019.

The consultation papers are available on the [Consultations page](#) of the Board's website.

Chinese Medicine Board's position on translating key regulatory documents

At its recent meeting the Board discussed feedback from a registrant that questioned the Board's rationale for translating documents into Chinese and not other languages.

The Board's position on [translating key regulatory documents](#) was revised in 2018. In deciding whether a document should be translated, the Board considers:

- whether the document relates to a significant public safety issue
- the primacy/relevance of the document to that issue
- the existence of complaints or other concerns related to the issue, and
- the cost-benefit of providing in-language publications (as the Board must engage accredited translators to undertake all translations).

When Chinese medicine entered the National Registration and Accreditation Scheme, practitioners with limited English skills who were practising competently were registered with English language conditions. This applied to applications received during the transitional period (from 1 July 2012 to 30 June 2015).

As a result, about 17% of Chinese medicine practitioners are currently registered with English language conditions and of those 98% identify Chinese as their main language. The remaining 2% of practitioners with English language conditions speak other languages such as Russian, Vietnamese, German and Japanese.

The Board recognises that it has a role in assisting registered practitioners with English language conditions understand their obligations. However, it must balance this role with other obligations, including minimising the financial burden on practitioners by setting fees as low as possible. When deciding which languages to translate key regulatory documents into, the Board takes into consideration the cost-benefit in relation to the very low numbers of practitioners speaking languages other than Chinese.

Ahpra and National Boards update logos

The Australian Health Practitioner Regulation Agency (Ahpra) and the 15 National Boards that regulate over 744,000 practitioners across 16 health professions, are in the tenth year of implementing the National Registration and Accreditation Scheme (the National Scheme).

The National Scheme started in July 2010, initially regulating 10 health professions. Since 2012, five more health professions have joined the scheme, the latest being paramedics in December 2018 (Nursing and midwifery were recognised as separate professions under amendments to the National Law last year).

This growth in the number of regulated health professions was pivotal to refreshing the Ahpra logo, which also lists the National Boards and is used to represent the National Scheme.

The simple design of the new logo aims to serve us well into the future. It still has the map of Australia, but is better suited to digital platforms and for use across a variety of other materials.

The National Board logos reflect the ongoing partnership between the [National Boards](#) and Ahpra in our shared role of protecting the public.

Logo designs also include 'AHPRA', now with just an initial capital: 'Ahpra'. This helps people to pronounce our name correctly and distinguishes us from other regulators with similar acronyms.

Cultural safety definition announcement soon

In July 2018, Ahpra released the [Statement of Intent](#) publishing a [joint commitment](#) with the 15 National Boards, accreditation authorities and Aboriginal and Torres Strait Islander health sector leaders and organisations to make patient safety for Aboriginal and Torres Strait Islander people the norm. The Statement of Intent recognises that cultural safety is patient safety and that cultural safety must be defined by Aboriginal and Torres Strait Islander Peoples. A strategic priority of the Statement of Intent is to help embed cultural safety into the health system through consistent regulation with over 740,000 registered health practitioners across Australia.

Last April, Ahpra, National Boards and accreditation authorities partnered with the [Aboriginal and Torres Strait Islander Health Strategy Group](#) and the National Health Leadership Forum to conduct a public consultation for feedback on a proposed definition of 'cultural safety'. The final definition is now finalised and endorsed as the minimum baseline cultural safety definition for consistency across all functions of the National Scheme. The Aboriginal and Torres Strait Islander Health Strategy Group will announce the final definition in a [communiqué](#) soon.

Social research results help to inform our work

The Board noted the release of results from a social research project aimed at helping Ahpra and National Boards understand perceptions about us and our work. The aim of the project was to better understand what the community, regulated health professions, and our stakeholders think and feel about us, particularly in areas of understanding, confidence and trust.

We want to hear what our stakeholders have to say to make sure we are doing the best job we can as regulators. The social research project included a short anonymous survey to a random sample of registered practitioners and to a random sample of the broader community.

The [social research results](#), including a report specific to the Chinese Medicine Board are published on the Board's website.

Our core role is to protect the public and we now have a baseline on which to monitor change to the level of broader community trust in National Boards (63%) and in Ahpra (71%). In comparison, 62% of practitioners surveyed said they trust their National Board while 56% trust Ahpra. A total of 63% of the broader community (from the 59% with some knowledge of at least one board) said they trust the board.

Of the 29% of community respondents with some knowledge of Ahpra, 72% were confident Ahpra is doing everything it can to keep the public safe. National Boards rated 58% on the public safety/confidence question among the broader community. A total of 51% of practitioners expressed confidence in the work of Ahpra and 56% felt confident that their National Board is doing all it can to keep the public safe.

As expected, there are variances in both the understanding and perceptions of the roles and functions of Ahpra and the National Boards. Half (50%) of the community respondents expressed interest in improving their understanding. Not surprisingly, all surveyed practitioners are aware of Ahpra and 79% are interested in learning more about our role and functions.

Our aim is that these insights will inform continued improvements across all areas of our work. The results have given us a baseline to build on and inform how we follow the [regulatory principles](#) that underpin our work as a risk-based regulator. We have surveyed practitioners and the community again in 2019 and these survey results will be released in 2020.

Updating your contact details

To check or update the contact details you have lodged with AHPRA, access the online services panel for practitioners on the [home page](#) of the Board's website and click *Update your contact details*. Enter your user ID, date of birth and password (please note that your user ID is not your registration number). If you can't remember your user ID or password, [contact us online](#), or phone 1300 419 495 for help.

Follow AHPRA on social media

Connect with AHPRA on [Facebook](#), [Twitter](#) or [LinkedIn](#) to receive information about important topics for your profession and participate in the discussion.



Important information for practitioners

The Board publishes a range of information about registration, including its expectations of practitioners, at www.chinesemedicineboard.gov.au.

For more details or help with questions about your registration, notifications or other matters relevant to the National Scheme, refer to information published on www.ahpra.gov.au or [contact AHPRA](#), send an [online enquiry form](#) or call on 1300 419 495.

Distinguished Professor Charlie C. Xue

Chair Chinese Medicine Board of Australia

26 November 2019

The Chinese Medicine Board of Australia is the regulator of Chinese medicine practitioners in Australia and acts to protect the public by ensuring that suitably qualified and competent Chinese medicine practitioners are registered. The Board is responsible for developing registration standards, codes and guidelines for Chinese medicine practitioners and managing notifications (complaints) about Chinese medicine practitioners and Chinese medicine students. The Board does this through its powers under the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory, and the National Registration and Accreditation Scheme (the National Scheme), supported by the Australian Health Practitioner Regulation Agency (AHPRA). The Board's work in regulating Australia's Chinese medicine practitioners in the public interest is underpinned by [regulatory principles](#), which encourage a responsive, risk-based approach to regulation.*

**Except in NSW and QLD, which have co-regulatory arrangements.*