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## Message from the Chair

Welcome to the 12th edition of the Chinese Medicine Board of Australia's (the National Board) newsletter. Previous issues can be found on the [Newsletters](#) page.

In this newsletter we cover a number of important topics. The Board has published new guidelines for creating and maintaining health records, it re-published the *Nomenclature compendium of commonly used Chinese herbal medicines* with minor amendments and has decided to establish a Chinese Medicine Reference Group.

We remind practitioners to understand their advertising obligations and to understand the differences between their registration with the Board and their membership of professional associations.

Finally, in this newsletter we announce that the Board has successfully secured an Australia-China Council (ACC) Grant and a delegation will conduct a short study tour to China in the first half of 2017.

**Professor Charlie Xue**

Chair, Chinese Medicine Board of  
Australia



## New guidelines for patient health records

Following wide consultation, the Chinese Medicine Board (the Board) has published new guidelines for creating and maintaining health records.

Chinese medicine practitioners need to know and understand [Guidelines: Patient health records](#) to ensure their practices meet National Board expectations.

'These guidelines aim to assist practitioners to practise Chinese medicine safely and support the Board's effort to facilitate public access to safe health services. Proper patient health records serve the best interests of patients by ensuring patient safety and continuity of care,' Chinese Medicine Board of Australia Chair, Professor Charlie Xue, said.

'When exercising professional judgement related to each individual patient, practitioners must maintain their records in accordance with the guidelines. These guidelines prescribe the expected minimum standard.'

In developing the guidelines, the Board gave careful consideration to:

- patient safety issues
- the purpose of patient records
- the context of grandparenting, and
- that all registered practitioners are required to keep certain minimum information in English.

The Board recognises guidelines need to be practical and implementable in order to achieve compliance. For the Chinese medicine profession, the guidelines mean records should be kept entirely in English, with the exception of practitioners registered with English language conditions under grandparenting provisions.<sup>1</sup> These practitioners must, however, keep certain information in English – for example, patient identity and up-to-date emergency contact details. The Board respects the historical background of Chinese medicine, but patient safety is paramount. The Board has revised the guidelines to ensure there is an adequate balance between public safety and workforce requirements.

Chinese medicine practitioners are also expected to comply with the nomenclature requirements in the Board's [Guidelines for safe Chinese herbal medicine practice](#).

### FAQ and additional information

- [Frequently asked questions](#)
- [Guidelines: Patient health records](#)
- [Consultation report](#) (184 KB,PDF), [Word version](#) (65.6 KB,DOCX)

### Summary of key changes

Existing Guidelines	Revised Guidelines
<p><b>Title:</b> Guidelines for patient records</p> <ul style="list-style-type: none"> <li>• Allowing the keeping of records in languages other than English was only to apply to those registered under the 'grandparenting provisions'.</li> <li>• Those grandparented (registered) Chinese medicine practitioners who submitted evidence that they met the National Board's English language registration standard were expected to record their health records in English.</li> </ul>	<p><b>Title:</b> Guidelines: Patient health records</p> <ul style="list-style-type: none"> <li>• This concession is now limited to those who have English-language conditions of registration.</li> <li>• This is supported by the sections titled 'Language of health records' and 'Translation of health records'</li> <li>• These guidelines are also supported by the recently published <i>Guidelines for safe Chinese herbal medicine practice</i> which address nomenclature for safe prescribing, labelling and dispensing.</li> </ul>
<ul style="list-style-type: none"> <li>• Information critical to patient safety, such as herbal names, should be recorded in the most competent language, e.g. English, Chinese, Latin, other.</li> </ul>	<p>Certain minimum information must be kept in English by all registered practitioners. For example:</p> <ul style="list-style-type: none"> <li>• Any patient health record should contain sufficient and reasonable information, in English, to adequately identify and manage the patient.<sup>2</sup></li> <li>• Up-to-date contact details, in English, of the person to be contacted in an emergency.</li> </ul>

<sup>1</sup> Transitional arrangements from 1 July 2012 to 30 June 2015 for registering existing practitioners under section 303 of the National Law.

<sup>2</sup> For example, full name, date of birth, gender and contact details, (and patient's parent or guardian where applicable).

## Guidelines for safe Chinese herbal medicine practice

On 18 July 2016 the Board re-published the *Nomenclature compendium of commonly used Chinese herbal medicines* (the Compendium) with minor amendments.

The Compendium is available on the [Guidelines for safe practice of Chinese herbal medicine](#) page. The Compendium cross-references commonly used species by:

- authorised *Pin yin* name
- simplified and traditional Chinese characters
- all the acceptable botanical/scientific (source species) names
- pharmaceutical/Latin name
- common English name
- type of ingredient, and
- extra information (e.g. restriction/warnings).

The version published on the Board's website is the authorised, current version. The new document date is 18 July 2016.

## Advertising obligations

The Chinese Medicine Board has published further information for Chinese medicine practitioners to help practitioners to better understand their advertising obligations.

Section 133 of the [National Law](#) regulates the advertising of regulated health services (a service provided by, or usually provided by, a health practitioner as defined in the National Law).

Section 133 provides that a person must not advertise regulated health services in a way that:

- is false, misleading or deceptive or is likely to be misleading or deceptive; or
- 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
- uses testimonials or purported testimonials about the service or business; or
- creates an unreasonable expectation of beneficial treatment; or
- directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services.

For the latest information published by the Board on advertising obligations please refer to [Further information on advertising and therapeutic claims](#). This information does not replace the Board's [Guidelines for advertising regulated health services](#), which should be your first point of reference to understand your obligations. You may also wish to seek appropriate advice, for example, from your legal advisor and/or professional association.

The burden is on you to substantiate any claim you make that your treatments benefit patients. If you do not understand whether the claims you have made can be substantiated based on acceptable evidence, then remove them from your advertising.

The Australian Health Practitioner Regulation Agency (AHPRA) is responsible for prosecuting breaches of the advertising requirements in the National Law. This means that AHPRA with National Boards needs to decide whether there has been a breach of your advertising obligations.

As part of this process, we will use objective criteria to assess whether there is acceptable evidence to substantiate therapeutic claims in advertising. We will use appropriate experts to help us evaluate evidence where needed.

These are serious matters that can have serious consequences for your professional standing and your criminal record:  
**if in doubt about a claim, leave it out of your advertising.**

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## Non-practising registration – confusion about Board and professional association roles

The Board's Registration and Notifications Committee has advised that some practitioners do not understand the differences between their registration with the Chinese Medicine Board and their membership of their professional associations. There have been recent examples where a practitioner believed that if they arranged non-practising membership with their association, this also meant they had non-practising registration with the Board. This is not the case and unless arrangements are also made via AHPRA, all the legal obligations (such as CPD) associated with their registration continue to apply.

The roles and operations of the associations and the Chinese Medicine Board are entirely separate. The associations support and represent the interests of their members whereas the role of the Board is to represent the interests of patients by ensuring the community receives safe and competent services from registered practitioners.

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## Recent forums: feedback and benefits

As many people know, the Board conducted open forums with the profession in Perth, Adelaide, Melbourne, Brisbane and Sydney in late 2015 and 2016.

The Board asked attendees to complete a feedback sheet and from this determined that, in relation to the *Guidelines for safe Chinese herbal medicine practice*, most people (68 per cent) did not anticipate having to make major changes to their current practices. A quarter (24 per cent) do anticipate making changes and a tenth (9 per cent) did not answer this question.

The Board has decided that conducting these meetings interstate is worth doing as:

- there is evidence that it has improved understanding of the Board's work, and
- it is a valued opportunity to hear from the profession and have two-way discussions.

Keep an eye out for future announcements.

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## Chinese Medicine Reference Group

It is essential that the Chinese Medicine Board of Australia is aware of the views and needs of the wider community when it is fulfilling its role. Recently the Board has held forums across the country and these will continue. It also receives feedback from other sources such as the consultations about new and revised standards and guidelines.

The Board has now decided to establish a Chinese Medicine Reference Group consisting of both individuals and representatives of organisations who can bring their collective advice to the Board. The Reference Group will normally meet once each year with the ability to convene electronically at other times if needed.

The purpose of the Reference Group will be to improve communication about and understanding of the National Registration and Accreditation Scheme from the differing perspectives of individual practitioners, consumers and stakeholder groups representing the educational institutions and practitioner/industry groups.

The Reference Group will:

- receive regular information about the progress of the Board's work when appropriate
- be advised of and asked for advice on any significant changes in the broader policy or legislative environment
- provide information on current or anticipated developments and issues
- provide advice on policy development or revisions
- report on the impact of existing policies, and
- consider any issues arising from any other developments.

The Board will soon extend specific invitations as well as calling for expressions of interest for people to participate in this important group.

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## Chinese Medicine Board trip to China: Co-sponsored Activity

### Chinese Medicine Board secures Australia-China Council Grant

The Chinese Medicine Board has successfully secured an Australia-China Council (ACC) Grant.

The Foreign Minister, the Hon. Julie Bishop MP, announced the results of the 2016-17 ACC grant round in August 2016.

The Board has obtained a grant of \$20,000. The funding will be used to support a delegation of the Board to have its first visit to China (Beijing, Shanghai and Hong Kong) to facilitate dialogue and strengthen foundational engagement with international authorities that regulate Chinese medicine practice. The objective is to enhance the regulatory capacity of the Board and facilitate workforce mobility. The Board sees this as a valued opportunity for information gathering, relationship building and Board member development, in the interest of the Australian community.

'Australia is the first Western country to regulate the Chinese medicine profession within a single national health professional regulatory framework. The Board has established standards for registration of Chinese medicine practitioners, accreditation standards for education and training, and processes to keep the public safe when accessing Chinese medicine services from a practitioner,' Chinese Medicine Board of Australia Chair, Professor Charlie Xue, said.

'Through dialogue with international health regulators in Asia, the Board aims to enhance its regulatory capacity by gaining a richer understanding of the successes and challenges in regulation of the Chinese medicine workforce, of its relationship with Western medicine and how the profession is organised.

'Strengthening engagement with these organisations in China will build a professional network that informs workforce planning and processes for accreditation of qualifications for the international Chinese medicine workforce including any requirements for transition to practice in Australia.'

A selection of Board members will represent the Board on the trip, with visits to a number of local hospitals and health authorities planned. The Board will submit a travel report after returning to Australia.

The trip will be scheduled for the first half of 2017.

## Background

The Department of Foreign Affairs and Trade's ACC Grants Program strengthens links between Australia and China, Hong Kong, Macau and Taiwan by supporting innovative activities to promote mutual understanding and foster stronger relations.

More information about the ACC, the grants program and the full list of successful grant recipients is available on the [Australia-China Council](#) website.

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## Tribunals reprimand Chinese medicine practitioners

### Mr Graeme Lindsay Garvin

The Queensland Civil and Administrative Tribunal (QCAT) has found Mr Graeme Lindsay Garvin behaved in a way that constitutes professional misconduct and reprimanded him.

The Chinese Medicine Board of Australia (the Board) referred Mr Garvin to QCAT and alleged he had behaved in a way that constituted professional misconduct.

The first ground of misconduct was that Mr Garvin had pleaded guilty in the Brisbane Magistrates Court on 7 June 2013 and convicted of indecent and unlawful assault for holding a female patient's breasts without her consent during a massage in November 2012.

The second ground of misconduct is that he failed to notify the Board within seven days of his conviction, as he was required to do by law.

Mr Garvin's registration lapsed on 30 November 2013, and it was not renewed. Mr Garvin ceased practice in November 2012.

On 23 June 2015 QCAT found Mr Garvin had engaged in professional misconduct, reprimanded him and ordered him to pay the Board's legal costs. Mr Garvin was not registered at the time of QCAT's decision.

The full reasons for QCAT's decision are published on the [AustLII](#)

### Ms Silvia Russo

The Victorian Civil and Administrative Tribunal (VCAT) has reprimanded Chinese medicine practitioner Ms Silvia Russo for professional misconduct and ordered her to continue to participate in her existing mentor arrangement until 1 October 2016.

Ms Russo admitted that she had engaged in a personal and sexual relationship with a male patient, which constituted professional misconduct.

Ms Russo commenced administering Chinese medicine treatment to the patient on 31 March 2009. Sometime after 23 July 2010, Ms Russo and the patient started a personal and sexual relationship which ended in March 2012 with significant acrimony. Ms Russo administered Chinese medicine treatment on five occasions while she was in a personal and sexual relationship with him.

VCAT was satisfied that the relationship between Ms Russo and the patient was not an exploitative one and that throughout the regulatory process, she had expressed shame and remorse.

VCAT was further satisfied that Ms Russo realised the problem created by entering into the personal relationship with a patient and that she had undertaken courses in ethics and entered into an agreement to be mentored weekly. The mentor reported that Ms Russo had shown herself to be sincere in her desire to deepen her understanding of professional issues, especially professional boundaries.

VCAT considered it was most unlikely that Ms Russo would re-offend.

The decision is published on [AustLII](#).

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## National Scheme news

### Community Reference Group

Did you know that AHPRA and the National Boards have a Community Reference Group (CRG)?

Our commitment to work with the community has continued to grow over the past three years with the increasing involvement and contribution of our CRG.

Established in June 2013, the CRG meets quarterly and has a number of roles, including providing feedback, information and advice on strategies for building better knowledge in the community about health practitioner regulation and also advising AHPRA on how to better understand, and most importantly, meet, community needs.

We recently welcomed [six new members](#) to the CRG and we're looking forward to their contribution to the work of the National Scheme.

The CRG Chair, Mark Bodycoat, has also recently been appointed. Mark chaired his first meeting in March 2016. We asked him about his background in the National Scheme and his thoughts about his new role. Read more about Mark in the June issue of [AHPRA report](#).

Further information is available on the [Community Reference Group](#) webpage.

### Choosing Wisely Australia campaign: five questions to ask your healthcare provider

AHPRA and the National Boards are promoting a new public awareness campaign. In March 2016, the Choosing Wisely Australia campaign released 61 recommendations centred on the theme 'five things clinicians and consumers should question'.

The recommendations aim to help consumers start a conversation with their healthcare professional about the kind of healthcare they are receiving, including whether imaging and screening is necessary, when to use antibiotics and how to start a conversation on how to improve end-of-life and palliative care.

The campaign is part of a global Choosing Wisely healthcare initiative and the recommendations are the collective advice of 14 Australian colleges, societies and associations.

The Choosing Wisely Australia [website](#) provides a number of useful tools that you might want to share with your colleagues, friends and family, including a fact sheet on 'Five questions to ask your doctor or healthcare provider', which has been translated into 10 languages.

AHPRA has posted links to the Choosing Wisely campaign on Facebook and Twitter.

### National Board recruitment – how to get involved

Whether you are a health practitioner or a community member, there are opportunities to play a role in health practitioner regulation by joining the National Scheme's Boards, committees and panels.

If you would like to help protect the health and safety of the public, maintain public confidence and ensure standards of practice are upheld, we encourage you to consider seeking appointment.

Your contribution may involve:

- setting national standards of practice for the regulated health professions
- developing guidance for practitioners on their scope of practice
- managing complaints/notifications about a practitioner's health, performance or conduct, or
- other functions as delegated by a National Board.

More information about current opportunities and the recruitment process can be found on the:

- [board member recruitment](#),
- [panel member recruitment](#), and
- [committee member recruitment](#) pages on AHPRA's website.

You can also [find out more from Board members](#).

To register your interest, please contact [Statutory Appointments](#) from your preferred email address, advising which professions or roles you are interested in.

### Reporting of health practitioners by their treating practitioner under Australia's national mandatory reporting law

Melbourne researcher Marie Bismark and her colleagues have recently published an analysis of reports about health (medical) practitioners made by their treating practitioners under Australia's new mandatory reporting system. The results challenge some frequently expressed assumptions.

They used retrospective case-file review and analysis of treating practitioner reports received by AHPRA between 1 November 2011 and 31 January 2013, and of the outcomes of the completed investigations of these reports to November 2014.

Their main outcome measures were the characteristics of treating practitioners and reported practitioners; nature of the care relationship; grounds for report; and regulatory action taken in response to report.

#### Results

Of 846 mandatory reports about medical practitioners, 64 (8 per cent) were by treating practitioners. A minority of reports (14 of 64) were made by a practitioner-patient's regular care provider; most (50 of 64) arose from an encounter during an acute admission, first assessment or informal corridor consultation.

The reported practitioner-patients were typically being treated for mental illness (28 of 64) or substance misuse (25 of 64). In 80 per cent of reports (50 of 64), reporters described practitioner-patients who exhibited diminished insight, dishonesty, disregard for patient safety, or an intention to self-harm.

#### Conclusions

The nature and circumstances of the typical treating practitioner report challenge assumptions expressed in policy debates about the merits of the new mandatory reporting law. Mandatory reports by treating practitioners are rare. The typical report is about substance misuse or mental illness, is made by a doctor who is not the patient's regular care provider, and identifies an impediment to safely managing the risk posed by the practitioner-patient within the confines of the treating relationship.

The full report is available online: *Reporting of health practitioners by their treating practitioner under Australia's national mandatory reporting law* – Marie M Bismark, Matthew Spittal, Jennifer Morris, David Studdert: [Medical Journal of Australia, January 2016](#).

### Supporting graduates to register

Each year, AHPRA receives more than 30,000 applications for registration from graduates of approved programs of study across the 14 regulated professions. Applying for registration can be an anxious time for applicants, with rigorous national requirements and deadlines. Making these processes easier to understand and comply with has been a big focus for us this year.

## Improving the application process for graduates

We encourage graduates of approved programs of study to apply for 'pre-registration' online, four to six weeks before completing their studies. They must also post hard copies of documents supporting their application to AHPRA. We are trialling a new checklist and updated correspondence for graduates applying for general registration.

Our goal is to reduce the number of incomplete graduate applications received by our registration team and get graduates registered and practising sooner.

Mid-year applicants, who generally apply for registration around May/June, were the first graduates to receive a revised and refreshed *Next steps checklist*. Improvements to the checklist include:

- better clarification about what hard copy supporting documents must be posted to AHPRA
- links to more helpful online information to help graduates gather and prepare their supporting documents in the required format, and
- a redesign of the checklist email so it can be printed off and the second half used as a coversheet to the required supporting documents.

The first half of the checklist email is kept by the graduate as a reference document that records their application number and outlines what happens next after AHPRA receives the supporting documents.

For more information, visit the [Graduate applications](#) page on the AHPRA website.

## Performance reporting – a new era

We recently published our first quarterly performance reports, by state and territory, for AHPRA and the National Boards. The reports cover our main areas of activity; managing registration, managing notifications and offences against the National Law, and monitoring health practitioners and students with restrictions on their registration.

The reports are available on the [AHPRA website](#). We invite your feedback on the reports via email to: [reportingfeedback@ahpra.gov.au](mailto:reportingfeedback@ahpra.gov.au).

## National Restrictions Library

Restrictions (conditions and undertakings) are a primary regulatory tool used to protect the public. Regulators place restrictions on registration as necessary in the course of an investigation and/or disciplinary procedure or as a result of a disciplinary procedure. Restrictions may also be imposed at the time of registration or renewal of registration, for various reasons.

A National Restrictions Library has been developed to provide a consolidated structure for common restrictions used across the regulatory functions of all of the National Boards and to support:

- consistency in recommendations from AHPRA to the National Boards and delegates
- consistency in the restrictions appearing on the national public register of health practitioners, and

- a best practice approach to monitoring compliance with restrictions.

More information about the [National Restrictions Library](#), including a copy of the contents, can be found on AHPRA's website.

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## Keep in touch with the Board

- Visit the [Chinese Medicine Board website](#) for news about the profession, information on the National Scheme and for registration standards, codes, guidelines, policies and fact sheets.
- Read the [National Board Communiqué](#) each month on the website: these publications inform everyone of the decisions made at the Board's monthly meeting.
- Lodge an [online enquiry form](#).
- For registration enquiries call 1300 419 495 (from within Australia) or +61 3 9275 9009 (for overseas callers).
- Address mail correspondence to: Prof. Charlie Xue, Chair, Chinese Medicine Board of Australia, GPO Box 9958, Melbourne VIC 3001.

