

AUSTRALIAN TRADITIONAL-MEDICINE SOCIETY LTD

Response to the Chinese Medicine Board of Australia Consultation Paper on proposed registration standards for:

- 1. Continuing professional development
- 2. Criminal history
- 3. English language skills
- 4. Professional indemnity insurance (PII)
- 5. Recency of practice

And additionally on a draft grand-parenting registration standard.

The Australian Traditional Medicine Society is pleased to provide this response to the Chinese Medicine Board of Australia Consultation Paper issued in respect of the above 6 topics.



Executive Summary

ATMS agrees with many of the proposed measures set out in the Consultation paper. However ATMS has some comments for improvement in respect of the consultation clauses 1.2, 1.5, 2.1, 3.1, 3.2, and 4.3.

ATMS holds significant concerns however in respect of the proposed grandparenting provisions. ATMS is concerned that in areas there is insufficient information contained in the consultation paper to determine if the proposed qualification standards are adequate. Additionally ATMS is very concerned that no consultation has been undertaken with the profession regarding appropriate educational standards, and specific study components.

For example the reference in the consultation paper to 'a clinical component considered by adequate by the Board' is too vague and imprecise, and this standard, whatever it may be, appears to have been set, or is to be set, without profession consultation.

The greatest concern however lies with the selection of 2008 as a date to accept only Bachelor or equivalent qualifications. For the vast majority of Chinese herbal medicine and acupuncture practitioners who reside outside of Victoria this date selection is both arbitrary and unfair. It will cause 'an unnecessary restriction of competition' and an 'unnecessary restriction of consumer choice' and thus be inconsistent with two of the Council of Australian Governments (COAG) Principles for Best Practice Regulation. ATMS has suggested an alternative, more equitable and more appropriate date.

About the Australian Traditional-Medicine Society Ltd

The Australian Traditional-Medicine Society (ATMS) is Australia's leading Association of natural medicine practitioners. With over 12,000 financial members, ATMS is Australia's largest Association of natural medicine practitioners, and represents about 65% of all natural medicine practitioners in Australia.

ATMS represents a very large percentage of the Chinese herbal medicine and acupuncture professions. Currently there is a total of 1,200 ATMS accredited in either Chinese herbal medicine and/or acupuncture. 773 members are accredited in both Chinese herbal medicine and acupuncture, 430 members are accredited in acupuncture only and 17 members are accredited in Chinese herbal medicine alone.



ATMS practitioners are encouraged to pursue the highest ideals of professionalism in their natural medicine education and practice. All ATMS members must abide by the ATMS Code of Conduct and official ATMS Policies. Furthermore, there is a process whereby concerns about the professional conduct of an ATMS member may be made to the ATMS Complaints Committee.

Accredited (practitioner) membership of ATMS is only available to those practitioners who meet ATMS high academic standards, and other eligibility criteria. For Chinese herbal medicine and acupuncture these are summarised as follows:

Academic requirement

For accreditation in either Chinese herbal medicine or acupuncture ATMS requires a minimum relevant qualification at the Bachelor degree level, or a similar qualification which is considered to be equivalent to a Bachelor award. Additionally, ATMS requires that this study comprise a minimum 1664 hours, with at least 550 hours study in either Chinese herbal medicine or acupuncture specific subjects and that there must be a supervised clinic component of at least 500 hours.

Further ATMS requires that a significant portion of this study be conducted by 'face to face practical study'. 'Face to face practical study' is purposefully defined to be different to 'face to face study'. ATMS defines 'face to face practical study' as only study which in the opinion of ATMS is undertaken in the physical presence of the lecturer, tutor, presenter. It excludes all forms of study delivered remotely by electronic and similar modes, and including even those which allow for real time interaction between lecturer/students and students/students. It also excludes all home study, prior reading/study for lessons, research for assignments, unless done in the physical presence of the subject lecturer, tutor, presenter etc.'

For both Chinese herbal medicine and acupuncture, ATMS requires that all of the supervised clinic (500 hours) be conducted by face to face practical study. Additionally at least 275 hours of the acupuncture specific subjects must be undertaken by face to face practical study.

• Overseas qualifications

ATMS no longer accepts qualifications obtained overseas. In introducing this initiative ATMS acknowledges that often the person from overseas will have equivalent or perhaps even superior clinical training. However they cannot have the same level of training in the essential areas of Australian ethics, Australian OH&S requirements, and Australian Law such as Privacy, Taxation etc.

Thus they need to undertake whatever additional study is required to graduate with an appropriate Australian qualification.



• Non English speaking background

ATMS considers that an adequate level of English literacy skills is essential for the safe practice of natural medicine in Australia. Consequently in our most recent membership qualification initiative all new applicants whose first language is not English must have obtained an English language proficiency level of a minimum overall band 6 or higher in academic or general testing under an International English Language Testing System (IELTS) exam.

Character test

Any person seeking to join ATMS must be of 'good character'. ATMS has a specific question on its application form where a person is asked if they have had any past criminal offences, had a complaint considered by a complaints/disciplinary body or been expelled from another association.

The Consultation Response by ATMS

The following response by ATMS is set out in a manner to reflect the Consultation Paper.

1. PROPOSED REGISTRATION STANDARD — CONTINUING PROFESSIONAL DEVELOPMENT (CPD) & GUIDELINES

1.1 Whether you agree with the number of hours specified

ATMS supports the 20 hours of CPD a year requirement.

1.2 Whether you agree with the requirement that a minimum number of hours must relate to professional issues

ATMS supports the requirement of the minimum number of hours relating to professional issues. However ATMS suggests that the range of professional issues should be expanded to include Business Management topics including marketing, growing the business and Occupational Health and Safety.

1.3 Whether you agree with the requirement that for endorsed practitioners and dispensers a minimum number of hours must relate to scheduled herbs

ATMS supports the requirement that for endorsed practitioners and dispensers a minimum number of hours must relate to scheduled herbs.



1.4 Whether you agree that mandatory further education, training, mentoring or supervision (which is remedial) should not be counted

ATMS supports that mandatory further education, training, mentoring or supervision that is remedial should not be counted towards the required CPD.

1.5 Whether you agree with the exemptions

ATMS does not agree with the exemptions as stated in the Consultation paper. ATMS submits that the requirement to undertake CPD should apply to all registered practitioners regardless of any temporary absences from practice.

It is also noted that an apparent inconsistency exists in the consultation paper. The CPD exemption (c) sates that recency is lost after 2 years, yet at page 32 which discusses recency it is stated that recency of practice is lost after 3 years.

2. PROPOSED REGISTRATION STANDARD — CRIMINAL HISTORY

2.1 The Board seeks advice on its proposal to seek Ministerial Council approval for this registration standard to apply to the Chinese medicine profession.

ATMS supports the proposal to seek Ministerial Council approval for this registration standard to apply to the Chinese medicine profession.

Additionally, ATMS also feels that this proposal could be further strengthened by the National Board seeking further information from applicants for general registration regarding any complaints against the applicant which have been considered by a Government Health Care Complaints Body and other professional natural medicine associations. In this respect it is important that the additional inquires are not limited to just Chinese herbal medicine and acupuncture matters. Often Chinese herbal medicine practitioners and acupuncturists will be qualified in non registered professions, such as massage. It is definitely preferable that any health care complaints considered against a person outside of Chinese herbal medicine and acupuncture are caught by the National Board when considering registration of a practitioner.



3. PROPOSED REGISTRATION STANDARD — ENGLISH LANGUAGE SKILLS

3.1 Whether the evidence requirements in the proposed standard is acceptable

ATMS supports most of the evidence requirements in the proposed standard, but suggests that the proposal that the completion of some studies in English will serve as evidence of adequate English competence be eliminated. ATMS suggests that all applicants for general registration whose first language is not English should be requested to show evidence of having obtained the required English literacy level following an independent English language testing examination. This measure will provide the required objectivity and consistency to ensure practitioners possess adequate English literacy.

3.2 Whether you agree with the minimum test result levels

ATMS feels that requesting an IELTS overall level 7 with no minimum band less than 6.5 is very high and not in line with the current requirements of Associations, Colleges and Universities for courses of this nature. It also exceeds the requirements of several of the private Health Funds.

ATMS suggests that an overall band 6 be required. This is more in line with the profession's existing standards, and the current requirements colleges and universities are requesting for entry into undergraduate programs of study.

In making this suggestion, ATMS was mindful of the Board's statement of assessment against APHRA's procedures for the development of the mandatory registration standards (pages 34-36 of the Consultation paper.) In particular ATMS noted the proposed standards are stated to be consistent with the other national health Boards.

This consistency by itself however will not add to the protection of the public, or provide other clinical benefits. Further, such an insistence for consistency in English literacy with other health professions which would be expected to be markedly less multi cultural than Chinese herbal medicine/acupuncture professions does not recognise 'the multi-cultural nature of Chinese medicine practice', especially in a profession which, as noted at page 35 of the Consultation paper, is 'largely employed in private practice'.

3.3 Whether you agree with the effective communication requirements applicable for all practitioners

ATMS supports the effective communication requirements being applicable for all practitioners.



3.4 Whether you agree with the general exemptions

ATMS supports the general exemptions as outlined in the Consultation Paper.

3.5 Whether you agree with the exemptions which apply to "grandparented" practitioners

ATMS supports the exemptions which apply to "grandparented" practitioners as outlined in the Consultation Paper.

3.6 Whether you agree with appropriate arrangements for the purposes of consultation/treatment

ATMS supports the appropriate arrangements for the purposes of consultation/treatment as outlined in the Consultation Paper.

3.7 Whether you agree with appropriate arrangements for contacting emergency services

ATMS supports the appropriate arrangements for contacting emergency services as outlined in the Consultation Paper.

4. PROPOSED REGISTRATION STANDARD — PROFESSIONAL INDEMNITY INSURANCE

4.1 Whether you agree with the minimum cover for a single claim

ATMS support the minimum cover of \$2,000,000 for a single claim.

4.2 Whether you agree with the other minimum requirements

ATMS supports the other minimum requirements as outlined in the Consultation Paper.

4.3 What you think about the proposal to rely on a self-declaration that compliant insurance is in place

ATMS does not support the proposal for self declaration that compliant insurance is in place.

For proper protection of the public, evidence of appropriate and current insurance must be positively demonstrated. Should following a mal event a practitioner is found to have misrepresented their insurance status, then it is too late to take any corrective action, and public protection has been weakened. All practitioners should be required to submit each year a copy of their current policy, or other suitable and objective evidence, to the National Board.



In making the preceding suggestion, ATMS was again mindful of the National Board's statement of assessment against APHRA's procedures for the development of the mandatory registration standards (pages 34-36 of the Consultation paper.) The National Board's proposed standard is said to avoid imposing 'onerous documentation requirements on practitioners' with resulting increased costs. It is considered however that the provision of a copy of a Certificate of Currency (typically a single page) which a practitioner would already have would not result in additional 'onerous documentation requirements', nor would it significantly increase costs.

5. PROPOSED REGISTRATION STANDARD — RECENCY OF PRACTICE

5.1 Whether you agree with the period of 3 years

ATMS supports the period of 3 years for recency of practice.

5.2 Whether you agree with who it applies to (see the scope of application)

ATMS agrees with the application recency of practice period as outlined in the Consultation Paper.

5.3 Whether you agree with the exemptions

ATMS agrees with the exemptions as outlined in the Consultation Paper.

5.4 Whether you agree with the definition of practice

ATMS agrees with the various definitions of Practice.



<u>PROPOSED REGISTRATION STANDARD — GRANDPARENTING REGISTRATION STANDARD:</u> <u>TRANSITIONAL ARRANGEMENTS FOR QUALIFICATIONS</u>

7.1 Whether you agree with the qualifications standards

ATMS does not agree with the grandparenting qualification standards. This is for three main reasons:

- (i) The information provided in the consultation paper is not sufficient to determine if the proposed qualification standards are appropriate;
- (ii) There has been insufficient consultation with the profession regarding what the appropriate academic standards should be; and
- (ii) The proposed standards appear in one area to be heavily based on existing standards which are applied by the Chinese Medicine Registration Board Victoria (CMRBV). This reliance produces an arbitrary and unfair result for the majority of existing practitioners in Australia, as well those persons who will graduate over the next few years.

Adequate Qualifications for Grandparenting Purposes

The consultation paper proposes that the qualification or training in the profession to be considered 'adequate for the purposes of practising the profession' by the National Board will be at the Bachelor or equivalent level and must include competencies required by the National Board.

The National Board is required by the National Law to set the appropriate qualification/training requirement, and ATMS supports that outcome. However as noted at page 34 of the Consultation paper 'the National Law requires wide-ranging consultation on proposed registration standards'.

That wide ranging consultation has not occurred in respect of this vital foundation requirement, and ATMS is very concerned that the profession has not been consulted on what level of course or study is to be approved. It appears that a decision has been made without consultation that that level is to be a Bachelor or higher qualification. ATMS is not concerned at the Bachelor level per se, but is concerned at the apparent lack of consultation on this underlying starting point, and the now resulting potential inflexibility and uncertainty as to exactly what Bachelor courses will be 'adequate'.

The consultation paper only contains imprecise statements that to be adequate a (Bachelor) course must contain 'a clinical component considered adequate by the Board', and unspecified training in a variety of additional subjects.

The lack of consultation in this area means that ATMS does not know, even in general terms, what clinical component will be considered adequate by the Board, or what level of training will be required in areas such as biomedical sciences, Chinese medicine theory, phytochemistry, pharmaceutics, dispensing, ethics, jurisprudence, practice management and research skills.



Consequently ATMS is currently unable to support that these proposals by the National Board are appropriate or adequate. The imprecision and vagueness of these proposals effectively mean that National Board has not ensured that there is 'public exposure of it proposals' or 'opportunity for public comment'.

Non Bachelor qualifications after 2008

ATMS is further and especially concerned at what appeared at first glance to be an arbitrary selection of 2008 as the date to accept only Bachelor or equivalent qualifications. Upon further review it seems this date might have been selected to be consistent with the CMRBV who ATMS understands changed their minimum entry qualification from an Advanced Diploma to Bachelor at that time.

Whatever the reason, this date selection produces an arbitrary and potentially very unfair date for the majority of practitioners in Australia, as well as those about to graduate. It will cause 'an unnecessary restriction of competition' and an 'unnecessary restriction of consumer choice'.

This date is arbitrary and unfair as outside of Victoria there are very few educational institutions offering a relevant Bachelor course. To the best of our knowledge, relevant Bachelor degree courses are not offered in Tasmania, the ACT or the Northern Territory. Affecting more practitioners however is the situation applying in New South Wales, South Australia and Western Australia.

In New South Wales, to our knowledge only the Sydney based University of Technology offer a potentially applicable Bachelor course, the Bachelor of Health Science in Traditional Chinese Medicine (C10186v7). It is noted However that the CMRBV do not accredit this course. The CMRBV do accept the University of Western Sydney Bachelor of Health Science/Master of Traditional Chinese Medicine (Course code 4660), but it is noted that many private health funds do not accept practitioners with this qualification. Recognition by the private health funds is very important for the successful operation of a natural medicine practice, including Chinese herbal medicine and acupuncture. To best of our knowledge no other applicable Bachelor or higher courses are currently conducted in NSW.

In both South Australia and Western Australia there exist limited possibilities to undertake a Bachelor course. However these courses have only been offered relatively recently, and we understand there have been no graduates from these courses to date, let alone before 2008.

Queensland has offered a relevant Bachelor degree for some time, but from only one educational institution.

It can be seen therefore that at most times since 2008 and ongoing, persons living outside of Victoria have had no or very limited opportunities to undertake study at what will be the likely appropriate Bachelor level. Therefore the introduction of the 2008 cut off for non Bachelor courses is patently unfair to the vast majority of Chinese herbal medicine and acupuncture practitioners who graduated after 2008, as well as being equally unfair to the very many current students who will graduate within the next 4 years.



This 2008 cut-off date is also unfair as it represents what is an effective retrospective implementation of an arbitrary qualification criteria. Persons who undertook an Advanced Diploma in good faith and graduated or are to graduate after 2008 may now find they are unable to work in their chosen profession. This is especially the case when it is noted that none of these practitioners may qualify for registration under the '5 years in practice' rules.

For all the above reasons it can be seen that the imposition of this 2008 date is arbitrary and unfair to the majority of the profession. By so improperly restricting otherwise qualified and safe practitioners, the imposition of this 2008 date will cause 'an unnecessary restriction of competition' and an 'unnecessary restriction of consumer choice'. This imposition of the 2008 date will therefore be inconsistent with two of the COAG Principles for Best Practice Regulation.

Accordingly ATMS strongly submits that the selection of 2008 as the date to accept only Bachelor or equivalent qualifications must not be applied.

Instead ATMS submits that a fairer option is to continue to accept until the end of the grandparenting period (that is until 1 July 2015) graduates who hold a minimum Advanced Diploma level in the AQF, or equivalent as assessed by NOOSR, and containing the additional requirements in adequate clinical component, biomedical sciences, Chinese medicine theory, phytochemistry, pharmaceutics, dispensing, ethics, jurisprudence, practice management and research skills as set by the National Board following proper consultation with the industry. This will not only not disadvantage the vast majority of recent and soon to graduate practitioners, but also allow educational institutions to upgrade their courses.

7.2 Whether you agree with the types of practice evidence requested

7.3 Whether you agree with the types of competence evidence requested

Apart from the criteria to be applied in respect of a 'Chinese medicine profession association' (discussed below), ATMS does not have any objections to the lists of Practice Evidence or Competence Evidence as set out in the respective schedules 1 and 2 of the Consultation paper. The proposed evidence is more than equitable, and if anything could be described as being generous.

However, and notwithstanding the need under the National Law for the Standard to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified are registered, ATMS does have difficulties in understanding how the proposals in respect of competence are to be applied in a manner consistent with the National Law.



Section 303 of the National Law is relevant. It is noted that section 303 of the National Law is to be applied despite the general registration requirements set down by section 53 of the National Law. Section 303 provides:

303 Qualifications for general registration in relevant profession

- (1) For the purposes of section 52(1)(a), an individual who applies for registration in a relevant health profession before 1 July 2015 is qualified for general registration in the profession if the individual—
- (a) holds a qualification or has completed training in the profession, whether in a participating jurisdiction or elsewhere, that the National Board established for the profession considers is adequate for the purposes of practising the profession; or
- (b) holds a qualification or has completed training in the profession, whether in a participating jurisdiction or elsewhere, and has completed any further study, training or supervised practice in the profession required by the Board for the purposes of this section; or
- (c) has practised the profession at any time between 1 July 2002 and 30 June 2012 for a consecutive period of 5 years or for any periods which together amount to 5 years.
- (2) This section applies despite section 53.

The consultation paper advises that the proofs of competence are to be provided in respect of applicants 'who do not have sufficient qualifications and training to be eligible on the basis of a course of study alone'. Thus it appears these proofs are proposed to be applied in respect of applications under paragraph 303(1)(c) (set out above) of the National Law.

ATMS notes however that paragraph 303(1)(c) of the National Law appears to only require a period of 5 years practise between 1 July 2002 and 30 June 2012. There is no requirement for any proof of competency.

ATMS supports the proposal that a practitioner not holding the required educational qualifications shows proof of competency. However ATMS does raise here for the benefit of the National Board's further consideration if the worthy proposal to seek evidence of competency, in addition to evidence of practice, might be inconsistent with the provisions of section 303(1)(c) of the National Law.

As noted earlier, the only substantive concerns ATMS has with the list of competence evidence is that concerning the assessment by a 'Chinese medicine professional association'. ATMS believes that there must be mandatory minimum criteria set by the National Board in order for an association to be a 'Chinese medicine professional association' recognised by the National Board for the purposes of the assessment of competence.

Additionally the competency 'criteria acceptable to the Board' is another imprecise term used in the consultation paper, rendering it impossible to comment in any definitive way on the specific proposal.



This specific proof of competency, that is a 'Statement from a Chinese medicine professional association' is essential. It will be most applicable and valuable to the very many responsible and qualified practitioners who joined a professional association and voluntarily subjected themselves to that association's rules and Code of Conduct. They will often have been in safe practice for many years, well before there was any opportunity to study at the levels required today. These qualified, experienced, safe and valued practitioners must not be lost to the profession. The National Board also must remain mindful that these practitioners have an established livelihood which must only be removed if a clear danger to the public exists.

Thus this specific proof of competency has great potential to be a most efficient way to effectively assess these safe practitioners. However before ATMS can fully support this proposal more information is required as to what criteria will be applied to determine an appropriate 'Chinese medicine professional association' and also what will be the competency 'criteria acceptable to the Board'. These criteria must also only be set after proper consultation with the profession.

CONCLUSION

Apart from the proposals for grandparenting, ATMS broadly supports the proposals of the National Board as set out in the consultation paper. Those few areas considered to require further consideration by the National Board have been identified above.

In respect of the proposals for grandparenting, ATMS holds serious concerns that the proposal to not register practitioners who graduated with an Advanced Diploma at any time after 2008 is unfair and will seriously disadvantage very many existing and soon to graduate practitioners. That proposal should be abandoned.

Instead former and future graduates who hold a minimum Advanced Diploma level in the AQF, or equivalent as assessed by NOOSR, and containing the additional requirements in adequate clinical component, biomedical sciences, Chinese medicine theory, phytochemistry, pharmaceutics, dispensing, ethics, jurisprudence, practice management and research skills as set by the National Board following proper consultation with the industry, should continue to be eligible for general registration until the end of the grandparenting period, that is until 1 July 2015.

Additionally further consultation with profession is necessary in respect of the appropriate educational requirements for registration, what criteria will be applied to determine an appropriate 'Chinese medicine professional association' and also what will be the competency 'criteria acceptable to the Board'.



Thank you for allowing ATMS the opportunity to comment on the preceding five draft mandatory registrations standards and the additional proposed registration standard regarding grandparenting. In addition to the above response, ATMS is happy to provide any further information or commentary as requested by the Chinese Medicine Board of Australia.

Matthew Boylan

Chief Administrative Officer

Australian Traditional-Medicine Society Ltd (ATMS)

Ph 02 8878 1501; Fax 02 9807 8130; matthew@atms.com.au

10 October 2011