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Chair's message

Welcome to the sixth edition of the Chinese Medicine Board of Australia's (the Board) newsletter.

This newsletter provides updates on important processes such as renewal, which is now in progress, and impending audits.

The Board also reminds all practitioners that grandparenting provisions end on 30 June 2015. It is important that practitioners, and the public, are aware of this so that practitioners that should be registered have time to do so, as this opportunity is strictly time-limited. The Board is planning a communication campaign, due to begin early 2015, which will include advertisements in ethnic press.

Forums for practitioners and students of Chinese medicine

The National Registration and Accreditation Scheme, (the National Scheme), for Chinese medicine practitioner registration has been in operation for two years. The Board is conducting a number of meetings/forums to engage more directly with the profession. This has been identified as a strategic priority for 2014/15.

The Board recently held an event in Melbourne on Monday 22 September 2014. A similar event will be held in Brisbane on Monday 24 November.

Please keep an eye on the website if you would like to attend.

Draft guidelines for safe Chinese herbal medicine practice

Thank you to everyone who made submissions to the Board's recent public consultation on *Guidelines for safe Chinese herbal medicine practice*. The Board has received many submissions which are detailed and complex.

The analysis and formulation of options for moving forward will take some time. In order to ensure an effective and viable outcome the Board has decided to form a Technical Advisory Group.

The members of this group are:

- Prof. David Briggs, School of Science and Health, University of Western Sydney (and former Head of the Office of Complementary Medicines in the Australian Therapeutic Goods Administration)
- Prof Ron Quinn, Director, Eskitis Institute for Drug Discovery, Griffith University, Australia
- Prof Eddie Pang, Undergraduate teacher in plant science, genetics and molecular biology, Postgraduate teaching in molecular genetics, tissue culture and Chinese medicinal botany, from RMIT University
- Mr Stephen Marty, Chair Pharmacy Board of Australia and Registrar of the Victorian Pharmacy Authority
- Ms Robin Marchment, Chinese herbal medicine practitioner and acupuncturist
- Mr Brian May, Chinese herbal medicine practitioner, Clinical Research Fellow, RMIT University (and former CMRBV¹ member)

This group is not a decision-making group, but rather an expert group to work co-operatively with the Board's Policy, Planning and Communications Committee (PPC) – see <http://www.chinesemedicineboard.gov.au/About/Chinese-Medicine-Board-Committees.aspx>

Jointly they will conduct detailed analysis, debate prospective solutions and formulate recommendations for the Board. The Board plans to give careful consideration to this important guideline and will provide explanatory material when it makes the final decision.

I look forward to speaking with some of you in Brisbane on 24 November.

Professor Charlie Xue

Chair, Chinese Medicine Board of Australia



¹ Chinese Medicine Registration Board of Victoria

Renew registration online now

The Board has launched its 2014 renewal of registration campaign for Chinese medicine practitioners (practitioners) and AHPRA has sent email reminders to practitioners who have provided an email address.

Practitioners should act now if their contact information has changed to not miss future reminders to renew. To update contact details visit the Board's website and use the appropriate link under online services for practitioners. A user ID and secure password is needed. Practitioners who have forgotten their user ID can complete a web enquiry form. Select 'Online Services - Practitioner' as the category type.

The registration renewal date for practitioners with general or non-practising registration is 30 November 2014. The quickest and easiest way to renew registration is [online](#).

Renewal applications received during December will incur a late payment fee.

Under the National Law², practitioners who do not renew their registration within one month of their registration expiry date must be removed from the Register. Their registration will lapse and they will not be able to practise Chinese medicine in Australia. A fast track application can be made, but only during January. The practitioner cannot practise until the application is processed and the national register is updated.

Practitioners should read the Board's registration standards carefully before applying to renew as information in support of declarations made in an application could be requested.

A renewal FAQ is available on the Board's website.

As part of the renewal process you will be asked to declare on your registration renewal application that you have met the requirements set out in the registration standards. Your annual statement is made when you apply to renew your registration. It is supported by a declaration confirming that it is 'true and correct'.

The annual statement also includes details about whether:

1. you met the recency of practice requirements stated in the Board's registration standard
2. you met the Board's continuing professional development (CPD) requirements as set out in the Board's CPD registration standard during the previous registration period
3. you practised in accordance with the requirements of the Board's Professional indemnity insurance (PII) arrangements registration standard, and whether you commit to practise in accordance with that registration standard if your registration is renewed, and
4. there was any change in your criminal history during the previous registration period and whether you have any other criminal history that has not been disclosed to AHPRA.

Throughout the year, National Boards conduct audits on a random sample of practitioners to assess compliance with registration standards.

Practitioner audit

The [Audit page](#) on the Board's website provides comprehensive information about the audit process including guidance on the audit notice, what it means for you and contact details for the audit team and AHPRA customer service team that can assist you with any queries.

Audits of random samples of practitioners from all professions occur periodically throughout the year. Randomly chosen registrants will be progressively audited for their 2014 registration declarations over a period of months. If you are selected for audit you will be required to provide further information to support your 2014 registration declarations.

Practitioner audit – what is the process?

- You will receive an audit notice in the post, and a checklist that outlines what documentation you need to provide to demonstrate that you meet the standard(s) being audited. The notice will identify which standards are being audited – these may be for recency of practice, CPD, professional indemnity insurance and/or criminal history.
- You will have four weeks to provide the requested documentation to AHPRA.
- AHPRA will review your supporting documentation against the declarations you made in your last renewal application.
- AHPRA may request further information and/or refer cases of non-compliance to the National Board or its delegated committee for decision.
- You will be advised by letter of the outcome of the audit.

Professional Indemnity Insurance

The Board is aware that many professional indemnity insurance policies are due at the end of September.

Did you renew your policy and is it still compliant with the standard?

If you are audited for professional indemnity insurance you will be required to provide evidence for coverage for the full registration year.

Graduate applications

AHPRA is calling for online applications from students who are in their final year of an [approved program of study](#). Students due to complete study at the end of 2014 are urged to apply for registration before completing their course.

An email reminder to apply early and online will be sent by AHPRA on behalf of the Board to final-year students on the Student Register. Applications can also be made by completing a [paper application form](#).

Chinese medicine students are encouraged to read the information on AHPRA's website under [Graduate applications](#). Graduates must meet the Board's [registration standards](#) and need to be a registered Chinese medicine practitioner before they start practising.

² Health Practitioner Regulation National Law, as in force in each state and territory

Grandparenting provisions are ending

When the Chinese medicine profession entered the National Scheme on 1 July 2012, there were provisions in place to ensure that practitioners in those states or territories that did not require registration were not unjustly disadvantaged because they were not automatically transitioned to the National Scheme as a Victorian registrant. These were known as grandparenting provisions under s303 of the National Law, and these provisions apply until 30 June 2015.

Under the grandparenting provisions an individual who does not hold an approved qualification for registration, but does have other relevant qualifications, training or experience practising the profession, may be able to apply for registration until 30 June 2015. All other eligibility requirements for registration will also apply.

For assistance in understanding the requirements of applications made under the grandparenting provisions of the National Law please visit the [Registration Standards](#) page on the Board's website.

Please note: applications under this provision may only be made up until 30 June 2015.

Health Practitioner Tribunal Case Summaries

AHPRA regularly publishes summaries of selected cases relevant to health practitioner regulation. Health Practitioner Tribunal Case Summaries are published quarterly, and from time to time as decisions are handed down. A full library of published hearing decisions from adjudication bodies, (other than Panels), relating to complaints and notifications made about health practitioners or students are available on the [Austlii website](#).

Following are two Chinese medicine cases, which may be helpful to practitioners in terms of lessons learned.

Chinese Medicine Registration Board of Victoria v Huang [2012] VCAT 1903

- Finding of unprofessional conduct under the *Health Professions Registration Act 2005*.
- H made claims on a private health insurance fund for services that he provided to himself and his family over 5 years.
- Insurer found H had breached rules relating to self provided services and treatment. Also found H's records were deficient and did not enable it to validate back-dated services. Following an investigation by the Board, H was brought to VCAT on allegations of:
 - inadequate patient records
 - failing to adequately store patient records to protect patient confidentiality
 - making claims for self-provided service, and
 - failing to maintain infection control standards.

- VCAT made a finding of unprofessional conduct in relation to all the allegations.
- Board had also alleged H was dishonest in making claims on his health insurance but withdrew the allegation on the basis of a sworn statement by H that he reasonably believed he could make claims for treatment on himself and his family. VCAT accepted this but expressed concern about H's understanding of ethical obligations.

H was reprimanded, fined \$2,000 and required to submit to audits of patient records and infection control protocols every six months for two years. H was also required to undertake a course in ethics.

Chinese Medicine Board of Australia v Ghaffurian (No 2) [2012] VCAT 1944

- Determinations in respect of previous findings of professional misconduct and unprofessional conduct under the *Health Professions Registration Act 2005* in *Chinese Medicine Registration Board of Victoria v Ghaffurian [2012] VCAT 478*.
- Conduct included:
 - misrepresenting his qualifications by claiming to be a western medical practitioner
 - inducing a patient to take a range of unproven treatments outside the scope of Chinese medicine
 - injecting undiluted Vitamin C into a patient's vein without the necessary qualifications
 - attempting to induce a patient to undergo stem cell therapy, and
 - failing to keep adequate records and provide documentation regarding herbal medicines.
- G argued that VCAT could not suspend/cancel his registration because the National Law transitional provisions did not permit suspension or cancellation where someone was already suspended, as G was. This argument was rejected by VCAT.
- G's registration was cancelled, and he was disqualified for 3 years. VCAT also determined that G be reprimanded and fined \$8,000. VCAT viewed G's conduct as being at the higher end of unorthodox treatment, and noted he had previously been disciplined for similar conduct.

As G had suffered a stroke since the hearing and was unlikely to return to practice, these determinations aimed to provide deterrence to other practitioners.

National Scheme news

Three-year review of the National Scheme

The independent review of the National Scheme is underway and a consultation paper is now [published](#).

The terms of reference for the review are published at the [Australian Health Ministers' Advisory Council website](#) under 'media releases' on the right-hand tab. The review – led by independent reviewer, Mr Kim Snowball – was built into the

intergovernmental agreement that set up the framework and governance arrangements for the National Scheme. The agreement stated that the Australian Health Workforce Ministerial Council (Ministerial Council) would initiate an independent review after three years of the National Scheme's operation.

The National Boards and AHPRA are actively participating in the review process.

Regulatory principles endorsed for National Scheme

The National Boards and AHPRA have launched refreshed regulatory principles that will underpin the work of the Boards and AHPRA in regulating Australia's health practitioners in the public interest.

The principles are endorsed by all National Boards and the AHPRA Agency Management Committee and will guide Boards and AHPRA when they are making decisions. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

Regulatory decision-making is complex and contextual, requiring judgement, experience and common sense. The principles will further support consistent, balanced decision-making.

AHPRA and the National Boards will be seeking feedback on the principles in a formal consultation later in 2014 and will review them based on this feedback and 12 months' experience. You can read the regulatory principles in a [media release](#) on the AHPRA website.

Data Access and Research Committee (DARC)

One of the objectives of the National Scheme is to protect the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. To achieve this objective AHPRA and the National Boards are increasing the use of data and research to inform policy and regulatory decision-making. Specifically, we're building organisational capacity for analysis, supporting external collaboration on regulatory research, and conducting or supporting high value regulatory research and analysis.

To do this well, we must effectively govern access to data generated by the National Scheme. We can provide access to de-identified data, as governed by the National Law and the relevant privacy laws and policies, but strict limits exist. These limitations are explained on the [AHPRA website](#), which also includes a downloadable data access and research [application form](#) for interested researchers.

AHPRA and the National Boards encourage applications from researchers whose projects aim to deliver regulatory improvement and health workforce reform.

Four-year anniversary of the National Scheme

July marked the four-year anniversary of the National Scheme (with Western Australia joining in October 2010). Reflecting on the past four years, AHPRA Chair, Mr Michael Gorton AM, said the National Scheme had delivered important benefits for the quality and safety of the health system in each state and territory and for health practitioners and the community.

The National Scheme was the product of an important national health workforce reform, which was internationally significant in its scale and ambition.

Headline achievements in the last four years include:

- registering more than 618,000 health practitioners with national mobility of registration
- establishing and maintaining a searchable national online register that makes it easier for the Australian community to find out about the registration status of all registered practitioners
- increasing online renewal rates dramatically (95 per cent average), making it easier for practitioners to renew on time
- establishing data exchange with partners such as the Australian Institute of Health and Welfare and Medicare Australia to greatly improve workforce data for policy and planning, and
- developing a comprehensive set of regulatory policies and standards, across and within professions, to ensure appropriate protection of the public.

New homepages for AHPRA and National Boards' websites

We have changed the homepages of the AHPRA and National Boards' websites, to make them easier to use and make it easier for users to find what they need.

The designs aim to make searches easier and more accurate and promote consultations and AHPRA's social media channels to make it easier for users to find the information they are looking for. The new designs are based on analytics data on how people use the sites as well as feedback from staff (including our customer service teams who receive calls from our stakeholders on where to find information on the sites) as well as members from our community reference group.

With the new homepages, users can:

- search the register with one click straight from the homepage
- go to the 'employer' or 'practitioner' tabs, which include links specific to these groups
- browse more news items without clicking through to a specific story, and
- know which website they are on at all times, even if they click between AHPRA and Board pages.

While the new homepages make an immediate improvement to the usability of the sites, there is still more work to follow. Work on the rest of the sites will begin later this year, which will include extensive consultation with a range of user groups, including practitioners, employers and members of the community.

Queensland – new arrangements for handling notifications from 1 July 2014

From 1 July 2014 a new law came in to effect in Queensland, the *Health Ombudsman Act 2013*.

From this date, all complaints about Queensland health practitioners will be received by the Office of the Health Ombudsman (OHO) who will either manage the matters or refer them to the relevant National Board to manage.

Complaints that were made to AHPRA or National Boards before 1 July 2014 will generally continue to be managed by AHPRA on behalf of National Boards. However, under the new law the Office of the Health Ombudsman can request that a matter be referred to them to be managed. If this were to happen, AHPRA would inform both the notifier and the practitioner who is the subject of the notification.

For information about the Office of the Health Ombudsman please go to www.oho.qld.gov.au or call 133 646 (133 OHO).

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 enquiry form via the website by following the [enquiries link](#) on the bottom of every page.
- For registration enquiries call 1300 419 495 (from within Australia) or +61 3 8708 9001 (for overseas callers).
- Address mail correspondence to: Prof. Charlie Xue, Chair, Chinese Medicine Board of Australia, GPO Box 9958, Melbourne VIC 3001.

