

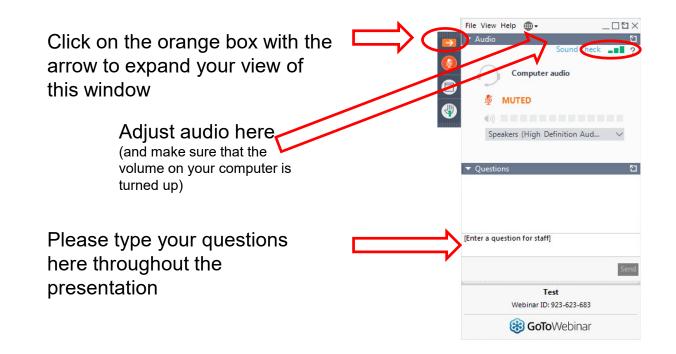
Chinese medicine regulation in Australia

Chinese Medicine Board of Australia (CMBA)

Webinar held on 13 October 2020

Welcome to the webinar!

This session will commence at 7pm Australian Eastern Daylight Time Here are some tips for this session:



Acknowledgement of Country



Before we begin, we acknowledge the Traditional Custodians of the land we are each meeting on for their continuing connection to land, sea, community and culture. We pay our respects to their Elders past, present and emerging.

Can I claim CPD?



- Yes you can count this Webinar as CPD
- Include and document your reflections and connected learning goals in your CPD portfolio.
- CPD certificates will **not** be issued.

Our speakers tonight





 Distinguished Professor Charlie Xue, Chair – Chinese Medicine Board of Australia (practitioner member from Victoria)



 Dr David Graham, Deputy Chair - Chinese Medicine Board of Australia (community member from ACT)



 Mr David Brereton, member – Chinese Medicine Board of Australia (community member from Tasmania)

Today's program



- 1. Roles of Ahpra, CMBA and the associations C Xue
- 2. Benefits of being regulated C Xue
- 3. Main issues of practitioners D Graham
 - a. COVID-19 implications
 - b. Dry needling
 - c. Advertising health services
- 4. Other current activities of the CMBA D Graham
- 5. Trends in notifications (complaints) D Brereton
- 6. Revised standards the major changes D Brereton
- 7. Questions and discussion C Xue and all presenters

Members of the Chinese Medicine Board of Australia



The different purposes of the CMBA and professional associations



Chinese Medicine Board of Australia (CMBA)

- Key role is protecting the public from harm
- Applies the National Registration and Accreditation Scheme (NRAS) for Chinese medicine practitioners

Professional associations

- Key role is supporting the profession
- Advocate for the profession and lobby government
- Provide services to the profession and represent it in various forums

Both want the public to receive safe and quality Chinese medicine services

Who does what in the NRAS?



National Board

Main role is regulator for Chinese medicine practitioners:

- register practitioners
- develop standards and guidelines
- deal with notifications (complaints)
- approve accreditation standard
- approve education programs for registration

Ahpra

Main roles are to:

- administer NRAS
- support National Board decisionmaking and implementation
- be the first contact point for all enquiries about registration and notifications

Benefits of regulation under NRAS

- Chinese medicine practitioner registration commenced in July 2012 under NRAS
- The Australian Institute of Health and Welfare, Australian Government's Allied Health Workforce Report 2012 published in 2013, for the first time, included national practitioner data of Chinese medicine as an allied health profession
- Allied health professions include Aboriginal and Torres Strait Islander Health Practitioners, chiropractors, Chinese medicine practitioners, medical radiation practitioners, occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists.
 - Sources: Department of Health 2020; ABS 2018.
 - More details: <u>https://www.aihw.gov.au/reports/australias-health/health-workforce</u>





Competitive and reputational advantages of being a regulated health profession



- ✓ A registered profession has defined, agreed and transparent professional standards.
- \checkmark NRAS focuses on safe and effective health care.
- ✓ Chinese medicine is regulated the same as 15 other health professions.
- Recognised by many private health and workers compensation insurers.
- ✓ Regulation increases public confidence in the profession.
- Provides the foundation to support increasing integration into the broader health system (over time).

Fee changes in all professions



Profession	No.of divisions	No. of practitioners June 2020	Fee 2019-20	Fee 2020-21	Proposed change	Notes
Aboriginal and Torres Strait Islander health practitioners	0	812	\$154	\$154	\$0	Freeze
Chinese Medicine	3	4,921	\$579	\$492	-\$87	- 15%
Chiropractic	0	5,777	\$566	\$530	-\$36	- 6.4%
Dentists & Specialists	n/a	19,953	\$681	\$701	\$20	+ 3%
Dental Prosthetists	n/a	1,228	\$605	\$623	\$18	+ 3%
Dental Hygienists and Therapists	n/a	423	\$336	\$346	\$10	+ 3%
Medical	0	125,641*	\$787	\$811	\$24	+ 3%
Medical Radiation	3	18,243*	\$191	\$197	\$6	+ 3%
Nursing and Midwifery	3	451,478*	\$175	\$180	\$5	+ 3%
Occupational Therapy	0	23,997	\$113	\$116	\$3	+ 2.5%
Optometry	0	6,043	\$308	\$317	\$9	+ 3%
Osteopathy	0	2,753	\$376	\$376	\$0	Freeze
Paramedicine	0	19,838*	\$282	\$282	\$0	Freeze
Pharmacy	0	34,512*	\$408	\$420	\$12	+ 3%
Physiotherapy	0	37,1138*	\$144	\$148	\$4	+ 2.5%
Podiatry	0	5,608	\$378	\$378	\$0	Freeze
Psychology	0	40,517*	\$486	\$486	\$0	Freeze

COVID-19 and evidence based therapeutic claims



On the CMBA website:

- <u>COVID-19 updates</u> section
- a <u>COVID-19 information portal</u> and <u>frequently asked</u> <u>questions</u> section.
- Statement on False and misleading advertising on COVID-19.

Allied health professions have a very important supporting role.

https://www.chinesemedicineboard.gov.au/

Main issues raised by the Chinese medicine profession in recent surveys

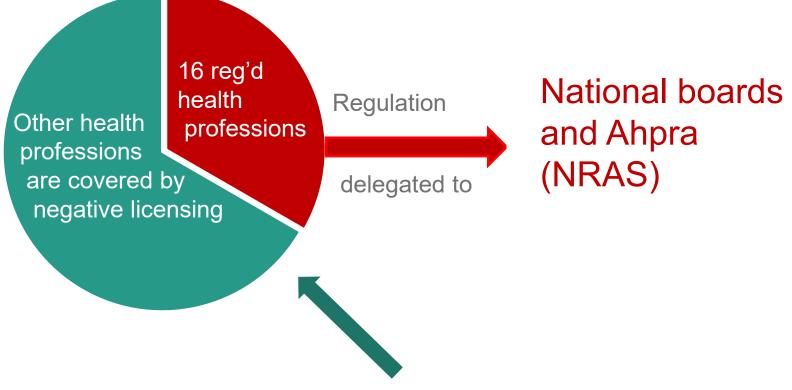


Issue	CMBA role?	Profession role?
Dry needling *	*	\checkmark
Requirements for public advertising	\checkmark	\checkmark
Access to restricted (scheduled) herbs	\checkmark	\checkmark
Access to Medicare/DVA payments*	*	\checkmark
CMBA to work more closely with the Associations	\checkmark	

* While the CMBA has no jurisdiction in this area it may be able to provide information

Each state/territory regulates its own health practitioners





Regulated by each State/Territory Health Complaints Entity

Dry needling: main concerns of the Chinese medicine profession



Concern	Comment
Unfair competition	Governments rarely intervene on this basis.
Risk to public health and safety	Need to have evidence.
Collateral damage to good standing of acupuncturists	Need to promote the community's understanding of differences.

Requirements for non registered health care workers



- Regulated by states and territories through 'negative licensing' i.e. no registration process but strong sanctions if expected standards are breached
- Each state/territory has or is introducing a code of conduct for nonregistered health care workers (COAG decision)
- There is state/territory legislation covering skin penetration
- Associated complaint mechanisms and strong sanctions for unsafe practices and misleading advertising
- Only come within the scope of the National Law if a concern involves misuse of a protected title such as 'acupuncturist' or the overall conduct of the health care worker creates an impression that the health care worker is a registered health professional

Advertising health services



- Treatment of serious diseases is often referred to in public advertising, where the reader is not able to discuss the details with a practitioner.
- The Board's position is that advertising claims to the general public must be based on the most reliable evidence.

Advertising resources available to help you



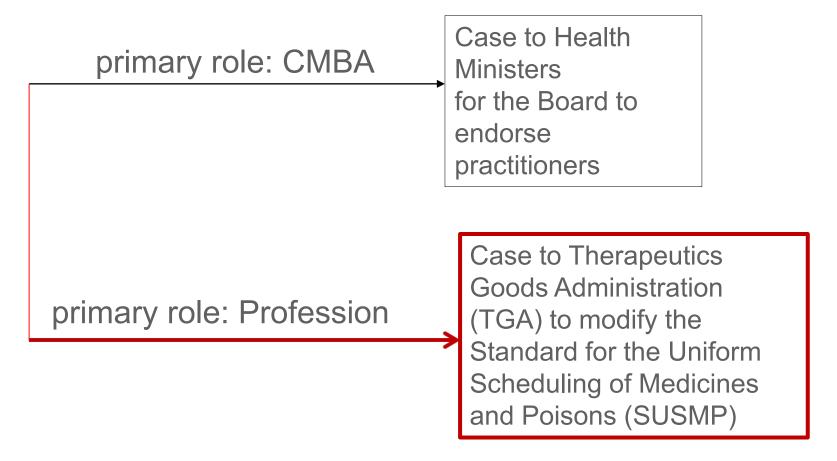
See the <u>Ahpra Advertising resources page</u>

- Answers to frequently asked questions (FAQs)
- Checklist to self assess your advertisements
- Fact sheet about suitable evidence
- Examples specific for Chinese medicine advertisements
- Checklist to assess what is a testimonial

For normal issues, all Chinese medicine practitioners have quickly complied once they are advised of the advertising requirements.



Access to restricted herbs: Two possible access pathways



Other issues of the profession



Issue	Advice
Access to Medicare payments	 The Board has no jurisdiction in this area. Needs to be whole of profession approach. The Board can provide advice if requested.
CMBA to work more closely with the Associations	 The Associations are members of the CM Reference Group. The Board has an annual meeting with the Associations. The Board participates in Association conferences. Frequent contact at other times.

Other CMBA activities



Review of Guidelines

- Review of the Infection Prevention and Control Guideline for acupuncture and related services.
- Review of the Guidelines for safe Chinese herbal medicine practice.
- Review of Supervised Practice Guidelines

Review of Guidelines: Process



- The revised Guidelines have been circulated to peak groups for Preliminary Consultation.
- The next step is their release for public consultation.
- After any suggestions are received and considered, the Board approves the Guidelines.

Regulatory examinations

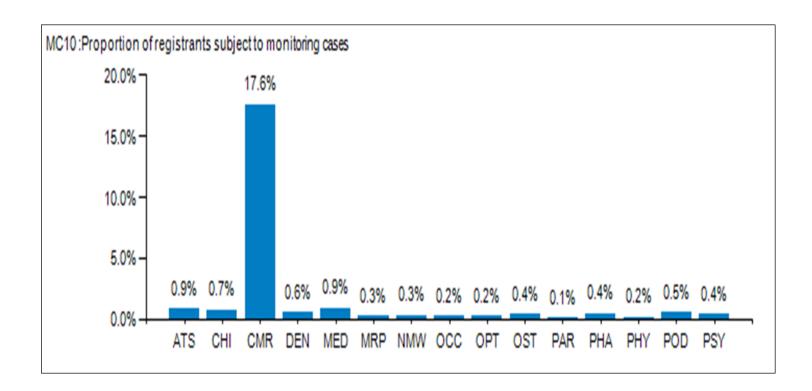


- Regulatory examinations (written and clinical) are being redeveloped for assessing applicants who have overseas qualifications assessed as relevant to the CM profession
- Delays due to COVID-19

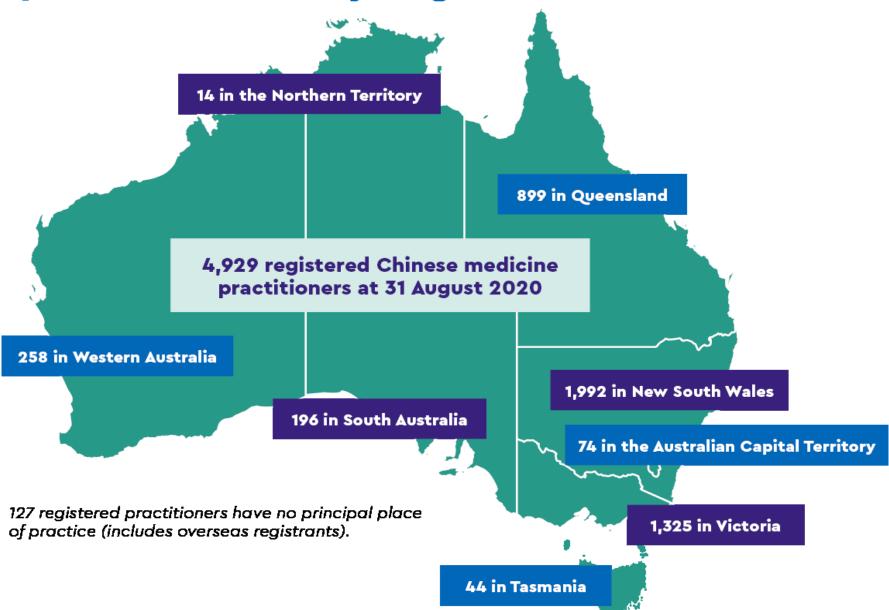
Audit of English language conditions



Percentage of NRAS practitioners with registration conditions



Registered Chinese medicine practitioners per state and territory (August 2020)



Notifications/complaints 2019-20



- 38 notifications lodged with Ahpra (excl NSW and Queensland)
- 66 registered Chinese medicine practitioners
 nationally had a complaint made against them
- This is 1.3% of CM practitioners nationally
- 27 Chinese medicine practitioners monitored for health, performance, and/or conduct during the year
- 818 cases were being monitored at 30 June 2020 mainly for suitability/eligibility for registration (including English language compliance)

Main notification reasons



Professional conduct

- Boundary violation, including inappropriate sexual contact
- Advertising
- Behaviour (rough/painful examination or treatment)

Professional performance/clinical

- Inadequate/inappropriate procedure or treatment
- Infection/hygiene issues
- Pharmacy/medication (inappropriate prescribing/dispensing processes)

Notification outcomes (2019-20)



- 38 notifications closed
 - 42% had no further action taken
 - 29% were referred to another body or retained by a health complaints entity (HCE)
 - 21% had conditions imposed on registration or an undertaking accepted
 - 5% received a caution or reprimand
 - 3% had their registration cancelled



Recently revised Standards

- Continuing professional development
- Recency of practice
- Professional indemnity insurance
- Professional capabilities

Continuing professional development (CPD)



- 20 hours of CPD each registration year
- must include four hours on 'professional issues'
- also must include minimum five hours in an interactive setting with other practitioners
- emphasis on reflection

Professional indemnity insurance (PII)



- The Board no longer specifies a minimum amount of insurance.
- You must ensure your insurance is adequate and appropriate to cover the scope and nature of your practice

Note: Many Chinese medicine PII policies do not include **products liability** cover; if you use, sell or dispense therapeutic goods – important to purchase this cover.

Recency of practice (ROP)



The revised ROP standard:

- Requires a minimum number of hours
 - 150 hours of practice in the previous 12 months, or
 - 450 hours of practice in the previous 3 years
- The hours need to be relevant for your scope of practice and for the divisions you are registered in.

Professional capabilities statement



• Defines the skills, knowledge and attributes of CM practitioners on graduation and throughout their careers, in each of the three registration Divisions.





Professional capabilities for Chinese medicine practitioners



More information



- <u>www.chinesemedicineboard.gov.au</u>
- <u>www.chinesemedicineboard.gov.au/Codes-</u> <u>Guidelines/FAQ</u>

Contact us:

- Call 1300 419 495
- www.ahpra.gov.au/enquiry
- Email: cmbaupdate@ahpra.gov.au
- Post: Chinese Medicine Board of Australia A/Executive Officer: Ms Jill Humphreys Ahpra GPO Box 9958 Melbourne VIC 3001





Thank you

Time for your questions