

FAQ – CMBA Chinese medicine regulation in Australia

13 October 2020

Roadshow questions

1. Why can't Chinese medicine practitioners be included in the allied health professions for the Medicare chronic disease management items?

The Board has no authority in the area of health care financing. Under the powers provided by the National Law, we regulate Chinese medicine practitioners. We are aware that the Associations are developing a submission to the Commonwealth health department to request that Chinese medicine is recognised as an allied health profession for the purposes of accessing the Medicare items and the Board has provided some guidance to the Associations.

2. I am registered with English Language conditions because I don't have a certificate of English test, but I have practised Chinese medicine for over 20 years using English to speak to patients. Why don't you investigate each individual to find out if an English language condition is necessary?

Registered health practitioners in all professions must demonstrate proficiency in English before they can be registered. A special concession was granted by Health Ministers to Chinese medicine practitioners who came into the Scheme during the transitional, grandparenting period which lasted until July 2015. This allowed practitioners to be able to be registered without meeting the English Language standard applying to all other professions provided certain requirements were met to ensure good communication with patients. The English language condition can be removed if the practitioner can provide the evidence that they comply with the current English Language standard. This would usually involve passing one of the English language tests.

3. When can new graduates start applying for registration when we were not sure when we will be graduating due to the impact of the pandemic? Would we be given assistance in the registration process as well? Thank you.

We know how important it is to you to gain registration so that you can commence working. You can apply online up to 12 weeks before the date that you are due to complete your studies. You don't need to wait until your education provider sends us your results to apply.

Receiving your application early means we can complete our assessment and if necessary ask for more information so that everything is ready for when we do receive information from your education provider.

In response to the impact of COVID-19 on educational programs the Chinese Medicine Accreditation Committee has been working with education providers to adapt flexible strategies to support students to progress and final year students to complete their studies, if they are enrolled in programs of studies approved by the CMBA. These modifications are implemented at program and institutional level and students should seek advice from their program leaders.

4. Some herbal mixtures have been used in China to manage COVID-19 but the products cannot be used here. Have you investigated these Chinese herbal products which are used to save people lives in China?

The regulator for medicines in Australia is the Therapeutic Goods Administration. Any therapeutic product must go through an assessment process by the TGA before the product can be used in patients. The World Health Organisation has not recommended any herbal formulations for managing the symptoms of

COVID-19 and if a supplier wished to market a product or carry out clinical trials in Australia they would need to make an application to the TGA.

5. The recency of practice standard requires practitioners to work 150 hours in the previous 12 months or 450 hours in the previous 3 years. Particularly when in private practice, a practitioner spends a lot of time running the business aspect of the practice – maintaining records, ordering supplies, marketing etc. While this is an essential part of our practice, I am unsure if this aspect of our work can be included in the required hours or if the recency of practice standard means 150 hours face to face with a patient. Could the board clarify what constitutes practice and what sort of evidence is acceptable please?

The term 'Practice' is defined in the Recency of Standard on the Board's website and covers a wide range of activities including both clinical and non-clinical roles that impact on the safe effective delivery of services in the profession. While the definition of 'practice' includes both clinical and non-clinical roles, the Board expects that the majority of the 150 or 450 hours would relate directly to clinical activities relevant to the Divisions in which the practitioner is registered and practising in.

The current Standard has been clarified to require that the hours of practice must be relevant to the scope of practice that the practitioner is providing. 'Scope of practice' means the professional role and services that an individual health practitioner is educated and competent to perform.

6. How are current political tensions between China and Australia affecting Chinese medicine practitioners in Australia, and what to expect in future?

Chinese medicine is included under the NRAS due it being regarded as an important form of health care provision in Australia. Chinese medicine regulation in Australia is regarded as one of the best regulatory systems for Chinese medicine practitioners in the Western world. We should work towards meeting the public expectations from Chinese medicine practices with regards to quality, safety, and efficacy of Chinese medicine interventions.

7. Under the National Law only the titles are protected such as "Acupuncturist", "Chinese Medicine Practitioner" or "Chinese Herbal Medicine Practitioner" Anyone can practice Acupuncture or Chinese Herbal Medicine without any qualifications provided that they do not claim themselves "Acupuncturist", "Chinese Medicine Practitioner" The public is at risk from this situation. For example, people can do dry needling after a two day course. How can we avoid accidents from unqualified people except by educating the public to use a registered practitioner? What actions have been done by the Board and Ahpra in the past about this? And what will the Board and Ahpra do for this situation in the future?

The National Law is based on title protection rather than scope of practice. This was a decision made by the Australian governments when the legislation was passed. There were several reasons for this. Two major ones were that to define scope of practice and then to keep it up to date as health care evolves is very difficult and also this approach can lead to unintended consequences in terms of restricting market-place competition.

It is correct that title protection is a more limited approach which emphasizes the importance of understanding the range of protections that are available to protect the public from unsafe practices.

An important one is to use the powers people have, firstly through the Health Complaints Entities of the States and Territories to report unsafe practices of unregistered health care workers and secondly the power of title protection under the National Law. Under the National Law it is not only an offence to misuse a title but also inferring that a person is a registered practitioner by the way they act can be an offence under the National Law.

There have been a number of successful prosecutions by Ahpra of people for breaches of the title protection provisions of the National Law and also sanctions have been placed on unregistered health workers by the State and Territory Health Complaints Entities.

It is also very important for the profession to educate the public about the benefits of using a registered health practitioner and of the quality of acupuncture provided by a Chinese medicine acupuncturist.

8. What is the point of acupuncture and Chinese medicine being regulated when anyone can say and advertise that they provide acupuncture and Chinese medicine?

The benefits of being a registered health professional were covered in the webinar. All health workers come under some form of regulation whether it be the negative licensing provisions of each State or Territory or the requirements of the National Registration and Accreditation Scheme (NRAS).

Inclusion in the NRAS does mean that Chinese medicine is regarded as an important allied health profession which includes reputational and financial (such as with insurers and funders) benefits.

9. There are CPD requirements for annual registration renewal in Ahpra. There is also an annual requirement of CPD for members of professional organizations. Both are 20 points. I wonder whether if the same 20 hours of CPD can cover both requirements?

Provided the CPD meets the requirements of the CPD registration standard, there is no reason from the Board's perspective why this is could not also be relevant for the membership requirements of Associations.

10. Why is it that the CM profession cannot tell the general public through advertisements what we are able to treat because we have a much greater need to do this than other health professions which are much more known such as general practice?

Chinese medicine can and should educate the public about what it does. However, exactly the same requirements apply to all registered health professions when therapeutic claims are made in advertising to the public i.e. that the claims must be able to be supported by acceptable evidence. Acceptable evidence is defined on the Aphra website.