

REGULATING CHINESE MEDICINE
PRACTITIONERS – MANAGING
RISK TO THE PUBLIC

CHINESE MEDICINE
REGULATION AT WORK
IN AUSTRALIA, 2013/14

Regulating Chinese medicine practitioners in the
National Registration and Accreditation Scheme



Chinese Medicine Board of Australia | AHPRA



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Chinese Medicine Board of Australia in 2013/14 from:
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About this report

For the first time, the Chinese Medicine Board of Australia is publishing this annual profile of its work in regulating Chinese medicine in the National Registration and Accreditation Scheme during 2013/14.

The report aims to provide a profession-specific view of the Board's work to manage risk to the public and regulate the profession in the public interest. As ever, this year the National Board has worked in close partnership with the Australian Health Practitioner Regulation Agency (AHPRA).

The data in this report are drawn from data published in the 2013/14 annual report of AHPRA and the National Boards, reporting on the National Registration and Accreditation Scheme.

This report looks at these national data through a profession-specific lens. Wherever possible, historical data are provided to show trends over time, as well as comparisons between states and territories. In future years, we will provide more detailed analysis to deepen our understanding of trends.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with the [2013/14 annual report of AHPRA and the National Boards](#).

Message from the Chair, Chinese Medicine Board of Australia

The Board's top priority for the first two years of its existence was setting the basic standards and guidelines to begin registration. It then had to deal with unique challenges inherent in developing the English language standards, grandparenting and bringing a profession into a statutory scheme for the first time. The Board has met all its deadlines and laid a solid foundation for the effective and efficient delivery of regulation of the Chinese medicine profession.

The National Registration and Accreditation Scheme for Chinese medicine practitioners has been in operation now for two years. As the Board finalises its first term, it now understands and responds to the wider regulatory workforce reform environment and participates in cross-professional learning through sharing ideas, innovation and networking.

A round of multiple National Board reappointments/appointments arising from the expiry of inaugural terms on 1 July 2014 started in November 2013, and in June 2014 Health Ministers announced the new and reappointed Chair and Board members of the Chinese Medicine Board of Australia.

National Board appointments are made by the Australian Health Workforce Ministerial Council (Ministerial Council), under the National Law.

The reappointed Board members for the second term from 1 July 2014 to 30 June 2017 are:

- Professor Charlie Xue, reappointed as Chair, Chinese Medicine Board of Australia
- Professor Craig Zimitat, reappointed as Community Member from Tasmania, and
- Ms Di Wen Lai, reappointed as practitioner member for Western Australia.

The new Board members to be welcomed from 1 July 2014 are:

Mr Roderick Martin, appointed as a practitioner member from Queensland for a period of three years from 1 July 2014 (first term)

Dr Liang Zhong Chen, appointed as a practitioner member from South Australia for a period of three years from 1 July 2014 (first term), and

Ms Christine Berle, appointed as a practitioner member from New South Wales for a period of three years from 1 July 2014 (first term).

The Board extends very sincere thanks to all outgoing and previous Board members for their dedication to and work on the National Scheme and for contributing to the safety of the public by ensuring access to health practitioners who are safe and adequately trained and qualified. Outgoing Board members are:

- Jenny Chou, practitioner member (South Australia)
- Stephen Janz, practitioner member (Queensland)
- Haisong Wang, practitioner member (ACT), and
- Dr Xiaoshu Zhu, practitioner member (NSW).

Former Board members are:

- Alison Christou (till 31 July 2012), community member (Queensland), and
- Vivian Lin (till 15 July 2013), community Member (Victoria).

AHPRA and the Board also congratulated Ms Esther Alter (July 2013) and Dr Anne Fletcher (May 2014) on their appointments as community members to the National Board.

The Board has continued to focus on good governance and strategic planning to ensure consistent and transparent decision-making. A major focal point has been the Board's finances. The Board is responsible for overseeing its budget and for ensuring that it operates within a responsible, sustainable financial framework. As one of the smaller sized professions, this poses a significant challenge, especially during this, the establishment phase of integrating Chinese medicine into the National Scheme.

One of the risks for increased costs is the unpredictability of notifications. To date, this has not been a major area of concern. The Board has also developed a constructive relationship with the Chinese Medicine Council of New South Wales. The Board meets with representatives of the Council at least twice a year.

I wish to acknowledge the strong partnership with AHPRA and productive working relationship with other Boards, both of which are essential to our effectiveness. Alongside this is the Board's participation and contribution to the broad areas such as the Chairs' forum, and hosting international delegations. The Board has also been proactively engaging in dialogue related to the potential for acupuncture endorsement standards.



Professor Charlie Xue, Chair, Chinese Medicine Board of Australia

Message from the AHPRA Chair and CEO

Patient safety lies at the heart of our health system. Maintaining standards and ensuring we have a safe, competent and patient-centred health workforce is a vital part of our work as a regulator. We can be proud of the quality and dedication of the health practitioners who provide our health services on a daily basis, and we have good systems in place to address the occasional few who do not meet expected standards. This is the work of the National Boards, with the support of AHPRA.

It has been a year of consolidation and improvement across the National Scheme. We had three main areas of focus during the year: improving the experience of all involved in the notifications process; measuring and improving our performance; and participating in and preparing for the review of the National Registration and Accreditation Scheme.

Over the past four years there has been a consistent increase in the number of notifications we receive. This trend appears well established and consistent across Australia, and in line with the experience of overseas regulators. Managing this increase in volume poses considerable challenges for the National Boards and AHPRA. We need to make sure our people and our systems are well equipped to deal with this while we plan for future demands.

We have developed and implemented a set of key performance indicators (KPIs) for the timeliness of notifications management. This work followed our strengthening last year of nationally consistent systems and processes in notifications management. More information on our use of KPIs is detailed in the 2013/14 annual report of AHPRA and the National Boards. Developing and then applying these KPIs has had a significant impact on our management of notifications. We can see more clearly where the pressure points in our systems are, and as a result can target our efforts and resources to address them.

We now set international benchmarks rates of registration renewal rates. This is matched by high (96%) rates for submission of the workforce survey. The results of this survey, which is completed voluntarily at renewal by registered practitioners, provide invaluable health workforce data that can be used for planning purposes. Such data reflect the importance of the workforce objectives of our work. The accuracy, completeness and accessibility of the national registers underpins our work.

One of the significant events of the year was the inquiry by the Legal and Social Issues Legislation Committee of the Victorian Parliament into the performance of AHPRA. The committee handed down its findings in March 2014 and we support its call for increased transparency, accountability and reporting to parliament.

This year AHPRA and National Boards have worked closely with the newly appointed health ombudsman in Queensland to make sure the new complaints management system there is effective and efficient when it takes effect on 1 July 2014. At that time, there will be two different co-regulatory models for notifications within the National Scheme. This will establish three different models of health complaints management in Australia, all underpinned by the same set of nationally consistent professional standards for practitioners. We are committed to making these models work, but recognise the challenges they may pose for national consistency in decision-making.

After four years, AHPRA is continuing to mature rapidly, but on any international and national regulatory comparison, it is still a relatively young organisation. We are not complacent and continue to identify and act on opportunities to improve the performance of the National Scheme in partnership with National Boards.



Michael Gorton AM, Chair,
Agency Management Committee



Martin Fletcher, CEO, AHPRA

Major outcomes/ achievements 2013/14

Accreditation

The Accreditation Committee for Chinese medicine has a responsibility to develop accreditation standards for programs of study for approval by the National Board and to establish processes to assess and monitor programs of study and education providers.

In July 2013, the Chinese Medicine Accreditation Committee released draft accreditation standards and process documents for public consultation.

In November 2013, the committee called for expressions of interest for appointment to a list of approved assessors to be allocated to Chinese medicine accreditation assessment teams.

In December 2013 the first national Chinese medicine accreditation standards were released. The standards for Chinese medicine were published by the Accreditation Committee, then also approved and published by the National Board.

By February 2014, the committee had made appointments to the list of approved assessors.

The Chinese medicine accreditation standards are the standards that programs of study, and the education providers who offer those programs, are assessed against to establish whether they will be accredited. Students who graduate from an accredited and approved Chinese medicine program of study can apply for registration with the Chinese Medicine Board of Australia.

The Board receives regular updates from the Accreditation Committee and the Chairs meet at least twice a year to facilitate clear communication and collaborative effort.

Committees restructure

The Board has national committees to advise the Board and to make decisions where the Board has delegated functions under the National Law. The Board has established the following committees made up of National Board members and in some cases also others appointed for their expertise as required:

- Communication Committee
- Finance Committee
- Notifications Committee
- Policies, Standards and Guidelines Advisory Committee
- Registration Committee
- Accreditation Committee

The Board decided to restructure some of its committees from July 2014, reducing the committees to two – a combined Registration and Notifications Committee and a combined Policy, Planning and Communications Committee.

The Accreditation Committee will continue as an independent committee.

Financial outcomes

Under the National Registration and Accreditation Scheme there is no cross-profession subsidisation and the Chinese Medicine Board of Australia must be financially sustainable in its own right.

To meet this expectation and performance indicators, the Board must maximise its operational efficiency or the additional financial burden must be carried by the registered Chinese medicine practitioners. The Board chose to address the former as a high priority in 2013/14.

To this end, the Board has implemented a number of strategies since April 2013 to reduce costs. The Board has made significant advances in becoming more efficient and is working with AHPRA to manage funds and expenditure accordingly.

The net result for the Board for 2013/14 was a surplus of \$387k, ahead of budget by \$691k, which was a significant turnaround.

In addition the Board has, this year, carefully considered equity ratings and risk assessment scoring. More will be published about this in the near future.

Strategic plan

The Board has worked to its strategic plan with established major priorities. The Board revisits the plan and its progress against the plan at least quarterly.

Registration standards, policies and guidelines developed/published

New publications

- Updated frequently asked questions on patient records
- Infection prevention and control guidelines for acupuncture practice
- Infection prevention and control guidelines explanatory statement

- Infection control quick reference guide
- Position statement regarding protected titles, endorsement and holding out under the National Law
- PowerPoint presentation: *Building community trust and protecting public safety: the Australian national registration of Chinese medicine practitioners*
- PowerPoint presentation from Sydney forum: *Chinese medicine regulation in Australia*
- Information to assist registered practitioners with education conditions on their registration

Consultations

- Draft supervision guidelines for Chinese medicine practitioners – community and health practitioner feedback was sought from 28 May to 23 July 2014
- Draft guidelines for safe Chinese herbal medicine practice – community and health practitioner feedback was sought from 5 June until 31 July 2014.

Stakeholder engagement

The Board sends a representative to address major conferences within the profession when invited to do so.

A delegation from the Singapore Ministry of Health visited AHPRA and the Chinese Medicine Board of Australia in August, to share knowledge and learn about our approach to regulating that profession. Singapore has been regulating Chinese medicine practitioners for 12 years and is now looking at implementing compulsory continuing education. The delegation was keen to learn about our use of registration standards, the introduction of audit to check compliance with standards, and other approaches in the National Scheme to promoting professional standards. With four languages commonly used in Singapore, our approach to English language skills testing, to consultations and to translation was of particular interest.

The Board made a submission to the Western Australian Department of Health's proposed review of the Health (Skin Penetration Procedures) Regulations 1998, the Hairdressing Establishment Regulations 1972 and the *Code of practice for skin penetration procedures*.

Within the National Scheme:

- Board member Esther Alter represents the Board on the Statutory Offences Reference Group
- Board member Esther Alter represents the Board on a cross-board Selection Advisory Panel to review and shortlist community member applications

for appointments to the list of approved persons approved to be a panel member pursuant to section 183(1) of the National Law

- Board members Esther Alter, Di Wen Lai and Charlie Xue represent the Board on a cross-board Selection Advisory Panel to review and shortlist health practitioner applications for appointments to the list of approved persons approved to be a panel member pursuant to section 183(1) of the National Law
- Board member Esther Alter represents the Board on the Panel Reference Group
- the Chair participates in a monthly Forum of Chairs of National Boards, and
- the Chair has participated in a Multi-Professions Working Group.

Priorities for the coming year

Campaign related to the end of 'grandparenting'

The grandparenting provisions allow practitioners who have not been previously registered or do not hold an approved program of study qualification to apply for registration with the National Board.

These provisions will be coming to an end in June 2015. The Board will be encouraging practitioners who think they may be eligible to apply early, as processing applications can take some time.

Engagement with the profession

The Board is conducting number of meetings/forums to engage more directly with the profession. This has been identified as a strategic priority for 2014/15. The Board decided to hold its June 2014 meeting in Sydney and held a public forum the evening before. Similar 'town hall'-style meetings for practitioners and other stakeholders are planned for the next 12 months. The goals are to:

- promote the National Registration and Accreditation Scheme
- educate practitioners about regulation, including requirements for registration, national standards and notifications management
- update profession stakeholders on current issues, and
- receive questions and feedback from the profession.

Review of registration standards

A number of the inaugural standards will be coming up for a three-year review in 2014/15.

Chinese Medicine Board registration and notifications data 2013/14

At 30 June 2014, there were 4,271 Chinese medicine practitioners registered in Australia; an increase of 4.94% over the previous year. NSW is the state with the largest number of registered practitioners (1,737), followed by Victoria with 1,194 practitioners. Table 2 provides details of registrants by divisions. Many registrants hold registration in more than one division. The largest group of practitioners (2,019) hold registration as acupuncturists and Chinese herbal medicine practitioners.

Nationally, a total of 26 notifications were received relating to 0.6% of Chinese medicine practitioners; down from 30 received in 2012/13. Of these, 10 were lodged in Queensland and 16 were lodged in other states and territories. Eleven of the notifications related to acupuncturists and six of the notifications were about registrants holding acupuncturist and Chinese herbal medicine practitioner registration.

Twenty-eight cases were closed during 2013/14, including 13 cases in NSW and 15 cases elsewhere in Australia.

Of the 15 cases closed outside NSW, 12 cases were closed at the assessment stage, two following investigation and one following a health or performance assessment. In 13 cases, the Board determined that no further action was required

(10) or the case (3) was to be handled by the health complaints entity that had received the notification. Of the remaining two cases, conditions were imposed on the practitioner in one case and an undertaking from the practitioner accepted in the remaining case.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- the practitioner's registration was improperly obtained, or
- the practitioner or student's registration was cancelled or suspended in another jurisdiction.

Immediate action was initiated in two cases, both involving registrants holding acupuncturist registration. Integrated data for all professions including outcomes of immediate actions are published from page 138 in the 2013/14 annual report of AHPRA and the National Boards. More information about immediate action is published on the AHPRA website under [Notifications](#).

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported from page 119 of the annual report of AHPRA and the National Boards.

Table 1: Registrant numbers at 30 June 2014

Chinese Medicine Practitioner	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total	% change from prior year
2013/14	64	1,737	14	810	164	34	1,194	214	40	4,271	4.94%
2012/13	62	1,649	12	785	157	33	1,151	192	29	4,070	
Change from prior year	3.23%	5.34%	16.67%	3.18%	4.46%	3.03%	3.74%	11.46%	37.93%	4.94%	

*Principal place of practice

Table 2: Registrant numbers by division and state or territory

Division	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
Acupuncturist	23	415	10	551	91	21	428	86	5	1,630
Acupuncturist and Chinese Herbal Dispenser		1		3			1			5
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner	7	365		41	7	1	61	20	1	503
Acupuncturist and Chinese Herbal Medicine Practitioner	34	888	4	207	61	11	677	104	33	2,019
Chinese Herbal Dispenser		34		1	1		3	2		41
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner		11			3					14
Chinese Herbal Medicine Practitioner		23		7	1	1	24	2	1	59
Total	64	1,737	14	810	164	34	1,194	214	40	4,271

Table 3: Registered practitioners by age

Chinese Medicine Practitioner	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Total
2013/14	24	231	388	595	594	510	609	571	408	193	90	42	16	4,271
2012/13	21	223	393	566	536	493	624	557	359	165	82	33	18	4,070

Table 4: Notifications received by state or territory

Chinese Medicine Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	3		10	1		3	1	18	8	26
2012/13			3	2		6	2	13	17	30

Table 5: Per cent of registrant base with notifications received by state or territory

Chinese Medicine Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	4.7%		1.0%	0.6%		0.3%	0.5%	0.6%	0.5%	0.6%
2012/13			0.4%	1.3%		0.5%	1.0%	0.5%	0.9%	0.7%

Table 6: Notifications received by division and state or territory (excluding NSW)

Division	ACT	QLD	SA	VIC	WA	Total
Acupuncturist	1	7		2	1	11
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner	1					1
Acupuncturist and Chinese Herbal Medicine Practitioner	1	3	1	1		6
Total	3	10	1	3	1	18

Table 7: Immediate action cases by division and state or territory (excluding NSW)

Division	QLD	WA	Total
Acupuncturist	1	1	2
Total	1	1	2

Table 8: Notifications closed by division and state or territory (excluding NSW)

Division	QLD	SA	VIC	WA	Total
Acupuncturist	6	1	2	1	10
Acupuncturist and Chinese Herbal Medicine Practitioner	3		1	1	5
Total	9	1	3	2	15

Table 9: Notifications closed by state or territory

Chinese Medicine Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	2014 Subtotal	2014 NSW Total	2013 Total
			9	1		3	2	15	13	28
										14

Table 10: Stage at closure for notifications closed by division (excluding NSW)

Division	Assessment	Health or Performance		Total
		assessment	Investigation	
Acupuncturist	8	1	1	10
Acupuncturist and Chinese Herbal Medicine Practitioner	4		1	5
Total	12	1	2	15

Table 11: Outcomes at closure for notifications closed by division (excluding NSW)

Division	No further action	Health complaints entity to retain	Accept undertaking	Impose conditions	Total
Acupuncturist	5	3	1	1	10
Acupuncturist and Chinese Herbal Medicine Practitioner	5				5
Total	10	3	1	1	15

Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons including as a result of a notification, the assessment of an application for registration or a renewal of registration.

Types of restrictions being monitored include:

Drug and alcohol screening – requirements to provide biological samples for analysis for the presence of specified drugs and/or alcohol.

Health – requirements to attend treating health practitioner(s) for the management of identified health issues (including physical and psychological/psychiatric issues).

Supervision – restrictions that require a health practitioner to practise only if they are being supervised by another health practitioner (usually registered in the same profession). The restrictions detail the form of supervision.

Mentoring – requirements to engage a mentor to provide assistance, support and guidance in addressing issues, behaviours or deficiencies identified in skills, knowledge, performance or conduct.

Chaperoning – restrictions that allow patients generally, or specific groups of patients, to be treated or examined only when a suitable third party is present.

Audit – requirements for a health practitioner to submit to an audit of their practice, which may include auditing records and/or the premises from which they practise.

Assessment – requirements that a health practitioner or student submits to an assessment of their health, performance, knowledge, skill or competence to practise their profession.

Practice and employment – requirements that a practitioner or student does, or refrains from doing, something in connection with their practice of their profession (for example, restrictions on location, hours or scope of practice, or rights in respect of particular classes of medicines).

Education and upskilling – requirements to attend or complete a (defined) education, training or upskilling activity, including prescribed amounts of continuing professional development.

Character – requirements that a health practitioner or student remain of good character for a specified period of time (for example, that no further notifications are received regarding them).

A health practitioner or student may simultaneously have restrictions of more than one type and/or category in place on their registration at any time.

Statutory offences: advertising, practice and title protection

Concerns raised about advertising, title and practice protection during the year were managed by AHPRA's statutory compliance team.

More detail about our approach to managing statutory offences is reported from page 119 of the 2013/14 annual report of AHPRA and the National Boards.

Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. Applicants seeking registration must disclose any criminal history information when they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which the Board may take health, conduct or performance action. The criminal record check is undertaken by an independent agency, which provides a criminal history report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

More detailed information about criminal record checks is published from page 115 2013/14 of the annual report of AHPRA and the National Boards.

Working across the professions

A key strength of the National Scheme is the regular interaction between National Boards. This has facilitated cross-profession approaches to common regulatory issues and supported joint consultation and collaboration.

While the National Scheme is a multi-profession scheme operating within a single statutory framework and with one supporting organisation (AHPRA), a range of regulatory approaches – which are tailored to professions with different risk profiles and professional characteristics – are being explored with National Boards.

Policy development to address the objectives and guiding principles of the National Law is an important

part of AHPRA's support for National Boards, including development and review of registration standards, codes and guidelines, and the coordination of cross-profession policy projects such as a revised approach to international criminal history checks.

Standards, codes and guidelines

The core registration standards (English language skills, professional indemnity insurance, criminal history, recency of practice and continuing professional development (CPD)) required under the National Law, together with each Board's code of conduct or equivalent, are the main way National Boards define the minimum *national* standards they expect of practitioners, regardless of where they practise in Australia.

Five core registration standards for all 14 health professions regulated under the National Scheme

- Continuing professional development
- Criminal history
- English language skills
- Professional indemnity insurance arrangements
- Recency of practice.

The standards bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. National Boards hold practitioners to account against these standards in disciplinary processes.

National Boards have developed common guidelines for advertising regulated health services and for mandatory notifications. Most National Boards have a similar code of conduct. This commonality facilitates the National Law's guiding principles of efficiency, effectiveness and fairness. It also helps consumers to understand what they can expect from their health practitioners.

Our work on professional standards in 2013/14

In 2013/14, the National Boards (supported by AHPRA) reviewed, finalised and implemented common guidelines (advertising and mandatory notifications), the common social media policy and the shared code of conduct. Revised documents came into effect in March 2014 and updates to the guidelines for advertising were published in May 2014.

This work has focused on continuing to build the evidence base for National Board policy and reviewing the structure and format of registration standards, guidelines and codes consistent with good practice.

These changes aimed to support clear communication and understanding of National Board requirements by practitioners, the public and other stakeholders. The common guidelines explain the requirements of the National Law. The wording was refined and clarified to assist practitioners to understand their obligations and to communicate more clearly with other stakeholders. A scheduled four-week lead-time in 2014 gave practitioners and stakeholders time to become familiar with the new content and structure before the revised standards took effect in March 2014.

The National Boards' codes of conduct set out the Boards' expectations of each registered health practitioner. Revisions published in 2014 to the shared code clarify to practitioners what is expected of them.

During the year, the National Boards coordinated the review of the common criminal history registration standard and the largely common English language skills registration standards. To prepare, AHPRA commissioned research about English language skills in the regulatory context to inform the review.¹

The research was combined with National Boards' experience in administering their English language skills registration standards and was supplemented with further information, including discussions with other regulators and language test providers. National Boards consulted stakeholders through a single consultation paper and proposals for largely common standards. This work ensured that final recommendations to National Boards would be based on the best available evidence and address the objectives and guiding principles of the National Law.

Similarly, the National Boards for the first 10 professions to be regulated under the National Scheme and the Medical Radiation Practice Board of Australia reviewed their registration standards for recency of practice, CPD and professional indemnity insurance arrangements. AHPRA coordinated these reviews across professions. This enabled multi-profession research to be commissioned, and facilitated National Boards considering issues of consistency and examples of good practice across the professions in the National Scheme.

Several Boards have developed, and the Ministerial Council has approved, additional registration standards beyond the five essential standards required by the National Law. See Appendix 3 of the 2013/14 annual report of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2013/14.

¹ 2013 Chinese Medicine Board of Australia public consultation: Review of criminal history registration standard and English language skills registration standard. Available at: www.chinesemedicineboard.gov.au/News/Past-Consultations.aspx

Common standards, codes and guidelines issued in 2013/14

- Revised *Guidelines for advertising* (March 2014, updated in May 2014)
- Revised *Guidelines for mandatory notifications* (March 2014)
- Revised *Code of conduct* shared by the Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Dental, Occupational Therapy, Osteopathy, Physiotherapy and Podiatry Boards of Australia, with profession-specific changes for the Chiropractic, Medical Radiation Practice and Pharmacy Boards of Australia.

Common National Board consultations completed

- International criminal history checks (released 1 October 2013; closed 31 October 2013)
- Common registration standards (English language skills registration standards [except Aboriginal and Torres Strait Islander Health Practice Board] and criminal history) (released 25 October 2013; closed 23 December 2013).

Stakeholder engagement

AHPRA and the National Boards engage daily with a large number and variety of stakeholders across the professions, community, government and statutory agencies, education providers and employers. The needs and interests of these groups sometimes overlap and sometimes are profession- or jurisdiction-specific.

National Boards and AHPRA continue to work closely with all our many stakeholders. AHPRA's state and territory managers play an important role in fostering relationships with local stakeholders.

Individually, each National Board works with the stakeholders specific to their profession, including practitioners, in a range of ways.

Across the scheme, we have developed a stakeholder engagement framework to help us engage more effectively with our stakeholders and members of the community, to build confidence in the National Scheme and make it more accessible. We want to make it easier to interact with and to understand. The framework maps the network of relationships and stakeholders in the National Scheme and identifies how these should take effect and who is responsible for making them work.

Our approach to stakeholder engagement is shaped by a commitment to being proactive, transparent, accessible and accountable.

Proactive

- Actively engage, inform and educate stakeholders
- Encourage stakeholders to provide feedback
- Listen to how we can engage more effectively with our stakeholders
- Support greater awareness of the scheme and its benefits

Transparent

- Be clear about what we do
- Look for ways to improve
- Take a 'no surprises' approach to how we engage

Accessible

- Actively develop a public voice and face of the scheme
- Make it easy to engage with us
- Speak and write plainly
- Be clear

Accountable

- Report on what we do
- Be transparent and up front

Stakeholder engagement across the National Scheme

AHPRA's Community Reference Group (CRG) continues to advise AHPRA and the National Boards on ways in which community understanding and involvement in our work can be strengthened. The Professions Reference Group (PRG) is made up of members of professional associations for practitioners registered in the National Scheme. It provides feedback, information and advice on strategies for building better knowledge from within the professions about health practitioner regulation, and advising AHPRA on operational issues affecting the professions. The group includes national professional associations. It does not discuss individual registration or notifications matters.

We continue to work closely with governments, education providers and other agencies interested in or involved with health practitioner regulation. We have established partnerships, consistent with privacy law and confidentiality requirements, with a range of data partners such as Medicare Australia, the National eHealth Transition Authority (NEHTA) and Health Workforce Australia

We have established services for employers who employ registered health practitioners so they have access to our online services for bulk registration checks, and can check the registration status of their employees in real time. We work with education providers on student enrolments and, in most cases, through accreditation authorities or committees, to ensure high-quality education.

Routinely, AHPRA keeps governments informed about the National Scheme, seeks feedback and provides briefs on jurisdiction-specific issues.

National Registration and Accreditation Scheme Review

In May 2014, Health Ministers published the terms of reference for the independent review of the National Registration and Accreditation Scheme. Mandated initially by the inter-government agreement that underpins the scheme, the review is focused on:

- identifying the achievements of the National Scheme against its objectives and guiding principles
- assessing the extent to which National Scheme meets its aims and objectives
- the operational performance of the National Scheme
- the National Law, including the impact of mandatory reporting provisions; the role of the Australian Health Workforce Advisory Council, advertising, and mechanisms for new professions entering the scheme; and
- the future sustainability of the National Scheme, with a specific focus on the addition of other professions in the scheme and funding arrangements for smaller regulated professions.

AHPRA and the National Boards have engaged thoughtfully with the review, which is being led by Mr Kim Snowball. It provides both an important opportunity to identify what is working well and opportunities to improve and strengthen our work to protect the public and facilitate access to health services.

Members of the Chinese Medicine Board of Australia

- Professor Charlie Xue (Chair)
- Ms Esther Alter
- Ms Jenny Chou (Jian-ling Zhou)
- Dr Anne Fletcher (from 1 May 2014)
- Mr Stephen Janz
- Dr Di Wen Lai
- Professor Vivian Lin (Deputy Chair to 17 July 2013)
- Mr Haisong Wang
- Dr Xiaoshu Zhu
- Professor Craig Zimitat (Deputy Chair)

During 2013/14, the Board was supported by Executive Officer Ms Debra Gillick and Acting Executive Officers Ms Rebecca Lamb and Mr Jason Fernandis.

More information about the work of the Board is available at: www.chinesemedicineboard.gov.au



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www.ahpra.gov.au

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