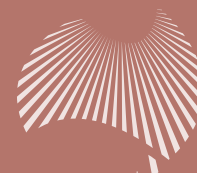


Chinese medicine regulation at work in Australia

2014/15

Regulating Chinese medicine practitioners in the
National Registration and Accreditation Scheme

Managing risk to the public
Regulating Chinese
medicine practitioners



Chinese Medicine
Board of Australia | AHPRA

Download this summary of the work of the
Chinese Medicine Board in 2014/15 from
www.ahpra.gov.au or go to
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Highlights

Public consultation on guidelines for safe Chinese herbal medicine practice

Grandparenting arrangements came to an end on 30 June 2015



Accreditation resources and tools developed

Supervision guidelines for Chinese medicine practitioners published

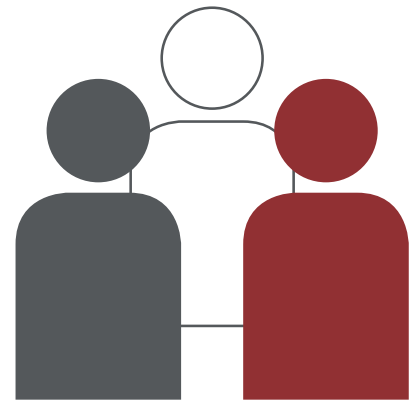


4,494 registered Chinese medicine practitioners on 30 June 2015



40% of registered Chinese medicine practitioners are based in New South Wales, 28% are based in Victoria

5.22% increase in number of registered Chinese medicine practitioners compared to 2013/14



46% of registered Chinese medicine practitioners are registered as 'acupuncturists and Chinese herbal medicine practitioners'

63% of registered Chinese medicine practitioners are aged between 40 and 64

15% decrease in number of notifications received about registered Chinese medicine practitioners compared to 2013/14



22 notifications received about registered Chinese medicine practitioners - 0.5% of the registrant base

Of the 17 notifications closed in 2014/15 (excluding New South Wales), 29% were concluded after assessment and 29% after an investigation

Two immediate action cases, the same as last year

883 Chinese medicine registrants under active monitoring on 30 June 2015 - 98.5% due to suitability/eligibility

About this report

This report provides a profession-specific view of the Chinese Medicine Board of Australia's work to manage risk to the public and regulate the profession in the public interest.

The Board has worked in close partnership with the Australian Health Practitioner Regulation Agency (AHPRA) to bring out the best of the National Registration and Accreditation Scheme (National Scheme) for all Australians.

The data in this report are drawn from data published in the 2014/15 [annual report](#) of AHPRA and the National Boards, reporting on the National Registration and Accreditation Scheme.

This report looks at these 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.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with 2014/15 [annual report](#) of AHPRA and the National Boards.

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Message from the Chair, Chinese Medicine Board of Australia

Over the past year the Chinese Medicine Board of Australia (the Board) has continued to focus on governance and strategic planning to ensure an efficient, effective national scheme of registration, accreditation and notifications management.

The Board conducted a public consultation in 2014 on guidelines for safe Chinese herbal medicine practice. It received numerous, often complex, submissions in which a range of issues and suggestions were made. A technical advisory group was established to ensure that the main issues were addressed adequately and that a sound basis was developed for the guidelines. We are now close to finalising the guidelines.

A significant milestone for Chinese medicine in Australia was reached at the end of this year: grandparenting arrangements – special transitional provisions that provide a possible pathway to registration for existing practitioners who do not have contemporary, approved qualifications – came to an end on 30 June 2015. The Board and AHPRA have worked hard to establish procedures to ensure a thorough, consistent, fair and efficient assessment of applications for registration.

To help ensure genuine consultation and educate the profession about our role, we held a series of meetings across the country to communicate with practitioners about the Board's work to balance its obligations to implement the National Law, while also supporting them in meeting their regulatory responsibilities.



Professor Charlie Xue
Chair, Chinese Medicine Board of Australia

Message from the Agency Management Committee Chair and the AHPRA CEO

The National Boards, with the support of AHPRA, maintain professional standards for practitioners and manage risk to patients. This past year we have seen huge steps taken to ensure we are fulfilling our core purpose of protecting the public in the most effective and efficient ways possible.

We have seen the introduction of new co-regulatory arrangements in Queensland this year, and the National Boards and AHPRA have built positive working relationships with the Office of the Health Ombudsman to ensure the protection of the health and safety of the Queensland public.

The National Boards have worked to help improve the experience of notifiers, and to ensure timely outcomes for notifiers and practitioners. This has resulted in a significant reduction in the time it takes AHPRA and the National Boards to assess notifications.

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

A key strength of the National Scheme has been the regular interaction between all National Boards, particularly through their Chairs. This has facilitated cross-profession approaches to common regulatory issues, and cross-profession consultation and collaboration. The National Boards and AHPRA have continued to work closely together this year to test and implement new ways of doing things.

We have made some significant achievements during the past year, through the hard work and dedication of board and committee members, and AHPRA staff. More information is detailed in the 2014/15 [annual report](#) of AHPRA and the National Boards.



Mr Martin Fletcher
Chief Executive Officer,
AHPRA



Mr Michael Gorton AM
Chair, Agency
Management
Committee

Major outcomes/achievements 2014/15

Accreditation

Three of the National Boards for the professions that entered the National Scheme on 1 July 2012 decided to exercise accreditation functions through a committee established by the Board. The committees are:

- ▶ Aboriginal and Torres Strait Islander Health Practice Accreditation Committee
- ▶ Chinese Medicine Accreditation Committee, and
- ▶ Medical Radiation Practice Accreditation Committee.

We take the opportunity to reflect on achievements made between 1 July 2014 and 30 June 2015 by the Chinese Medicine Accreditation Committee (CMAC), supported by AHPRA's accreditation unit:

- ▶ CMAC made significant progress in implementing its published accreditation standards and processes, including assessment, accreditation and monitoring of education providers and programs of study against the relevant standards.
- ▶ The accreditation unit, in consultation with CMAC, developed a range of resources and tools to support the committee's work.
- ▶ During the second half of 2014, CMAC evaluated information submitted by education providers offering Chinese medicine courses that led to registration prior to the National Scheme and which transitioned as approved programs under the National Law.
- ▶ CMAC invited suitably qualified individuals to submit expressions of interest (EOI) to be appointed as accreditation assessors. The committee appointed eight new assessors to the list of approved assessors in June 2014 and all newly appointed assessors attended assessor training on 21 August 2014.
- ▶ CMAC received its first application for accreditation assessment in October 2014 and applications for accreditation of a further ten programs in the first half of 2015.
- ▶ The accreditation unit supports the accreditation teams, including at their site visits. In the first half of 2015, the unit supported a total of seven site visits by CMAC's accreditation teams.
- ▶ The CMAC Chair took part in cross-profession meetings with the Chairs of the Aboriginal and Torres Strait Islander Health Practice and Medical Radiation Practice Accreditation Committees in August 2014. The meetings with the cross-profession Chairs occur on a quarterly basis each year.

- ▶ The CMAC Chair also presented to Chinese medicine practitioners as part of the Board's Forum in Melbourne in September 2014. He also attended the Forum in Brisbane in November 2014.
- ▶ The CMAC Chair attended the 2014 Joint Meeting of Accreditation Authorities with AHPRA and the National Boards in August 2014.

Financial outcomes

A focal point in the previous year was the Board's finances. Now that the Board's finances have stabilised, it has been able to focus on other issues.

Strategic plan

The Board has in place a strategic statement and a regulatory plan. In these, the Board identified three priorities:

- ▶ standards and guidelines review
- ▶ end of the grandparenting awareness campaign, and
- ▶ preparing for assessment of overseas-qualified practitioners, post-grandparenting.

To maintain focus, the Board conducts quarterly reviews against the plan, within the scheduled Board meetings.

Registration standards, policies and guidelines developed/published

New publications

- ▶ Supervision guidelines for Chinese medicine practitioners – approved 23 September 2014 and took effect on 31 October 2014.
- ▶ English language skills registration standard (revised standard) – approved 17 March 2015 (due to take effect on 1 July 2015).
- ▶ Criminal history registration standard (revised standard) – approved 17 March 2015 (due to take effect on 1 July 2015).

Consultations

- ▶ Draft supervision guidelines for Chinese medicine practitioners. Released: 5 June 2014. Closed: 31 July 2014.
- ▶ Draft guidelines for safe Chinese herbal medicine practice. Released: 28 May 2014. Closed: 23 July 2014.
- ▶ Draft registration standard: Limited registration for teaching or research. Released: Friday 19 December 2014. Closed: Friday 13 February 2015.

Stakeholder engagement

The Board is committed to building a strong and effective working relationship with AHPRA and the National Scheme. It also seeks to engage more actively with stakeholders including the profession, external stakeholders, other boards and the wider community to develop the Board's profile. It is critical to asserting the Board's place as the key point of reference for stakeholders on Chinese medicine issues, both nationally and internationally.

Priorities for the coming year

- ▶ Establishing processes for assessment of overseas-qualified practitioners.
- ▶ Finalising guidelines for safe Chinese herbal medicine practice.
- ▶ Standards review.

Board-specific registration, notifications, and monitoring and compliance data 2014/15

Registration

At 30 June 2015, there were 4,494 Chinese medicine practitioners registered in Australia; an increase of 4.22% over the previous year. New South Wales (NSW) is the state with the largest number of registered practitioners (1,820), followed by Victoria with 1,250 practitioners. Table 2 provides details of registrants by divisions. Many registrants hold registration in more than one division. The largest group of practitioners (2,068) hold registration as acupuncturists and Chinese herbal medicine practitioners.

Notifications

Nationally, a total of 22 notifications were received (relating to 0.5% of Chinese medicine practitioners). Of these, 12 were lodged in NSW and 10 were lodged in other states and territories. Of the 10 notifications outside of NSW, four of the notifications related to acupuncturists; four of the notifications were about registrants holding acupuncturist and Chinese herbal medicine practitioner registration; one of the notifications was about a Chinese herbal dispenser, and the final notification was about a Chinese herbal medicine practitioner.

It is important to note that for matters considered jointly by health complaints entities and AHPRA, only matters within the National Boards' jurisdiction have been included in this report. Note that Queensland became a co-regulatory jurisdiction on 1 July in 2014, with the commencement of the Health Ombudsman Act. AHPRA only has access to the data relating to matters referred by the Office of the Health Ombudsman. We are unable to report on all complaints about registered health practitioners in Queensland. Twenty-seven cases were closed during 2014/15, including 10 cases in NSW and 17 cases elsewhere in Australia.

Of the 17 cases closed outside NSW, five cases were closed at the assessment stage, five following investigation, one following a health or performance assessment; three were closed following a panel hearing and a further three closed following a tribunal hearing. The Board determined that no further action was required in seven cases, or the case was to be handled by the health complaints entity that had received the notification (one). Of the remaining cases, conditions were imposed on the practitioner (one), an undertaking from the practitioner was accepted (one), the practitioner was cautioned (four) or the registration of the practitioner was suspended (three).

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 36 in the 2014/15 [annual report](#) of AHPRA and the National Boards. More information about immediate action is published on our website under [Notifications](#).

Monitoring and compliance

AHPRA, on behalf of the National Boards, monitors health practitioners and students with restrictions placed on their registration, or with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports Boards to manage risk to public safety.

At 30 June 2015, there were 883 Chinese medicine registrants under active monitoring. Of these, 870 were under monitoring because of matters relating to suitability/eligibility. Practitioners are monitored for suitability/eligibility because they:

- ▶ do not hold an approved or substantially equivalent qualification in the profession
- ▶ have conditions related to English language
- ▶ do not meet the requirements for recency of practice, or
- ▶ do not fully meet the requirements of any other approved registration standard.

Table CM1: Registrant numbers at 30 June 2015										
Chinese Medicine Practitioner	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
2014/15	71	1,820	14	830	176	37	1,250	238	58	4,494
2013/14	64	1,737	14	810	164	34	1,194	214	40	4,271
% change from prior year	10.94%	4.78%	0.00%	2.47%	7.32%	8.82%	4.69%	11.21%	45.00%	5.22%

*Principal place of practice

Table CM2: Registrant numbers by division and state or territory											
Division	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total 2014/15	Total 2013/14
Acupuncturist	27	426	10	560	102	24	433	97	9	1,688	1,630
Acupuncturist and Chinese Herbal Dispenser				2						2	5
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner	8	415		43	9	2	122	27	5	631	503
Acupuncturist and Chinese Herbal Medicine Practitioner	36	919	4	217	62	11	667	112	40	2,068	2,019
Chinese Herbal Dispenser		34		1	1		3	2		41	41
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner		10			2		1		1	14	14
Chinese Herbal Medicine Practitioner		16		7			24		3	50	59
Total 2014/15	71	1,820	14	830	176	37	1,250	238	58	4,494	
Total 2013/14	64	1,737	14	810	164	34	1,194	214	40		4,271

*Principal place of practice

Table CM3: 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
2014/15	39	252	419	620	629	526	636	588	437	211	83	41	13	4,494
2013/14	24	231	388	595	594	510	609	571	408	193	90	42	16	4,271

Table CM4: Notifications received by state or territory										
Chinese Medicine Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15			2	3		5		10	12	22
2013/14	3		10	1		3	1	18	8	26

Table CM5: 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
2014/15			0.2%	1.7%		0.4%		0.4%	0.7%	0.5%
2013/14			1.0%	0.6%		0.3%	0.5%	0.6%	0.5%	0.6%

Table CM6: Notifications received under the National Scheme by division and state or territory (excluding NSW)							
Division	ACT	QLD	SA	VIC	WA	Total 2014/15	Total 2013/14
Acupuncturist		1	2	1		4	11
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner						0	1
Acupuncturist and Chinese Herbal Medicine Practitioner		1	1	2		4	6
Chinese Herbal Dispenser				1		1	
Chinese Herbal Medicine Practitioner				1		1	
Total 2014/15	0	2	3	5	0	10	
Total 2013/14	3	10	1	3	1		18

Table CM7: Immediate action cases by division and state or territory (excluding NSW)					
Division	QLD	SA	WA	Total 2014/15	Total 2013/14
Acupuncturist	1	1		2	
Total 2014/15	1	1		2	
Total 2013/14	1		1		2

Table CM8: Notifications closed by state or territory										
Chinese Medicine Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	3		4	2		7	1	17	10	27
2013/14			9	1		3	2	15	13	28

Table CM9: Notifications under the National Scheme closed, by division and state or territory (excluding NSW)							
Division	ACT	QLD	SA	VIC	WA	Total 2014/15	Total 2013/14
Acupuncturist	1	3	2		1	7	10
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner	1					1	
Acupuncturist and Chinese Herbal Medicine Practitioner	1	1		6		8	5
Chinese Herbal Dispenser				1		1	
Total 2014/15	3	4	2	7	1	17	
Total 2013/14		9	1	3	2		15

Division	Assessment	Health or performance assessment	Investigation	Panel hearing	Tribunal hearing	Total 2014/15	Total 2013/14
Acupuncturist	3	1	2		1	7	10
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner				1		1	
Acupuncturist and Chinese Herbal Medicine Practitioner	1		3	2	2	8	5
Chinese Herbal Dispenser	1					1	
Total 2014/15	5	1	5	3	3	17	
Total 2013/14	12	1	2				15

Division	No further action	Health complaints entity to retain	Accept undertaking	Impose conditions	Caution	Suspend registration	Total 2014/15	Total 2013/14
Acupuncturist	4				2	1	7	10
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner					1		1	
Acupuncturist and Chinese Herbal Medicine Practitioner	3		1	1	1	2	8	5
Chinese Herbal Dispenser		1					1	
Total 2014/15	7	1	1	1	4	3	17	
Total 2013/14	10	3	1	1				15

Profession	Conduct	Health	Performance	Suitability / eligibility ¹	Total 2014/15
Chinese Medicine Practitioner	6	2	5	870	883

Note:

1. AHPRA performs monitoring of compliance cases for 'suitability/eligibility' stream matters for NSW registrations.

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, or after an appeal lodged with a tribunal. 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 allow the practice of a health profession to occur only under the supervision of another health practitioner (usually registered in the same profession).

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.

Concerns raised about advertising during the year are reported on page 55 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

More detail about our approach to managing statutory offences is reported from page 54 of the 2014/15 [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 32 of the 2014/15 [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.

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.

The standards, together with the code of conduct and guidelines developed by National Boards to provide guidance to the professions, bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and help inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. An approved registration standard,

code or guideline may be used in disciplinary proceedings as evidence of what constitutes appropriate professional conduct for the profession.

Our work on professional standards in 2014/15

During 2014/15, there were 15 public consultations undertaken by National Boards on 17 registration standards and 13 guidelines.

All National Boards consulted on draft guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses. The consultation was open from July to September 2014. A Twitter chat was held on this consultation.

A number of registration standards for the 14 currently regulated health professions were submitted for approval by the Australian Health Workforce Ministerial Council (AHWMC) during 2014/15, in accordance with the National Law.

The revised criminal history registration standard for all 14 Boards and the revised English language skills registration standard for 13 Boards (including Chinese medicine) were approved by the AHWMC in March 2015, as well as standards and guidelines for some of the individual Boards.

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.

See Appendix 3 of the 2014/15 [annual report](#) of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2014/15.

Stakeholder engagement and improving our communications

The National Boards and AHPRA continue to work closely with two external advisory groups, the Community Reference Group and the Professions Reference Group. Communiqués from both groups are published on the AHPRA website after each meeting. Both groups provide feedback on how we can continue improving the way we communicate so that we can engage more effectively with our stakeholders.

AHPRA refreshed the homepages across all 15 National Board and AHPRA websites to make

important information easier to find, and included new information for employers and practitioners as tabs on the login window. Following feedback from the Community Reference Group, AHPRA included the Register of practitioners search on the homepage, and introduced brightly coloured 'tiles' to highlight important topics.

The National Boards and AHPRA continue to strengthen work with governments on matters of shared interest relevant to the National Scheme. The work with governments covers a broad spectrum of activities, including contributing to public and regulatory policy development through making joint AHPRA and National Board submissions as much as possible to government consultations, including the independent review of the operation of the National Scheme. We also brief health ministers on local and national issues relevant to the regulation of health practitioners in Australia, and raise issues with, and receive the collective views of, the Australian Health Ministers' Advisory Council's (AHMAC) Health Workforce Principal Committee (HWPC) on draft regulatory policies, guidelines and standards, and other matters to inform advice to health ministers.

This year the National Boards and AHPRA have strengthened partnerships with regulatory counterparts, including health complaints entities, co-regulatory bodies and accreditation councils, to ensure more consistent and effective regulatory decision-making and outcomes that are responsive to the national and local environment, and we learn from and share our experience with international regulators.

Establishing a shared set of regulatory principles

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

We invited feedback on the principles in a formal consultation, which included surveying members of the public and practitioners, as well as board and committee members, and AHPRA staff. The response to the surveys was overwhelming, with more than 800 members of the public providing feedback to the online survey, in addition to more than 140 board/committee members and AHPRA staff members. The vast majority of respondents supported the principles. In the coming year we will continue to work to embed the regulatory principles in all that we do.

The regulatory principles are set out in Appendix 1 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

Collaboration to improve accreditation

The National Boards, AHPRA and the accreditation authorities have worked collaboratively to identify opportunities for improvement, aspects of accreditation that need greater consistency of approach (such as reporting of accreditation decisions), as well as areas within accreditation that lend themselves to cross-professional approaches. Steady progress continues and further cross-profession initiatives – such as work on inter-professional learning and embedding models for simulated learning environments in clinical training – are being implemented or are planned, with the aim of further demonstrating good practice in accreditation of health profession education. The Accreditation Liaison Group (ALG) is the primary vehicle for collaboration on accreditation.

Managing risk through improved international criminal history checks

In February 2015, a new procedure for checking international criminal history, which provides greater public protection, was introduced.

Under the National Law, National Boards must consider the criminal history of an applicant who applies for registration, including any overseas criminal history. The new approach requires certain applicants and practitioners to apply for an international criminal history check from an AHPRA-approved supplier.

More than 4,200 international criminal history checks across the 14 health professions were undertaken since the procedure changed. From these, 10 positive criminal history results were identified. When a positive criminal history is identified, the National Board or its delegate considers whether the health practitioner's criminal history is relevant to the practice of their profession.

Members of the Chinese Medicine Board of Australia

Professor Charlie Xue (Chair)

Ms Esther Alter

Ms Christine Berle

Dr Liang Zhong Chen

Dr Anne Fletcher

Dr Di Wen Lai

Mr Roderick Martin

Professor Craig Zimitat

During 2014/15, the Board was supported by Executive Officer Ms Debra Gillick and Acting Executive Officer Ms Vanessa Williams.

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

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Annual report and summaries online:

www.ahpra.gov.au/annualreport

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