

2017/18

**Chinese Medicine
Board of Australia**

Annual report summary

Our National Scheme: For safer healthcare



Chinese Medicine
Board of Australia

AHPRA

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At a glance: The Chinese medicine profession



4,882 Chinese medicine practitioners, up **0.5%** from 2016/17

That's **0.7%** of all registered health practitioners

Female: **55.8%**

Male: **44.2%**



3 mandatory notifications were made: **all** were about standards of practice



22 Chinese medicine practitioners were monitored by AHPRA for health, performance and/or conduct during the year



74 notifications were lodged – **43** with AHPRA and **31** with the HPCA¹ – about Chinese medicine practitioners

1.5% of all registered Chinese medicine practitioners had notifications lodged about them

30 notifications closed this year:

- **10%** resulted in conditions being imposed on a Chinese medicine practitioner's registration
- **3.3%** resulted in a Chinese medicine practitioner receiving a caution or reprimand by the Board
- **3.3%** resulted in a suspension or cancellation of registration
- **83.3%** resulted in no further action being taken



887 cases were being monitored for compliance with restrictions on their registration³ as at 30 June 2018:

- **5** on the grounds of health
- **4** for performance
- **2** prohibited practitioners/students
- **876** for suitability/eligibility for registration (suitability/eligibility includes competency in speaking or otherwise communication in English)



31 statutory offence complaints were made; **32** were closed

- **Over half** of the new matters related to title protection



Immediate action was considered **6** times and taken **5** times² as an interim step to protect the public

¹ Includes data from the Health Professional Councils Authority in New South Wales (NSW).

² Immediate action is an interim step the Board can take to suspend or cancel a Chinese medicine practitioner's registration while a complaint is being considered. Refer to the [2017/18 annual report](#) by the Australian Health Practitioner Regulation Agency (AHPRA) for more data on immediate action.

³ See Table 14 for data about monitoring cases relating to compliance with restrictions on registration for Chinese medicine practitioners.

Message from the Chair

This report summarises data relating to the Chinese medicine profession in Australia, which have been drawn from the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2017/18 annual report. It offers a unique insight into the regulatory landscape for this profession.

The Chinese Medicine Board of Australia (the Board) commenced its third term in December 2017. To enable the Board to continue its regulatory work over the ensuing three years, the new Board conducted a self-evaluation at its Planning Day in February 2018.

Outcomes of the Planning Day aim to ensure that the Board continues to deliver its regulatory functions in an effective and efficient manner through effective collaboration with AHPRA and partnership with other Boards on the relevant matters. Engagement with the stakeholders has continued to be a priority of the Board.

One of the priority activities for the Board during the year was supporting practitioners to comply with the National Law in relation to advertising requirements. In addition to publishing a position statement, the Board has worked with AHPRA to develop a suite of guidance material and tools to assist practitioners. These documents will be reviewed regularly to ensure recency and relevance.

The Board has been actively engaged in the scheduled, cross-professional review of the registration standards for continuing professional development, professional indemnity insurance and recency of practice.

The Board continues to review its processes to achieve efficiency and financial stability.

The paramount objective of the National Scheme is to protect the public. Regulatory decision making is complex and contextual, requiring judgement, experience and common sense. We apply regulatory principles and encourage a responsive, risk-based approach to regulation across all professions. The principles are set out on the next page.

I acknowledge and thank all Board and AHPRA staff members who contributed to the work of the Board in the past year and who, through their hard work, dedication and collective wisdom, ensured the effective delivery of Chinese medicine regulation in Australia.

The Board farewelled with gratitude Professor Craig Zimitat, who had served on the Board since 1 July 2011. It welcomed new community member Mr David Brereton.



Professor Charlie Xue

Chair, Chinese Medicine Board of Australia

Chinese Medicine Board of Australia

Members of the Board

Professor Charlie Xue (Chair, practitioner member)

Ms Christine Berle (practitioner member)

Dr Liang Zhong Chen (practitioner member)

Dr David Graham (Deputy Chair from 27 February 2018, community member)

Dr Di Wen Lai (practitioner member)

Mr Roderick Martin (practitioner member)

Mrs Virginia Ryan (community member)

Professor Craig Zimitat (until 15 December 2017, community member)

Mr David Brereton (from 5 February 2018)

Committees

The following national committees support the Board:

- ➔ Immediate Action Committee
- ➔ Policy, Planning and Communications Committee, and
- ➔ Registration and Notifications Committee.

In February 2018 the Board conducted its annual review of its committees and decided to continue with its Registration and Notifications Committee and Policy, Planning and Communications Committee.

The Board also benefits from the contribution of an Accreditation Committee and a Reference Group.

See *Appendix 2: Committee and reference group members*.

Executive and policy support



Ms Debra Gillick

Executive Officer, Chinese medicine

Ms Gillick supports the Chinese Medicine Board of Australia. She works in AHPRA's National Office in Melbourne.

Executive Officers provide a vital link between the National Boards and AHPRA.

For more information about the Board, visit the [Board's website](#).

About us

The Board has worked in partnership with AHPRA to protect the public since the profession joined the National Registration and Accreditation Scheme (the National Scheme) in 2012. Together, we regulate the profession by ensuring that only those Chinese medicine practitioners who are suitably trained and qualified can practise in Australia.

Protecting the public by ensuring access to a safe, competent and qualified healthcare workforce is always our priority. Every decision we make is guided by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory, and by the regulatory principles.

Visit the [Board's website](#).

For more information about the National Scheme and AHPRA, visit the [AHPRA website](#).

Our regulatory principles

Eight [regulatory principles](#) underpin our work, and guide our decision-making in the public interest. These principles foster a responsive, risk-based approach to regulation. In brief, they are to:

Protect the public

Take timely and necessary action

Administer the National Law

Ensure registrants are qualified

Work with stakeholders

Uphold professional standards

Identify and respond to risk

Use appropriate regulatory force

For more information, download AHPRA's [2017/18 annual report](#).

About this report

This annual report summary provides a profession-specific view of AHPRA and the Board's work to manage risk to the public in 2017/18. Information provided in this report is drawn from the annual report published by AHPRA and the National Boards. All data are correct as at 30 June 2018.

Whenever possible, historical data are provided to show trends over time.

Profession-specific summaries for 14 National Boards are available to download from the [AHPRA website](#).

An important note about our data

AHPRA and the National Boards do not manage all complaints made about health practitioners in Australia and the data reflect this. In the pages that follow, we are reporting mainly on matters received and managed by AHPRA and the Board, unless otherwise stated.

The notification process is different in New South Wales and Queensland:

- In NSW, AHPRA does not manage notifications. They are managed by 14 professional councils (supported by the Health Professional Councils Authority, or HPCA) and the Health Care Complaints Commission (HCCC). For more information about the notifications process in NSW, visit the [HPCA website](#) or the [HCCC website](#).
- In Queensland, the Office of the Health Ombudsman (OHO) receives all complaints about health practitioners and determines which of those complaints are referred to the Board/AHPRA to manage. For more information about the notifications process in Queensland, visit the [OHO website](#).

Wherever possible in the tables in this report, HPCA data are given in separate columns and the data have been checked by the HPCA (correct as at time of publication). Please refer to the HPCA's 2017/18 annual report on the [HPCA website](#), as data may have been subsequently reconciled.

Queensland became a co-regulatory jurisdiction on 1 July 2014 with the commencement of the Health Ombudsman Act. OHO receives all health complaints in Queensland, including those about registered Chinese medicine practitioners, and decides whether the complaint:

- is serious, in which case it must be retained by OHO for investigation
- should be referred to AHPRA and the relevant National Board for management, or
- can be closed, or managed by way of conciliation or local resolution.

This means that we only have access to the data relating to matters referred to us by OHO. The Board and AHPRA therefore do not report on all complaints about registered health practitioners in Queensland.

Chinese Medicine Board of Australia: Year in review

A number of major initiatives were actioned by the Board in 2017/18. Here are the highlights:

Advertising

During the year, a main focus for the Board was ensuring practitioners were aware of their legal obligations concerning advertising. The Board worked with the AHPRA policy team to develop internal guidance for assessing advertising complaints and Chinese medicine-specific external guidance materials to help practitioners comply. To inform practitioners about the Board's expectations, the Board issued a [position statement](#).

In particular, a new tool to help practitioners and advertisers understand their obligations about using testimonials and reviews to advertise regulated health services was published.

The testimonials tool is part of a series of [resources and support materials](#) developed by the AHPRA and National Boards to help health practitioners, healthcare providers and other advertisers of regulated health services to comply with the National Law.

The tool includes information and flow charts to help practitioners and advertisers understand why testimonials are not allowed and which reviews or feedback can be used in advertising.

Under section 133(1) of the National Law a person must not advertise a regulated health service, or a business that provides a regulated health service, in a way that uses testimonials or purported testimonials about the service or business.

In the context of the National Law, advertising includes any public communication that promotes a regulated health service such as all forms of printed and electronic media and a testimonial includes recommendations or statements about the clinical aspects of a regulated health service.

Using testimonials to advertise regulated health services is prohibited under the National Law because they are not usually a balanced source of information, and typically include a narrow selection of positive comments about patient experiences. Also the outcomes experienced by one patient do not necessarily reflect the likely outcomes for others, so a testimonial does not tell the whole story.

[Read more](#) about why testimonials can't be used in advertising.

Registered practitioners were reminded to 'check, correct and comply' with their professional and legal advertising obligations. Visit [here](#) for more information.

Sharing our knowledge and experience

This year, the Board engaged with stakeholders, practitioners and the public via social media posts in both English and simplified Chinese and the Board conducted another roadshow visiting Melbourne, Sydney, Brisbane, Adelaide and Perth. The Board invites practitioners, students and stakeholders to these forums to discuss regulation and encourage the integration of registration standards, codes and guidelines into Chinese medicine practice. It also collects feedback from these events to inform future planning and engagement.

Chinese Medicine Reference Group

The [Chinese Medicine Reference Group](#) held its second meeting on 23 August 2017. Its purpose is to enhance a common understanding of the National Scheme from the differing perspectives of key stakeholders. After each meeting a communiqué is published [here](#).

Communication, engagement and stakeholder relations

Communication with the profession has been a priority, with the Board conducting a series of presentations in major cities and leading a teleconference and meeting for practitioners in rural/regional areas. The Board draws inspiration from its Chinese Medicine Reference Group.

The profession is concerned about lack of access to therapeutically useful scheduled Chinese medicinal herbs. The Board requested and received a joint submission from the profession and is now taking the first step, scoping a potential project. The Board met with representatives of the Therapeutic Goods Administration to foreshadow various matters related to Chinese herbs, including scheduling issues. It also published an update of the herbal nomenclature compendium of commonly used Chinese herbal medicines.

Three newsletters were published during the year; in July 2017 and February and June 2018. Board newsletters achieve an open rate of 67–80%, which is extremely good.

The Board also produces a communiqué after every Board meeting, which provides information about key decisions made.

One media release was also published on the Board's website.

Visit the [News section on our website](#) for newsletters, media releases, consultations and communiqués.

Planning and research

The Board worked closely with AHPRA's research unit to implement a project to develop an evidence base from which to establish a risk profile for the profession of Chinese medicine. This work included:

- a rapid literature review, and
- a 'deep dive' analysis of notifications previously lodged with AHPRA about Chinese medicine practitioners.

The Board anticipates publication soon of the report *Contributing to risk-based Chinese medicine regulation in Australia*.

Accreditation

The Chinese Medicine Accreditation Committee continues to independently exercise accreditation functions under the National Law. It monitors approved programs and educational institutions. During this reporting year, the Board approved the Bachelor of Health Science in Traditional Chinese Medicine/ Bachelor of Arts in International Studies and Bachelor of Health Science in Traditional Chinese Medicine from the University of Technology Sydney.

Cross-professional policy

In 2017/18, the Board participated in cross-professional work to prepare for revision and consulting on:

- registration standards
- review of accreditation arrangements
- supervised practice framework
- advertising guidelines, and
- a shared code of conduct.

The Board continued to work collaboratively with the other National Boards in the National Scheme on many policy issues.

Find out more about these initiatives at the [Board's website](#).

Approved registration standards, codes and guidelines

The Board undertook public consultations from April–May 2018 on:

- its draft revised registration standards for professional indemnity insurance arrangements, continuing professional development and recency of practice and continuing professional development guidelines
- the review of accreditation arrangements – assignment of accreditation functions, and
- the draft guideline for informing a National Board about where you practise.

The *Guidelines for safe practice of Chinese herbal medicine* also came into effect on 12 November 2017.

Future work

The National Board Regulatory Plan is published as a schedule to the [Health Professions Agreement \(HPA\)](#) on the AHPRA website. The HPA sets out the partnership between the Board and AHPRA, and the services.

The Board will continue to focus on:

- effective communication with the profession, including remote and rural practitioners
- exploring the possibility of safe access to currently restricted herbs, and
- developing the Board members themselves to support robust policy development and decision-making.

Registering the workforce

In brief

4,882 registered Chinese medicine practitioners in 2017/18; up from 4,860 in 2016/17.

Chinese medicine practitioners comprise 0.7% of all registered health practitioners.

Women comprised 55.8% of the profession.

Since 1 July 2012, Chinese medicine practitioners must be registered under the National Scheme with the Chinese Medicine Board of Australia and meet the Board's registration standards.

Under the National Law, as in force in each state and territory, there is a range of registration categories under which a practitioner can practise as a Chinese medicine practitioner in Australia. Different categories apply to different types of registration:

- General registration
- Limited registration for teaching or research
- Non-practising registration, and
- Student registration (students undertaking an approved program of study).

Chinese medicine has three divisions of the register, and registered practitioners must be qualified in at least one of the following divisions:

- Acupuncturist
- Chinese herbal medicine practitioner, or
- Chinese herbal dispenser.

Before a practitioner can practise and use a title protected under the National Law, applicants must provide evidence that they are eligible to hold registration, and registration must be granted.

Find out more about [registration](#) with the Chinese Medicine Board of Australia.

Registration

As at 30 June 2018, there were 4,882 Chinese medicine practitioners registered under the National Scheme. This represents a 0.5% increase from the previous year. Most jurisdictions saw a small increase in registrant numbers this year, with New South Wales (NSW), Victoria and Queensland being the principal place of practice for over 85.7% of all registered Chinese medicine practitioners.

Of the 702,741 registered health practitioners across the 15 professions, 0.7% were Chinese medicine practitioners.

Of the registrant base, 94.2% of all registered Chinese medicine practitioners held some form of practising registration. There was a 4.8% increase from the previous year in the number of Chinese medicine practitioners moving to non-practising registration.

Tables 1–4 show data relating to the registration of Chinese medicine practitioners in 2017/18.

Figure 1: Registration numbers for Chinese medicine practitioners, year by year, since the profession joined the National Scheme



Applications for registration

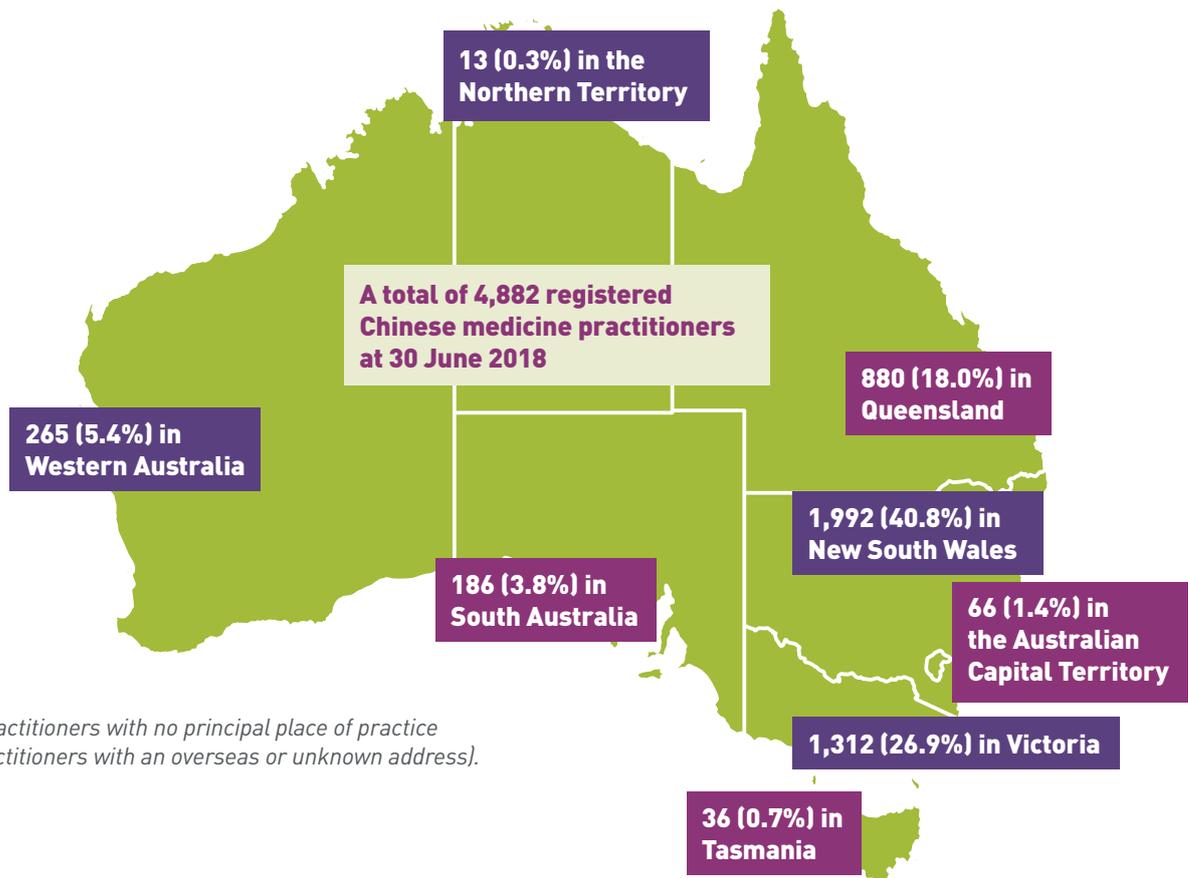
AHPRA received 660 new applications for registration as a Chinese medicine practitioner in 2017/18. In partnership with AHPRA, the Board considers every application for registration carefully and assesses it against the requirements for registration, including qualifications, English language proficiency and checking whether the applicant has a relevant criminal history.

Only those Chinese medicine practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. Where appropriate to protect the public, and in accordance with the [regulatory principles](#) of the National Scheme, the Board may decide to impose conditions on a practitioner's registration or to refuse the application.

Of 697 applications finalised during the year, 1.6% resulted in the refusal of registration (11), in order to protect the public, while 6.9% resulted in conditions being imposed on registration (48). In most cases, the conditions on registration related to English-language proficiency.

For more information about applications finalised, see [Outcomes for applications finalised](#) in AHPRA and the National Boards' [annual report](#).

Figure 2: Number and percentage of Chinese medicine practitioners with a principal place of practice in each state and territory



Renewals

Once on the *Register of practitioners*, Chinese medicine practitioners must apply to renew their registration each year and make declarations on the relevant registration requirements. As with new applications for registration, the Board may impose conditions on registration or refuse renewal.

A total of 4,643 Chinese medicine practitioners renewed their registration in 2017/18, with 98.4% of practitioners renewing online; an increase of 0.8% from 2016/17.

Register of practitioners

According to the National Law, AHPRA is required to maintain and publish a publicly accessible *Register of practitioners* (the Register) so that information about the registration of any health practitioner is easy to find.

The online [Register](#) has accurate, up-to-date information about the registration status of all registered health practitioners in Australia. When decisions are made in relation to a practitioner's registration/renewal or disciplinary proceedings, the [Register](#) is updated to inform the public about the current status of individual health practitioners and any restrictions placed upon their practice.

Tribunal decisions that result in the cancellation of a practitioner's registration due to health, performance or conduct issues result in the individual appearing on a [Register of cancelled practitioners](#).

Practitioner audits

AHPRA conducts regular audits of random samples of health practitioners across all professions on behalf of the National Boards. Audits provide assurance that practitioners are meeting the registration requirements for their profession. During an audit, a practitioner is required to provide evidence in support of the declarations they made in their previous year's registration renewal application.

In 2017/18, AHPRA audited 7,193 practitioners across all 15 regulated health professions. For all audits initiated and completed this year, 88.8% of Chinese medicine practitioners were found to be in compliance with the registration standards being audited.

See AHPRA's [2017/18 annual report](#) for more information about the audit process.

Find out more about practitioner audits and other registration information on the [Board's website](#).

Figure 3: Audit outcomes for the Chinese medicine profession

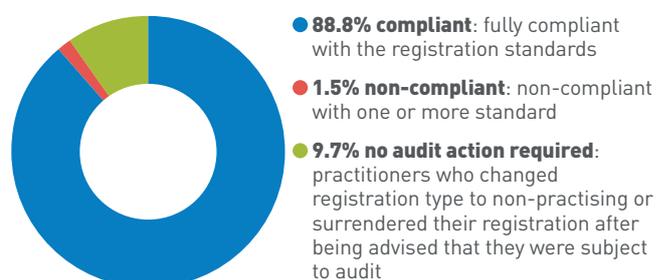


Table 1: Number of registered Chinese medicine practitioners as at 30 June 2018

Registrants	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
2017/18 total registered Chinese medicine practitioners	66	1,992	13	880	186	36	1,312	265	132	4,882
2016/17 total registered Chinese medicine practitioners	68	1,984	14	872	182	36	1,308	264	132	4,860
% change from 2016/17 to 2017/18	-2.9%	0.4%	-7.1%	0.9%	2.2%	0.0%	0.3%	0.4%	0.0%	0.5%
All registered health practitioners in 2017/18	12,297	202,033	7,419	139,056	55,060	15,188	182,674	70,859	18,155	702,741

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 2: Chinese medicine practitioners, by division and state or territory

Division	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total 2017/18	Total 2016/17
Acupuncturist	24	432	7	575	108	23	422	98	28	1,717	1,726
Acupuncturist and Chinese herbal dispenser	0	1	0	2	0	0	0	0	0	3	3
Acupuncturist and Chinese herbal dispenser and Chinese herbal medicine practitioner	7	528	2	62	12	3	218	39	32	903	833
Acupuncturist and Chinese herbal medicine practitioner	35	965	4	230	64	10	643	126	68	2,145	2,178
Chinese herbal dispenser	0	32	0	2	0	0	4	2	1	41	45
Chinese herbal dispenser and Chinese herbal medicine practitioner	0	12	0	1	2	0	3	0	1	19	20
Chinese herbal medicine practitioner	0	22	0	8	0	0	22	0	2	54	55
Total 2017/18	66	1,992	13	880	186	36	1,312	265	132	4,882	
Total 2016/17	68	1,984	14	872	182	36	1,308	264	132		4,860

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 3: Registered Chinese medicine practitioners, by age

Year	<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
2017/18	18	166	381	567	692	666	599	672	595	311	139	52	24	4,882
2016/17	19	198	402	598	681	657	610	656	562	293	113	47	24	4,860

Table 4: Registered Chinese medicine practitioners, by principal place of practice and gender

Chinese medicine practitioners	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
Total 2017/18	66	1,992	13	880	186	36	1,312	265	132	4,882
Female	36	1,090	9	486	100	21	750	163	71	2,726
Male	30	902	4	394	86	15	562	102	61	2,156
Total 2016/17	68	1,984	14	872	182	36	1,308	264	132	4,860
Female	36	1,072	9	473	100	21	738	161	73	2,683
Male	32	912	5	399	82	15	570	103	59	2,177

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Regulating the workforce

In brief: Notifications, monitoring and offences

Nationally 71 individual Chinese medicine practitioners had notifications made about them in 2017/18.

1.5% of Chinese medicine practitioners were the subject of a notification (compared with 1.6% of all registered health practitioners).¹

43 notifications (complaints or concerns) were lodged with AHPRA and 31 with the HPCA in NSW. This total of 74 cases² does not include notifications retained by OHO in Queensland.

Immediate action was taken five times, leading to two registrations being suspended and in three instances conditions being imposed.

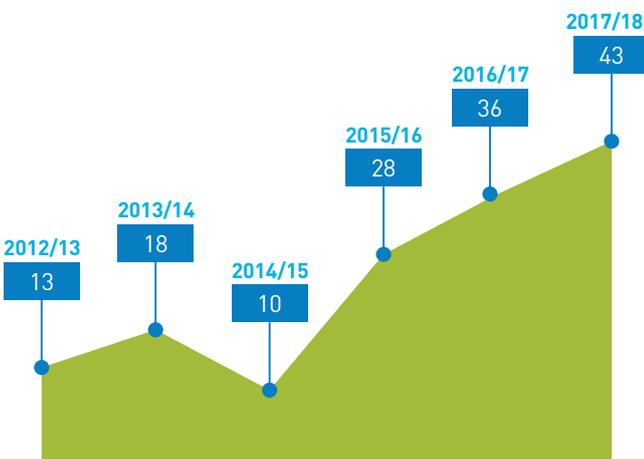
AHPRA received 3 mandatory notifications about Chinese medicine practitioners in 2017/18.

30 notifications were closed.

887 Chinese medicine practitioners were being monitored for compliance with restrictions on their registration as at 30 June 2018. Most of these related to English-language proficiency.

31 statutory offence complaints were made about the profession – over half related to title protection.

Figure 4: Total notifications received by AHPRA about Chinese medicine practitioners, year by year, since the profession joined the National Scheme



¹ Includes complaints managed by the HPCA in NSW and OHO in Queensland. Refer to Table 7.

² An individual may have more than one notification made about them.

What is a notification?

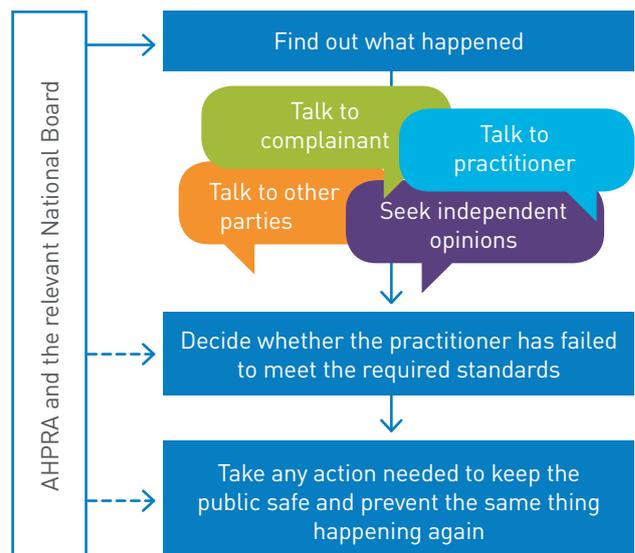
In the National Scheme, a complaint or concern about a registered health practitioner or student is called a notification. They are called notifications because AHPRA is notified about a concern or complaint about a practitioner, which AHPRA manages in partnership with the relevant National Board. Most of the notifications received about individual Chinese medicine practitioners are managed through Part 8 of the National Law, which can lead to decisions that affect a practitioner's registration.

Some complaints are treated differently under the National Law, as they are considered 'statutory offences'. AHPRA and the Board can prosecute individuals who commit these offences. For information about statutory offences concerning Chinese medicine practitioners in 2017/18, see *Statutory offences*.

Keeping the public safe is the primary focus when AHPRA and the Board make decisions about notifications. Anyone can notify AHPRA about a Chinese medicine practitioner's health, performance or conduct. While registered Chinese medicine practitioners and employers have mandatory reporting obligations under the National Law, most of the complaints or concerns we receive are made voluntarily by other practitioners and patients or their families (see Figure 6).

AHPRA also receives some notifications about students who are studying to become Chinese medicine practitioners. However, in 2017/18 as in 2016/17, no such complaints were lodged with AHPRA. See the [2017/18 annual report](#) for data relating to notifications about students across all regulated health professions. For more information about the notifications process, visit the [AHPRA website](#).

Figure 5: How AHPRA and the Board manage notifications



Notifications received

This year, AHPRA received the highest number of notifications (7,276) about health practitioners in any single reporting year since the National Scheme began. In 2017/18, 0.6% (43) of all notifications received by AHPRA related to Chinese medicine practitioners.

Of all jurisdictions, Victoria (18) and Queensland (16) accounted for more than 79% of all notifications relating to Chinese medicine practitioners in 2017/18.

Of all registered Chinese medicine practitioners, 1.5% had notifications made about them in 2017/18; a slight increase from 1.2% in the previous year.¹

See Tables 5–7 for data about notifications received in 2017/18.

Notifications closed

The Board assessed and closed 12% fewer notifications about Chinese medicine practitioners in 2017/18 (30) than in 2016/17 (34). These closures accounted for 0.4% of all closed notifications nationally across all professions. Of the notifications that were closed, 16.7% resulted in some form of regulatory action being taken by the Board.

As at 30 June 2018, there were 29 open notifications about Chinese medicine practitioners being managed by AHPRA and the Board.

Tables 10–13 show data about notifications closed in 2017/18.

Figure 6: The most common sources of notifications lodged with AHPRA about Chinese medicine practitioners

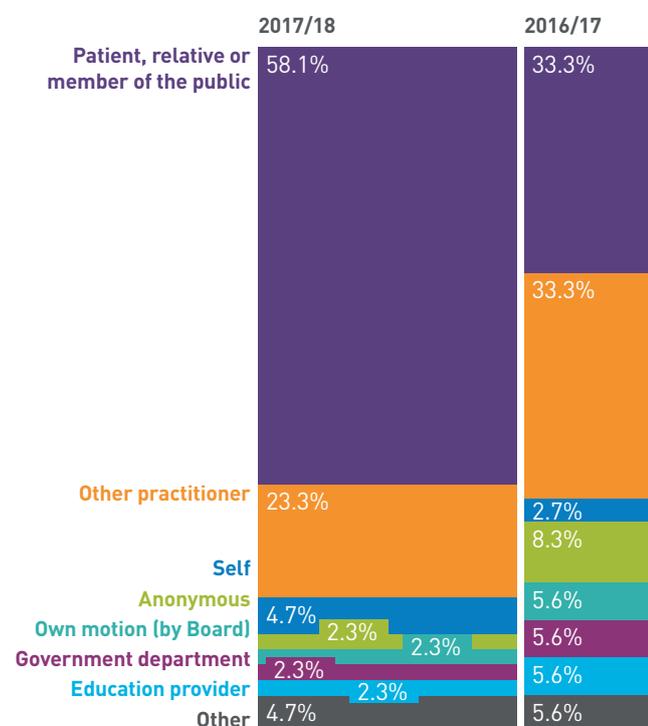
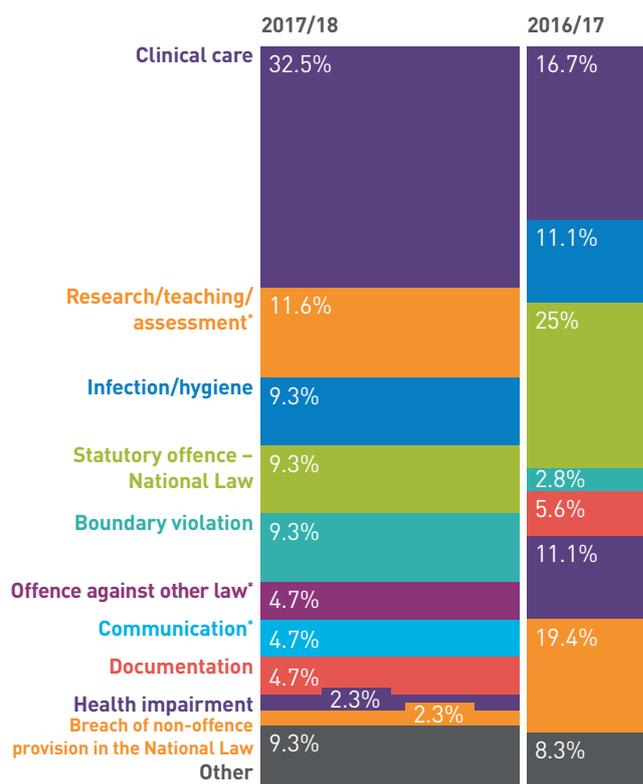


Figure 7: The most common types of complaint lodged with AHPRA about Chinese medicine practitioners



* 0% in 2016/17.

Mandatory notifications

All health practitioners, their employers and education providers have mandatory reporting responsibilities under the National Law. This means that they must tell AHPRA if they have formed a reasonable belief that a registered Chinese medicine practitioner or student has behaved in a way that constitutes notifiable conduct.

Notifiable conduct by registered health practitioners is defined as:

- ➔ practised while intoxicated by alcohol or drugs
- ➔ sexual misconduct in the practice of the profession
- ➔ placed the public at risk of substantial harm because of an impairment (health issue), or
- ➔ placed the public at risk because of a significant departure from accepted professional standards.

AHPRA received 908 mandatory notifications across all regulated health professions in 2017/18. Three of these related to notifiable conduct by a Chinese medicine practitioner. All three were a serious departure from accepted professional standards of practice, two about clinical care and one relating to hygiene and infection.

For information about the *Guidelines for mandatory notifications*, visit the [Board's website](#).

¹ Includes complaints managed by the HPCA in NSW and OHO in Queensland. Refer to Table 7

Taking immediate action

Immediate action is a serious step that the Board can take when it believes it is necessary to limit a Chinese medicine practitioner's registration in some way to keep the public safe. It is an interim measure that a Board takes only in high-risk cases while it seeks further information.

In 2017/18, the Board considered six cases for immediate action and took immediate action five times. In two cases the practitioner was suspended, and in three cases conditions were imposed on a practitioner's registration.

See [AHPRA's annual report](#) for more information about immediate action taken in 2017/18, and Table 9 in this report for immediate action relating to Chinese medicine.

Tribunals, panels and appeals

Tribunals

The Board can refer a matter to a tribunal for hearing. Usually, this happens when the allegations involve the most serious of matters, such as when the Board believes a Chinese medicine practitioner has behaved in a way that constitutes professional misconduct.

Tribunals in each state and territory:

- ➔ **Australian Capital Territory** Civil and Administrative Tribunal
- ➔ **New South Wales** Civil and Administrative Tribunal
- ➔ **Northern Territory** Civil and Administrative Tribunal
- ➔ **Queensland** Civil and Administrative Tribunal
- ➔ **South Australia** Health Practitioners Tribunal
- ➔ **Tasmania** Health Practitioners Tribunal
- ➔ **Victorian** Civil and Administrative Tribunal
- ➔ **Western Australia** State Administrative Tribunal

In 2017/18, one Chinese medicine matter in Victoria was decided by a tribunal, which led to a registration being cancelled. The HPCA also imposed conditions in a matter it handled.

Panels

A National Board also has the power to establish two types of panel depending on the type of notification:

- ➔ **Health panels**, for issues relating to a practitioner's health and performance, or
- ➔ **Professional standard panels**, for conduct and performance issues.

Under the National Law, panels must include members from the relevant health profession as well as community members. All health panels about Chinese medicine practitioners must include a Chinese medicine practitioner. Each National Board has a list of approved people who may be called upon to sit on a panel.

In 2017/18, no notifications received by AHPRA about Chinese medicine practitioners were referred to a panel.

¹ A practitioner who has restrictions on their registration for more than one reason may be allocated more than one 'monitoring case'. For example, if a Chinese medicine practitioner has conditions imposed as a result of health concerns and conduct, they may be allocated two monitoring cases.

Appeals

All regulatory decisions are evidence-based and guided by the regulatory principles of the National Scheme. The National Law provides a mechanism of appeal against a decision by a National Board in certain circumstances, including decisions to:

- ➔ refuse an application for registration or endorsement of registration, or to refuse renewal of registration or renewal of an endorsement of registration
- ➔ impose or change a condition placed on registration, or to refuse to change or remove a condition imposed on registration or an undertaking given by a registrant, or
- ➔ suspend registration or to reprimand a practitioner.

There is also a mechanism of appeal by judicial review if the appeal relates to a perceived flaw in the administrative decision-making process, as opposed to the merits of the individual decision itself.

No AHPRA and one HPCA decision was subject to appeal in 2017/18:

Two appeals related to Chinese medicine practitioners were finalised in 2017/18. One matter had the original decision substituted for a new decision and one was withdrawn.

Please refer to [AHPRA's annual report](#) for data relating to appeals in 2017/18.

Compliance

On behalf of the Board, AHPRA monitors Chinese medicine practitioners and students who have restrictions (conditions or undertakings) placed on their registration, and those with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports the Board to manage risk to public safety.

As at 30 June 2018, there were 886 individual Chinese medicine practitioners being monitored (comprising 887 monitoring cases).¹

Monitoring can be for one or more of the following reasons:

- ➔ suitability/eligibility to be registered to practise
- ➔ compliance with restrictions on their registration – health, conduct, performance, and/or
- ➔ to make sure that any practitioner who was cancelled from the register did not practise.

The 887 monitoring cases of Chinese medicine practitioners represent 17.5% of all monitoring cases managed by AHPRA across all 15 regulated health professions. The majority of these cases were being monitored for suitability/eligibility, and related mostly to English-language proficiency.

For more information on monitoring and compliance, visit the [AHPRA website](#).

See Table 14 for active monitoring cases by stream.

Statutory offences

The National Law sets out four types of statutory offences:

- ➔ Unlawful use of protected titles
- ➔ Unlawful claims by individuals or organisations as to registration
- ➔ Performing a restricted act, and
- ➔ Unlawful advertising.

Breaches of the National Law that constitute a statutory offence can put individuals and the community at risk. These offences may be committed by registered health practitioners, unregistered individuals or corporate entities and are covered under Part 7 of the National Law.

AHPRA received 31 new statutory offence complaints about Chinese medicine practitioners in 2017/18 which is a significant decrease when compared to the 72 received in 2016/17 and closer to the 26 received in 2015/16.

Over half of new complaints related to title protection, the majority of the remaining matters related to advertising breaches. Statutory offence complaints about Chinese medicine practitioners accounted for 5.3% of all statutory offence complaints received by AHPRA nationally across all regulated health professions.

This year, in keeping with the smaller number of complaints received, there was a 15.8% decrease in the number of statutory offence complaints closed relating to Chinese medicine (32; down from 38 in 2016/17).

In 2016/17 the increase in statutory offences was in part due to a series of bulk complaints that were made by a number of external organisations about alleged advertising breaches. Concerns about unlawful advertising are now managed in two ways: serious-risk advertising complaints, advertising complaints by corporate entities and unregistered persons are managed as statutory offences, and low- to moderate-risk advertising offences by registrants are managed under the Advertising compliance and enforcement strategy. Data for low- to moderate-risk advertising offences are not included here.

See Table 15 for data about statutory offences relating to Chinese medicine practitioners in 2017/18.

Table 5: Notifications received about Chinese medicine practitioners in 2017/18, by state or territory (including HPCA)

Chinese medicine practitioners ¹	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Subtotal	HPCA ⁵	Total
Total 2017/18	0	0	1	16	2	0	18	6	0	43	31	74
Total 2016/17	0	0	0	20	1	0	15	0	0	36	25	61

¹ Data relating to notifications (complaints or concerns) are based on the state or territory of the practitioner's principal place of practice (PPP).

² Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

³ Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman (OHO) in Queensland.

⁴ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

⁵ Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

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

Division	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Total 2017/18	Total 2016/17
Acupuncturist	0	0	1	11	1	0	2	0	0	15	22
Acupuncturist and Chinese herbal dispenser and Chinese herbal medicine practitioner	0	0	0	4	0	0	3	0	0	7	0
Acupuncturist and Chinese herbal medicine practitioner	0	0	0	1	0	0	12	6	0	19	14
Unknown practitioner ⁴	0	0	0	0	1	0	1	0	0	2	0
Total 2017/18	0	0	1	16	2	0	18	6	0	43	
Total 2016/17	0	0	0	20	1	0	15	0	0		36

¹ Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

² Matters referred to AHPRA and the National Board by OHO in Queensland.

³ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

⁴ Practitioners are not always identified in the early stages of a notification.

Table 7: Percentage of the profession with notifications received, by state or territory (including HPCA)

Registrants	ACT	NSW (including HPCA complaints)	NT	QLD (including OHO complaints)	SA	TAS	VIC	WA	No PPP ¹	Total ²
Chinese medicine practitioners 2017/18	0.0%	1.4%	7.7%	2.0%	0.5%	0.0%	1.3%	2.3%	0.0%	1.5%
Chinese medicine practitioners 2016/17	0.0%	1.1%	0.0%	2.5%	0.5%	0.0%	1.1%	0.0%	0.0%	1.2%
All registered practitioners 2017/18	1.6%	1.8%	1.8%	2.1%	1.6%	1.5%	1.1%	1.2%	0.3%	1.6%
All registered practitioners 2016/17	1.9%	1.7%	2.2%	2.2%	1.3%	1.9%	1.1%	1.2%	0.5%	1.6%

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

² Total matters managed by AHPRA, OHO in Queensland and the HPCA in NSW.

Table 8: Immediate action cases, by division and state or territory (excluding HPCA)

Division	ACT	NSW ¹	NT	QLD	SA	TAS	VIC	WA	No PPP ²	Total 2017/18	Total 2016/17
Acupuncturist	0	0	0	0	0	0	0	0	0	0	1
Acupuncturist and Chinese herbal medicine practitioner	0	0	0	0	0	0	5	1	0	6	0
Total 2017/18	0	0	0	0	0	0	5	1	0	6	
Total 2016/17	0	0	0	0	1	0	0	0	0		1

¹ Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

² No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 9: Outcomes of immediate actions (excluding HPCA)

Outcome	2017/18		2016/17	
	Chinese medicine practitioners	All practitioners	Chinese medicine practitioners	All practitioners
Not take immediate action	1	173	0	76
Accept undertaking	0	113	1	69
Impose conditions	3	174	0	147
Accept surrender of registration	0	1	0	1
Suspend registration	2	126	0	103
Decision pending	0	22	0	23
Total	6	609	1	419

Table 10: Notifications closed, by state or territory (including HPCA)

Chinese medicine practitioners	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Subtotal	HPCA ⁴	Total
Total 2017/18	0	0	1	6	1	0	18	4	0	30	41	71
Total 2016/17	0	0	0	17	4	0	13	0	0	34	31	65

¹ Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

² Matters referred to AHPRA and the National Board by OHO in Queensland.

³ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

⁴ Matters managed by the HPCA in NSW.

Table 11: Notifications closed, by division and state or territory (excluding HPCA)

Division	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Total 2017/18	Total 2016/17
Acupuncturist	0	0	1	6	0	0	4	0	0	11	18
Acupuncturist and Chinese herbal dispenser and Chinese herbal medicine practitioner	0	0	0	0	0	0	3	0	0	3	0
Acupuncturist and Chinese herbal medicine practitioner	0	0	0	0	0	0	10	4	0	14	16
Unknown practitioner ⁴	0	0	0	0	1		1	0	0	2	0
Total 2017/18	0	0	1	6	1	0	18	4	0	30	
Total 2016/17	0	0	0	17	4	0	13	0	0		34

¹ Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

² Matters referred to AHPRA and the National Board by OHO in Queensland.

³ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

⁴ Practitioners are not always identified in the early stages of a notification.

Table 12: Notifications closed, by division and stage at closure (excluding HPCA)

Division	Stage at closure					Total 2017/18	Total 2016/17
	Assessment ¹	Health or performance assessment ²	Investigation	Panel hearing	Tribunal hearing		
Acupuncturist	0	6	0	0	4	11	18
Acupuncturist and Chinese herbal dispenser and Chinese herbal medicine practitioner	0	0	0	0	3	3	0
Acupuncturist and Chinese herbal medicine practitioner	0	0	0	0	10	14	16
Unknown practitioner ³	0	0	1		1	2	0
Total 2017/18	0	6	1	0	18	30	
Total 2016/17	0	17	4	0	13		34

¹ Closed after initial assessment of the matter.

² Performance assessments are carried out by a Board-selected assessor whose scope of practice is similar to that of the practitioner being assessed (assessors are not Board members or AHPRA staff).

³ Practitioners are not always identified in the early stages of a notification.

Table 13: Notifications closed, by division and outcome at closure (excluding HPCA)

Division	Outcome at closure ¹				Total 2017/18	Total 2016/17
	No further action ²	Impose conditions	Caution	Cancel registration		
Acupuncturist	8	3	0	0	11	18
Acupuncturist and Chinese herbal dispenser and Chinese herbal medicine practitioner	2	0	1	0	3	0
Acupuncturist and Chinese herbal medicine practitioner	13	0	0	1	14	16
Unknown practitioner ³	2	0	0	0	2	0
Total 2017/18	25	3	1	1	30	
Total 2016/17	23	8	3	0		34

¹ Excludes matters managed by the HPCA in NSW.

² No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

³ Practitioners are not always identified in the early stages of a notification.

Table 14: Active monitoring cases as at 30 June 2018, by stream (excluding HPCA)

Stream ¹	2017/18	2016/17
Conduct	5	4
Health	0	0
Performance	4	80
Prohibited practitioner/student	2	
Suitability/eligibility	876	933
Total²	887	945

¹ AHPRA reports on monitoring cases established rather than by individual registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. As at 30 June 2018, there were 887 cases about Chinese medicine practitioners, which relate to 886 individual registrants.

² These cases also may include cases that are to be transitioned from AHPRA to the HPCA for conduct, health and performance streams. They do not include HPCA-managed monitoring cases.

Table 15: Statutory offence complaints about Chinese medicine practitioners, received and closed in 2017/18, by type of offence and jurisdiction

Type of offence ¹		ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ²	Total 2017/18	Total 2016/17
Title protections (s. 113–120)	Received	1	3	0	5	1	0	3	1	5	19	23
	Closed	0	3	0	5	1	0	4	0	12	25	21
Practice protections (s. 121–123)	Received	0	0	0	0	0	0	0	0	1	1	2
	Closed	0	0	0	0	0	0	1	0	1	2	3
Advertising breach (s. 133)	Received	0	3	0	1	0	0	4	0	3	11	47
	Closed	1	3	0	1	0	0	0	0	0	5	13
Other offence	Received	0	0	0	0	0	0	0	0	0	0	0
	Closed	0	0	0	0	0	0	0	0	0	0	1
Total 2017/18	Received	1	6	0	6	1	0	7	1	9	31	
	Closed	1	6	0	6	1	0	5	0	13	32	
Total 2016/17	Received	0	22	0	21	2	0	7	2	18		72
	Closed	0	6	0	13	1	0	7	1	10		38

¹ This table captures offence complaints by principal place of practice (PPP) and includes all offences from sections 113–116 of the National Law, not only offences about advertising, title and practice protection.

² No principal place of practice (No PPP) includes practitioners with an overseas or unknown address. AHPRA also receives offence complaints about unregistered persons where a PPP is not recorded.

Appendix 1: Approved registration standards, codes and guidelines

Registration standard, code or guideline	Approved by	Date of approval	Status
<i>Guidelines for safe practice of Chinese herbal medicine</i>	The Board	2015	Effective from 12 November 2017

Appendix 2: Committee and reference group members

The Chinese Medicine Board of Australia values the contribution of its national committee members. Together, we make decisions to protect the public Australia-wide. In 2017/18, we held 12 National Board meetings and 47 national committee meetings. Committee members during the year were:

Policy Planning and Communication Committee

Dr David Graham (Committee Chair and National Board community member)

Ms Christine Berle (National Board practitioner member)

Dr Di Wen Lai (Deputy Chair and National Board practitioner member)

Dr Brian May (Committee practitioner member)

Registration and Notifications Committee

Mr David Brereton (Committee Chair from 27 February 2018 and National Board community member)

Professor Craig Zimitat (Committee Chair to 15 December 2017 and National Board community member)

Dr Liang Zhong Chen (National Board practitioner)

Mr Roderick Martin (Deputy Chair and National Board practitioner member)

Ms Jacinta Ryan (Committee practitioner member)

Mrs Virginia Ryan (National Board community member)

The Board also benefits from the contribution of:

- an Accreditation Committee, which is an independent entity assigned to fulfil the accreditation function, and
- its reference group which acts in an advisory capacity.

Chinese Medicine Accreditation Committee

Dr Meeuwis Boelen (Committee Chair)

Mr David Schievenin

Dr Wei Hong (Angela) Yang (Deputy Chair)

Associate Professor Christopher Zaslowski

Dr Jian Sheng Zhang

Chinese Medicine Reference Group

Individual practitioner members

Dr Carolyn Ee

Ms Geraldine Robinson

Dr Kevin Ryan

Ms Dina Tsiopelas

Community representatives

Ms Sophy Athan from AHPRA's Community Reference Group

Ms Pip Brennan from the Health Consumers' Council (WA)

Dr Cheryl McRae, Assistant Secretary, Complementary & Over the Counter Medicines Branch, Therapeutic Goods Administration

Professional association representatives

Ms Waveny Holland from the Australian Acupuncture and Chinese Medicine Association

Dr Bingrong Ge from the Federation of Chinese Medicine & Acupuncture Societies of Australia

Ms Jeanetta Gogol from the Australian Natural Therapists Association

Dr Max Ma from the Chinese Medicine Industry Council of Australia

Education institution representatives

Ms Nic Andronaco, Southern School of Natural Therapies
Associate Professor Tony Zhang, RMIT University

Chinese Medicine Board of Australia: www.chinesemedicineboard.gov.au

Phone

Within Australia, call **1300 419 495**

From outside Australia, call **+61 3 9275 9009**

Opening hours: Monday to Friday 9:00am–5:00pm (Australian Eastern Standard Time)

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For more information about AHPRA and the National Boards' work in 2017/18, please see the [annual report](#).

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Australian Health Practitioner Regulation Agency

GPO Box 9958 in your capital city

www.chinesemedicineboard.gov.au

www.ahpra.gov.au

Australian Capital Territory

Ground floor
50 Blackall St
Barton ACT 2600

New South Wales

Level 51
680 George St
Sydney NSW 2000

Northern Territory

Level 5
22 Harry Chan Ave
Darwin NT 0800

Queensland

Level 4
192 Ann St
Brisbane QLD 4000

South Australia

Level 11
80 Grenfell St
Adelaide SA 5000

Tasmania

Level 5
99 Bathurst St
Hobart TAS 7000

Victoria

Level 8
111 Bourke St
Melbourne VIC 3000

Western Australia

Level 1
541 Hay St
Subiaco WA 6008

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