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AMA submission on the draft revised Registration Standard: Endorsement of registration for acupuncture for registered medical practitioners

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How is the current standard working?

The current standard contains reference to the grandfathering provisions which have now expired. The AMA understands that this could cause some confusion for practitioners seeking endorsement.

Is the content and structure of the draft revised standard helpful, clear, relevant and more workable than the current standard?

The structure and content of the revised standard is written in plain English, is clear, relevant, and concise.

With respect to the recency of practice requirement, rather than directing practitioners to another document to obtain the relevant information, this section could be enhanced by listing the requirement as follows:

> To meet the standard, medical practitioners must practise within their scope of practice, at any time, for a minimum total of:
>
> - four weeks full-time equivalent in one registration period, which is a total of 152 hours, or
> - 12 weeks full-time equivalent over three consecutive registration periods, which is a total of 456 hours.

Is there any content that needs to be changed, added or deleted in the draft revised standard?

Where further documentation is referred to, readers are directed to the general website of the Medical Board (www.medicalboard.gov.au). This then requires further searching within the site (and thus time) to find the relevant document. While reference to the general website is important, the draft standard would be more useful if it had direct links, that are kept up to date, to:

- approved programs of study,
- standard format for CV's,
- registration standard for recency of practice standard, and
- registration standard for continuing professional development.

Are there any impacts for patients and consumers, particularly vulnerable members of the community that have not been considered in the draft revised standard?

The AMA is concerned that practitioners who are currently endorsed for acupuncture by virtue of the grandfathering provisions (which have now expired) will not be able to retain that endorsement under Section 97 of the National Law if they allow their registration to lapse for a time (failure to renew, illness, etc) and then have to re-register. This would impact on both the practitioner and their patients alike.

The Board should consider this eventuality and put in place defined arrangements to ensure that grandfathered medical acupuncturists retain their endorsement in circumstances such as this.

Are there any impacts for Aboriginal and Torres Strait Island Peoples that have not been considered in the draft revised standard?

None that the AMA is aware of.

Do you have any other comments on the draft revised standard?

An appropriately qualified (AMAC Pt1) Non-Vocationally Registered (Non-VR) medical practitioner under the proposed standards could be endorsed in acupuncture. However, this endorsement may not see these medical practitioners supported in accessing MBS items 193, 195, 197 or 199 if they fail to meet the definition of general practitioner as per Sections 1.1.2 and 1.1.3 of the Health Insurance (General Medical Services Table) Regulations (No. 2) 2020. The patients of these medical practitioners under current arrangements have access only to the rebate for MBS item 173. Should item 173 be removed from the Medicare Benefits Schedule, as has been recommended by the MBS Review Taskforce, unless the Regulations are carefully designed this could mean that Non-VR medical practitioners would lose access to MBS items for acupuncture as will specialists and consultant physicians. While the AMA anticipates that the revised standard and the removal of item 173 from the MBS could pave

the way for streamlined recognition as a medical acupuncturist for the purposes of Medicare, the AMA encourages the Board to work with the profession to ensure there are no unintended consequences or perverse outcomes arising from the implementation of this standard and MBS changes that may come forward at some point in the future.

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