



**Chinese Medicine Board**  
**Ahpra**

## **The webinar will commence shortly**

- When joining the webinar you will be muted.
- Please use the 'question and answer's options located at the bottom of your screen to raise any questions or queries.
- The panel will endeavour to address any questions individually or at the end of the presentation.
- Please note we cannot address individual circumstances.
- Any questions not answered will be addressed after the webinar or as FAQs which will be made available after the event.




# Chinese medicine regulation in Australia

Chinese Medicine Board of Australia (CMBA)

Practitioner webinar December 2023

## Acknowledgement of Country

The slide features three decorative wavy horizontal bands. The top band is light blue with dark blue dots. The middle band is dark blue with light blue dots. The bottom band is light blue with a dark blue triangular pattern.

We acknowledge the Traditional Custodians of the land we are meeting on for their continuing connection to land, sea, community and culture.  
We pay our respects to their Elders past and present.

## Can I claim CPD?

*Yes. You can count this Webinar as CPD*

*Include and document your reflections and connected learning goals in your CPD portfolio.*

*CPD certificates will be sent to all practitioners who log on and remain logged on through the entire webinar*


*Watch out for these certificates in your inbox early in the new year.*

# Information we will cover today:

1. Chinese Medicine Board of Australia
2. What does the Board and Ahpra do?
3. Who's who in Chinese medicine regulation
4. Board's role vs Professional Association's role
5. Key statistics
6. Board's workplan 2023/24
7. Committees of the Board
8. Trends in notifications
9. Notifications case study
10. Board communications and engagement

# **Introducing the Chinese Medicine Board of Australia**

# Members of the Chinese Medicine Board of Australia



**Roderick Martin**  
Practitioner member from Queensland

**Professor Danforn Lim**  
Chair and Practitioner member from N.S.W

**Stephanie Campbell**  
Community member from N.S.W

**Bing Tian**  
Practitioner member from A.C.T

**Sophy Athan**  
Community member from Victoria

**David Brereton**  
Community member from Tasmania

**Johannah Shergis**  
Practitioner member from Victoria

**Kirsten Hibberd**  
A/Executive Officer

**Dina Tsiopelas**  
Practitioner member from South Australia

**Luke Hubbard**  
Practitioner member from Western Australia

# What does the Board do?

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



# What does Ahpra do?



\*Nationally, except in NSW and QLD where this is managed by the Health Professional Councils Authority and the 15 health professional Councils, and the Office of the Ombudsman, respectively.

## Chinese medicine regulation: Who's who?

Chinese  
Medicine Board  
of Australia

Australian Health  
Practitioner  
Regulation  
Agency (Ahpra)

Chinese  
Medicine Council  
of NSW

Chinese  
Medicine  
Accreditation  
Committee

Office of Health  
Ombudsman

Health Care  
Complaints  
Commission  
(HCCC)

# Board's role vs Professional Association role

## Board's role:

- Board is restricted by its roles and responsibilities under the National Law. The Board's primary role is to protect the public and set standards and policies that Chinese medicine practitioners must meet.
- Provide information as required by government as to registration and regulation of the profession and the Board liaises with government on these issues.

## Not the Board's role:

- Not the role of the Board to advocate however the Board can provide information on education standards and professional obligations of practitioners.

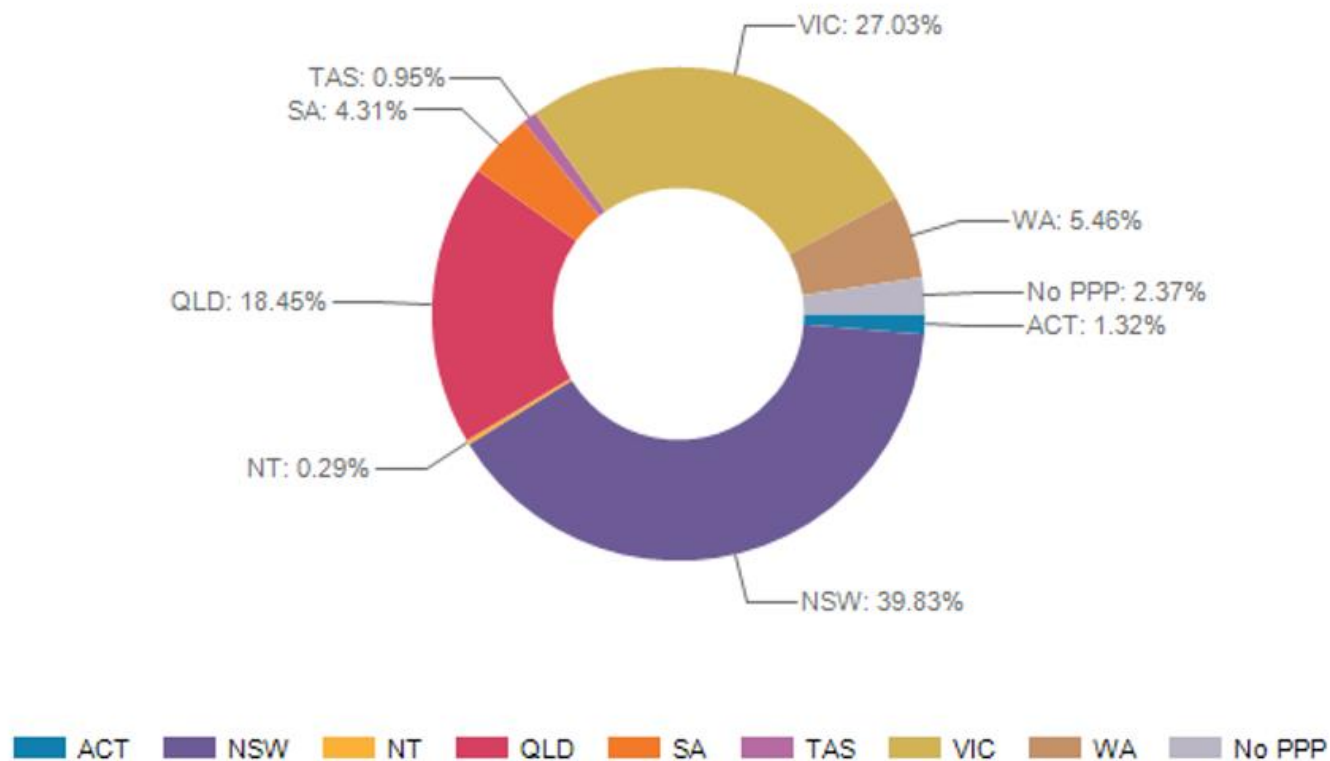
## Professional Association role

- Advocate for and advancement the profession
- Valuable support for members
- Develop and deliver continuing professional development programs

## Key statistics

# Registrant data (as at 30 September 2023)

Table 1.2 Registrations by principal place of practice percentages



# Registrant data (as at 30 September 2023)

**Table 1.3 Registrations by division**

Division	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
Acupuncturist	23	396	7	584	132	26	381	112	22	1,683
Acupuncturist and Chinese Herbal Dispenser		2		2						4
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner	11	637	3	88	15	6	356	42	29	1,187
Acupuncturist and Chinese Herbal Medicine Practitioner	30	847	4	211	60	14	553	108	60	1,887
Chinese Herbal Dispenser		25		2			2	2	1	32
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner		10			1		4	1	2	18
Chinese Herbal Medicine Practitioner		15		8	1		15		1	40
<b>Total</b>	<b>64</b>	<b>1,932</b>	<b>14</b>	<b>895</b>	<b>209</b>	<b>46</b>	<b>1,311</b>	<b>265</b>	<b>115</b>	<b>4,851</b>

# Registrant data (as at 30 September 2023)

Table 2.2 Registrants by age group

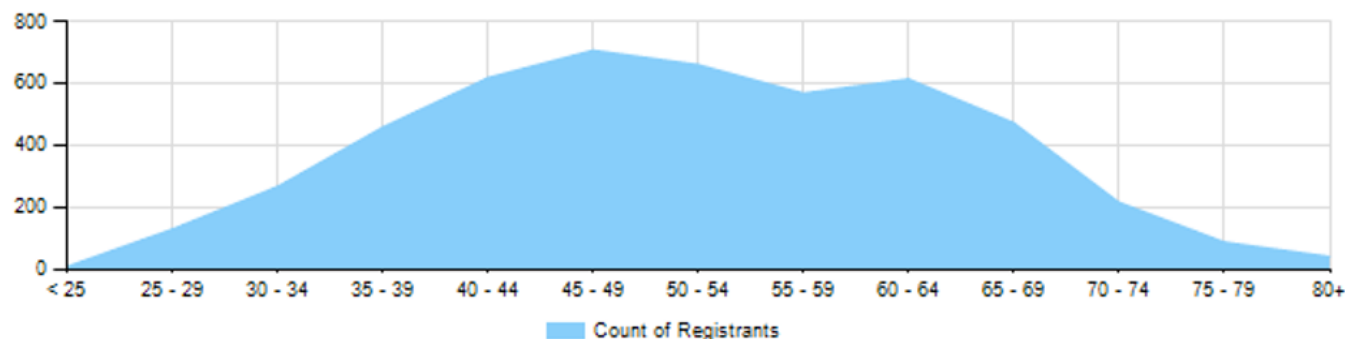


Table 3.2 Registration by gender percentages

Gender	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
Female	56.3%	56.0%	57.1%	58.9%	59.8%	65.2%	60.3%	64.2%	55.7%	58.4%
Male	43.8%	44.0%	42.9%	41.1%	40.2%	34.8%	39.7%	35.8%	44.3%	41.6%

# **Board's workplan 2023/24**



## March 2023 – Board development meeting



# 2023/24 work plan

CMBA regulatory examinations

Telehealth, English language conditions, Public education campaign

Continuing engagement with practitioners and students

- Newsletters, Webinars, Presentations

Review website content

Guidelines review

- Safe use Chinese herbal medicine – publish effective 1 December 2023
- Infection control and prevention for acupuncture practice – publish effective 1 December 2023
- Patient health records guidelines – consultation

Advertising guideline compliance education

# Advertising

- Audit of Chinese medicine practitioner's advertising over 2021 and 2022
- Identified high percentage of sampled Chinese Medicine practitioners had non-compliant advertising
- Common themes:
  - use of terms related to specialist registration (e.g. specialist, specialises)
  - false and misleading claims
  - lack of acceptable evidence
  - unrealistic expectation of beneficial treatment

# CMBA regulatory examinations



The first component is a written examination (computer-based) consisting of scenario based multiple-choice questions (**MCQs**) – assesses the candidates' ability to interpret information and make safe and effective clinical decisions



The second component is a station-based examination consisting of tasks related to clinical scenario (called objective structured clinical examination (**OSCE**)) - assesses competence for practice and clinical skill performance.

# Committees of the Chinese Medicine Board of Australia

Policy, Planning  
and  
Communications  
Committee

Registration and  
Notifications  
Committee

Accreditation  
Committee

Examinations  
Committee

# Trends in notifications



# Notifications 2022/23

**14** notifications lodged with Ahpra about  
**12** Chinese medicine practitioners

**41** notifications about **33** Chinese  
medicine practitioners made Australia-  
wide, including HPCA and OHO data

- **0.7%** of the profession Australia-wide

## Notifications closed



**32** notifications closed

- **18.8%** conditions imposed on registration
- **6.3%** cautioned or reprimanded
- **3.1%** referred to another body
- **71.9%** no further regulatory action

# Notification case study



# How Ahpra and the Board manage notifications

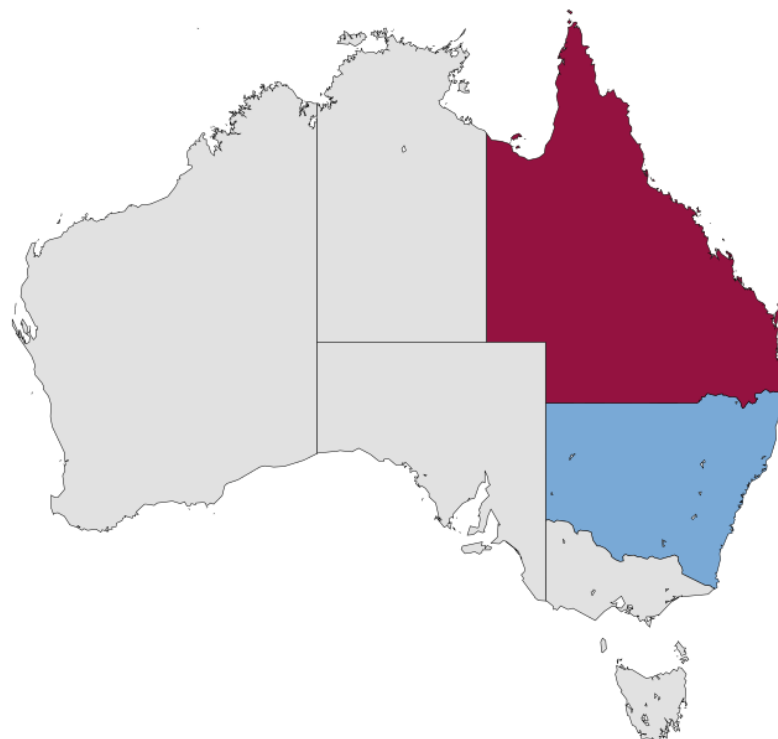


# Notifications in Queensland and New South Wales

The notification process described is slightly different for practitioners in New South Wales or Queensland.

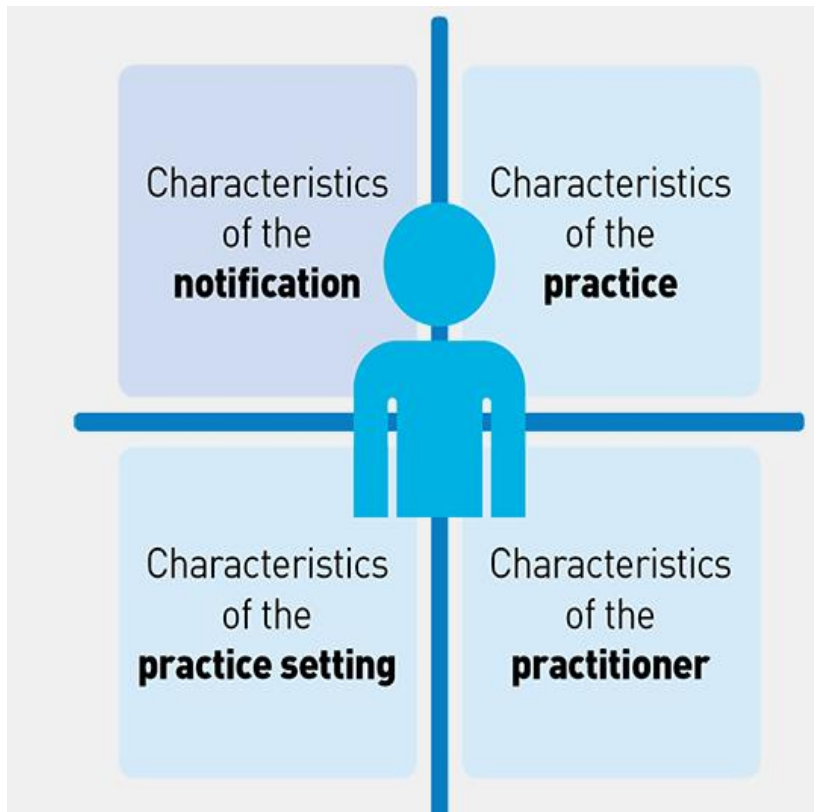
In Queensland the Office of the Health Ombudsman (the OHO) will jointly consider the complaint with Ahpra and, depending on this consideration, the OHO may assess and investigate the complaint.

The Chinese Medicine Council of New South Wales assesses and investigates all complaints about registered Chinese medicine practitioners in NSW.



# Notification case study

## Assessment by the Board



As the focus of the Board is always the protection of the public, there are a number of things the Board considers in deciding whether a practitioner is considered a risk.

**Concerns raised** – to assess if knowledge, skill or judgement or the case exercised by the practitioner is below a reasonable standard

**Type of practice** – the inherent risk and relevant standards or guidelines

**Practice setting** – including access to professional peers, supports and the vulnerability of the patient groups

**Practitioner** – including their regulatory history and actions taken in response of the concern/complaint.

# Notifications – Further information

- Ahpra has published the Regulatory guide which provides comprehensive information about the handling of notifications.
- The regulatory guide and further information about how Ahpra and the Board manage notifications can be found on the Ahpra website
- <https://www.ahpra.gov.au/Notifications/Further-information.aspx>

# Notification case study

The Board received a notification (complaint) from a Notifier in relation to a Chinese medicine practitioner (practitioner)



The notifier complained that the:

- The practitioner did not obtain the notifiers consent for the treatment
- That the initial treatment did not provide relief. Despite this the practitioner did not adjust the treatment plan causing ongoing pain.
- That the practitioner attended the home of the notifier and did not receive payment therefore the practitioner did not maintain professional boundaries

The National Law requires the Board to consider almost every notification it receives.

So in this case a file was opened in relation to the complaint.



# Notification case study – Notification process

## Information from Notifier

- Sought treatment for lower back pain, muscular soreness and tiredness
- Advised the practitioner stepped on their lower back and hips and the notifier heard cracking sounds
- Stated that following the treatment the pain increased and the notifier attended other health practitioners for pain relief
- Stated that they contacted the practitioner who then attended the notifiers home. The practitioner advised the notifier to not attend other health practitioners and gave the notifier electric acupuncture on the back and hips over a couple of days
- Following this the notifier's pain worsened

## Information from practitioner

- Provided an initial and subsequent response to the notification including patient and phone records
- Stated that the notifier did not sign informed consent
- Stated that they had explained to the notifier that they may feel some discomfort for 2-3 days.
- Stated that when advised of the notifiers ongoing discomfort and limited mobility they attended his home and provided treatment
- Stated that all treatment was implemented and appropriately communicated with the notifier
- Denied advising the notifier to cease attendance with other health practitioners

# Notification case study - assessment

In its assessment the Board noted:

The notifier did not sign an informed consent contrary to accepted standards.

The practitioner provided a basic diagnosis. As the practitioner stated the problem was sciatica, usual practice would be to include a specific diagnosis.

The practitioner did not change his treatment plan when advised of a negative outcome.

The negative outcome experienced by the notifier highlights the need for the practitioner to reassess the treatment plan and change it.

The practitioner attended the home of the notifier and provided treatment however did not receive any payment. In doing so the practitioner did not maintain professional boundaries



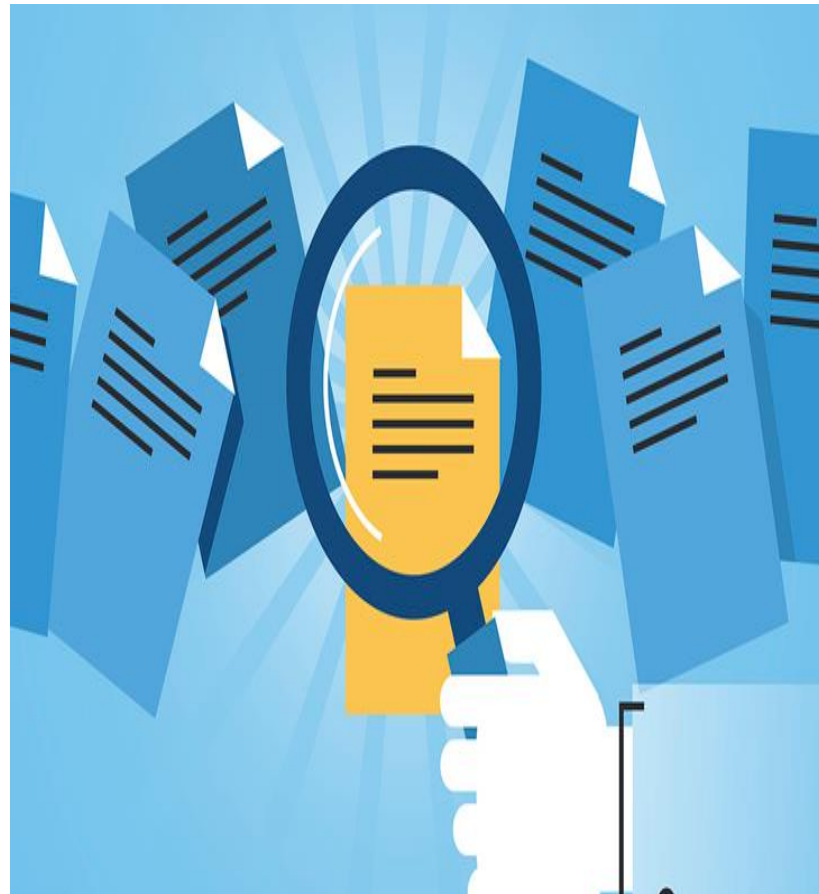
# Notification case study - outcome

The notification identified concerns about the practitioner's performance and conduct regarding informed consent, clinical decision making, managing adverse responses to treatment and maintaining professional boundaries.

The performance and conduct of the practitioner was below the expected standard and education conditions iproposed ncluding a reflective practice report in relation to the following:

- Informed consent
- Clinical decision making
- Managing adverse responses to treatment
- Maintaining professional boundaries.

The practitioner accepted the proposal and did not provide any further submissions to the Board.





# **Board communications and engagement**

# Engagement – education providers



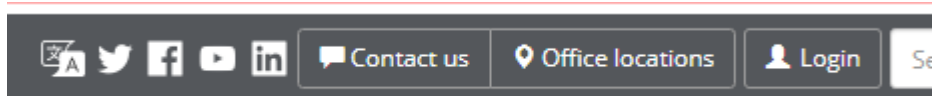


# Professional associations / reference group



# How to contact the Board:

Use 'CONTACT US' button on the Board's website:



## Contact us:

- Call 1300 419 495
- [www.ahpra.gov.au/enquiry](http://www.ahpra.gov.au/enquiry)
- [Email: Chinesemedicineboard@ahpra.gov.au](mailto:Chinesemedicineboard@ahpra.gov.au)
- Post: Chinese Medicine Board of Australia  
Executive Officer: Ms Kirsten Hibberd  
Ahpra  
GPO Box 9958  
Melbourne VIC 3001

# Questions





**Seasons  
greetings  
and  
happy  
new year**



**Chinese Medicine Board  
Ahpra**