

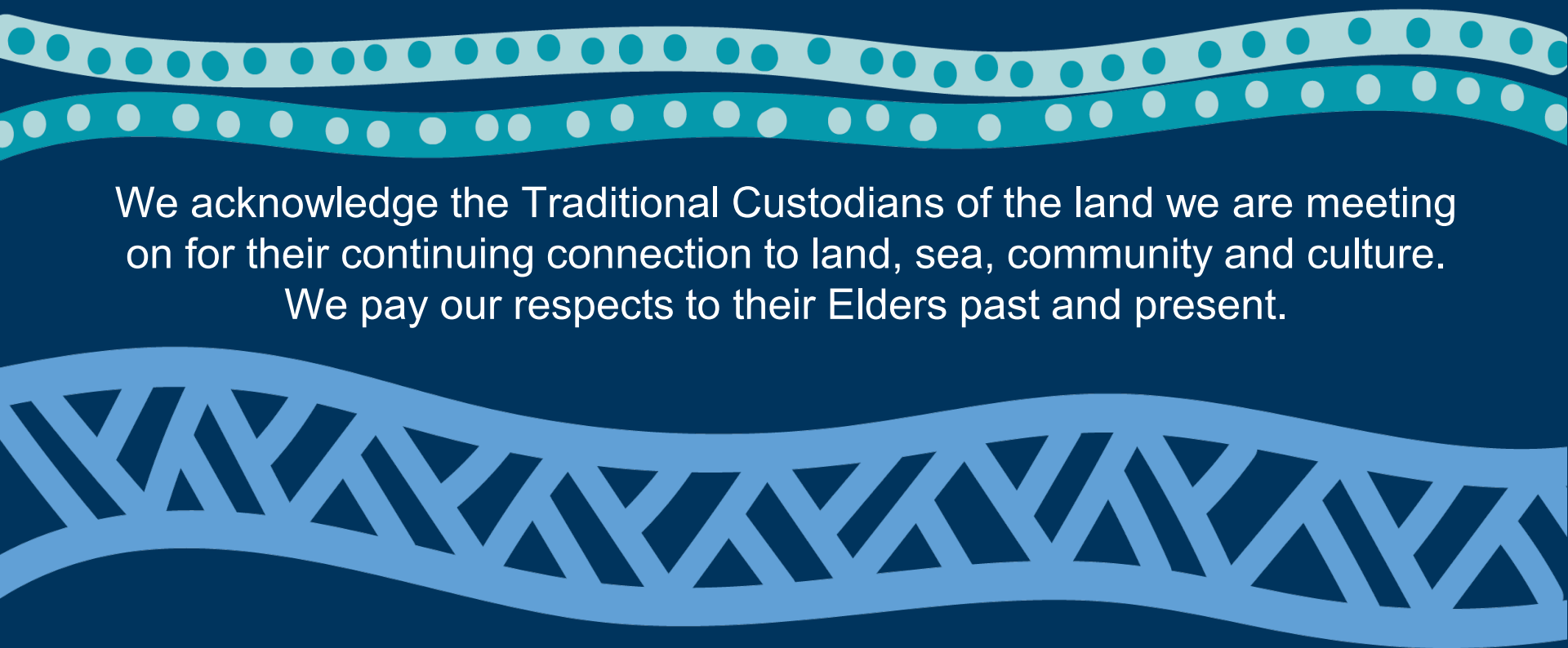


Chinese medicine regulation in Australia

Chinese Medicine Board of Australia (CMBA)

Practitioner webinar November 2024

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. Committees of the Board
5. Board's role vs Professional Association's role
6. Key registration statistics
7. Board's workplan 2024/2025
8. Board communications and engagement
9. Trends in notifications
10. Notifications case studies

Introducing the Chinese Medicine Board of Australia

CMBA members



Adjunct Professor Danform Lim
Chair and Practitioner member
NSW



Kirsten Hibberd
Executive Officer



Stephanie Campbell
Community member
NSW



Sophy Athan
Community member
VIC



Craig Bennett
AM
Community member
VIC



Johannah Shergis
Practitioner member
VIC



Dina Tsiopelas
Practitioner member
SA



Luke Hubbard
Practitioner member
WA



Bing Tian
Practitioner member
ACT

What does the Board do?

Protect the
public

Take timely and
necessary
action

Administer the
National Law

Ensure
registrants are
qualified

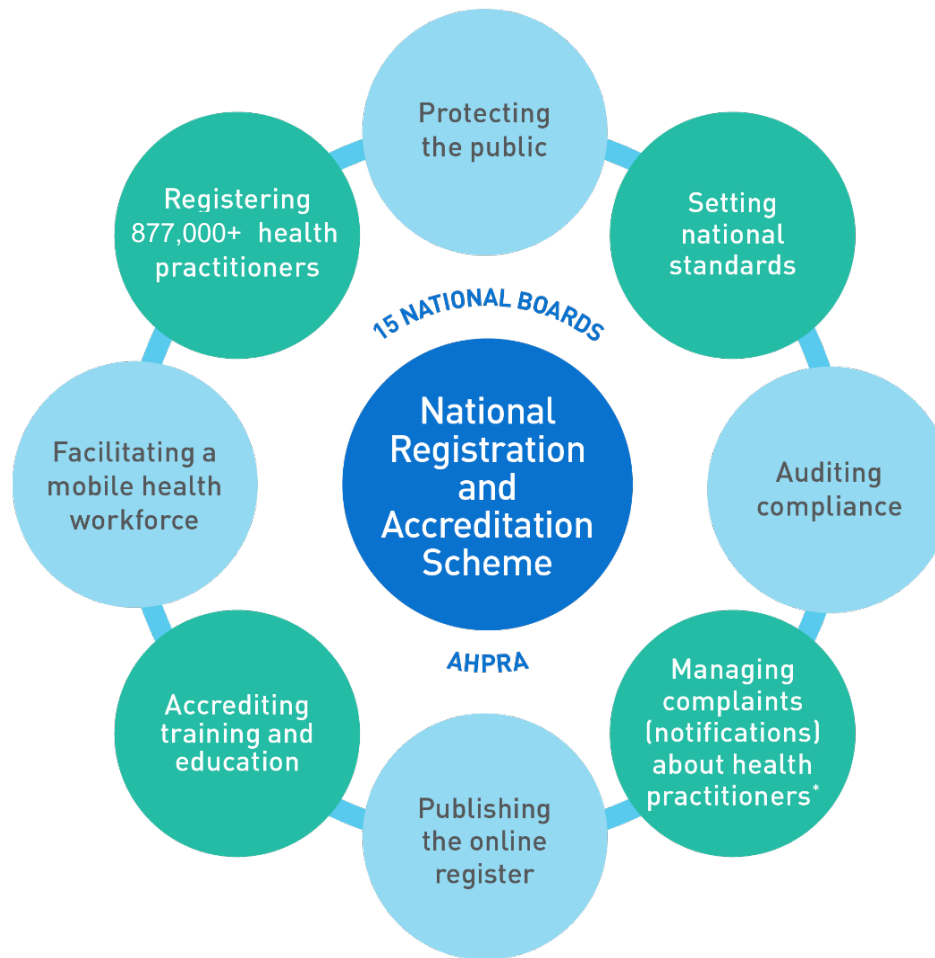
Work with
stakeholders

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
(OHO)

Health Care
Complaints
Commission
(HCCC)

Committees of the Chinese Medicine Board of Australia

Policy, Planning
and
Communications
Committee

Registration and
Notifications
Committee

Accreditation
Committee

Examinations
Committee

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 (30 Sept 2024)

Table 1.4 Registrations by division

Division	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
Acupuncturist	22	387	7	580	135	26	379	112	21	1,669
Acupuncturist and Chinese Herbal Dispenser		3		2						5
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner	12	647	2	93	18	9	399	42	28	1,250
Acupuncturist and Chinese Herbal Medicine Practitioner	28	821	5	214	57	14	535	111	66	1,851
Chinese Herbal Dispenser		23		1			2	2	1	29
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner		10			1		3		2	16
Chinese Herbal Medicine Practitioner		15		7	1		17		1	41
Total	62	1,906	14	897	212	49	1,335	267	119	4,861

Registrant data (30 Sept 2024)

Table 1.1 Registration type by principal place of practice

Registration types	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No ppp	Total
General	59	1,801	11	839	203	46	1,259	258	51	4,527
General and Non-practising		5	1	1	1	1	2			11
Limited		1								1
Non-practising	3	99	2	57	8	2	74	9	68	322
Total	62	1,906	14	897	212	49	1,335	267	119	4,861

Registrant data (30 Sept 2024)

Aboriginal and/or Torres Strait Islander practitioners

Table 1.3 Aboriginal and/or Torres Strait Islander practitioners by principal place of practice

PPP	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
Aboriginal and/or Torres Strait Islander practitioners		9	1	8	1	1	2	1	1	24
Percentage of all practitioners		0.5 %	7.1 %	0.9 %	0.5 %	2.0 %	0.1 %	0.4 %	0.8 %	0.5 %

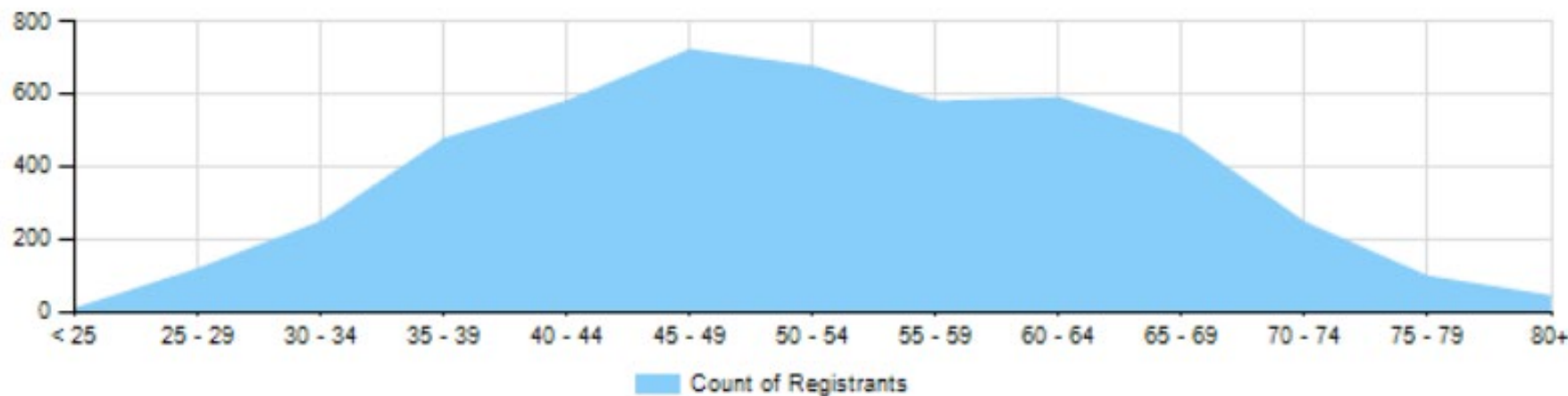
Percentage

Table 3.2 Registration by gender percentages

Gender	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
Female	59.7%	56.8%	64.3%	59.4%	60.4%	61.2%	61.2%	64.0%	58.8%	59.2%
Male	40.3%	43.2%	35.7%	40.6%	39.6%	38.8%	38.8%	36.0%	41.2%	40.8%

Registrant data (30 Sept 2024)

Table 2.2 Registrants by age group



Board's workplan 2024/25

2024-2025 workplan

CMBA regulatory examinations

- The Board continues to run regulatory examinations and evaluate outcomes

Virtual care, Artificial Intelligence (AI)

- Guidance specific to Chinese medicine virtual care and all profession AI published

Continuing engagement with practitioners, students, the public & industry stakeholders

- Newsletters, webinars, presentations, public information campaign, Board and Ahpra website and engagement with professional associations and international stakeholders

Guidelines review

- Patient health records guidelines – public consultation closed mid-2024

Advertising guideline compliance education

- Updated guidance and quick reference guide on acceptable evidence published

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.

Virtual care

- Ahpra guidance for practitioners, employers and the public was published earlier this year
- The Board developed a set of FAQs for guidance specific to Chinese medicine
- Key points:
 - All registered practitioners can provide virtual care if it is safe, clinically appropriate and suitable for the patient or client
 - Conduct a face-to-face appointment first
 - Some treatments, such as acupuncture, are not appropriate.

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

Updated advertising guidelines

Check your advertising: Chinese medicine examples

Resources

Joint statement on professional responsibilities for prescribing and dispensing medicines

Meeting your professional obligations when using Artificial Intelligence in healthcare

Checklist for practitioners handling feedback and complaints

Code of conduct

Protecting patients from sexual misconduct in healthcare

Advertising hub

Advertising guidelines and other guidance

Resources for advertisers

Examples common to all regulated professions

Self-assessment tool

Testimonials: Understand the requirements

Titles in health advertising

Check your advertising: Chinese medicine examples

The Australian Health Practitioner Regulation Agency (Ahpra) and the Chinese Medicine Board of Australia (the Board) have developed examples of advertising claims that don't meet the legal requirements and outlined how to make them compliant. This guide is designed to help you check your own advertising and ensure you comply with your obligations under the [National Law](#).

Reasoning behind why the advertising is non-compliant and how the specific examples could be corrected is based on our assessment of advertising complaints received for the Chinese medicine profession. When assessing advertising we apply the National Law and any further guidance that National Boards and Ahpra publish, including the [Guidelines for advertising a regulated health service](#) and resources on our websites.

The examples are specific to Chinese medicine practitioners and are some of the most common mistakes we see. The examples given are not an exhaustive list of all treatments offered by Chinese medicine practitioners and do not encompass all benefits that Chinese medicine may have for patients.

Important information

Check if your advertising complies with legal requirements

- You must ensure that your advertising is compliant with the [Guidelines for advertising a regulated health service](#).
- There are many ways advertisements can be false, misleading or deceptive.
- Always be clear about the level of evidence to support a claim. You should not make claims about the effectiveness of the treatment or services you provide if those claims cannot be supported with [acceptable evidence](#). We have published a [Quick reference guide on acceptable evidence in advertising specific to Chinese medicine](#) to provide you with further guidance.



<https://www.ahpra.gov.au/Resources/Advertising-hub/Resources-for-advertisers/Chinese-medicine-examples.aspx#>

March 2024 – Board development meeting



Board communications and engagement

Information campaigns

- Informing the public on what to expect from Chinese Medicine practitioners and Acupuncturists through online videos
- Board webinars for first and final year Chinese Medicine students
- Newsletter publication this month focusing on practitioners keeping up to date with their obligations.
- Board commitment to information exchange with national and international stakeholders.



Industry stakeholder engagement



Cultural Safety

- Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025
- Aboriginal and Torres Strait Islander Employment Strategy 2020-2025
- Ahpra Innovate Reconciliation Action Plan 2021-2023



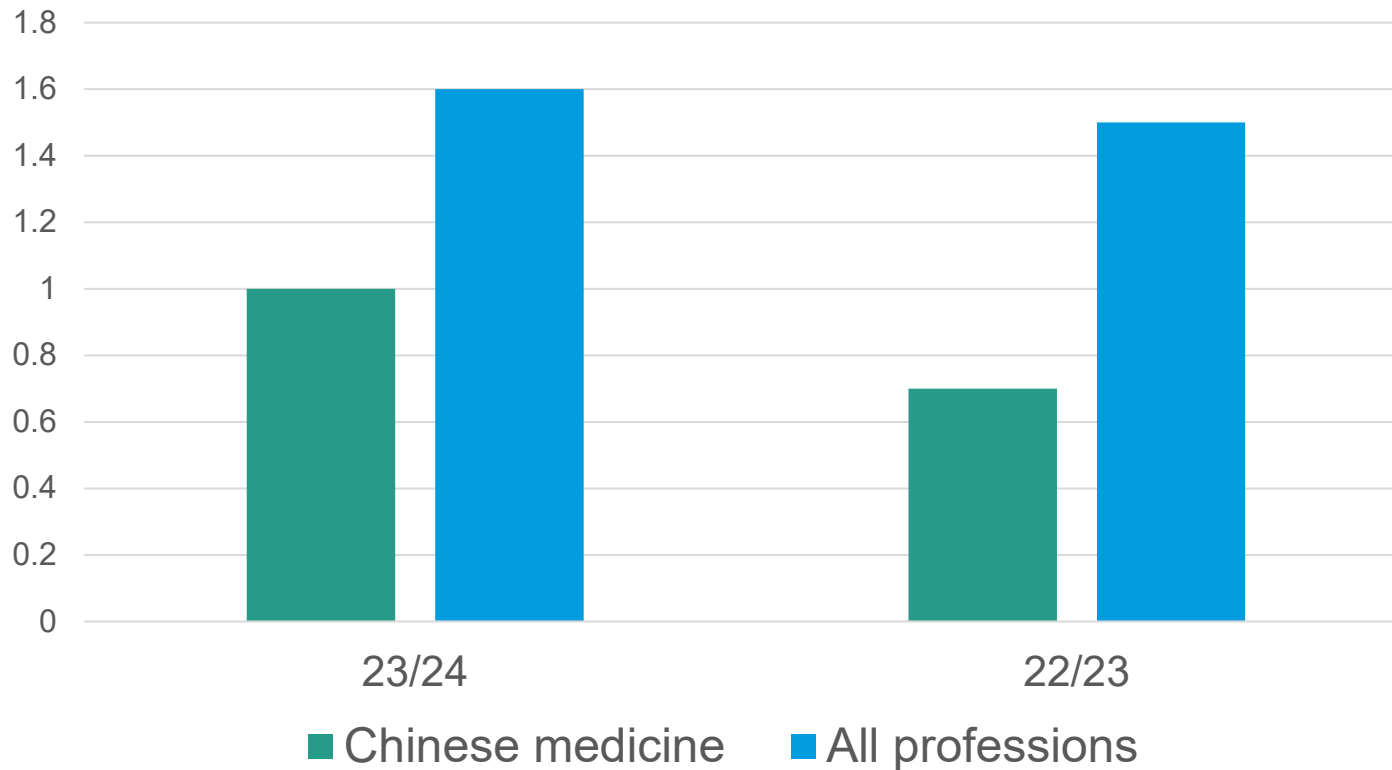
Notifications

How Ahpra and the Board manage notifications



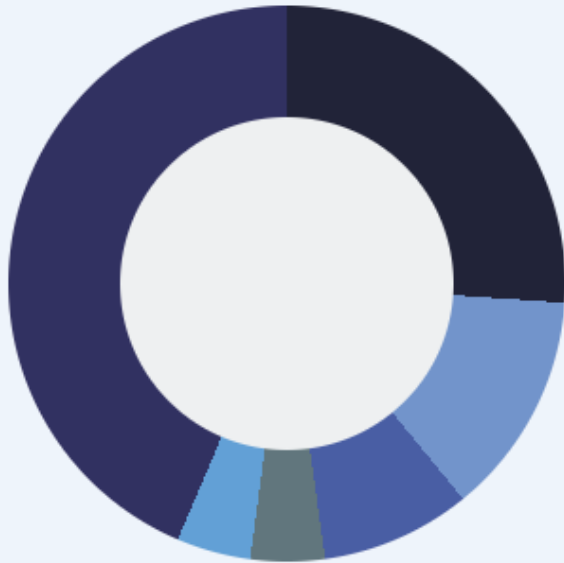
Notification data

Percentage of registrants subject to a notification



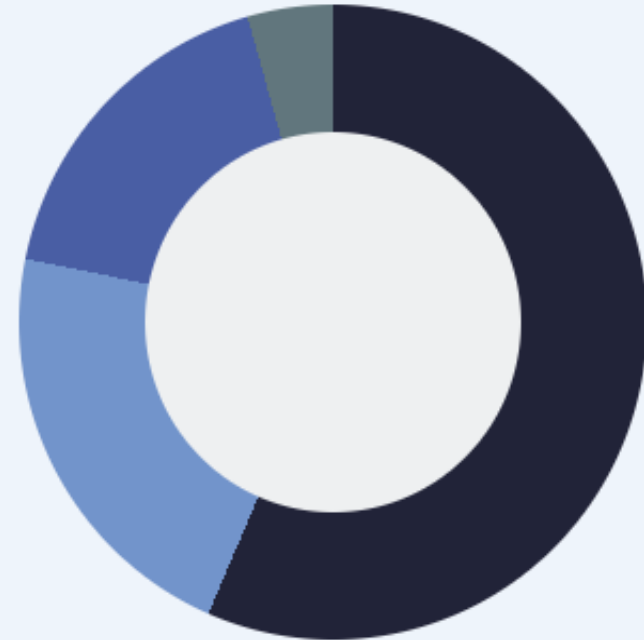
Notification data

Most common types of complaints



- **26.1%** Offence against other law
- **13.0%** Breach of non-offence provision – National Law
- **8.7%** Boundary violation
- **4.3%** Clinical care
- **4.3%** Communication
- **43.5%** Other

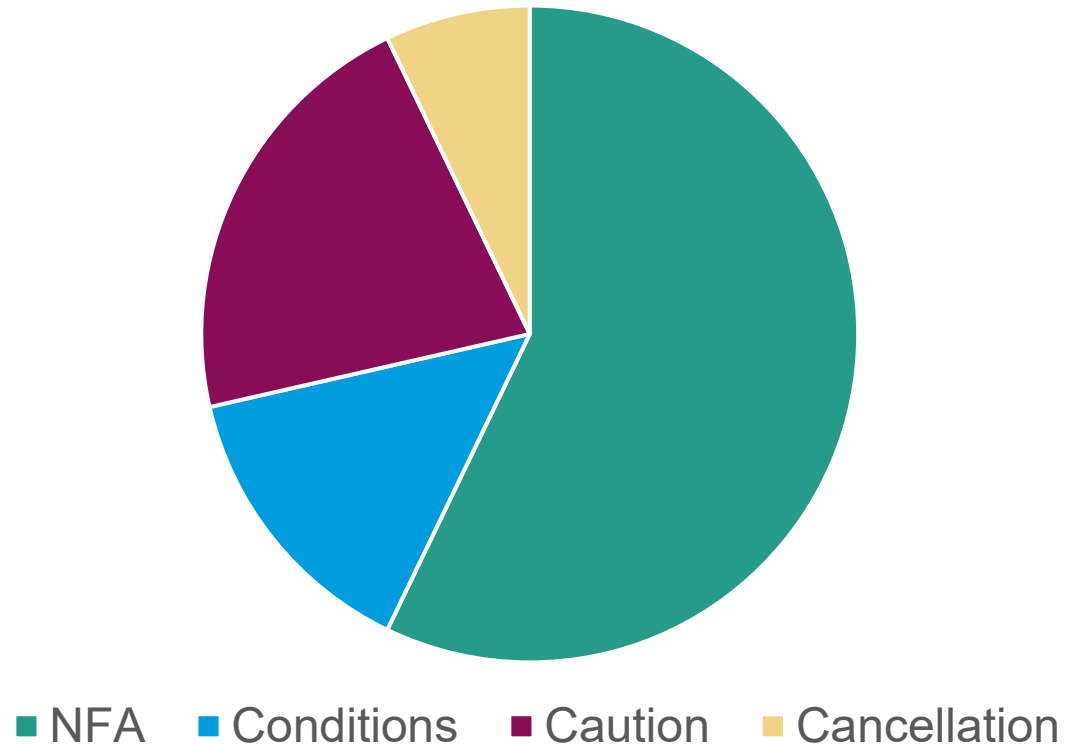
Sources of notifications



- **56.5%** Patient, relative or member of the public
- **21.7%** Police, government or co-regulator
- **17.4%** Other practitioner
- **4.3%** Board initiated

Notification data

Closures



*Does not include HPCA NSW data

Notification case study

Initial risk assessment



- Ahpra conduct early risk assessments to determine the appropriate pathway for notifications to be assessed/investigated
- Chinese medicine clinical advisors are involved in this process.
- This process expedites consideration of matters
- How we deal with notifications may change upon receipt of further information.

Strengthening practice pathway



- Focuses on improving the practitioner's practice
- Case discussions are commonly conducted, designed to take an educative, holistic and reflective approach to managing risk.
- Tool for the Board to understand how the risk may be managed without regulatory action.
- Differs to a formal interview

Case discussions – case study



- Notification raising concerns about practitioner practising outside their scope of practice.
- Case discussion enabled Ahpra and clinical advisor team to obtain a holistic overview of practice and qualifications and ensure practitioner understanding of Board's codes and guidelines.
- Provided the Board with confidence to take NFA.

Case discussions examples



- Follow QR code or link for further case study examples across professions
- After following the link, click on the drop down 'managing concerns received'
- We encourage you to engage in the case discussion process if offered in future

<https://www.ahpra.gov.au/Publications/Annual-reports/Annual-report-2023/Notifications.aspx>

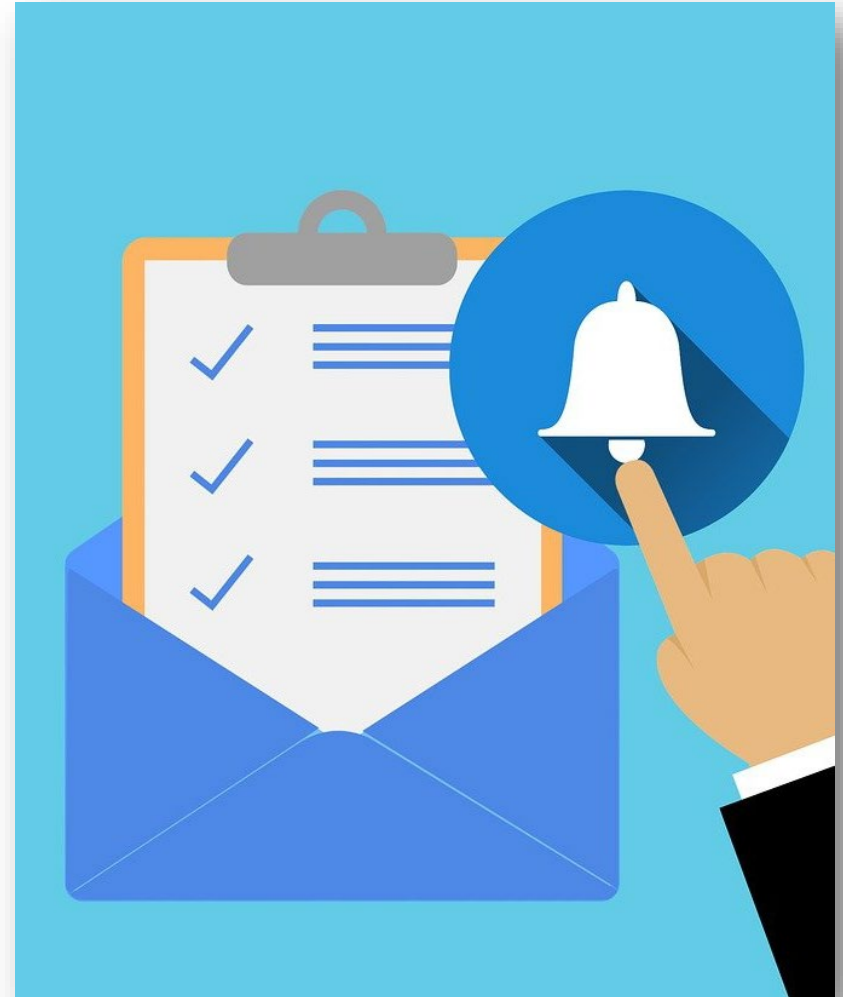
Professional standards pathway



- Serious/high-risk conduct and performance concerns may be referred to professional standards for formal investigation.
- Management under this pathway does not automatically mean the Board will take action or the practitioner has done something wrong.
- Voluntary discontinuation of registration may not result in closure.
- Ahpra and the Board's decision making focuses on protecting the public, not punishing practitioners.

Professional standards case study

- Notification raised by a patient about being diagnosed with pneumothorax following the practitioner providing them with acupuncture
- Subsequent concerns raised across their practice about:
 - Consenting practices
 - Adherence to infection control and hygiene standards
 - Lack of ability to ensure patient modesty
 - Lack of patient record keeping
 - Failure to appropriately respond to adverse event



Preventing notifications



Some measures:

- Be kept up to date and adhere to Registration Standards, position statements, Codes and Guidelines (our Newsletter, website and social media and your professional association can be good resources)
- Ensure patient-centered care, informed consent and experience
- Where appropriate, resolve issues directly with the consumer
- We recognise that notifications can be unavoidable

Advice for if a concern is raised



The things to do:

- Accept Ahpra is contacting you because the Board needs further information – not because Ahpra or the Board have accepted you've done something wrong
- Engage (with Ahpra, indemnity providers) – they will be the best sources of information about what is likely
- Get support (family, friends, close peers, doctors health programs)



The things to avoid:

- Don't expect the worst outcome
- Don't keep it yourself
- Don't avoid talking to your indemnity insurers
- Don't attempt to make a notifier withdraw a notification or complaint
- Don't change patient records or documents

Recommended webinar

- Recent Board webinar to registered CM practitioners, students & other interested persons on notifications process & available wellbeing and support networks (*published on Board's website under news: presentations*)



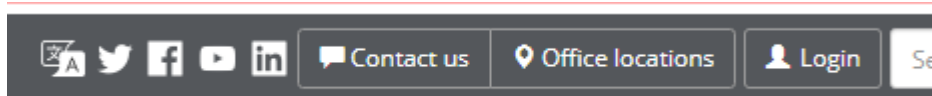
<https://www.chinesemedicineboard.gov.au/News/Presentations.aspx>

Questions



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
- [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



**Seasons
greetings
and
happy
new year**



**Chinese Medicine Board
Ahpra**