



Public consultation on draft registration standards

3 May 2018

Responses to consultation questions

Please provide your feedback as a word document (not PDF) by email to chinesemedicineconsultation@ahpra.gov.au by close of business on 4 May 2018.

Stakeholder details

If you wish to include background information about your organisation please provide this as a separate word document (not PDF).

Organisation name
Federation of Chinese Medicine & Acupuncture Societies of Australia Ltd (FCMA)
Contact information <i>(please include contact person's name and email address)</i>
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Confidentiality
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Registration standard: Professional indemnity insurance arrangements (PII)

Please provide your responses to any or all questions in the blank boxes to the right of the question

<p>1. From your perspective, how is the current PII arrangements registration standard working?</p>	<p>The current PII arrangement seems to be easily enforceable. However, it is not known if it is adequate for those practitioners who were affected with multiple complaints, occurrence-based claims, retroactive claims and run-off claims. Currently, proof of ongoing policies has to be presented to the professional associations as requirement for continuation of membership and provider status of private health funds.</p>
<p>2. Is the content and structure of the draft revised PII arrangements registration standard helpful, clear, relevant and more workable than the current standard?</p>	<p>The content structure of the revised draft would seem to be more helpful for a practitioner seeking PII and who is not familiar with the types of claims that could occur from previous practice, current and retirement or cessation of practice. It also helps the practitioner to ensure that the PII cover is comprehensive; especially when weighing against cost of insurance policy. The information in the draft would also assist the practitioner to evaluate the quality of the PII offered by the insurance company. To some extent, it also protects the practitioner.</p> <p>The revised draft also ensures that the practitioner checks the adequacy of third-party PII insurance and made aware as to when personal PII need to be extended.</p>
<p>3. Is there any content that needs to be changed or deleted in the revised draft PII arrangements registration standard?</p>	<p>Line 44: first dot point: “ when the scope of practice of an individual practitioner does not include the provision of healthcare or opinion in respect of the physical or mental health of any person”.</p> <p>It is hardpressed for a practitioner not to address healthcare with regard to opinion in respect of the physical and mental health of any person. Chinese medicine (or any other medicine) overlaps in terms of physical health and mental health and is not possible to separate the two. Holistic health care addresses both; usually with more emphasis on one over the other. A comment on the physical or mental health might evoke response from clients that could be taken further than intended. Hence, this dot point could be either removed or rephrased if the draft has not been clear over an issue.</p> <p>Line 47: Suggest to rephrase</p>

	<p>“When you apply for registration you must declare that you have professional indemnity insurance arrangements in place that meets the standard requirement under the National Law”.</p> <p>Stating in the positive makes the statement clearer and avoids confusion.</p> <p>Line 48: second dot point. Suggest to rephrase “ you will continue to practise the profession with current professional indemnity insurance arrangements in place that meets this standard”. You will not be able to continue practice if professional indemnity insurance is not in place.</p> <p>Stating in the positive avoids confusion.</p>
<p>4. Is there anything missing that needs to be added to the revised draft PII arrangements registration standard?</p>	<p>It would be useful to state specifically that a practitioner ensures that at any time there is sufficient retroactive cover (if relevant), run-off cover (for retirement and cessation of practice) and not only on current cover.</p>
<p>5. Do you agree with the change to advising Chinese medicine practitioners to seek advice from their insurer on what level of cover is adequate and appropriate for their practice rather than specifying a minimum level of cover within the standard?</p>	<p>It would be more appropriate if Chinese medicine practitioners seek advice from affiliated professional associations regarding the types of cover related to their practice and the level of cover needed. It would be advisable for practitioners to find out from their insurers as to what types of cover are available in the policy and the cost of cover. It would be appropriate for practitioners to weigh the advice from both professional associations and insurers rather than insurers only. This avoids practitioners from inadequate cover on the one hand and costly premiums on the other.</p> <p>Specifying a minimum level of cover i.e. \$2millions per annum should be setup within the standard as this would avoid confusion between the registration standard and minimum requirement set by private health funds, \$2millions PII is currently required by most of private health funds for eligibility of provider status . The sum may then be reviewed by a practitioner over time, especially if a claim for or complaints have been made against the practitioner.</p>
<p>6. It is proposed that the draft revised PII arrangements registration standard is reviewed every five years or earlier if required, as the content is likely to be reasonably settled and stable after this review. Is this reasonable?</p>	<p>It seems a review every five years is reasonable as it allows the changes to take effect and to show the strengths and pitfalls. If it becomes obvious that many anomalies come to fore in the next three years, then there is a good reason to review it three years. (time). Delete In five years, decision could be made then to decide if a review is necessary.</p>

7. Is there anything else the National Board should take into account in its review of the PII arrangements registration standard, such as impacts on workforce or access to health services?	Nothing noted presently.
8. Do you have any other comments on the revised draft PII arrangements registration standard?	As many Chinese medicine practitioners are non-English speakers, it would be helpful if this new draft is translated into the various languages as recognised in the standard for clinical practice.
Registration standard: Continuing professional development (CPD)	
<i>Please provide your responses to any or all questions in the blank boxes to the right of the question</i>	
1. From your perspective, how is the current CPD registration standard working?	The current CPD standard over the past years seems to be reasonable and able to be met by practitioners. As a requirement for continuation of professional association memberships, members are required to present records of attendances and hours of CPD in the preceding 12 months of membership.
2. Is the content and structure of the draft revised CPD registration standard helpful, clear, relevant and more workable than the current standard?	The content in the new draft is clearer in the way of being more specific. It clarifies the requirements for different aspects of practice.
3. Is there any content that needs to be changed or deleted in the revised draft CPD registration standard?	Not apparent
4. Is there anything missing that needs to be added to the revised draft CPD registration standard?	Not apparent
5. Is the content and structure of the draft CPD guidelines helpful, clear and is it a useful addition to the draft revised CPD registration standard?	Yes
6. Is there any content that needs to be changed or deleted in the draft CPD guidelines?	Line 131: It states about interprofessional CPD activities but such activities are not included on the draft revised CPD registration standard. It seems the draft CPD guidelines have overread the draft standard. FCMA suggests deleting Line 131.
7. Is there additional clarification from the draft revised CPD registration standard that needs to be added to the draft CPD guidelines?	Not apparent
8. Does including the statement 'The Board does not endorse/accredit CPD providers or activities but expects practitioners to select CPD activities that are consistent with the ethical and professional standards set out by the Board' add clarity to the CPD guidelines?	It is appropriate that the Board does not endorse/accredit activities. Areas of practice and topics are varied as well as the needs of the practitioners. It would be impossible for the Board to endorse every CPD activity. It is appropriate that the practitioner takes responsibility for learning according to personal needs. Often professional associations also have the capacity to offer CPD courses by inviting the best in the field as well as providing the

	latest information on advancements and emerging trends.
<p>9. Are there any other ways that the Board can support practitioners to best engage in CPD?</p>	<p>For practitioners who may not be aware of what constitutes CPD, the proposed guidelines have made many clarifications. However, the Board could also be more flexible in the way of total hours to be accumulated in a 12-month period. The minimum of 20 hours is not in question. There are many practitioners who accumulate more than 20 hours during the said period and one of the reasons could be the availability of the topics that are relevant to a practitioner offered during the 12 months. Yet, in the next 12 months, the topics may not be relevant to the practitioners and their attendances would decrease while maintaining the 20 mandatory hours of CPD. The question is would the Board allow some CPD hours to be credited to the next year. For example, if one has accumulated 35 hours, would the Board allow 5 hours to be credited to the next 12 months. If feasible, the Board would have to decide on a number of hours that is acceptable for a cut-off point.</p>
<p>10. Is there anything else the National Board should take into account in its review of the CPD registration standard and guidelines, such as impacts on workforce or access to health services?</p>	<p>Flexibility as mentioned above has implications for practitioners in terms of their ability to work, the cost of attending conferences, seminars and the like. A practitioner might travel overseas to learn of the latest advancements in a clinical area; and in the next year recoup from the costly expenditure of time and earnings (while maintaining the 20 hours). The point to weight up is the quality and accessibility of clinical learning relevant to a practitioner rather than to be “forced” to make up hours to the detriment of good practise.</p>
<p>11. Do you have any other comments on the revised draft CPD registration standard and guidelines?</p>	<p>It might be clearer and relevant to add to the attached template (and not the draft) a section on committee involvement. Committee members of professional associations tend not to fill in hours or recognise that the activity is recognised as CPD. Although objectives are different from the general CPD, there are a lot of skills acquired regarding policy, changes, interaction with peers to advance the profession and awareness of latest advancements.</p> <p>If a practitioner has taken 2 years to complete a post-graduate degree, or other accredited certified courses such as a graduate diploma or certificate, would this be counted as CPD (Line 135). Or, is the practitioner still required to accumulate the required CPD hours prior to entering the workforce again. This needs further clarification.</p>

Registration standard: Recency of practice (RoP)

Please provide your responses to any or all questions in the blank boxes to the right of the question

1. From your perspective, how is the current recency of practice registration standard working?	The current recency of practice registration standard is working well.
2. Do you have feedback about the proposal to introduce a minimum of 450 practice hours in the previous three years or 150 practice hours in the previous 12 months to meet recency of practice requirements?	This section needs further clarification as it allows for different interpretations. One could interpret that as long as 450 hours have been accumulated for 3 years that one could be return to practice. If in the previous 12 months one accumulates 150 hours of practice and no hours in the previous 2 years prior to that, would this be considered to have met recency of practice. If one has accumulated 450 hours of practice in 3 years but less than 150 hours in the last year, would this meet recency of practice? If one has accumulated 450 hours in the 3 years and has not practiced in the year in between, would it meet recency of practice? This needs clarification because there are many reasons and circumstances that could contribute to the differences such as being overseas, practicing overseas, or even sickness.
3. Is the content and structure of the draft revised recency of practice registration standard helpful, clear, relevant and more workable than the current standard?	This draft is clearer and much more simplified for one to understand the requirement.
4. Is there any content that needs to be changed or deleted in the revised recency of practice draft registration standard?	See responses in question 2.
5. Is there anything missing that needs to be added to the revised draft recency of practice registration standard?	No comment.
6. It is proposed that the draft revised recency of practice standard is reviewed every five years or earlier if required. Is this reasonable?	This seems reasonable.
7. Is there anything else the National Board should take into account in its review of the recency of practice registration standard, such as impacts on workforce or access to health services?	No comment.
8. Do you have any other comments on the revised registration draft standard?	No comment.