



Federation of Chinese Medicine &
Acupuncture Societies of Australia Ltd.
澳洲全國中醫藥針灸學會聯合會 (National Body)

FCMA

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NEWSLETTER

July 2012

1. Message from the President

Congratulations to those members who are registered in the profession. The 1st of July 2012 will be a milestone in the history of Chinese medicine development in Australia. From this day, registered Chinese medicine practitioners start practising under the legislative framework in Australia. Only those who have the required credentials can become registered Chinese medicine practitioners and practice legally. From now on, we should conscientiously fulfill these obligations and responsibilities whilst exercising caution in the use of the power our position gives us.

As registered Chinese medicine practitioners, we have an obligation and indeed are required to observe the law, in particular the Health Practitioner Regulation National Law Act 2009 (The National Law).

We shall also provide our services under the guidelines issued by the Chinese Medicine Board of Australia (CMBA).

While we fulfil our obligations under the National Registration and Accreditation Scheme (NRAS), we shall also continue to uphold our responsibility to provide Chinese medicine services to the public of the highest quality. In order to implement this goal, we must constantly upgrade our

knowledge and clinical skills through CPD activities; to continue to improve the professionalism and moral integrity of the Chinese medicine profession.

Although our powers are limited as registered Chinese medicine practitioners, we now have a foothold in the Australian health care system, legal use of title of "doctor"; have authority to issue health certificates for those who need them ^[1]. In the near future, we also wish to be eligible to provide Chinese medicine services under Medicare and the Department of Veterans' affairs. It was reported ^[2]that the Federal Government will no longer provide the budget to naturopathy and homeopathy treatment rebates in this financial year. As Chinese medicine and acupuncture have been included into the NRAS, the public are eligible to receive subsidised Chinese medicine and acupuncture treatments through rebates from the private health funds they are members of. I wish every member could cherish his/her full general registration status. For those who have been imposed with conditions or limited registration, you are still our most valuable members and we shall treat you like family members.

For problems arising in the time before the registration process, in particular the enactment of the discrimination that existed in the English language skill standards for registration by the CMBA. For the best interests of all our members, the FCMA has done a lot of important work, including sending letters to Governments and officials at all levels, meeting with officials and heads of government departments at all levels, and on several occasions met the CMBA Executive Officer, in order to reflect our voices, collect and sort through all legal documents to protect the members ' interests and rights, and so on.

On the 13th of June, 2012, I made an urgent appointment again to meet Ms. Debra Gillick, Executive Officer of CMBA, to discuss the issue the CMBA has imposed on many members with conditional registration in regard to the English proficiency and the CMBA only allows a few days time to go through all the formalities. She said she would respond in writing soon. Through our negotiations with the CMBA, applicants can contact the CMBA to extend the time for their preparing documents for submission.

The Australian Health Practitioner Regulation Agency (AHPRA) has announced on the 14th June, 2012 ^[3], that if practitioners have already submitted application for registration prior 1st July 2012, who are still awaiting for final approval of results, they can still continue to practice legally and will not be taken to be in breach of the National Law after 1st July 2012.

During the talks I have indicated that it was not quite right for a grandparenting applicant who speaks English as second language to take the English exam as only one option and recommended that in addition to IELTS 6 and the applicants who had 5 years teaching experience in English, the CMBA should also consider other ways to examine the English proficiency of an applicant, such as allowing English-speaking patients to be third party witnesses for an assessment of the Chinese medicine practitioners' ability to communicate with their patients in English.

I believed that we all have acknowledged that the FCMA and CMBA have extremely different roles. The FCMA is the bonds of solidarity for all our members and is the platform to raise our level of clinical experience and theoretical knowledge as well as to seek members' best interests.

The CMBA's role is to act on behalf of the Government, empowered by the National Law, and enacts various registration standards and guidelines to guarantee that the provision of Chinese medicine practitioners meet certain standardised qualifications that are qualified to provide a safe practice to the public. After the implementation of the registration, only those who meet the standards can legitimately provide Chinese medicine services. Indirectly, it will maintain a high level of Chinese medicine professional standards.

Best wish to you all

Professor Tzi Chiang Lin PhD

President, FCMA

2. Eligibility for provider status from private health funds after the national registration:

The eligibility for provider status from private health funds was dependent on the individual practitioner's qualifications before 2008. Since the Chinese medicine profession did not have a uniform accreditation, the private health funds could set up their own criteria for assessment of applicants who applied for provider numbers for rebate of consultation fees.

In 2008, at the request of the private health funds, the Federal Government issued Private Health Insurance (Accreditation) Rules 2008 ("the Rules")^[4] to set up defined standard of treatment. Only treatment provided by accredited practitioners could receive the rebate. The Rules were implemented on 1st July, 2009.

From that date, private health funds only give rebates to Chinese medicine and acupuncture practitioners, who are in line with Rule 7 sub rule 1^[5] and Rule 10.

The Federal Government is responsible for the formulation of the Rules, whether private health funds agree to recognise a practitioners' qualifications depends on agreements between private health funds and the professional organisations. Nearly 40 private health funds finally have recognised the FCMA as a national association and practicing members of the FCMA are eligible to consultation fee rebate by Rule 10 of the Rules after tremendous efforts were done by Prof. Lin who had several consultations and negotiations with those private health funds.

It is regrettable, including BUPA (HBA, MBF), HCF, NIB, these four still have refused to recognise the FCMA as a national association. Victorian Chinese medicine practitioners were able to use the registration number from the Chinese Medicine Registration Board of Victoria (CMRBV) to get the rebate since they have been granted registered status. (Rule 7 sub-rule 1). The members who are practising outside Victoria have never been eligible for rebates from those four insurers. Consequently many FCMA members have to join in other associations to obtain provider numbers. As national registration of Chinese medicine practitioners is in place, it is assumed that only Rule 7 is applied for the registrants. If the private health fund refuses the rebate after 1st July 2012, the Secretariat of FCMA recommends all members who have

registered with the CMBA to get your patients to contact their private health funds to urge them to recognise your registered identity; you could also have your patient fill out a letter (template is enclosed).

3. Considerations for using advertising wordings after registration and title:

From the 1st of July 2012, registered Chinese medicine practitioners must comply with the guidelines issued by the CMBA. The Guidelines for Advertising of Regulated Health Services (the advertising guidelines) ^[7] is something that we should pay more attention too. Please review wordings in your ads carefully and make any necessary changes for consistency with the guidelines. The FCMA does not want any member to breach the guidelines.

It is also worth reminding everyone who uses the title of "doctor" how to do it properly. Although the "Dr" in the national law does not fall within the protection of title, in the 14 health professions under NRAS, there are medical practitioners, dentists, chiropractors and osteopaths who are using "Dr" as their titles. In order to avoid misleading the public, Chinese medicine practitioners in advertising using the "Dr" title must be distinguish themselves from those professions. As there are three divisions in registration of Chinese medicine practitioners i.e. acupuncturist, Chinese medicine herbal medicine practitioner and Chinese herbal medicine dispenser, it is suggested that you could use title of "Dr" only you have awarded Bachelor's degree or above and registered with divisions of Chinese herbal medicine and acupuncture and annotated Chinese medicine in your degree. For instance,

Dr John Citizen BMed (Chinese medicine)

If you have a professional doctorate degree of acupuncture or PhD, you should also be identified clearly. For example,

Dr Suzan Citizen MD (Acupuncture)

Dr Joe Citizen PhD

Compiled by the Secretariat of the FCMA

1st July 2012

Disclaimer:

The above example is only for members' understanding of the advertising guidelines and for reference only. This newsletter did not intend to explain and interpret the advertising guidelines. Please refer to original advertising guidelines from CMBA. The FCMA is not responsible for any legal liability arising from breach of the guidelines.

^[1] Workplace Relationships Act 1996 <http://www.comlaw.gov.au/Details/C2009C00075> accessed on 13 June 2012

^[2] <http://www.businessday.com.au/business/federal-budget/natural-therapies-face-budget-crunch-20120504-1y4jf.html> accessed on 13 June 2012

^[3] <http://www.chinesemedicineboard.gov.au/News/2012-06-14-Notice-for-employers.aspx> accessed on 14 June 2012

^[4] <http://www.comlaw.gov.au/Details/F2008L02106> accessed on 13 June 2012

^[5] Private Health Insurance (Accreditation) Rules 2008

7. Treatments by health care providers regulated under State and Territory laws

(1) If a treatment is provided in a State or Territory where a law of that State or Territory prohibits the provision of the treatment without a permission or approval, or registration, to provide a treatment of that kind, the standard for the treatment is that the health care provider providing the treatment must have the permission or approval, or be registered, under that law.

^[6] www.comlaw.gov.au/.../5bfc4e13-94d8-4d0c-a234-ed0ec576dd8e accessed on 13 June 2012

^[7] <http://www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx> accessed on 13 June 2012