



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 2016

Dear Members:

In this latest issue we discuss the following topics; recognition standards of qualifications by the private health funds, membership renewal requirements, guidelines on medical certificates, and updated list of prohibited or restricted herbs.

I. The Fourth board meeting of the FCMA

The 4th board meeting of the 8th National Assembly of FCMA was held in Perth, Western Australia on 26th June 2016.

Directors of the FCMA board and representatives attended the meeting. Dr Chi Jing Liu, secretary-general chaired the meeting and expressed his heartfelt thanks to the WA branch for their thoughtful arrangements.

Prof. Tzi Chiang Lin, president of the Federation reported with the FCMA 2015—2016 Annual report.

FCMA submitted an official letter to the Federal Minister of Health, Ms Sussan Ley, which suggested that the Government amend the "Private Health Insurance (Accreditation) Rules 2011", so that private health funds grant rebate eligibility to consultation fees for registered Chinese medicine practitioners and acupuncturists, for which there has been no government response to date.

A Forum on the "Independent review of national registration and accreditation scheme (NRAS) for health professions" was held on 31st August 2015 and FCMA rejected the proposals of merging of the nine health professions under NRAS.

FCMA submitted a response to draft guidelines for health record keeping issued by the Chinese Medicine Board of Australia (CMBA) on 16th September 2015 and recommend that it is satisfactory to be completed by a bilingual registered practitioner of Chinese medicine where the record was written in Chinese.

On February 29th, 2016, Dr Grace Tham, a FCMA representative attended a meeting held by the Australian Health Practitioner Regulation Agency (AHPRA) Professional Reference Groups and the following recommendations were presented:

1. A schedule has been developed by AHPRA for auditing practitioners with regard to validity of continuing professional development, insurance indemnity, etc. AHPRA

suggested that during audits, the agency could contact the relevant associations to verify the claims made by the practitioners for continuing registration with the relevant boards. A comment was made by the Institute of Radiology that it does not audit all their members and a percentage is selected each year for audits. AHPRA finds that this would be difficult to audit registrants, unless the associations verify all members' documentation.

The FCMA brought up that while AHPRA could contact some professional associations such as the Australian Medical Association for verification, it might/would not be possible to do the same for other professions such as Chinese medicine and natural therapy professions. This is due to these professions having several different associations which some might not require hard copies of documents for verification for members to continue their memberships. AHPRA would still need to request documentation from the registrants during audits.

2. There was a response by the Medical Board of Australia (MBA) regarding the recognition of international medical graduates and performance of medical colleagues. One current focus of AHPRA was the assessment and recognition of international medical graduates by the Medical Board.

FCMA commented that AHPRA could also do the same for the CMBA as on the board's website, overseas applicants are required to "get the education institution or provide a copy of letter from quality assurance agency - institution must stamp the copy and end it directly to AHPRA". FCMA requested that AHPRA clarifies with the CMBA as to what quality assurance agency/agencies are recognised by the board, as the current concern has to do with safety and competence of the potential registrant. It would be more appropriate for the board to recognise relevant overseas national/government agencies and not private agencies such as Vetasses in Australia.

3. AHPRA raised that they are now building on the efficiency and effectiveness of the national scheme in terms of ensuring public safety, quality of practitioners and the cost issues of maintaining the different boards.

FCMA raised their concern regarding the Chinese medicine profession as General Practitioners (GP) who may perform acupuncture just once a year would still be endorsed by the acupuncture arm of the MBA to continue to practice. It is important to the CMBA that a practitioner must have sufficient hours of practice to maintain competency. In this instance there is obviously insufficient practice, which would impact on public safety. It has been requested that AHPRA look into this matter.

FCMA mentioned that Chinese medicine is the only profession that is not given any funding (or rebate) by Medicare while all other professions other than medical doctors are funded by Medicare up to five treatments a year. The response is that Medicare funding does not come under the jurisdiction of AHPRA. However, the fact was acknowledged by all at the meeting.

4. The Free Trade Agreement between Australia and China was mentioned. Following the announcement by the Minister Andrew Robb regarding co-operation between China and Australia in the exchange of information and regulatory actions as well as recognition and accreditation of practitioners for traditional medicine practice no issues have moved forward in regard to these topics of discussion. The only response is that these issues would be more appropriate for the Department of Foreign Affairs and

Trade to deal with. FCMA commented that recognition and accreditation would be under the jurisdiction of AHPRA to make recommendations to the CMBA.

Prof Lin attended AHPRA's second meeting, professional consulting group on April 20th, 2016 and again urged AHPRA to apply to the Council of Ministers of Health about placing Acupuncture and Chinese medicine into the Medicare system.

With Prof Lin's nomination, the FCMA board approved the former WA branch president Dr Chao Ji Xu as honorary president of FCMA for a term of four years, the NSW branch president Dr Kevin Chang and WA branch president Dr Wang Qin as the Vice presidents of FCMA.

The Federation agreed that each branch director's quota allocation is to be in accordance to the existing number of practicing members, and with each branch to have at least one and no more than four federation directors.

Each branch President reported the 2015 - 2016 individual annual report. Dr Lawrence Yao, treasurer of FCMA, reported 2015--2016 financial report. Dr Kevin Chang on behalf of NSW branch donated AUD\$5,000, Prof Lin on behalf of Victoria branch donated AUD\$5,000, jointly established " Federation Management Fund" and dedicated to negotiate with the private health funds and the federal government about consultation fees rebate issues.

II. Bupa consultation fees rebate eligibility criteria
Bupa and FCMA signed the "Association Accreditation Agreement" on 28th September 2015
The secretariat updated the "insurance company provider number application procedure" and sent it to all existing members and each new member. Under the agreement Bupa has developed its own consultation fee rebate standard in recognition of eligibility.

The members who meet the standards of the Bupa criteria which follow can apply for a provider number:

Please visit the following links for details.

<http://www.bupa.com.au/for-providers/ancillary/acupuncture>

<http://www.bupa.com.au/for-providers/ancillary/chinese-herbal-medicine>

<http://www.bupa.com.au/for-providers/ancillary/remedial-massage-therapy>

Members who previously hold Bupa provider numbers can continue to use their former number. If there are any changes to your practice address, you can request a new number via FCMA. In addition, most private health funds do not want members or the patients to call directly inquiring provider number issues. It is advised to inform the association directly to assist if any further questions.

III. 2016 the FCMA membership renewal issues

The 2016 membership renewal work has been completed and we would like to thank you for your cooperation in order for the renewal process of most members to occur. In accordance to the past verification requirements of several private health funds, we advise you to pay particular attention to the following relevant procedures:

1. "2016 FCMA Renewal Form" (which includes a copy of payment proof from each branch): There is a two-level management system between each branch and the federation. Members are required to pay their renewal fee to their branch annually which also requires signing the renewal form upon the renewal. The payment of the membership fee brings about a legal contractual relationship between each member and the federation.

It also entails that the member agrees and complies with the federation and all agreements with the private health funds signed by the Federation in order to obtain eligibility of a consultation fee rebate.

2. A completed "FCMA CPD record card."

Each member must fill in and sign the record card accordingly as well as an explanation. According to CMBA registration requirement, all practicing Chinese medicine practitioners must complete a minimum of 20 hours of CPD per year, including at least four hours relating to professional issues with no less than 14 hours of formal CPD, and no more than 6 hours non-formal CPD.

AHPRA when auditing registered Chinese medicine practitioners, specifically request proof of professional issues. Professional issues refer to the relevant laws and regulations of Australia practice, practice guidelines, professional codes to control infection, the use of toxic herbs, etc. If you are relying on formal activities for your entire CPD, you need to undertake at least two different formal activities such as conferences, forums, seminars.

3. Current professional indemnity insurance (PII)

The insured amount of \$5 million or more with at least one auto reinstatement is mandatory for all practicing members. FCMA has established partnerships with well-known insurance company GSA. There are specially tailored to our members PII insurance packages. Please login the federation's Website link to purchase. <http://www.gsaib.com.au/fcma>

4. Current First Aid certificate.

It must be a Level 2 or Senior / workplace First Aid or HLTAID 0003 certificate.

5. A copy of a valid certificate of registration in AHPRA (massage therapy membership exemptions).

IV. Medical certificate

According to members' needs and the requirements of individual cases recently encountered, we have developed a template certificate for medical certificates. As CMBA has not provided an official guideline for medical certificates, we have recommend *Guidelines for Chinese Medicine Practitioners Issuing Medical Certificates* (the guidelines) which have been, issued by the previous Chinese Medicine Registration Board of Victoria in October 2006. Some points as copied and pasted from the guidelines for your information.

1. Based on the explanation of National Employment Standards (NES), Sick leave certificates issued from a registered profession practitioner are usually admitted by employers.

2. Medical certificates are often requested by patients and are issued if, in the practitioner's opinion, the patient was, is or will be unfit for certain activities during a certain period because of an illness or injury. A medical certificate may be required by an employer or other

third party payer as documentary evidence to support an application for sick leave or other entitlements.

3. Certificates should only be issued by Chinese medicine practitioners that relate to the conditions they are treating. Capacity for altered duties at work is a complex matter to determine. Certifying restricted or modified duties is considered generally inappropriate unless the Chinese medicine practitioner has particular expertise or additional qualifications, for example in areas such as western medicine or rehabilitation.

4. Chinese medicine practitioners are not the agents of employers and the general principle regarding a patient's confidentiality naturally applies to the issuing of all medical certificates. A diagnosis of the patient's condition or a description of the patient's symptoms is not usually required on the medical certificate.

5. Medical certificates are legal documents. Signing a false certificate may result in a charge of fraud.

6. An employer cannot demand to see a diagnosis on a medical certificate. Certification from a registered health practitioner stating that a patient is unfit for work or that a family or household member is ill or injured is adequate. With a patient's written permission, an employer can seek further information from the issuing practitioner if reasonably required.

7. If an employer requests a medical certificate to support sick or carer's leave, the patient or carer, must arrange for the medical certificate to be provided to the employer as soon as reasonably practicable. This may be at a time before or after the sick leave or carer's leave has started.

8. Medical certificates should be written on stationery designed specifically for this use. This will ensure that all requisite details have been included. It is expected that professional associations will provide this as a service to members. Some third parties (eg Transport Accident Commission, WorkSafe) have their own stationary and require that it be used in relation to their claimants.

9. Reasonable details noted on a medical certificate, please see a template certificate for medical certificates.

10. A medical certificate is: the certificate must be legible, a diagnosis is not required, the certificate should not contain abbreviations or jargon, the certificate may include information provided by the patient, statements by the practitioner must be based on practitioner's own observations

11. If the practitioner certifies for a period of illness or injury that occurred prior to the date of examination, they must provide careful consideration to the circumstances and provide supplementary remarks, where appropriate, to explain the situation

12. If a diagnosis is required in special circumstances, for example compensable injuries, the patient should be so informed and the specific requirements considered.

13. Practitioners have a responsibility to obtain and note sufficient factual and clinical information in the patient's clinical notes to support the issuing of a certificate certifying incapacity.

14. A registered Chinese medicine practitioner can only issue medical certificates in respect of the area of practice in which the practitioner is registered. Even so, some third parties or insurers only accept medical certificates issued by GP or specialists.

V. Points for attention

1. As some members are members of other associations there is an extremely strict audit from the private health funds, you will be allocated to "this will not require the insurance provider number system," one of membership category from August this year, if you pay the fees but do not provide additional copies of the documents upon membership renewal. That means you will lose provider numbers from our association. But you still can use provider numbers from other associations.

2. If you still want to use provider numbers from our association, please contact the federation secretariat to submit all additional copies of the documents for membership renewal as soon as possible.

3. In July CMBA sent an email to circulate the updated *Nomenclature compendium of commonly used Chinese herbal medicines* in which several more Chinese herbs are listed the "Standard for the Uniform Scheduling of Medicines and Poisons". The newly listed herbs include: Ci shi, Hong fen, Ku xing ren, Lu gan shi, Qing fen, Xiong huang, Yang qi shi, Yu yu liang, Zao fan (Lü fan), Zhe shi, Zhu sha, Zi ran tong. Please note that it would be against the law if you prescribe or sell these prohibited or restricted substances. Please visit the following link for details:

<http://www.chinesemedicineboard.gov.au/Codes-Guidelines/Guidelines-for-safe-practice.aspx>

Compiled by FCMA Secretariat