



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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7 May 2012

Attention: Executive Officer, Medical, AHPRA

GPO Box 9958, Melbourne Victoria 3001

Email: medboardconsultation@ahpra.gov.au

Dear Executive officer

RE: Consultation – endorsement for acupuncture

FCMA Response to Consultation Paper Release By The Medical Board of Australia on
22 March 2012

The Federation for Chinese Medicine and Acupuncture Societies of Australia Ltd (FCMA) is pleased to be given the opportunity to respond to the Medical Board of Australia regarding the registration standard for endorsement for acupuncture.

First all, we believe that the terms “endorsement” and “registration” be clarified with regard to the practice of acupuncture within the current context of the National Registration and Accreditation Scheme.

Definition of Terms

Endorsement

We understand that within the context of this consultation, “endorsement” should mean a board or body that has the authority to recognise or give permission for a professional to practice in a particular skill. Yet the qualification obtained by the professional may not necessarily meet the standard of the statutory registration board (in this case, the Chinese

Medicine Board of Australia [CMBA] for acupuncture practice). A good example is the endorsements given to nurses to be able to supply and dispense medications when working in the outback. Although the Nursing and Midwifery Board of Australia endorses the nurses to carry out this skill, it does not mean that the nurses are registered in such particular field. As such, there is currently no statutory body to register for such kind of practice. The endorsement is only a process to allow nurses to carry out necessary practice under difficult situations and conditions.

Registration

We also understand that within the context of this consultation, “registration” should mean a statutory body recognising the skill acquired by the professional to be suitably qualified to practice. The professional must also complete a course that is accredited by the registration authority. Especially in the health professions, a particular health care registration authority is authorised to register professionals for the particular health care practice and each authority does not have the authority to register practitioners across other health care professions. The FCMA believes that these regulations should be firmly upheld.

Furthermore, in the Australian Health Professional Registration Authority (AHPRA), page 2 (last paragraph) and page 3, (second paragraph) of the “FAQs: Specialist registration”; it states that,

“Ministers and Governments aim to ensure that the National Law operates in the public interest, and that mechanisms such as specialist registration and area of practice endorsement are applied only when a net public benefit can be demonstrated. They are concerned that there is potential for these mechanisms to lead to an increasingly stratified inflexible workforce, by reducing the availability of staff with general skills able to work across a wide variety of practice areas. Unintended consequences can occur when more practitioners in a profession choose to work within narrow scopes of practice and when those with general skills but without additional qualifications can be, over time, excluded from these areas of practice.

These pressures can result in reduced access to service for consumers generally,.... While members of the profession have an interest to see the highest possible quality of services delivered to the community, governments aim to make sure that the system as a whole operates to deliver services of an acceptable quality to as large a number of people as possible.”

This statement by AHPRA suggests that endorsement was necessary (1) to widen consumer choices, (2) to broaden the scopes of practice by medical professionals, and (3) to produce services of acceptable quality to a large number of people as possible.

The FCMA appreciates the necessity for endorsement for acupuncture during an era when there was no proper statutory mechanism to register practitioners. With the advent of national registration and a statutory board in place to register practitioners, endorsement should no longer be continued and, all the more, registration by the appropriate board for

acupuncture practice should be upheld. While the Medical Board of Australia is mindful of services of acceptable quality, it is even more appropriate that medical practitioners should be registered by the Chinese Medicine Board of Australia (CMBA). Registration with the CMBA will definitely: increase consumer choices, broaden the scope of medical practice; and improve on the quality of services.

Response

The FCMA, in response to the “*Draft Registration Standard - Endorsement of registration for acupuncture for registered medical practitioners*”, presents the following opinions and suggestions.

Summary

In your summary, we noted that that medical practitioners with generalist and/or specialist registration can apply for endorsement of registration for acupuncture if:

(1) they hold an approved qualification in acupuncture.

We would prefer that those who have approved qualification in acupuncture to be registered with the CMBA. We do not believe that it is appropriate that any other registration board or committee endorse or register acupuncturists except the CMBA, especially for those who are seeking registration by 1 July 2012. CMBA would be in full operation by then and their application would only be once in their lifetime.

(2) where practitioners do not have general and/or specialist qualifications but have been accredited by the Joint Consultative Committee on Medical Acupuncture prior to 30 June 2012.

We suggest that these practitioners transfer their acupuncture registration to the CMBA. This is in line with those acupuncturists who are currently registered with the Chinese Medicine Registration Board of Victoria (CMRBV). The transfer of their registration would be automatic and that they would not have to reapply.

(3) for practitioners who have been practising acupuncture in 24 months from 1 July 2010 to 30 June 2012 and evidenced by 25 relevant Medicare claims in that period.

We suggest that these practitioners also transfer their registration to the CMBA. We strongly believe that 25 Medicare claims in the said period (24 months) are extremely light on practice (only one claim for acupuncture practice per month). In such cases, the applicant’s recency and competency of acupuncture practice should be in doubt.

Scope of Application

We wholeheartedly agree with your recommendation that one is unable to seek registration without the approved qualification.

All Applicants

We do not agree that all applicants can apply for endorsement for registration for acupuncture at the same time they apply for general and/or specialist registration. We believe that whatever generalist and/or specialist registration given to a medical practitioner is the jurisdiction of the Medical Board of Australia. Where acupuncture practice is concerned, we would like the practitioner to be registered with the CMBA. It was acceptable when there was no statutory board to register acupuncturists. When a registration board is in place to register acupuncturists, the authority of that board should be upheld by all health care professionals. As other health care professionals uphold the jurisdictions of the other registration boards, the Medical Board should do the same with regard to other health care practice.

Medical Practitioners with Approved Qualifications

The FCMA agrees that medical practitioners with approved qualifications are required to submit evidence of having been awarded the approved qualification for acupuncture. In this case, the applicant could apply for registration with the CMBA. We recommend that practitioners who are able to provide evidence of work practice history, currency of practice and of acceptable standard be registered with the CMBA.

We do not agree that a person who has been awarded the approved qualification for acupuncture in the past 12 months be endorsed by any other authority except by the CMBA as this would certainly be a new application anyway.

Medical Practitioners who were Practicing Acupuncture before 1 July 2012 who do not have Qualifications for Acupuncture.

The FCMA has huge concern to learn about the existence of this group of practitioners in this document and, in turn, disappointed with the Medical Board of Australia to allow unqualified medical practitioners to practice acupuncture. We recommend that this group of acupuncturists, like any other acupuncturist, seek registration with the CMBA and allow the registration authority to make decisions regarding their registration status. From the experience of the FCMA and its extensive work with the registration board in Victoria (the first to be set up outside mainland China), this process has worked well for the Victorian board (CMRBV). It would be unethical for the Medical Board to allow these practitioners to (a) register or be endorsed and (b) to continue to practice.

We suggest that for those practitioners who have been practicing prior to 1 July 2012, that they transfer their registration to the CMBA but seek recognition under the grandparenting rules and standards. We believe that those who have practiced for many years are skilful and competent.

We do not consider it appropriate that practitioners can apply for endorsement for registration for acupuncture up to 1 July 2015. All seeking registration from 1 July 2012 should apply to the CMBA as a new applicant. However, those who apply through grandparenting could be given an extension time.

Medical practitioners who seek registration after 1 July 2012 should apply for registration by the CMBA as this becomes the legitimate authority set up especially for acupuncture and Chinese herbal medicine. It is neither acceptable nor appropriate that *the Joint Consultative Committee on Medical Acupuncture* be the authority to register acupuncturists.

Continuing Professional Development

We support that medical practitioners who practice acupuncture complete certain number of hours per year to continue with endorsement. We would like the number of hours to comply with those to be set up by the CMBA.

We recommend that after 1 July 2012, there would be **no more** medical acupuncturist who is not registered with the CMBA. They should also be bound by all the rules, regulations and requirements for continuing practice.

General Note

There are three more recommendations that the FCMA wishes to make.

1. We have strong concern that this consultation document gives the impression that the Medical Board of Australia would like *the Joint Consultative Committee on Medical Acupuncture* to continue with its endorsement for medical practitioners to practice acupuncture. We would like to reiterate that this form of endorsement was only acceptable when there was no registration board then in existence. With the eventual establishment of the CMBA, we recommend that registration should be transferred over to the CMBA.

To have two statutory authorities, one by the Medical Board of Australia and the other by the Chinese Medicine Board of Australia to register acupuncturists would mean two agencies for registration of acupuncture. This will eventually give way to two standards of practice and different levels of competencies. The public would be confused and misled with regard to safety, competency and choice.

2. We recommend that all acupuncture courses conducted by the medical schools to be accredited by the CMBA course accreditation committee. This would ensure national standard, competency and safety for the public.

3. We strongly recommend that medical practitioners who practice acupuncture should not refer to it as “medical acupuncture”. It should be simply “acupuncture”. Acupuncture comes from Chinese philosophy and the theoretical background by which it is taught is vastly different from Western medical theory. We sincerely hope that acupuncture

taught to medical practitioners adhere to Chinese theory. Similarly, Western medicine taught in any other country adheres to Western medical theory and do not call it by any other name. This will also mislead the public to think that one is better than the other from the terminology. For example, plastic surgeons do not call their surgery “Indian plastic surgery” if they are able to make (or specialise in these features) their clients have the beautiful features of the Indians if in sufficient demand. They simply call it “plastic surgery”.

We hope that the Medical Board of Australia would take these suggestions and recommendations for consideration for the final document.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Tzi Chiang Lin', with a horizontal line underneath the name.

Professor Tzi Chiang Lin PhD, J. P.

National President of FCMA