

14 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

Thank you for the opportunity to respond to the consultation paper released by the Medical Board of Australia (MBA) on 22 March 2012 regarding acupuncture practice and registration for medical practitioners. I have read it with interest as well as with serious concerns over some of the issues.

I am currently a practitioner in Chinese herbal medicine and acupuncture. I am also a registered nurse who had taught in the university system for more than 10 years in the undergraduate nursing programs as well as in the preparation of nurse educators in the postgraduate degree programs. Hence, I am familiar with clinical education, curriculum development and accreditation process for clinical education and registration of practitioners. I was also actively involved in the Victorian establishment of the Chinese Medicine Registration Board (during the late 1990s); and was on the Generalist Health Care Practitioners Subcommittee.

The following are some of the concerns, suggestions and recommendations I hope that the Australian Health Practitioners Registration Authority (AHPRA) would consider.

Terminology: “Endorsement” and “Registration”

In the Australian Health Professional Registration Authority’s (AHPRA), “FAQs: Specialist registration”; it states that the terms “endorsement” and “registration” is only a matter of terminology. Within the context of the establishment of the Chinese Medicine Board of Australia (CMBA), I would like the terms to be clearly defined.

I suggest that **endorsement** be given when practitioners are in an area that is innovative; and as yet, does not have a process for registration. Endorsement allows practitioners to practise within the guidelines of the relevant authority to ensure the safety of the public. A case in point is the endorsement of nurses to supply and dispense medications in the outback. It is considered relevant at a time when there is no registration process in place. With regard to acupuncture practice, it is appropriate for the Medical Board of Australia (MBA) to endorse medical practitioners to provide acupuncture services at a time when registration is not

available. With the advent of the CMBA, endorsement by any other authority could be considered irrelevant.

Registration

I understand that **registration** in this context, a statutory body is given the authority to register professionals as recognised qualified practitioners for the safety of the public. The professionals must also complete a course that is accredited by the registration authority. It is accepted that a 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. I suggest that the Joint Consultative Committee on Medical Acupuncture of the MBA, like all other health care registration authorities, uphold the authority of each discreet health care registration body and abide by the rules. It would no longer be appropriate by 1 July 2012 for the committee to endorse their practitioners and that those who are currently practicing or wish to practise acupuncture be registered with the CMBA.

Furthermore, AHPRA's, "FAQs: Specialist registration"; states that endorsement was necessary to widen consumer choices, to broaden the scopes of practice by medical professionals, and to produce services of acceptable quality to a large number of people as possible. When medical practitioners register with the CMBA, the above conditions stated by AHPRA will considerably be strengthened.

Summary

In the summary of the consultation paper released by the MBA, it is stated 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.

I suggest that those who have approved qualification in acupuncture be registered with the CMBA. It would not be appropriate that any other registration board or committee registers acupuncturists except the CMBA; especially for those who are seeking registration by 1 July 2012 and after. These applicants would be seeking registration for the first time and it would be just as convenient for them to register with the CMBA as it would be in full operation by then, and that their applications are made once in their life time of practice.

(2) 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.

I suggest that the se practitioners, who are already accredited by the Joint Consultative Committee for Acupuncture, 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) 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.

I suggest that these practitioners also transfer their registration to the CMBA. I find that 25 Medicare claims in the said period (24 months) are extremely light on practice. In these cases, the applicants' currency of practice could be viewed as questionable. The decision regarding their registrations should be the discretion of the CMBA on a case by case basis.

Scope of Application

I agree with the MBA's recommendation that professionals are able to seek registration with the approved qualification.

All Applicants

I consider that whatever generalist and/or specialist registration given to medical practitioners is within the jurisdiction of the Medical Board of Australia. Where acupuncture practice is concerned, I suggest that practitioners be registered with the CMBA; and certainly do not agree that they can apply for endorsement for registration for acupuncture at the same time they apply for general and/or specialist registration. It is acceptable when there is no statutory board to register acupuncturists. When a registration board is to be established to register acupuncturists, it is expected that the authority of that board be upheld by all health care professionals regardless of their health care qualifications. As other health care registration authorities uphold the jurisdictions of the other registration boards, the MBA is expected to do the same.

Medical Practitioners with Approved Qualifications

It is acceptable that medical practitioners with approved qualifications are required to submit evidence of having been awarded the approved qualification for acupuncture. In such cases, the suggestion is that the applicants submit their evidences to the CMBA to apply for registration with the new national board. I suggest that practitioners who are able to provide evidence of work practice history, currency of practice and of acceptable standard also apply to the CMBA.

I 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.

As a practitioner and educator, I am concerned to learn from this consultation document of a group of medical practitioners practising acupuncture when they do not have the appropriate qualification. I am also concerned that the MBA seems to be allowing unqualified medical practitioners to continue to practise acupuncture in spite of their criticisms of non-medical practitioners with better qualifications. I strongly recommend that this group of acupuncturists, like every other acupuncturist, seek registration with the CMBA and allow the registration authority to make decisions regarding their registration status. I believe that it is unprofessional for the MBA to continue to allow endorsement of these medical practitioners to practise.

I suggest that for those practitioners who have a approved qualification and have been practising prior to 1 July 2012, that they automatically transfer their registration to the CMBA. Practitioners who do not have a approved qualification but have been practicing acupuncture prior to 1 July 2012 to seek registration under the grandparenting rules and regulations. This process has worked well for practitioners in the Victorian experience and still maintains safety for the public. I believe that those who have practiced for many years are skilful and competent and should not be disadvantaged.

I do not consider it appropriate that practitioners can apply for endorsement for registration for acupuncture up to 1 July 2015. It is only appropriate that all seeking registration from 1 July 2012 to apply to the CMBA as new applicants. However, those who apply through grandparenting could be given an extension time.

I suggest that Medical practitioners who seek registration for acupuncture after 1 July 2012 apply for registration with 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 continue to give endorsements for registration.

Those medical practitioners who made an application before 30 June 2012 and who are able to provide written confirmation from the Joint Consultative Committee on Medical Acupuncture could transfer their application to the CMBA. If these practitioners do not have the appropriate qualification but are endorsed by the Joint Consultative Committee could have their applications assess under grandparenting by the CMBA. I suggest that professionals who apply after 1 July 2012, apply for registration with the CMBA and that endorsement by the Joint Consultative Committee on Medical Acupuncture should no longer be appropriate nor necessary. In fact, after 1 July 2012, that committee could not be considered relevant.

Continuing Professional Development

I support that medical practitioners who practice acupuncture complete certain number of hours per year to continue with registration. I suggest that the number of hours to comply with those required by the CMBA. This would be a general requirement for anyone who practices acupuncture regardless of whether the medical professionals are specialists or not.

General Comments

The following are a few more comments and suggestions I would like to make.

(1) I certainly do not agree that after 1 July 2012 that the Joint Consultative Committee on Medical Acupuncture continues to endorse or register medical practitioners for acupuncture practice. All medical acupuncturists must, therefore, be registered with the CMBA. Practitioners must also be bound by all the rules, regulations and requirements of the national board for continuing practice.

(2) This consultation document gives the impression that the CMBA would like the Joint Consultative Committee on Medical Acupuncture to continue with endorsement for registration of medical practitioners to practice acupuncture. I strongly believe that with the eventual establishment of the CMBA, that all registrations transfer over to the CMBA.

The public could be misled 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, with regard to safety, competency and choice. This will also eventually give way to two standards of practice and different levels of competencies.

(3) As an educator in a health care profession, I strongly suggest that all acupuncture courses conducted by the medical schools be accredited by the CMBA course accreditation committee. This would ensure national standard, competency and safety for the public.

(4) I believe that for medical practitioners to label their practice as “medical acupuncture” is misleading and confusing to the public. I suggest that it not be used. It simply “acupuncture”. Acupuncture comes from Chinese philosophical and theoretical background by which it is taught and is vastly different from Western medical theory. I 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 term. This will also mislead the public to think that one is better than the other from the terminology.

(5) I believe that continuing professional development is for the purpose of updating practitioners with current practice and knowledge. These activities cannot make up for inadequacies in basic knowledge and skills.

I hope that AHPRA would take these concerns, suggestions and recommendations for consideration for the final document.

Kindly contact me on [REDACTED] if there are any queries.

Yours sincerely,

Dr. Grace Tham

RN., B.Ap.Sc.(Nsg Ed.), M.Ed. Studies, B.Ap.Sc.(Chin. Med), M.Ap.Sc.(Acup.).

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