



Application for specific registration form

(Acupuncturists, Chinese herbal medicine practitioners and
Chinese herbal dispensers)

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Introduction

What this application form covers

This application form is for use by acupuncturists, Chinese herbal medicine practitioners and Chinese herbal dispensers seeking specific registration from the Chinese Medicine Registration Board of Victoria (CMR Board), as an acupuncturist and/or Chinese herbal medicine practitioner and/or Chinese herbal dispenser, as allowed under section 7 of the *Health Professions Registration Act 2005* (HPR Act). The CMR Board may grant specific registration for a specific period, not exceeding 12 months.

Please read Appendix 1 which contains the full wording of section 7 of the HPR Act.

Who should use this form?

This application form is suitable for use by practitioners who hold qualifications in Chinese medicine or Chinese herbal dispensing which do not qualify that applicant for general registration AND are applying for specific registration:

- a) in order to fill a teaching or research position approved by the CMR Board
- b) to enable an applicant from another country to practise as a Chinese medicine practitioner in Victoria if that applicant, with the prior permission of the CMR Board:
 - has exchanged his/her practice with a registered practitioner's practice in Victoria for a limited period;
 - has been engaged to provide locum services for a registered practitioner in Victoria
- c) in order to meet an identified need for a Chinese medicine practitioner, it is necessary for a person having qualifications and training in the nature of the applicant's to practise in Victoria.
- d) if the CMR Board is satisfied that it is in the public interest for a person having qualifications and training in the nature of the applicant's to practise in Victoria for a limited period or to undertake limited practice.

How to complete this application form

Certified copies

To obtain a certified copy, take the original and a photocopy to a person who is authorised to certify true copies (see list in Appendix 2). This service is free in Australia.

Additional sheets (see parts B & C)

- Write and sign your name on each additional sheet.
- Attach each additional sheet securely to the application form.

Supporting documents (see parts B & C)

- Attach CERTIFIED copies of ALL your supporting documents (including certified copies of any patient records submitted).
- DO NOT send originals.

Certified translations

If a supporting document is not in English, in addition to a certified copy of the document itself (see above), you will ALSO need to attach a certified copy of an English language translation, prepared by an Australian Government authorised translation service. Contact the National Accreditation Authority for Translators and Interpreters on (03) 9642 3301 for the name of a suitable translation service.

Statutory declaration (see part F)

- SECURE all your attachments (including all additional sheets, certified copies of supporting documents, and certified translations) to the application form.
- SIGN the Statutory Declaration (with attachments) before an authorised witness (for a list of authorised persons, see Appendix 2).

Postal address

Send all of the required items to the following postal address:

The Registrar, Chinese Medicine Registration Board of Victoria
PO Box 5088
Alphington, VICTORIA, 3078
Australia

Summary of required items

- this completed application form which constitutes a statutory declaration (including relevant attachments), signed before an authorised witness
- certified copies of any accompanying documents
- application fee

Queries

If you have any questions about how to complete this application form, or any other questions in relation to your application for registration, please contact the Registrar of the CMR Board, Ms Debra Gillick, or her Personal Assistant, as follows:

Postal Address: PO Box 5088, Alphington, Victoria, 3078, AUSTRALIA

Phone: (03) 9499 3800

Fax: (03) 9499 8688

Email: admin@cmrb.vic.gov.au

Updated Information (Website)

The right to privacy is a value that is highly regarded by Australians. The CMR Board takes privacy seriously and is committed to protecting the privacy of individuals. This includes health and other confidential information, which is necessary for the CMR Board to carry out its functions under the HPR Act. The CMR Board will take all reasonable steps to protect individual information from loss, misuse or unauthorised disclosure or destruction.

The CMR Board endeavours to balance the rights of privacy with the need to be accountable and transparent in its dealings. Certain information will not be available under freedom of information laws. This includes private information relating to another individual, the CMR Board's internal working documents and material obtained in confidence.

The CMR Board's full privacy policy is available on the website at www.cmrb.vic.gov.au or from the office on (03) 9499 3800.

Part A Applicant's details

1 Personal Details

Title: Mr Ms Miss Mrs Dr Prof Other (specify): _____
Gender: Male Female _____
Given names: 1st _____ 2nd _____
Family name: _____
Date of birth (day/month/year): _____

2 Other Names

Are there any other names by which you are CURRENTLY known and/or have PREVIOUSLY been known (e.g. maiden name, alias)?

Yes No

If yes, please provide details below:

Given names: 1st _____ 2nd _____
Family name: _____

3 Contact details (NOT open to public inspection)

The following information is required for the purposes of correspondence from the CMR Board. It will NOT appear in the *Register of Chinese Medicine Practitioners* that is open for public inspection unless it is the same as your nominated public address.

Contact address: _____
Postcode
Phone: _____ Mobile: _____
Fax: _____ Email: _____

4 Public register address (open to public inspection)

The following information will be included in the *Register of Chinese Medicine Practitioners* that is open to public inspection on the CMR Board's website. This is a requirement of the HPR Act.

Public register address: _____
Postcode

If asked by the public, do you want CMRB to provide a phone number? Yes No

If yes, which one? _____

5 Details of where you practise

Clinic 1 Address:	Clinic 2 Address:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

6 On what basis are you applying? (TICK ONE BOX)

- To fill a teaching or research position approved by the CMR Board
- To be able, as an applicant from another country, to practise as a Chinese medicine practitioner in Victoria, having exchanged my practice with a registered practitioner's practice in Victoria for a limited period, with the prior permission of the CMR Board:
- To be able to provide locum services for a registered health practitioner in Victoria, with prior permission of the CMR Board
- To meet an identified need for which it is necessary to have a person with my qualifications and training
- To enable the applicant to undertake supervised practice or training
- If the CMR Board is satisfied that it is in the public interest for a person with my qualifications and training to practise in Victoria for a limited period or to undertake limited practice.

7 Dates of Activity, Work or Placement

Commencing: _____ Ending: _____

8 Verification

- I have attached relevant evidence to verify and explain the basis of my application as indicated above and the reason for which I am required to be registered.

9 Previous applications for registration

Have you ever before applied for registration with the CMR Board?

- YES, please provide details NO

Part B Qualifications

Certified Copies

Please attach certified copies of documents that provide evidence of your graduation status, including Awards (e.g. certificates, diplomas, degrees) or a 'Letter of Course Completion' (from Student Administration) AND your Transcript of Academic Record (showing subjects, results, hours and/or credit point value, and years of study).

1 Acupuncture

Do you have any formal qualifications in acupuncture?

NO

YES, please provide details

Years of study

Title and year of award (as it appears on your certificate)

Name of institution

City/country

Other relevant studies

Years of study

Title and year of award (as it appears on your certificate)

Name of institution

City/country

For how many years have you practised acupuncture?

.....

Requirements – If you completed your qualification more than 5 years ago, you must submit evidence of competence from within the last five year (see Appendix 3).

2 Chinese herbal medicine

Do you have any formal qualifications in Chinese herbal medicine?

NO

YES, please provide details

Years of study

Title and year of award (as it appears on your certificate)

Name of institution -----

City/country -----

Other relevant studies

Years of study -----

Title and year of award (as it appears on your certificate) -----

Name of institution -----

City/country -----

For how many years have you practised Chinese herbal medicine

Requirements – If you completed your qualification more than 5 years ago, you must submit evidence of competence from within the last five years (see Appendix 3)

3 Formal qualifications in Chinese herbal dispensing

Do you have any formal qualifications in Chinese herbal dispensing?

NO

YES, please provide details

Years of study -----

Title and year of award (as it appears on your certificate) -----

Name of institution -----

City/country -----

Other relevant studies

Years of study -----

Title and year of award (as it appears on your certificate) -----

Name of institution -----

City/country -----

For how many years have you practised Chinese herbal dispensing

Requirements – If you completed your qualification more than 5 years ago, you must submit evidence of competence from within the last five years (see Appendix 3)

Part C Matters taken into consideration

Section 6(2) and section 7(3) of the HPR Act 2005 sets out a number of grounds that the CMR Board may take into account when deciding whether to grant or refuse general or specific registration to an applicant.

In addition, the CMR Board has the power to regulate standards of practice (section 118(d)) and to impose any condition, limitation or restriction it thinks is appropriate upon the person's registration (section 6(3)).

Section 7(3)(a)&(b) of the HPR Act 2005 sets out grounds upon which the CMR Board may refuse to grant specific registration.

Other information is required to ensure compliance with the HPR Act:

- section 3 provides the definition of 'unprofessional conduct',
- sections 4(2)(c) and 6(2)(d) for information related to: claims for alleged negligence; offences
- section 6(2)(a) relates to applicant's 'character'
- section 6(2)(b) relates to whether an alcoholic or drug-dependent applicant is fit to practise
- section 6(2)(c) relates to whether an applicant's physical or mental incapacity significantly impairs their fitness to practise
- section 6(2)(d) relates to other offences
- section 6(2)(e) relates to unfinished proceedings
- section 6(2)(f) relates to English proficiency
- section 6(2)(g) relates to any suspension, cancellation of an applicant's right to practise in another jurisdiction
- section 34 relates to duty of a registered practitioner to disclose information about claims for medical negligence and indictable offences.

The questions following relate to issues such as: the applicant's standards of practice and fitness to practise; whether his/her character is such that it would be in the public interest to allow the applicant to practise as a registered practitioner of Acupuncture or Chinese herbal medicine, and whether the applicant has engaged in 'unprofessional conduct'.

If applicable, when answering questions in this part of the application form, please attach a certified copy of any document(s) that you wish the CMR Board to take into consideration.

1 Claims for medical negligence

Have you ever been the subject of ANY claim for damages or other compensation for alleged negligence in the course of providing any health care services which has resulted in a court award for damages?

NO

YES, please provide details below of the claim, including the total dollar amount you were ordered to pay.

2 Health fund provider rebate status

Have you ever had provider rebate status refused or withdrawn by a private health fund or insurer?

NO

YES, please provide details below, including name of fund and date of withdrawal

3 Complaints

Have you ever been the subject of a complaint to ANY health complaints body anywhere in the world (including professional associations)?

NO

YES, please provide details below

4 Alcoholic and drug dependent persons

Are you an alcoholic or drug-dependent person within the meaning of the Alcoholics and Drug-dependent Persons Act 1968 (see definition in Appendix 4)?

NO

YES, please provide details below

5 Offences

Are there any CHARGES PENDING against you, or have you ever been CONVICTED or FOUND GUILTY of any offence anywhere?

NO

YES, please provide details below

6 Unfinalised proceedings

Unfinalised proceedings includes, but is not limited to, any disciplinary proceedings, preliminary investigations or actions or other enquiries that may lead to disciplinary proceedings in relation to your professional conduct or your fitness to practise on the basis of health.

Are there any unfinalised proceedings against you by any regulatory authority anywhere in the world?

NO

YES, please provide details below

7 Fitness to practise

Do you have any PHYSICAL or MENTAL incapacity?

NO

YES, please provide details below

8 Proficiency in English

What is your first language? -----

ONLY ANSWER the following questions if English is not your first language:

a) What is your level of competence in SPEAKING English?

Fluent Average Minimal

b) What is your level of competence in WRITING English?

Fluent Average Minimal

c) What is your level of competence in READING English?

Fluent Average Minimal

d) Do you have any evidence available of your competence in communicating in English?

Yes No

If yes, what evidence¹ is available? (PLEASE TICK RELEVANT BOXES)

IELTS (International English Language Testing System). Only the academic test is acceptable and the minimum acceptable result is 6.0 in each component. Level attained -----

OET (Occupational English Test). The minimum requirement is B-level in all four sections. Level attained -----

TOEFL (American Test for English as a Foreign Language). This will only be accepted if the test included the spoken component. The minimum requirement is 237 (test of written English 4.5). Level attained -----

Education - tick this box if you hold any tertiary qualification AND the course was taught in English AND the examinations and other forms of assessment were conducted in English. Please describe below.

Other – please describe below

¹ Please attach a certified copy of any proof of English language skills claimed here or of any other documentary evidence that you wish the CMR Board to take into consideration.

ALL APPLICANTS TO ANSWER:

At any time as a registered practitioner, do you intend to consult with and/or treat any patient(s) with whom you do not share a common language?

Yes No

If YES, taking into account the CMR Board's *Policy on English Language and Effective Communication* (see Appendix 5), describe below the arrangements that you intend to implement as a registered practitioner to ensure effective two-way communication with such patients.

9 Effective communication with emergency services

I understand and agree to abide by *Appendix 5 Policy on English Language and Effective Communication* and in particular, Guideline 1: Effective Communication with Emergency Services.

Only answer the following question if you are not competent (i.e. of at least average skill) in speaking English on the telephone.

Taking into account the above guideline, what arrangements will you have in place, at all times during practice, to enable swift and effective TELEPHONE contact in ENGLISH with emergency services (medical and non-medical)?

10 Availability of first aid

I understand and agree to abide by *Appendix 6 Guidelines on first aid*.

11 Professional conduct

Equivalent right to practise in another jurisdiction

Have you EVER PREVIOUSLY held an equivalent right to practise any form of health care in another state, territory or country which was CANCELLED or SUSPENDED and not restored, or have you applied and been REFUSED?

NO

YES, please provide details below:

Current registration with other professional boards

Are you CURRENTLY REGISTERED with any other health practitioner registration board anywhere in the world?²

NO

YES, please provide details below:

² This question is relevant to your *eligibility* for registration with the CMR Board.

Previous registration(s) with other professional boards

Have you EVER PREVIOUSLY been registered with any other health practitioner board, anywhere in the world, or with any other professional board, and your registration has been SUSPENDED or REVOKED and not RESTORED, or have you been REFUSED registration?

- NO
- YES, please provide details below
-

Professional associations

Have you EVER been SUSPENDED or EXPELLED from any professional association for breach of its Code of Ethics or Memorandum and Articles of Association, OR have you ever had a membership application REFUSED anywhere in the world?

- NO
- YES, please provide details below:
-

12 Insurance details (professional indemnity insurance)

Under the HPR Act the CMR Board has set minimum terms and conditions in relation to professional indemnity insurance.

PLEASE READ AND TICK BOTH BOXES

- I understand and agree to abide by *Appendix 7 Guidelines on Professional Indemnity Insurance*.
- I undertake to be covered, AT ALL TIMES DURING REGISTERED PRACTICE, by professional indemnity insurance to the approved level of cover specified by the CMR Board in its guidelines.

TICK ONE OF THE FOLLOWING BOXES

- I currently have (or am covered as an employee) professional indemnity insurance to the approved level of cover specified by the CMR Board in its guidelines (see Appendix 7). I have enclosed a certified copy of the required evidence as set out below.

OR

- I am NOT currently covered by professional indemnity insurance to the approved level of cover specified by the CMR Board in its guidelines (Appendix 7). I undertake not to commence practice as a registered practitioner until I am.

13 Other relevant information

Are there any other factors that the CMR Board should take into consideration when determining whether to grant your application for registration?

- NO
- YES, please provide details below
-
-

Part D Fees

A schedule of application and registration fees is contained in Appendix 8.

1 Application fee

In accordance with section 4(2)(b) of the HPR Act, the correct application fee must be attached to your application.

PLEASE TICK BOTH BOXES

- My correct application fee is attached to this application form.
 - I understand that this application fee is not refundable. The full application fee applies whether or not specific registration is granted.
- Your cheque or money order should be made out to the ‘Chinese Medicine Registration Board of Victoria’.
 - Do NOT send cash.
 - To calculate the required application fee, see Appendix 8.

2 Registration fee (and process)

- I understand that if the CMR Board decides to grant me specific registration, I will be sent an invoice for my registration fee, as detailed in Appendix 8.

Once my registration fee is received, the CMR Board will register me in the Register of Chinese Medicine Practitioners. At that point, I will be issued with a Certificate of Registration and will be legally recognised as a registered practitioner.

- I also understand that the CMR Board must notify me if it proposes to:
 - refuse my specific general registration, or
 - impose a condition, limitation, or restriction on my registrationand that if this occurs, I have the right to make submissions to the CMR Board, which the CMR Board must take into consideration before making its final decision.

Part E Use of information

1 Consent to obtain information

I consent to the CMR Board undertaking the following actions PROVIDED THAT the CMR Board acts according to the principles of natural justice:

Obtain information from other sources

I consent to the CMR Board seeking additional information (including, but not limited to, information about me) from any source in Australia or overseas and in any manner it thinks fit for the purposes of:

- verifying the information provided in my application (and attached documents) and/or
- enabling the CMR Board to perform its powers and functions under the HPR Act.

This includes (but is not limited to) consent to seek information from academic institutions, professional associations, the Health Services Commissioner, the police and insurance providers.

Part F Statutory declaration

The following declaration MUST be signed before a witness who is authorised to witness Statutory Declarations (see list of authorised persons in Appendix 2).

I DECLARE as follows, knowing that:

- a person making a false declaration in Victoria is liable to the penalties for perjury (in accordance with the *Evidence Act 1958*) and outside Victoria as per relevant legislation
- it is also an offence under section 83(a) of the *Health Professions Registration Act 2005* (HPR Act) to obtain registration fraudulently or by false representation or declaration.

1 Proof of identity

I am the applicant specified in this application form.

2 Required items

The following items form part of my registration application as relevant;

- this completed application form;
- additional sheets securely attached, with my name and signature on each sheet, (where applicable);
- certified copies of supporting documents;
- certified translations, (where applicable);
- my application fee; and
- this statutory declaration (with all attachments), which I am now signing before an authorised witness (from the list of authorised persons in Appendix 2)

3 Application form and accompanying documents are true and correct

To the best of my knowledge and belief, all information (application and attachments) I have provided to the Chinese Medicine Registration Board of Victoria (CMR Board) is true and correct.

4 Bound by provisions of HPR Act

I agree to be bound by the provisions of the HPR Act and by all regulations and enactments promulgated by the CMR Board and the Governor in Council, and by all guidelines issued by the CMR Board pursuant to section 118(2) of the HPR Act.

5 Application form

I have read (or have had explained to me) and understand the contents of the application form and of all the appendices attached to it.

Dated this day of 20.....

Signature of applicant:

(print name of applicant here)

Signed in the presence of:

(print name of authorised witness³ here)

³ Being a person who is authorised under the *Evidence Act 1958* to witness Statutory Declarations in Victoria, or if outside Victoria, a person authorised by law where the declaration is made. See Appendix 2 for details.

Appendix 1 From the *Health Professions Registration Act 2005*

7 Specific registration

- (1) The responsible board may grant specific registration as a health practitioner to an applicant who has completed a course of study and any supervised practice in the health profession regulated by that board that does not qualify that applicant for general registration
 - (a) to enable that applicant to fill a teaching or research position approved by the responsible board in the health profession regulated by that board;
 - (b) to enable an applicant from another country to practise as a health practitioner in Victoria if that applicant, with the prior permission of the responsible board
 - (i) has exchanged practice with a registered health practitioner for a limited period; or
 - (ii) has been engaged to provide locum services for a registered health practitioner in Victoria;
 - (c) if the responsible board is satisfied that, in order to meet an identified need for a health practitioner, it is necessary for a person having qualifications and training in the nature of the applicant's to practise as a health practitioner in Victoria;
 - (d) if the responsible board is satisfied that provisional registration or registration as a student is not appropriate in the circumstances
 - (i) to enable that applicant to undertake supervised practice or training; or
 - (ii) to enable an applicant who is a candidate for an examination that is a qualification for general registration to undertake training for that examination;
 - (e) if the responsible board is satisfied that it is in the public interest for a person having qualifications and training in the nature of the applicant's to practise as a health practitioner in Victoria for a limited period or to undertake limited practice.

Appendix 2 Persons authorised to witness statutory declarations and to certify true copies

Applicants signing in Victoria

Under section 107A of the *Evidence Act 1958*, the following people in Victoria are authorised to witness the signing of a statutory declaration⁴ and to certify a true copy of a document:

- a justice of the peace (JP) or a bail justice. (To locate your nearest JP, phone the info-line on (03) 9628 9014);
- a notary public;
- a barrister and solicitor of the Supreme Court;
- a clerk to a barrister and solicitor of the Supreme Court;
- any of the following:
 - the prothonotary or a deputy prothonotary of the Supreme Court;
 - the registrar or a deputy registrar of the County Court;
 - the principal registrar or a registrar or deputy registrar of the Magistrates' Court.
- the registrar of probates or a deputy registrar;
- the associate to a judge of the Supreme Court or County Court;
- the secretary to a master of the Supreme Court or County Court;
- a person registered as a patent attorney under part XV of the *Patents Act 1958*;
- a member of the police force;
- the sheriff or a deputy sheriff;
- a member (or former member) of either house of parliament of Victoria;
- a member (or former member) of either house of the federal parliament;
- a councillor of a municipality;
- a senior officer of a council, as defined by the *Local Government Act 1989*;
- a registered medical practitioner within the meaning of the *Medical Practice Act 1994*;
- a registered dentist within the meaning of the *Dental Practice Act 1999*;
- a veterinary practitioner;
- a pharmacist;
- a principal in a teaching service;
- the manager of an authorised deposit-taking institution;
- an accountant (a member of: the Institute of Chartered Accountants in Australia or the Australian Society of Accountants or the National Institute of Accountants);
- the secretary of a building society;
- a minister of religion authorised to celebrate marriages;
- a person employed under part 3 of the *Public Sector Management and Employment Act 1998* with a prescribed classification;
- a fellow of the Institute of Legal Executives of Victoria.

⁴ Penalties apply for wilfully making a false statement in a statutory declaration.

Note: with the exception of (former) federal parliamentarians, all persons listed above hold their position in Victoria.

Applicants signing in other jurisdictions

The following sections provides details of the relevant Act of Parliament and at least a sample of persons authorised to witness the signing of statutory declarations and to certify true copies of documents.

New South Wales

- Section 27(1) of the Oaths Act 1900
- Justice of the Peace; notary public; commissioner for the court for taking affidavits; a solicitor; any other person authorised to administer an oath.

Queensland

- Oaths Act 1867
- Justice of the Peace; commissioner for declarations; notary public; barrister; solicitor; conveyancer.

South Australia

- Oaths Act 1936
- Justice of the Peace; notary public; members of the police force; bank manager; other officer by law authorised to administer an oath or affirmation.

Western Australia

- Section 106 of the Evidence Act 1906
- Justice of the Peace; any person authorised by law to administer an oath (includes town or shire clerk; deputy town or shire clerk; council member; electoral registrar; officer of the Commonwealth or State public service; teacher; police officer; bank manager; legal practitioner; medical practitioner; pharmacist; chartered or certified public accountant; real estate agent; etc.

Tasmania

- Section 132 of the Evidence Act 1910
- Justice of the Peace; any person authorised by law to administer an oath; commissioner for declarations.

Northern Territory

- Oaths Act
- Justice of the Peace; a person over 18 years of age who should supply their full name and contact details below the signature.

Federal and Australia Capital Territory

- Statutory Declarations Act 1959
- Justice of the Peace; a wide variety of persons including legal practitioner; medical practitioner; pharmacist; notary public; dentist etc.

Other countries

Applicants from other countries must obtain certification from a similarly authorised person in their country and advise the CMR Board of the basis of this authorisation.

Appendix 3 Acceptable evidence of “competence to practice”

Acceptable evidence of competence to practice is either 20 patient records, containing the information as described below, or for those practitioners who have only ever worked in a hospital, a letter from the hospital as outlined below.

1 Patient records

A total of 20 de-identified patient records must be submitted. Certified copies of the originals must be submitted. Patient records do not have to be translated. Each record MUST include the following:

- Date(s) of consultation;
- First name of patient ONLY (or other de-identified record of patient name, e.g. patient’s initials);
- Presenting condition (including signs and symptoms from the case notes);
- Chinese medicine differential diagnosis (if applicable);
- Record of treatment provided, being:
 - the design of an individualised acupuncture treatment plan, BEING an acupuncture/moxibustion point prescription that accords with the Chinese medicine diagnosis and demonstrates the application of principles of point selection as applied to the individual patient,

AND/OR

- an individualised Chinese herbal medicine prescription, BEING a Chinese herbal prescription that accords with the Chinese medicine diagnosis and demonstrates the application of the principles of Chinese herbal medicine formulae construction as applied to the individual patient.⁵

2 Hospital letter

For practitioners who have only worked in a hospital, which, for example, is common in China, evidence of employment must be provided by someone with general authority such as an executive of the hospital or the equivalent of a “Human Resources Management” department. The letter must specify exactly what Chinese medicine modalities the applicant has practised.

⁵ The Chinese herbal medicine formula can employ Chinese herbs in unprocessed or processed form.

Appendix 4 Definition of an alcoholic or drug-dependent person

This definition is within the meaning of the *Alcoholics and Drug-dependent Persons Act 1968*. Section 3 of the *Alcoholics and Drug Dependent Persons Act 1968* states as follows:

Definitions

(1) In this Act unless inconsistent with the context or subject-matter—

"alcoholic" means a person who habitually uses intoxicating liquor to such an extent that he has lost the power of self-control with respect to the use of intoxicating liquor or to such an extent as to endanger the health safety or welfare of himself or other persons;

"drug of addiction" means any drug of dependence within the meaning of the *Drugs Poisons and Controlled Substances Act 1981*;

"drug-dependent person" means a person who habitually uses drugs of addiction to such an extent that he has lost the power of self-control with respect to the use of drugs of addiction.

Appendix 5 Policy on English language and effective communication

1 English language proficiency

1.1 Introduction

Section 6(2)(f) of the *Health Professions Registration Act 2005* (HPR Act) states that the Chinese Medicine Registration Board of Victoria (CMR Board) may refuse general registration to an applicant where:

...the applicant's competency in speaking or otherwise communicating in English is not sufficient for that person to practise as a health practitioner.

From 1 January 2005, all new applicants for general registration under the HPR Act, whose first language is not English, must have completed an acceptable English language test. This is to ensure that they can communicate competently and safely with patients, their families, colleagues and other health care practitioners. The CMR Board considers that a comprehensive knowledge of English is essential to safe and effective practice of Chinese medicine in Australia.

The test must have been undertaken not more than three years before lodging the application for registration. A certified copy of the test results must be forwarded to the CMR Board before your application can be finalised.

See section 1.5 for contact details regarding English language tests.

1.2 Acceptable tests

The acceptable tests are described in sections 1.2.1 through 1.2.3. For information on contacting the institutions administering these tests, see section 1.5.

1.2.1 International English Language Testing System (IELTS)

Only the academic test is acceptable and the minimum requirement is 6.0 in each component.

1.2.2 Occupational English Test (OET)

The minimum requirement is B-level in all four sections.

1.2.3 American Test for English as a Foreign Language (TOEFL)

This will only be accepted if the test included the spoken component. The minimum requirement is 237 (test of written English 4.5).

1.3 Unacceptable tests

The Business English Certificate (BECS) is unacceptable.

1.4 Exemptions

The requirement to complete an English language test may be waived where the practitioner:

- has successfully completed Chinese medicine postsecondary education of at least 2 years fulltime, for which English was the medium of instruction
- has original evidence of successful completion of another test that can be demonstrated to be of an equivalent standard to one of the acceptable tests
- can otherwise demonstrate adequate proficiency in English.

1.5 English language tests

International English Language Testing System (IELTS)

IELTS Australia
GPO Box 2006
Canberra ACT 2601
Australia

Telephone: +61 2 6285 8222

Facsimile: +61 2 6285 3233

Email: ielts@idp.edu.au

Website: <http://www.ielts.org>

Occupational English Test (OET)

Language Australia
GPO Box 372F
Level 4, 51 Queen St,
Melbourne Victoria 3001
Australia

Telephone: +61 3 9612 2600 or +61 3 9612 2610

Facsimile: +61 3 9612 2601

Email: oet@la.ames.vic.edu.au

Website: <http://www.languageaustralia.com.au>

Test of English as a Foreign Language (TOEFL)

Website: <http://www.ets.org/toefl>

See the website for test centre locations, test dates, the TOEFL bulletin (PDF file) and online registration. There are two test delivery formats: paper-based and computer-based. The TOEFL exam assesses reading, writing and listening and as an option, you can also register for the Test of Spoken English (TSE). The TSE measures the ability of non-native speakers to speak in an academic or professional environment. From September 2005, a new test will assess all four communicative skills (reading, listening, speaking and writing).

2 Effective communication guidelines

2.1 Introduction

Under the transitional provisions of the HPR Act (grandparenting provisions), which ended on 31 December 2004, a small number of practitioners who are not competent in English were registered on the basis of agreeing to comply with these guidelines.

The CMR Board recognises that:

- although most patients in Victoria speak English as their first language or are competent in communicating in English, some do not
- emergency services in Victoria are most swiftly and effectively accessed by persons who are competent in speaking English.

2.2 Guidelines developed

The CMR Board has the power to regulate standards of practice, pursuant to Section 118(1)(d) of the HPR Act. Section 118(1)(g) of the HPR Act also gives the CMR Board the power to issue guidelines in relation to those standards.

The guidelines apply to ALL registered practitioners.

The CMR Board has developed guidelines to ensure that:

- all registered practitioners, who were registered under the grandparenting provisions and are not competent in speaking in English, have appropriate arrangements in place for effective communication with emergency services
- all registered practitioners have appropriate arrangements in place for effective communication with patients with whom they do not share a common language.

The CMR Board's guidelines in relation to effective communication apply to all registered practitioners in the consultation and treatment of all patients.

2.3 Need for effective communication

Before an applicant will be granted general registration under Section 6 the HPR Act, the CMR Board must be satisfied with the issues described in subsections 2.3.1 and 2.3.2.

2.3.1 Communication with patients

Appropriate arrangements will be in place at all times during a consultation or treatment to ensure effective two-way communication with patients.

2.3.2 Communication with emergency services

Appropriate arrangements will be in place at all times during practice to ensure that swift and effective contact can be made in English with emergency services (medical and nonmedical) by telephone.

2.4 Guidelines

2.4.1 Guideline 1: effective communication with emergency services

A registered practitioner who was registered under the grandparenting provisions and is not competent in speaking in English must have appropriate arrangements in place at all times during practice to enable swift and effective telephone contact in English with emergency services (medical and nonmedical).

Appropriate arrangements for the purposes of contacting emergency services, are that:

- the registered practitioner is competent (ie of at least average skill) in **speaking** English and in communicating by telephone swiftly and effectively

OR

- a person appointed by the registered practitioner is present at the clinic who is competent (ie of at least average skill) in **speaking** English and in communicating by telephone swiftly and effectively.

2.4.2 Guideline 2: effective communication with patients

Any registered practitioner must have appropriate arrangements in place at all times during a consultation or treatment to ensure effective two-way communication with the patient to enable in particular:

- an adequate **patient history** to be taken
- the patient to understand the **information and advice** given in relation to their medical condition
- the patient to understand the **instructions** given in relation to their treatment regime, in particular, the administration of herbal medicines
- swift and effective communication with the patient in **emergency situations** (medical or nonmedical).

Appropriate arrangements for the purposes of consultation or treatment are that:

- the registered practitioner and the patient are both competent in communicating in a **common language**

OR

- a suitable **interpreter** is present throughout the consultation or treatment.

2.4.3 Definitions

Some of the terms regarding effective communication with patients are defined below.

Term	Definition
Common language	<p>A language that the registered practitioner:</p> <ul style="list-style-type: none"> • is competent in communicating in for the purpose of practising Chinese medicine • reasonably believes that the patient is competent in communicating in <p>AND</p> <ul style="list-style-type: none"> • reasonably believes that effective two-way communication occurs whether by speaking or otherwise communicating (eg reading and writing).
Competent	Of at least average skill.
Suitable interpreter	<p>A suitable interpreter is a person whom:</p> <ul style="list-style-type: none"> • the patient agrees to • the registered practitioner agrees to • the registered practitioner reasonably believes <ul style="list-style-type: none"> – is competent in communicating in the language being used by the patient and the registered practitioner whether by speaking or otherwise communicating (eg reading and writing) – will provide accurate interpretation – is being used as necessary to ensure that effective two-way communication occurs between the registered practitioner and the patient. <p>Ideally, the interpreter will be NAATI⁶ accredited because they:</p> <ul style="list-style-type: none"> • have been accredited to ensure that they meet specified minimum standards • are independent (the use of persons who have a personal relationship with the patient can inhibit the open disclosure of personal and health information and this may detract from the effectiveness and safety of your consultation) • are encouraged and expected to abide by a code of ethics issued by the Australian Institute for Interpreters and Translators (AUSIT).

⁶ Contact the National Accreditation Authority for Translators and Interpreters on 03 9642 3301 for the name of a suitable translation service.

Appendix 6 Guidelines on first aid

1 Preamble

The Chinese Medicine Registration Board of Victoria (CMR Board) has the power to regulate standards of practice, pursuant to Section 118(d) of the *Health Professions Registration Act 2005*. Section 118(2) of the HPR Act also gives the CMR Board the power to issue guidelines in relation to those standards.

The CMR Board has developed the following guideline to ensure that first aid treatment is available swiftly and effectively at all times during practice by a registered practitioner.

The guideline applies to ALL registered practitioners.

2 Availability of first aid treatment

At all times during practice by a registered practitioner:

- the registered practitioner must hold a current First Aid Certificate Level 2 (or equivalent)

OR

- a person must be present at the clinic who has been appointed by the registered practitioner AND who holds a current First Aid Certificate Level 2 (or equivalent) AND who can swiftly and effectively administer first aid if required.

Appendix 7 Guidelines on professional indemnity insurance

1 Preamble

The Chinese Medicine Registration Board of Victoria (CMR Board) has the power to regulate standards of practice, under Section 118(1)(d) of the *Health Professions Registration Act 2005* (HPR Act). Section 118(1)(h) of the HPR Act gives the CMR Board the power to issue and publish guidelines about the minimum terms and conditions for professional indemnity insurance.

The HPR Act establishes statutory powers for the CMR Board to require professional indemnity insurance as a condition of initial and ongoing registration. The relevant sections are 6(2)(h), 6(3), 7(5), 9(3), 10(4)(a) & (b), 10(5)(a) & (b), 13 and 18(3)(a) of the HPR Act.

The CMR Board has developed the following guidelines to ensure that, at all times during practice, practitioners are covered by an approved level of professional indemnity insurance (ie that meets the minimum terms and conditions established by the CMR Board).

These guidelines apply to all registered Chinese medicine practitioners. Insurance in accordance with these guidelines is a precondition of registration.

2 Guidelines

2.1 Guideline 1: undertakings by practitioners

All applicants for registration are required to provide the CMR Board with certain undertakings before registration will be granted, including that at all times during practice, as a registered practitioner, the practitioner will abide by the CMR Board's *Guidelines on Professional Indemnity Insurance*. The applicant must certify that they will not begin practice until their professional indemnity insurance is in place, and that at all times during practice the applicant will be covered by an approved level of professional indemnity insurance.

2.2 Guideline 2: risk and practitioner responsibility

Practitioners must, in consultation with their insurer or insurance broker, identify the risk exposure associated with their practice, and outcomes linked to long-term care factors **and ensure** that the limit of indemnity commensurate with those specific risks. The professional risks component of the selected insurance policy must be broad enough to cover the scope of the practitioners practice. Practitioners should also obtain their own advice about how much run-off cover they require to ensure they are covered for claims brought against them many years later (ie how they are affected by the relevant legal limitation periods within which their former patients may sue them).

It is the responsibility of the practitioner to:

- examine the insurance policy to ensure that the cover obtained provides appropriate protection for risks arising from the full scope of the practitioner's provision of professional services
- ensure that the schedule describes the activities carried on to be certain that the cover is appropriate to the practitioner's business risk, for example
 - acupuncture and moxibustion
 - Chinese herbal medicine
 - orthopaedics and traumatology
 - massage
 - other
- ensure that there are no exclusions which render any of your patients or practices excluded from cover
- be aware that insurance policies do not cover practitioners for damages awarded to patients as a result of assault or other unlawful activities, including sexual assault.

2.3 Guideline 3: approved level of cover

All practitioners are required to:

- be covered by an approved level of professional indemnity insurance prior to beginning practice as a registered practitioner

AND

- maintain an approved level of cover at all times during practice.

Currently, the CMR Board has determined that the approved level of cover (ie the minimum sum insured limit of professional indemnity insurance required by the CMR Board) is:

- no less than \$2 million cover for any single claim (ie for each claim) that may be made against the practitioner, plus either:
 - a minimum of one automatic reinstatement of the limit in the annual aggregate; or
 - an aggregate coverage of at least \$4 million.

The CMR Board reserves the right to vary the approved level of cover at registration renewal. Registrants may be covered either by their own or their employer's insurance policy, or as a member or subscriber of a representative professional association arranging professional indemnity insurance cover on their behalf.

2.4 Guideline 4: currency of insurance

All registrants must ensure that they maintain current professional indemnity insurance for the entire period of registration. On application for renewal of registration, evidence of the following must be submitted:

- a copy of the Certificate of Currency or Schedule of Cover from the insurance company
- alternatively, a Confirmation of Cover from an insurance broker.

This evidence must contain the following information:

- name of the insurer
- policy number
- limit of indemnity a) for each and every loss and b) in the annual aggregate
- deductible(s) (excess)
- period of insurance.

On the request of the CMR Board, the practitioner must provide, within 14 days, the full policy wording to enable the CMR Board to determine whether an applicant has professional indemnity insurance that satisfies the CMR Board's requirements.

2.5 Guideline 5: run-off cover

All registrants must ensure appropriate provision of run-off cover for a minimum of 7 years should they cease to practice either for a short period or permanently, or change insurers. Some policies have run-off cover incorporated and registrants must ensure they meet the requirements for access to the run-off cover at the time they cease practice. In other cases registrants may need to maintain ongoing insurance.

The CMR Board's view is that a failure to arrange appropriate run-off cover amounts to unprofessional conduct and that Section 42(3) of the HPR Act enables the CMR Board to conduct or continue to conduct an investigation into the professional conduct of a person who has ceased to be a registered practitioner.

2.6 Guideline 6: seamless transition of cover if changing insurers

If a registered practitioner intends to change their insurer either during or after ceasing their practice, then they will require individual advice from the insurer, an insurance broker or advisor. This is to prevent the risk of any uninsured gaps occurring with the cover from the change of insurer.

Appendix 8 Application and registration fees

Power of the CMR Board to set fees

The Chinese Medicine Registration Board of Victoria (CMR Board) has the power to determine the fees payable for registration under the *Health Professions Registration Act 2005* (HPR Act).

Section 140 of the HPR Act sets out the powers and responsibilities of the CMR Board in relation to fees.

The CMR Board may fix different fees for different purposes and may allow for the reduction, waiver or refund, in whole or in part, of any fee — section 140(1)(b).

The CMR Board must publish any fee it has fixed in a newspaper circulating generally throughout Victoria and in the Government Gazette. Section 140(2) states that in fixing fees under the HPR Act, the CMR Board is entitled to ensure that the amount of money collected in fees under the HPR Act is sufficient to cover the cost to the CRM Board of administering the HPR Act.

Process for fee payment

The application fee must be sent with the application form. It is non-refundable and applies whether or not registration is granted.

If registration is granted by the CMR Board, the applicant will then be invoiced for their registration fee.

Once the registration fee has been received the CMR Board will register the practitioner in the *Register of Chinese Medicine Practitioners*. A certificate of registration will be issued and the practitioner will be legally recognised as a registered practitioner.

Schedule of prescribed fees 2009-2010

Payable for registration granted between 1 July 2009 and 30 June 2010.

Application	
Single division	\$150
Two divisions	\$200
Three divisions	\$250
Specific registration	
Single division	\$420
Two divisions	\$475
Three divisions	\$525

When specific registration is granted for a period less than one year, a pro-rata fee is applied as follows. A quarterly, half year or three quarter fee is issued (the fee is rounded up to whole dollars divisible by five, thus the quarterly amount for one division is \$105 and for two divisions is \$240).