
AUSTRALIAN MEDICAL ACUPUNCTURE COLLEGE

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The Secretary
Legal and Social Issues Committee
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Dear Mr Willis,

INQUIRY INTO THE PERFORMANCE OF THE AUSTRALIAN HEALTH PRACTITIONER REGULATION AGENCY.

This letter is a statement from the Australian Medical Acupuncture College¹ (hereinafter designated as: The College), the body that has represented all medical practitioners who perform Medical Acupuncture in Australia since 1973. AMAC then negotiated with the Australian Government in 1983 so that Australian citizens can be provided with a medicare rebate for consulting with medical practitioners who provide acupuncture.

The College submits that the performance of the Australian Health Practitioner Regulation Agency (hereinafter referred to as AHPRA) with regards to Endorsement of Medical Practitioners for the Practice of Medical Acupuncture has not been adequate with regards to:

1. **Timeliness of the bureaucratic mechanism and processes for Endorsement:** As evidence this mechanism was required to be fully operational well before the 1st July 2012 and it was not, indeed the proper mechanism only appeared on the AHPRA website in December 2012; five months late.

¹ Incorporated in Victoria. Company Ltd by Guarantee.

2. Consistency and appropriateness of information given to Medical Practitioners by AHPRA staff re Endorsement for Medical Acupuncture:

As evidence I quote the following cases: a) Specialist in Victoria, previously endorsed by Medical Board of Victoria (MBV) now not endorsed by AHPRA.

b) Newly passed Part 1 FAMAC in Victoria no mechanism for endorsement, told by AHPRA to register with CMRBV. (Chinese Medicine Registration Board of Victoria)

c) Overseas doctor previously endorsed by MBV, AHPRA website says not endorsed, AHPRA say endorsed, will try to fix website, not fixed after 1 month.

d) Doctor in NSW tried to get endorsed via AHPRA -no mechanism for same "Customer Service Officers" unhelpful.

e) Doctor in NSW sent in paper based records for endorsement -no response.

f) My experience with the Qld arm of AHPRA: First suggested I endorse with CMRBV.

My next attempt I explained that this was inappropriate for a Medical Acupuncturist; I was then replied to with a cut and paste explanation from the AHPRA website about Section 97. Again inappropriate for the question. "I request that AHPRA post a means for Medical Practitioners to apply to be endorsed for medical acupuncture on the AHPRA/Medical Board of Australia website."

g) Doctor in North Queensland requesting advice from a Customer Service Officer from AHPRA re Endorsement was told that he did not need to be endorsed.

h) Fellow of the College from NSW sent in a Statutory Declaration from a Justice of the Peace that the photo of her Fellowship Certificate was a true copy, which was rejected by AHPRA.

i) Doctors from Qld and NSW attempting Endorsement by the "Grandfathering" mechanism have faced 10 week delays from Medicare to gain access to the required de-identified Medicare Claims data of >25 Acupuncture Item Numbers in the 2 years prior to July 1st 2012 (Not strictly an AHPRA fault, however foreseeable, given that has been written into the Regulations.)

j) Doctors with an approved Qualification –Monash Graduate Certificate told that this was not adequate as they had not passed Part 1 of the FAMAC. This is not true, as to be awarded a Monash University Graduate Certificate of Medical Acupuncture the candidate must pass the Part 1 Examination of the Fellowship of the Australian Medical Acupuncture College.

k) A number of medical practitioners have found the process difficult and many have stopped practicing 'acupuncture' and just put this through as normal medical visits which defeats the purpose of overall practice monitoring by Medical Boards and Government.

It is the College's contention that Section 5.4 (c) of the Inter Governmental Agreement has been breached : *it should recognise that restrictions on the practice of a profession should only occur where the benefits of the restriction to the community as a whole outweigh the costs.*² One could argue that restricting

² INTERGOVERNMENTAL AGREEMENT FOR A

appropriately trained medical practitioners from practising medical acupuncture would disadvantage the community.

Overall this increased bureaucracy has not benefitted the medical service providers at all, nor has it benefitted the community.

Yours sincerely,

Dr Bill Meyers

Federal Vice President AMAC; in charge of this registration issues.
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Dr Ian Relf

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References:

<http://www.nhwt.gov.au/documents/National%20Registration%20and%20Accreditation/NATREG%20-%20Intergovernmental%20Agreement.pdf>