

Terms of Reference

Examinations Committee

1 Background

The Chinese Medicine Board of Australia (Board) has approved a policy framework to support the assessment of applications for general registration from practitioners who hold non-Board-approved qualifications. As part of processing these registration applications, each applicant's qualifications are assessed to identify if the applicant meets the qualification element of eligibility for general registration through the s 53(b) or s 53(c) pathway of the Health Practitioner Regulation National Law, as in force in each state and territory (National Law).

The Board has established theory and clinical examinations (CMBA regulatory examinations) that form part of the s53(c) pathway. These examinations assess applicants' knowledge, skills and professional attributes to practice safely and competently as Chinese medicine practitioners in the Australian health system. The CMBA regulatory examinations may also be used as part of the management of matters such as where recency of practice or performance issues requires an assessment of practitioner competence.

The CMBA Examinations Committee (Committee) is an essential element of the governance arrangements that ensure the CMBA regulatory examinations are consistent, reliable and valid and reflect the National Scheme objectives and guiding principles. The Committee's unique, expert advisory role is critical to providing information that will help the Board (or its delegate) to make defensible registration decisions.

2 Purpose

The Board established the CMBA Examinations Committee (Committee) in accordance with clause 11 of Schedule 4 of the National Law to ensure the Board has access to the necessary expert advice on written and clinical examination results in accordance with good assessment practice and examination governance. This expert advice is critical in managing risks related to operation of the examinations and will facilitate:

- a) the reliability and validity of examination tools and processes
- b) the transparency and defensibility of assessment outcomes, and
- c) the consistency across examination sessions.

3 Functions

The Committee is accountable to the Board and will:

- a) monitor and advise the Board on lateral and longitudinal trends (and psychometrics) across examination sessions
- b) review, validate and advise the Board on the collective results from each written and clinical examination session
- c) monitor and advise the Board on psychometrics related to the multiple choice question (MCQ) item bank and objective structured clinical examination (OSCE) stations, and
- d) provide other advice requested by the Board consistent with the Committee's purpose.

4 Duty to act in the public interest

A member of the Committee is to act impartially and in the public interest in the exercise of their functions.

A member of the Committee is to put the public interest before the interests of the profession or any entity that represents the profession.

5 Conflicts of interest

Members of the Committee are to comply with the conflict of interest requirements set out in clause 8 of schedule 4 of the National Law.

6 Membership

The Committee will consist of up to five members, including a current member of the Board.

The combined skills, knowledge and experience of the members will address the following areas:

- a) experience and currency in MCQ and OSCE examination design, implementation and evaluation
- b) experience and currency in using psychometric analysis of examinations to optimise reliability and validity
- c) experience in higher education, accreditation and/or regulation within the Chinese medicine profession in Australia and/or related health professions regulated under the National Law
- d) formal and higher degree qualifications in health and/or education/pedagogy expertise
- e) knowledge of Chinese medicine practice within the Australian health care system

Members who are Chinese medicine practitioners must:

- a) hold registration without conditions, ideally registered in both acupuncture and Chinese herbal medicine divisions, and
- b) hold a minimum of a Bachelor level degree from a recognised higher education institution.

The Board will appoint a Committee member as the Chair of the Committee. The Board may also choose to appoint a Committee member as a Deputy Chair.

7 Quorum

A quorum for the Committee shall be a majority (more than 50%) of the appointed members plus the Chair (or Deputy Chair in the absence of the Chair).

8 Appointment of members and terms of appointment

Members of the Committee shall be appointed for a term determined by the Board for up to three years and be eligible for reappointment for a maximum of three terms.

The Board may remove a Committee member if:

- a) the member has been found guilty of an offence (whether in a participating jurisdiction or elsewhere) that, in the opinion of Board, renders the member unfit to continue to hold the office of member; or
- b) the Committee recommends the removal of the member as a result of the member's misconduct, impairment or incompetence, or

- c) the Board determines that the member should be removed, on the basis that the member has engaged in misconduct or has failed or is unable to properly exercise the member's functions as a member.

Where a vacancy occurs, the Board may fill the vacancy on a temporary or longer-term basis either:

- a) by appointing to the Committee a person identified by the Board, or
- b) by publicly advertising the vacancy.

It is not necessary to advertise a vacancy in the membership of the Committee before appointing a person to act in the office of a member.

9 Meetings and procedures

The Committee will meet by teleconference for half a day following each written and clinical examination session. A maximum of four half day meetings will be held each financial year.

A record of each meeting will be made by Australian Health Practitioner Regulation Agency (Ahpra) staff and confirmed at the next Committee meeting.

10 Decision making

The Committee's role is advisory and it has no delegated decision-making powers. While it is preferred that the Committee reaches consensus on its advice, if this is not possible, advice that is supported by a majority of the members will be provided to the Board (or its delegate).

11 Support

Support for the Committee and its work will be provided by Ahpra as part of Ahpra's support for the Board and its Committees.

12 Reporting and communication arrangements

The Committee reports to the Board and will provide expert advice to the Board (or its delegate) following each written and clinical examination session. The Board (or its delegate) will consider the expert advice, including any recommendations, and make decisions.

13 Other

Duty of confidentiality

Members of the Committee are bound by the duty of the confidentiality under section 216 of the National Law.

Protection from personal liability for persons exercising functions

Section 236 of the National Law, which provides protection from personal liability, will apply to a Committee member exercising functions under the National Law and acting in good faith. Section 236 provides that:

- (1) *A protected person is not personally liable for anything done or omitted to be done in good faith—*
 - a) *in the exercise of a function under this Law; or*
 - b) *in the reasonable belief that the act or omission was the exercise of a function under this Law.*
- (2) *Any liability resulting from an act or omission that would, but for subsection (1), attach to a protected person attaches instead to the National Agency.*

14 Review of these arrangements

The Board may review the functions of the Committee at any time deemed appropriate by the Board. Initially the Board will review the performance of the committee within 6 months.

The Board may determine, at any time that the Committee is no longer required as it has completed the functions set out in these Terms of Reference.

The Board may change the Terms of Reference, at any time, in consultation with Ahpra.