Chinese Medicine Board of Australia

Consultation on draft guidelines for safe Chinese herbal medicine practice

28 May 2014

Responses to consultation questions

Please provide your feedback as a Word document (not PDF) by email to chinesemedicineconsultation@ahpra.gov.au by close of business on Wednesday, 23 July 2014.

Stakeholder Details

If you wish to include background information about your organisation please provide this as a separate word document (not PDF).

Practitioner's name
Template C
Contact information *(please include contact person's name and email address)*

Your responses to consultation questions

Guidelines for safe Chinese herbal medicine practice *Please provide your responses to any or all questions in the blank boxes below*
1. Do you agree that these guidelines apply to all medicines prescribed and/or dispensed by Chinese medicine practitioners?
No, I disagree with the draft guideline as it is. I strongly advise to use with Pinyin and Chinese characters to all medicines prescribed.
2. TGA nomenclature guidelines require the botanical name to be used for herbal products in manufactured medicines. Pinyin and/or Chinese characters are more commonly used for Chinese herbal medicine prescription writing and dispensing. The use of Chinese characters alone makes it difficult for patients and other health practitioners to understand what medicine the patient is taking. For Chinese herbal medicine prescription writing, do you agree that pinyin or the pharmaceutical name should be used as an alternative to the botanical name, with the addition of Chinese characters where necessary? Is this guideline practical to implement? If you disagree, what alternatives do you suggest?
I agree that pinyin should be used at all times as an alternative to or the pharmaceutical name and the botanical name. Pinyin used as Chinese herbs for centuries, it is convenient to communicate with patients and avoid unnecessary misunderstanding and misinterpreting.
3. Zhao et al (2006) identified that up to 27 per cent of Chinese herbs are sourced from multiple species, making it impossible to accurately identify the species used if the herb is identified only by pinyin, Chinese characters or pharmaceutical name. Best practice is to label herbs supplied to a patient by the botanical name to allow for accurate reference to drug-herb interaction databases, accurate tracking of potential adverse events and the

informed use of evidence from pharmacological research. Do you agree that herbs should be labelled according to their botanical name? If not what alternative do you recommend to address these safety issues and remove ambiguity in labelling?
No, I disagree to use botanical names in labelling all herbs, because it is not a practical practice and is not useful. Prescriptions and labelling should be in consistence with Pinyin and Chinese characters at all times, and with the pharmaceutical name or botanical name in addition only under the circumstances of different herbs with same pinyin, and different Chinese characters.
4. Are the labelling requirements practical to implement?
The draft, as it is, is unfair and not practical. It will cause more misunderstandings at clinical practice.
5. Is the required information for prescriptions appropriate?
Excess and unnecessary information will be time consuming and will not only put unnecessary burden onto the practitioners but also cause obscurity and confusion to the patients.
6. Do you agree with the circumstances in which a medicine may be supplied for self-medication?
Yes
7. Do you agree with the limited role of dispensary assistants as outlined in section 5 of the guidelines?
Yes
8. Are there any additional requirements which should apply to the management of a Chinese herbal dispensary?
Yes, up to date there is no data base of the "components" of raw herbs globally for herbs as commonly used as 当归 Danggui, as all herbs are natural products which include TGS listed complementary medicine with labels of ingredients only.
9. Does the sample label and prescription assist in understanding the requirements set out in the guidelines? Should any other examples be used?
Yes, The sample label and prescription is a good way to help in understanding the requirements. As many samples as possible for all other guideline will avoid any misunderstanding and misinterpreting of the guidelines.
10. Taken as a whole, are the guidelines practical to implement and sufficient for safe practice?
No, the draft guideline is not practical to implement.
11. Is the content flow and structure of the guideline helpful, clear, relevant and workable?
No, the content of the draft guideline is not helpful and unclear due to following: the draft stated "The experience of the CMBRV was that approximately 15 per cent of complaints involved herbal practice issues." The original of the data should be attached and made easier for practitioners and public to assess for general justification.
12. Is there any content that needs to be changed or deleted?
Yes, as stated per above questions.
13. Is there anything missing that needs to be added?
Yes, as stated per above questions.
14. Do you agree with the proposed 12-month transition period and if so is this period adequate?
No, I disagree to use botanical names in labelling all herbs, because it is not a practical practice and is not useful.
15. Should the review period for the guidelines be two, three or five years?
All reviews should be in consistence with other guideline review, ie 3 years.
16. Do you have any other comments on the draft guideline?
none