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).

Organisation name
Lin Chinese Medical & Acupuncture Centre
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?
I am not agree
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?
Yes. Pin yin on the pharmaceutical name should be used
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?
I am not agree that herbs should be labelled according to then botanical name pin yin on pharmaceutical name should be used.
4. Are the labelling requirements practical to implement?
The labelling requirements are not practical
5. Is the required information for prescriptions appropriate?
The required information for prescription is not appropriate
6. Do you agree with the circumstances in which a medicine may be supplied for self-medication?
Not agree
7. Do you agree with the limited role of dispensary assistants as outlined in section 5 of the guidelines?
I am not sure
8. Are there any additional requirements which should apply to the management of a Chinese herbal dispensary?
I am not sure
9. Does the sample label and prescription assist in understanding the requirements set out in the guidelines? Should any other examples be used?
I am not sure
10. Taken as a whole, are the guidelines practical to implement and sufficient for safe practice?
I am not sure
11. Is the content flow and structure of the guideline helpful, clear, relevant and workable?
I am not sure
12. Is there any content that needs to be changed or deleted?
I am not sure
13. Is there anything missing that needs to be added?
I am not sure
14. Do you agree with the proposed 12-month transition period and if so is this period adequate?
I surest the proposed transition period should be considered as 24 months
15. Should the review period for the guidelines be two, three or five years?

The review period for the guidelines be two years
16. Do you have any other comments on the draft guideline?
I do not have any other comments

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