

## Communiqué

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26 April 2016

The 53<sup>rd</sup> meeting of the Chinese Medicine Board of Australia (the Board) was held on 26 April 2016 in Melbourne.

This communiqué provides key decisions made at the meeting. It is also published on the Board's [website](#) and an announcement via email is sent to a broad range of stakeholders. Please forward the communiqué to colleagues who may be interested in the work of the Board.

### Responsible advertising

The Chinese Medicine Board of Australia would like to remind all registered Chinese medicine practitioners that they must comply with the provisions of the National Law on the advertising of regulated health services, relevant consumer protection legislation, state and territory fair trading Acts and, if applicable, legislation regulating the advertising of therapeutic goods.

Good practice involves ensuring that any promotion of therapeutic products is ethical.

All practitioners must be familiar with the *Code of Conduct* and *Guidelines for advertising regulated health services* (the guidelines). The guidelines equip any person who advertises a regulated health service, or any business that provides a regulated health service, with guidance on the obligations of advertisers under the National Law.

### Advertising regulated health services

Section 133 of the [National Law](#) regulates the advertising of regulated health services (a service provided by, or usually provided by, a health practitioner as defined in the National Law). Section 133 provides that a person must not advertise regulated health services in a way that:

- a. is false, misleading or deceptive or is likely to be misleading or deceptive; or
- b. offers a gift, discount or other inducement to attract a person to use the service or the business, unless the advertisement also states the terms and conditions of the offer; or
- c. uses testimonials or purported testimonials about the service or business; or
- d. creates an unreasonable expectation of beneficial treatment; or
- e. directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services.

### Inappropriate claims of benefit

Registered practitioners must not advertise health benefits of their services when there is not clear evidence or proof that these benefits can be achieved.

Because of the risk of misleading or deceptive statements, a high level of evidence is required to reasonably support claims made in advertising regulated health services. This is because in advertising, a bare statement may be easily misinterpreted or de-contextualised and then become misleading.

The National Law bans advertising that creates an unreasonable expectation of beneficial treatment. The claims of beneficial treatment can range from unsubstantiated scientific claims through to miracle cures.

Advertising claims that are contrary to high-level evidence are unacceptable. High-level evidence will usually take the form of meta-analyses, systematic reviews or one or more high quality and well respected and acknowledged studies.

You should make sure that any information you publish about your services is factual and verifiable.

1. You should only make justifiable claims about the quality or outcomes of your services in any information you provide to patients.
2. You should not make claims either directly to clients or in advertising or promotional materials about the efficacy of treatment or services you provide if those claims cannot be substantiated.
3. You must not use your possession of a particular qualification to mislead or deceive clients or the public as to your competence in a field of practice or ability to provide treatment.

### **Scientific information in advertising**

Practitioners must take care to not mislead or create false impressions when using scientific information in advertising. Practitioners who choose to include scientific information in advertising must ensure that the information is presented in a manner that is accurate, balanced and not misleading and use wording that is understood readily by the target audience.

The advertising must clearly identify the relevant researchers, sponsors and the academic publication in which the source scientific information or results appear, and be from a reputable (e.g. peer reviewed) and verifiable source.

### **Words in advertising that need extra care**

Some words have more potential to mislead or deceive when used in advertising, so it is important to take extra care with them.

1. The word 'cure'. The unqualified use of the word 'cure' could breach section 133 of the National Law unless there is clear and generally accepted evidence that a health service cures a condition. It is often not possible to establish a causal connection between providing a health service and subsequent patient improvement. This is because not all improvement in a condition can necessarily be attributed to treatment. There are many intervening factors; relapses frequently occur and the response to treatment varies considerably from individual to individual. Wording about the potential to reduce the severity of symptoms is often safer, such as *'I cannot cure arthritis but I may be able to reduce the severity of the symptoms'*.
2. The words 'can help/improve'. When there is substantive or good quality evidence that a health service can help certain conditions, it is reasonable to state something like *'x treatment or x approach can help/improve these conditions'*. When there is limited or inconclusive evidence that treatment can help certain conditions, it is unacceptable to claim that it can help/improve those conditions. In these cases, it is more appropriate to state that treatment or a particular approach may/might help or improve certain conditions.
3. The word 'safe'. When a treatment is generally considered safe, it is reasonable to use wording like *'x treatment is generally considered to be safe but occasionally may be associated with possible adverse reactions in individual cases'*. It is potentially misleading to state that treatment or a particular approach is safe without also acknowledging that all forms of treatment have the potential for adverse reactions.
4. The word 'effective'. When there is substantive or good quality evidence that a health service can help certain conditions, it is acceptable to state something like *'x treatment or approach has been shown to be effective for the treatment of these conditions'*. When there is limited or inconclusive evidence that treatment has been shown to be effective in the management of certain conditions, it is reasonable to state something like *'x treatment or approach may be effective in the management of certain conditions'*.

Further information is available on the [Board Codes and Guidelines webpage](#), the [AHPRA Codes and Guidelines webpage](#) and the [Board FAQ webpage](#).

## Places are limited: Brisbane forum for practitioners, students and stakeholders of Chinese medicine

Chinese medicine practice has been regulated under the National Scheme for more than three years. The Board is conducting a number of meetings to engage more directly with the profession. This has been identified as a strategic priority for the Board. Over the last 12 months, the Board has conducted engagement meetings in Sydney, Perth and Adelaide.

The Board would like to invite you to its next forum in Brisbane, to discuss regulation and encourage the integration of registration standards, codes and guidelines into your daily practice. There will be a Board presentation, time for questions and networking.

Please register your attendance to this free event as places are limited.

**Date:** Monday 23 May 2016

**Time:** 5.30pm till 7.00pm

**Venue:** George Williams Hotel, 317–325 George Street, Brisbane

Keep an eye on the [News](#) section on the Board's website for further details.

## Call for applications – Chinese Medicine Accreditation Committee

The Chinese Medicine Board of Australia (the Board) seeks applications from suitably qualified and experienced persons to be appointed to the Chinese Medicine Accreditation Committee (the committee).

The committee is established by the Board as the accreditation authority for Chinese medicine under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

The functions of the committee include:

- developing and reviewing accreditation standards
- assessing and monitoring programs of study
- advising the Board on issues in education and clinical training, and
- overseeing the assessment of the knowledge, clinical skills and professional attributes of overseas-qualified Chinese medicine practitioners seeking registration in Australia.

Applications will be assessed by a selection advisory panel. Appointments are made by the Board under the National Law. Appointments may be for up to three years, with eligibility for reappointment, and are expected to start in mid-2016.

Applications close on Monday 2 May 2016.

Further information on the role and the application process is found in the [News](#) section on the Board's website. For enquiries, please email [statutoryappointments@ahpra.gov.au](mailto:statutoryappointments@ahpra.gov.au).

## Board regulatory work plan

The Board undertook a review of its regulatory work plan after the April meeting. Issues discussed included:

- developing a better understanding of the needs of stakeholders with regards to the regulation of Chinese medicine practitioners, and
- opportunities for greater cross professional regulatory work that maintains the profession specific input into the regulation of registered health professionals.

## Quarterly performance reports released

AHPRA and the National Boards, including the Chinese medicine Board, have released new information about their performance in each state and territory to improve transparency and accountability.

The quarterly performance reports include data specific to each state and territory for the period October to December 2015 and covers AHPRA and the National Boards' main areas of activity:

- managing applications for registration as a health practitioner
- managing notifications about the health, performance and conduct of registered health practitioners and offences against the National Law, and
- monitoring health practitioners and students with restrictions on their registration.

The reports are available on the [AHPRA website](#).

## Quarterly registration data

The National Boards publish quarterly data profiling Australia's health practitioner workforce, including a number of statistical breakdowns about registrants.

Further information is found on the [Statistics page](#) of the Board's website.

## Chinese medicine regulation at work in Australia, 2014/2015

The Chinese Medicine Board of Australia (the Board) has released its report for 2014/15.

The Board conducted a public consultation in 2014 on guidelines for safe Chinese herbal medicine practice. The Board also held a number of meetings with the profession on its work to balance its obligations to implement the National Law, while also supporting practitioners to meet their regulatory responsibilities.

A significant milestone for Chinese medicine in Australia was also reached: grandparenting arrangements – special transitional provisions that provide a possible pathway to registration for existing practitioners who do not have contemporary, approved qualifications – came to an end on 30 June 2015.

## Highlights

- Grandparenting arrangements ended on 30 June 2015.
- Supervision guidelines for Chinese medicine practitioners published.
- 4,494 registered Chinese medicine practitioners on 30 June 2015.
- 5.22% increase in number of registered Chinese medicine practitioners compared to 2013/14.
- 40% of Chinese medicine practitioners based in New South Wales, 28% in Victoria.
- 46% of registered Chinese practitioners are registered as acupuncturists and Chinese herbal medicine practitioners.
- 15% decrease in number of notifications received about registered Chinese medicine practitioners compared to 2013/14.
- 22 notifications received about registered Chinese medicine practitioners – 0.5% of the registrant base.
- Two immediate action cases, the same as last year.
- 883 Chinese medicine registrants under active monitoring on 30 June 2015, 98.5% due to suitability/eligibility.

A copy of the report and further information may be found on the [News](#) section of the Board's website.

## Updating your contact details

To check or update the contact details you have lodged with AHPRA, access the online services panel for practitioners on the homepage of the Board's website and click *Update your contact details*. Enter your user ID, date of birth and password (please note that your user ID is not your registration number). If you don't remember your user ID or password, contact us [online](#) or phone 1300 419 495 for help.

## Follow @AHPRA on Twitter

AHPRA will be using Twitter to encourage a greater overall response to National Board consultations and to host regular Twitter chats on important topics.

## Important information for practitioners

The Board publishes a range of information about registration, including its expectations of practitioners, at [www.chinesemedicineboard.gov.au](http://www.chinesemedicineboard.gov.au).

For more details or help with questions about your registration, notifications or other matters relevant to the National Registration and Accreditation Scheme, refer to information published on [www.ahpra.gov.au](http://www.ahpra.gov.au) or [contact AHPRA](#), send an [online enquiry form](#) or call on 1300 419 495.

## Professor Charlie C Xue

Chair, Chinese Medicine Board of Australia  
26 April 2016

*[The Chinese Medicine Board of Australia](#) is the regulator of Chinese medicine practitioners in Australia and acts to protect the public by ensuring that suitably qualified and competent Chinese medicine practitioners are registered. The Board is responsible for developing registration standards, codes and guidelines for Chinese medicine practitioners and managing notifications (complaints)\* about Chinese medicine practitioners and Chinese medicine students. The Board does this through its powers under the Health Practitioner Regulation National Law, as in force in each state and territory, and the National Registration and Accreditation Scheme, supported by the Australian Health Practitioner Regulation Agency (AHPRA). The Board's work in regulating Australia's Chinese medicine practitioners in the public interest is underpinned by [regulatory principles](#), which encourage a responsive, risk-based approach to regulation. \*Except in NSW and Qld which have co-regulatory arrangements.*