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 E
Contact information *(please include contact person's name and email address)*

Your re

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 think that Pinyin and Chinese characters should be used all times, while the pharmaceutical name or botanical name used as an alternative lable.
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 with the addition of Chinese characters should be used at all times as an alternative to or the pharmaceutical name and the botanical name. It is unjust to accept the language conditioned registration before, later then enforce any guidelines contradict to the conditions. and with the pharmaceutical name or botanical name in addition only under the circumstances of different herbs with same pinyin, and different Chinese characters.

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 do not agree in using botanical names in labelling all herbs as it is not a practical practice and does not make sense. Any draft guidelines should have a wide related variety and extended academic references to avoid tunnel-vision decisions.
4. Are the labelling requirements practical to implement?
The labelling requirements are not unfair and not practical to implement. Because it would give rise to more misunderstanding and misinterpreting, which would contradict to protecting public safety abiding by dispensers and CMBA's standards
5. Is the required information for prescriptions appropriate?
According to appendix 3, sample prescription given by the board, is suitable for raw herbs
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?
None
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 will help to understand the requirements set out in the guidelines. For example, CPD guideline is good example for all practitioners.
10. Taken as a whole, are the guidelines practical to implement and sufficient for safe practice?
No, the draft guideline is not useful 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: Please refer to question 3, the example used in in appendix 5 is unsuitable.
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 do not agree in using botanical names in labelling all herbs.
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