



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

Your responses to consultation questions

Guidelines for safe Chinese herbal medicine practice
<i>Please provide your responses to any or all questions in the blank boxes below</i>
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 recommend to use with Pinyin and Chinese characters to all medicine prescribed and or /dispensed by Chinese medicine practitioners.
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.
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.

<p>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?</p>
<p>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.</p>
<p>4. Are the labelling requirements practical to implement?</p>
<p>The draft, as it is, is unfair and not practical. It will lead to more confusions at clinical practice and distract practitioners' attention and time from patients which controvert to both the profession's and CMBA's mission of protecting public safety.</p>
<p>5. Is the required information for prescriptions appropriate?</p>
<p>Yes, the required information for prescriptions is appropriate.</p>
<p>6. Do you agree with the circumstances in which a medicine may be supplied for self-medication?</p>
<p>Yes</p>
<p>7. Do you agree with the limited role of dispensary assistants as outlined in section 5 of the guidelines?</p>
<p>Yes</p>
<p>8. Are there any additional requirements which should apply to the management of a Chinese herbal dispensary?</p>
<p>Yes,</p>
<p>9. Does the sample label and prescription assist in understanding the requirements set out in the guidelines? Should any other examples be used?</p>
<p>Yes, the sample is a worthy way to help in understanding the requirements. Because many samples can avoid unnecessary misunderstanding and misinterpreting.</p>
<p>10. Taken as a whole, are the guidelines practical to implement and sufficient for safe practice?</p>
<p>No, the draft guideline is not useful to implement.</p>
<p>11. Is the content flow and structure of the guideline helpful, clear, relevant and workable?</p>
<p>No, some draft guideline is not helpful and unclear. The example used in in appendix 5 is inappropriate (please refer to question 3)</p>
<p>12. Is there any content that needs to be changed or deleted?</p>
<p>Yes, as stated per above questions.</p>
<p>13. Is there anything missing that needs to be added?</p>
<p>Yes, as stated per above questions.</p>
<p>14. Do you agree with the proposed 12-month transition period and if so is this period adequate?</p>
<p>Before asking individual practitioner if the proposed 12-month transition period is adequate, Chinese Medicine Board of Australia should ask all Australian Chinese Medicine universities and Schools with approved course if 12 month transition is adequate for them to abolish the use of Pinyin in all the herbal related courses, as all sound and logical minds would agree that it is of course inadequate.</p>
<p>15. Should the review period for the guidelines be two, three or five years?</p>
<p>All reviews should be in consistence with other guideline review, ie 3 years.</p>
<p>16. Do you have any other comments on the draft guideline?</p>
<p>Public safety is always at very big risk before a regulation is in place restricting the usage of Chinese herbal medicine by other unregulated professionals</p>