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## Chair's Message

Welcome to the 13th edition of the Chinese Medicine Board of Australia's (the National Board) newsletter. Previous issues can be found on the [Newsletters](#) page of our website.

In this newsletter we introduce the newly appointed members of the Chinese Medicine Reference Group, which met in late February.

As we move towards the end of the second term of the National Board, we would like to draw your attention to registered practitioners' obligations and public expectations such as infection prevention and control evidence-based practice and informed consent.

The latest statistics for the registered Chinese medicine profession have also been published.

## Professor Charlie Xue

Chair, Chinese Medicine Board of  
Australia



## Changes in Board membership

The Board was sad to receive Dr Anne Fletcher's resignation last year. Dr Fletcher made a very significant contribution as a Board member and as Chair of the Policy, Planning and Communications Committee (PPCC). As PPCC Chair Dr Fletcher oversaw the lengthy consultation and finalisation of the *Guidelines for safe Chinese herbal medicine practice*, which was a significant policy for the Board and the profession.

In addition, Mr Ian Dummett, practitioner member from Tasmani, has unfortunately needed to resign, effective from 6 January 2017.

We are pleased to advise that the Board now has a new member and welcomes Mrs Virginia Ryan. Further information about Mrs Ryan is available on the Board's website under [About us > Board members](#).

## Meeting public expectations: Towards evidence-based Chinese medicine practice

The reputation and credibility of Chinese medicine depends on its practitioners applying evidence-based healthcare approaches.

The practice of evidence-based medicine involves integrating the individual clinical expertise of the practitioner, derived from their training and experience, with the best available clinical evidence (which in the case of Chinese medicine is derived from either or both traditional use and scientific evidence), while recognising the patient's unique circumstances, rights and preferences.

Chinese medicine often relies on evidence from traditional use to support the safety and potential benefits of its treatments. Collated over long periods of time, traditional use and the observations and experience of many practitioners is recognised as generally being a lower level of evidence than scientific evidence, such as that provided by randomised controlled trials.

In the case of safety, a lower level of evidence is balanced with a lower level of risk to the patient of many Chinese medicine treatments when delivered by qualified practitioners. However, the practitioner may be treating substantial health conditions and the patient relies on the efficacy of the treatment. Where the evidence of benefit of the treatment might be less definitive or less objective than scientific evidence, there is greater importance in:

- gaining well-informed patient consent and
- the practitioner knowing their scope of competency and referring the patient elsewhere for specialist or other interventions when necessary.

Informed consent by the patient needs to be based on sufficient and truthful advice provided by the practitioner, with the patient understanding the strengths and weaknesses of the therapy, likely costs and the expected length of treatment.

An underlying philosophy of Chinese medicine is achieving harmony and wellbeing for the individual across the patient's physical, spiritual and emotional dimensions. The aim is to restore balance and equilibrium in the body and mind. Some practitioners hold the view that scientific evidence (such as randomised controlled trials, systematic reviews and experimental studies) alone is of less relevance to Chinese medicine because:

- it is not possible to design trials which take into account that treatments are only a part of the holistic approach to maintaining a patient's health and wellbeing, or that treatments are individualised in response to each person's needs
- there are ethical and practical difficulties in providing real 'placebo acupuncture' or diverting trial participants from other forms of treatment, and
- the political and financial reality of research funding is that it is very limited, and there is a lack of intellectual protection for data gained about natural products.

While evidence based on traditional use is relevant, the introduction of manufactured herbal medicines, new dosage

forms such as granules and new devices is also increasing the expectations of regulators, the public and others for more conventional levels of evidence.

The expectation for evidence-based practice is reflected in the *Code of conduct* for registered health professionals, which includes the following expectations relevant to evidence-based practice:

- practising in accordance with the current and accepted evidence base of the health profession, including clinical outcomes (paragraph 2.2(n))
- recognising and working within the limits of a practitioner's competence and scope of practice, which may change over time (paragraph 2.2 (a))
- when moving into a new area of practice, ensuring that a practitioner has undertaken sufficient training and/or qualifications to achieve competency in that area (paragraph 2.2 (c))
- discussing with patients or clients their condition and the available healthcare options, including their nature, purpose, possible positive and adverse consequences, limitations and reasonable alternatives wherever they exist (paragraph 3.3 (e)), and endeavouring to confirm that a patient or client understands what a practitioner has said (paragraph 3.3 (f)), and
- recognising the limits to a practitioner's own skills and competence and referring a patient or client to another practitioner when this is in the best interests of the patients or clients (paragraph 2.1(d)).

In particular, practitioners intending to use and promote unusual treatments need to ensure that these treatments are supported by suitable evidence and meet, where relevant, National Registration and Accreditation Scheme and Therapeutic Goods Administration requirements and are covered by their professional indemnity insurance.

## References

Chinese Medicine Board of Australia, *Code of conduct*, March 2014, accessible at: [www.chinesemedicineboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx](http://www.chinesemedicineboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx)

Article on informed consent in the Chinese Medicine Board of Australia Newsletter, September 2015, accessible at: [www.chinesemedicineboard.gov.au/News/Newsletters/September-2015.aspx](http://www.chinesemedicineboard.gov.au/News/Newsletters/September-2015.aspx)

David L. Sackett, 'Evidence-based medicine', *Seminars in Perinatology*, vol. 21, no. 1 (February), 1997, pp. 3-5.

## Chinese Medicine Reference Group members appointed

The call for expressions of interest in membership of this group closed in November and the Board was extremely pleased to receive 31 replies. This, of course, made it difficult to select members. The Board applied the following criteria:

- gender balance (and if unbalanced, female favoured)
- dual registration
- jurisdictional balance
- rural/regional perspective, and
- research experience.



**Chinese Medicine Reference Group, L to R:** Ms Debra Gillick; Prof Charlie Xue; Dr Grace Bingrong Ge; Mr Xiaodong Yu; Ms Pip Brennan; Ms Geraldine Robinson; Mr Max Ma; Ms Nic Andronaco; Ms Lyndall Soper; Associate Professor Tony Zhang; Ms Dina Tsiopelas; Dr Carolyn Ee; Ms Sophy Athan; Dr David Graham; Dr Liang Zhong Chen; Dr Kevin Ryan; Ms Jeanetta Gogol.

The Board has appointed four individual members: Ms Carolyn Ee, from New South Wales; Ms Geraldine Robinson, from Tasmania; Mr Kevin Ryan, from Victoria; and Ms Dina Tsiopelas, from South Australia.

The Board congratulates the new members, who joined national professional association representatives, consumer representatives and educational institution representatives at the first meeting of the Chinese Medicine Reference Group on 22 February 2017. That first, full-day meeting took place in Melbourne at the national office of AHPRA and some very interesting topics and presentations were covered. A [Board communiqué](#) has been published about this meeting.

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## Workshop: Effectiveness Governance of the Board

In early February the Board held a reflection day to review its progress and to evaluate its performance. The Board engaged an expert consultant with a great deal of experience, specifically with the National Registration and Accreditation Scheme (the National Scheme), to assist. In terms of how Board members contribute, an appraisal tool completed indicated a score of 8.3 out of 10 for overall performance which was very satisfying.

Key strengths identified were categorised into three areas:

- Skills, Knowledge and Experience
- Contribution
- Personal Qualities

Areas for improvement were identified and will also help to inform the Board's plans for future development activities. This is especially important as we draw close to the end of the second term on 30 June 2017 and prepare for the third term, perhaps with some new Board members.

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## Infection prevention and control for acupuncture practice

The Board published *Infection prevention and control guidelines for acupuncture practice*. The guidelines are available on the website under [Codes and guidelines](#). These guidelines set out:

1. How to use the NHMRC's Australian guidelines for the prevention and control of infection in health care
2. Additional National Board requirements for the prevention and control of infection in acupuncture:
  1. reprocessing of reusable instruments and equipment
  2. hand hygiene and special precautions when using alcohol-based hand rub
  3. appropriate use of gloves
  4. routine skin preparation and post-treatment procedures
  5. non-sharp waste disposal, and
  6. prevention and management of sharps injuries.
3. State and territory guidelines and regulations relevant to acupuncture practice.

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## Board and AHPRA publish health profession agreement for 2016–20

The Board and the Australian Health Practitioner Regulation Agency (AHPRA) have published the health profession agreement (HPA) for 2016–20. The HPA sets out the partnership between the Board and AHPRA, and the services AHPRA will provide in supporting the Board to carry out its functions.

The 2016–20 Chinese Medicine Board of Australia and AHPRA Health Profession Agreement is available on the [Health Profession Agreements](#) page.

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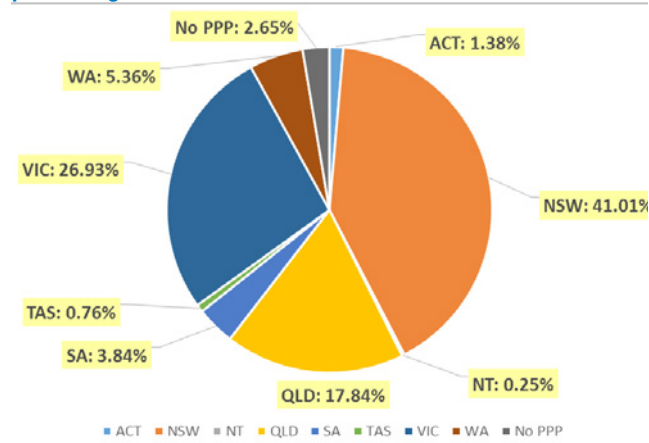
## Snapshot of the profession – latest registration data

The Board released its latest quarterly registration data in February 2017. As at 30 December 2016, there are 4,872 Chinese medicine practitioners in Australia, an increase of 159 registrants since December 2015. See the table below for more information.

**Table 1: Registration type by principal place of practice (PPP) (30 December 2016)**

Registration Type	General	Non-practising	Total
ACT	66	1	67
NSW	1,933	65	1,998
NT	11	1	12
QLD	815	54	869
SA	181	6	187
TAS	37	-	37
VIC	1,237	75	1,312
WA	250	11	261
No PPP	68	61	129
<b>Total</b>	<b>4,598</b>	<b>273</b>	<b>4,872</b>

The highest percentage of practitioners are in NSW (41.01%), followed by Vic (26.93%), Qld (17.84%) and WA (5.36%). See the chart on the next page for more information.

**Chart 1: Registration type by principal place of practice: percentages (30 December 2016)**

By far the highest numbers of practitioners (2,189) are registered in two divisions: acupuncture and Chinese herbal medicine. There are 1,752 practitioners registered as acupuncturists alone.

Another interesting fact: 97.6% of registrants are registered for acupuncture, 62.8% are registered for Chinese herbal medicine and 17.7% are registered as Chinese herbal dispensers.

See the table below for more information.

**Table 2: Registrations by division (30 December 2016)**

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
Acupuncturist	25	449	8	569	108	26	446	96	25	1,752
Acupuncturist and Chinese Herbal Dispensing	-	-	-	2	-	-	-	-	-	2
Acupuncturist and Chinese Herbal Dispensing and Chinese Herbal Medicine	8	503	-	51	11	2	160	39	31	805
Acupuncturist and Chinese Herbal Medicine	34	997	4	236	65	9	674	124	66	2,189
Chinese Herbal Dispensing	-	36	-	2	1	-	6	2	1	48
Chinese Herbal Dispensing and Chinese Herbal Medicine	-	12	-	1	2	-	2	-	2	19
Chinese Herbal Medicine	-	21	-	8	-	-	24	-	4	57
<b>Total</b>	<b>67</b>	<b>1,998</b>	<b>12</b>	<b>869</b>	<b>187</b>	<b>37</b>	<b>1,312</b>	<b>261</b>	<b>129</b>	<b>4,872</b>

For more reports and statistics, visit the [Statistics page](#) of the Board's website.

## Chinese medicine regulation at work: Protecting the public in 2015/16

A profession-specific annual report summary that looks into the work of the Chinese Medicine Board of Australia (the Board) over the 12 months to 30 June 2016 has now been published.

The report draws on data from the [2015/16 annual report](#) by AHPRA and the National Boards. Information includes the number of applications for registration, outcomes of criminal history checks and segmentation of the registrant base by gender, age, division and principal place of practice.

Notifications information includes the number of complaints or concerns received, matters open and closed during the year, types of complaint, and matters involving immediate action.

Find out more in the full [news item](#) on the Board's website.

To download this report, or to view the main 2015/16 annual report and summary reports by state or territory, [visit our annual report microsite](#).

## Tribunal finds Chinese medicine practitioner guilty of unsatisfactory professional conduct

The Civil and Administrative Tribunal of NSW recently heard a case brought by the Health Care Complaints Commission against a registered Chinese medicine practitioner.

Allegations made against the practitioner, Dr Shuquan Liu, included the failure to make a proper assessment of the patient before recommending fasting treatment; the making of an arrangement for treatment including remedial massage and acupuncture to be provided to the patient by staff who were not registered Chinese medicine practitioners and not adequately skilled; and the failure to keep adequate records.

A finding of unsatisfactory professional conduct was made in relation to some allegations. The matter of sanctions has been adjourned to a hearing date to be set.

The full decision is available here: [Health Care Complaints Commission v Liu](#).



## Endangered species and Chinese medicine in Australia: Board position statement

### Background

Australia is a signatory to the Convention on International Trade in Endangered Species of Wild Fauna and Flora, which is known as the CITES agreement. It is underpinned by provisions in Australian Government legislation, namely in the *Environment Protection and Biodiversity Conservation Act 1999*.

Some animal and plant parts have been traditionally utilised in Chinese medicine from what have now become endangered species.

While some herbs are endangered in the wild, they are now cultivated. However, these still require import/export permits.

### National Board position

The Chinese Medicine Board of Australia and the Chinese medicine profession in Australia strongly support and strictly adhere to the moral and legal obligations to protect endangered species.

## National Scheme news

### AHPRA online portal for complaints or concerns launches

AHPRA has launched a new online portal to the public offering a clearer and simpler process when making a complaint or raising a concern about registered health practitioners and students.

The portal is an additional channel available through the AHPRA [website](#). Alternatively, individuals can still call 1300 419 495 to make a complaint or raise a concern, while a PDF form also remains available for complainants.

The same standard applies to information and evidence regardless of whether the concern is raised online or by email, phone or form. The portal includes the requirement for a complainant to declare that the information provided in a complaint or concern is true and correct to the best of their knowledge and belief.

The online portal guides users to provide information that more readily enables proper assessment of their concerns. Automated correspondence is issued to all users of the portal, including a copy of their complaint or concern and advice that they will be contacted by a member of the AHPRA team within four days.

The portal is supported by website content about the way AHPRA manages complaints or concerns about health practitioners and students. Consultations revealed the term 'notification' is not commonly understood by the broader community. In response the term 'complaint or concern' replaces the term 'notification' in the portal and the website content.

Further enhancements will be made to the portal based on user feedback.

### Local insights, National Scheme: State and territory summaries published

Individual annual report summaries for each state and territory, offering insights into how the National Scheme is operating in each jurisdiction, have now been published.

Based on the AHPRA and National Boards annual report for 2015/16, the summaries are available [online on AHPRA's website](#).

Information includes applications for registration by profession, outcomes of criminal history checks and segmentation of the registrant base by gender, profession and specialty.

Notifications information includes the number of complaints or concerns received by AHPRA by profession, types of complaint, matters involving immediate action, monitoring and compliance, panels and tribunals, and statutory offence complaints.

To download any or all of the state and territory reports, or to view the main 2015/16 annual report, [visit our microsite](#).

In the coming months, AHPRA and the National Boards will also publish summaries that break down 2015/16 data by profession.

### Health workforce dataset released

AHPRA in conjunction with the National Boards is responsible for the national registration process for 14 health professions. A subset of data from this annual registration process, together with data from a workforce survey that is voluntarily completed at the time of registration, forms the National Health Workforce Dataset (NHWDS).

The NHWDS includes demographic and professional practice information for registered health professionals and is de-identified before it can be made publicly available.

The NHWDS Allied Health 2015 data has recently been released as a series of fact sheets on each allied health profession, including Chinese medicine, and on Aboriginal and Torres Strait Islander practitioners across all allied health professions – the [NHWDS Allied Health Fact Sheets 2015](#). They were published on a new-look website – the [Health Workforce Data website](#) – by the Commonwealth Department of Health.

The fact sheets present information specific to each profession, such as information relating to scope of practice, specialties and endorsements where applicable.

Aggregate data are also accessible via the [Health Workforce Online Data Tool](#).

The data included are generated through Workforce Surveys, which are provided by AHPRA on behalf of the Department of Health to all health professionals as part of their yearly re-registration. Each survey is slightly different and is tailored to obtain data specific to that profession.

You can find the fact sheet on Chinese medicine practice on the website under [Publications](#).

### AHPRA performance report July-September 2016

The July to September 2016 quarterly performance reports for AHPRA and the National Boards are now available.

The reports, which are part of an ongoing drive by AHPRA and the National Boards to increase their accountability and transparency, include data specific to each state and territory.

Each report 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 AHPRA's [Statistics page](#).

To provide feedback on the reports please email:  
[reportingfeedback@ahpra.gov.au](mailto:reportingfeedback@ahpra.gov.au).

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## Keep in touch with the Board

- Visit the [Chinese Medicine Board website](#) for news about the profession, information on the National Scheme and for registration standards, codes, guidelines, policies and fact sheets.
- Read the [National Board Communiqué](#) each month on the website: these publications inform everyone of the decisions made at the Board's monthly meeting.
- Lodge an [online enquiry form](#).
- For registration enquiries call 1300 419 495 (from within Australia) or +61 3 9275 9009 (for overseas callers).
- Address mail correspondence to: Prof. Charlie Xue, Chair, Chinese Medicine Board of Australia, GPO Box 9958, Melbourne VIC 3001.

