

SUBMISSION
CHINESE MEDICINE BOARD OF AUSTRALIA CONSULTATION PAPER, SEPTEMBER
2011

GRANDPARENTING PROVISIONS

*“The grandparenting provisions are broad. The intent is to ensure that practitioners who are **legitimately practising** the profession (particularly in those jurisdictions that did not require registration) are not **unjustly disadvantaged** because they are not automatically transitioned to the national registration scheme as a state or territory registrant or because they do not hold an approved qualification.”*

(Draft Standards, September 2011, p37)

PREMISE OF SUBMISSION

This submission relates primarily to the draft grandparenting provisions (“the provisions”) as they relate to the definition of a practitioner of “Chinese Herbal Medicine” (CHM).

I submit that through circumstance, some existing and legitimate Chinese medicine trained practitioners will be unjustly disadvantaged by the grandparenting requirements and therefore, special provision needs to be made to accommodate these practitioners to shield them from unjust disadvantage. **I am such a practitioner, despite having undertaken a nationally accredited, AACMA-approved four year Bachelor of Health Science: Acupuncture, as defined below:**

Definition of Practitioner in this Submission

The definition of a practitioner of herbal medicine includes Chinese medicine practitioners who have graduated with an approved, four year Bachelor’s degree in Acupuncture. This course of study also included:

- The materia medica of Chinese individual herbs;
- The materia medica of Chinese herbal formulae;
- Supervised and assessed diagnosis, prescription and dispensing of patent herbal pills and capsules containing extracted granules (and therefore, by extension, loose granule formulae).

Definition of Practitioner of Chinese Herbal Medicine as per the Grandparenting Provisions

The provisions state (p 43) that a practitioner of CHM be “...competent to provide the full range of administration methods and routes in Chinese herbal medicine to a member of the public who consults them for such a service”.

Further, the draft provisions identify that practitioners of CHM be able to demonstrate the following:

- Differential diagnosis of a client’s condition
- The design of a specific herbal formula
- Safe selection, combination and dispensing of herbs
- Provide proper instructions about dosage
- Knowledge of the properties and application of herbs:
 - Individually
 - Various other forms
 - Decoction

- Pills
- Capsules

In my day-to-day practice for the past 6 years I have:

- **accurately diagnosed** client conditions with TCM patterns of disharmony
- **safely selected, prescribed and dispensed** empirical 'patent' herbal formulae appropriate to patients' disharmonies
- **monitored clinical response** to treatment
- **adjusted dosages and prescriptions** according to responses to treatment
- **diligently and professionally** worked with my patients to provide a truly holistic TCM service which incorporates CHM, TCM dietetics and lifestyle advice as adjunctive – and essential – components of a primary health care practice which is founded in acupuncture.

As the draft guidelines would indicate at present, I am now presumed to be unqualified – and by implication unsafe - to provide proven, TGA-listed, safely prepared Chinese herbal medicines to my patients.

DISCUSSION

As they exist, these standards will disadvantage *legitimate practitioners* with a bona fide, four-year degree in Chinese medicine (acupuncture) who, by virtue of their course of study and on-going clinical experience and professional development, have built successful practices which are held in high regard by patients, and in my case, allied health practitioners, and some medical practitioners.

The difficulty with the draft standards is that the definition of a CHM practitioner assumes training in the preparation and prescription of raw herbs is the only standard necessary.

For the purposes of grandparenting, the definition of a CHM practitioner needs to include those people without raw herbal medicine degrees, but who can demonstrate a four year acupuncture degree in Chinese medicine, where the Chinese herbal medicine materia medica of individual herbs and formulas, was studied, clinically applied and competently assessed.

Applicants for registration in the division of CHM practitioner should have the opportunity, beyond providing twenty de-identified patient cards/case histories, to demonstrate that:

- continuing professional education has enhanced their knowledge of herbal medicine.
- safe, effective management of patients who are receiving these medicines is a primary focus of care.

Similarly, applicants should have the opportunity to demonstrate:

- continuity of practice and the evolution and development of post-graduate clinical observation and expertise
- the development of specific areas of clinical interest and expertise in which CHM play an important role in achieving therapeutic outcomes.

As it stands, the draft standard requires me to prove my competence and post-graduate clinical experience and expertise, in the same manner as an unqualified practitioner.

CONSEQUENCES OF THE STANDARDS AS THEY CURRENTLY STAND

I submit that the CMRB has failed to account for the current Australian natural medicine 'industry' and its widely under-regulated practices and is at grave risk of endangering public safety and the fine tradition and science of TCM

Anecdotally, we are all aware that many natural medicine, and allied practitioners - including naturopaths, chiropractors, osteopaths, massage therapists and aromatherapists - are selling and dispensing patent CHM products. All that is required is for them to have an account with any of the larger wholesalers of naturopathic, Western herbal, CHM, nutritional and related products.

We are moving into bizarre territory here, when practitioners with absolutely no TCM or CHM within their formal qualifications or scope of practice, are retailing CHM as little more than a way to dollar-add to their businesses. This is already causing a grievous loss of tradition to what we all understand TCM and CHM to be- coherent, safe and effective systems of medicine.

It is imperative that appropriately qualified and experienced TCM health professionals be permitted to continue and uphold our current clinical practices, with the protection of legislation, and our peers.

We are those practitioners.

RECOMMENDATIONS

- a) Redefine the definition of "Chinese Herbal Medicine" practitioner to include Chinese medicine trained acupuncturists with a four year degree with a "minor" study of herbal medicine
- b) Allow acupuncturists wishing to be registered as CHM practitioners to submit other forms of "practice evidence". Examples could include:
 - a. Subject outlines from tertiary courses undertaken which outline learning outcomes and assessment requirements to demonstrate formal herbal medicine training
 - b. Certified copies of CPD seminars where herbal medicine has been studied
 - c. Certified copies of certificates of achievement from industry-based education providers (eg: Cathay herbs run an extensive herbal medicine course)
- c) If needs be, create separate divisions: CHM - raw herbs and CHM - processed herbs.

CONTEXT

Practitioners such as myself operate within the community as well-trained, well-regarded primary health professionals. In terms of scope of practice, clinical

responsibility and expertise, we sit somewhere between that of Nurse Practitioners, and General Medical Practitioners.

I submit that removal of CHM prescribing and dispensing 'rights' from nationally accredited, appropriately qualified and experienced TCM professionals is akin to removing prescription rights from the scope of practice of both Nurse Practitioners, and GPs.

I contend that this is not a situation the relevant Registration Boards would ever impose on RNs or GPs.

I respectfully request that the CMRB accords us the same professional respect and recognition.

Thank-you for considering my submission.

Margi Macdonald

BHSc: Acupuncture
Full Member AACMA
Cert IV Workplace Assessment & Training
Cert IV Oriental Massage
Cert IV Aromatherapy
Registered Nurse 1983-1990