



澳洲全國中醫藥針灸學會聯合會
維洲分會
澳洲中醫專業學會

SCMA

Society of Chinese Medicine
& Acupuncture (Vic.) Inc.

(Victorian Branch of the
Federation of Chinese Medicine
& Acupuncture Societies of
Australia Inc. FCMA)

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Ms Debra Gillick
Executive Officer,
Chinese Medicine Board of Australia
AHPRA
GPO Box 9958, Melbourne, 3001

Email: Subject: Codes and Guidelines
chinesemedicineconsultation@ahpra.gov.au

Dear Ms Gillick

Re: Submission on the Codes and Guidelines

I am writing in regard to the above matter on behalf of the Society of Chinese Medicine and Acupuncture (Vic) Inc. (SCMA). SCMA thanks the Chinese Medicine Board of Australia (the Board) for the opportunity to express its opinion on the Codes, Guidelines and the Board's proposed modification.

SCMA is the Victorian branch of the Federation of Chinese Medicine & Acupuncture Societies of Australia Ltd. (the FCMA) which is a national Chinese medicine¹ professional organisation incorporated by guarantee with affiliated associations in Victoria, New South Wales, Queensland, the Australian Capital Territory, South Australia and Western Australia. It represents more than 600 members who are practising Chinese herbal medicine and/or acupuncture. Over the past decades, the FCMA has endeavoured to foster the development of Chinese medicine by way of statutory regulation of the profession, which led to statutory regulation of Chinese medicine practitioners in Victoria in the year 2000. SCMA has reviewed the public consultation paper published on 21 November 2011 by the Board. Given the experience, SCMA would like to make the following comments and recommendations.

¹ Chinese medicine consists of acupuncture, Chinese herbal medicine, and herbal dispensing

1. SCMA opposes the Board's proposed guidelines for Clinical records (proposed guidelines) for Chinese medicine practitioners (the practitioners) and believes that requirements on the subheading of "3. *Information to be held with the patient record-Clinical details*" are impractical, time consumed and dispersing the attendant of health care or service to the patient from the practitioners.

The proposed guidelines on its "Clinical details of subheading 3" requests 14 items to be repeatedly recorded in details on each consultation. Those unnecessary repeated items on each consultation include "*Chinese medicine diagnosis, treatment principle(s), recommended treatment plan*" which should be recorded on the initial consultation, and items of "*any medicine prescribed, administered or supplied for the patient or any other therapeutic agent used (including name, strength, quantity, dose, instructions for use, number of repeats and details of when started or stopped); if supplied, the details recorded must comply with the standards of the profession*" which should be provided to patient as an instruction of application of the herbs.

SCMA believes that proposed guidelines would burdensome the practitioners especially for those who are practicing in jurisdictions where Chinese medicine profession is in its first time to be regulated. There are already huge amounts of information such as Mandatory registration requirements, Codes of practice, Advertising and mandatory notifications guidelines for the practitioners to learn. It takes time to be understood and implemented. The fact that there is only one Board in National Registration and Accreditation Scheme (NRAS) issued such kind of guidelines has demonstrated a strong evidence that the requirements of proposed guidelines are neither appropriate nor practical viable. Even those Boards who regulate primary health care providers such as chiropractors, dentists, medical practitioners, nurses and midwives, optometrists, osteopaths, physiotherapists and psychologists have not issued the guidelines of clinical records, (please bear in mind that those professions have already been in NRAS since 2000 and they still not border to issue clinical records guidelines). Therefore, SCMA questions the trustfulness of the statement that the proposed guidelines could contribute to the safety and continuity of health care claimed by the Board.

SCMA suggests the Board to postpone publication of the guidelines of clinical records and put other guidelines such as Continuing professional development or Infectious control for registered and endorsed acupuncturists in priority.

2. Advertising of Qualifications and Titles

Honorary title

SCMA would like to recommend that the title of "Doctor" to be used by practitioners who practice in both Chinese herbal medicine and acupuncture. As the title is an honorary title, SCMA believes that Chinese medicine practitioners are no different from medical practitioners, chiropractors and dentists and to be allowed to use the title. Chinese medicine is recognised by the WHO as a legitimate medicine system in its own right. It is another medicine system (alternative for a better terminology) and not a complementary medicine. Since other health care practitioners are allowed the honorary title on the Guidelines for advertising of regulated health services

published by the AHPRA, then it consistent that Chinese medicine practitioners be given a similar honorary title.

SCMA would like to further recommend that those who used the honorary title of “Dr” also make the distinction of “Chinese Medicine Practitioner” after the practitioner’s name; and is one who is registered in both divisions of Chinese Herbal Medicine and Acupuncture. This is no different from the newly graduated doctors with a basic bachelor degree in both medicine and surgery as the honorary title of “Doctor” it does not separate their medical and surgical skills. SCMA would like the following distinctions in the title and clarifications to be made after the practitioner’s name for the different qualifications. For example:

Dr. John Citizen (Chinese Medicine) (Zhong Yi Shi)

(This should only be used for the practitioner has both qualifications and registered in both divisions of Chinese herbal medicine and Acupuncture)

John Citizen (Chinese Herbal Medicine Practitioner)

(This clarifies that the practitioner is qualified only in Chinese herbal medicine and do not use the honorary title of “Dr.”)

John Citizen (Practitioner of Acupuncture) or simply (Acupuncturist)

(This clarifies that the practitioner is qualified only in acupuncture and do not used the honorary title of “Dr.”)

Academic titles: Professional doctorate and doctor of philosophy

SCMA recognises that there are practitioners who do have higher degrees and those with academic doctorate degrees are to be recognised. Given that there are two doctorate titles, SCMA recommends that the distinctions between a professional doctorate and a doctor of philosophy be identified. This doctorate title is no longer an honorific but a well-earned academic title. It is recommended the following as examples:

Dr. John Citizen (Doctor of Chinese Medicine) (Zhong Yi Xue Bo Shi)

(This clarifies that the practitioner has completed a professional doctorate in Chinese herbal medicine and/or acupuncture.)

Dr. John Citizen (Chinese Medicine Practitioner, Ph.D.) (Bo Shi)

(This clarifies a doctor of philosophy and not a professional doctorate)

Professorial title

Professorial titles are given according to one’s position within an academic institutional structure. It is general academic convention that the title of “Professor” is used when a person remains in an academic institution. When a person leaves the institution, the title does not apply anymore as the person no longer holds the position within an institutional structure. If the person has a doctorate degree, then the person is within convention to retain the title of “Dr.” outside the institution as it is well-earned. A person keeps the title of “Professor” when no longer employed by an institution only when accorded the title of “Emeritus”. Therefore, the following should apply:

Emeritus Professor John Citizen (Chinese Medicine Practitioner, PhD).

SCMA supports the Board's proposed changes in regard with the titles of "Visiting Professor", "Adjunct Professor", "Distinguished Professor" or "Honorary Professor".

Other qualifications

There is general acceptance that other qualifications such as Graduate Certificates, Diplomas, and other health care degrees such as in medicine, physiotherapy, nursing etc. be included in the business cards and other advertisements as these are complementary skills that can enhance the practitioner's skills. Generally, qualifications and degrees conferred by recognised higher educational institutions should be accepted.

3. SCMA supports the Board's proposed changes on Code of conduct for registered health practitioners.
4. SCMA supports the Guidelines of Mandatory Notification.

SCMA wishes the Board consider its recommendations.

Yours sincerely



Dr Chi Jing Liu (Chinese Medicine) J.P.
Vice-President of SCMA