

## Consultation on draft guidelines for safe Chinese herbal medicine practice

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28 May 2014

### Responses to consultation questions

Please provide your feedback as a Word document (not PDF) by email to [chinesemedicineconsultation@ahpra.gov.au](mailto: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).

<b>Organisation name</b>
<b>Contact information</b> <i>(please include contact person's name and email address)</i>

#### Your responses to consultation questions

<p><b>Guidelines for safe Chinese herbal medicine practice</b></p> <p><i>Please provide your responses to any or all questions in the blank boxes below</i></p>
<p>1. Do you agree that these guidelines apply to all medicines prescribed and/or dispensed by Chinese medicine practitioners?</p> <p>I agree with most of them. But there is a section in the "3.1 information required on prescriptions" where it requires the patient's date of birth and address to be written on the prescriptions. I believe this is going to cause an issue on patient privacy if someone picks up the prescription,</p>
<p>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?</p> <p>Is this guideline practical to implement?</p> <p>If you disagree, what alternatives do you suggest?</p> <p>I agree with that Pinyin should be used as an alternative to the botanical name with the addition of</p>

<p>Chinese characters where necessary. I also suggest to have the Pinyin names stored on the TGA's database which may assist in identification of prescription.</p>
<p>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> <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>I do not agree that herbs should be labelled according to their botanical name.</p> <p>I suggest to regulate this on the herbal suppliers as all the Chinese herbal practitioners (CHP) obtain their herbs from the herbal supplier. The supplier should label the herbs correctly. And the CHP should label the herbs in Pinyin according to the supplier. The supplier should supply the herbs in accordance with the teaching of the teaching institution rather than to import herbs of various species as CHPs are trained to treat patients according to what they learned rather than to figure out if herb A is what they learned and herb B is not.</p>
<p>4. Are the labelling requirements practical to implement?</p>
<p>Yes</p>
<p>5. Is the required information for prescriptions appropriate?</p>
<p>Yes, except for the patient's address and date of birth part.</p>
<p>6. Do you agree with the circumstances in which a medicine may be supplied for self-medication?</p>
<p>I agree a medicine may be supplied for self-medication only if such medication does no harm or fulfils both of the following criteria</p> <ol style="list-style-type: none"> <li>1) if such harm is not severe</li> <li>2) if such hard does not have a long term impairment/impact on the patient.</li> </ol>
<p>7. Do you agree with the limited role of dispensary assistants as outlined in section 5 of the guidelines?</p>
<p></p>
<p>8. Are there any additional requirements which should apply to the management of a Chinese herbal dispensary?</p>
<p></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</p>
<p>10. Taken as a whole, are the guidelines practical to implement and sufficient for safe practice?</p>
<p>Yes, except the part on the use of botanical name rather than Pinyin.</p>
<p>11. Is the content flow and structure of the guideline helpful, clear, relevant and workable?</p>
<p>Yes</p>

12. Is there any content that needs to be changed or deleted?
The part on using botanical name instead of Pinyin should be changed to Pinyin can be used.
13. Is there anything missing that needs to be added?
14. Do you agree with the proposed 12-month transition period and if so is this period adequate?
If there is no need to learn botanical name for labelling purpose, then 12-month transition period is adequate. But if botanical name is to be used, then 12-month transition period is not sufficient as most of the CHPs will have to learn all these botanical names, not to mention there are also CHPs who are over 50 and may take much longer to learn all these botanical names than CHPs under 30.
15. Should the review period for the guidelines be two, three or five years?
I think given this is the first time Chinese medicine board have the consultation on the herbal labelling, the next reviewing period should be shorter (e.g. two years) for the CHPs to feedback on the guideline.
16. Do you have any other comments on the draft guideline?

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