

2 November 2012

Professor Charlie Xue Chair Chinese Medicine Board of Australia G.P.O. Box 9958 MELBOURNE VIC 3001

Dear Professor Xue

Infection control guidelines for acupuncture practice

The Consumers Health Forum of Australia (CHF) welcomes the opportunity to provide input to the Chinese Medicine Board of Australia (CMBA) on the *Infection control guidelines for acupuncture practice* (the CMBA Guidelines).

CHF is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF welcomes the establishment of guidelines to improve public safety in accessing a wide range of healthcare services, including acupuncture. We note that the aim of the CMBA Guidelines is to point readers towards those parts of the Australian Guidelines for the prevention and control of infection in healthcare (NHMRC 2010) (NHMRC Guidelines) which are most relevant to acupuncture. We also note the CMBA has provided specific guidance to clarify areas which are either not specifically addressed by NHMRC Guidelines, or where the Board believes additional measures should be undertaken to prevent and control the risk of infection. These areas include reprocessing of critical items, hand hygiene and alcohol based hand rub, the use of gloves, and the disposal of clinical waste.

Some brief comments on the CMBA Guidelines are provided below in response to the questions raised in the consultation paper.

Are the documents sufficiently accessible and user-friendly? Is this general approach appropriate, clear and easy to follow?

As previously noted, the CMBA Guidelines are to be read in conjunction with the NHMRC Guidelines. We also note that the Australian Capital Territory, Queensland, South Australia and Western Australia have specific requirements which differ from the NHMRC Guidelines. Where an inconsistency occurs with the CMBA Guidelines, the relevant State or Territory requirements take precedence.

Both the State / Territory documentation and the NHMRC Guidelines are lengthy and complex. Acupuncturists are therefore unlikely to refer to the NHMRC Guidelines if their licences are tied to the State or Territory requirements. For this reason, CHF recommends that Part 3 of the CMBA guidelines, which lists current State and Territory standards, codes of practice and guidelines regarding acupuncture, be further developed to include the links to the resources provided earlier in the document. This section should also indicate how the State and Territory requirements are enforced, for example through licencing requirements. CHF also recommends that further analysis of the State and Territory requirements be undertaken to identify which parts of the NHMRC Guidelines should be read in conjunction with them.

In relation to Part 1, on how to use the NHMRC Guidelines, CHF recommends that the description of the Summary section include a list of the areas covered. This would enable the reader to clearly see the links between the NHMRC Guidelines, the CMBA Guidelines and the State or Territory requirements.

Is the NHMRC guideline an appropriate primary reference for Chinese medicine practitioners?

CHF welcomes the patient-centred approach of the NHMRC Guidelines. However, this approach is not evident in the State and Territory standards, codes and guidelines. Therefore, given the risk that acupuncturists may not read the NHMRC Guidelines, CHF recommends that the CMBA Guidelines outline the importance of a patient-centred approach. This should include details about how to support a 'two-way approach' to infection prevention and control, and how to encourage patient participation to minimise cross-infection or transmission (see http://www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/a3-2-how-does-patient-ce).

Is the proposed additional CMBA guidance adequate to address the specific risks and context of acupuncture practice?

CHF welcomes the additional CMBA guidance in relation to infection control guidelines for acupuncture practice. While we consider that it appears to be adequate to address the specific risks and context of acupuncture practice, we would recommend that the guidelines are reviewed within a reasonable timeframe to ensure that they are providing sufficient protection for consumers.

CHF appreciates the opportunity to provide input to the consultation paper on the Infection control guidelines for acupuncture practice. We look forward to the outcomes of the consultation. If you would like to discuss this submission in more detail, please contact CHF Policy Manager, Jo Talbot, on 02 6273 5444

Yours sincerely

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Carol Bennett

CHIEF EXECUTIVE OFFICER