

Communiqué: Chinese Medicine Reference Group

The first meeting of the Chinese Medicine Reference Group (the Reference Group) was held in Melbourne on 22 February 2017.

Details of membership and the terms of reference are available under the [About us](#) section at www.chinesemedicineboard.gov.au and were noted by Reference Group members.

They also noted a set of guiding principles which are included in this communiqué.

Reports and presentations

Chair of the Chinese Medicine Board of Australia (the Board), Professor Charlie Xue

1. Overview of the National Registration and Accreditation Scheme

The Chair provided an overview covering the National Law¹, the structure of the National Scheme², the roles within the scheme, the Board and its committees. He also outlined the different roles of the Board and the professional associations.

2. Advertising

The requirements of Section 133 of the National Law were discussed, noting that alleged breaches have been the basis of many notifications (complaints or concerns).

The reasons and basis for the complaints varies:

- Some community members are experiencing difficulties accepting or understanding the philosophical basis of Chinese medicine.
- Overall, there is an inadequate high-level clinical evidence to support some practices or treatment.
- Some practitioners use false and misleading advertising which compromises the reputation of the profession.
- Possibly many practitioners are still confused on what is acceptable in advertising.

The group discussed the characteristics of the breaches which will inform targeted approaches and actions for more effective education of practitioners.

There was a view that some of the information in the advertising guidelines is not clear – participants will email examples and suggestions to the Board executive officer.

3. Title protection

The group:

- discussed that under the National Law there are specific titles which are referred to as 'protected titles'. This means that only those people who are registered or endorsed in a particular profession can use the titles associated with that profession

¹ The Health Practitioner Regulation National Law, as in force in each state and territory (the National Law)

² National Registration and Accreditation Scheme

- noted that complaints about improper use of protected titles are dealt with by the Statutory Offences Unit (SOU) of the Australian Health Practitioner Regulation Agency (AHPRA). The SOU has a webpage under the [Complaints or concerns](#) section at www.ahpra.gov.au.
- noted that terms such as dry needling are not an offence under the National Law and concerns about unsafe clinical practice associated with practices such as dry needling can be made to the state and territory health complaint entities, and
- noted some FAQ provided by the Board.

Community Member of the Board, Dr David Graham

1. Upcoming/current consultation on review of registration standards

The group:

- noted an update on preparation for public consultation on the standards for continuing professional development, professional indemnity insurance and recency of practice
- noted an update on a planned review of the *Code of conduct*
- noted that the *Infection prevention and control guidelines for acupuncture practice* is due for a scheduled review, and
- noted the summary of routines steps involved in national boards consultation on these documents.

2. Suggested quick reference guide for Chinese herbal dispensaries

The group:

- discussed a suggestion to produce a quick reference guide for herbal dispensaries similar to that produced for the *Guidelines for safe Chinese herbal medicine practice*
- considered a sample provided, based on a simple flow chart
- recommended that the flow chart example be implemented, and
- recommended that the Board consider producing a leaflet for consumers.

3. Update on Chinese herbal nomenclature compendium

The group:

- noted the interest shown in the *Chinese herbal nomenclature compendium* both here and overseas
- noted that the Board is considering ways to routinely (perhaps annually) update the *Chinese herbal nomenclature compendium* for such things as changes in the *Pharmacopoeia of the People's Republic of China*, the SUSMP³ or the CITES⁴ listing.

4. Effective communication with the Board

The Board asked:

- which Board policy documents are most accessible and helpful to practitioners, and
- what forms of communication are effective/preferred?

The group advised that:

- the information practitioners receive is transparent, effective and useful
- the website is easy to use, and
- the resources are extremely useful for students of Chinese medicine.

The group discussed the Board's involvement in providing information to the public. The Board advised that this is generally done by AHPRA, such as information about the national register of health practitioners

The Board advised that it is considering ways to communicate with isolated practitioners, such as those in regional, rural and remote areas, and sought advice from the Reference Group.

³ Standard for the Uniform Scheduling of Medicines and Poisons

⁴ Convention on International Trade in Endangered Species of Wild Fauna and Flora

The group:

- noted that the Board is awaiting a data report from AHPRA which will assist with identifying numbers and locations of more isolated practitioners, and
- advised that sometimes the best way to communicate is posting hardcopies of documents but other suggestions were:
 - teleconferences
 - using other groups involved in communicating with isolated communities
 - linking in with key contact communicators in certain areas, and
 - to ask the individuals what they would prefer.

Adverse events, Dr Kevin Ryan

The group:

- noted the importance of reporting adverse events (AE) to treatments such as medicines and devices
- noted the current low level of awareness of reporting adverse events in the Chinese medicine profession, and
- recommended the Board consider ways to encourage AE reporting.

AHPRA Community Reference Group (CRG) member, Ms Sophy Athan

The group:

- noted an overview of the role and work of the AHPRA CRG
- expressed particular interest in reinforcing patient-centred care models and approaches, and
- expressed interest in a more detailed discussion about on-line purchasing, perhaps including a representative from the National Board for pharmacy.

CEO of the Health Consumers' Council (WA), Ms Pip Brennan

The group:

- noted an overview of the role and work of the Health Consumers' Council (HCC)
- noted the HCC's annual report and strategic plan
- expressed particular interest in discussing the development of consumer friendly materials and resources
- discussed the phenomenon of internet-based consumer discussion forums, and
- noted the benefits of communicating with similar health consumers bodies in each state and territory.

Assistant Secretary, Complementary and OTC⁵ Medicines Branch, Therapeutic Goods Administration, Ms Lyndall Soper

Ms Soper gave a presentation on the current complementary medicines reforms noting that it relates to both medicines and medical devices. For more information see the [News room](#) section of www.tga.gov.au.

The group discussed the proposals and were generally supportive of the changes.

Ms Soper was advised that the philosophy and terminology of Chinese medicine needed to be adequately taken into account.

Education institutions update

An update from Tony Zhang and Nic Andronaco was noted.

Industry update

The group noted:

⁵ Over the counter

- an update from Max Ma, and
- that some of the priority issues he identified for the Industry and practitioners were not within the jurisdiction of the Board.

Reporting this meeting and next meeting

The group:

- a. agreed that the Reference Group was a useful forum and the meeting had been successful
- b. agreed that a communiqué would be circulated for comment and then published on the Board website, and
- c. noted the agenda was quite full and that a meeting sooner than 12 months would be useful.

Professor Charlie C Xue

Chair, Chinese Medicine Board of Australia

February 2017

Guiding principles: Chinese Medicine Reference Group

1. The Chinese Medicine Reference Group (the Reference Group) is an advisory mechanism for the Chinese Medicine Board of Australia (the Board).
2. Its objective is to provide a forum for the exchange of information and ideas on matters relevant to the National Registration and Accreditation Scheme in general and Chinese medicine in particular.
3. As well as individual practitioners, the composition of the Reference Group reflects the diversity of major stakeholder groups covering:
 - the profession
 - consumers
 - the education sector, and
 - other interested parties (plus guest experts from time to time).
4. It is the responsibility of the associations to:
 - appropriately select their representatives on the Reference Group
 - ensure that representatives properly understand the purpose and work of the Reference Group
 - ensure their representatives disseminate relevant information to association members about the matters being considered and are familiar with their members' views.
5. The association representatives should have sufficient seniority and status to ensure that the Group's expectations are given suitable priority by the association.
6. Participants are expected to demonstrate commitment to constructive and open discussion.
7. Participants accept that the arrangements are advisory in nature and not decision-making.
8. The advisory arrangements will not be used as an alternative to existing dialogue between the Board and individual stakeholders, nor as an alternative to the public consultation process related to development of standards, guidelines and codes which follows a standard AHPRA process.
9. To have meaningful discussion it may, at limited times, be necessary to provide confidential information relating to Board and AHPRA work. This information will clearly be identified as such and if members wish to receive such information, in accordance with AHPRA processes, members are required to sign a 'Confidentiality Agreement' upon appointment to ensure that information specified as confidential is kept confidential.
10. It is intended that the group be an open forum where individuals can share their ideas. It is therefore important that:
 - members feel confident about expressing their own views or the views of the organisation they represent, and
 - as the purpose of discussion is advisory, a member's input is regarded as an opinion rather than a commitment.