

National Registration of Chinese Medicine Practitioners

Submission to the Australian Health Ministers' Advisory Council
National Registration and Accreditation Scheme for Health
Professionals (Partially Regulated Professions)

Highlighting complementary medicine research

NICM is an Australian Government initiative, supported by the
NSW Government and hosted by the University of Western Sydney



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Introduction

The National Institute of Complementary Medicine (NICM) welcomes the commitment by Australian Governments to a nationally consistent and co-ordinated approach to the regulation of health professionals, and the opportunity to contribute to the approach to partially regulated professions in the scheme.

National regulation, through registration and accreditation is designed to ensure consistent health standards across the health jurisdictions, improve system efficiencies and reduce administrative burden and costs.

The issue of regulation, through registration or accreditation programs has been subject to considerable debate across the broad field of interventions and practitioners that make up the complementary medicine sector, and requires further consideration. However, as the Health Ministers are looking into partially regulated professions only at this point this submission focuses on the approach to Chinese medicine practitioners.

NICM was established with Commonwealth and State funding in June 2007 and is hosted by the University of Western Sydney. The Institute provides leadership and support for strategically directed research into complementary medicine and translation of evidence into clinical practice and relevant policy to benefit the health of all Australians. Its objectives include facilitating appropriate integration of complementary medicine within the Australian health system.

Recommendations

1. That the Australian Health Ministers Advisory Council has regard to the significant amount of work already undertaken in relation to statutory regulation of Chinese medicine practitioners.
2. That the Australian Health Ministers Advisory Council includes Chinese Medicine practitioners in the national registration scheme.

Background

There have been a number of reviews and reports into the regulation of Chinese medicine practitioners. In 1996 the Victorian Department of Human Services and the New South Wales and Queensland Departments of Health commissioned a comprehensive twelve month review of the practice of Chinese medicine in Australia.

This research review, published as *Towards a Safer Choice: the practice of traditional Chinese medicine in Australia*¹ included a national workforce survey; an analysis of risks and benefits presented by the practice of Chinese medicine; analyses of educational programs and professional associations; a study of patients using Chinese medicine and a review of overseas and local regulatory approaches to better manage complementary medicine risks in practice.

¹ Bensoussan A, Myers S P, Towards a Safer Choice: The Practice of Traditional Chinese Medicine in Australia, Victoria: Faculty of Health, University of Western Sydney Macarthur, 1996. Available at <http://www.health.vic.gov.au/archive/archive2006/chinese/report/contents.html>

In determining the potential regulatory options, the review included a detailed assessment of Chinese medicine practice against the Australian Health Ministers' Advisory Council (AHMAC) Criteria for Assessing the Need for Statutory Regulation of Unregulated Health Occupations. Rather than repeat that assessment against the AHMAC criteria, this submission draws directly on the extensive research and evaluation of the need for Chinese medicine practitioner regulation presented in *Towards a Safer Choice*.

After evaluation of Chinese medicine practice against the AHMAC criteria the principal recommendation of the 1996 report was the introduction of statutory occupational regulation in the form of a restriction of title.

The aim was to introduce minimal, yet sufficient, regulation to ensure adequate public safety. The number and type of adverse events reported in the literature and uncovered as part of the Chinese medicine Workforce Survey provided critical evidence that, like all potentially effective medical interventions, the practice of Chinese medicine contains inherent risks. The risks identified are not trivial and fatalities have occurred.

For example, Acupuncture represents frequent and sometimes deep skin penetration, including around the neck, eye sockets and chest. Ingestible Chinese herbal medicines are routinely prescribed by Chinese medicine practitioners with little restriction and no monitoring of prescribing behaviour. Indeed, the 1996 study revealed that 35% of patients using Chinese herbal medicine do so in conjunction with scheduled pharmaceuticals (not minerals and vitamins) and indications are that this number is growing. Whilst Chinese herbal medicines are regulated and assessed by the Australian Therapeutic Goods Administration if the formulations are prepared for over the counter sale, there is no current method of controlling extemporaneous prescribing of Chinese herbal medicines by Chinese medicine practitioners. Prescribing ingestible medicines of any kind is inherently risky and requires practitioner regulation to ensure appropriate standards of practice.

Self-reported adverse incidence rates were also linked to length of training in Chinese medicine. In Australia, the standard of training varies widely, and the profession has no power to enforce standards. The report concluded that on balance, the benefits of promoting public safety through occupational regulation clearly outweighed its potential negative impacts.

Given the detailed assessment of the practice of Chinese medicine against the AHMAC criteria in 1996, NICM does not believe this exercise needs to be repeated. The findings and recommendations documented in *Towards a Safer Choice* were agreed upon by all three commissioning States with a view that Victoria would develop the model legislation for subsequent review and consideration by other States. The relevant Victorian legislation was completed and introduced in 2000.

Additional State and Commonwealth reports and committees have been commissioned since the 1996 national review of the practice of Chinese medicine. These include, but are not limited to:

- The Expert Committee on Complementary Medicines in the Health System, Complementary Medicines in the Australian Health System: Report to the Parliamentary Secretary to the Minister for Health and Ageing. 2003, Commonwealth of Australia.
- The Committee on the Health Care Complaints Commission: Report into Traditional Chinese Medicine 2005, Parliament of New South Wales.
- Review of the 1998 Report into Unregistered Health Practitioners: The Adequacy and Appropriateness of Current Mechanisms for Resolving Complaints. 2006, Parliament of New South Wales.

In each case, these committees, their reports and recommendations have unanimously expressed the need for the introduction of the statutory regulation of Chinese medicine practitioners.

Australian surveys indicate a continued expansion of use of complementary medicine, and most notably Chinese medicine. Further, there is growing interest by government, clinicians and the public in the health and economic benefits these interventions offer. This interest has been stimulated by growing concern with our ability to effectively manage chronic disease and escalating health costs in the context of an ageing population, and has resulted in government placing a high priority on prevention and health maintenance. This trend is reflected in the establishment of the Health and Hospitals Reform Commission; the Preventative Health Care Taskforce and the GP super clinic initiative.

Notwithstanding these factors, and the long tradition of use, there is a need to build the scientific evidence base for Chinese medicine in order to realise its potential. Important and recent milestones in this process were the signing of a five year Memorandum of Understanding between NICM and the China Academy of Chinese Medical Sciences (CACMS) and the establishment of the NICM Collaborative Centre for Traditional Chinese Medicine, a unique consortium of seven Australian universities; local and Chinese hospitals; foundations and industry partners, creating a national and international coordinated effort in Chinese medicine research. Over the coming years the collaboration amongst Australian universities together with CACMS will lead to new and validated clinical applications of Chinese medicine in areas of national health priority.

These research advances will also require high standards of Chinese medicine education and practice to ensure translation to safe practice.

The support for consumers wishing to elect for Chinese medicine treatment needs to be demonstrably strengthened. In the absence of practitioner registration there is minimal reliable direction to inform naïve consumers of choices, risks and benefits of treatment. Self-regulation has not proven to be sufficiently strong.

Victoria has taken a lead nationally in the regulation of Chinese medicine practice. The AHMAC criteria have been carefully applied to assess the need for occupational regulation of Chinese medicine practitioners, and Victoria have provided a detailed approach to the implementation of occupational regulation, including proposals for extemporaneous dispensing of herbal medicines, potential prescribing of scheduled herbs, setting standards for practice of both Chinese herbal medicine and acupuncture, regulating practitioners from other Boards, grand-parenting and approaches to non-English speaking practitioners.

The work of Victoria does not need to be repeated. Rather, the initiatives should be developed into a national framework.

In summary, it is time to introduce a national approach to Chinese medicine practitioner regulation to help ensure adequate safety in the delivery of Chinese medicine, a practice that represents a steadily growing choice for patients and one that will be increasingly integrated within mainstream medical practice.