



Submission by

**Chinese Medicine & Acupuncture  
Society of Australia**

**CMASA**

for

Consultation on

***Cross-Board consultation on common guidelines  
and shared Code of conduct***

to

Executive Officer  
AHPRA

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## CMASA Profile

Twenty years ago, with an increasing number of immigrants from China, CMASA precedents, the first batch of TCM practitioners from Mainland China, unfolded the prologue by establishing one of the earliest professional body for Chinese Medicine practitioners in New South Wales. It was then officially registered as the ***Chinese Medicine and Acupuncture Society of Australia Ltd , CMASA***, in 1999 according to the Federal Company Law as a limited public company.

With its Chinese ethnic background from different part of the world, CMASA has gained its social recognition among various communities with its characteristics including rigorous professionalism, simple yet dedicated academic pursuit, and kind and responsible serving attitude. CMASA, over the last decade, has made great efforts to build a platform for communications and academics exchange among, not only its members, also with other professional associations and regulating bodies. It has also participated actively in The National Registration of Chinese Medicine in Australia.

In 2000, the Society successfully launched the Chinese Medicine & Health Journal, ISSN 1447-3321. CMASA official website was launched in 2005. In 2007, an official TCM Forum -“Da Yi Lun Tan” was launched, under which series of high standard professional seminars with renowned Australian and International speakers are invited for speeches and workshops. By 2012, CMASA became a recognised professional association for all private health insurance companies such as Medibank, Bupa, HCF and ARHG, with only Nib in application process. In February 2013, the Society set up its National office to provide better services to its rapid growing number of members. Some of the missions for CMASA National Office are to support CMASA non English members in every way from applying for health fund rebate to understand and comply all new rules and regulations such as CMBA CPD guidelines.

At present stage, CMASA is an Australian nation-wide non-profit organisation with more than 1,000 members, and growing, with offices in New South Wales, Victoria, Queensland, Western Australia and the newly established Southern Australia office. All CMASA members are professional Chinese medicine practitioners, acupuncturists and Massage therapists majority from China, Taiwan, Hong Kong, Macau, and other Southeast Asian countries, with growing members from Australian graduated practitioners.

## **AHPRA Consultation on**

'Cross-Board consultation on common guidelines and shared Code of conduct'

guidelinesconsultation@ahpra.gov.au

Re: Consultation Paper on 'Cross-Board consultation on common guidelines and shared Code of conduct'

Thank you for providing the opportunity to comment on the options for Cross-Board consultation on common guidelines and shared Code of conduct.

The first view we would like to express is the insufficient of time for this public consultation which was only released on 4<sup>th</sup> of April and closes on 30<sup>th</sup> of May 2013 with its wide-ranging consultations stretching over 1 policy and 2 guidelines common for all National Boards and 'Consultation on common guidelines and Code of conduct' for some Boards, including Chinese Medicine Board of Australia. These documents are recommended to be read together as they are presented as a package which is impossible within the time frame given.

Below are our feedback on the questions for "Revised Guidelines for Advertising":

### **• How are the existing guidelines working?**

There is room for improvement for the existing guidelines in the aspect of accessibility and user-friendliness as the fluency of reading is always interrupted by formal names of Acts and Legislations. We understand that there are multiple Legislations that practitioners need to abide, but full context of related legislation can be listed as glossary for clear and easy reference. Improvement in editing will be appreciated in the sense of fluency and simplicity.

### **• Is the content of the revised guidelines helpful, clear and relevant?**

The content of the revised guidelines are helpful, overall clear and relevant but can be improved further by grouping definitions nearer to related phrase. For example, after reading page 5

Under section 6, Specific requirements, sub-section 6.2 'Use of warning statements for surgical or invasive procedures' states

*'Any surgical or invasive procedure carries risks. Before proceeding, you should seek a second opinion from an appropriately qualified health practitioner.'*

The definition of 'invasive procedure' is on page 10 under Section 10 Definitions

'Invasive procedure means any operation or other procedure that:

- (a) penetrates or pierces the skin by any instrument other than a needle, other than minor dental or minor podiatric procedures,'

It would be easier if the above content is placed nearer or with notation on page 5 'refer to page 10 for definition of Invasive procedures' or even notation phrase such as 'exclusive acupuncture'.

• **Is there any content that needs to be changed, deleted or added in the revised guidelines?**

In Chapter 4 of the Public Health Act (Queensland) 2005, states:

*declared health service* means a service provided to a person that involves the performance of an invasive procedure or an activity that exposes the person or another person to blood or another bodily fluid . *Invasive procedure* means a procedure involving the insertion of an instrument, appliance or other object into human tissue, organs, body cavities or body orifices including subcutaneous and intramuscular injections.

The definition on page 10 (a) states 'Invasive procedure means any operation or other procedure that:

penetrates or pierces the skin by any instrument other than a needle, other than minor dental or minor podiatric procedures,'

is in contrary to the definition of 'invasive' procedure in the Public Health Act (Queensland) 2005.

Suggest to consider addition of explanatory phrases such as 'suitable for advertising guideline only' or similar phrases.

• **Is there anything missing that should be added to the revised guidelines?**

There is nothing major missing that should be added to the revised guidelines.

• **Do you have any other comments on the revised guidelines?**

- Suggest to use bulleted items as much and if possible in all circumstances instead of explanatory paragraphs, example: last paragraph of section 3.4 Authorising the content of advertising :-

Practitioners should

- **NOT** allow the services they provide to be advertised, or
- **NOT** make themselves available for 'advertorials', or
- **NOT** make themselves available for media reports or
- **NOT** make themselves available for magazine articles

to promote particular health services or therapeutic goods unless they have made specific arrangements to approve and sign off the content, and have had reasonable opportunity to ensure that the published version of the advertorial or promotional article adheres to these guidelines. This requirement only applies to advertising, that is, promotional activities, and comments that are part of independent news reporting where individual practitioners or health services do not derive any benefit are not captured.

- Suggest to broaden and expand the content of the Advertising-Fact-Sheet and Advertising-FAQs as much and as often possible, or even put forward a public consultation, to provide more up to date and details for practitioners reference.

Advertising-Fact-Sheet example 1:

Under '**Penalties**' paragraph - More specific definition of individual and body corporate in terms of Australian Taxation Office , sole proprietor, TFN or Pty Ltd , ABN to avoid possible misinterpretation.

Advertising-Fact-Sheet example 2:

Under '**How the Boards manage advertising breaches**' paragraph –  
The timeline of procedures such as written warning letters issued and the expectation time frame to response to be included, if possible legal action, would provide justification for practitioners unintentional , excluding multiple repetitive, breaches of advertising due to ignorance, misinterpretation and other similar reasons.

For the Chinese Medicine Board of Australia proposal to add the following text to its *Code of conduct*, we fully support the proposal, with suggestion of requesting related certificate enclosed during annual registration renewal when using the title 'Professor' of all category, not only in advertising but in all nature to avoid possible misleading when using practitioner search engine in AHPRA website.

Please feel free to contact us at CMASA National Office for any further discussion.

Yours Faithfully



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