



Australasian College for Emergency Medicine

34 Jeffcott Street West Melbourne Victoria 3003, Australia
+61 3 9320 0444 | admin@acem.org.au | ABN 76 009 090 715

Submission to the Medical Board of Australia – clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments June 2019

Introduction

The Australasian College for Emergency Medicine (ACEM; the College) welcomes the opportunity to provide its response to the Medical Board of Australia (MBA). ACEM is the peak body for emergency medicine in Australia and New Zealand, with responsibility for training and educating emergency physicians and advancing professional standards in emergency medicine. As the trusted authority for emergency medicine, ACEM has a vital interest in contributing to a sustainable emergency medicine workforce that provides high quality patient care and upholds the highest possible professional standards in emergency medicine.

1. Complementary and alternative medicine – regulation and patient safety

ACEM considers the examples listed by the MBA of complementary and alternative medicines, and therapies, accurately captures existing practices and services. We agree that regulatory uncertainty of these services has resulted in an area of the healthcare system lacking in oversight and accountability, with the MBA itself identifying that *“It is not known how many registered medical practitioners practise in this area”*.

This is an urgent knowledge gap for the MBA to address and must be a priority area of work in order to better ensure a safe environment for patients. The relationship between patient and doctor is underpinned by trust and this must be maintained through appropriate safeguards. One such safeguard is demonstrated through recognised qualifications – complementary and alternative medicines are often practiced by practitioners without recognised specialist qualifications, or with commercial conflicts of interest.

Patients must be reassured that the person they seek care from is appropriately qualified and delivers services within a robust regulatory framework. Members of ACEM undertake extensive training and professional development to ensure they have the experience and skillset to provide specialist emergency medicine care. This is best demonstrated through the College’s specialist training program leading to the award of Fellowship of the Australasian College for Emergency Medicine (FACEM)¹. Additionally, ACEM also offers non-FACEM training programs through the Emergency Medicine Certificate and Emergency Medicine Diploma², which are aimed at providing doctors working in EDs with adequate knowledge and sufficient clinical experience to be safe, efficient practitioners.

¹ Further information available via <https://acem.org.au/Content-Sources/Training/How-the-FACEM-Training-Program-works>

² Further information available via <https://acem.org.au/Content-Sources/Certificate-and-Diploma-Programs>

2. Definitions – ‘complementary and alternative medicine’

In 2017, the Medical Council of New Zealand consulted on its review of the Statement on Complementary and Alternative Medicine (the Statement). In our submission, ACEM supported the following definition given it was simpler and more easily understood than the previous definition:

“Complementary and alternative medicine (CAM) refer to therapies and treatments that are not commonly used in conventional medical practice. Complementary therapies are health care and medical practices that work alongside conventional medical treatments but are not an integral part of conventional medicine, while alternative therapies are used instead of standard medical treatments.”

2.1 Definitions – ‘complementary and unconventional medicine and emerging treatments’

In the same vein, ACEM supports the MBA’s proposed definition of ‘complementary and unconventional medicine and emerging treatments’ as it broadly captures and simplifies what services are referred. However, ACEM prefers using the terms ‘science-based’ and/or ‘evidence-based’, rather than ‘conventional’, in the proposed definition. Scientific evidence is a key component of specialist medical practice, and serves as an appropriate safeguard to patients that clinical practice has been subject to extensive peer-review and analysis.

We recommend amending the definition to:

‘Complementary and unconventional medicine and emerging treatments include any assessment, diagnostic technique or procedure, diagnosis, practice, medicine, therapy or treatment that is not usually considered to be part of science/evidence-based medicine, whether used in addition to, or instead of, science/evidence-based medicine. This includes unconventional use of approved medical devices and therapies that is not supported by valid evidence.’

3. Options for the MBA

ACEM supports the preferred option (Option 2) presented in the discussion paper.

Specific guidance that explicitly makes the MBA’s expectations clear to medical practitioners providing these services is an overdue safeguard for patients seeking these services. This option will also provide clear and consistent information to medical practitioners who don’t practice these services, which will assist their engagement with any patient that seeks to discuss these as a treatment option. In the development of guidance materials, ACEM urges clarification of the term ‘complementary’. While this term implies that the therapy is both benign and works alongside science/evidence-based medicine, it should be pointed out that neither condition may apply.

Thank you for the opportunity to provide feedback on these important issues. Should you require clarification or further information, please do not hesitate to contact [REDACTED] (ACEM Policy Officer) on [REDACTED] or via email at [REDACTED]

Yours sincerely,


 Dr Simon Judkins
 President
 Australasian College for Emergency Medicine