

Public consultation document

January 2022

Consultation on revised Guidelines on Infection prevention and control for acupuncture and related practices

Summary

The Chinese Medicine Board of Australia (the Board) is opening public consultation on its recently revised *Guidelines on Infection prevention and control for acupuncture and related practices* (the CMBA guidelines) which first came into effect in May 2013.

The guidelines extensively cross-reference the *Guidelines on Prevention and Control of Infection in Healthcare* (the Australian guidelines) published by the National Health and Medical Research Council and the Australian Commission on Safety and Quality in Healthcare.

In 2017 the Board delayed its scheduled review of the CMBA guidelines, because the Australian guidelines were to be updated. The updated Australian guidelines were published in 2019. The Board then undertook a review of the CMBA guidelines including a mapping exercise to identify changes in the Australian guidelines relevant to the practice of acupuncture, checking relevant state and territory regulation before preparing a revised draft CMBA guideline.

The revised draft CMBA guidelines incorporate relevant parts of the Australian guidelines and are intended to be more of a stand-alone document. The Board identified that many Chinese medicine practitioners work as sole practitioners either alone in a clinic or in a shared clinic arrangement and need clear statements of the Board's expectations

The main updates to the revised CMBA guidelines are:

- Guidance on hand hygiene and hand washing
- Use of short sleeves and avoiding jewellery and false fingernails
- Guidance on reusable medical devices
- Not to use packaged sterile devices that are beyond expiry date
- Procedures for the use and disposal of sharps and guidance for dealing with a sharps injury
- Guidance on developing an infection control plan
- Guidance on design of facilities including surfaces in wet areas or treatment tables.

More information about changes is included in this consultation paper. The consultation is open until **4 March 2022**.

Preliminary consultation

In July 2020, the Board undertook preliminary consultation with key stakeholders of the draft revised CMBA guidelines. This allowed the Board to test its proposals and refine them before proceeding to public consultation. It also provided the opportunity for feedback to improve the clarity of the consultation document.

A range of stakeholders submitted written responses, including professional associations, the Commonwealth, state and territory health departments and co-regulators.

The Board is now releasing this consultation paper for public feedback.

Providing feedback

Feedback can be provided by completing the online survey available on the Board's [website](#).

If you are unable to complete the online survey, please contact us at chinesemedicineconsultation@ahpra.gov.au and we can provide you with a Word document template to complete.

Feedback is required by close of business on **Friday 4 March 2022**.

Publication of submissions

The Board publishes submissions at its discretion.

The Board generally publishes submissions on its website to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published.

We do not place on our websites, or make available to the public, submissions that contain offensive or defamatory comments or are outside the scope of the subject of the consultation. Before publication we will remove personally identifying information, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences, or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982 (Cth)*, which has provisions designed to protect personal information and information given in confidence.

Please let the Board know if you do not want your submission published or if you want all or part of it treated as confidential.

Published submissions will include the names of the individuals and/or organisations that made the submission unless confidentiality is requested.

Next steps

After public consultation closes, the Board will review and consider all feedback from this consultation before making decisions about implementation and the supporting documents.

Background

The role of the Chinese Medicine Board of Australia (the Board) is to work with the Australian Health Practitioner Regulation Agency (Ahpra) and the other National Boards to achieve the objectives of the National Registration and Accreditation Scheme (the National Scheme), which has public safety at its heart.

The Board develops registration standards, codes and guidelines under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). These documents:

- set out the requirements for registration
- establish obligations for professional practice, and
- can be used as evidence in disciplinary proceedings of what constitutes appropriate professional conduct or practice for the profession.

The Board regularly reviews all its registration standards, codes, guidelines and other policies to ensure they remain relevant, contemporary and effective.

Context

Current guidelines

In May 2013, the Board published the CMBA guidelines.

The 2013 CMBA guidelines are based on and extensively cross-reference the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* (Australian Guidelines) published in 2010 by the National Health and Medical Research Council (NHMRC) and the Australian Commission on Safety and Quality in Healthcare (ACSQH).

In May 2017 the Board announced that it was delaying its scheduled review of the CMBA guidelines because the National Health and Medical Research Council (NHMRC) in collaboration with the Australian Commission on Safety and Quality in Healthcare were in the process of updating the 2010 *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.

Following publication in 2019 of updated Australian Guidelines (the 2019 Australian Guidelines), the Board undertook its scheduled review of the CMBA guidelines. The review methodology included:

- a detailed mapping exercise to identify changes in the 2019 Australian Guidelines compared with the 2010 Australian Guidelines that might be relevant to the practice of acupuncture
- checking relevant state and territory regulations governing skin penetration and infection control, clinical waste management and workplace health and safety, to determine what additional state and territory requirements might apply to registered practitioners, and
- preparation of a revised draft CMBA guideline for preliminary and public consultation.

The 2013 CMBA guidelines extensively cross-reference the 2010 Australian Guidelines which require practitioners to read and comprehend both documents together to be fully informed. By incorporating relevant parts of the 2019 Australian Guidelines and using hyperlinks, the revised draft CMBA guidelines are intended to be a more stand-alone document, with clear statements of the Board's expectations for registered Chinese medicine practitioners concerning infection prevention and control.

The Board has been working on the revision, taking into account feedback provided in preliminary consultation, and it is now ready for this public consultation.

The acupuncture related practices covered by this guideline include:

- moxibustion
- cupping
- laser acupuncture
- gua sha, and
- dermal hammering.

The revised guidelines include the following updates:

- use of gloves and hand hygiene after removal of gloves
- hands-free sink and 20 seconds of hand washing
- use of short sleeves, avoid jewellery and false fingernails
- educating patients about infection prevention and control and hand hygiene
- re-use only those devices that are included as reusable medical devices in the Australian Register of Therapeutic Goods
- not to use packaged sterile devices that are beyond their expiry date
- procedures for the use and disposal of sharps and dealing with a sharps injury

- cleaning schedule for acupuncture clinics
- development of a clinic-wide infection control plan and training of staff in infection prevention and control
- reporting of infectious diseases, and
- design of facilities including surfaces in wet areas or treatment tables.

Proposal

Risk-based approach

The Board considered the following specific risk factors:

- many Chinese medicine practitioners work as sole practitioners either alone in a clinic or in a shared clinic arrangement and need clear statements of the Board's expectations
- many Chinese medicine practitioners use rented premises that may not be purpose designed for healthcare delivery, and
- acupuncture is **not** considered to be an exposure prone procedure.

Options statement

The Board has considered the following options in developing the draft revised CMBA guidelines.

Option 1 – maintain the status quo

Option 1 is to continue with the existing guidelines. The Board has identified a few issues with the current guidelines which would benefit from some restructuring, clarification and being a more stand-alone document, with clearer guidance. This option would not:

- enable the improvements made in the draft revised CMBA guidelines, or
- reflect the current national advice for infection prevention and control in healthcare.

Option 2 – adopt the revised guidelines

Option 2 would involve the Board adopting the revised draft CMBA guidelines. Option 2 considers good practice and the feedback received from practitioners on issues arising from the implementation of the current guidelines.

The proposed revised draft CMBA guidelines aim to:

- align with the changes to the Australian Guidelines for the Prevention and Control of Infection in Healthcare published in 2019 by the National Health and Medical Research Council (NHMRC) and the Australian Commission on Safety and Quality in Healthcare (ACSQH)
- improve the overall clarity and workability of the CMBA guidelines
- be a more comprehensive and stand-alone document, with clearer guidance to practitioners on the Board's expectations, and
- align with the guiding principles of the National Scheme and the Regulatory Principles for the National Scheme, including for the protection of the public.

The proposed revised draft CMBA guidelines do not result in unnecessary restriction of competition among Chinese medicine practitioners.

Preferred Option

The Board prefers Option 2.

Issues for discussion

Potential benefits and costs of the proposed option

The benefits of the preferred option are that the proposed revised CMBA guidelines:

- adopt relevant updated information from the 2019 Australian Guidelines

- are more user-friendly and informative, and
- are a more comprehensive and stand-alone document, with clearer guidance.

The cost of the preferred option is that registrants, applicants for registration, other stakeholders and Ahpra must familiarise themselves with the revised CMBA guidelines, noting that the overall changes to the requirements are minor.

Estimated impacts of the proposed framework

There is little impact anticipated on practitioners, business and other stakeholders arising from the revised CMBA guidelines as they primarily reflect existing good practice within the Chinese medicine profession.

While there are changes in the revised CMBA guidelines most of the content from the current CMBA guidelines is present in the revision.

The Board will monitor the implementation of the revised CMBA guidelines to ensure their relevance and effectiveness over time.

Questions for consideration

1. Are there any specific issues or effects from applying the current guidelines? If so, what are they?
2. Is the content and structure of the draft revised CMBA guidelines helpful, clear and relevant? If not, please explain why.
3. Is the level of detail too much, too little, or about right?
4. Is there anything missing that needs to be added to the draft revised CMBA guidelines? If so, please provide details.
5. Taken as a whole, are the draft revised CMBA guidelines practical to implement and sufficient for safe practice of acupuncture?
6. Do you support a review period for the CMBA Guidelines of at least every five years, noting that the period is influenced by when the Australian guidelines are updated?
7. Do you have any comments about how the Board might launch the CMBA guidelines to make sure that registered practitioners understand their obligations?
8. Do you have any other comments?

Relevant sections of the National Law

Section 35 of the National Law