

Organisation response to the Chinese Medicine Board of Australia public consultation on the revised Guidelines for safe Chinese herbal medicine practice

Response from Federation of Chinese Medicine and Acupuncture

(Note: All responses have been reproduced as provided and have not been edited or otherwise altered.)

Question One: Are there any specific issues or effects from applying the current guidelines? If so, what are they?

Response provided to the question: Are there any specific issues or effects from applying the current guidelines? If so, what are they?
The guidelines have been specific and the requirements for patient records, prescriptions and safety in dispensation of formulas are comprehensive. However, we are concerned changing the term of Chinese herbal medicines to Medicines or herbal ingredients to Medicinal ingredients from the current guidelines. We acknowledge that Chinese herbal medicines are parts of the medicines defined by the draft revised guidelines. However, medicines in Australia are subject to regulation by the Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP); and currently Chinese medicine practitioners are not authorised to access any medicines included in the SUSMP. Therefore, we suggest keeping the term of Chinese herbal medicines to avoid any unnecessary misleading claims or complications. We further suggest keeping the term of herbal ingredients in line with the terminology for complementary medicines under the framework of Therapeutic Goods Administration (TGA), as manufactured Chinese medicines are complementary medicines administered by TGA.

Question Two: Is the content and structure of the draft revised guidelines helpful, clear, and relevant?

Response provided to the question: Is the content and structure of the draft revised guidelines helpful, clear and relevant?
The content and structure of the draft revised guidelines are helpful and relevant. The content is generally clear. However, the document could be cumbersome to read and confusing to a new graduate or to one who's English is not their first language. There is a lot of repetition from sections 3.1 to 4.2. Regardless of the forms of ingredients to be prescribed/dispensed, the patient information, patient record, prescription records, remain the same and need to be mentioned only once in detail. These need not be repeated in each section for raw herbs, extracted herbs, and manufactured medicines. For each different form of ingredients, such as raw herbs and extracts, the appropriate information could be added to the generic labels and records. For example: 3.1 Provide the full list of requirements in the labelling as set out in 3.1 of the document. 3.2 For manufacture of medicines, include the following (only list the specific requirements). 3.3 For extracts and granules, include the following (only list the specific requirements). Following from the guidelines for Safe Chinese herbal practice, we suggest that the different sections of the document to be organised into different sections with the appropriate numeric order. This would assist with ease of reading and consistency with the other document, and assist ease of reference for the practitioner.

Question Three: Is there anything missing that needs to be added to the draft revised guidelines, if so please provide details?

Response provided to the question: Is there anything missing that needs to be added to the draft revised guidelines, if so please provide details?
It would be helpful to provide a number of years that AHPRA or the Board expects patient records to be retained. In New South Wales, the Australian Capital Territory and Victoria, it is expected that records be kept for seven years after the last visit, or the demise of the patient. For children, the records are kept till the child is 25 years old. All other states and territories do not have legislation regarding retention of medical records.

Question Four: Taken as a whole, are the guidelines practical to implement and sufficient for safe prescription writing, labelling and dispensing of Chinese herbal medicines?

Response provided to the question: Taken as a whole, are the guidelines practical to implement and sufficient for safe prescription writing, labelling and dispensing of Chinese herbal medicine?
The guidelines are practical to implement. The guidelines are also considered necessary for patient records and safety. We further suggest the Board to provide a quick reference guide for the updated version to list keys points of safe practice of Chinese herbal medicine as it did in 2016.

Question Five: The Board is proposing a five-year review period of the guidelines. Do you agree?

Response provided to the question: The Board is proposing a five-year review period of the guidelines. Do you agree?
A five-year review period is practical as the guidelines have been in place for some years. It is expected that future reviews would require refinements and updates.

Question Six: Do you have any other comments?

Response provided to the question: Do you have any other comments?
In the early years of registration for Chinese herbal practitioners and acupuncturists, there was a cohort of practitioners who were registered under the grandparenting arrangement who were from Mainland China or other countries. While many of these practitioners have retired over the years, there would be many who are now still registered with the CMBA. Although English is now a requirement, they provide valuable service to the public who speak mainly Chinese or other languages. As English is their second language, it would contribute to patient safety and good practice if this document is translated into Chinese or other languages to update the practitioners with the latest requirement for practice. We hope that the Board would consider translating these guidelines (at least the quick reference guide as it did in 2016) into Chinese and other languages deemed necessary. In addition, 13 Glossary- Chinese medicine should be changed to Chinese herbal medicine as the word of Chinese medicine is a general term for the Chinese medicine system which mainly consists of Chinese herbal medicine and acupuncture. We hope that you would consider our comments. Kindly contact the FCMA if more information is required.

