



Federation of Chinese Medicine &
Acupuncture Societies of Australia Ltd.
澳洲全國中醫藥針灸學會聯合會 (National Body)

FCMA

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Dear Sylvia Sanders
Executive Officer,
Chinese Medicine Board of Australia,

chinesemedicineconsultation@ahpra.gov.au

Dear Sylvia

FCMA feedback for consultation of revised Guidelines for safe Chinese herbal medicine practice.

The Federation of Chinese Medicine & Acupuncture Societies of Australia (FCMA) would like to thank the Chinese Medicine Board of Australia (CMBA) for the opportunity to respond to the above public consultation. We appreciate the Board's effort to achieve safe Chinese herbal medicine practice. The following is our response to your draft document.

1. 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.

2. Is the content and structure of the draft revised guidelines helpful, clear and relevant? If not, please explain why.

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.

3. 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.

4. Are the guidelines practical to implement and sufficient for safe prescription writing, labelling and dispensing of Chinese herbal medicines?

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 key points of safe practice of Chinese herbal medicine as it did in 2016.

5. 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.

6. 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.

Yours sincerely,

Prof. Tzi Chiang Lin PhD
President, FCMA

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