



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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4 October 2012

Ms Debra Gillick

The Registrar, Chinese Medicine Board of Australia

AHPRA GPO Box 9958 Melbourne, 3001

Dear Ms Gillick

Re: **Submission for the Infection Control Guidelines for acupuncture practice in Australia**

I am writing in regard to the above matter on behalf of the Federation of Chinese Medicine & Acupuncture Societies of Australia Ltd. (FCMA). The FCMA thanks the Chinese Medicine Board of Australia (the Board) for the opportunity to express its opinion on the public consultation paper – *Infection Control Guidelines for Acupuncture Practice in Australia*.

The FCMA is committed to maintain the highest standards of professional performance including risk management, for the sake of public safety. There is the potential risk of infection through skin penetration in the practice of acupuncture and acupuncturists should be informed and guided by proper guidelines. The FCMA supports the use of the Australian guidelines for the prevention and control of infection in healthcare (Australian Guidelines) to inform the development of specific guidelines for infection prevention and control for registered or endorsed acupuncturists.

The Australian Guidelines, however, have defined their scope as “(Providing) a basis for healthcare workers and healthcare facilities to develop detailed protocols and processes for infection prevention and control specific to local settings”. (Page 8, the Australian Guidelines). As the Australian Guidelines only provide “core principles and priority areas for action”, it is assumed that these guidelines should be read as guidance for the healthcare providers, including registered or endorsed acupuncturists. The *Health Practitioner Regulation National Law Act* (the National Law) has empowered other boards to endorse registered healthcare providers to practise acupuncture within the framework of National Registration and Accreditation Scheme (NRAS) (section 97, the National Law). The FCMA believes there is a need for the Board to develop specific guidelines that could be developed in conjunction with or adopted by other national Boards who have endorsed or have intention

to endorse their registered healthcare providers to deliver acupuncture services. The National Law has also stipulated that guidelines approved by a National Board could be used in proceedings against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession (section 41, the National Law). The necessity of specific guidelines for acupuncture practice in Australia is highlighted by the fact that some registered health professionals endorsed to practise acupuncture are exempted from local legislative regulation of acupuncture in jurisdictions such as ACT, QLD and WA.

In the interest of protecting the public, the FCMA suggests that the Board should work with national Boards under the NRAS to develop specific guidelines which outlines standards for acupuncture practice, including the identification of factors which could lead to infection, e.g. establishing a safe environment with the inclusion of hand basins and means of safe disposal of needles. In jurisdictions where legislative regulations for acupuncture practice are in place, the specific guidelines should incorporate the regulation for acupuncturists who are practising in the relevant State or Territory. Acupuncturists in Queensland, for instance, are required to have an Infection Control Management Plan (ICMP) in their facility by the *Public Health Act (Queensland) 2005*. Although a template of an ICMP was published on the Queensland Government website on 18 April 2011 to facilitate acupuncture practices, the template was developed and copyrighted by an association for its members. The Board or Queensland Government should review this, as not all acupuncturists in Queensland are the members of that particular association.

In summary, the FCMA believes it is critical to develop uniform specific guidelines for acupuncture practice across all States and Territories, under the guidance of the Australian Guidelines to fulfil the registered or endorsed acupuncturists' obligations to protect the safety of the public. The guidelines proposed by the Board do not achieve this, particularly when the existing State or Territory requirements for acupuncturists could override the guidelines approved by the Board. The specific guidelines should be feasible and accessible to all practitioners.

The FCMA hopes that the Board will take these suggestions into consideration.

Yours sincerely

Professor Tzi Chiang Lin PhD, J. P.

National President, FCMA