



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

ACN: 104 651 523 ABN: 70 199 744 719

All correspondence:
6 Paisley Street
Footscray Victoria 3011
Australia

Tel: +61 3 9689 2678
Fax: +61 3 9689 0872
+61 3 9802 4261

Email: contactus@fcma.org.au

tchiangl@fcma.org.au
Web: <http://www.fcma.org.au>

Newsletter

June 2014

1. President's Message

Dear FCMA members

We received an invitation from the Acting CEO of Health Workforce Australia (HWA) for Chinese Medicine profession to be represented on the Standing Advisory Committee (SAC) for Health Professions on 9 April 2014, which followed the successful FCMA's participation of the Professions Reference Group (PRG) established by the Australian Health Practitioner Regulation Agency (AHPRA) in 2013. The PRG outcome has been the recognition by the HWA as the model which it now proposes for the SAC. FCMA nominated ANTA to be the first one in the annual rotational system in June 2014, but unfortunately, the SAC meeting was suspended because of HWA merging into the Department of Health and Aging in the new financial year. We will inform you the update progress with this issue.

Chinese Medicine Board of Australia (CMBA) released *Draft Guidelines for safe Chinese herbal medicine practice* on 28 May 2014 for feedback of the public and professions. Please visit

<http://www.chinesemedicineboard.gov.au/News/Consultations.aspx> for details and provide your option with this matter by the due date.

Yours sincerely

Professor Tzi Chiang Lin PhD

National President, FCMA

2. Responses to the Draft *Guidelines for safe Chinese herbal medicine practice*

Following are the acknowledgments from FCMA in relation to the *Draft Guidelines for safe Chinese herbal medicine practice* (proposed guidelines).

FCMA agrees that for Chinese herbal medicine **prescription writing**, Pinyin or the pharmaceutical name should be used as an alternative to the botanical name of herbal substance. However, FCMA believes Chinese characters should also be used as one of the alternative ways to the botanical name of herbal substance for prescription writing unlike the proposed guidelines that Chinese characters are only an addition where necessary. Inclusion of Chinese characters as one of the accepted nomenclatures of Chinese herbal substance in prescription writing will not only be consistent with the nomenclature list of commonly used Chinese herbal medicines endorsed by Chinese Medicine Board of Australia (CMBA), but also coherent the requirements of the Guidelines for Patient Records issued by CMBA in which it states that *“Information critical to patient safety, such as herbal names should be recorded in the most competent language e.g. English, Chinese, Latin, other.”*

It is unmerited that Pinyin, pharmaceutical or botanical name of each Chinese herbs are mandatory used for prescription writing where all parties including the patient, the Chinese herbal medicine practitioner or herbal dispenser can understand Chinese. Please be informed that Australia is a multicultural society and many patients who seek Chinese herbal medicine service are Chinese ethnic. CMBA should have its obligation to protect as a whole including those Australian residents who speak non- English language when it makes policies or guidelines.

FCMA believes that Pinyin and Chinese characters should be the key language used for herbal nomenclature in prescription writing. The botanical names of Chinese herbal medicines were not initially created with Chinese medicine system; those botanical names are not practical in everyday prescription writing. Firstly, it does not fully reflect every single herbal species for instance, Chinese herbs of Bai Shao and Chi Shao are both named as *Paeonia lactiflora* Pall in botanical name system but they are two different herbs with different functions ; secondly, it is not the efficient and effective way to write botanical names in prescription. For Chinese herbal medicine practitioners and herbal dispensers as well as herbal medicine shop assistants, Chinese characters or Pinyin names are still the most efficient and effective way to prescribe and supply Chinese herbal medicines.

Herbal name in prescriptions and labelling should be in consistence with Pinyin and Chinese characters at all times, but in considering of some none Chinese speaking Chinese medicine herbal practitioners who cannot write Chinese characters, Pinyin will be sufficient for them. On the other hand, none English speaking Chinese herbal medicine practitioners who are not familiar with Pinyin (practitioners trained in Taiwan or Hong Kong), the Chinese characters should sufficient as well. The pharmaceutical name or botanical name should be used as an addition only under the circumstances that the Chinese medicinal substances are not be identified with Pinyin as it has been pointed in the proposed guidelines DA JI, *Cirsii japonica* (大蓟) and *Euphorbiae pekinensis* , DA JI (大戟) nevertheless these two herbs are seldom used and *Euphorbiae pekinensis* is JING DA JI (京大戟) in Chinese Pharmacopeia.

TGA nomenclature guidelines are particular designed for the herbal products in manufactured medicines and Pinyin is used under the column of *Common Names* in the existing TGA “*Approved Terminology for Medicines*” for Chinese herbal medicines. The TGA nomenclature guidelines are only practical in the implementation of herbal products in manufactured medicines registered with TGA but not practical to implement for labelling the Chinese medicine practitioner’s extemporaneously compounded medicine, e.g. raw herb formula or herbal granules.

There is no ambiguity in labelling herbal products in manufactured medicine, however, FCMA opposes the proposal of labelling requirements on “2.2 Label content”, in particular listing all name and dosage of each herb on the label for extemporaneously compounded medicines based on the following reasons:

1. FCMA respects the patients’ right to have full and accurate information on Chinese herbs they are prescribed but does not agree that such a right is an issue of public safety.
2. Most of the Chinese herbs prescribed or supplied by registered Chinese herbal practitioners in Australia are of non-scheduled substances in *POISONS STANDARD 2013*, published by TGA and FCMA concludes that it is inappropriate to apply the same requirements and restrictions on labelling for both non-scheduled and scheduled substances. The requirements on labelling in the proposed guidelines for Chinese herbs are identical and on some case even more rigid than those for the scheduled medicines (e.g. Australian approved names are allowed to use for scheduled medicines whilst the botanical name of species must be used required by the proposed guidelines).

3. There is a significant negative impact on Chinese medicine practitioners if botanical name is mandatory for labelling extemporaneously compounded medicines as the proposed guidelines do not reflect the existing daily practice which is primarily using Chinese characters or Pin Yin names. The only one who may know botanical name of herbal species is a botanist. Requirement of labelling the herbs' name on extemporaneously compounded medicines in their botanical name is not viable as the patients, practitioners, the herbal dispensers and other health care providers may not understand the botanical name.
4. Currently there is no comprehensive database or reference to check the herbal interactions or interactions between herbs and drugs. Identification of herbal species through labelling would not clarify the issues of herb-herb or herb-drug interactions.
5. Some herbs are not identified through their botanical name. For instance, Chinese herbs of Bai Shao and Chi Shao are both named as *Paeonia lactiflora* Pall, in the pin yin name system they are two different herbs with different functions.

It is suggested by FCMA that a prescription containing the name and dosage of each herb prescribed could be provided to the patient upon request as an alternative way of labelling of each name and dosage on extemporaneously compounded medicines.

FCMA believes that Chinese medicine practitioners and dispensers are the only users of the processed Chinese herbs. The species of Chinese herbs can only be identified from the plants instead of processed Chinese herbs; therefore the identification of species should be performed by experienced experts in Pharmacy of Chinese Medicine or a botanist. In addition, FCMA suggests that CMBA adapt Zhao et al (2006) conclusion that "*It is proposed that an authority on the authentication of CMM be established, as a physical institution and/or as an electronic database*".

Labelling each herb on a package of extemporaneously prepared medicines does not increase or lower the degree of safety in Chinese herbal medicine practice, in fact, it may raise unnecessary error and confusion in the profession. FCMA's primary concerns are in regards to the safety with self-medication by patients, and of the use of Chinese herbs widely used by other regulated or non-regulated health professions in Australia. It is currently illegal for a Chinese medicine practitioner and dispensers to 'obtain, possess, use, sell or supply' those traditionally-used Chinese herbs that have been included in the Poisons Standard 2013 regardless of qualifications/training. Despite the fact that these Chinese herbs have been in

traditional use in China and other parts of Asia for a long period of history. Whilst at the same time, some Chinese herbs such as Ma Huang (*Ephedra* spp.), Fu Zi (*Aconitum* Spp.) and Ban Bian lian (*Lobelia*) etc. are legally accessible to medical practitioners, dentists, veterinary surgeons, pharmacists regardless of whether or not those professionals have proper training in the usage of the Chinese herbs, and access is denied to those who do have the appropriate training for instance, registered Chinese herbal medicine practitioners and dispensers. In relation to this case it has to be asked of where is the benefit for the Australian public if the qualified Chinese medicine practitioners registered by legislation cannot access certain potent scheduled herbal medicines. Therefore, FCMA suggests scheduling of Chinese herbs should be in the agenda of CMBA in matter of emergency for safety usage of Chinese herbal medicine.

Compiled by Secretariat of FCMA