



**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)

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Submission to: Review of the National Registration and Accreditation Scheme for Health Professions

The Federation of Chinese Medicine & Acupuncture Societies of Australia Ltd. (FCMA) appreciates the opportunity to attend the forum in Victoria on 1 October 2014 for the Review of the National Registration and Accreditation Scheme (NRAS). The FCMA is a national Chinese medicine professional organisation with affiliated branches in Victoria, New South Wales, Queensland, the Australian Capital Territory, South Australia and Western Australia.

The FCMA sent Dr. Grace Tham to the forum and she brought up, on behalf of the FCMA, the safety issue to do with the lack of consistency with registration for acupuncture practice. She also brought up the safety issue to do with dry needling. In reply to her questions, she was advised that the association sends in a submission. While there was very little time at the forum to mention all the issues, we would like to take this opportunity to provide more feedback to the NRAS Committee.

Acupuncture Registration

(Relevant question to the NRAS review paper:

"22. To what extent are Accrediting Authorities accommodating multidisciplinary education and training environments with coordinated accreditation processes or considering future health practitioner skills and competencies to address changes in technology, models of care and changing health needs?")

At the forum, safety for the public and consistency was consistently emphasized. The FCMA notices that the medical, the chiropractic, the osteopathic and the physiotherapy boards are able to endorse their own practitioners to perform acupuncture while all other practitioners have to be stringently accredited by the Chinese Medicine Board of Australia (CMBA) to be able to practice. The FCMA is very concerned about safety as we notice that the four professions mentioned are offering short courses to enable their practitioners to be endorsed as acupuncturists and do not need to have their courses accredited by the CMBA.

On 22 March 2013, the Medical Board of Australia published a consultation paper regarding endorsement for acupuncture. It is disturbing that the medical board was prepared to endorse their doctors for acupuncture:

1. In that medical practitioners with generalist and/or specialist registration can apply for endorsement of registration for acupuncture if: (1) they hold an approved qualification in acupuncture. In this case, The FCMA does not know if these generalists and/or specialists have completed acupuncture courses that would be acceptable by the standard required by the CMBA.
2. As stated in point (2) where practitioners do not have general and/or specialist qualification but have been accredited by the Joint Consultative Committee on Medical Acupuncture prior to 30 June 2012. Similarly, the FCMA is concerned with the standard of the courses these practitioners have completed.
3. For practitioners who have been practicing acupuncture in 24 months from 1 July 2010, to 30 June 2012 and evidenced by 25 relevant Medicare claims in that period. In this case, besides the courses attended by the practitioners, the FCMA is concerned with the minimum hours required to maintain currency of practice for continuation of registration as well as the requirement for continuing professional education.
4. For medical practitioners who are practicing acupuncture before 1 July 2012, who do not have qualification for acupuncture. This is definitely a great concern as the medical board is willing to endorse acupuncture practice for those who do not even have any qualification for acupuncture.

With regard to the osteopathic, chiropractic and physiotherapy professions, it is not known with what criteria these boards would endorse their practitioners for acupuncture practice. However, the FCMA is aware of short courses being offered by these professions. These can easily be found on the internet.

The FCMA's main concern is to do with safety for the public. It is also a matter of concern regarding consistency with the registration boards. We believe that all acupuncture courses and acupuncturists meet the accreditation standard of the CMBA; that professionals register under the appropriate board. It is not a general practice for one professional board to register practitioners in another discipline. We recommend that all acupuncturists be registered under the CMBA; and those who possess more than one professional skill, that they maintain registration with more than one relevant board.

Dry Needling

(Relevant question to the NRAS review paper:

17. How should the National Scheme respond to differences in States and Territories in protected practices?)

Dry needling is currently practiced by a range of therapists from massage therapists to chiropractors. Those who practice dry needling are not required to complete stringent courses in acupuncture. The background of dry needling comes from the practice of using hypodermic needles to inject saline solution or other solutions into tight muscle mass. It was later noticed that using hypodermic needles without adding a solution is just as effective for the purpose. Currently, acupuncture needles are used due to its convenience and its ability to give the same effect. It has been evaluated that it is not an effective form

of treatment compared to proper acupuncture. Often, those who had dry needling reported that there was more pain being induced.

This practice presents two concerns with the FCMA. One, is to do with safety as the procedure requires skin penetration. These practitioners are not acupuncturists and the practice is not being monitored by any registration boards or professional association. While one is taught this technique when attending massage therapy courses, for example, the teachers who teach this skill are also not acupuncturists. Two, those who had dry needling performed on them are nearly always misled that they had acupuncture, and this in turn, also becomes a safety issue. We hope that the NRAS committee would carefully review this practice.

Reconstitution of the Australian Health Workforce Advisory Council (AHWAC)

(Relevant questions to the NRAS review paper:

1. Should the Australian Health Workforce Advisory Council be reconstituted to provide independent reporting on the operation of the National Scheme?

2. Should the Health Workforce Advisory Council be the vehicle through which Any unresolved cross professional issues are addressed?)

It was raised at the forum that the AHWAC be reconstituted to provide independent reporting on the operation of the National Scheme. The FCMA agrees that the AHWAC be reconstituted. The new council must be given full independence to carry out its terms of reference and to be independently funded by the government. The FCMA does not agree that AHWAC be supported by the funds from the different professional registration boards. It would be necessary to consult extensively with the stakeholders regarding the terms of reference and membership if the council is to be reconstituted.

Merging Lower Regulatory Workload Professions

(Relevant questions to the NRAS review paper:

3. Should a single Health Professions Australia Board be established to manage the regulatory functions that oversee the nine low regulatory workload professions? Estimated cost saving \$11m per annum

4. Alternatively, should the nine National Boards overseeing the low regulatory workload professions be required to share regulatory functions of notifications and registration through a single service? Estimated cost saving \$7.4m pa.

5. Should the savings achieved through shared regulation under options 1 or 2 be returned to registrants through lower fees?)

It is proposed in the Review of the NRAS for health professions Consultation Paper August 2014 that the lower regulatory workload professional boards (podiatry, physiotherapy, occupational therapy, chiropractic, Chinese medicine, osteopathy, medical radiation practice, optometry, Aboriginal and Torres Strait Islander Health Practice) be merged into one to form a single Health Professions Australia Board. The FCMA appreciates that by merging the nine boards, the functions of the boards would be managed under a single national service to cut cost; with the possibility of a single lower fee for registration. However, the FCMA would like to continue with separate boards to maintain the distinctive identity of each profession. As this is early days yet, the FCMA would like to see extensive consultation prior to any change to the management of the boards.

We hope that the NRAS for health professions would consider the concerns expressed by the FCMA. As a matter of immediate importance, we urge the committee to review the safety and consistency of registration for acupuncture practice and the safety of dry needling. With regard to AHWAC and the merging of the nine lower workload professional boards, we would like to be given the opportunity to provide input during future consultations.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Chiang', written in a cursive style.

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