



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](mailto:contactus@fcma.org.au)

[tchiangl@fcma.org.au](mailto:tchiangl@fcma.org.au)

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

31 August 2015

Leonie Harrison  
Policy Officer | Health Workforce Strategy | Health Workforce Branch  
Department of Health and Human Services  
Level 21/50 Lonsdale Street,  
Melbourne, Victoria, 3000

Tel 03 9096 6932  
[hwpc@dhhs.vic.gov.au](mailto:hwpc@dhhs.vic.gov.au)

Dear Leonie

**Comments on: Independent Review of the National Registration and Accreditation Scheme for Health Professions**

I write on behalf of the Federation of Chinese Medicine & Acupuncture Societies of Australia Ltd (FCMA) in response to a key recommendation from the Independent Review of the National Registration and Accreditation Scheme for Health Professions. This recommendation is that the current national Boards of nine low-regulatory-workload professions including Chinese Medicine Board of Australia be consolidated into one Board, the Health Professions Australia Board. The FCMA is against this recommendation.

This recommendation is undesirable from the perspective of the Chinese medicine profession for several reasons. A major reason is that in creating the one overarching board, there is likely to be insufficient expertise on such a Board to enable robust consideration of the many issues that are unique to Chinese medicine practice, through sheer lack of numbers. For example, endorsement of the prescription of the scheduling of potentially toxic Chinese herbs is a future issue that needs to be addressed, and will require substantial expertise in Chinese herbal medicine. It is highly unlikely that a Health Professions Australia Board would have sufficient numbers of representatives with the required expertise to consider this. Another example is the issue of professional conduct. Whilst issues of

professional conduct and misconduct could be seen by some to be common across all health professions, there are cultural considerations that need to be taken into account in many cases that make an investigation of professional misconduct in Chinese medicine something that is not particularly straightforward. Chinese medicine has a particular cultural context and practice norms in China. Many registered Chinese medicine practitioners in Australia were originally trained in China and other Asian countries. Thus in considering allegations, a deep understanding of the cultural context is necessary. Such expertise is available in the current stand-alone Chinese Medicine Board of Australia and is likely to be lost within one overarching national board.

There are other issues that are specific to Chinese medicine that require expertise in the practice. Part of the role of a national board is education of its registered practitioners. The Chinese Medicine Board of Australia and the previous Chinese Medicine Registration Board of Victoria has produced many valuable guidelines, such as the Guidelines for patient records and accreditation standards. Again, a board needs more than a couple of representatives from a profession in order to create such guidelines. These guidelines, which are of high standard, are precisely that because they have been created by a board with sufficient numbers and expertise. We fear this would be lost in the one overarching national regulatory board- there simply would not be the person-power to do the work needed.

Chinese medicine is a complete medical system. Unlike other allied health professions that are underpinned by biomedicine alone and have a narrow clinical focus, for example physiotherapy, Chinese medicine is underpinned by very unique philosophies and has its own theoretical framework that has no real parallel in the western world. In the translation of this ancient practice to a western country such as Australia, there are important considerations in practice that need to be understood in order that Chinese medicine's unique features are not lost. An example is acupuncture. Medical acupuncture is not the same as traditional acupuncture (which is guided by traditional theories that underpin Chinese medicine). Medical acupuncture is based on trigger point theory, and represents a valuable, but much more limited use of the penetration of the body with needles, predominantly to treat pain. The same argument is applicable to dry needling. It too is not guided by traditional theory and represents, again, a more limited use of the acupuncture needles, in its use to treat predominantly pain and musculoskeletal problems. Yet the World Health Organisation recognises (traditional) acupuncture as useful in the treatment of many diseases including those categorised as internal medicine diseases, clearly addressing much more than pain. The use of acupuncture to treat pain and musculoskeletal disorders is only a small subset of what traditional acupuncture is used to treat. It takes a board that consists substantially of experts in the practice of Chinese medicine to understand these professional issues and the potential impact they have when the public cannot distinguish between a dry-needler, a medical acupuncturist and a traditionally trained acupuncturist. In addition, the practice of dry-needling is a public safety issue as it is unregulated and training in it typically very short. An overarching national board such as the Independent Review of the National Registration and Accreditation Scheme for Health Professions is recommending would not have sufficient expertise to advise on such important issues through insufficient



expertise. Chinese medicine is probably not alone in needing this. Other professions including chiropractic and osteopathy have their own unique approaches to healthcare that would presumably also need sufficient expertise in terms of numbers of experts.

However, presumably there may be consideration given to creating a substructure such as multiple committees or a specific Panel of Experts that would sit under the overarching Board. This might then address the lack of expertise in an overarching national board, however that would add another layer of structure and governance that would be costly and defeat one of the claimed purposes of having one Board, to save money.

A potential solution is that where there is commonality between professions, opportunities are created for cross-professional work and collaboration amongst the existing boards. There is work afoot and work completed already, such as the Code of Conduct. This approach takes time to establish and these opportunities can be further explored under the current model.

There has been such little time given to the individual Boards to form and move forward on their respective tasks before this recommendation to disband them has been made. For example, the four 2012 professions have only just seen the end of the 'grandparenting period' (though this work is not yet completed). Our strong recommendation would be to consider how the respective individual boards might work together on issues that are in common, thereby saving time and money, and allowing them adequate time to individually work on those issues that are specific to their own profession (for which substantial expertise is going to be required).

We do thank you for your consideration of the opinion of the FCMA and would be pleased to be involved in any ongoing discussions on this issue in the future.

Yours sincerely



Professor Tzi Chiang Lin, PhD. JP  
National President, FCMA

Prepared by:

Professor Tzi Chiang Lin, PhD, JP  
National President, FCMA

Dr. Kylie O'Brien PhD  
Vice-President Victorian Branch, FCMA

Dr. Sherman Gu  
Officer, FCMA