



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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FCMA Newsletter

December 2015

Dear FCMA members,

Enclosed in this newsletter are notifications from the FCMA Congress as well as the Board meeting which was held in Adelaide and the Annual General Meeting (AGM) held in Melbourne. All the latest news and developments related to the Chinese medicine profession and management from the government are also included so it is advised to read thoroughly.

1. The 4th FCMA Congress and Board Meeting

Directors of the FCMA Board and representatives from Victoria, New South Wales, Queensland, Western Australia, Australian Capital Territory and South Australia attended the meeting held on 30th August, 2015 in Adelaide, South Australia.

The Secretariat put forward documents from the FCMA's 2014 – 2015 administration, which included the President's and Secretariat report, the financial report and other meeting documents.

Secretary-General Dr Chi Jing Liu, chaired the meeting and expressed gratitude to the South Australian branch for hosting the meeting. The meeting was also introduced by each representative from each FCMA branch from different states and territory.

President Tzi Chiang Lin reported to all delegations with all updates and developments from FCMA during year 2014 to 2015.

2. CMA Annual General Meeting & The International Symposium 2015

The AGM and International Symposium was held on 22nd November 2015 in Melbourne. The theme of this Symposium was "Latest clinical developments in Chinese medicine". The Organising Committee of the Symposium invited experts from Yunnan University of Chinese Medicine to exchange the up-to-date information on Chinese medicine practice, aiming at improving practitioners' clinical skills and providing better personalised treatment to patients. The AGM summarised the activities in the past year and discussed the development planning of the association. FCMA members who participated in the AGM and the Symposium acquired 8 hours of formal continuing professional development (CPD).

The following guests were invited to attend the conference, Hon Bruce Atkinson, President of the Legislative Council. Professor Charlie Xue, Chair of Chinese Medicine Board of Australia (CMBA). Ms Debra Gillick, Executive Officer, AHPRA. Ms Anne-Louise

Calton, Manager of Health Practitioner regulation Department of Health Victoria and Mr Ken Smith, Former Victorian Parliamentary Speaker.

Professor Tzi Chiang Lin chaired the AMG and welcomed all members and invited guests to attend the event. Professor Charlie Xue, presented a report on the updated Guidelines for Safe Chinese herbal medicine practice in Australia which will be implemented from 12th November 2017 in a two-year transitional period dated from the publication of the guidelines on 12 November 2015.

Within this transitional time it is required that practitioners familiarise and understand the requirements in order to provide the general public with high quality and safe and effective Chinese Herbal medicine services. Charlie also answered any questions that attendees wished to be answered.

3. FCMA representatives meeting with CMBA member and AHPRA officer

Professor Lin and Dr Sherman Gu were invited by CMBA to attend the briefing “Guidelines for Safe Chinese herbal medicine practice” on 11 November 2015.

The CMBA community members, policy planning and Communication Committee Chairman Dr Anne Fletcher first introduced the drafted "Guidelines" as well as public consultation. Ms Debra Gillick, Executive Officer from AHPRA for CMBA thanked FCMA for its submission in the consultation stage. CMBA received a total of more than 30 valid submissions, which were taken into consideration for public safety use in Chinese medicine. A special technical advisory group was set up which included eight experts who made recommendations on the views of all aspects of the group regularly to CMBA.

President Lin was pleased that the submissions were reasonably being considered by CMBA in relation to the new "Guidelines" which requires the use of Pinyin for writing prescription and labelling of the herbs, rather than going with the previous draft in July 2015 which proposed to use botanical names of plants on the label and prescriptions of Chinese herbal medicines. Dr Gu mentioned that in the two year transitional period of the “Guidelines”, FCMA will be responsible for training those members so as to ensure a future of correct use of Pinyin for Chinese medicine prescriptions and labelling requirements.

4. Guidelines for safe Chinese herbal medicine practice

CMBA on November 16th 2015 released the “Guidelines for Safe Chinese herbal medicine practice”. Relevant documents and "Guidelines" followed as well as the “User guide - Nomenclature compendium for Chinese herbal medicine” and “Nomenclature list of commonly used Chinese herbal medicines”. The three documents mentioned above are available for download at the following links:

<http://www.chinesemedicineboard.gov.au/Codes-Guidelines/Guidelines-for-safe-practice.aspx>

CMBA requires that registered Chinese medicine practitioners and Chinese medicine formulations begin formal implementation of the provisions of the "Guidelines" from 12 November 2017. The most important requirement is on the dispensing of herbal medicine and its labelling including the use of Pinyin to name the herb used. All members should religiously follow these guidelines and implement them on a daily basis in practice.

FCMA will also organise seminars to instruct on the detailed interpretation of the provisions of the "Guidelines."

Dr Bill Fan in FCMA-NWS has developed the "Australian TCM records management system" (Smart TCM). This system has been operating around Australia including Sydney, Melbourne, Brisbane, Perth, Adelaide & Canberra for many years. The software has been undertaking valuable improvements and features continue to improve. Dr Fan's contact telephone number is: 0407943996.

5. Renewal of 2016 FCMA Membership

Renewal of 2016 FCMA membership is opened now. Please provide the following documents to fulfil the requirements from private health funds and CMBA:

1. Completed and signed "2016 FCMA membership renewal form";
2. A completed and signed "FCMA 2015 CPD record card". The record card has been supplied by FCMA. CMBA registration requirements are 20 CPD hours annually (which should include no less than 14 hours of formal CPD, 4 hours of Professional issues and non-formal CPD activities are not over 6 hours.
3. Valid professional indemnity insurance (PII) with premium of 5 million dollars or more per year.
4. Valid First Aid certificate.
5. Copy of valid AHPRA registration certificate
6. Evidence for payment of FCMA membership fee.

FCMA requires that updated contact information be supplied to avoid not receiving any relevant notifications, such as your email address, work address, mailing address, clinics and mobile phone.

Please note if you are not able to provide the above documentation, your membership level will be downgraded to associate member that will not be eligible for private health funds rebates status.

6. FCMA Statement for Report of Traditional Chinese Medicines

A recent study was publicly announced revealing unsafe and illegal substances found in 26 traditional Chinese medicines (TCMs) purchased from over the counter in Adelaide retailed shops or Chinese medicine practitioners clinics which has roused broad media attention and the public.

Professor Tzi Chiang Lin was interviewed by SBS and ABC News regarding this study. Professor Lin pointed out that FCMA appreciated the intention of the study but recommended to perform other auditing methods for TCMs. He and his colleagues questioned the finding of DNA of snow leopard, heavy metals and toxic substances contaminated on TGA listed TCMs products. Snow leopard has been protected as one of the endangered species in China and selling medicines containing snow leopard substances is a serious crime. Individuals found hunting and killing the snow leopard or tiger face the death penalty. The cost of snow leopard substances is extremely high and finds it unbelievable if a manufacturer is willing to face the risk of the death penalty by adding such expensive substances in low priced TCMs. Snow leopard has never been an ingredient used in TCMs. Such TCMs containing substances from endangered species are not only not allowed in Australia and China abide by strict laws and regulations. It has been reasonably doubted and arguably questioned as to the method used to detect DNA in this study and the possibility of a false outcome.

The data provided by the study was also inconsistent and it was shocking how a study with so many obvious errors could be published in highly reputable journal. For instance the report stated out of 26 tested TCMs, only 12 were listed with TGA, however in Table S1

which was provided in the report only 9 TCMs had an AUST-L number which meant only 9 TCMs tests were listed with TGA instead of 12.

TCM 8, which was the sample, found containing substances from snow leopard, did not have an AUST-L number, but was listed in table 1 and 2 as listed with TGA. There was no data reported for TCM 17 but it was included for interpretation of the findings by the study. Therefore, we further question the rigorousness and accuracy of this study and suspect the source of TCMs samples and whether the false positive result is caused during the test.

Both the study and media emphasised that 90 per cent of 26 tested TCMs were not safe for human consumption because of undeclared illegal and dangerous substances. However, as we mentioned above, only 9 out of 26 TCMs tested had AUST-L number listed by TGA. This sample is too small to be scientifically reliable, and the selection of samples that appeared to be targeted were biased rather than random which violated the fundamental principle of conducting a scientific research. Therefore, this study is not representative of the whole Chinese medicine profession. It presents with overgeneralised and misleading information to the public.

Professor Lin pointed out in the interview that practising Chinese medicine practitioners are required to be registered within the whole of Australia and are required to practice under the regulations of CMBA. Practitioners are not permitted to use or sell medicines that contain toxic substances exceeding TGA limit or substances from endangered animals or plants. The TGA have implemented strict standards and enforced these standards by stringent regulation. We also take this opportunity to appeal to the public to purchase TCMs with AUST-L numbers and make sure to purchase them from a reliable source. We are disappointed that this study is so misleading for the public and does not exclude the possibility to raise the accusation of this behaviour. Chinese medicine has thousands of years of history and we respect other forms of medicine. Professor Lin pointed out that many prescribed TCMs had hundreds of or even thousands of years of experience. These TCMs were repeatedly used to treat patients and could reproduce the same effect in curing a syndrome. Chinese medicine is scientific because this is a similar concept as science research. We should combine all forms of treatment as long as it can provide good effects in treating disease. It would be beneficial to patients to integrate both Western and Chinese medicine to provide care and treatment. After implementation of the Chinese Medicine Registration Act of Victoria in 2000, Chinese medicine practitioners have legal rights to practise in Australia and receive the same level of legal status as a general medical practitioner. Chinese medicine is now developing in the right direction under the regulation of CMBA and TGA. Professor Lin believes that Chinese medicine has a bright future in Australia.

Compiled by FCMA Secretariat