4th January 2012

Ms Debra Gillick
Executive Officer
Chinese Medicine Board of Australia
AHPRA,
GPO Box 9958, Melbourne, 3001.

Dear Ms Gillick

Re: Submission for the Consultation Paper on Proposed Codes and Guidelines

Having reviewed the consultation paper published by the Chinese Medicine Board of Australia (CMBA) on 21 November 2011, we, the undersigned in our capacity as registered Chinese medicine practitioners and clinical examiners appointed by the Chinese Medicine Registration Board of Victoria (CMRBV), wish to comment on the Board's proposal in relation to Codes and Guidelines, and make the following three recommendations.

1. We beg to disagree with the Board's proposed guidelines for **clinical records** for Chinese medicine practitioners. We believe that the requirements proposed on the subheading "*3. Information to be held with the patient record - Clinical details"* are impractical, time consuming and unfair to the Chinese medicine practitioners.

The "subheading 3 - Clinical details" in the proposed guidelines requires 14 items to be repetitiously recorded in detail on **each consultation**. These repetitive items on each consultation include "*Chinese medicine diagnosis, treatment principle(s), recommended treatment plan, any medicine prescribed, administered or supplied for the patient or any other therapeutic agent used (including name, strength, quantity, dose, instructions for use, number of repeats and details of when started or stopped); if supplied, the details recorded must comply with the standards of the profession"*

We believe that while it is appropriate to record comprehensively the above-mentioned information as required in the proposed guidelines in the **initial** and long consultation, it is tedious and an unnecessary waste of precious treatment time to rewrite the same details on every **subsequent** consultation. At present, the expected and correct procedure is to make enquiry about and record any significant changes and new clinical symptoms and signs that might have occurred since the previous consultation and treatment rather than to repeat questioning and recording the usually unchanged details such as personal, family, past and therapeutic agent histories. The current approach which has been authorised by the CMRBV[1] allows practitioners to devote more time on planning and executing treatment, and therefore should be adequate. There is certainly no evidence to suggest that this proven clinical recording method would fail to contribute to the safety and continuity of patient health care as implied in the proposed guidelines. To date,

[1] CMRBV 2007 Guidelines on patient records

CMBA is one of two boards within all regulated health professions in the National Registration and Accreditation Scheme (NRAS) to propose such guidelines which undoubtedly place extra burden on the practitioners. Yet, other professional Boards which have been in the NRAS for longer than 17 months, such as chiropractors, dentists, medical practitioners, nurses and midwifes, optometrists, osteopaths, physiotherapists and psychologists, do not see fit to impose such guidelines on their registrants in regard to clinical records.

We suggest that the Board reconsiders the requirement of comprehensive clinical records in subsequent visits in the proposed guidelines or adopts the *Guidelines of Patient's Records* issued by CMRBV.

2. Advertising of Qualifications and Titles

2.1 As a guideline for the purpose of advertising, we suggest that the practitioner's name be immediately followed by the abbreviated degree and then in parentheses a reference to its discipline of study. Further, a standard terminology should be adopted. Thus "Chinese Medicine" refers to those who have completed full programs, which include both Chinese herbal medicine and Acupuncture and are registered in both divisions. The other graduates are single-division registrants in either Chinese herbal medicine or Acupuncture. This would clearly inform members of the public that the practitioner is either a Chinese herbal medicine practitioner or an acupuncturist or both, as distinct from a western medical practitioner particularly when the honorary title "Doctor" is being used.

2.2 Honorary Title Doctor (Dr)

We would like to recommend that the honorary title "Doctor" be used by practitioners who have a Chinese medicine related degree which is used as a qualification for registration and are registered in both Chinese herbal medicine and acupuncture. Those who are registered in only one division (Chinese herbal medicine or Acupuncture) may not use such a title. In China Chinese medicine and western medicine are the two mainstreams of health care system regulated by government. Chinese medicine practitioners are accorded the honorary title "Dr" in the same way as the western medical practitioners for their services to health care within or outside public hospitals in a nation with a population of over one billion. Furthermore, Chinese medicine has long been recognised and promoted by the WHO as a legitimate medicine system. Since other health care practitioners including medical practitioners, chiropractors, osteopaths and dentists are accorded the honorary Doctor title according to the *Guidelines for Advertising of Regulated Health Services* published by the AHPRA, it is only appropriate and fair that Chinese medicine graduates registered in both divisions be permitted to use the honorary title "Doctor", for example:

- Dr Jim Brown BMed (Chinese Medicine)
- Mr. John Brown BHthSc (Chinese Herbal Medicine)
- Mr. Joe Brown BAppSc (Acupuncture)

2.3 Other Academic Doctoral Qualifications

2.3.1 Practitioners holding a doctorate degree such as PhD, MD and DSc from an approved higher education provider as listed in Part 2-1 Division 16 of the *Higher Education Support Act 2003* (Cwlth) or an overseas institution with an equivalent

accreditation status, may also use the title "Doctor" by including a reference to their discipline of study/research enclosed in parentheses, for example:

- Dr Joe Brown BAppSc (Acupuncture) PhD or MD or DSc (Acupuncture)
- Dr John Brown BHthSc (Chinese Herbal Medicine) PhD (Anthropology)

(Although Mr. Joe Brown and Mr. John Brown are registered in a single division, but if they also have a doctoral qualification, whether it is in Acupuncture or Chinese Medicine or Anthropology, they may use the title "Dr" in advertisement as it is a recognised academic title. However, the mandatory reference to the discipline of study after the title leaves the public in no doubt that Joe has an Acupuncture-specific doctorate degree, and Dr John Brown's doctoral qualification is unrelated to Chinese medicine)

Based on the above comments 2.2 and 2.3, the **commonly** seen description in newspaper advertisements and business cards shown below for practitioners registered in both Chinese herbal medicine and Acupuncture is incorrect as it has the potential of misleading members of the public into believing that the practitioner holds a doctoral qualification in Chinese medicine when he has not:

- Dr Jim Brown (Dr of Chinese Medicine) is incorrect. Instead it should be:
- Dr Jim Brown (Chinese Medicine)

(This is in line with the advice given by the Psychology Board of Australia to its members that the description "Dr of Psychology" after the name of the practitioner applies to only psychologists holding a doctoral qualification)

2.3.2 Currently the Board mainly focuses on adjudicating on the merit of Chinese medicine graduate qualifications for purpose of accreditation. We suggest that the Board reserves the right to investigate the legitimacy of some Chinese medicine doctorate degrees, e.g. PhD and MD which might have been obtained from non-accredited or dubious education providers from overseas.

3. Professorial Titles

We agree with the Board's proposal with respect to the life-long use of the title Emeritus Professor. However, we notice that there is a prolific abuse of the title Professor in Chinese medicine advertisements in Australia. Most of these were temporary titles conferred to Australian Chinese medicine practitioners either for the period of their past visits to Chinese medicine universities, or when they were working as senior Chinese medicine clinicians in hospitals in China before they immigrated to Australia. In other words, the great majorities of these titles are no longer current. Our view is that the Board should enforce strict currency as the legitimate basis in the advertising guidelines. Perhaps, the word "Current" together with Visiting or Honorary and the name of the conferring institution should also be included.

In conclusion, we support the proposed "Draft Advertising Guidelines", "Draft Code of Conduct for Registered Health Practitioners" and "Draft Guidelines for Mandatory Notifications" and thank the Board in anticipation for considering our comments.

Yours sincerely,

Dr Thomas P Cheung PhD

Dr Sherman Gu BMed (Chinese Medicine), MAppSc