

## Consultation on draft guidelines for safe Chinese herbal medicine practice

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28 May 2014

### Responses to consultation questions

Please provide your feedback as a Word document (not PDF) by email to [chinesemedicineconsultation@ahpra.gov.au](mailto:chinesemedicineconsultation@ahpra.gov.au) by close of business on Wednesday, 23 July 2014.

#### Stakeholder Details

If you wish to include background information about your organisation please provide this as a separate word document (not PDF).

<b>Organisation name</b>
Miracle Chinese Medicine & Acupuncture
<b>Contact information</b> (please include contact person's name and email address)

#### Your responses to consultation questions

<p><b>Guidelines for safe Chinese herbal medicine practice</b></p> <p><i>Please provide your responses to any or all questions in the blank boxes below</i></p>
<p>1. Do you agree that these guidelines apply to all medicines prescribed and/or dispensed by Chinese medicine practitioners?</p>
<p>I think this guideline should be applied to all herbal medicines prescribed, including Chinese medicine and any other herbal medicine by all health practitioners.</p>
<p>2. TGA nomenclature guidelines require the botanical name to be used for herbal products in manufactured medicines. Pinyin and/or Chinese characters are more commonly used for Chinese herbal medicine prescription writing and dispensing. The use of Chinese characters alone makes it difficult for patients and other health practitioners to understand what medicine the patient is taking. For Chinese herbal medicine prescription writing, do you agree that pinyin or the pharmaceutical name should be used as an alternative to the botanical name, with the addition of Chinese characters where necessary? Is this guideline practical to implement? If you disagree, what alternatives do you suggest?</p>
<p>Hand writing prescriptions using Chinese characters is the most common and nature way for those Chinese Medicine practitioners who original educated and graduated in China. However, many of them may not be able to write Pinyin without a Chinese dictionary, especially for those who have been in</p>

practice for several decades and contributed most to the public health with safety in the Chinese medicine field.

In my opinion, this requirement is not practical to a very large extent!

During clinical practice, I found that not every patient requested a prescription. However, we still gave the patient the Chinese character prescription as for the patient's reference or keep a record. I would suggest that we provide the prescription with Pinyin name and/or the pharmaceutical name on request only, just same as the requirement for patient records? As for the clinical consultation record, the prescription can still be written using Chinese characters.

As for my own daily clinic operation, I do not have any problem with these requirements as I am using Smart TCM computer software for my clinical record management. Smart TCM software has all the necessary functions to fulfil all the patient record requirements.

3. Zhao et al (2006) identified that up to 27 per cent of Chinese herbs are sourced from multiple species, making it impossible to accurately identify the species used if the herb is identified only by pinyin, Chinese characters or pharmaceutical name. Best practice is to label herbs supplied to a patient by the botanical name to allow for accurate reference to drug-herb interaction databases, accurate tracking of potential adverse events and the informed use of evidence from pharmacological research.

Do you agree that herbs should be labelled according to their botanical name?

If not what alternative do you recommend to address these safety issues and remove ambiguity in labelling?

No, I don't think this is practical.

I found that there are herbs in the list of "[Chinese-Medicine-Board---List---Nomenclature-list-of-commonly-used-Chinese-herbal-medicines.XLSX](#)" are using the same botanical name even though they are indeed different Chinese medicines. Some of them are different parts of the same plant but they have different properties, hence they are used for different treatment purpose. It can not accurately identify these herbs as expected if we use the botanical name for labelling. In fact, I see it will cause unnecessary confusion.

The following are a few examples:

1. 合欢皮(Hehuanpi) and 合欢花(Hehuanhua) → Albizia julibrissin Durazz.
2. 大腹皮(Dafupi) and 槟榔(Binglang) → Areca catechu L.
3. 肉桂(Rougui) and 桂枝(Guizhi) → Cinnamomum cassia Presl
4. 陈皮(Chenpi), 青皮(Qingpi) and 橘核(Juhe) → Citrus reticulata Blanco

In the examples above, either the Chinese characters or the Pharmaceutical Latin name are the unique identifier for those herbs.

4. Are the labelling requirements practical to implement?

Without a suitable computer software, I don't think the labelling requirements are practical.

In addition, as indicated in the answer to question 3 above, the botanical name in the cross reference list is not sufficient to uniquely identify the individual Chinese herb.

5. Is the required information for prescriptions appropriate?

I don't think the DOB of the patient should be required in the prescription, the age number can be used instead, or we can list the wording of "Adult", "Teenage" or the actual age if the patient is younger than 10 years old. Please note, the DOB information is not listed in the sample prescription in Appendix 3.

6. Do you agree with the circumstances in which a medicine may be supplied for self-medication?

In section 4.10 of the guideline, the dispenser is required to keep a record with the “name and contact details of the prescribing practitioner”. However, in the case of a consumer provided a prescription was sourced from overseas and only with the patient’s name(that is with none of the practitioner’s detail listed), should the prescription be dispensed? In this case, should it be sufficient to only record the consumer’s contact details and his/her signature for acknowledging the missing information?
7. Do you agree with the limited role of dispensary assistants as outlined in section 5 of the guidelines?
Yes.
8. Are there any additional requirements which should apply to the management of a Chinese herbal dispensary?
No comment.
9. Does the sample label and prescription assist in understanding the requirements set out in the guidelines? Should any other examples be used?
Yes.
10. Taken as a whole, are the guidelines practical to implement and sufficient for safe practice?
Without the suitable computer software, I don’t think the guidelines for the prescription and labelling are practical at all!
11. Is the content flow and structure of the guideline helpful, clear, relevant and workable?
Yes.
12. Is there any content that needs to be changed or deleted?
No comment.
13. Is there anything missing that needs to be added?
No comment.
14. Do you agree with the proposed 12-month transition period and if so is this period adequate?
I think it can be reduced to 6 months.
15. Should the review period for the guidelines be two, three or five years?
I suggest it should be two years.
16. Do you have any other comments on the draft guideline?
No comment.

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