REPORT OF PROCEEDINGS BEFORE

COMMITTEE ON THE HEALTH CARE COMPLAINTS COMMISSION

INQUIRY INTO TRADITIONAL CHINESE MEDICINE

At Sydney on Wednesday, 31 August 2005

The Committee met at 11.00 a.m.

PRESENT

Mr J. Hunter MP (Chair)

Legislative Council	**Legislative Assembly**
The Hon. Dr P. Wong	Ms T. R. Gadiel
	Mr A. F. Shearan

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KIT SUN LAU, Medical Practitioner, Past President of the New South Wales Medical Acupuncture College, 9th floor, 187 Macquarie Street, Sydney 2000, and

ROBERTA THERESE CHOW, Medical Practitioner, Past President of the Australian Medical Acupuncture College, Castle Hill Medical Centre 269-271 Old Northern Road, Castle Hill, sworn and examined:

CHAIR: Would you state the capacity in which you are appearing before the Committee today?

Dr LAU: I am a medically qualified doctor. I was the president of the New South Wales Medical Acupuncture College until last month, because we rotate every two years, so I am the past president.

Dr CHOW: I am a medical practitioner. I am a past president of the Australian Medical Acupuncture College, a past chairman of the education committee and the research committee. I am currently undertaking a PhD in laser acupuncture from the University of Sydney.

CHAIR: Dr Lau, we received a submission from your organisation. Is it your desire that that submission form part of your formal evidence today?

Dr LAU: Yes, it is.

CHAIR: Seeing that we are running late for time, do you have a short opening address that you would like to give or would you like us to proceed directly to questions?

Dr LAU: I would like to say a few words before we start. The reason we are here is because we feel it is our responsibility in the interests of medicine on the whole, both internationally and in Australia, that TCM medicine should be practised safely and the people who practise it will have sufficient training or expertise to practise safely as primary care practitioners. Unfortunately, at this moment there are lots of variations in that respect. As medical doctors we have formal training, but unfortunately with traditional Chinese medicine practitioners, they come from various backgrounds. I have been practising medicine for over 50 years now, first in Malaysia in general practice, and I still practise as a general practitioner, but mostly in acupuncture and traditional Chinese herbal medicine, so I have seen lots of problems, lots of ups and downs in the course of practising medicine over the last 50 years.

I think the main issue facing us today is to try to incorporate these traditional therapies or other complementaries into mainstream medical management of the patient because they are extremely valuable. I can speak from my own experience. There are lots of problems which I would treat with Chinese medicine rather than western medicine. For example, my daughter had the flu this last few days ago and I gave her one or two doses of Chinese herbs and by the afternoon she was well. Mostly, if you take aspirin it would take you three or four days. You think about it. I am not promoting Chinese medicine, but I think that in short if you give things appropriately they can be beneficial.

The danger I feel at the moment is, in spite of all the publicity about all the side effects, I think the biggest danger facing these complementary therapies and to do with Chinese medicine is the inability to diagnose serious, life threatening illness, because if a patient comes to me and suddenly has a heart attack during the course of treatment I should identify it and if I am a doctor I can rush them off to hospital. I would refer them to someone who can deal with it.

There is also often a life threatening illness, like arteritis, it is very common with headaches, and if you miss it the patient can go blind, cancers can be missed and it can be too late to have an operation and so on and so forth. I can go on with a long list but to save time I think that is enough to illustrate my point. There is also the second danger of interaction between Chinese herbs or other herbs with conventional medication. Many of them are not complementary. If you give Chinese

herbs, if people are on Warfarin you could overdo it and the patient will bleed to death or vice versa. So these are the main points.

I would like Roberta to say a few things about our college and our registration.

CHAIR: Certainly.

Dr CHOW: I would certainly reiterate Dr Lau's thrust. That it is not so much the problem with traditional Chinese medicine per se. It is the practice of Chinese medicine and acupuncture in the absence of appropriate training in western medicine. If you are going to regulate practitioners, and in particular register them, then this Committee has to make a decision as to whether TCM practitioners with the current level of registration are going to be able to practise safely. And I would reiterate Dr Lau's position that they are not sufficiently trained to make diagnosis of apparently benign symptoms, difficulty with breathing, a cough, a headache. TCM practitioners are not trained in that way.

Often they will say, "Well, they would have seen a doctor first", but not necessarily. In fact, at least 25 per cent do not see a doctor first. So I think the main issue is how can you make TCM practitioners safe, primary care practitioners, because that is what is going to happen if they are registered if they do not know how to make differential diagnoses in western medicine.

It is not so much the safety of TCM. Anybody can be taught how to insert a needle safely. You could do it in five minutes. It is knowing what to do with the needle and what to do with the symptoms that the patient is presenting with. That is really the nub of this, and I think the question of how much TCM practitioners need to be trained to be safe has not been addressed, and it has not been addressed in any of the documents that the TCM people have produced and it also raises the question of can TCM practitioners currently make western diagnoses, and they cannot, or they should not. They might be doing it, but they should not and they are not trained to do that.

In the guidelines for traditional Chinese medicine, it is part of the training that they use stethoscopes, blood pressure machines, they check reflexes, use an otoscope. Since when have these instruments been used in traditional Chinese medicine? So I question what level of training will make these practitioners safe in the context of primary care medical practice in Australia, and I think there will be a double standard. There will GPs having to jump hoops 20 metres high and TCM practitioners jumping one metre high.

In addition to that, this whole registration process is not prefaced on efficacy, for which the evidence is still limited, but growing, and Dr Lau would certainly agree with me that we believe this is a wonderful therapy and if you relegate it to the back blocks and you alienate the medical people and you keep it as a separate mode of practice, it will be marginalised, because the forces in medicine are such that they would not accept a separate development. The way forward we believe is to integrate it and get these practitioners trained in western medicine so that they can function separately as primary care practitioners, full stop.

CHAIR: I think you have answered the first question we had for you, that was the college's position on the registration of traditional Chinese medical practitioners who are not medically trained. Are you in favour of medical doctors who practise traditional Chinese medicine having to apply for registration with a statutory registration body for traditional Chinese medicine?

Dr CHOW: The answer is no. We do not believe there are any grounds whatsoever to train medical practitioners in any board or regulation system, absolutely not. Our college has been around for almost 30 years. We have training, education, examination. In fact, we are actually in the legislation of the Medicare Benefits Schedule to advise the Government and the HIC Committee on the practice of medical acupuncture by doctors, and I am happy to tender that. You can have that. We are named within the legislation and we are also involved in the joint consultative committee for managing it. Not only that, we have the Medical Board to answer to, which as you know is certainly not light in its tapping us on the hand if something goes wrong.

So we have multiple controls on us, and in addition to that, and you will no doubt hear criticism from the TCM practitioners about how we have weekend courses and dodgy courses. In fact, in the last year we have instituted it again, it is stated in the Act that doctors who practise acupuncture must practise "in ongoing quality assurance and continuing professional development requirements to maintain eligibility". So we have taken very seriously the fact that doctors needed to be upgraded in their qualifications in acupuncture and we have done so and that is now a fellowship, and we have a fellowship examination. Dr Lau, do you want to expand on the requirements for our fellowship?

Dr LAU: Yes. At the moment we have all upgraded our standards. We are lifting the bar every year. At the moment, those doctors who wish to attract full benefits for medical acupuncture have to pass the primary exam, the fellowship exam that is established by the college. In the past they could attend a week course or a one day course, but you cannot do that any more. That is history now. So we have established world standards and it takes at least a year or more and a few hundred hours requirement before they can sit for the exam, and there is a part two exam which takes about three or four years before they sit for that.

CHAIR: So in your case you think the Medical Board - you mentioned them earlier - should set the educational standards for traditional Chinese medicine?

Dr LAU: I do not know about the Medical Board, but, Roberta, remember the one in Victoria?

Dr CHOW: I do not comment on that. I believe that to adequately comment on these matters one needs dual expertise and the way this system is run is you have the western trained doctors rubbishing acupuncture, rubbishing TCM, you have the TCM doctors rubbishing doctors and rubbishing the practice, so you have not had any meeting between the two. In particular, the Victorian legislation was really set up independent of any - almost nil medical input, so that the idea that you have a separate Chinese medicine registration board without any medical input whatsoever I think is a very flawed model, and the Victorian model that was developed on the basis of Professor Bensoussan and his co-author's work I think is also very flawed and that will be put to you as being the archetypal standard which should be looked to. I would strongly suggest that this is not the model that should be looked to and there are serious flaws with especially some of the matters pertaining to doctors' practice that I do not think should be taken into consideration. So I think there should be a joint committee with people with dual expertise.

CHAIR: To set standards?

Dr CHOW: Yes.

CHAIR: How many members does your organisation have and in what locations do they mainly practise?

Dr LAU: At this moment we have more than 650 qualified members of our college. We have excluded a lot of those who are not qualified, so therefore we have cut down on the numbers a bit, but it is growing again because we are pushing now to train more doctors so they can clear the exam and increase our numbers and they are accountable to standards all the time.

Mr SHEARAN: Can you estimate the proportion of patients who seek treatment or use traditional Chinese medicine?

Dr LAU: When you talk of patients, is it the population at large, because we have no idea how many people go and visit the people who we call Chinese herbalists, and then we have the people who are trained and they are doctors. We do not really know that, no.

Mr SHEARAN: Can you estimate it in your organisation then?

Dr LAU: As far as my patients are concerned, 100 percent, 99.9 maybe. There may be one

maybe not.

Dr CHOW: I can tell that you there were 600,017 consultations for acupuncture related items in the last year, from 2004 to 2005, given by medical practitioners.

Mr SHEARAN: When you say medical practitioners, do you mean generally or medical practitioners--

Dr CHOW: Medical practitioners who are qualified to practise acupuncture, but they are the only ones presumably who would be administering Chinese medicine. The answer is we do not know for sure, but if you can regard the practice of acupuncture, for which we have quite accurate and detailed data, 600,000 people attended doctors and had acupuncture. Now, out of how many consultations I cannot tell you.

The Hon. Dr PETER WONG: I think the Committee would like to know - I gather your members all practise acupuncture - what proportion of them practise traditional Chinese medicine?

Dr LAU: I cannot tell you that.

Dr CHOW: This is an interesting philosophical point. What is traditional Chinese medicine and what is acupuncture? Can they be separated? Can you practise acupuncture without some knowledge of traditional Chinese medicine? I mean this is a spectrum. You get people who practise at one level where they might use a meridian based knowledge. That is traditional.

The Hon. Dr PETER WONG: However you define it, for the benefit of the Committee, when you say medical acupuncturist are you talking of someone who has western medical training and practices traditional Chinese medicine, whatever you call it?

Dr CHOW: You cannot separate them like that. I think you are trying to separate something which is intrinsically not separable. For example, I might see a patient with tennis elbow for which I might apply simple local treatment which involves needle acupuncture points, and then I might see another patient who is not sleeping well and he is tired, I might use traditional Chinese medicine, and that might fluctuate according to the time. I think this desire to separate it is really extremely hard.

The Hon. Dr PETER WONG: I am not trying to separate it. I am only asking you what is your membership proportionally, however you define it?

Dr CHOW: 100 per cent then.

Mr SHEARAN: I suppose the question has to be asked then: The function of your organisation or college, what is its purpose then? I suppose the basis is that, one, you have to be medically qualified and, two, that you on occasion practise traditional Chinese medicine. That is the essence of it I guess.

Dr CHOW: The aim of our organisation is to educate, to provide training, to provide political representation, to apply standards, to apply continuing education, to develop research strategies, to educate both at the undergraduate, post graduate and professional development. They are the aims of our organisation.

The Hon. Dr PETER WONG: Are you advocating then that only people who are trained in western medicine should be able to practise traditional Chinese medicine in Australia?

Dr LAU: I think you have to turn the thing around the other way and say that people who practise traditional Chinese medicine who want to be safe practitioners should be adequately trained in western medicine. Even in China today, I have some information from a document to say that 60 per cent of people still practise western medicine and 40 per cent practise traditional Chinese medicine, and even in the universities and in traditional training, a significant proportion of the

training is in western medicine. That is compulsory. They cannot just train in traditional Chinese medicine.

Traditional Chinese medicine, acupuncture has a history of about three or four thousand years, but herbal medicine has only come into practice since the Sung Hang time, which is only about 700 years ago, and ever since then, even today, the scholars cannot decide how you interpret those documents, but as I read in this report, it says that a lot of people actually use traditional Chinese medicine as part of their daily food. In my family we often put some lyceum or things like that into making a soup or part of the food that we eat, and they often go to the herbalist, which is more like a pharmacy than a real practitioner. Some of them are practitioners, some of them are just pharmacists, they sell everything, and a lot of these things, if you walk into any of these shops of so-called herbalists, you see they do not only sell herbs, they sell everything, like a pharmacy.

The Hon. Dr PETER WONG: Dr Lau, I am obviously not clear. Is your organisation advocating that only doctors who have graduated in western medicine can practise traditional Chinese medicine or are you also advocating, it seems to be, a separate stream in which a person can learn traditional Chinese medicine?

Dr LAU: Without western medicine?

The Hon. Dr PETER WONG: No, not without, with an understanding of western medicine as a background. Are you advocating only the first argument or would you be happy to see the two streams of learning coming together?

Dr LAU: Yes, I would say it is my personal viewpoint, okay, I think all these present day springing up like mushrooms of complementary medicine therapies, I think we should all have a basic medical education first, like the MB BS and then if you want to specialise in surgery or if you want to specialise in traditional Chinese herbal medicine or acupuncture, go ahead, because then you have a sound basis to be safe, and then if you are passionate for something, go ahead. I think that is the ideal, but we are not living in an ideal world, so where you draw the line, I am not here to advocate that.

Dr CHOW: Could I make a comment about that as well? I think Dr Lau's last statement is correct, that the ideal situation is that you have training in both areas, because in this century, in this millenium, to be practising something with the absence of knowledge, and the absence of knowledge is the absence of clinical medicine, there are more appropriate western medical diagnoses, until you address that question how are you going to make the TCM practitioners safe. Their courses - there is their science course, basic sciences, western medical science, but no other western medical science degree, including medical science, prepares clinicians. Preparing clinicians is specific training. Just because you do anatomy, physiology, those sorts of things, it does not make you clinically competent. In most of these courses they spend three years learning anatomy and physiology and they do that. Clinical training must be separate and it must be very specific towards diagnosis, and if you are going to give TCM therapists the imprimatur of credibility and let them go out and set up as primary care practitioners, then they have to be equipped to deal with anything. People do not come in and say, "I have got a TCM diagnosis". They come in with a cough, they come in with a headache, they come in with bleeding. How are they going to be trained to know whether a headache is a brain tumor or just a headache? That is the question.

CHAIR: In response to that, in your practice and the practices of people who belong to your college, on how many occasions when a patient presents do you decide that this person can be treated by traditional Chinese medicine or you treat them with western medicine?

Dr LAU: 100 per cent.

Dr CHOW: Absolutely, 100 per cent.

CHAIR: All of them?

Dr LAU: I screen them for western medicine before I start my first treatment.

Dr CHOW: Absolutely, and I am sure Dr Lau and I both have experienced people coming in with symptoms and they come because they are coming to have their backache treated and they are not feeling very well, and I had this experience just recently. This woman came in, I see her regularly, she had a backache, she said "I am here for my backache". I said, "You don't look very well". She said, "Oh, I feel a bit off". I know this woman has suffered from atrial fibrillation. I said, "Have you had any palpitations?" She said, "No, no, not really". I put my hand on her pulse, she had atrial fibrillations. I had to send her straight to hospital to have cardiac version.

This is not quite apropos of your question, but it is the essence of what you have to as a committee decide. If that person did not know about atrial fibrillation, even if they knew about atrial fibrillation, what were they going to do? Ring the person's GP? The GP will have some antipathy towards the fact that a TCM practitioner is telling them that somebody has got AF. So this is the essence. Dr Lau has this reality.

I do not see how you can practise traditional Chinese medicine as a primary care practitioner without being trained in western medicine and to do it safely.

The Hon. Dr PETER WONG: You are saying that regardless how many years, if a university is to provide an undergraduate course in clinical medical knowledge, maybe taking your example, you are still saying they would be unsafe to practise primary care, and therefore the logical conclusion I come to is you obviously accept that unless you have a degree in western medicine you should not practise TCM?

Dr CHOW: In Australia, in 2005, yes.

CHAIR: I think we have dealt long enough on that issue and we are quite clear on what you are saying now. Can you tell us what is the level of potential danger to a patient from medication given as part of a course of treatment in traditional Chinese medicine?

Dr LAU: The level of danger really basically boils down to the same answer of training. I mean there are lots of dangers in any form of treatment, whether western medicine or traditional Chinese medicine practice. The immediate thing facing you is the interaction between different pharmacological agents and Chinese herbs, and this is a new area which is emerging, because more and more people are seeing herbalists and taking pharmacological agents from their specialists or doctors. So that really depends on the amount of training the practitioner has. If you are aware of this, that is the first step, and if you have more expertise in this area, or more education, then you can become safe. It is all relative. Safety is a relative thing. When you go on the road there is always the danger, but you still go on the road.

CHAIR: All of the other questions that we had prepared to ask you stemmed around similar areas and I think your statements in answering the first few questions have been quite clear.

The Hon. Dr PETER WONG: I would like to make a comment. As Dr Lau was saying, the drug interaction is something relatively new and, Mr Shearan, you know yourself, despite our efforts everywhere to seek the truth, there was limited knowledge of the drug interaction between western medicine and herbal medicine. Therefore, no-one is wiser in this regard than the TCM or the western practitioners. I would rather think no-one is wiser on the drug interaction of recent times than academics at universities, such as Dr Bensoussan. However, I would also like to say as a practitioner in no doubt western medicine overall, I am more competent than in traditional medicine, if nothing else, serious potent herbal medicines with a very toxic effect are generally screened out in Australia. What I as a doctor see everyday in my practice, almost 99 per cent from the western medicine, is toxic side effects, allergies, and recently we had the example of thalidomide, and as much as medicine must have side effects, overall again the experience that we discover across many countries is western medicines have more side effects and are more dangerous.

Dr LAU: I do agree. That is why I am practising Chinese medicine more often than

pharmacological western medicine. As I said at the beginning, I would use Chinese medicine for a lot of things because I think Chinese medicine is probably the best preventative medicine, but today what we are trying to say is that when you are a primary care practitioner you have to diagnose an illness as well as the skill of practising and prescribing herbs or Chinese medicine when it is relevant. It all depends on the level of training.

CHAIR: So what you are saying to us today I gather is that before people practise all forms of traditional Chinese medicine they should be fully trained as a western doctor?

Dr LAU: Yes.

CHAIR: How does that extend to people who are dispensing medicines and herbs currently? What kind of training do you think they need to dispense those? People can just walk into a shop now and purchase certain products.

Dr LAU: As I said earlier, a lot of us just buy things from Chinese herbalist shops. It is traditional. A lot of Chinese people do that. Unfortunately, some of us have lost the culture because we live in western countries. For people living in an Asian country, it is a natural thing. They walk in to buy an aspirin, they will go and buy something to build up their energy or whatever, or if I have too much heat in the body and I just need something to cool myself down, and it works beautifully. I do not want to spend too much time on Chinese herbalist shops. I can list a lot of cases where they are outstandingly superior to western medicine, but that is not the point today.

What we are trying to put across is that initially when the patient comes to us we are able to identify serious illness, and even during the course of treatment. Only last week I had a patient I was treating for minor pain and suddenly she started to have pain in the whole chest. So immediately I rushed her down to the x-ray department in the building and, sure, she had an enlarged heart. I sent her to a cardiologist straight away, but if I were not trained in western medicine, I would say, "Oh, well, I will give you some needles or some herbs".

CHAIR: So your concern is not so much about the availability of the medicines, it is in the actual diagnosis and prescribing of medicines and the treatment?

Dr LAU: The first step in treatment is diagnosis, second is diagnosis, and the last step is still diagnosis, but if you do not know diagnosis, how do you treat?

CHAIR: If this Committee was to decide the Government should register the practice of traditional Chinese medicine but go down the Japanese route, only registering those people who had trained in western medicine, what would we do to the people who are out there currently practising? Would we close them down, give them time to train?

Dr LAU: I think so. A government should provide facilities for them to train in western medicine. That is really my sincere recommendation.

The Hon. Dr PETER WONG: Dr Lau, I have got a question and do not think--

Dr LAU: No, that is okay.

The Hon. Dr PETER WONG: I am not necessarily the devil's advocate.

Dr LAU: Sure.

The Hon. Dr PETER WONG: As you know, those who train in Chinese medicine nowadays in China, Japan, Korea, Hong Kong, Singapore, take five years to learn traditional herbal medicine.

Dr LAU: Yes, I understand.

The Hon. Dr PETER WONG: The argument also for them, as in many countries, is that western trained medical practitioners should never prescribe herbal medicine because they are not trained to prescribe them.

Dr LAU: Yes.

The Hon. Dr PETER WONG: Can you not argue also that with only a little bit of knowledge of Chinese herbal medicine, you should not prescribe Chinese herbal medicine?

Dr LAU: Okay, I can answer that. You see, I have been practising it for about 20 years now and I study and I think you can gain a lot from peers who trained me. They were from China. I spent a few years under their guidance and training and I am well aware of the dangers, I am well aware of my limitations. I would not prescribe aconite for example. As a fully qualified and trained five years practitioner, I never use echinite. It is not safe if you do not use it properly.

The Hon. Dr PETER WONG: Is it not also true for a traditional Chinese medicine practitioner. I have been learning for many years. I know what treatment not to do, whatever western medicine, and they are just as good to treat, to practise.

Dr LAU: No, I do not think so. Let me put this on the record, okay. I think a lot of things in Chinese medicine usually do not take that long to learn. I can tell you this from my own experience. You can participate, as long as you know your limitations. You are not going to extend yourself to treat things like cancer and things which are incurable and all of those things, right, but there are a lot of things which I use everyday. For example, if I have got the flu, I use it. If I have a patient who has a mild reactive depression, they do much better with the Chinese medicine. The proof is in the results, and you can train for 50 years, it does not matter. If you do not understand what the patient has, you will not get the results.

The Hon. Dr PETER WONG: Is it not the same argument by the Chinese medical practitioner? We know what we should not be using. We learn enough not to do harm to patients.

Dr LAU: I am talking about the initial life threatening illness, the diagnosis. I am not arguing that they should not practise or should practise, all right. What you are trying to say is that doctors should not practise Chinese herbal medicine.

The Hon. Dr PETER WONG: No, I am not. I am talking--

Dr LAU: What are you implying? What I say is doctors should learn Chinese medicine because that will enhance and widen their scope and there is no harm.

The Hon. Dr PETER WONG: I will put the same question to you. At least in Taiwan, Singapore and indeed in China if you are not trained in TCM you are not allowed to prescribe herbal medicine.

Dr LAU: That is right. I understand that, but this is Australia, it is not China.

Dr CHOW: Could I reinforce that? This is Australia. This is--

The Hon. Dr PETER WONG: And therefore--

Dr CHOW: --on a whole different basis.

Dr CHOW: The practice of Chinese medicine should be integrated with the western medical practice. We can form our own--

The Hon. Dr PETER WONG: You do not know that.

Dr CHOW: Yes, we do.

The Hon. Dr PETER WONG: We do not know anything about Chinese medicine.

Dr CHOW: Who does not know?

The Hon. Dr PETER WONG: Have you undergone undergraduate training?

Dr CHOW: I have a Masters from the Chinese Medicine Department from AMRT, the non-medical department. Yes, I have.

The Hon. Dr PETER WONG: Is it good enough?

Dr CHOW: I believe so, but not for clinical practice. So my point to you is that this is really an examination of where traditional Chinese medicine practitioners fit into the Australian setting and our level of acceptance. I would not want to impose the levels of safety in China or in Taiwan.

Dr LAU: If you were a graduate from America, you are a professor of medicine, you still cannot practise in Australia until you pass that exam, and my fellow cardiologist just went to Boston to get further training. He had to get a green card. He had to pass that all over again. He did it once and he had to pass it a second time to qualify to allow him to practise in America and even though he has already specialised. So I do not see why Australia cannot enforce a better standard. Why can we not achieve higher levels of education? Why do we want to shut our eyes and ears to something which is valuable? What you are advocating is to stop doctors practising Chinese medicine, so that there is no assessment of the provision of Chinese medicine -- no, let me finish -- we cannot apply China and Singapore. It is a political thing because they have--

The Hon. Dr PETER WONG: Dr Lau, I am saying exactly the opposite, that we both can learn.

Dr LAU: We both can learn. That is what I am saying.

The Hon. Dr PETER WONG: The Chinese medicine practitioner can learn western medicine.

Dr LAU: That is what I just said.

The Hon. Dr PETER WONG: It is safer. However, we have to respect each other for the profession--

Dr LAU: Of course I respect them. I learn from them. Why wouldn't I respect them?

Dr CHOW: But it is a question of patient safety and drawing the line about patient safety, and although philosophically we understand that, there has to be a decision about what is acceptable here, and I think the model is an integrated model, where TCM people can go ahead and do a post graduate degree. That is what I think they will be doing.

CHAIR: I will make it quite clear. Dr Wong said he was playing devil's advocate--

Dr CHOW: Yes, yes.

CHAIR: --so that we could explore the whole area.

Dr LAU: I would just like to add something. Give me one minute. I did a Chinese medicine stream and a lecturer there who was lecturing in Chinese medicine was reading from a book. I could have taught better Chinese medicine. I knew more about it than that.

CHAIR: Interestingly, in Singapore if you are a western trained medical doctor you cannot practise traditional Chinese medicine--

Dr LAU: I know. It is politics.

CHAIR: --unless you are registered with the Traditional Chinese Medicine Board--

Dr LAU: Yes, that is political.

CHAIR: --and if you go to study traditional Chinese medicine it is only taught in Chinese, not English.

Dr CHOW: That is political. Could I just make one--

CHAIR: Well, I don't know, because we have gone well over time and I think it is quite clear where you are coming from and we understand that.

Dr CHOW: Dr Wong made a particular comment about the adverse reaction. I sat for two years on ADARC, the Australian Drug Adverse Reactions Committee, and four years on CMEC, Complimentary Medicines Evaluation Committee. My role was to look at the role of adverse reactions of complementary medicine. The consensus out of that experience was that there is very little reporting, there is not a culture of reporting and if you are going to do anything about this problem, the culture of reporting of adverse events must be raised and that must be introduced so that we really do, because at the moment we do not have anything.

CHAIR: We are trying to address that culture currently with the Clinical Excellence Commission within the mainstream health system.

Dr LAU: It is a particular problem and I really support your efforts to try and make it happen.

CHAIR: And it is a very complicated area.

Dr LAU: It is very complex.

CHAIR: And I appreciate the fact that you have come today and the open and honest opinions you have given.

Dr LAU: We are quite happy to contribute and participate in an advisory committee if you want. We are quite willing to put in our contribution if you wish us to.

(The witnesses withdrew)

ALAN BENSOUSSAN, Professor, Director of the Centre for Complementary Medicine Research, University of Western Sydney, affirmed and examined:

CHAIR: Would you state the capacity in which you appear before the Committee today?

Prof. BENSOUSSAN: I believe I am appearing here in my capacity of having undergone a number of reviews and research projects in Chinese medicine and in particular having been appointed to a number of committees over the last ten years.

CHAIR: If you do not mind we will proceed straight into questions. Could you please outline for the Committee the history of your involvement in the registration of practitioners of traditional Chinese medicine?

Prof. BENSOUSSAN: In 1995 myself and a colleague were commissioned by the New South Wales Health Department, the Victorian Department of Human Services and Queensland Health to undertake a fairly detailed review of the practice of Chinese medicine in Australia. So that is where it started. That review actually included an assessment of the benefits and risks presented by the practice of Chinese medicine, a survey of the workforce, both medical and non-medical, a profile of patients that were using Chinese medicine, a survey of all professional associations and educational institutions and a review of the regulatory responses both in Australia and overseas, and we put that information together over approximately one year and made an assessment of the need to regulate by statute traditional Chinese medicine practitioners.

That evaluation was at the time based on the Australian Health Ministers Advisory Council criteria for evaluating health professions and a recommendation was made to AHMAC. AHMAC then accepted the recommendation that Victoria proceed with the registration of Chinese medicine practitioners and I was then subsequently appointed to a Ministerial Advisory Committee to contribute that process and look at the issues involved.

The Committee's view, after a period of public review again, was quite clear that TCM should be subjected to the same standards and models and systems that apply to other health occupations which require Government regulation to protect the public. So in 2000 Victoria initiated that process. New South Wales was relatively quiet at that stage and in 2002 New South Wales initiated a review, put out a paper asking for submissions on the need or otherwise to regulate complementary medicine.

In 2004 I was appointed to the Ministerial Advisory Committee by the NSW Minister for Health and the task there was to review and update data on the need to regulate traditional Chinese medicine practitioners and those deliberations were provided to Mr Iemma earlier this year.

That is really my involvement. The only other two components are more Commonwealth jurisdiction issues, and that is I have served on the Complementary Medicines Evaluation Committee as the Chinese medicine expert panel member for the last five or six years and also served on the Expert Committee on Complementary Medicines in the Australian Health System, which was instituted by the parliamentary secretary to the Minister for Health after the Pan Pharmaceutical recall. So that is the history of my involvement in TCM issues.

CHAIR: I think you were in the room when our previous witnesses gave evidence and one of the witnesses indicated, I believe, that she thought the Victorian system was flawed. Do you agree with that comment?

Prof. BENSOUSSAN: I think the Victorian system has adopted an approach that is used universally through Australia in terms of regulating health practitioners. It is a conventional statutory registration system. If that is flawed, then every registration system for health care practitioners in Australia is flawed. There is nothing outside of that.

CHAIR: Do you advocate the development of a national registration system for practitioners of traditional Chinese medicine?

Prof. BENSOUSSAN: You emphasise the word "national" and I think that is the important thing, and we will come to that no doubt. I strongly advocate that there be statutory registration of TCM practitioners, but with regards to a national system, whilst it makes sense in terms of economy and potentially the ease of managing the whole workforce across the country, our current constitution just does not allow for it. So I have to be very explicit that I do not support a national system at this stage. I think there is no current health profession that has a national registration system, so it would be foolish to try and cut our teeth on Chinese medicine. I think the essential thing, and there is a priority involved here, New South Wales has been extremely tardy in responding to the need for statutory registration of TCM practitioners and I would hate to see that priority delayed any further by constitutional issues.

CHAIR: With your familiarity with what has happened in Victoria, could you advise us how many TCM providers in Victoria do not speak English and how do you deal with that situation?

Prof. BENSOUSSAN: I am not on the registration board in Victoria so I do not have close knowledge of that data, and so I would need to check, but my understanding is that there are English language requirements as part of the registration process and I think that is essential.

CHAIR: In your opinion, do you think there should be more western medicine content in university teaching and curricula?

Prof. BENSOUSSAN: I think all curricula undergo constant revision and change as practice changes. I would have to say that at this stage Australian university courses in traditional Chinese medicine are extremely well regarded worldwide. We have better undergraduate programs and post-graduate programs than any institution that I am aware of in Europe or the States. So I think my first response to that is that currently there is an adequate four and five year program, there are adequate four and five year programs on offer to potential students. There is also continuing education. I think we are in a very strong position, but I put the caveat forward that all clinical education programs always need to be constantly revised, upgraded and strengthened and Chinese medicine is no exception to that. Just as western medicine has, it has revamped and re-invented itself many times, and I think traditional Chinese medicine, as pressures on practitioners change and as the nature of the clinical practice changes, needs to be strengthened too.

Ms GADIEL: Do patients of traditional Chinese medicine typically use traditional Chinese medicine as their first form of treatment for their condition?

Prof. BENSOUSSAN: Some do, not all. The majority of patients, seven out of ten, have already consulted a medical practitioner. So they are aware of their condition generally, and what we have found in complementary medicine research in general is that most patients choose to go towards an alternate form of medicine, a complementary form of medicine because they feel that they are either not satisfied with the options that are presented to them, long-term pharmaceutical therapy or surgical intervention, or they are not satisfied with the progress they are making. They are aware that there are other ways of understanding and perceiving their condition, so they are seeking an alternative perception on how they might be able to help themselves, whether it happens to be nutritionally, or through exercise, or through herbal intervention.

I think once they have had that experience, then we find that a number of patients will go to a TCM practitioner first without cross checking with their medical practitioner. I think that can happen and it does happen.

Ms GADIEL: Can you outline the risks associated with traditional Chinese medicine and treatment?

Prof. BENSOUSSAN: The risks have been pretty well described in *Towards A Safer Choice*. I think there are some prima facie risks, but that is fairly obvious. There is risk with

insertion of needles, there is a risk with ingestion of herbal drugs. There are also risks associated with the clinical judgment of practitioners, and these last risks are related to uncontrolled education standards or variable education standards. Those risks are also changing, so it is important to get a sense of the profile of risks that are actually changing.

There is an increasing demand on practitioners to treat a wider range of diseases and more complex diseases, particularly as traditional Chinese medicine grows in popularity and is more in the public focus, public mind. There is also increased parallel use with pharmaceuticals. We have noted in a number of surveys that more than one third of patients use complementary medicine and Chinese herbal medicines, one of those examples, in parallel with pharmaceutical use, not just vitamin and mineral supplements. So there is a range of very serious risks. I have summarised some of those as well.

The most commonly reported risks with acupuncture were fainting, nausea, vomiting and increased pain. With Chinese medicine they were severe gastro intestinal symptoms, fainting and dizziness and significant skin reactions, and the most severe adverse events were central nervous system effects, such as numbness and palsy, liver and kidney toxicity, and even death. The most serious acupuncture events were trauma and local and systemic infection.

We actually did some calculations on adverse event rates as well, and these give you a sense of how often a practitioner will see an adverse event that requires their response, and we calculated that a practitioner will see on average one adverse event, and these are reasonably serious adverse events, every eight to nine months of the full time practise or one adverse event in just over 600 patients. So there are risks associated with the practice of traditional Chinese medicine.

Self-reported adverse events also appear to be linked to the length of training in Chinese medicine. So where people did short courses of traditional Chinese medicine or acupuncture training, so herbal medicine or acupuncture training, they reported more adverse events than those people who did four or five years of training, and the medical practitioners were no different. They also have higher adverse event rates if they had practised less, if they had studied less in the field of traditional Chinese medicine. So there seems to be a link between those two.

Mr SHEARAN: You have touched on this indirectly, but do the majority of traditional Chinese medicine patients use a combination of treatment options for the same condition?

Prof. BENSOUSSAN: They do. Approximately one third of patients would be using pharmaceuticals whilst they are taking Chinese herbs. A large number of patients do still maintain contact over their condition with other health care practitioners. So the degree of shared care can be as high as six or seven out of ten patients. Maybe I should qualify that. That is the degree of dual consultation that is going on, but when there is actual genuine shared care, where practitioners are in touch, that happens far less frequently. That might only happen in two out of ten patients, when the practitioners are actually in touch with each other about what they are doing.

Mr SHEARAN: Can you rate the evidence base for traditional Chinese medicine against other types of treatments?

Prof. BENSOUSSAN: This is a difficult area. The first thing to keep in mind is that traditional Chinese medicine has been practised for centuries in a quarter of the world. It has been practised not as a second form of health care, but as a primary form of health care intervention in one quarter of this planet. That inevitably builds up an enormous amount of empirical skill, empirical evidence and experience in the administration of these medicines. There are more than 100 research institutes in China, for example, that focus specifically on traditional Chinese medicine.

The difficulty that we have, because we have only really had a lot of this open up to the west in the last 30 years, is undertaking the right evaluations, clinical evaluations for these interventions. Evidence based practice itself, evidence based medicine itself is only something that has been strong in the last 20 years and it is only something that is beginning to inform our clinical guidelines in terms of how we practice. So there is no question that there is a need to build up evidence around the use of

acupuncture and Chinese herbal medicine.

Having said that, there is an enormous amount of background and traditional practice evidence. Regulators use that traditional evidence as part of the argument for the safety and permission to access these herbs, and this is not just in Australia but overseas.

When you look at medical data bases that record the number of controlled clinical trials in acupuncture and herbal medicine along with other areas such as physiotherapy and nursing and other registered occupations, the Cochrane collaboration is an example which you may be aware of, that helps to promoted evidence based data gathering in clinical fields. The Cochrane control trials register currently lists 977 controlled trials of acupuncture and this is in contrast to 299 physiotherapy trials and 142 chiropractic trials. A Medline search, which I am sure you are familiar with, generates a hit list of 192 double blind trials of acupuncture. There are 47 systematic reviews, that is reviews of all the trials in particular clinical areas on acupuncture, and these are undertaken through the Cochrane guidelines, and there are 16 of Chinese herbal medicine. This compares - because you asked me how it compares with other fields - to 64 systematic reviews in physiotherapy, four in podiatry, 45 in nursing, 10 in chiropractic and one in osteopathy, all of which are registered professions.

The systematic reviews in acupuncture provide high level evidence, the highest level evidence that you can get, that supports the use of acupuncture in nausea and vomiting and support it in areas such as dental pain. Let me just maybe make one final point on that in terms of its ranking or comparison against other fields. When you look at the systematic reviews in other fields, such as physiotherapy, compared to some of the literature in acupuncture you would have to say that the physiotherapy evidence certainly does not stack up. The systematic reviews are not overwhelmingly saying we have got a very effective form of intervention for particular conditions. So I think overall the evidence is building for Chinese medicine. There are some strong foundations in terms of a very long history and I think over the next 10 to 20 years there will be much more substantial evidence coming out.

The Hon. Dr PETER WONG: I just ask a similar question to you. As you are aware, in China, Singapore, Thailand and Hong Kong, if doctors want to practice traditional Chinese medicine they go through undergraduate training every five years or the first three years, so they have to learn both Chinese and western medicine. I pose the question then: If that be the case, would you advocate that anybody who has not gone through proper TCM training at university of some form, be it a western or not western doctor, should not practice Chinese traditional medicine?

Prof. BENSOUSSAN: There is no question, as I said, that there are prima facie risks presented by acupuncture and herbal medicine and those risks are very real. We have had hundreds, if not thousands, of cases reported by practitioners. So one needs to look at how you can minimise those risks. Education is a very important part of that and it is not just medical education or medical science education we are talking about. It has to be education in the actual tools of trade, in the actual way in which acupuncture is performed, in the actual way in which the herbs are understood and combined. These are all things which you actually learn in a traditional Chinese medicine program.

The associations in Australia do mandate minimum requirements. The World Health Organisation mandates minimum requirements in these areas. Most of the countries that you are talking about are very explicit about the minimum requirements that are there in traditional Chinese medicine training, not in western science training or other aspects. So there is no question, and this is what we were exploring in our own study to see whether there was any connection between the length of training in traditional Chinese medicine and the number of adverse events that practitioners were reporting.

The Hon. Dr PETER WONG: That is training. My question is still: Would be it be fair to say that if one has not received proper training and a proper certificate in TCM one should not practise TCM?

Prof. BENSOUSSAN: Fundamentally I think that is right. I think that there is a mandatory,

minimum amount of training that should be done to practise well. One of the curious anomalies that we uncovered was that there seem to be more pneumothoraxes caused by medical practitioners or reported by medical practitioners than there were by non-medical practitioners, and with pneumothorax you would think you would have it right but it could be that the detailed anatomy that is needed when you do acupuncture is not refreshed, not reminded when people are studying acupuncture if they are doing short courses.

The Hon. Dr PETER WONG: My question next question is we all talk about the Victorian model and the registration. I thought the implication was not the regulations themselves per se, but rather that in forming such registration there was no detailed consideration into the competency in English and particularly in medical terminology, continuing education and a proper strategy to assure that while we are phasing out the old TCM practitioners we will have a highly qualified university graduate, well-trained in TCM, to replace these people. Would that be true?

Prof. BENSOUSSAN: Let me just clarify that in my own mind. You are saying that you are concerned that the Victorian approach to the legislation was not strong enough in its requirement to strengthen English, strengthen the capacity to communicate and upgrade practitioners in time?

The Hon. Dr PETER WONG: With the skills and training.

Prof. BENSOUSSAN: I think when you initiate any process like this, any process where you are trying to protect the public, and that is ultimately what this Committee is doing, it is looking at the need to protect consumers, a growing cohort of consumers that are using Chinese medicine, you need to in the first instance ensure that you are as inclusive as possible to make sure there is not a large component of illicit practice that continues. So the first step is trying to bring people together under some regulatory model, and I think Victoria has done that extremely well. They have created a grandfathering mechanism, they have created a capacity to ensure that practitioners will have a minimum standard, otherwise they are not allowed to practice, but they have not disenfranchised 50 or 80 per cent of the workforce and created a political problem. What they have done is ensured there is at least a minimum of four-five years training.

The additional needs, such as ensuring that there is a stronger capacity to communicate with other health workers, a stronger knowledge of medical science, all of those things do need to be progressed further, and I am sure that that is something that is on the agenda for the registration board, but one would need to tackle things one step at a time. It would not be appropriate to disenfranchise 50 per cent of the workforce.

The Hon. Dr PETER WONG: Which jurisdiction in your view regulates the practice of traditional Chinese medicine with the best outcomes for the patient?

Prof. BENSOUSSAN: It is a little bit cheeky, but I would have to say any jurisdiction that has done it is doing the best for their patients and those who are not doing it are doing it worse for their patients, if that is not being too explicit. So Victoria is actually doing very well as far as I am concerned in protecting consumers who are using Chinese medicine, as is Singapore, Hong Kong, Taiwan, Japan, who by the way also have non-medical acupuncturists, and China and all the other jurisdictions, the 35 States in the US, the various Canadian States. Every Government review that has occurred worldwide has been in favour of instituting some form of statutory control over practitioners of Chinese medicine. I am amazed that New South Wales, which has the biggest number of practitioners of Chinese medicine, the biggest number of consumers, the biggest Asian community has not acted on this in ten years.

The Hon. Dr PETER WONG: What indicators can be used to measure the quality of training provided to students of traditional Chinese medicine?

Prof. BENSOUSSAN: That is challenging for any clinical program. I will not go into the details of things like performance criteria, but if you use very coarse rules of thumb you would have to say that you would need at least four or five years of full-time study in the field. So there is the big

picture of four to five years of training, but generally speaking that is divided up into three components or three thirds. One third is western medical science and western medical training, the other third is traditional Chinese medicine theory and training and the other third is clinical training, and those three are very important components. They each take up a very substantial proportion of the undergraduate or post-graduate program.

The Hon. Dr PETER WONG: I have to ask you this question. How do you ensure your students who are undertaking training in traditional Chinese medicine can get clinical training under western medical settings?

Prof. BENSOUSSAN: The students here are working in a western country, a western environment. The patients they get will be, in many cases, referred by western medical practitioners. They need to respond to those practitioners. They are coming with a diagnosis often. They need to be treated in the context of the fact that patients might be consuming pharmaceutical medications. So it is never in the back of their mind, it is always in the forefront of their mind. Whether they actually do clinical training with medical practitioners in a medical surgery, as opposed to a traditional Chinese medical practice, I do not think that any course currently mandates that. Students can, and they are required to, do a number of locums outside. We require our students to do three months in a hospital in China and they do various wards at that time, and they are integrated facilities, so they actually do get exposure to western and TCM interventions. So it is in the context of those training programs in hospitals in China where they probably get the best integration. In Australia it is constantly there in the forefront of their activities, even if they are working in a university clinic.

The Hon. Dr PETER WONG: This is the last question from me. Describe the ideal program and provider of continuing professional education?

Prof. BENSOUSSAN: I think the main problem with continued professional education in Australia over the last few years is that it has been run often by industry, industry have put on a course related to their products and this sort of thing happens in the pharmaceutical industry as well and I think that this causes problems. I think the ideal providers are tertiary institutions that are not for profit. My opinion is that there should be at least several days a year where people are actually undergoing continuing education, whether that is five or ten.

CHAIR: Could you describe to us the range of professional associations representing practitioners of traditional Chinese medicine?

Prof. BENSOUSSAN: When we looked at professional associations in 1996 we identified and surveyed 23 different associations, including medical practitioner groups. That was in the three States only, Victoria, New South Wales and Queensland. There would have been a few that have dropped off the perch since then but there is still quite a number. So there have certainly been movements in terms of the number of practitioners belonging to the associations.

The critical thing is that there is not consistency of standards across any of the associations. There may be certain patterns that manifest themselves. There were the associations that did not have continuing education requirements or did not have a code of ethics or whatever. This causes problems, obviously because practitioners can shop around for the association they want, and under the National Competition Policy it is also very difficult for health funds which reimburse practitioners who are accredited by association to say, "We will reimburse your practitioners but we will not reimburse your practitioners".

It becomes extremely difficult, and so the issue of the multiplicity of associations, the variability in standards is a critical one but also is one of the arguments for why it is essential to introduce some standardisation.

Having said that, in the last ten years, there is one strong association that has emerged that is representing a large proportion of practitioners but, as good a job as they may do, it is impossible to control the other players and to mandate a certain standard.

The Hon. Dr PETER WONG: Is it possible for you to provide a copy of your undergraduate curriculum?

Prof. BENSOUSSAN: No problem.

CHAIR: We are running out of time. Professor, is there anything else you would like to add before we conclude?

Prof. BENSOUSSAN: Maybe just a couple of general comments, if that is all right. Just to summarise possibly why practitioners of TCM should be registered, I think there are four main arguments that need to be considered. The first is that there is a steady increase in use of traditional Chinese medicine and it is going to continue in the foreseeable future, and I am talking one to two decades at least. We know that Chinese medicine is one of the fastest growing forms of complementary medicine in Australia and worldwide and there is good reason for that. That needs to be kept in mind.

You asked earlier about the percentage of usage of Chinese medicine by the Australian community. It is difficult to put a figure on it, but I think if I were taking a professional estimate by the data that we have, I would say about 10 per cent. There are well over three million consultations each year in this area, well over three million in Australia, and the bulk are in New South Wales I would say. So there is a steadily increasing use of TCM, and it is not just volume of use, it is range of use, it is use for more complex conditions as we learn more about the potential of Chinese medicine. That is the first point.

The second point is that there are clear risks linked to practice. There are those prima facie risks I mentioned before, there is the judgment risk of practitioners and the increased parallel use of pharmaceuticals.

The third point is that this risk is not trivial. There is a significant level of risk. If I were to rank the level of risk represented by Chinese medicine, I would put it below medicine and surgery but I would rank it above other registered health occupations. I would rank the risk presented by traditional Chinese medicine, acupuncture and herbs as sitting above physiotherapy, above podiatry, above osteopathy and chiropractic and above nursing. So let me be clear about the level of risk that we are talking about.

The fourth point was merely picking up on what I was saying earlier, which is that we have not got enforceable standards of practice and standards of education. We cannot enforce them. The practice, the profession has failed to do so in the last ten, fifteen years because of the variation and multiplicity of professional associations and the issues that are faced by health funds. So unless something is done at a Government level, I think consumers are still extremely vulnerable.

The only other comment, if I am allowed to, Chair, is just to add that all health care, and this is really to do with the presentation of my previous colleague's concern with traditional Chinese medicine practitioners being primary care practitioners or being put in that role, let me just re-emphasise that all non-medical practice has the capacity to work in a primary care role. This includes physiotherapy, where people can walk in off the street and ask for some physiotherapy intervention. It includes every form of health care practice, including nursing where they can work as practitioners. So this is real for every form of health care, but they are not all doctors, they are not all surgeons, except they have to have sufficient medical knowledge to be able to flag when there is an issue or identify this or seek another opinion, and I think that is where our community has decided we cannot train everybody to be a doctor or a surgeon. That would be an enormous waste of resources, to train somebody up to be a surgeon and then give them half a dozen needles and tell them to go and practice acupuncture. It would be an absurdity. This is why we have got a whole lot of different professions, to practise those other skills, and traditional Chinese medicine is in the same boat. We do not want surgeons practising herbal medicine or surgeons practising acupuncture.

CHAIR: Your comments open up the whole area of alternative health practitioners and their regulation, but we shall not go there at this stage.

Prof. BENSOUSSAN: Can I just add one final point, that the AMA are very explicit as well about their position on this. Let me say that the Australian Medical Association are unequivocal and they say in their position statement on complementary medicine , "The Australian Medical Association believes it is essential that there is appropriate regulation of complementary therapists."

(The witness withdrew)

STEPHEN LI, Medical Practitioner, Pathologist, ex-President and Senior Vice President, Australian Chinese Medical Association, sworn and examined:

CHAIR: Would you state the capacity in which you appear before the Committee today?

Dr LI: First of all, I would like to clarify that the organisation's name is Australian Chinese Medical Association. The ACMA doctors are not TCM practitioners. ACMA doctors are western medical doctors. I am the ex president of the ACMA and also the chairperson of community health. Professionally I am a qualified pathologist. I sub-specialise in chemical pathology. I am appointed as the medical director of core pathology and clinical chemistry in ICPMR, which is the major public pathology service in New South Wales. We look after pathology services in 27 hospitals in New South Wales which are spread over 60 per cent of the area of New South Wales. Also, I have a lot of involvement in the Australian Chinese community. For example, I have weekly regular talk shows on the two Chinese Australian radios. I am also a guest speaker on SBS radio, adviser of Chinese Australian television health programs and also a health columnist in Chinese Australian newspapers.

CHAIR: Do you have an opening statement you would like to make to the Committee or would you prefer to proceed directly to questions?

Dr LI: Just proceed, thanks.

CHAIR: You have given a bit of an outline of your involvement. Is there anything more you would like to outline to the Committee as far as your involvement in traditional Chinese medicine?

Dr LI: Because of my involvement in the Chinese Australian community, whenever there are problems or complaints we often get feedback from the Chinese Australian community and also because I am a chemical pathologist we often have to deal with patients who develop very serious adverse side effects because of TCM or other herbal medicine. For example, pathologists are often invited by specialists to investigate patients with unknown causes of liver damage, kidney damage or poisoning.

CHAIR: I am just wondering what cultural issues impact on the health literacy of the Chinese community in Australia?

Dr LI: Basically, not just in the Chinese culture but also in a number of Asian cultures as well there is a very wide power gap between doctors and patients, which means that the doctors have very high status and patients have very low status, and because of this culture, patients do not dare to ask questions and doctors do not bother to answer any questions. That is why in Australia we have noticed that when we provide health information to the Chinese Australian community, there is an urge or people have a hunger for health information.

CHAIR: What measures do you think would be effective in building an awareness and willingness amongst patients to approach a registration body for information about licensed practitioners and their right to make a complaint?

Dr LI: I think the important measure should be through promotion and education but I want to point out that, for example, given my understanding of the Chinese Australian community, first of all, whether we like it or not, a lot of Chinese go to see TCM practitioners, whether they are registered or unregistered or whatever. Because of the Chinese culture, herbal medicine has been used for centuries and a lot of so-called herbal medicine is actually incorporated in food and then is used at home, so that strictly speaking I think 100 per cent of Chinese Australians with a Chinese background use herbal medicine. The other fact that I find out from the Chinese Australian community is that they do not feel that western doctors who practice TCM are good TCM practitioners, so they always tend to look for TCM practitioners who are only practising TCM in this area.

The Hon. Dr PETER WONG: Why do they do that?

Dr LI: Basically, one interesting feature that I have noticed is when I consult different levels, different people, organisations in the Chinese Australian community, as well as when I consult ACMA doctors, whether they are pro or against regulation or control of TCM or not, they often use the term "faith" to describe this, and as you know you think the term "faith" means that there is no evidence and people just have faith, and basically Chinese Australians have faith in TCM practitioners who only practice TCM, so basically it is just a faith.

CHAIR: And if there was a registration body, do you think, given these cultural differences, that the Chinese community would be willing to complain as much as the western community?

Dr LI: As a matter of fact, because of our involvement with the Chinese community health, we have already received a lot of complaints all the time. It is just there is no channel for us to feed back to the regulatory body. There is none at the moment. After consulting the Chinese community as well as ACMA doctors, we feel apart from a regulatory body there should be another educational body comprised of both western doctors and TCM practitioners. The aim is to promote understanding and communication between the two professions, because in Australian society patients are bound to see both professionals, they would not just see one type of practitioner. This sort of combined educational body should also take up the role of promoting and educating the public to understand the issues that are related to the regulation and control of TCM.

Ms GADIEL: Should practitioners be required to have English language skills and if so at what level?

Dr LI: Yes, I have also consulted a lot of organisations and the Chinese community in this respect and they all believe that in Australia TCM practitioners should have a certain level of basic English skills because there is always a possibility that they will see someone who does not speak Chinese, but another interesting thing which is also related to language is that there is also a very strong belief in the Chinese Australian community that TCM practitioners should understand a little bit of Chinese. This is because a lot of TCM concepts or terms have different meanings when translated into English. One of the practising clinical psychologists, she is so passionate that she actually sent me an e-mail with a quote from a book that talks about this issue. The meaning behind certain Chinese TCM terminologies can never be able to be translated into English.

Now apart from theory, I can also contribute my personal experience, because I have been a health column writer for the Chinese community in the past eight years and often I have to translate English information into Chinese or sometimes vice versa, and I have noticed that a lot of the time perfectly translated information is not good information. Because of this I have actually contacted the Multicultural Health Communication Service of New South Wales about five years ago because we received a lot of complaints from the Chinese Australian community that information provided by the New South Wales Government is not readable, even though they are perfectly translated. So after that the Multicultural Health Communication Service of New South Wales invited me to join their steering committee and they have also changed their emphasis to focus more on culturally acceptable translation, rather than perfect translation.

Mr SHEARAN: What would encourage more referrals between medical doctors and practitioners of traditional Chinese medicine?

Dr LI: At the moment it is not easy because there is absolutely no understanding between the two professions. So when I consulted with my colleagues and also people in the Chinese Australian community, they all recommended or most of them recommended that there should be a common language and also common reference markers or reference points which are understood by both sides of the profession. Common language is not something new.

For example, when doctors refer a patient to see a psychiatrist or a clinical psychologist, the psychiatrist or psychologist have very different terms that are not commonly used in medical practice, and that is why there is a standard language, a book to define all the diseases and the criteria, called DSM 4 in Australia; England or in the United States. In China they have similarly a common

language book called CCMD 3, and in other countries they have another one called ICD 10. So all these are attempts to make different professionals to understand what they are talking about, and in terms of common markets, for example, nowadays a lot of TCM practitioners promote that they can treat patients who have chronic diseases superior than western medical doctors, which whether we like it or not I think is true, because a lot of so-called chronic diseases in western medicine basically are diseases that cannot be cured. They can be controlled but patients do not like to have their condition just being controlled. They always look for a cure, and that is why more and more of them are going to see the alternative medicine practitioners or TCM practitioners.

Because of this, with all these chronic diseases, such as diabetes, high cholesterol, high tryglyceride, high blood pressure, there could be some markers that western doctors and TCM practitioners can use. For example, if a TCM practitioner is managing a patient with diabetes, then obviously the blood glucose is an objective means to assess the progress of the patient, or if the TCM practitioner is looking after a patient with chronic liver disesae, then certain liver tests could also be used as a marker, and patients with high cholesterol, you check the cholesterol, and this is something that is understood by doctors of western medicine.

CHAIR: In your view is there an assumption by patients that practitioners of TCM are already registered or regulated?

Dr LI: I do not think so, because most of the complaints that we receive from the Chinese Australian community are that they have been victimised, they have been ripped off by people who claim to be TCM practitioners. We have members who are practising for instance in Chatswood or Hurstville, areas that have a high Chinese population and they are disgusted by people who claim to be TCM practitioners who rip patients off. Some of these patients have terminal illnesses and they rip them off before they die. So this is quite sad and the community always asks for some sort of control and regulation and I think it is the responsibility of the Government to control and regulate.

The position of the ACMA is that it is not too concerned about whether the status of TCM practitioners is recognised or not. We want to put the patient's safety and wellbeing as the primary focus and that is why ACMA also favour regulation and control.

CHAIR: This question is in the same vein. What factors impact the reputation of traditional Chinese medicine in the wider community?

Dr LI: First of all, if we can set up a joint educational or communication council between western doctors and TCM practitioners, this council can promote TCM to the public. A code of ethics is also very important because at the moment a lot of people claim to be TCM practitioners and they advertise irresponsibly. For example, in their advertisements they say they guarantee that they can cure a certain kind of cancer or guarantee they can cure certain types of terminal illnesses, such as motor neurone disease, and so a code of conduct, promotion, education of the public and communication between the two professions, rather than the two professions being hostile to each other is very important.

CHAIR: Do you see any problems with the Victorian model, the way that registration has been implemented in Victoria? Are there ways that it could be improved if we were to introduce registration here in New South Wales?

Dr LI: I am not involved in the Victorian registration system and I am not familiar with the details so I cannot answer this question.

CHAIR: Is there any further comment you would like to make?

Dr LI: Yes. I just want you to be aware of the wish of the Australian Chinese community. Basically they are asking the Government to regulate and control because they have lost faith in a lot of individuals who claim to be TCM practitioners and a lot of them have been victimised. The other concern is not just the practitioners. There are a lot of problems with herbal medicine or other types of TCM or alternative medicines which can be quite harmful, and from the pathology point of view or

being a pathologist, we also hope that not just the practitioners are regulated but that the Government can also regulate and control the herbal medicine, as we see a lot of very severe damage to patients because of, for example, contaminated herbal medicines or herbal medicines that actually contain poisons.

(The witness withdrew)

KIERAN PEHM, Commissioner, NSW Health Care Complaints Commission, on former oath:

CHAIR: Would you like to make an opening statement?

Mr PEHM: I have presented the Committee with a written submission. I might just speak briefly to that.

Firstly, the Commission gets very few complaints in the traditional Chinese medicine area relative to other health service areas. We have had 17 complaints against 18 individuals over a five year period. The reasons for that we cannot explain. That might be a lack of awareness and there might be cultural barriers, as has been referred to by the previous witness.

CHAIR: Could I just interrupt to ask the last two witnesses did they want to have officially tabled today their written submissions to form part of the evidence. Would you like that to take place?

Dr LI: Yes.

Prof. BENSOUSSAN: Yes.

CHAIR: Okay, so we will officially recognise the written submissions you gave us as being tabled today as part of your evidence.

Mr PEHM: Perhaps another cause for the small numbers of complaints in this area is the lack of power in the commission I suppose to provide an appropriate outcome to the complainant. People who practise traditional Chinese medicine are health service providers under our Act, so we have the power to investigate their conduct. There is a paucity of regulation as to any outcome. We can terminate the investigation, but the most severe outcome we can have is to make comments to the practitioner if we find their practice to be unsatisfactory, and that is not a very effective remedy.

The commission has consulted with its consumer consultative committee and the commission's position is that it favours regulation of this area and the preferred model for regulation is to work in a co-regulatory system with a registration board that can provide all those other essential elements of regulation, such as accreditation, education and so on. So I will just be open to questions, Mr Chairman.

CHAIR: The first question is: Are you in favour of registering the practitioners of TCM? You have answered that. To date how many complaints has the commission received from patients against practitioners of TCM?

Mr PEHM: 17 complaints involving 18 individuals between 1 July 200 and 30 June 2005, so a very small number.

CHAIR: And the nature of those complaints?

Mr PEHM: They range in degree of seriousness. I have not got a detailed survey of them. We had complaints of provision of false certificate and reports, financial fraud, inappropriate treatment, competence, sexual misconduct. We have had what would seem to be quite a serious one recently where a practitioner inserted plastic tube into the urethra of a patient and pumped it full of some fluid as treatment for I am not sure what condition. We just received that one recently, so we will be having a closer look at that, but with that sort of invasive treatment you could imagine the potential for bad consequences.

CHAIR: You touched on the fact that you are limited in the area of resolving them. With the Health Conciliation Registry coming into the commission, does that open up another avenue for helping to resolve some of the complaints?

Mr PEHM: It could do in the less serious matters. The commission is under an obligation under the Act to investigate rather than conciliate serious complaints, but certainly for the more consumer dispute type complaints they could be resolved informally.

CHAIR: When comparing your ability to resolve a complaint in this area with, say, the Victorian Health Services Commission, there are differences in the legislation, do you think they have a better ability to resolve this type of thing?

Mr PEHM: Well, no, I would not--

CHAIR: Of course now China's medicine is registered in Victoria.

Mr PEHM: I would not say necessarily a better ability. Because the commission has been focused on investigations and prosecutions for so long, I think the commission needs to develop its practice of informal resolution and in conciliation. We are addressing that now with expanding of that area of the commission and providing greater training. I think we will be fairly well equipped to resolve disputes rather than investigate them. We have also separated out that stream of complaints from the general processes of the commission.

Ms GADIEL: How many staff at the Health Care Complaints Commission speak a language other than English?

Mr PEHM: I cannot give you the number but we have a register of them. It would be roughly ten or 12 or so on, but I am not sure of the exact number, and I cannot tell you what the languages are off the top of my head either. We use interpreter services, telephone interpreter services provided through the Community Relations Commission and so on, and we also use interpreters during investigations when taking statements and that sort of thing.

The Hon. Dr PETER WONG: If we are considering registering traditional Chinese medicine practitioners, would there be someone in your office who can speak Mandarin and Cantonese to handle the complaints?

Mr PEHM: I am not sure. I think in our assessments area, which is the initial contact point for complaints, probably not, but as I said we use the telephone interpreter service. It is a big problem in this area, I recognise that, and perhaps if it was regulated we might have to look at identifying some specific positions with those qualifications. The complaint I mentioned earlier, the public health unit had a look at it and they had to take an interpreter out with them because the practitioner was not really capable of communicating in English. So I recognise there is certainly a need there and it is something we would have to address.

CHAIR: Not just in this area of traditional Chinese medicine where you have received a small number of complaints, but right across the board, what proportion of complaints handled by the commission are from patients who speak another language?

Mr PEHM: Again, that is very difficult to comment on off the cuff. We would have to look at the degree to which the interpreter services were used. A lot of people do handle it in less formal ways, through using friends and people that accompany them and so on. It would be quite difficult to estimate.

CHAIR: So if we moved to set up registration of TCM here in New South Wales, following on from a comment made by Dr Li, the previous witness, in regard to information and education, you would imagine once registered you would probably receive more complaints. If that statutory body was established, how would this impact on the workload of the Health Care Complaints Commission?

Mr PEHM: It is difficult to estimate without knowing the number of the increase in the proportion of complaints. It is something you would have to assess as it came along. I think the idea of promotion and education of the community of the fact of a regulation system will almost inevitably result in an increase. We would then have to look at the relative seriousness of the complaints. The

less serious ones can be informally resolved. Investigations and prosecutions are a much more extensive process, resource intensive and in prosecution you are briefing counsel and so on. It would be very difficult to estimate an impact.

CHAIR: The next question is about what additional resources the commission would need to deal with this increased workload. So it is the same answer?

Mr PEHM: It follows on from the last answer. Following the Campbelltown Macarthur situation, in our current budget there is a substantial increase on the previous one. So I think the situation is we would be prepared to evaluate it, if we go with looking at an up front increase. As to the end of the year, with practice we would have a better idea on the impact.

CHAIR: Do you have any idea the number of complaints that have been dealt with by the Victorian TCM registration board?

Mr PEHM: Sorry, I am not very familiar with that area.

CHAIR: We will follow that up ourselves. Thank you for your detailed submission and we will be speaking to you again on a number of issues after the visit to Victoria. We will be meeting with the Chinese Medicine Registration Board down there. If we recommend that registration take place here in New South Wales, we will speak with you about how that will affect the operations of the commission, because that is very important to this Committee as that is what we are charged with. Our job is to oversee your operations and ensure that your commission operates as best as possible. So we will have a look at what has happened in Victoria and report back to you. I would also like to have a chat to you in the future with regard to the differences in your legislation and the Victorian Health Services Commission model.

Mr PEHM: All right.

(The witness withdrew)

(Luncheon adjournment)

JUDITH BRONWYN JAMES, Chief Executive Officer, Australian Acupuncture and Chinese Medicine Association, Suite 5, 28 Gladstone Road, Highgate Hill, Brisbane, Queensland,

JAMES FLOWERS, President, Australian Acupuncture and Chinese Medicine Association, level 5, 39 Liverpool Street, Sydney, and

PETER JOSEPH WALTERS, President, Acupuncture Association of Australia, 57 Victoria Road, Parramatta, Sydney, affirmed and examined, and

LEONE MCMAHON, Honorary Secretary, Acupuncture Association of Australia, 2 Glen Street, Belrose, Sydney, sworn and examined:

CHAIR: The submission that you have provided to the Committee would you like that officially tabled today?

Ms JAMES: Yes.

CHAIR: I believe you made a joint submission, is that correct? No, separate submissions.

Ms JAMES: We made a joint submission to the New South Wales health department, but we have done separate submissions to this Committee.

CHAIR: The submission you gave to the inquiry, would you like that formally tabled today, hence it is covered by parliamentary privilege.

Mr WALTERS: I sent in our qualifications as an additional document upon request. I would like to table another document outlining our thoughts on the joint submission which supports particular points pertaining to chiropractors and osteopaths and if the Committee desires we can table the history of our association and its education qualifications as well.

CHAIR: Yes. Now you are sworn in you are covered by parliamentary privilege so speak openly and frankly. We thank you for giving up your time to appear before the Committee today. Ms James and Mr Flowers, maybe we will start with you, is there an opening statements you would like to make before we proceed with the questions?

Ms JAMES: Very simply, we are in support of statutory registration under a protection of title model. We are happy to go through the questions that you have but we have some additional issues we would like to raise at the end, which is education standards and national approaches. Some comments on the Victorian model, grand parenting and English requirements for practitioners; standards in acupuncture for doctors and the World Health Organisation standard and there is a typo in our submission I will correct at the end.

CHAIR: Can I ask Ms James or Mr Flowers how many members does your association have?

Ms JAMES: The Australian Acupuncture and Chinese Medicine Association 1562 members as of Monday. Of those 1391 are qualified practitioners, and of those 516 are in New South Wales. In addition we have 171 student members of which 63 are in New South Wales.

CHAIR: What type of training have these members typically had in traditional Chinese medicine?

Ms JAMES: We need to divide that into overseas trained and Australian trained practitioners. Our most recent set of graduates over the last five years are primarily a four to five year, bachelor qualified practitioners. We accept some three and four year advanced diploma programs. In our submission we have attached as appendix A, a copy of our recognised course list that we give out to prospective students. Because it is a developing profession, our organisation was formed in 1973 so there has been quite a lot of development, so the bachelor degrees did not come into operation until the mid 1990s, so prior to that people had diplomas and advanced

diplomas.

CHAIR: I was going to ask you the same questions, how many members does your association have?

Mr WALTERS: We have approximately 60 members that are registered osteopaths and chiropractors.

CHAIR: What kind of training have these members had in traditional Chinese medicine?

Mr WALTERS: We set the standard in 1981, and this is what I have all ready forwarded and had tabled. All of our members trained in medical sciences, differential diagnosis, neurology, pathology, professional ethics and jurisprudence. We set a minimum standard in traditional Chinese acupuncture, which amount to 370 hours as post graduate training and that is the minimum for anyone to be a member of our association, as long as they are already registered as a health care practitioners.

Ms JAMES: The other aspect of our standard is for overseas practitioners, for China graduates, we accept the five year Bachelor of Medicine in acupuncture or traditional Chinese medicine, Chinese therapeutic massage and acupuncture. For Korean graduates we recognise the five to six year bachelor of oriental medicine degrees. For most others we apply an exam because standards vary so much internationally, it is hard to set a definitive international standard.

CHAIR: Are members of the Acupuncture Association of Australia required to participate in continuing professional education in traditional Chinese medicine?

Mr WALTERS: Yes, we have introduced that as a compulsory requirement.

The Hon. Dr PETER WONG: In what way?

Mr WALTERS: Attending seminars and lectures. We invite recognised lecturers to our annual general meeting for a presentation. What we are proposing here - I guess I am jumping the gun a little to a later question - is the support of our response to that question. We would propose that it be suitable to encourage members to do long distance courses in training. This would involve the reading of a research topic and write a report on that paper. Another method would be to give discussions on a topic based on researching the topic in journals and textbooks. This would be an excellent alternative to travelling long distances to attend lectures, which at times is inconvenient due to work hours. We would like to see continuing education expanded to include thee ideas

The Hon. Dr PETER WONG: Many professions nowadays do require to achieve certain points over a certain period, maybe, for arguments sake, a thesis is worth ten points; do you have any such standard that in a certain number of years your members have to achieve certain points?

Mr WALTERS: Our requirement is ten hours per year in attending either seminars or specific lecture material. But we do not have any long distance requirements, they have to attend.

Ms JAMES: Can I answer that?

CHAIR: Sure.

Ms JAMES: In relation to the Australian Acupuncture and Chinese Medicine Association we support compulsory continuing professional education in the event of statutory registration. We also require that, we have not strictly enforced it, but we have advised our members that from this year it is going to be strictly enforced, and we require 20 credit points a year and roughly 1 credit point is one hour of contact. We would support the Acupuncture Association of Australia has said about flexibility, especially in regional and rural areas. Our continuing edition is a combination of journals, seminars, workshops, study groups and mentoring and post graduate education and the practitioners make their own selection.

CHAIR: Mr Walters, would you be in favour of chiropractors and osteopaths who practice traditional Chinese medicine having to have dual registration?

Mr WALTERS: I cannot speak on behalf of the chiropractic profession or the osteopathic profession. That would have to come from their registration boards or their respective associations . As an acupuncturist however, I think that not only should chiropractors and osteopaths have to have dual registration , but that every health care profession should have dual registration. Legislation is implemented in the interests of the safety to patients from practitioners. It would appear that it would be defeating your purpose if you insisted on people practicing as an acupuncturist having to meet certain minimum standards of education and at the same time allow exemptions to other health care practitioners in the level of education in Acupuncture. I think that this is defeating the purpose of the proposed legislation.

I know as a chiropractor and Ms McMahon who also is an osteopath, it is very frustrating when only two days ago to be told by a Physiotherapist who is sharing treating a motor vehicle accident victim that he does Chiropractic. He might crack bones and cavitate joints but Chiropractic is far more thorough and detailed than that. The same goes for Acupuncture. You cannot do a symptomatic course in Acupuncture and really understand full traditional Chinese Acupuncture. This is when you compromise the safety of the patient because you do not know what you are doing. I am saying this as an Acupuncturist. What the Chiropractic association and the Osteopathic association decided to do is their business. As an Acupuncturist and having seen what happens as a registered Chiropractor, I think it would be a shame to see people be able to complete short courses in Acupuncture and still call themselves Acupuncturists. So, in the interests of thoroughness and for the omission of hypocrisy, I think every profession should have dual registration and meet the minimum standards of training. Some people believe that lay Acupuncturists will be unsafe. Differential diagnosis, Ethics and Jurisprudence and the other medical subjects can be taught to any university student who is studying to be a registered health are practitioner. I think it should be part of the curriculum. I think therefore that everybody should be required to have dual registration. .

Mr SHEARAN: Can you estimate, Mr Walters, the proportion of work done by your members in traditional Chinese medicine as opposed to chiropractic and osteopathic work?

Mr WALTERS: We have done loose surveys on occasions at our AGMs, and just talking amongst ourselves, and it seems to vary a bit from day to day, but on average anywhere between 20 and 95 per cent of patients receive acupuncture. Some use it a lot more often than others. I would say that would be a fair figure. It varies a lot. Some patients who come to see you as a registered chiropractor or osteopath do not come in for a specific problem that you address with acupuncture. If you are dealing with other cases where there are other intervening factors, yes, you can. Then you get patients coming in strictly for acupuncture, because word of mouth. So that would be a rough ball park figure.

CHAIR: Ms James and Mr Flowers, members of your association, what would be the percentages of treatment?

Ms JAMES: We think anywhere between 90 to a 100 per cent. Some of our members are also qualified in other areas of health care practice such at naturopathy, not so much in New South Wales but in other states, some are chiropractors. Our chiropractor membership is low in New South Wales.

CHAIR: Questions for both associations, we might start with Ms James and Mr Flowers, how are complaints from patients about traditional Chinese medicine treatments handled?

Ms JAMES: We get verbal complaints and written complaints. We can not deal with verbal complaints we just make a file note, in the event that a written complaint comes in later. It is a bit unclear sometimes whether it is a complaint or an enquiry. Sometimes they are not about members as well so we have little jurisdiction. We operate a formal complaints mechanism through a Disciplinary Committee. The complaints have to be in writing. It has to be signed by the complainant. It is then referred to a disciplinary committee and they write to the practitioner and the practitioner has to answer back. Do you want me to go through the detail of the process?

CHAIR: Yes.

Ms JAMES: The practitioner is notified and the substance of the allegations are outlined and then they are given a specified time within which to respond in writing. We only deal with written material. We do not deal with hearsay allegations because of legal reasons. So the disciplinary Committee has a process where it examines a complaint in the light of the practitioner's response and it goes through a series of questions, and did on the balance of probabilities the conduct complained of occur, and if no, what did occur. If, yes, did the conduct that has been established as happening constitute a breach of the code of ethics or a standard of practice; and if yes, is disciplinary action warranted; and if, yes, what. I have outlined at the beginning of the submission the sorts of penalties, going from the mild to the severe, counselling and mentoring, directed, continuing professional education, a warning or direction to cease, or to do certain practices, a fine, suspension of membership and accreditation or expulsion from the association. I can actually tell you how many complaints we get. In 2004 we got 22 complaints 18 against members and four against non-members. That is written complaints. That is broken down into one about infection control, one about health fund problems and receipting practices. Five about indecent assault. Six about advertising standards. Five about standards of service delivery. Two about fees and charging practices and two about other miscellaneous things.

In 2005 so far we have had 18 complaints to date. Of which 13 are about members and five about non-members. It is not a big number but it is very time consuming to manage. Four are in relation to alleged health fund and receipting fraud. Six are about indecent assault. One is about advertising. Two about professional standards. Two about fees. One miscellaneous and two about infection control. In relation to infection control allegations if we get a verbal complaint we do refer that to the local authority, because it is a safety issue, and we ask them to go and inspect the practice because it is easier for them to do it.

In response to the issues mentioned by Dr Steven Li earlier. All of our complaints are from non Chinese patients, not one complaint in the last two years, that is written, has come from a Chinese patient which I thought very interesting. We had not looked at that demographic. I looked at that after hearing his comment. We would agree that the Chinese members of the community are not complaining. That is contrasted with over 50 per cent of the complaints are about Chinese practitioners. Quite serious complaints. They are mainly about indecent assault, alleged fraud in relation to receipting and health fund provider status and infection control. As I have said we have not looked at that break down until today.

CHAIR: It may well be that those members of the Chinese community who are having TCM are not aware of your existence to make a complaint?

Ms JAMES: That is possible and it could be language barriers, and that is something we need to look at.

CHAIR: Mr Walters, would you like to give us a break down of how complaints are dealt with?

Mr WALTERS: The short answer is two. We have just had a complaint referred to us about an acupuncturist in Western Australia who is claiming to be a member of our association and he is not. We wrote a letter of demand to show us that he has changed his letterhead and acknowledging that he will not claim to be a member of our association. There has been, in the last 25 years I have been associated with the association, there has been one other complaint where a patient claimed that one of our members broke off a section of an acupuncture needle in the lower leg near the shin bone. That case went to court. We supported the member with cumulative years of evidence amongst our members where there was nil evidence of anybody knowing of an acupuncture needle breaking off. It may be worth knowing that you can actually tie a knot in a stainless steel acupuncture needle. They do not break. We also had a metallurgist examine the piece of metal and give evidence. The piece of metal was not from an acupuncture needle. It was most likely a fragment of metal through up when moving his lawns. The member was completely cleared based on the evidence provided.

Ms JAMES: Could I add one more thing. We sometimes will refer, depending on the complaint, to a statutory board and sometimes to another association. We referred that last complaint to your organisation and to five other organisations, mind you. Sometimes we liaise with the police and also we try to refer serious ones to the statutory complaints bodies but there is not much they can do about the complaints in terms of the practitioner.

CHAIR: You may have heard this morning Professor Bensoussan saying that he believed there was something like 23 associations representing traditional Chinese medicine practicing in that area across Australia. So it is good to see that at least two associations are collaborating together and working together. My question is, does the Acupuncture Association of Australia fully endorse the joint submission that it was signature to which went to the New South Wales Department of Health?

Mr WALTERS: Yes, we do as I said in my opening comments, we did, in addition to the Joint Submissions send a letter to Ms Mary Crum, Quality and Clinical Policy Branch, NSW Health Department. She was associated with that enquiry. This letter added some more detail about some of the issues raised in the inquiry by the Health Department. One is that the Health Department did not realise that Chiropractors and Osteopaths were registered health care practitioners. What we wanted to outline was what I stated earlier. We would like to see a certain standard set in the education of Acupuncturists. It has to be an absolute minimum standard to ensure that the quality of Acupuncture remains very high in Australia. This standard must not be threatened by people doing quickie courses and performing symptomatic recipe book type treatments. The corollary of this is that they will blame Acupuncture when their treatments fail. I think this would be a disservice to a wonderful 5,000-year-profession.

The other point that I would like to comment on is the grandfather clause. We as an association believe that the grand parenting example set up by the original Chiropractors and Osteopathic Registration Board in 1978 was excellent. They recognised courses that trained them prior to registration. They did this by making them prescribed courses and gave the practitioners who completed those courses and had been practising full time ever since a set time to apply for registration. At the end of this set time the course was removed from the prescribed courses list. That is a way to allow these original practitioners who have become the leaders in their profession, to finish their careers. Those who choose to become an Acupuncturist after registration would have to complete the new minimum standard course prescribed by the new registration board. This is what we would like to see in terms of grand parenting. This goes beyond just claiming that you have practised for 10 years. With this approach the applicant has to produce the qualifications and maybe even request tat the new board prescribed their course for grand parenting. Judy has already alluded to the next point. I think that in the grand parenting clause, a lot of practitioners may need to be upgraded in cardio-pulmonary resuscitation. The St John's Ambulance course is recognised as a good standard for that. Some may need to complete additional courses such as differential diagnosis and ethics & jurisprudence. After listening to some of the survey results from Judy, I think that might be quite an important one. This legislation is going to be in Australia for Australians. Whilst Australians are made up of just about every nationality but we are an English-speaking nation We believe that if an individual wishes to practise in Australia as an Acupuncturist then they must have a good command of the English language. A lot of European descent Australians will look for a Chinese trained Traditional Chinese medicine practitioner.

The grandfather clause can accommodate that. If they are in the 55-60 year old age bracket we have to allow them to continue doing what they are doing. However, say from here on in anybody who comes in to the country and they want to practice they must have a good command of the English language. You can ease these things in and it is painless if you do it that way. We as an association would like to see a grandfather clause that incorporates all those ideals to ease in a nice gradual progression. A lot of the chiropractors that were poorly trained originally, that were registered, are now retired. Now all we have is three year science degrees with two year post graduate masters degree in chiropractic from Macquarie university. They are the new breed coming through and that is the new standard and it is an easy way to do it. That covers it all.

CHAIR: I was wondering, to both associations, what other professional associations collaborated with you on your submission or is it just the two associations?

Ms JAMES: No, we haven't collaborated on the submission, we are just presenting together.

CHAIR: The previous, you did the joint submission to the department.

Mr FLOWERS: Seven associations: Got the Acupuncture Association of Australia, Australian Acupuncture and Chinese Medicine Association, which is us, the Australian College of Acupuncturists, Chinese Medicine and Acupuncture Society of Australia, The New South Wales Association of Chinese Medicine, The Australian Traditional Chinese Medicine Association, The World Federation of Acupuncture, Oceania region. Then we have three education providers of TCM in New South Wales which were the Sydney Institute of Traditional Chinese Medicine, University of Technology Sydney, College of Traditional Chinese Medicine, and the University of Western Sydney Chinese Medicine Unit.

CHAIR: Just finally, you might want to make some comments, what was your response, both associations' response to the terms of reference in this inquiry?

Ms JAMES: We have a whole list of things.

CHAIR: Go ahead, this is your opportunity.

Ms JAMES: We have largely put it into our submission, we addressed each of the terms of reference, so I will not read it out, I will just touch on the main points. Our first main point is that we support statutory registration and we support the introduction of quality mechanisms in relation to registration and regulation. This is just the summary. We support a New South Wales TCM board, I will explain in a minute why we do not think a national board is appropriate at this time, and we support the joint submission but we would like to make a few comments on that. When we did the joint submission, obviously with so many organisations coming together, we all compromised and we put a range of views in some areas. I wanted to explore some of the views without negating the other views.

I don't think I need to go much into complaint handling, I think that was done very well by the earlier presenters. Except to say the main limitations we are finding with self regulation is that not all practitioners are members of a professional body that administers an enforceable code of ethics, and that is a big problem. Associations administer their codes differently and maybe the public does not know they can complain to you, and compliance by practitioners is voluntary. The biggest problem is if you try to apply a disciplinary sanction to someone who has done the wrong thing, and they do not like it, they just resign and so you lose any authority you have had over them. We have been midway through a complaint and someone resigns the complainant is left high and dry and they are upset because you can not deal with it any more. There is a problem getting referrals from the HCCC. We have received them in the past, and that was in relation to matter that went to a criminal trial. Then there was no case to answer. This had taken years and years with multiple complainants alleging similar conduct. It is a problem if you can't get access to the original material, because we are not protected by statute. If we enforce a disciplinary sanction against a practitioner on the basis of what the HCCC said we may find ourselves open to denying natural justice to the practitioner. We have to re-investigate everything again. With a statutory model it will make it easier to deal with those sorts of relationships. We do not think it is going to put a load on to the HCCC but there are some complaints that would be more dealt with by them .

We see education standards as the key and we actually were, we had established a process in 1998, it went for three years, to set minimum education standards for traditional Chinese medicine programs and that process involved, I will just refer to my notes, 39 organisations, which is TCM professional associations and TCM education providers and I have done an extract and listed those organisations in appendix 2 of the submission, but I would also like to actually table as part of this inquiry the Australian Guidelines for Traditional Chinese Medicine Education. It is an agreed position that has been in place since 2001 when this was first published and that is that education programs should be at four to five year bachelor degree level and the idea is that we are

not trying to put existing education providers out of business, and we have allowed a fairly generous period to convert their courses. But we feel that we can not enforce this and there are still courses, new courses being developed below the level the profession wants, because there is no way we can stop them.

The Hon. Dr PETER WONG: Do we have a copy of your book?

CHAIR: She is tabling it now.

Ms JAMES: And we can give you a copy. We will give you as many copies as you want. We have boxes.

The Hon. Dr PETER WONG: From the hearing today I seem to form a distinct impression there really are, generally speaking, two groups of people; one are the western doctors, chiropractors, osteopaths, physio who practice acupuncture, and somehow the terminology of TCM is all mixed up. We seem to also imply GP who practice acupuncture are also called TCM practitioners, which is only a bit of it, not the total picture of it. Isn't it true in reality we need to be saying this group of people, a bit like it was mentioned early on, who practice acupuncture, need to go through proper training, proper institution and recognise as a medical or acupuncturist who may prescribe some general Ginseng and chamomile and gingko, that type thing, as against a more complete picture of TCM practitioners who, besides doing acupuncture, also practice prescribing herbal medicines. They are two groups, are they not?

Mr FLOWERS: I don't think you can separate the group, there is some overlap. I think that is an interesting question. What you are talking about is the practitioner who can prescribe herbs.

The Hon. Dr PETER WONG: Exactly. To give you an example, maybe I will elaborate a bit more, for example, in Singapore or Hong Kong or in China, Taiwan, if you are a TCM practitioner, you have to go to a TCM course which enables you to write prescriptions in herbal medicine. We are not talking about counter medicine and, therefore, would you not require this category of people, practitioners, who are, apart from acupuncture, also prescribing herbal medicine formulations, don't they need to be a more detailed study?

Ms JAMES: There is a whole range of questions in there but I think one of them is if the standards for acupuncture and Chinese medicine overlap because there is a common Western medical sciences syllabus or study, there is also a common theoretical and diagnostic framework, but the application is different. Registration would have to require practitioners to be registered in one division or two divisions or whatever, according to their qualification. Under a protection of title model we also think that there should be a restricted practice in relation to scheduled Chinese herbs to allow registered Chinese herbalists with appropriate endorsement to prescribe and dispense those scheduled herbs.

The Hon. Dr PETER WONG: I am saying there are two groups of people. One group does acupuncture. I give you a bit of Ginkgo, Echinacea, that is fine, but is a TCM practitioner who literally, apart from acupuncture, is writing Chinese prescription, aren't they in a separate category and therefore need more training?

Mr WALTERS: Doctor, I think that is covered in the joint submission how we do separate both those approaches. We do separate an acupuncturist from a traditional Chinese medicine herbal prescription doctor. In the joint submission there is two different requirements for recognition in the Act.

CHAIR: If you are proposing that. In Singapore that was the case; they, first of all, registered acupuncturists.

The Hon. Dr PETER WONG: I am bringing it back to earlier on, I will not mention the speakers name, as really supporting what you are saying, if one, a bit like me, wanted to be a TCM practitioner, prescribe herbal formulations, I need to go to do proper training rather than learning ten hours from James and be a TCM prescriber. I am trying to say that.

Mr FLOWERS: In Victoria they have the acupuncture division and the Chinese herbal medicine division. A lot of people belong to both.

Ms JAMES: It is the issue of title. If the person wants to hold themselves out as a Chinese herbal medicine practitioner and, therefore, hold out to be qualified to prescribe herbs, then they should meet the requirements for that division. That does not mean that a registered acupuncturist cannot also supply over the counter products to members of the public because they can get them from Woolworths or they can get them from the health food store. So, they are not a restricted product. We would not see an acupuncturists who is prescribing vitamins, minerals, possibly some over the counter Chinese herb products, they are not holding out to be a Chinese herbalist. But they still have to be qualified and know what they are doing.

CHAIR: So you are saying some dispensers could also be registered to prescribe, they would do both jobs. I think in Shanghai they do not allow that to happen.

Mr FLOWERS: Can I just add that we have some people here from UTS and UWS, and the graduates from the universities today learn acupuncture and herbs together, that is what they learn. Most graduates today are coming out with the skill to do both very well.

CHAIR: I correct myself, in Shanghai if you are dispensing and you also want to prescribe you have to be registered for both and have your premises inspected and approved to be a clinic and dispensary.

Ms JAMES: Also dispensing is a separate profession in China and practitioners may also be trained as pharmacologists as well. The profession is probably not big enough at this stage to sustain a wholly independent professional dispenser. I don't think it is viable. It would have to allow the practitioner to also be the dispenser otherwise you would have problems getting access to the product.

The Hon. Dr PETER WONG: Do you allow someone who does medical acupuncture to call himself a TCM practitioner?

Ms JAMES: Mostly they do not want to.

Mr FLOWERS: We do not agree with that. That is the point you were getting to, was it? Right.

Ms JAMES: I would like to bring to the Committee's attention a document that has been in place since 1999, it has been published by the World Health Organisation traditional medicine team. It is called *Guidelines on Basic Training in Safety in Acupuncture* and I have inserted it as appendix C in our submission. We do not agree with everything in there but it is basically sound when it comes to training. For an acupuncturists who wants to practise acupuncture, they are not a doctor, then they recommend 2500 hours and they have some content areas. That is largely consistent with what is in this document, which recommends a 2500 hour course over four years with about one third medical sciences, about one third theoretical studies and about one third clinical.

They also talk about the requirements for medical doctors and there is a section in there which is called, it is under levels of training, it is called *Full Training in Acupuncture For Qualified Physicians*, and here they are not meaning a specialist physician they are just meaning a Western medical doctors. They are saying,

> "This program is designed for qualified physicians, modern western medicine, who wish to practice acupuncture independently. Treating the various conditions for which patients are commonly treated by acupuncture practitioners".

They say you have all the Western medical sciences knowledge, you just have to pick up the elements in acupuncture, and they recommend 1500 hours of study is sufficient. We read that and we say full training in acupuncture for physicians who want to practice independently, which is

unsupervised, then anything less than that cannot be independent practice. At the other end of the spectrum for doctors they have a standard called *Limited Training in Acupuncture For Doctors*, 200 hours. We would read that to mean you are not qualified to treat the full range of conditions, you are qualified to do limited treatments and if the full training is for independent practice then the limited training must be for supervised practice. The issue is, it is really unfortunate and we are very disappointed, that the standard generally set by doctors for acupuncture is at the 200 hours, not the 1500 hours. We think the public needs to know the truth, 200 hours is not the benchmark for full training. It is the basic bare minimum so you do not kill someone.

CHAIR: We need a grandfather clause for western trained doctors as well. For those who are currently undertaking acupuncture but not having had 1500 hours of training as prescribed by the World Health Organisation but in the future, if legislation came in before a doctor could undertake acupuncture, they would have to undertake 1500 hours. I wonder why the medical board did not come to that?

Ms JAMES: We do not have a problem with doctors practising acupuncture, our issue is about standards, and it should be the same standard for everybody. The other aspect of that is we are not necessarily recommending, this is solely for the doctors, not for the other health processions, we are not necessarily wanting to register the doctors with the TCM registration board. We think it would be absolutely unworkable. You would be in court every day. We are happy for the medical board to register them and deal with them but they should be required to meet an appropriate safe standard. I have to say on the record it is like pulling hen's teeth to actually find out what the actual standard is to the Medicare rebate. I didn't mean to use a colloquialism in a parliamentary inquiry. We feel it is about time that the public was aware of what the WHO actually said.

Mr WALTERS: There are two other points that we agreed upon, all the associations in response to the last question, in response to the terms of reference of this inquiry, one was we supported the idea of having the complaints dealt with as per the method used by other health care registration boards in New South Wales. For that reason we thought it was unworkable to have a national board for acupuncturists or TCM doctors. We thought maybe they could form a joint national committee to prescribe courses, but I think it is unworkable to have a national registration board in Adelaide supervising a situation that develops in Queensland. They are not on the scene and that creates problems. That is why we supported that. The last one was we also supported as a group the compulsory professional indemnity insurance cover of at least $2 million. I don't know if that is enough. Speaking as a chiropractor, we have to have a compulsory minimum of $10 million. There has to be a minimum compulsory professional indemnity insurance, as agreed to by the group there.

The Hon. Dr PETER WONG: I have another question, obviously after talking to different people today everybody seems to be running their own course, either acupuncture or traditional Chinese medicine. If the Government goes down the way of registration of TCM practitioners or acupuncturists there needs to be a guide line?

Ms JAMES: We agree.

The Hon. Dr PETER WONG: So there is no fighting. In medical facilities across Australia there are similar standards, there is no outrageous difference. In training a TCM and acupuncture, regardless of GPO, or osteopath, or chiropractor, or TCM, ought to be similar standard which accompany our registration.

Mr WALTERS: It would be nice to have a post graduate course if they decided they would like to learn acupuncture. You should be able to do that without the need to do all the other basic subjects in the course. Maybe a post graduate program setting a minimum standard might be a nice addition to the educational requirements if the board is set up.

The Hon. Dr PETER WONG: You talk about both undergraduate and post graduate standard.

Mr WALTERS: Yes.

Ms JAMES: Can I add, there is a process already in place on that. Our organisation was provided with complementary therapies funding, as were four other groups. Our funding was to establish a number of things and one was to establish a national education council to provide uniform national course accreditation, which we have done. It actually developed out of this process to set standards at the last meeting of the consultative committee, which involved all but one organisation in the country, it was agreed that we would apply for the fund to go set up a body to administer uniform national course accreditation.

The council has been appointed, and I will not go through all of the terms of reference, but it is in the submission and it does include setting standards for post graduate and graduate entry standards. Just so you know the sort of people who are on this Committee, do you mind if I read out the names? The president is John McDonald, he is a senior lecturer at the Australian College of Natural Medicine in Queensland. Vice presidents are James Flowers and Mr Congxing Yang, who is from the Australian College of Acupuncturists. The other council members are Dr Henry Liang, who is a principal of the Sydney Institute of TCM. When I say "doctor", I mean they have PhDs. Dr Lisa Yanyan Liu, from the Melbourne College of Natural Medicine. Dr Wendy Morrow, from the South Australian College of Natural and Traditional Medicine. Professor Michael Weir from Bond University. Dr Hong Xu from Victoria University. Associate Professor Charlie Xue from RMIT University. Chris Zaslawski from the University of Technology Sydney, and Xiaoshu Sue Zhu from the University of Western Sydney. It is not a light weight group, it is actually got a very broad selection from the TCM education sector as well as people from outside TCM. We have had Ministerial approval to incorporate but we have not done it for various reasons not to do with the council. Their documentation is going to be ready by the end of next month.

CHAIR: Our time is drawing to a close as we have other witnesses to appear and we have done over 45 minutes. Are there any further questions from the members. Any short brief final statements?

Ms JAMES: Very brief. In relation to the issue of diagnosis we could not really understand what the issue was there because in our profession we have always required sufficient western medical sciences which, as Professor Bensoussan said, has developed. Indeed, the use of stethoscopes and taking blood pressure is a basic aspect of clinical assessment, it is not making a diagnosis, it is assessing and red flagging. It is also a variable in all of the health training packages, for complementary and alternative health medicine, as just a basic skill. It is not something unusual to be requiring practitioners to be able to have basic clinical assessment skills, indeed we would expect it.

The Hon. Dr PETER WONG: Pharmacists and nurses use that, it is not highly dangerous stuff.

CHAIR: Mr Walters, any further comments?

Mr WALTERS: No. Thank you for the opportunity to present our case.

CHAIR: Thank you to all of you for appearing.

(**The Witnesses Withdrew**)

(Short adjournment)

ALEXANDER CARL KISS, Environmental Health Officer, City of Sydney Council, Town Hall House 456 Kent Street, Sydney, sworn and examined;

CHAIR: We have prepared a number of questions and I am sorry, we will read through those. If they do not refer exactly to your area they may have been made up for Ms Smith. So, I apologise for that.

Mr KISS: My primary responsibilities are food safety of the city's 3,500 food premises, but I am also responsible for inspections of sex industry and skin penetration premises, which includes acupuncturists.

CHAIR: What contact do you have with practitioners of traditional Chinese medicine?

Mr KISS: I have direct and indirect contact. Direct contact is actually on inspections, phone contact, issuing of correspondence. Indirect contact is through supervision of staff and the issues that they come up with.

Ms GADIEL: How regularly are inspections of the facilities used by practitioners of traditional Chinese medicine carried out?

Mr KISS: Just to make one thing clear, we only inspect TCM practitioners if they practice acupuncture. If they do not have acupuncture there is no New South Wales legislation covering the area. We have no powers of entry. We can not really do anything. For the acupuncturists, we inspect them every six months and more often if there are problems. That is the City of Sydney. I suggest that in other LGAs it would be once a year or even less.

CHAIR: Is that because you have more practitioners, you believe?

Mr KISS: No, I think it is because of the city's dedication to public health and the amount of resources that get put into that area for statutory inspections in the areas of food, cooling towers for Legionella, tattooists, that sort of thing.

CHAIR: Would you say you are the epicentre for the practice of traditional Chinese medicine?

Mr KISS: I think so. It would be down in the Chinatown precinct. I understand there is a lot in other parts of Sydney, Canterbury Council, but we would be the epicentre, I guess.

Ms GADIEL: How many staff do you have involved in carrying that out?

Mr KISS: There is one full-time staff, a senior officer, who specialises. He would be about 50-60 per cent full-time equivalent in skin penetration and acupuncturists would take about 20 per cent of his time.

Ms GADIEL: The staff member who is involved in these inspections, and the inspection of facilities, are they bilingual?

Mr KISS: No, he is not bilingual. We have another environmental officer who is Chinese, he speaks Cantonese. We have got accredited people in different sections of council who speak Mandarin and Cantonese. If need be they can be called upon to assist with interpretation and translations if necessary.

CHAIR: I suppose that covers question 5, we were going to ask you about access to interpreter services.

Mr KISS: I could add, we have not had the need to call for interpreters. English is limited but the ones we have dealt with they have got enough understanding of English so we get a message across and understanding. We have informally on occasions used receptionists or even clients to assist with translation and interpretations if need be.

Mr SHEARAN: What issues have come to your attention in inspecting facilities used by practitioners of TCM?

Mr KISS: Really simple stuff that there is no excuse for in regard to acupuncturists; reuse of unsterilised needles, use of new needles that have not been sterilised in the first place, use of sterilised needles which are way beyond their used by date. I caused to be destroyed some that said "use by 2001" last week that were found in the premises. Issues with personal hygiene, no soap and towel and hand basins. Some premises have not had hot water. They are not using single use gloves. Problems with the premises where there is holes, access for vermin, inadequate construction. They are the standard things.

The worst case scenario would be like an instance last year where another officer on a routine inspection came across suspicious equipment, schedule 4 medicines, injectable medicines. He contacted the health department, public health unit people, they went out, and subsequently that practitioner was charged with offences, they were performing abortions on the premises. This person has had previous convictions from ten years ago. They again surfaced about two months ago in very old heritage listed premises owned by State Rail and it was absolutely shocking. There was no electricity on the premises and no indication that electricity could be supplied anywhere in the short term due to complications. The premises was inadequately ventilated. It was not constructed properly, dangerous floorings, there was the scheduled medicines there again. It was something out of the dark ages, they were using lanterns powered by liquid fuel to give light. Because it had been on the back of a development application we were able to take action under the Environmental Planning and Assessment Act for breach of development consent conditions and they were operating without an occupation certificate. We managed to handle that one. That is the worst case scenario but that is what is going on out there.

Mr SHEARAN: What other options do you have when there is a questions of safety?

Mr KISS: It is very difficult. Normal protocol when we find problems is through education and verbal warnings. We issue an inspection order sheet for every inspection, we issue warning letters. We can use notices and orders under the Local Government Act and as a last resort prosecution action, but there is a lot of limitations and difficulty with taking prosecution action.

Primarily the way the legislation has been framed under the Public Health Skin Penetration Regulation it is really weak. To catch someone or prove someone is using unsterilised equipment to penetrate skin you virtually have to catch them and get the verbal admissions. The legislation is so poorly framed. We have been making representations and making a noise about this for years but it falls on deaf ears. The other thing is the penalties are woefully inadequate. The maximum penalty under the legislation is 20 penalty units, which is about $2,200. I compare this to food legislation, that has gone up to 500 penalty units for individuals up to 2,500 for corporations, that is for strict and absolute liability offences, and it goes up to 5,000 penalty units for offences where people knowingly commit offences. Food safety is very important and so is infection control in skin penetration and it should be given equal billing.

The Hon. Dr PETER WONG: Could you give us a copy of your submission to the health department previously as a record?

Mr KISS: Yes, I can. It is a few years old but I have got some copies.

CHAIR: If you could forward that to the Committee that would be of assistance.

Mr KISS: Okay.

CHAIR: You mentioned about these atrocious conditions you found recently. Have you found any other types of practitioners practicing in similar types of conditions, tattooists and so forth, or has it been mainly in the traditional Chinese medicine area?

Mr KISS: The other high risk area is tattooists and body pierces. We have found there is serious issues there as well, but nothing as far as operating in primitive conditions, we never find

that in other areas.

CHAIR: Could you tell us what other agencies you liaise with in the inspection of facilities used by the practitioners of TCM and in the follow up of issues that arise in the inspection?

Mr KISS: I liaise closely with people like Diane Smith from the public health units. The City of Sydney is in a unique position where our boundaries are covered by two area health services and hence two public health unit, we liaise with both. Recently I liaised with the New South Wales Food Authority because some of the practitioners also sell foods which are found to be in breach of health claims legislation. For example, these slimming teas which purport to give massive reductions in weight loss, to clear breaches of the national food standards code.

In the past I have also made contact and liaised with the Therapeutic Goods Administration, and I have recently had a look on their web site, and they do quite a bit of work where they go out and do seizures of medicines and look into things like prohibited ingredients in some of the remedies such as, a recent one I saw was extract of seahorse which you cannot use seahorse that is on the Australian coast, for any sort of commercial use. Things like that. They would be the organisations I would liaise with.

The Hon. Dr PETER WONG: Do you think there is a value in accrediting those health clinics, including Chinese medicine practitioners? As you know doctor's practice and dentist's practice get accreditation from time to time, which they inspect every three years, do you think there is a benefit to this way of going down and who should be responsible?

Mr KISS: I think it would be a good idea if there was registration and accreditation, it should go a long way to raising the standards. It would be beneficial for us for joint education programs or issues, being able to check on a data base to see if places are registered. From our point of view, from being out at the coal face on inspections, what we want is stronger clear legislation that we can properly educate on, warn on and enforce if necessary.

The Hon. Dr PETER WONG: Have you spoken to the relevant TCM organisations concerning perhaps a voluntary code of conduct?

Mr KISS: No, I have not. Some years ago I had organised various education seminars for skin penetration proponents. That was broken up into groups such as tattooists, body pierces, beauticians and a separate one for acupuncturists where I invited representatives of the head office of the health department, infection control specialists and doctors, and they were really well attended. We did disseminate that we are having those courses, that seminar, through some of the agencies. I can not recall which ones now. They were really well attended.

The Hon. Dr PETER WONG: Does the question of disposal of sharps as well as containment of blood product remain a problem for the council?

Mr KISS: That is a common problem. We are finding a lot of practitioners are using improper or no contaminated waste containers and when they are, they are not using them properly. They are over filling them. The top part, which has these plastic fingers to prevent taking things out and risk of injury, that is being removed. A really common problem is that they are not disposing of them, they have not got a contract with an EPA or DEC licensed waste contractor to dispose of the contaminated waste as it should be.

The Hon. Dr PETER WONG: What is the penalty at the moment?

Mr KISS: In the legislation there is a requirement under the public health legislation that they must have a contaminated waste container but there is nothing in the legislation to say that it must be disposed of according to the EPA guidelines. It is in the health department's guidelines for skin penetration and a code of best practice but that is all it is. We believe a lot of what you mentioned is contained in the code of practice or the guidelines, but it is not good enough, it should be in the legislation. All we could do for these issues is warn and warn time and time again and we have got no teeth.

The Hon. Dr PETER WONG: The simplest solution would be to accredit clinics and, therefore, they have to follow the guidelines?

Mr KISS: I think it should be in legislation. The good people, 80 per cent are doing the right thing and they will continue to do the right thing. Self regulation and following of guidelines does not work for the other 20 per cent or so.

CHAIR: Who should be responsible for the role that you play now if we register tradition Chinese medicine and we set up a board, should the board be responsible for the inspections or do you think council should continue to do that?

Mr KISS: I think council should be with the public health units. We need training in this area ourselves. I have got some expertise to avoid infection risks in acupuncture but I don't know a lot of the supplementary medicines that are given out, I am not up to date on the labelling. I am not au fait with the procedures going on. We are learning when we are out there. There is all different implements and contraptions and machines, and we ask what do you use this for, how does this work. We are learning from the practitioners. I believe the health department should be the lead agency again in this providing, if it did come under our jurisdiction, providing the leadership and training and support for local government officers and their own people.

CHAIR: Any further questions. If not is there any closing comment you would like to make?

Mr KISS: I would like to make a comment back to the health department being the lead agency. There is a real disappointment both at local government level, and their own officers that work at the coal face, in the area of enforcement. A number of years ago there used to be a lot more prosecutions and it used to work. Things would be taken care of. It would act as a real deterrent but there seems to be this central prosecutions branch in the health department and to be honest and blunt they have just gone so soft and weak, you can not get them to take any action. They totally err on the side of caution as opposed to us at the city, where we will take something on and we win most things. If we lose a case we will work it out and see why did we go wrong, what did we do wrong, what needs to be changed. If there is an issue with the legislation then we make representations to change that legislation. The health department are not doing that. They have gone really soft and there needs to be changes there.

CHAIR: Thank you very much for your evidence today. We appreciate you coming before the Committee and I am sure there is a few more questions we might have to ask of you during the course of the inquiry.

Mr KISS: I am happy to assist.

(**The Witness Withdrew**).

JACK ZHENG, Chinese Medicine and Acupuncture Society of Australia, 236 Burwood Road, Burwood, Sydney,

SHI ZONG ZENG, Chinese Medicine and Acupuncture Society of Australia, 311 Liverpool Road, Ashfield, Sydney,

DEYI HU, Chinese Medicine and Acupuncture Society of Australia, Shop 1, 774 Pacific Highway, Gordon, Sydney,

CHEN YU CHENG, President, Australian Chinese Medicine Association, Shop 2, 72 Archer Street, Chatswood, Sydney, and

ANDREW YUAN, Australian Chinese Medicine Association**,** 70 Lilly Street, Hurstville, Sydney, affirmed and examined, and

ARSENY IVANOFF, President, The Australian Traditional Chinese Medicine Association, Suite 9, 81 Old South Head Road, Bondi Junction, Sydney, and

JINGBIAO LI, The Australian Traditional Chinese Medicine Association, 130 Devonshire Street, Surry Hills, Sydney, sworn and examined:

CHAIR: I appreciate the fact that all of you have made time to come here today. I know you are all very busy in your occupations. It is important to speak to you as representatives of your different societies and associations but also practitioners of traditional Chinese medicine. We have heard a lot from western trained practitioners who are practicing TCM but we thought we would like to hear some information from people who have trained overseas and are full-time practitioners of TCM.

I was wondering if we could go through, and I am going to ask of each of the groups, the Chinese Medicine and Acupuncture Society of Australia, I was wondering if you could describe the number of your membership and how many people are members of your society and the qualifications those members have?

Mr ZHENG: Can I ask my President, for this public hearing last night we sat together and had a meeting with regard to the three organisations, that maybe we go this way and save time so we have the president to answer your questions.

CHAIR: You have a representative for each of the three.

Mr ZHENG: Yes.

Mr LI: Mr Chairman, can I ask you to grant me a chance to represent all three organisations and present our common view with issues related to traditional Chinese medicine.

CHAIR: It would be interesting for us to know of the three associations what is the membership for each rather than a total number. Go ahead.

Mr LI: I tried to cover most of the issues but due to the time limit I just could not do that. If there are any questions missed in my presentation please feel free to ask.

CHAIR: You were given a copy of the questions we were going to ask you, so you have prepared a response to those questions which I am going to let you do now.

Mr LI: Mr Chairman, we represent the three organisations: The Australian Traditional Chinese Medicine Association, which has 325 members; The Chinese Medicine and Acupuncture Society of Australia has 306 members; the New South Wales Association of Chinese Medicine has 231 members. Our members mainly practice in Chinese herbal medicine, acupuncture, tuina, that means therapeutic massage. Members of the three hold qualifications at different levels. Mainly these qualifications fall in three categories: 65 per cent of the members hold tertiary education;

around 30 per cent hold a diploma and certificates which are acquired from overseas or in Australia; less than 5 per cent have received no formal education in TCM.

The three associations support the registration for TCM practitioners to be introduced in Australia. In the last 20 years Chinese medicine has been widely accepted by the Australian community. The number of people using TCM are increasing every year. This trend can be supported by the popularity of TCM courses in Australian universities and also increasing herbal medicine imports from overseas. There is no sign this trend will stop. As we understand there is no such risk of free medicine existed in the world. In order to protect the public safety the practice of TCM should be regulated and scrutinised by an efficient and workable system.

Currently in New South Wales there is no qualification requirements for a person who wants to set up a TCM practice. Also there is no uniform qualification requirements and the practice standards available for which all TCM practitioners can comply with. Evidence shows that TCM associations only have very limited means to take an action against a member who has breached the rules, because a practitioner can practice without being a member of a professional organisation and expelled members have a chance to rejoin another association.

Private health funds grant provider status on their own criterion. We believe it now is the time for the New South Wales Government to move to the registration for TCM practitioners. This will allow people in New South Wales to freely and safely choose the medicine they may wish to use.

We are unanimous on the issues related to this registration. They are as follows: TCM is originated from Ancient China. Time has proved this medicine is effective safe and cost effective if compared with other forms of medicine. In China 40 per cent of the population rely on Chinese medicine as their prime health care. In the Australia Chinese community, the percentage using TCM is also considerably large.

Dear Chairman, I wish to emphasise that Chinese medicine is not just a medicine, it is a culture, tradition and a heritage. The Australia/Chinese community wish to keep and pass it on to their younger generations. More important is the thousand of years of experience and the benefit of this medicine should be shared by people around the world, including Australia. The registration for TCM will ensure this happening.

The Victorian model on TCM registration has been accepted by the majority of the TCM associations. However, there are arguments on TCM grandfathering provisions. Please bear in mind the training for TCM practitioners is quite different from the one for medical doctors. While we are focused on formal education and training I can tell you that a practitioner who has no formal education background might be a most experienced practitioner. Chinese medicine has a minimum 2,500 year history, but China had its first TCM education institute established only 50 years ago. I am not down grading the importance of the formal education, but I wish the registration board can look into how the TCM practitioners were trained in the past and give sufficient and fair consideration on practice experience for who has to apply under the grandfathering provisions.

We suggest that: Number one, a practitioner who has been practicing in Australia full-time for at least ten years without a serious misconduct; number two, a practitioner has been practicing in a government run hospital overseas for at least five years without a serious misconduct should be granted registration.

I can not address how important English is for a good practitioner. The association has been encouraging members to improve their English skill. Learning English has been incorporated into the association's continuing education program. Our members are enthusiastic to learn English as this will help them to cope with daily life and help their practice. We understand the learning talent in language and the practice environment is different among individual members. We suggest that: Number one, practitioner aged at 60 or above; number two, practitioner has been practicing full-time in Australia at least for ten years without a serious misconduct; number three, practitioner can maintain a bilingual speaker while conducting a consultation. These people should be exempted from the English requirements.

To secure the public safety herbal dispensing is another important issue. As there is no formal courses in herbal dispensing available in Australia, we suggest that a practitioners registered under Chinese herbal medicine by the board should be considered as a qualified herbal dispenser. The other person should be considered under their qualifications or work experience. In order to communicate with other health providers and to identify whether the problem should be dealt by other forms of medicine the knowledge of western medicine is essential for a TCM practitioner. How much training on western medicine is actually needed, has been an argumentative issue among practitioners and teaching institutions for many years. In Australia the majority of TCM organisations has agreed that one third of tuition time on western medicine study in a university course is acceptable.

We are glad Australia maintains a multicultural policy. We sincerely thank the Committee provide us a great opportunity to present our view on TCM registration. The Chinese community is a relevantly small group in the nation but there is a large number of practitioners who have a chinese background in the profession. As I mentioned earlier TCM is not just medicine, it is culture, tradition and heritage. The impact generated from the registration could be enormous. We wish the Chinese organisations, both in profession and the community, to be consulted while the TCM registration is progressing further.

CHAIR: Thank you very much it is a comprehensive answer to our whole 12 questions. You did a very good job. Do members have any questions arising from that presentation?

The Hon. Dr PETER WONG: You present well about the past and the present. The Committee would like to know what is the future for the TCM practitioners? Would you like them to see university graduates learning in western and eastern medicine and who is conducting the course? What do you see as the future of such courses. What do you think?

Mr LI: At the moment I think that we would like to see that TCM can be officially recognised in New South Wales. Therefore this medicine can be practiced which would be a benefit for both the Australian and Chinese community. The education for TCM is very important. As the TCM develops in Australia, currently there is university courses available in both in New South Wales and Victoria. As far as we considered the program we are satisfied it would meet the requirement for Australia, because TCM in Australia only has a very short history, and there are limited resources in teaching staff and material and facilities. We would like to see if the university course can be further improved while TCM is developing in Australia.

The Hon. Dr PETER WONG: There have been complaints, Sydney City Council came earlier on, about the standard of practice in a TCM practitioner, in particular applied to hygiene, in particular applied to disposal of needles and blood contaminated materials; what is your organisation's view on the practice now and how do you ensure that in order to promote a better image for the practice and, therefore, a code of conduct in which sharps and blood material will be disposed of properly, as along the line of dentist and pharmacies and whatever, is there a code of conduct that you put into safe disposal and it is collected every week, what is going on with every practice at the moment?

Mr LI: The association has been advising the members from time to time, particularly new members that join the association, we give them sufficient information related to their daily practice and the regulation and rules they should comply with. You mentioned the needles and the complaint received by the council, I don't know how many people, I can not quote exactly a figure, but as far as I understand most of the practitioners are now aware the needles should be kept in a sharps container and when it is nearly full they have to contract with a private medical waste collector to collect it. How often to collect it depends on your practice capacity. Some clinics can be very busy and some maybe not. So they can call the private contractor maybe weekly or monthly or half yearly. Some practitioners work in the medical centres, so it would not be a question, the medical centre will arrange all the waste collection.

The Hon. Dr PETER WONG: In our overseas experience, we just came back, many Government agencies told us there has been difficulty to verify the diploma or certificate of TCM practitioners. Do you think if the Government goes down the line of registering the TCM practitioners there will be great difficulty to verify their university diploma, certificate, would that

be a problem?

Mr LI: I think it would be a difficult task for the registration board to assess different qualifications, not just from the main countries like China or Taiwan or Hong Kong. It could be from other countries in the world like America or Japan or England. That would be very difficult for the registration board to give a correct assessment of these qualifications. So our association believe that because, for example, in Australia before the courses were introduced by the universities there were a number of courses available in Queensland and Victoria and in New South Wales, it is also very difficult to trace back those qualifications and at what level. That would be very difficult task for the registration board. We want the registration board to perform the work smoothly and carefully so we suggest when you assess the qualifications you can consider the working experience and the qualifications because there is no such uniform qualifications in Australia in the last 20 years.

The Hon. Dr PETER WONG: The other question we have is concerning insurance by TCM practitioners. If the Government go down the line of registration do you believe the TCM practitioner should have indemnity insurance?

Mr LI: Yes.

The Hon. Dr PETER WONG: At the moment how many members have indemnity insurance?

Mr LI: We have a policy that members must take a minimum of $2 million cover for malpractice insurance. So it is not the problem when the registration is formally introduced that all the members will take the malpractice insurance cover. It is very dangerous to practice without insurance cover.

The Hon. Dr PETER WONG: Concerning the continuing education, does your organisation have a common view on how many points its doctors need to do every year and how do you ensure that they keep up their standard? As you mention before some lazy one may say, if you like me to continue study, I don't want to, I join his organisation, escape study. Have you reached a consensus that they need to continue education, maybe if you do it is the policy?

Mr LI: It is the common practice that 20 hours yearly continuing education program, the members must complete.

Mr ZHENG: At least 20 hours.

Mr LI: You can participate in the seminars by the different organisations. It is not necessary to join the seminar which is run by an association the member belongs to.

The Hon. Dr PETER WONG: When we talk about the Australian universities conducting traditional Chinese medicine courses, you were talking there may be some deficiencies within the Australian university syllabus. What is a major problem between Australia and say China and how can Australian standards be upgraded to that of say Chinese standard?

Mr LI: This kind of problem also exists in China as in Australia. There is a very big argument in China how much western medicine you have to learn. That is the big argument. Some practitioners are very keen to learn the classical Chinese medicine book, like the *Huang Di Nei Jing*, because they believe, which is like the bible, if you want to be a good practitioner you must learn. Unfortunately in China the importance of learning *Huang Di Nei Jing* has been diminished compare to the past. In Australia I would like to see if the university can provide more clinical practice for their graduates. It is currently three months hospital training or practice. I don't think it is enough. There are problems for the university to extend the practice time, such as overseas; expenses and some students may have to do part-time job to support themselves and there is no TCM hospital available in Australia. Most practice is done in the private clinic. So in the private practice environment you will not be able to see many difficult cases or diseases. That is the point I wish the university, when they have enough resources, can cover this issue.

The Hon. Dr PETER WONG: I have another problem with three months starting overseas clinical, we are talking about, as you mentioned they may not have seen enough Chinese management cases. My concern also is sending the undergraduate to learn western medicine in China for three months for me is not quite appropriate. As you know, we practice differently, western medicine in China and Australia, do not you think the undergraduate TCM should learn western medicine clinical within Australia rather than China?

Mr LI: I don't think they should practice in the hospital which provide western medicine, they should go to the TCM hospital.

CHAIR: Interesting.

Ms GADIEL: Are many of your members currently recognised by private health care providers?

Mr LI: Most members are recognised by private health funds. As I mentioned in my earlier speech the private health fund grants the provider status on their own criteria, so sometimes the association has no control on this issue.

CHAIR: With registration it could be tightened.

Mr LI: With registration it might be easier for the health fund to recognise qualified practitioners.

Ms GADIEL: Do many of your members provide GST free services?

Mr LI: Yes, they do. The Australian taxation law says acupuncture services are GST free. But for some reason Chinese herbal medicine is not a GST free service. I don't know what is the definition between the GST or non GST free service. When the acupuncturist provides Chinese herbal medicine, then the Chinese herbal medicine would be GST free. It is very strange. Also it is very confusing for the practitioner to comply with. If your medicine is consumed in the clinic it is GST free. So, for example, if you give the three days dosage and the patient consumes the dosage in the clinic it is GST free. If you take the rest to home it is not GST free.

CHAIR: Maybe registration may assist in that area too. You mentioned about complaint handling. What complaint handling procedures are currently in place in your associations?

Mr LI: Each organisation has a disciplinary committee available. So upon receipt of a formal complaint from the public the disciplinary committee will inform the practitioner involved and give 21 days to reply and to explain the case. Once the committee receives a reply from the member then the committee can sit and discuss and investigate, or decide what is the nature of the complaint, whether there is a breach in the code of conduct or is it a criminal matter.

CHAIR: How many complaints would each of the individual associations receive in any one year.

Mr LI: One of the associations, in the last few years, received no complaints at all. Our association, we have received a few complaints and some of the complaints are referred by the HCCC.

CHAIR: Have you received complaints from other members of your association, so one member of the association complaining about another member acting inappropriately?

Mr LI: No.

CHAIR: You mentioned in your opening submission about Victoria, and I can not recall everything you said about the Victorian system, but do you endorse the Victorian model? Have you had any complaints about the way they have handled the transitional arrangements with registration and grandfathering clauses so forth?

Mr LI: Basically we agreed with the Victorian model. There have been some problems happened while they are implementing the registration, for example, it takes a long time to assess the qualification. That gives extreme stress for the applicant and also in the controlling of the herbal dispensing there are some problems.

CHAIR: Are there any further questions, if not would any of the witnesses like to make any comments before we conclude? Any additional comments if you have something to say?

Ms HU: Well, I would just like to go through something. According to the numbers of the questions I would like to make some comment on question 5 of what is the English requirement. I agree with what Mr Li said with the three kinds of practitioners should be exempted, however, I think those people who are not native English speakers, but has completed more than 12 month full-time course taught in English in any country where English is the official language should be exempted as well. This is a model that is employed by the universities when they assess the overseas students when they apply for doing a course because they need a basic English skill to communicate with the teachers. What they said is whoever finished a 12 month full-time course in English should be exempted for the IELTS test.

CHAIR: Exempted from the IELTS test.

Ms HU: Whatever kind of English test we are going to have to assess the people's English level. It is very difficult to say. People might come from England and Singapore, or people from China, but they have finished some course in England and Singapore and they want to come to Australia and practice. It can happen. There is a big group of people who are moving around the world. We might meet these kind of situations.

With question 10; how many percentage of the western medicine subjects should be included. I thought maybe minimal 30 per cent, instead of 30 per cent is acceptable, because we are dealing with people who are not from the Chinese cultural background. In China we have, myself, had about 45 per cent of western medicine training when I was doing my five years university course and we found that is about enough when we start to work in the hospital. We can cope with Western medicine doctors. However, the patients are very understanding because they have been living in that environment and they know what Chinese medicine is. It is very easy to communicate with them and to make them understand. Whereas in Australia we are dealing with English speaking people who have no idea of what Chinese medicine is. Probably we need more, a bit more knowledge, just to make the practitioners be able to communicate in a way that makes it easier for patients to accept.

For the dispensing question, of course, I myself do dispensing in my clinic and at the beginning I struggled a lot because I wasn't trained as a dispenser. In China we have a department of medical that train dispensers to identify the herbs and there is a whole system of how to identify herbs from both a botanical technique and from a pharmaceutical chemistry technique to identify what is the real herb. So the raw material can be very tricky to identify.

However, there are distributors who import Chinese medicines are doing this job for us at the moment. So we can rely on them and believe what the label is, is what the herb is. We still need to have a basic knowledge to be able to identify because it could be messed up. When we use the dispensing cabinet the two draws can be misplaced. It should be labelled, but there are herbs which look very similar if the label is lost, whatever. I found maybe one year or two years just dispensing every day is enough for people to remember what the herb looked like and smelled like and taste like, in two years time. In the clinic we normally use 200 to 500 different herbs, so it is quite a large number to remember. One or two years is reasonable for people to have this kind of training. In the future when we start to have Chinese medicine courses, probably the dispensing course can be a compulsory course for people who want to run a dispensing session in his clinic. If this person did not do the dispensing subject, he chooses not to, he needs to employ somebody who is properly trained. It is all about the safety issue. If you give people the wrong medicine it can cause some problem.

With the additional questions I would like to say something about how to access the various qualifications. What we experienced with overseas qualifications, when we want to

practice massage and try to claim the money from the private health fund, most of us are rejected, although some people are graduate from the department of acupuncture and tuina are rejected. For some reason the health fund says whatever you did in China before, you need to have a local massage course, which is two years and it costs a lot. That is why a lot of people chose to give up, they do not claim. The clients have to pay from their own pocket instead of having the health fund pay for it. That can be a problem. They require, a few years ago it was 200 hours, they increased it to 300 hours, so qualification means the hours of study time and practice time are different. It can be easy or it can be systematic to access it, despite looking at the study time and practice time. If you have a way to look at these issues it can be tidied up and put into different categories. It is a big job, I agree, for the registration board but these days we have e-mail and very cheap international phone calls compared to seven years ago when I first came. And most of the overseas universities have very good computer systems to manage these files. It is much easier these days to find out what the truth is of the people's qualification.

About the major problem between the Australian and Chinese qualification. I think the major problem is again the language because Chinese students, whatever they did in the university, there are thousands of literatures from 3000 years time which they can always refer to if they want to because at least they can read Chinese and they have access to all these resources, whereas for Australian students who do not learn Chinese the English language literature is quite limited. Compared to 20 years ago it is much much more but still compared to the Chinese literature, particularly those classic books have not been translated. We have some versions of the classic literature but the language would make the whole thing more confusing if it is not translated properly. That is the most difficult thing to achieve a reasonable educational standard if we can not overcome this problem. The teachers as well. It might take decades to slowly solve these problems.

With all these gentlemen sitting here, they have been working, all my older generation they have been working in Australia for more than 30 years, they have done the most difficult step is from zero to one, maybe to ten, and that is why we can sit here today and discuss about these issues. I believe when more people start to work on this project that everything can be solved slowly.

The other thing is the practice. The fifth year of university we have a whole year of practice, we live in the hospital and practice all the time.

CHAIR: In China?

Ms HU: We stay in the hospital and we are on call 24 hours. Whenever they want us to go into the ward we have to go. That is very intensive.

CHAIR: It is a five year full-time course, the final year is spent in a hospital, and 45 per cent of the five year course is based around learning western medicine?

Ms HU: That is quite a lot. The western medicine system in China is very different from what we have in Australia. If we sent students to China they need to take advantage of this chance and learn chinese medicine.

The Hon. Dr PETER WONG: What is your answer as to how to ensure the undergraduates in training TCM can receive a western medicine clinical, at least observation if not treatment, what is your answer to that?

CHAIR: The amount of time.

The Hon. Dr PETER WONG: The amount of time, the institution and who they should learn it from.

Ms HU: It does not really depend on us, it depends on whether western doctors are happy to open their place to us. Students like to learn, they will pay to learn, if they have a chance they will go anywhere. With private Chinese medicine practice, when I was practicing in Ashfield, they come into my clinic and ask, "Can I learn from you? I will pay you certain money to learn". They are desperate to learn if they have any chance. The registration board could organise a group of

local practitioners to open their clinics to the students, they do not have to spend the money to go overseas to learn.

In China when we go to university we are teenagers, 17 to 19, and the parents support us, they pay for everything, and we stay in the university accommodation, which is really cheap. But in Australia most of people who do Chinese medicine they are more mature, they have to work to pay for everything. The situation is so different. In China we do six days, eight hours per day, 48 hours study sitting in the classroom for the first three years, we can not do that in Australia. Fifteen hours per week is full-time considered because they need time to make money. If they have to go to China and pay for accommodation there that is a big cost. If we have local practitioners that can give them basic training on basic things, then they don't need to spend unnecessary money.

CHAIR: We had better compare the hours of study in Australia, it might be a seven year course in Australia.

Ms HU: It is tough. A lot of people quit halfway.

CHAIR: Is there any further comments from any of the witnesses.

Mr YUAN: I agree with both gentlemen and lady. You are talking about question 6 and then we thought if after the registration we should have like a referral system between the Chinese medicine practitioner and conventional medicine practitioner. At the moment when the patients are looking for the Chinese medicine practitioner, they don't know where they are going and then even the conventional medicine practitioner. if they find some patient who probably need to use Chinese treatment and they don't know where they can send to either. So we wish that after registration it is important to set up a referral system between the Chinese medicine practitioner and conventional medicine practitioner.

CHAIR: In Hong Kong they have two streams; registered traditional Chinese medicine doctors and those listed who cannot prescribe category A herbal medicines and who can not issue doctors certificates for leave from work, but they are listed on the internet site for the board. That is something that should be done here, that gives their address. If we had registration do you believe that practitioners should be able to prescribe a certificate for time off work?

Mr YUAN: I guess if they are qualified registered they should be permitted to give a sick certificate.

CHAIR: A question I did not ask all the other representatives before us today.

Mr ZHENG: For question number 6, I can agree with what others have said, but unfortunately the majority of private health fund companies do not have a system for TCM, only acupuncture and not remedial massage as well. This is more important things if you regard TCM being registered. Most TCM practitioners they can be recognised by a majority of private health fund to as professional services.

CHAIR: Can I thank you all for appearing today and I appreciate you giving up your time. We will contact you, if necessary, to seek more information. I declare the hearing closed and thank every one for their attendance.

(The witnesses withdrew)

(The Committee adjourned at 4.35 p.m.)