



## *Acupuncture Association of Australia (Inc)*

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### **The National Registration and Accreditation Scheme for the Health Professions Submission.**

#### **ACUPUNCTURE ASSOCIATION of AUSTRALIA**

The Acupuncture Association of Australia [AcAA] would like to take this opportunity to respond and request that our membership be granted registration under the grandfather clause. This response will outline our qualifications and minimum standards of safety and of education in evidence based medicine/science and Acupuncture. Most importantly it will respond to the Australian Health Ministers' Advisory Council (AHMAC) agreed upon criteria in assessing the regulatory requirements for unregistered health occupations.

The AcAA is the oldest Acupuncture Association in Australia having been formed in 1971. Its membership is made up of Chiropractors and Osteopaths. Its membership requirement is that the applicant must first be a primary contact registered health care practitioner such as a Chiropractor, Osteopath, Medical Practitioner or Physiotherapist. In addition to the first requirement, the applicant must have completed an Acupuncture course that meets our minimum standard. As a result, all our members are registered practitioners the majority with a science degree majoring in anatomy and physiology at a recognised University. This means that they are already under the auspices of a registration board.

The purpose of outlining that background is to ask you to consider our proposals concerning granting registration to our members under the grandfather clause. We propose that the new Act should require the new registration board to prescribe courses that were previously taught, as prescribed courses [as was the case when the Chiropractic and Osteopathy Registration Board was set up in 1978 to register Chiropractors, Osteopaths and "grandfathers"].

The comments in this document are from the AcAA and are in relation to the AcAA membership. As President of the AcAA, I do not speak on behalf of the Chiropractic profession. That is for the Chiropractic Association of Australia and COCA. The same applies to Osteopathy.

The AcAA believes that grand parenting should follow the example of the Chiropractors and Osteopaths registration Act 1978.

The Chiropractic and Osteopathic Registration Board which was set up in 1978 prescribed courses which upon completion would allow an applicant to apply for registration.

This mechanism is the one that the AcAA believes is best for Acupuncture registration applicants. Prescribing recognised qualifications by regulation for courses both here in Australia and overseas [China] is the most thorough and simplest way to maintain the standard required when registering “grandfathers” and new applicants.

Grand parenting should recognise qualifications that existed when the applicant originally studied Acupuncture. In many cases these courses no longer exist. The fact still remains that many competent Acupuncturists who studied these courses are now leading lecturers or leading Acupuncturists in various associations. Many of these have worked hard to develop courses of higher standards.

The AcAA believes that in the case of Grand parenting, courses should be prescribed to allow registration of experienced practising Acupuncturists, to proceed.

The Acupuncture course taught by the AcAA between 1981 and 1996 should be included as a prescribed course. This qualification set precedent as it was included as a prescribed course by the Health Department in South Australia in 1984. It was the first course prescribed which allowed its graduates to be entitled to Health fund rebates for Acupuncture treatment.

In response to the Australian Health Ministers’ Advisory Council (AHMAC) agreed criteria:-

### **Criterion 1**

***Is it appropriate for Health Ministers to exercise responsibility for regulating the occupation in question, or does the occupation more appropriately fall within the domain of another Ministry?***

1) The issue of regulating a discipline involving health would usually fall in the domain of the respective Minister for Health. Such regulation would involve some form of registration and regulation of title and practice. Other disciplines may seek exemption under the act to practice such procedures but are not permitted to use the title of the discipline unless they are registered under the act. All Acts of parliament are introduced for one reason only that is in the public’s interest and safety. Victoria of course felt it was necessary because they had already registered acupuncturists.

Therefore, yes, it would be appropriate for Health Ministers to exercise responsibility for regulating Acupuncture as Acupuncture is featuring more and more in our health system from the simply suburban Acupuncturist to the Integrative Medical Doctor to the Fertility Specialists recommending it as an alternative and /or adjunct to their therapies. As the scope of Acupuncture practice broadens it necessitates a broad Regulatory Body to manage it. As such Health Ministers are all encompassing and better leveraged to take responsibility of this unregistered growing health occupation.

The report of The Expert Committee on Complementary Medicines in the Health System in 2003 was also of the same opinion as too was the Australian Government's response to this report in 2004.

## **Criterion 2**

### ***Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?***

2) Unfortunately this occupation's activities and mode of application can and has posed significant material risk and harm to one's health and safety in the past. There have been some isolated cases in NSW of complaint and even a death following Acupuncture was reported in the media in Victoria quite some time ago.

In 2005 at a Public Hearing into the Inquiry Into Traditional Chinese Medicine (Parliament House) The Australian Acupuncture and Chinese Medicine Association of Australia Ltd, (AACMA) cited 50 odd cases of complaint mainly by Caucasian descent Australians about Chinese descent practitioners. These ranged from poor communication to price extortion to sexual assaults. The AcAA could only cite two cases since 1980. The latest was a complaint in 2005 that an Acupuncturist in WA was claiming to be a member of the AcAA when he was not. We replied demanding that he desist and to send us his letterhead and business card to prove that he has desisted from such action otherwise we will be forced to take legal action. The second [in 2000] involved a member who was accused of breaking off the tip of a needle in GB37. Our member strenuously denied this. It went to court and we gave evidence. A metallurgist gave evidence proving that it was physically impossible for a human to break off the tip of the needle, as it would take about 10 tonnes of force. He gave further evidence that the steel was not the type of metal used in the manufacture of Acupuncture needles and the case was dismissed.

Of significance was the fact that we had no history of complaints of poor infection control, pneumothorax, sexual misconduct or other bad practises. Perhaps the fact that our members are already registered health care practitioner has fostered this. This should only reinforce the reason for registration of TCM practitioners.

The role the AcAA has provided to date is to ensure that the membership has attained our minimum standard of safety and education in Acupuncture.

- a. The AcAA agrees that with any registration of Acupuncturists, the practitioners must be trained in good and safe needle penetration, safe sterile practice procedures and have a thorough knowledge of anatomy to avoid complications such as pneumothorax. The Skin Penetration Act should be strictly adhered to in order to avoid any possibility of infection or contamination before, during or after the course of treatment. Our members have been trained and educated in all these areas.
- b. The AcAA believes that with any registration of Acupuncturists, the practitioners must be trained in the generic risks that can occur in their practice. As a bare minimum Acupuncturists should obtain a current Senior First Aid Certificate. As registered health professionals, our members have been educated in these areas and are under the jurisdiction of their respective registration boards.

It is duly noted registered health professions do not have the requirement to have qualifications that include first aid training. In fact to study Chiropractic and become registered, the completion of a first aid

course including emergency care is compulsory. The AcAA believes that this should be mandatory for any Acupuncturist.

As registered health care practitioners, Chiropractors and Osteopaths are exempt from the Skin Penetration Act. Our members are exempt from the skin penetration act due to our training. Furthermore requirements for *good character* and *proficiency in the English language* should be included.

The general public need to be confident that the new group of health care professionals are reputable, knowing that they are capable of consulting with any individual in the broader community.

### **Criterion 3**

#### ***Do existing regulatory or other mechanisms fail to address health and safety issues?***

3) At present there is no specific regulatory body that governs Acupuncturists in regards to health and safety issues. The Health Complaints Commission (HCC) is available to patients and the public if the need arises though many do not even know of its existence.

So yes, apart from the State of Victoria, there are no current legislative or non-legislative regulatory mechanisms in place to adequately provide protection of public health and safety in Acupuncture and Chinese Medicine. The AcAA would like to see Acupuncture and Chinese Herbal Medicine registered using the model *Title Regulation* in the statutory regulation.

The AcAA believes that this will ensure that a minimum high standard will be set in the Act with regards to the education of these practitioners.

The ACAA believes that any other model will lead to an erosion of standards and worse still a confusing variety of standards of education in these two modalities that will confuse the general public. This would defeat the purpose of initiating registration in the first place.

The AcAA believes that attention should be paid to the fact that *Title Regulation* will result in non-registered groups using other titles to describe that they are using Acupuncture in their clinics. This will confuse the general public. To avoid this, we believe that the word “acupuncture” should not be allowable in any title used by non-registered groups.

We also believe that groups who get exemption from the act should not be able to use the word Acupuncture in describing their procedural technique for the above reasons.

Even with all the above it is important to note the question of health and safety issues is wide and regulation would only cover the activities of registered practitioners. As such to ensure and guarantee public safety, statutory registration would seem to be necessary.

### **Criterion 4**

#### ***Is regulation possible to implement for the occupation in question?***

4) Regulation is possible to implement for Acupuncturists though the ramifications do need to be considered. If China, who has a much greater number than we do here in Australia, can regulate the

profession, then we should be able to manage it. It's all about systematising and inducing the practitioners to want to register.

In 2000 the State of Victoria introduced statutory regulation for Chinese Medicine. Since its implementation the State of Victoria via the Chinese Medicine Registration Board of Victoria has demonstrated the possible positive feasibility of introducing regulation now at a National level. So yes, regulation is definitely possible for this profession.

## **Criterion 5**

### ***Is regulation practical to implement for the occupation in question?***

5) The practicalities of implementing regulations should not be even considered with regards to a therapy that has had a death resulting from its administration. It's the Duty of Care of the Government, practitioners and community as a whole to do everything we can to enable Safety First!!

So if it's practical or not to implement it must be done regardless as this therapy is already quite popular and only going to increase in numbers!!!

On the other hand there is more freedom in relation to the practitioner without control. There is no 'big brother' looking over your shoulder. It is all measured by performance of those practicing the discipline. But what should remain as our main PRIORITY is WHAT IS IN THE PUBLIC'S INTERESTS!! Do No Harm and Safety First!

Regulation can enforce this, at least with the registered practitioners.

Long Term Longitudinal Safety Surveillance studies should be adopted nationally with a central Data collection hub to collate all the information which will serve to establish an evidenced based baseline and benchmark that would underpin and validate regulation and degrees of it there of.

It is important to note clinical guidelines and policies adopted by the Chinese Medicine Registration Board of Victoria in 2000 have proved to be beneficial and indicative of the need and importance of such regulation to protect the patient, so yes regulation is definitely practical!

## **Criterion 6**

### ***Do the benefits to the public clearly outweigh the potential negative impact of such regulation?***

6) The AcAA believe that the public benefit attained by regulating the therapy of Acupuncture would definitely outweigh the potential negative impact of such regulation. National registration should enforce first and foremost that only qualified practitioners would be approved to provide care to the general public with processes and structures in place to handle and deal with unethical, unprofessional and dangerous practice.

For and on behalf of the Acupuncture Association of Australia

Yours faithfully

A handwritten signature consisting of the letters 'P' and 'B' in a stylized, cursive font.

Peter Babilis

President.

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NSW