

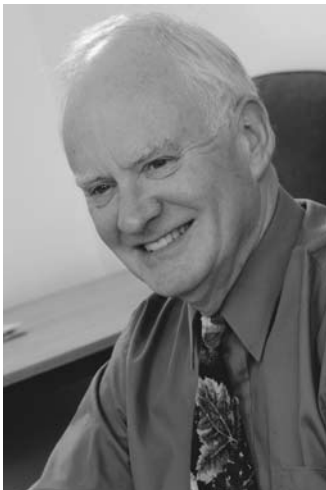
# Newsletter

Issue 34

March 2010

## Message from the President

David Halstead



Greetings colleagues,

As previously announced the national registration scheme commences on 1 July 2010 for: chiropractors; dental care practitioners; medical practitioners; nurses and midwives; optometrists; osteopaths; pharmacists; physiotherapists; podiatrists; and psychologists.

I urge you to keep an eye on the website of the Australian Health Practitioner Regulation Agency at: [www.ahpra.gov.au](http://www.ahpra.gov.au) in anticipation of the inclusion of Chinese medicine from 1 July 2012. The CMR Board Registrar attends all national scheme planning meetings on behalf of the Board with a view to be well informed of all the issues and facilitate a smooth transition for Chinese medicine in just over two years time. Ms Tanya Vogt, Team Leader, Workforce Strategy and Regulation Service and Workforce Planning, Department of Health attended the December 2009 CMR Board meeting to discuss matters of common interest.

There is an interesting article in this newsletter about *Multi-Bed Acupuncture*. The Board was asked some time ago for its views about this developing model of service delivery. There are various considerations relevant to the Australian practice context and whereas the Board seeks to stimulate discussion, it is up to the

profession itself, not the Board, to develop a suitable model for Australia.

The Board was pleased to receive feed-back about the translation of an important article on spinal manipulation in the previous newsletter and there is a clarification article in this edition. This important critique from Sherman Gu:

- indicates that people are reading the newsletter,
- enables us to re-clarify an important message.

By now every registered practitioner should have received a package of resources related to the CMR Board *Code of Ethics*. Feed-back has been very positive and already we have received requests for more supplies. The Board will record these requests, arrange a reprint and provide them to practitioners at cost.

Please read the article about an important change to the Board's requirements for Continuing Professional Development. This change has been made in response to:

- advice from the Reference Group,
- the impending changes under the national law.

The CMR Board received Ms Jocelyn Bennett's resignation from the Reference Group and Governance Committee with regret and extends its gratitude and sincere thanks for her valuable contribution since 2000. The profession has been privileged to be the beneficiary of input from people such as Ms Bennett since the inception of the Board in 2000. Fortunately Ms Bennett remains on the Governor-in-Council List to assist with hearings.

**RENEWAL OF REGISTRATION  
DUE BY 30 JUNE 2010  
FOR ALL  
REGISTERED PRACTITIONERS**

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## 主席致辞

大卫·何思泰

各位同仁，大家好。

之前我们已宣布，全国注册方案将于2010年7月1日开始实施，涉及：脊椎指压治疗师；牙科保健师；执业医师；护士与助产士；验光师；正骨师；药剂师；理疗师；足病师；以及心理师。

在此，呼吁大家密切关注澳大利亚卫生从业者监管局(Australian Health Practitioner Regulation Agency)网站：[www.ahpra.gov.au](http://www.ahpra.gov.au)，该监管局将于2012年7月1日起也将中医纳入其中。CMRB注册主任代表CMRB出席了所有全国方案规划会议，以期充分了解所有相关事务，推动中医行业在短短两年内的顺利过渡。卫生部劳动力策略与监管服务及劳动力规划组(Workforce Strategy and Regulation Service and Workforce Planning, Department of Health)负责人Tanya Vogt女士出席了委员会2009年12月的会议，一起探讨了双方共同关心的问题。

本期新闻通讯稿刊登了一篇名为《多床针灸》的文章，值得大家关注。不久前，有人询问委员会对这种正在发展的服务交付模式的看法。针对澳大利亚的执业环境，我们要考虑的因素有很多，虽然委员会一直鼓励讨论，但发展一种适合澳大利亚的服务模式取决于行业本身，而非委员会。

民众对上一期新闻通讯稿刊载之一篇颈项部扳法重要文章的翻译提出了反馈意见，对此委员会欣然接受，本期将刊文做出说明。Sherman Gu提出的重要批评意见：

- 表明民众都在阅读新闻通讯稿
- 促使我们重新阐明重要讯息

目前为止，每位注册医师都应收到了CMRB《道德准则》的资源包。对此大家给予了积极响应，我们也已收到分发更多资源包的要求。委员会将登记这些要求并组织再版，有偿提供给医师。

请认真阅读委员会关于持续专业发展要求重要变更的文章。之所以采取这些变革，是因为：

- 参照小组的建议
- 全国法律即将实施的变革

委员会很遗憾地收到Jocelyn Bennett女士关于辞去参照小组及治理委员会职务的申请，在此对她2000年以来的卓越贡献表示诚挚的谢意。2000年委员会成立以来，整个中医行业有幸得到了Bennett女士等人的辛勤付出。幸运的是，Bennett将继续担任院督委员，协助处理听证事务。

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## National Registration and Accreditation Scheme

There has been an enormous body of work underway to implement the national registration and accreditation scheme by 1 July 2010 for:

- Chiropractors
- Dental practitioners
- Medical practitioners
- Nurses and Midwives
- Optometrists
- Osteopaths
- Pharmacists
- Physiotherapists
- Podiatrists
- Psychologists

The National Registration and Accreditation Scheme for the Health Professions consists of a Ministerial Council, an independent Australian Health Workforce Advisory Council, a national agency with an Agency Management Committee, national profession-specific boards, committees of the boards, a national office to support the operations of the scheme, and at least one local presence in each State and Territory.

- The National Office will be located at 111 Bourke St, Melbourne, Victoria.
- The Australian Health Practitioner Regulation Agency website is available at: [www.ahpra.gov.au](http://www.ahpra.gov.au)
- Chinese medicine enters the scheme on 1 July 2012.

### Approved Courses

All currently approved Chinese medicine courses will automatically transition to the new scheme on 1 July 2012 (section 283 of the national law).

## Clarification of Translation of “Spinal Manipulation” in the CMR Board Newsletter in December 2009

### *Physical Therapy on or Movement of the Cervical Spine*

#### *Restrictions Apply from 1 July 2010*

The article in the December 2009 newsletter generated some queries on the legitimate use of tuina. Thank you to Xu Ming Sherman Gu, a registered Chinese Medicine Practitioner with the Board, for bringing this matter to the Board’s attention for clarification.

From 1 July 2010 with the commencement of the national registration scheme for 10 healthcare professions (note that Chinese medicine national registration commences July 2012), there will be restrictions on performing specific manipulation techniques on the cervical spine. These techniques are similar to some Tuina techniques in Chinese medicine practice.

The translation of “spinal manipulation” in the December 2009 newsletter was “脊柱推拿”. Literally, this means “Tuina” or techniques on the spine. Therefore, it could be interpreted as “restriction of any techniques in tuina to be applied on the entire spinal column”.

To clarify, in the context of techniques used in tuina, a more precise translation is “颈项部扳法”.

The new law says that a person must not perform manipulation on the cervical spine (颈项部扳法) unless they are registered as:

- a chiropractor,
- an osteopath,
- a medical practitioner or
- a physiotherapist.

(or a student in an approved program).

Thus, Chinese medicine practitioners are subject to this new restriction and the maximum penalty is \$30,000. It applies from 1 July 2010.

Under the legislation, manipulation of the cervical spine is moving the joints of the cervical spine beyond a person’s usual physiological range of motion using a high velocity and low amplitude thrust.

The Chinese translation is: 颈项部扳法系使用快速而小幅度之戮力运动颈椎各关节而且该运动超越人体颈椎关节日常生理运动范围。

Please note that at all times, especially with regard to the content of the law, the English version is always the authoritative version.

Chinese speakers are advised that they must not rely on the Chinese translations of the law – please always make an effort to read and understand the English wording of the legislation.

## 关于2009年12月维多利亚州中医注册委员会通讯中“Spinal Manipulation”翻译的澄清

### 对颈椎的物理疗法或运动方面的限制

#### 自2010年7月1日起开始实施

2009年12月通讯中的文章发布后，有人对推拿一词的合法性使用提出了质疑。我们在此感谢本委员会注册中医师古旭明医师就此事提请委员会予以澄清。

从2010年7月1日起，全国十大卫生保健行业开始执行全国注册计划（注意：中医全国注册将于2012年7月开始），届时将对治疗颈椎的特定手法实施限制。这些手法与中医中的某些推拿手法较为相似。

2009年12月通讯文章中将“spinal manipulation”译为“脊柱推拿”，即对脊柱实施治疗的推拿手法。因此，该译文可以解释为“对整个脊柱实施任何推拿手法的限制”。

为了澄清这一含义，针对推拿中所用的手法，该短语较为确切的中文翻译应该是“颈项部扳法”。

新法律规定，凡未作为以下身份注册的人员，不得从事“颈项部扳法”：

- 脊椎指压治疗师，
- 整骨治疗师，
- 执业西医师或
- 物理治疗师。

（或者是在核准课程中学习的学生）。

因此，中医师需执行这一新的限制规定；违者最高罚款为\$30,000。该规定从2010年7月1日起开始执行。

法律规定，颈项部扳法系使用快速而小幅度之戮力运动颈椎各关节，而且该运动超越人体颈椎关节日常生理运动范围。

请注意，在所有情况下，凡涉及法律内容时，请以英文版为准。

对于中文人士，法律内容，请勿以中文译文为准，切记尽力阅读理解法律英文版。

## Change of Address

We still have the occasional incident of practitioners becoming unregistered by accident. The commonest reason is forgetting to tell us you have changed address. We keep sending correspondence to the address you gave us – unless it is returned undelivered, we won’t even know we have lost you.

Persons who become unregistered and continue to practise run the risk of being prosecuted but the worst thing of all is that their patients are not afforded the protections that the Parliament of Victoria wants them to have.

### **Can I change my address details over the telephone?**

Yes but we prefer written notice to ensure there are no errors. You can email us, fax us or write to us. It is easy to do online – go to the home page of the Board’s website and move your cursor to “Practitioner Search” on the main menu. A pull-down menu appears. Click on “Update Address” then fill in the form.

Whenever you go online remember to check the “What’s New” page on our website.

Website : [www.cmrb.vic.gov.au](http://www.cmrb.vic.gov.au)

Fax: 03 9499 8688

Email: [admin@cmrb.vic.gov.au](mailto:admin@cmrb.vic.gov.au)

**RENEWAL OF REGISTRATION  
DUE BY 30 JUNE 2010  
FOR ALL  
REGISTERED PRACTITIONERS**

## Code of Ethics

During February all registered practitioners should have received a *Code of Ethics* starter package including an A-frame display for your clinic, an A4 poster for display or framing and a package of pamphlets to hand out to patients.

This was a very important piece of policy work, formulated to assist practitioners to reflect on the ethical dimensions of their work, and to address the question of what it means to be an ethically sound, professional Chinese medicine practitioner.

The practice of health care brings with it a range of ethical demands and requirements, and practitioners need to ensure that they maintain high ethical standards. The Code outlines the ethical domain within which Chinese medicine practitioners work, and articulates the kinds of expectations, obligations and requirements that arise in relation to this domain. The Code is a statement of six areas of philosophical value that can guide practitioners in developing their ethical perspectives. These areas are:

- Towards the health of the patient – patient well being is the priority.
- The practitioner-patient relationship – this includes boundaries, privacy and trust.
- Encountering difficulties – with respect, fairness, compassion and dignity.
- The ethics of money – this includes managing potential conflicts of interest.
- Chinese medicine and the wider society – promoting the good name of the profession.
- The cultivation of the practitioner – professionally and personally.

These fields of ethical value have been outlined in order to inspire, educate, and affirm what is important in ethical thinking and practice.

Please promote and display these items in your Chinese medicine practices and contact the office staff if you wish to receive further supplies, which will be supplied at cost.

## Continuing Professional Development

### *Important Change in 2010-2011 Registration Renewal Form*

The Board's *Policy on Continuing Professional Development* is available at <http://www.cmr.vic.gov.au/information/p&c/practiceconduct/GuidelinesCPD.pdf>.

Section 18 of the HPR Act stipulates that at renewal time—

- 3) The board may require an applicant to
  - (b) provide information about
    - (ii) any continuing professional development undertaken during the existing registration period.

The Reference Group at its August 2008 meeting recommended that the Board reconsider its position and make CPD mandatory for registered practitioners.

The Board's policy emphasises that CPD should include activities that best enable practitioners to achieve the important goal of keeping up with evolving knowledge and practices and societal expectations of health professionals, such as new treatments, new diseases, changing practice contexts (including law and ethics).

The Board's policy can be summarised as follows:

- CPD is necessary to consolidate and maintain competence and to develop practitioner knowledge and skills for the benefit of their patients and the safety of the public
- all registered practitioners should engage in CPD
- it is not appropriate for the Board to be prescriptive
- practitioners should exercise their own professional judgment regarding appropriate CPD activities for themselves
- if a registered practitioner appears before a CMR Board hearing panel the panel may consider the evidence (or lack of) from the practitioner of adequacy of, commitment to and participation in, CPD
- some situations may increase the importance of CPD i.e. part time practice, new graduate, limited clinical exposure and professionally isolated practitioner
- members of a professional association must comply with the association's CPD requirements
- the CMR Board suggests that everyone should average at least 20 hours per year as a minimum
- first aid training is additional to CPD activities
- practitioners should maintain a record of their CPD.

The Board decided not to impose a system of mandatory CPD in light of various factors including:

- the significant administrative workload of monitoring such a system
- that professional associations already do this
- the lack of evidence to clearly link competence and CPD
- the onerous nature of the sanctions which would necessarily apply under a statutory regime such as ours.

### **New National System to Commence July 2012**

Under the impending national system Boards MUST develop registration standards about requirements for continuing professional development for registered health practitioners registered in the profession.

An application for renewal of registration must include or be accompanied by a statement that includes a declaration by the applicant that they have completed continuing professional development as required during the preceding period of registration.

Renewal may be refused if they have not completed the requirements.

### **National law**

There is a specific section in the nation law titled: 'Continuing professional development'. It says:

- 1) A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.
- 2) A contravention of subsection (1) by a registered health practitioner does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken.
- 3) In this section—registered health practitioner does not

include a registered health practitioner who holds non-practising registration in the profession.

### What the CMR Board is going to do now

Given the limited life-span of the CMR Board, the Board will now require at renewal time that practitioners indicate that they have complied with the minimum CPD requirements per the current CMR Board policy. It will look something like this:

Please confirm ONE of the following statements:

- Yes, I have met the minimum standard as outlined in the CMR Board's Policy on Continuing Professional Development.
- OR
- No, I have not met the minimum standard as outlined in the CMR Board's Policy on Continuing Professional Development. I enclose details about my current situation and plan to comply.

## Scheduled Herbs to be Accessible to Chinese Medicine Practitioners

The Hon Daniel Andrews, Victorian, Minister for Health, has approved the insertion of an initial three recommended Chinese herbs into Schedule 1 of the Poisons List. This marks a successful end to one of the Board's biggest and most challenging projects since the commencement of the *Chinese Medicine Registration Act 2000*.

The next step is for the Department of Health to add the Chinese herbs, *ban bian lian*, *zhi fu zhi* and *ma huang* to Schedule 1 of the Poisons List of the Poisons Code per the *Victorian Drugs Poisons and Controlled Substances Act 1981*. These are all established Chinese herbal medicines, each of which has therapeutic value and no satisfactory substitutes. Once this happens the Board will embark upon the next major project of implementation.

## Registration Examinations

### Summary of Recent Changes

As part of the ongoing revision of the exams and examination process the *Guidelines on Registration Examinations* have recently been revised. The full guidelines in both English and Chinese are available on the web site at <http://www.cmrb.vic.gov.au/registration/exams.html>.

The following summary outlines the changes made in recent revisions:

- Exemptions are available in certain circumstance for parts of the theory paper, see section 3.2.
- English language proficiency is now a pre-requisite to sit the examinations see section 1.3
- The Board is unable to assist candidates to find tutors see section 1.5
- For joint clinical examinations in acupuncture and Chinese herbal medicine 2 hours is allowed per patient see section 2.4
- Candidates required to resit a section of any theory paper must now wait until the next round (out-of-round sittings will no longer be arranged).

## Building Sustainable Healthcare Facilities

### By Traditional Healthcare

Traditional Healthcare (TH) is an Australian-based not-for-profit charitable organisation of acupuncturists, architects, IT technicians, documentary makers, teachers, and eco communicators who have a vision of creating sustainable healthcare facilities in under privileged communities. TH is not affiliated with any religious or political groups.

Established in early 2009 TH seeks to empower communities with the technologies and education to take an active role in running and maintaining these clinics. Its philosophy is based on the concept of sustainability - the ability to sustain oneself, environmentally, economically and socially. Factors to consider include environmental impact, the utilization of sustainable architecture and renewable energy sources, medicines that are both effective and affordable and community education and empowerment.

Traditional Healthcare originated in India in December 2007 when two Chinese medicine practitioners travelled to the remote village of Pundag in the state of West Bengal. They practised in a basic clinic with 10 rickety wooden beds and only a cotton cloth to soften the hard wood. After a month the manager of the clinic, Bisthwanth Sing, organised an acupuncture camp in his home village called Datam, over 100km from the Pundag clinic and any healthcare facility. Upon arrival there was a large gathering of villagers around an old shack, which was the temporary clinic. The acupuncturists treated over 200 people each in two days and as time ran out, more patients arrived and flooded the temporary clinic space. Unable to treat all the patients, some travelling by foot for three days to receive treatment, the acupuncturists realised the dire need for a permanent health care facility in the area.

Back in Australia the acupuncturists organised a team of people to plan a sustainable clinic in the Datam village. After months of fundraising, in late 2009, TH sent a team to the temporary clinic, built support contacts in the surrounding area, surveyed the land and drew up initial building designs. The designs include an education hall, accommodation for volunteers and staff, a communal kitchen, a clinic with 12 beds, an emergency room with two beds with the ability to be used as a birthing room, and a dispensary for herbs and homeopathic medicines.

It will be built of local stone from a nearby quarry and local bamboo for its superior strength, longevity and ability to resist termites. The land will be used to produce herbs and foods, utilising permaculture methods to maximise the yield and quality. A main focus will be renewable energies and establishment of local infrastructure to offset costs and environmental concerns and to enable the building of sustainable, independent clinics in areas of the world with no access to power.

More volunteers travelled to Datam in early February 2010 and started the construction of the buildings and continued treating patients from the temporary clinic. Along with the team which visited in 2009, a film-maker went to document every process of building the planned clinic.

Traditional Healthcare is looking for philanthropic groups, sponsors, new members and volunteers constantly to help in the running of the organisation, raising awareness and raising funds to build new clinics.

The next proposed clinic is planned from Broome, Australia.

If you would like to take part in Traditional Healthcare's activities now or in the future please contact the TH office on 9654 5499, view the website [www.th.org.au](http://www.th.org.au) or send an email to [tom@th.org.au](mailto:tom@th.org.au).

# Multi-bed acupuncture: An emerging trend in contemporary practice

## Discussion Starter

### *Peter Gigante, on behalf of the Board*

As acupuncture develops beyond its Chinese origins and encounters contemporary western health, political, social and cultural characteristics, practitioners are required to ensure local compliance, responsible and ethical practice, seek to benefit their communities and generate an income.

In China students obtain most of their clinical training in a group setting - supervised student clinic. They learn the value of sharing experience, observing others, reviewing cases, obtaining advice and support from senior practitioners.

The common models of clinical setting in Australia are solo practice, Chinese medicine shared practice and mixed-modality shared practice. Various community-based settings have or are also incorporating acupuncture into their services.

An emerging trend, already developed in the United Kingdom (UK) and the United States of America (USA), presents a model where groups of practitioners work in open settings in shared space. Tables or reclining chairs are arranged in a large room where patients can see each other and practitioners move between several patients. These are known as Multi-bed Acupuncture clinics.

There are various issues pertinent to the possible introduction of this model in Australia.

#### **United Kingdom**

The Association of Community and Multibed Acupuncture Clinics (ACMAC) "represents a growing group of acupuncture clinics which seek to make acupuncture accessible to as many people as possible. Affordability is a defining aspect of accessibility: multibed clinics treat several people together in one space, thus creating savings in overhead costs which can be passed onto patients. Equally important as the reduced cost of treatment, however, is the powerfully nurturing atmosphere produced when many people are treated together."<sup>1</sup>

One clinic of this type is The Dragon Acupuncture Project Brighton whose website<sup>2</sup> states "We believe acupuncture treatment should be available to all, irrespective of income. As a registered Community Interest Company we use our profits and assets in order to provide affordable healthcare to as many people as possible. We treat several patients in one large room. Acupuncture needles are left in for around 20-30 minutes. Acupuncturists move from patient to patient while the needles do their work, allowing more people to be treated at a time."

Generally such clinics have at least two practitioners, the initial consultations are priced around €30 (AUD\$43) and are conducted in a private room. Follow-up treatments are around €15 (AUD\$22) and take place in the open plan setting unless a private room is requested or deemed appropriate (although this is not encouraged). There are about 35 such clinics in the United Kingdom and their clientele are typically low- to middle-income earners who tend to visit more regularly due to the relative affordability. All clinics are adapted models and develop uniquely according to the shared aims. These clinics are generally operated as private business partnerships and a practice manager is usually employed for reception, payments and other duties.

#### **United States**

Community Acupuncture Network (CAN) is "a non-profit organisation of practitioners, patients, and supporters whose

goal is to make acupuncture more affordable and accessible by offering acupuncture in community settings for a sliding scale ranging within USD\$15-40 (AUD\$16-43) a treatment."<sup>3</sup> According to it's by-laws;

- Community Acupuncture shall be defined as including clinics that meet the following criteria:
  - group treatment spaces (no private acupuncture treatments)
  - if a sliding scale is used, it is somewhere between USD\$15 and USD\$40 with no greater than a USD\$15 surcharge for the initial treatment
  - if a flat rate is charged, it's USD\$30 or less
  - no proof of income is required or requested
  - herbal consults are charged at the same rates as the community acupuncture rates above
  - the clinic must be open at least three days a week.<sup>4</sup>

Under this model, patients are placed in reclining chairs to receive acupuncture while fully clothed. Acupuncture points are selected points on hands, arms, feet, legs, head, ears, and neck. Patients determine the fee, pay according to an honesty system and the practice generally operates without reception services. Practices range from 2-100 beds and operate with teams of practitioners. There are between 80-100 clinics of this type in the US, Canada and Israel.

An example of this model is the Berkeley Acupuncture Project in California, whose website<sup>5</sup> states "Most acupuncturists in the US treat patients on tables in isolated rooms. Treatments are simple and repeated frequently for best results. At Berkeley, patients remain fully clothed in comfortable recliners in a quiet, soothing community room. This has many benefits beyond affordability. Many people find it comforting to have others around. The group treatment room creates a collective healing energy that enhances each individual's treatment."

#### **Australia**

In addition to the introduction of these models in Australia, donation based acupuncture and Chinese herbal medicine services are offered by Hands On Health clinics in Collingwood and Geelong. Donation based services are offered to marginalised groups in the community by voluntary practitioners, assistants and receptionists on a roster basis. They operate one afternoon per week, are usually fully booked and require at least two practitioners and two assistants. Herbs and supplies are donated by suppliers, the clinic space is set up each time in a community venue and partitions are used to provide some privacy for each patient.

#### **Discussion**

At a recent workshop conducted in Sydney and Melbourne, *Multibed Clinics - How & Why?* various benefits were canvassed for these models. They include, for patients:

- reduced costs
- relaxing space as a positive healing environment
- community feeling
- less isolation, stigma about illness
- sense of not being alone in suffering
- shared advice (active and passive listening)
- some people feel safer in a group setting.

For practitioners:

- good working environment overcoming isolation

- clinical support, other opinions
- lots of patients = lots of experience
- constant learning from peers
- greater number of patients leads to more referrals.

Some of the identified drawbacks for patients included:

- less privacy (e.g. patients can overhear each other)
- possible embarrassment with disrobing (UK)
- room too busy to relax
- very little talk-time with practitioners
- potential to encounter a familiar person during visits.

Drawback for practitioners include:

- the pace of work can be exhausting
- little or no opportunity for moxa, gua sha, tuina etc
- difficulty in finding time for case records due to high volume of work with multiple patients
- being always on show
- becoming a well known person in what can become a very close-knit community
- the need to work with restricted flexibility for individual treatment in complex cases.

Considerations for the Australian practice context:

- patient privacy and confidentiality
- informed consent
- patient records
- adequate diagnosis and differentiation
- infection prevention and control
- use of testimonials (which is common in some of the overseas settings is illegal here).

The Board is aware of the reasons for which practitioners may wish to pursue Australian adaptations of this service delivery model. The ability to maintain a sustainable living from the practice of acupuncture is challenging, especially for new graduates. There is an attraction for some to the associated political and social values.

Innovation and creativity are valuable attributes for practitioners and multi-bed clinics represent a team-based community model that may be suitably adapted for the Australian health care context.

Registered practitioners are expected of course, to practise in accordance with guidelines developed by the Board and the profession.

The role of the Board is to protect the public and to maintain the good standing of the profession in the community. It does this by developing and monitoring standards and policies to provide guidance to practitioners to maintain a standard of practice consistent with the expectations of the Australian community. It consults stakeholders on matters which affect this role and identifies emerging issues.

As such, multi-bed acupuncture is a contemporary practice model worthy of discussion and readers are encouraged to contribute to the development of any policy or guidance on this practice by sharing their views.

Practitioners interested in exploring this approach to practice are encouraged to carefully consider the CMRB Board policies and

codes<sup>6</sup> in order to avoid risk of breaches and the potential for unprofessional conduct under the *Health Professions Registration Act (2005)*.

Should the Board determine that a policy or code of practice be developed, a draft will be circulated prior to its adoption.

#### Endnotes

- 1 <http://www.acmac.net/aims.html>
- 2 <http://www.dragonacupunctureproject.co.uk/index.html>
- 3 <http://www.communityacupuncturenetwork.org/>
- 4 <http://www.communityacupuncturenetwork.org/sites/all/files/By-Laws.pdf>
- 5 <http://berkeleyacupunctureproject.com/howwetreat.html>
- 6 See <http://www.cmrb.vic.gov.au/information/p&c/practiceconduct.html>

## Handy Hints for Practice

From the notification investigations which do not go to hearings, there are still situations where things have either gone wrong or not been managed well. We have decided to capture some of this information as reminders and hints to practitioners. This may assist practitioners to predict things which can go wrong, to be vigilant and prevent mishaps and notifications.

#### Patients Making Complaints About Another Practitioner

If a patient comes to you for assistance in making a complaint about a colleague you should support them and answer their questions honestly. Avoid, however, making judgmental comments about the colleague's competence or conduct, especially if:

- you were not present when the patient was treated or
- do not necessarily have all the relevant information.

Do explain the role of the CMR Board and encourage your patient to contact the CMR Board directly.

Do provide the patient with the Practitioner's Pledge pamphlet (which has the CMR Board's contact details on it).

Never make malicious or unfounded criticisms of colleagues as this undermines patient trust and confidence in the care and treatment they receive and the judgment of Chinese medicine practitioners.

## Cancellation of Registration

### La Van TRAN

Mr La Van Tran requested that the Board cancel his registration.

The CMR Board considered circumstances of the VCAT hearing filed against him, the admissions he made with regard to the allegations and agreed to the cancellation.

The allegations which were referred to VCAT related to:

- unlawfully practising unregistered at various periods of time
- unlawfully practising when registered as a non-practising practitioner
- unlawfully practising acupuncture when he was never registered as an acupuncturist
- conducting consultations with patients in English when English was not a shared language and he had undertaken not to do so
- failure to maintain adequate patient records
- infection control deficits.

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## Board members

David Halstead	President & non-practitioner member
Charlie Xue	Deputy president & practitioner member
Meeuwis Boelen	Non-practitioner member
Peter Gigante	Practitioner member
Brian May	Practitioner member
Ian Pollerd	Non-practitioner member
Glenys Savage	Practitioner member
James Syme	Legal member
Vivienne Williams	Practitioner member
Jerry Zhang	Practitioner member

## Office staff

Debra Gillick	Registrar
Vanessa Williams	Assistant registrar & policy worker

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Print Post Approval No: 335708/00049

