

# **Feedback to the Medical Board of Australia on the draft registration standard for the endorsement of Acupuncture**

## **Background**

The Medical Board of Australia has proposed that medical practitioners who wish to use the title “acupuncturist” must either have their registration endorsed for acupuncture by the Medical Board of Australia or be registered by the Chinese Medicine Board of Australia, and has issued a draft registration standard to this end.

Acu-ease a specialist acupuncture clinic based in Subiaco. Dr John Gemmell is our lead acupuncturist. He has a Bachelor of Health Science (Chinese Medicine) from Victoria University of Technology and has been in practise in Australia and the United Kingdom since 1996.

Acu-ease submits:

- A. Medical practitioners and other healthcare practitioners who would like to use the title 'acupuncturist' should be approved by the Chinese Medicine Board and not by the Australian Medical Board or any other healthcare board to avoid differential standards of training which will ultimately place the public at risk;
- B. The draft registration standard proposed by the Medical Board of Australia is inadequate and against public interest, specifically:
  - The minimum standard for use of the title acupuncturist by a healthcare practitioner qualified in another field should be two years full-time study;
  - The Grandfathering standard is grossly inadequate;
  - The recency of practice standard should be amended to include a competency requirement; and
  - A minimum of 20 hours CPD in acupuncture should be required of all persons using the title acupuncturist.

Each of these submissions is articulated in detail below.

## A. Chinese Medicine Board to be responsible for endorsing all acupuncturists

Our submission that the Chinese Medicine Board should be responsible for endorsing all Australian health professionals for acupuncture is based on the following:

1. If a medical practitioner or any other healthcare practitioner is to use the title acupuncturist, the public has the right to expect that their practitioner has achieved a minimum standard of qualification and training that is nationally uniform. Acu-ease submits that differential standards will result from having separate boards endorsing acupuncturists, which will ultimately place the public at risk.
2. Having two or more boards responsible for endorsing acupuncturists offers an inherent risk that, over time, there will be no consistency in the number of hours of training provided to acupuncturists, or the quality of that training. The differential standard can be seen when the draft registration standards proposed by the Medical Board of Australia are compared with the standards proposed by the Chinese Medicine Board.
3. Acu-ease notes that the Medical Board of Australia does not currently have a member who is qualified in acupuncture, and is concerned that the Board will not have the necessary expertise to assess the quality or standard of education in acupuncture. To this end, Acu-ease submits that the Chinese Medicine Board is best placed to monitor and assess the competency, training and Continuing Professional Development of acupuncturists, medical practitioners and any other health professional wishing to practice acupuncture.
4. Acu-ease submits that the proposal to have different boards endorsing health professionals to use the title acupuncturist is based on flawed premises:
  - Firstly, that there is an Eastern system of acupuncture and a Western system of acupuncture or 'medical acupuncture'. Such a distinction is difficult to sustain, as practices often associated with 'medical acupuncture', such as dry needling, are identical to the practice of trigger point acupuncture and *ashi* acupuncture.<sup>1</sup>
  - Secondly, that training in a different healthcare discipline is transferable to the practise of acupuncture. In their article *Rare but Serious Complications of Acupuncture: Traumatic Lesions*<sup>2</sup>, Elmar Peuker, Dietrich Grönemeyer conclude:

"...the traumatic injuries described in this article could have been avoided if practitioners had had better anatomical knowledge, applied existing anatomical knowledge better, or both. It should

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<sup>1</sup> Janz, S. and Adams, J. Australian Journal of Acupuncture and Chinese Medicine (2011) Volume 6, Issue

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<sup>2</sup> Peuker, E. and Grönemeyer, D., 'Rare but Serious Complications of Acupuncture: Traumatic Lesions', *ACUPUNCTURE IN MEDICINE* 2001;19(2):103-108

be emphasized that medical practitioners are not exempt from the need to study anatomy relevant to acupuncture, since they are unlikely to have needed this information in conventional medical practice.”

Acu-ease supports Peuker and Grönemeyer’s assertion that people practising acupuncture require specific training in anatomy relevant to acupuncture. For example, we are aware that at the time acupuncture became a registered profession in Victoria in 2001, the Australian Medical Association submitted that acupuncture should not be registered because of the potential risk of pneumothorax from acupuncture needles. The submission failed when further evidence was produced to show that by far the majority of pneumothorax from acupuncture needles had been at the hands of health practitioners who had not been adequately trained in Chinese Medicine, even if they had been trained in other health disciplines.<sup>3</sup>

## **B. The Draft registration standard proposed by the Medical Board is Inadequate**

Our submission that the draft registration standard proposed by the Medical Board of Australia is based on the following:

1. Acupuncture is an invasive procedure, which is safe when practised with due care, but potentially lethal in the hands of poorly trained practitioners. Complications may include pneumothorax, cardiac tamponade, pseudoaneurysm, deep vein thrombophlebitis, injuries to the central nervous system, damage to the peripheral nerves and injuries to the abdominal viscera. Rigorous and comprehensive training specifically in acupuncture should be required of all people who are practising in this field. As well, all practitioners should be required to maintain adequate levels of ongoing Continuing Professional Development in acupuncture.

### **Qualification Standard**

2. Two courses are currently regarded as approved qualifications for endorsement for acupuncture for medical acupuncturists under the transitional law:
  - The Graduate Certificate in Medical Acupuncture (Monash University). This is a part-time 1 year course (24 points). It has 4 units and 30 hours of mentoring in its clinical practice unit. According to their website, at the end of it, practitioners are expected to be “able to recognise and find the major acupuncture points”.

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<sup>3</sup> See also Janz, S. and Adams, J. Australian Journal of Acupuncture and Chinese Medicine (2011) Volume 6, Issue 2, p 8 in relation to the incidence of pneumothorax in Australian physiotherapists practicing acupuncture in 1996.

- The Australian Medical Acupuncture College offers a two year course, consisting of formal lectures, online tutorials and teleconference, 40 hours face to face workshops, 10 hours online teaching; 180 hours of self-directed learning, assignments and case studies; and a minimum of 30 hours of Mentorship.

The Medical Board of Australia has proposed that successful completion of either of these courses, along with successful completion of the Fellowship of the Australian Medical Acupuncture College Part 1 written and clinical examinations, remain the standard of qualification for medical acupuncturists.

3. A recent Australian study of adverse event rates in acupuncture found that ‘adverse event rates for practitioners with 0-12 months of complementary and alternative medicine education were significantly higher than for those with 37-60 months education. In the same study it was found that the risk of pneumothorax among medical practitioners practising acupuncture was twice the rate of non-medically trained acupuncturists. The study found that only 25 of 458 medical practitioners surveyed had completed more than 12 months of traditional Chinese medicine education.<sup>4</sup>
4. Acu-ease submits that the minimum standard for use of the title acupuncturist by a healthcare practitioner qualified in another field should be two years full-time study.
5. Alternatively, Acu-ease submits that if people with lower level qualifications are endorsed to use the title acupuncturists, then those with four year full-time qualifications in acupuncture should be endorsed to use the title acupuncture specialist to indicate their higher level of qualification in the field.
6. By way of comparison, Acu-ease notes that the Victoria University Bachelor of Health Science (Chinese Medicine) contained 28 points of Western Medical Diagnosis as well as a further 32 points of Anatomy and Physiology and Pathophysiology.<sup>5</sup> This is considerably more than the 24 points of training in Acupuncture that the Australian Medical Board is proposing as the minimum standard for Medical Acupuncturists. Ironically, one could argue that on this basis, the Chinese Medicine Board should be able to endorse Chinese Medical Practitioners to use the title “Medical Practitioner”.

### **Grandfathering Standards**

7. The Medical Board of Australia has proposed that medical practitioners should be endorsed to use the title Acupuncturist if they can prove:

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<sup>4</sup> Myers SP, Cheras PA. The other side of the coin: safety of complementary and alternative medicine. Medical Journal of Australia 2004;181(4):222-5.

<sup>5</sup> Course Handbook 2007

- they have 25 medicare claims related to acupuncture in the period between 1 July 2011 and 30 June 2012 or they are already registered by the Joint Consultative Committee on Medical Acupuncture; and
- they have done 10 hours of Continuing Professional Development (CPD).

Assuming that a medical practitioner will allocate 30 minutes on average for an acupuncture treatment, this equates to 12.5 hours of practise in acupuncture in the preceding 12 months.

8. Acu-ease submits that this standard is grossly inadequate, particularly when compared to the grandfathering standard adopted by the Chinese Medicine Board in relation to the practise of acupuncture, which requires practitioners to provide evidence of five years full-time practise or equivalent part-time practise.

### **Recency of Practice**

9. Acu-ease submits that the recency of practice standard proposed by the Medical Board of Australia is inadequate as it contains no competence standard. Acu-ease proposes that the same standard should be applied to medical practitioners using the term 'acupuncturist' as to Chinese medical practitioners using the term 'acupuncturist', specifically that they should produce both practice evidence and competence evidence.
10. In relation to competency, medical practitioners wishing to use the title, 'acupuncturist' should be required to produce evidence that they have
  - the knowledge and application of Chinese medicine differential diagnosis; and/or
  - design treatments specific to the person's condition; and
  - design and use of individualised acupuncture treatment plans and effective use of the treatment techniques.

### **Continuing Professional Development Standard**

11. The Medical board of Australia submits that 10 hours continuing professional development in acupuncture should be sufficient for medical practitioners wishing to use the title acupuncturist. Acu-ease is very concerned that this will result in medical practitioners failing to stay abreast of current research in acupuncture.
12. To cite a very vivid example of the personal cost of practitioners failing to stay abreast of current research: Dr Gemmell was contacted last year by a woman who had been diagnosed with terminal cancer. He advised the woman that he would not be able to treat her with acupuncture as the research indicated that acupuncture promoted the release of tumour growth factor which would cause the cancer to spread.<sup>6</sup> At that point the woman broke down and said that her general practitioner had been treating

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<sup>6</sup> Acupuncture-related rapid dermal spread of breast cancer: a rare case. Tseng HS, Chan SE, Kuo SJ, Chen DR.J Breast Cancer. 2011Dec;14(4):340-4. Epub 2011 Dec 27.PMID: 22323924 [PubMed - in process]

her with acupuncture since she was first diagnosed, and her oncologist had been unable to work out why the tumour had spread so rapidly, as the type of cancer that she had was generally treatable. The woman had two children under the age of ten.

13. Acu-ease submits that a minimum of 20 hours CPD in Acupuncture should be required of all persons using the title acupuncturist.