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Nov 2003	Spring Edition	Newsletter of the Australian Acupuncture and Chinese Medicine Association Ltd	1												
Featured in this Edition		<p>Network connecting internally and externally, conduits of communication</p>	Jing-Luo												
		<h3>Achievements and Goals</h3> <p>2003 has been a busy year for AACMA at the cutting edge of the TCM profession. The challenges have been many and varied, requiring AACMA to operate and respond on multiple levels to a range of disparate issues. Not only is AACMA managing to keep up to date with the legislative changes and policy development of 9 different jurisdictions (the Federal government and 8 state governments), we have also managed to further develop grassroots relationships with members and networking amongst practitioners through the State Committee structure.</p> <p>The exceptional demands on AACMA this year has meant a focus on the major priorities and unfortunately placing some other issues on the back burner. 2004 promises to be a year where our focus will be in the provision of improved member services and resources, as well as further developing our national and international position.</p> <p>We look forward to the exciting challenges expected in 2004.</p>													
		<h3>Meeting with Federal Health Minister</h3> <p>AACMA representatives met with the new Federal Health Minister, The Hon Tony Abbott, on Monday 17 November. The meeting was called by the Minister to consult with representatives from the Complementary and Alternative Medicines (CAM) professions as well as CAM practitioners in his constituency.</p> <p>Issues discussed briefly with the Minister include:</p> <ul style="list-style-type: none"> <li>▪ The nature of the various CAM and TCM practices;</li> <li>▪ A “wellness” as opposed to a “disease” model of health care;</li> <li>▪ Having sufficient suitable representation on government committees looking at CAM issues (as opposed to the present minority representation);</li> <li>▪ Threats by the previous Health Minister, Kay Patterson, to remove the 30% private health insurance rebate from “unproven” complementary therapies;</li> <li>▪ Standards of education and training of doctors using CAM therapies, including acupuncture;</li> <li>▪ Providing support and encouragement to the States for the registration of TCM practitioners, and</li> <li>▪ Medicare.</li> </ul> <p>Following a direct question from the AACMA Executive Officer as to the government’s intentions regarding the 30% private health insurance rebate, the Minister indicated he was not inclined to towards removing benefits from people. We understand that the Minister did make an observation as to the suitability of aromatherapy under the 30% rebate, but said he was unclear at this stage what moves were afoot in this area. AACMA is following up on this and other issues with the Minister.</p>													
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# GST Project Update

## The Australian TCM Practitioner Accreditation Board (ATPAB)

In the last newsletter, detailed update on the establishment of the Australian Council for Chinese Medicine Education (ACCME) was provided. In this newsletter, we provide an update on the Australian Traditional Chinese Medicine Practitioner Accreditation Board (ATPAB).

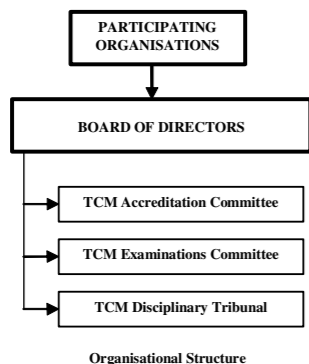
AACMA views the establishment of ATPAB as a core component of a uniform national professional registration system for the Traditional Chinese Medicine (TCM) profession. Its intended roles are to:

- 1 administer uniform national TCM practitioner accreditation;
- 2 enable identification of practitioners eligible to supply GST-free acupuncture and Chinese herbal medicine services; and
- 3 provide for a public complaints process and practitioner regulation in relation to the above.

In relation to point 2, this is no longer a primary purpose of ATPAB as individual professional bodies must first apply for and obtain a Private Tax Ruling from the Australian Taxation Office. AACMA is the recipient of one such Private Tax Ruling, which means that the acupuncture and Chinese herbal medicine services of accredited AACMA members are GST-free.

Other points to note about ATPAB:

- Membership is open to TCM professional bodies and TCM regulating authorities;
- ATPAB acts as a practitioner accreditation agency for member organisations;
- ATPAB does not represent the member organisations;
- ATPAB does not represent or admit individual practitioners.



Organisational Structure

### What does this mean for members?

For all practical purposes, the formation of ATPAB will not change your relationship with AACMA so long as you continue your membership and meet annual re-accreditation requirements (first aid certificate, professional indemnity cover, continuing professional education and annual fees). Serious complaints against members, such as allegations of sexual assault, fraud, violence and

false qualifications, will be referred to the ATPAB Disciplinary Tribunal. Minor complaints will be addressed by the AACMA Disciplinary Committee.

### What does this mean for prospective membership applicants?

Applicants will continue to apply to AACMA for membership. The AACMA office will undertake a document check and allocate the applications as "Routine" or "Non-Routine". Routine refers to applicants with recognised TCM qualifications, non-routine refers to all other applicants. In order to avoid unnecessary delays in straightforward applications, a fast track process has been developed for "Routine" applications. Non-routine applications are forwarded to ATPAB for assessment by the ATPAB Accreditation Committee.

The process for handling applications for membership as from 1 January 2004 is outlined in the diagram below.

### Will it cost more?

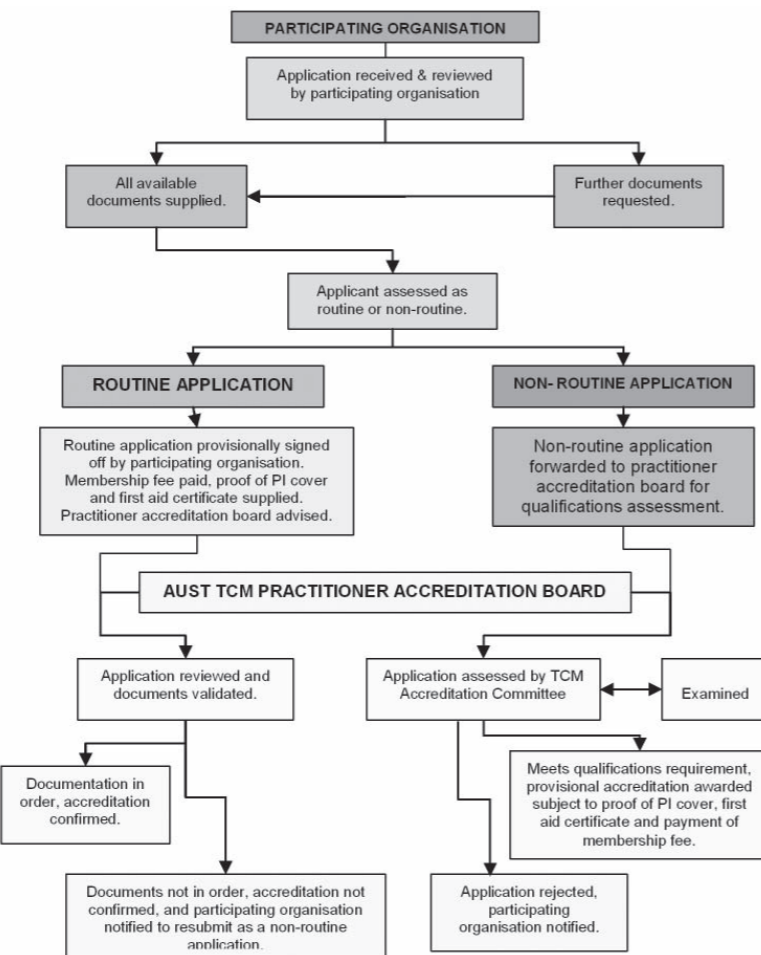
AACMA currently funds the administration of an Accreditation Committee, a Disciplinary Committee and an examinations process. The costs for operating a separate entity to undertake these functions for AACMA and other participating organisations is minimal and will be met out of the annual membership fee.

### Grandparenting exams

As an ongoing feature of the GST Project, Grandparenting Examinations will continue to be offered in 2004. The written papers are available in either English or Chinese and the examinations include the following:

- Western medical sciences theory paper - TCM theory paper
- Chinese herbal medicine theory paper - Acupuncture theory paper
- Clinical assessments in both: Chinese herbal medicine and acupuncture.

Persons interested in sitting the ATPAB grandparenting examinations in 2004 should contact Justin Frost at the AACMA office.



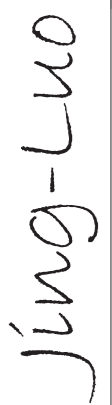
# Who's Who at AACMA

<b>Executive Officer</b>	<b>Judy James</b>
Contact Judy at <a href="mailto:judy.james@acupuncture.org.au">judy.james@acupuncture.org.au</a> regarding:	
Complaints	Legal Issues
Policy Issues	Governance
Regulation & Registration	Claims
<b>Operations Manager</b>	<b>Julie Tierney</b>
Contact Julie at <a href="mailto:opm@acupuncture.org.au">opm@acupuncture.org.au</a> regarding:	
WFAS 2004	Operational Issues
Human Resources	State Committee Enquiries (General)
IT Issues	Professional Development
<b>Membership Administrator</b>	<b>Justin Frost</b>
Contact Justin at <a href="mailto:membership@acupuncture.org.au">membership@acupuncture.org.au</a> regarding:	
Accreditation	Insurance
Membership	Health Funds
Certificates	Recognised Courses
<b>Marketing &amp; Events Administrator</b>	<b>Stuart Myerscough</b>
Contact Stuart at <a href="mailto:publications@acupuncture.org.au">publications@acupuncture.org.au</a> regarding:	
The Jing-Luo Newsletter	Marketing Enquiries
Advertising & Media Issues	WFAS 2004 (Marketing)
Printing	Sponsorship
Events & Conferences	
<b>Finance Administrator</b>	<b>Sarah Brown</b>
Contact Sarah at <a href="mailto:ada@acupuncture.org.au">ada@acupuncture.org.au</a> regarding:	
Yellow Pages Advertising	General Finance Enquiries
Accounts Payable & Receivable	Membership Fees & Payment Plans
Member Stationery Orders State	Committee Enquiries (Financial)
<b>Receptionist</b>	<b>Kathleen Burrell</b>
Contact Kathleen at <a href="mailto:aacma@acupuncture.org.au">aacma@acupuncture.org.au</a> regarding:	
Member Referrals	Member Stationery Orders
Applications for Membership Forms	

# New Members

AACMA welcomes the following new accredited members who have been accepted to AACMA since the last newsletter in Aug 2003.

Emma Goodwin QLD	Fiona Godson QLD
Greg River NSW	Milly Dabrowski VIC
Gay Appleyard NSW	Anne-Lise Peach QLD
ShaneSmith VIC	Virginia Kleine NSW
RosemaryThompson NSW	Jonathen Tseng NSW
Samantha Mena NSW	Xue Juan Leng WA
Luis Romero Sigaran QLD	Angeliki Androutsopoulos NSW
Li Yong Chew QLD	Alice Phoi-Ky Huynh NSW
Donna Rankine QLD	Song Huang QLD
Tanya Ryder QLD	Yu Zhou Lou VIC
Narelle Whight QLD	Xiu Mei (Denny) Ge WA
Gabriel Estay-Latorre QLD	Troy Wolski QLD
Danielle Baker VIC	Murray Goodchild QLD
Helen Hays QLD	Nikki Gaudion NSW
Hong Cuc Thi Le VIC	Zhi Hong Lu NSW
Robyn Brown VIC	Terri Xue Jian Li NSW



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# Diary Dates

## Australian Conferences and Seminars

### November

21-24 Melbourne **First World Congress on Chinese Medicine**. RMIT. Contact C Xue on ph 03 9925 7653, fax 03 9925 7616 or view [www.wccm2003.com](http://www.wccm2003.com)  
 27 Sydney **UTS Public Lecture: Herbal Medicine, Why Do We Care?** presented by Prof Chun-Su Yuan MD, PhD. Contact Dr Xianqin Qu on 02 9514 7852 or email [xianqin.qu@uts.edu.au](mailto:xianqin.qu@uts.edu.au)

### December

3-5 Sydney **APSA 2003 Annual Conference "Integrating Pharmaceutical Research into Practice"** presented by the Australasian Pharmaceutical Science Association. For more information and registration go to [www.apsa-online.org](http://www.apsa-online.org) and follow links to *APSA on the Beach*  
 5 Sydney **Seminar: The Management of Cancer Through the Integration of TCM and Western Medicine** presented by Diana Hu. AACMA State Committee Function. Contact David White on 02 9904 1967, 0412 131 590 or email [sydneytcm@yahoo.com.au](mailto:sydneytcm@yahoo.com.au)  
 6 Gold Coast **2003 Annual Christmas Party** presented by QLD State Committee. AACMA State Committee Function. Contact Matt O'Hara on 07 5591 1077 or email [matt@healthcentre.net.au](mailto:matt@healthcentre.net.au)  
 13 Sydney **Seminar: A Practical Approach to Chinese Medicine: "Paediatric Conditions"** presented by Will Maclean. Contact Herbcare on 1800 822 223 or 02 9699 2288 or email [info@herbcare.com.au](mailto:info@herbcare.com.au)

### Regular/Ongoing 2003

April - December Maleny Qld **Well Women's Lives**: Bi-monthly 2-day course, 1<sup>st</sup> Sunday/Monday of the month. Covering specifically the blossoming of our own time lines, the impact of early life, and how we can look ahead whilst assisting the next generation to emerge. Contact Heather on phone 07 5494 4117 or fax 07 3899 2322 to be sent details

April - December Maleny Qld **Practical application of meridian therapy: Bi-monthly**, 1<sup>st</sup> Sunday of alternate months (see above). Set of day long seminars incorporating 25 years of study, life experience and professional practice in such bread and butter issues as persistent neck pain, chronic musculo-skeletal, immunological, neurological conditions and general "hard" cases. Contact Heather on phone 07 5494 4117 or fax 07 3899 2322 to be sent details

### 2004

#### January

10 Sydney **Seminar: A Practical Approach to Chinese Medicine: "Genital-Urological Conditions"** presented by Will Maclean. Contact Herbcare on 1800 822 223 or 02 9699 2288 or email [info@herbcare.com.au](mailto:info@herbcare.com.au)  
 20 Melbourne **2004 Chinese New Year Celebration** presented by VIC/TAS State Committee. AACMA State Committee Function. Contact Ke Li on 03 9374 1815

#### February

14 Sydney **Seminar: A Practical Approach to Chinese Medicine: "Phycological Conditions"** presented by Will Maclean. Contact Herbcare on 1800 822 223 or 02 9699 2288 or email [info@herbcare.com.au](mailto:info@herbcare.com.au)  
 22 Melbourne **Seminar: Long-Term Management of Clients: "How to Keep Them on the Books!"** presented by Lisa McPherson. AACMA State Committee Function. Contact Danielle Slade on 03 9740 5728  
 29 Gold Coast **Seminar: Moxibustion** presented by Paul McLeod. AACMA State Committee Function. Contact Matt O'Hara on 07 5591 1077 or email [matt@healthcentre.net.au](mailto:matt@healthcentre.net.au)

#### March

13 Sydney **Seminar: A Practical Approach to Chinese Medicine: "Miscellaneous Conditions"** presented by Will Maclean. Contact Herbcare on 1800 822 223 or 02 9699 2288 or email [info@herbcare.com.au](mailto:info@herbcare.com.au)  
 14 Gold Coast **Introductory Lecture: Qigong** presented by Dr Bi Song Guo. AACMA State Committee Function. Contact Matt O'Hara on 07 5591 1077 or email [matt@healthcentre.net.au](mailto:matt@healthcentre.net.au)

### October

29-31 Gold Coast **6th WFAS World Conference on Acupuncture-Moxibustion**. To be held at the Radisson Resort Gold Coast. Contact AACMA on 07 3846 5866 or email [aacma@acupuncture.org.au](mailto:aacma@acupuncture.org.au). Refer to pages 14-15 for further details.

## Overseas Conferences and Seminars

### November

6-9 Taipei, Taiwan **The 12th International Congress of Oriental Medicine**. Contact Conference Secretarial 12th ICOM on 886 2 2822 5592, fax 886 2 2823 0488, email [cfchen@cma23.nricm.edu.tw](mailto:cfchen@cma23.nricm.edu.tw) or view [www.nricm.edu.tw](http://www.nricm.edu.tw)  
 12-14 Hong Kong **The Natural Health Fair**. View [www.naturalhealthfair.com](http://www.naturalhealthfair.com)  
 14-16 Lisbon, Portugal **Third International Congress on Traditional Chinese Medicine**. Contact ph 00 351 21 35 90 474, fax 00 351 21 31 52 269 or email [apa-da@mail.telepac.pt](mailto:apa-da@mail.telepac.pt)

### 2004

#### April

6-8 New Delhi, India **Medicare India 2004** Conference and Exhibition. Contact Rob Grant on +44 (0) 20 7723 8020 or email [rob.grant@kinexlog.com](mailto:rob.grant@kinexlog.com)  
 23-25 Chiang Mai, Thailand **Alternative Medicine Congress**. Contact Dr Douglas Dickmann on 08 8337 8572

#### May

18-23 Rothenburg, Germany **35th TCM Congress**. Contact Mrs Scheunemann on +49 (0)30 4985 5031, fax +49 (0)30 4985 5030 or email [kongress@tcm-kongress.de](mailto:kongress@tcm-kongress.de) [www.tcm-kongress.de](http://www.tcm-kongress.de)

## Important News for Advertisers

AACMA is pleased to provide a range of advertising opportunities for members and other entities wanting to communicate with our members. Those wishing to advertise with AACMA must be aware of, and willing to comply with AACMA's policies and guidelines with regard to advertising.

In particular, AACMA would like to bring attention to its policy on the advertising of prices. The AACMA General Advertising Policy Guideline 4 states that:

*Any prices listed within advertisements must be inclusive of the Goods and Services Tax (GST). The AACMA reserves the right to refuse to publish or disseminate any advertising material which includes prices that are non-inclusive/exclusive of GST.*

It should be noted that AACMA will be strictly adhering to this policy in 2004.

Advertised prices which do not indicate the full price to be paid by consumers (i.e. the GST inclusive price) could be deemed as misleading. For further information on the appropriate advertising of prices subject to GST, please refer to the following Australian Competition and Consumer Commission (ACCC) publications:

- <http://gst.accc.gov.au/publications/bulletin12.pdf>
- <http://gst.accc.gov.au/publications/bulletin13.pdf>
- 'Advertising and Selling' (p. 38), available at: <http://www.accc.gov.au/fs-pubs.htm> (follow the links to *Business General* and *Advertising and Promotion*)

For further information on advertising with AACMA, including AACMA 2004 advertising rates, or to obtain a full copy of the AACMA Advertising Policy Guidelines, please contact Stuart Myerscough at the AACMA National Office on 07 3846 5866, or via email at [publications@acupuncture.org.au](mailto:publications@acupuncture.org.au).

# AACMA Contact Details, Board and Committees

**Australian Acupuncture and Chinese Medicine Association Ltd**  
 ACN 010 020 390

**Registered National Office:**  
 5/28 Gladstone Rd, Highgate Hill  
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 Phone: 07 3846 5866  
 Fax: 07 3846 5276  
 1300 No: 1300 725 334  
 Email: [aacma@acupuncture.org.au](mailto:aacma@acupuncture.org.au)  
 Website: [www.acupuncture.org.au](http://www.acupuncture.org.au)

**Incorporating:**  
 Australian Acupuncture Association  
 Acupuncture Ethics and Standards Organisation Ltd ACN 065 533 762  
 Acupuncture Association of South Australia Inc

**PLEASE SEND ALL CORRESPONDENCE TO PO Box 5142 West End QLD 4101**

### NATIONAL BOARD OF DIRECTORS

President	James Flowers	NSW/ACT
Vice-President	Ke Li	VIC/TAS
Secretary	Walter Simpson	QLD
Treasurer	John Deare	QLD
Director	Marina Christov	VIC/TAS
Director	Jacqueline Corner	WA
Director	Hoc Ku Huynh OAM	NSW/ACT
Director	Brendan Supple	SA/NT
Director	Yifan Yang	NSW/ACT

### CHAIRS OF BOARD COMMITTEES

Disciplinary Committee	John Deare
Legislation & Policy Review Committee	James Flowers
Membership Officer	Hoc Ku Huynh OAM
Professional Development Committee	Walter Simpson
- Continuing Education Sub-Committee	Yifan Yang
- Mentoring Sub-Committee	James Flowers
- Research Sub-Committee	John Deare
Promotions and Publications Committee	Jacqueline Corner

### CHAIRS OF STATE COMMITTEES

ACT	Andrew Smith	SA/NT	Douglas Dickmann
NSW	Hoc Ku Huynh OAM	VIC/TAS	Ke Li
QLD	Linda Tedd	WA	Wade James

### Waiver

The views expressed in interviews, profiles, case studies or in book, seminar or other reviews do not necessarily reflect the views of AACMA.  
 All advertisements and reports are published in good faith. The publisher, AACMA, makes no warranty or representation that the products or services advertised in or with this newsletter are accurate, true or fit for their purpose, and persons must make their own inquiries.

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## From the President

A delegation of AACMA representatives travelled to Norway to attend the World Federation of Acupuncture and Moxibustion Societies (WFAS) Symposium held in Oslo from September 12-14. There was a total attendance of over three hundred people at the event. The purpose of this expedition was to further strengthen our international links with fraternal organisations, while learning more about contemporary international developments and exchanging knowledge and experience.

For me it was a learning exercise in the comparison of work styles. On this occasion we also took the opportunity to promote the upcoming 2004 WFAS Conference to be held here in Australia. The AACMA delegation which comprised myself; Executive Officer, Judy James; former AACMA Vice President and current WFAS Vice President, Richard Li; and AACMA Vice President, Ke Li, heavily promoted the upcoming conference throughout the entire three day event, working hard to ensure every attendee received a promotional brochure and was made fully aware of what will surely be a fantastic international event.

The response we received was extremely positive with many people verbally committing themselves to attending the event to be hosted by AACMA on the Gold Coast next year. Good support was given from AACMA members Leanne Zaver and Alan Bensoussan who were also in attendance. Judy James and Richard Li conducted a PowerPoint presentation during the closing ceremony, which was very well received and which really generated great enthusiasm among all those present.

The four members of the official AACMA delegation each presented a paper within the academic sessions and also attended the WFAS Executive Committee meeting. Richard Li acted as the AACMA's official representative at the WFAS executive Committee meeting due to his role as Vice President of WFAS. Richard and Judy also presented a brief report on our preparations for next year's conference. I would especially like to thank Ke Li for supporting the organisation, taking time out from her clinic, to work with us on a fully self funded basis.

Yet another delegation of AACMA representatives travelled this time to China to attend the Foundation Conference of the World Federation of Chinese Medicine Societies (WFCMS), which was held in Beijing from September 24-26. This delegation comprised myself; Ke Li; AACMA Board member, Hoc Ku Huynh OAM; and WA State Committee Chair, Wade James. The event was highly successful

with delegates from 127 organisations in attendance.

On the first day of the conference, preliminary discussions were held, as were elections for positions on the new WFCMS Council. Ke Li and Hoc Ku Huynh OAM were both elected to the WFCMS Council, while I was elected as a Deputy Chair of the Board of Supervision.

What about WFCMS itself? Beijing put a huge effort into the event, which received wide press and TV coverage in China. The new body includes both Chinese herbs and acupuncture, and has been set up as an international TCM organisation. Proceedings of the event were infected by a real dynamism and enthusiasm, which was not as evident in Oslo.

This dynamism and enthusiasm, it seemed to me, stemmed primarily from the larger number of Europeans in attendance and the smaller number of Americans. The links that the Europeans have with each other and with Beijing actually amazed me, and acted as a clear reminder of just how insular we in Australia can be. I am sure that Australia's geographical isolation plays a factor in this. However, suffice to say that we worked to ensure that AACMA secured a number of good links throughout the three day event.

Again, I wish to give special thanks to Ke Li for the support she gave to AACMA, and also to Hoc Ku and Wade who both did a huge amount of work to promote AACMA, again on a fully self funded basis. Well done, guys!

On behalf of the Board and the office, I wish all of you and your families a very enjoyable and happy festive season and hope 2004 brings you even greater prosperity and success. May your clinical work become even more productive.



AACMA President - James Flowers



AACMA delegation to the WFCMS meets with She Jing, Director of the China State Administration of TCM. From left to right - James Flowers (AACMA President), Wade James (WA State Committee Chair), She Jing, Hoc Ku Huynh OAM (AACMA Board Member) and Ke Li (AACMA Vice President and VIC State Committee Chair)

## Classifieds

### For Sale

**Clinic For Sale** in Nowra, 2 hours south of Sydney on the coast. Established for 9 years, very busy clinic with excellent potential to expand. In multi-discipline clinic. Low overheads. Chinese powdered and raw herbs plus acupuncture. Beautiful location, excellent future in growth area. Price \$20,000. Phone Anita on 0412 932 460.

**Practice For Sale.** Great opportunity for experienced practitioner or recent graduate. Established multi-disciplinary clinic in Lane Cove requires Acupuncturist and/or Chinese herbalist to take over from current practitioner who is moving out of Sydney. TCM practice established since 1997. Own dedicated consult/treatment room and full dispensary in large modern reception area. Complete equipment and stock at value if required. Very reasonable rent. Enquiries phone Steve O'Connor on 0414 637 275.

**Acupuncture Clinic,** Brisbane North, Long established with over 2,500 patients. Very Low overheads, 3 rooms, spare room rented long term. Predominately Musculo/Skeletal. Owner will assist buyer with gradual hand over if required. Owner leaving Brisbane in New Year. Phone 07 3356 6166.

**Sunshine Coast, QLD.** Busy, long established complimentary medicine clinic with shop front, reception, 4 treatment rooms, large dispensary, storeroom - main road (shopping centre); medical centres nearby; huge growth potential. POA Ph Robin Huston 07 3871 0377.

**Mosman, Sydney.** Busy acupuncture clinic - delightful village location. 2 treatment rooms; patient database; all equipment; marketing plan. A rewarding opportunity for a motivated practitioner. Info package available from trilern@ozemail.com.au or call Jeremy 02 8902 0004.

**Serin Needles For Sale** 25 x 30mm expire 10/2004, no longer use this size, 9 boxes for \$125 or \$15 per box-unopened & complete. Ph 07 3843 3555.

**Wooden Moxa Boxes** Sliding Lid. Clear coated s/s mesh moxa trays. \$60 each + P&P. Ph 07 4055 9631.

### For Rent

**Room For Rent.** An opportunity exists for an acupuncturist to sublet a room in a fully refurbished suite at Sydney Osteopathic Medicine. Features include brand new carpet and paint, A/C, contemporary design and friendly working environment. The practice is located in the heart of the Sydney CBD at 808/109 Pitt St, next door to Hunter Connection. Flexible hours will be considered. For more information please call Rhoda on 0423 591 592.

**North Sydney** fully furnished rooms in beautifully presented 'oasis' multi-modality health centre in the heart of North Sydney. 200 visitors per week. Great exposure and solid marketing support to get you going fast. www.life-source.com.au Call 02 8904 0202 or email calm@life-source.com.au

**Campbelltown, Sydney.** Clinic rooms are available in multidisciplinary clinic. Rent is calculated on a daily or weekly basis. Furnished/unfurnished. Ph Kerri Moore on 02 4620 6372.

**Canberra Central.** Clinic rooms are available in a multidisciplinary clinic. Rent is calculated on a daily or weekly basis. Furnished/unfurnished. Ph Ben Field on 0412 734 446.

**Essendon.** Room available in well established Natural Therapies Clinic. Will suit acupuncturist, chiropractor, physiotherapist, osteopath. Very reasonable rent that will include use of furniture, supplies and access to existing patient database. Session days and times negotiable. Very pleasant and professional staff and working environment. Room available for immediate start. Ph 03 9379 0637.

**Port Melbourne.** Two large (4+ sq each), stylish, fully-furnished consulting rooms are available immediately in a Port Melbourne natural health centre. Located just off busy Bay Street, sessions and full-time rentals are available. Rooms are ideal for TCM. Contact Sage Health at sagehealth@tpg.com.au or 0438 286 033.

**Clinic Room for Rent: Melbourne, St Kilda.** Multidisciplinary natural therapies clinic, with prominent exposure, seeks motivated professionals to join the clinic. The building and rooms are in excellent, graceful condition, with ample client/practitioner parking. For further information contact: Zoe on 03 8598 9804 or 0402 134 124.

**Consultancy Rooms Available** Chatswood Health Centre. 2 big rooms available. Great location! Archer St, very close to Chatswood Chase. Friendly team. To share with existing busy naturopath. Would prefer alternative modalities, so cross referral is an option. Would suit: body worker; physiotherapist; chiropractor; acupuncturist; counsellor; general practitioner; or likewise practitioner. Daily or weekly rates available. Includes receptionist, electricity and parking. Call 02 9419 5721 for inquiries.

**Lifestyle & Practice Opportunity** Renovated and fully equipped house and clinic available for rent in Maroochydore, Sunshine Coast, QLD. Split system A/C in house and clinic. Two treatment rooms, large reception and extensive patented herbal formula dispensary. Anthony Brown will continue his 17 year practise on Mon, Tues and Fridays. Person successful in taking this opportunity assured of referral business and assistance in promotion. 350m to Alexandra Headland beaches, 3 minutes to Sunshine Plaza. Contact Suzanne Brown on 07 5443 7676 qi@sun.big.net.au www.sun.big.net.au/~Qi

**Tax Agent** has sought approval to use clinics. 3 rooms with water for professional consulting in Wentworthville. Contact Doug 02 9636 9408 or 02 9631 2768 (ah) concerning lease or part ownership.

**Western Australia** Room for sub-let. Consult room + treatment and waiting area (shared use) available in est. TCM clinic. Alternative growing area, close to train, professional premises. NOR. Ph Marie to register interest 08 9375 7388.

### Positions Vacant

**Herbalist/Practice Manager.** TCM or naturopath background to join busy multi-disciplinary acupuncture and Chinese medicine centre. Initial salary package while training with a view to lease the business, which includes the profits from the sales at the herbal and vitamin dispensary. Excellent business opportunity with continuing growth potential in the design, development and sales of the dispensary. Suitably qualified persons please call 02 9818 8517.

**Practitioner Needed.** We are looking for a self-motivated, caring, qualified acupuncturist to compliment our existing service. Successful applicants will practice in a warm environment, great location and be fully supported by our staff. They will be well remunerated and taught marking existing services. In Melbourne (Prahran). Phone 03 9827 0886.

**An Opportunity** is now available for a TCM practitioner to join our busy acupuncture and Chinese medicine practice in Rozelle. This position has been created for a practitioner interested in working predominantly with infants and children. Excellent referral support for the right person. Call Tues-Sat 10am-5pm on 02 9818 8517.

**Sorrento Kinesiology & Natural Health** is looking for an acupuncturist/TCM practitioner with massage qualifications. Please be happy, professional and reliable. Experience is

preferred, friendliness essential, as is the ability to work independently, but with other practitioners. Excellent rooms in main street position of beautiful Sorrento. Enquiries to Lyndy 03 5984 5772.

**Registered TCM Herbalist/Acupuncturist.** Unique opportunity to join our team of professional practitioners and to develop your own independent practice with us in our busy multi-disciplinary Hampton Natural Therapies Clinic. FT/PT. Immediate start. Ph Rick, Melbourne Weight Loss & Natural Therapies Clinic 03 9507 0500.

**Brisbane TCM Practice Requires 2 Practitioners** We are looking for 2 experienced and enthusiastic TCM practitioners (Acupuncture/Herbs) to work in a busy established northern suburbs practice. Fantastic opportunity for motivated practitioners to work in existing practice. Excellent conditions and incentives. Short/long term. Applicants from interstate may apply. Please send full resume by 15 December 2003 to: Practice Manager, GPO Box 1288, Brisbane, QLD 4001.

### Locums Wanted

**Locum Required** in our busy Sunshine Coast acupuncture practice. We are seeking an enthusiastic Japanese style acupuncturist, to cover for a practitioner going on maternity leave (3-6 mths) with possibility of an ongoing position. Phone Andrea on 07 5479 6666.

**Sydney** Locum position available for a minimum of 2 years in busy TCM centre. Must have experience and competence in acupuncture and herbal medicine. Phone 02 9818 8517.

**Acupuncturist** 3 weeks locum work for experienced acupuncturist, 6-26 Jan. Great business opportunity for motivated practitioner to join a multi modality team in Sydney's south. Long est. business with growing clientele. Subsequent option to buy reputable acupuncture business. Ph 0413 068 271 for enquiries.



## AACMA Resources & Products

### Resources available for purchase from the AACMA

#### Members Only Products and Publications

Brochures - Acupuncture - General Information (pack of 25)	\$ 5.50
Brochures - Acupuncture - Gynaecological Problems (pack of 25)	\$ 3.75
Brochures - Acupuncture - Headaches (pack of 25)	\$ 3.75
Brochures - Acupuncture - Lower Back Pain (pack of 25)	\$ 3.75
Brochures - Acupuncture - Sports Injuries (pack of 25)	\$ 3.75
Brochures - Acupuncture - Stress (pack of 25)	\$ 3.75
Receipt Book - 200 receipts (if not registered for the GST)	\$ 13.30
Tax Invoice/Receipt Book - 200 receipts (if registered for the GST)	\$ 13.30
Sickness Certificate Pad (pad of 50 certificates) (old stock)	Free
Window Decal (single)	\$ 5.00
Window Decal (pack of 2)	\$ 9.00
Medical Observer subscription (48 issues)	\$280.24

#### General Publications

Australian Guidelines for Traditional Chinese Medicine Education* (Discounts available for bulk purchases)	\$ 25.00
Complementary Medicine: Ethics and Law (A/Prof MWeir 2000)	\$ 27.50
The Fertility Plan (Simon & Schuster 2000)	\$ 27.50
Infection Control Guidelines for Acupuncture (AACMA 1997)*	\$ 21.75
National Competency Standard for Acupuncture (AACMA 1995)	\$ 21.75
Traditional Chinese Medicine (TCM) & the Goods and Services Tax (GST) - A Guide for TCM Practitioners (AACMA Aug 2003)	Members Free Non-Members \$ 25.00
The BAS & IAS - A guide for AACMA members (AACMA Aug 2003)	Members Free Non-Members \$ 15.00

### Resources free to AACMA members

#### CD-Roms

E-Record Good Records, Good Business

#### Publications

Record keeping for new small business (ATO)  
Wildlife conservation and traditional medicines (Environment Australia) - in English and Chinese

#### Products

1300 cards

Please call the AACMA National Office to request the above items. The items below can be obtained by calling the numbers provided.

#### Other Resources

Guide to GST (ATO) 13 24 78  
Business Activity Statement Instructions (ATO) 13 24 78  
Pay As You Go - What you need to know (ATO) 13 24 78

#### Postage and Handling

Please note that a charge of \$9.35 for postage and handling will apply to all orders from resources and products from the AACMA National Office.

Note: Publications for sale marked with \* are supplied to members on publication or when full membership of AACMA is obtained, whichever occurs first.

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## Special Feature - Expert Committee Report

### Report from the Expert Committee on Complementary Medicines in the Health System

The Expert Committee on Complementary Medicines in the Health System (Expert Committee) was established following the recall of more than 1600 complementary medicines manufactured by Pan Pharmaceuticals from the Australian marketplace. It was the largest recall of medicines in Australia.

According to the Department of Health and Ageing (DHA) website, the Australian Government established the Expert Committee in May 2003 to reassure the public and maintain confidence in Australia's reputation as a supplier of high quality and safe medicines.

#### Expert Committee Terms of Reference

The Expert Committee was asked to consider the regulatory, health system and industry structures necessary to ensure that the central objectives of the National Medicines Policy are met in relation to complementary medicines.

The Expert Committee was also asked to examine and provide advice on:

- The national system of regulatory controls required to ensure that complementary medicines meet appropriate standards of quality, safety and efficacy;
- The information needs of consumers of complementary medicines;
- The education, training, and regulation requirements for healthcare practitioners who are supplying complementary medicines and/or providing advice or delivering care to consumers of complementary medicines;
- The potential for interaction between complementary medicines and prescribed medicines used by consumers and the means to provide this information to healthcare practitioners;
- The nature and extent of restrictions required on advertising (including internet advertising) of complementary medicines to consumers; and
- The regulatory and industry activities necessary to promote an innovative, responsible and viable complementary medicines industry in Australia.

#### Expert Committee Membership

According to the DHA, members of the Expert Committee were selected on the basis of their expertise in various areas of complementary medicine, not as representatives of stakeholder groups, and the decision to include these members in the Expert Committee was made on the basis that they were considered to have the appropriate depth and breadth of expertise to consider matters under the Expert Committee's terms of reference. (See page 12 for a list of Expert Committee members, their affiliations and areas of expertise)

#### Major recommendations and analysis

The Expert Committee's wide-ranging terms of reference meant that its recommendations touched not just on matters related to the regulation of CAM products, but also on product advertising standards and the mechanisms for the regulation of practitioners. (See page 13 for full details of recommendations)

#### Regulation of practitioners

By far the most significant recommendation affecting the TCM profession is the call for state and territory governments to introduce legislation as soon as possible to regulate practitioners of traditional Chinese medicine and dispensers of Chinese herbs, based on existing Victorian legislation.

According to Expert Committee member and AACMA Fellow,

A/Prof Alan Bensoussan, this recommendation gives a massive boost to the TCM profession in its efforts to convince state Health Ministers to introduce registration of the TCM profession.

The report also recommends suitable regulation of naturopathic and herbal medicine practitioners, but does not argue as strongly for statutory registration as it does for the TCM profession.

#### Regulation of product

**Levels of evidence** The report recommends the continued use of the *Guidelines for Levels and Kinds of Evidence to Support Indications and Claims* by the Therapeutic Goods Administration (TGA) for therapeutic claims about product. These levels extend from the "Gold Standard" evidence of double blind clinical trials at one end to evidence of traditional use at the other end. Most, if not all, TCM products are currently approved under the fourth level of evidence (traditional use).

At present, these evidence levels are not part of the legal framework for regulating CAM products and product sponsors are only required to state that they hold the evidence to support their claims, but not to submit that evidence.

Recommendations 4 and 5, if accepted, would bring the TGA Evidence Guidelines into the legislative framework and require product sponsors to submit a two page summary of the evidence for product claims. Although this is intended to be a non-assessable (that is, they won't have to prove their summary of the evidence at the time of submission), there is provision for random and targeted audits to assess the evidence supplied.

**Compositional guidelines for starting materials** The first two recommendations in the Report call for legally enforceable quality and standards for all ingredients used in complementary medicines. Currently, manufacturers are not required to provide compositional guidelines (monographs, fingerprints) of the products used in the manufacture of CAM products. This means that the quality and safety of individual ingredients and the final product may vary considerably from product to product or even batch to batch.

If accepted, this would require standardised compositional guidelines to be developed for all CAM products, including Chinese herbal medicines, to ensure that the ingredients being used in CAM products meet these basic requirements. According to Alan Bensoussan, it is likely there will be a gradually increasing requirements for industry to ensure they comply with standards of quality and safety for CAM and TCM products.

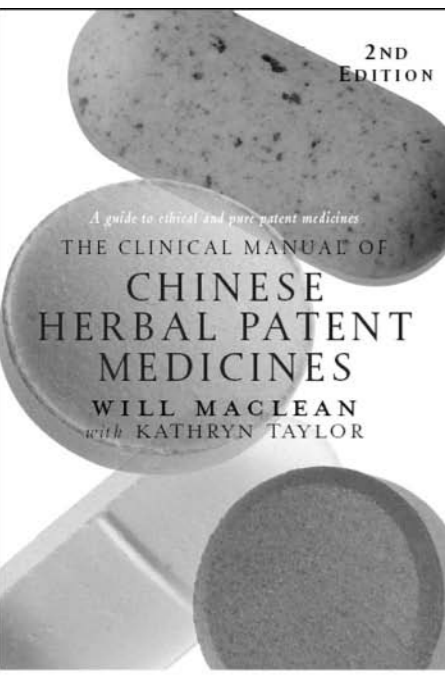
At present, very few of the ingredients used in CAM and TCM products have accepted compositional guidelines. AACMA is examining the feasibility and implications of recognising the Chinese herbal fingerprints currently being developed by the Chinese government, as opposed to the British Pharmacopoeia which has few, if any, Chinese herbal monographs developed.

**Raw/crude herbs** Presently, raw herbs, including raw Chinese herbs, fall through a gap in the regulatory system and are only subject to regulation where they come under the State drugs and poisons schedules or at importation through customs and excise. The Expert Committee recommends (No 12) that the TGA coordinate a review of the regulation of raw herbs and other starting materials for the manufacture, dispensing or extemporaneous compounding of medicines to ensure that they meet appropriate standards of quality and safety. In this context, "extemporaneously compounded" refers to Chinese herbal medicines mixed by the practitioner for supply to a patient as part of the treatment of that patient. *Continued on page 12*

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# The Clinical Manual of Chinese Herbal Patent Medicines 2<sup>nd</sup> edition

The definitive guide to all 'over the counter' Chinese prepared medicines available in Australia. User friendly and comprehensive, this book is an essential resource for anyone prescribing Chinese patent medicines. Features include:

- 330 medicines discussed, with practical applications and combinations to extend clinical range
- extensive 75 page symptom and disease index
- graphics of the pattern identifying features
- colour pictures of all medicines
- extensive glossary of Chinese medicine terminology
- concise functions of all herbs
- handy A5 size for easy portability, 758 pages

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## 2004 Membership Fees

The Board is pleased to announce that AACMA has been able to limit the 2004 fee increase for practising members to \$10, which is less than the CPI increase of 2.6% for the previous 12 months. This has been possible through good fiscal management in 2003.

Members will receive their 2004 Membership Fees renewal notices by early December for payment by 31 December 2003.

As an incentive for the prompt payment of 2004 membership fees the Board is again offering four payment options reflecting the timeliness of payments.

### Option 1 Annual Direct Debit Authority

Members can elect to provide an Annual Direct Debit Authority by 15 December 2003 authorising payment of membership fees each year. This method allows AACMA to deduct annual membership fees on 15 December of each subsequent year until advised by the member in writing of their wish to terminate the agreement.

This discount is accompanied by an undertaking that AACMA will not increase the membership fees of members electing to use this option by more than 5% above the inflation rate in any one year during the period that the agreement is in place.

The 2004 membership fee payable under this discount option is \$475.00 for Fellow and Associate Fellow Members, \$420.00 for Full and Provisional Members. This represents an increase of only 4 cents on 2003 fees. As the fee

payable by members agreeing to take out an Annual Direct Debit Authority with AACMA is \$15 less than the standard fee payable under Option 2, this provides a further incentive for members to take up this option for payment of annual fees.

### Option 2 Pay in Full by 31 Dec 2003

To qualify for this discount, full payment of 2004 fees must be received in the AACMA office by 31 December 2003, or the envelope in which the payment is received must be postmarked no later than 31 December 2003.

The 2004 membership fee payable under this option is \$490.00 for Fellow and Associate Fellow Members, \$435.00 for Full and Provisional Members, and \$95.00 for Graduate (Non-Practising) Members. This represents an increase of \$10 for practising members and \$3 for Non-Practising Members.

Members who entered into a Pre-payment Plan whose fees are paid in full by 31 December 2003 will be charged in accordance with Option 2.

### Option 3 Payment Made After 31 Dec 2003

The 2004 membership fee payable for members who finalise their 2004 fees after 31 December 2003, or enter into a Payment Plan for the payment of their 2004 fees, is \$585.00 for Fellows and Associate Fellows, \$530.00 for Members and Provisional Members, and \$135.00 for Graduate Members. This represents an increase of \$10 on 2003 fees.

If no payment has been received in the AACMA National Office by 31 March 2004, or if a Payment Plan for payment of 2004 membership fees by instalments has not been entered into by 31 March 2004, membership and accreditation with AACMA will lapse and a reinstatement fee will apply.

### Option 4 Reinstatement After Membership Has Lapsed

Members who have not paid their 2004 fees or who have not entered into an arrangement for payment by instalments by 31 March 2004 will be lapsed. In order to be reinstated to membership during 2004 an additional fee of \$70 will apply. The fee payable to be reinstated in 2004 will be \$655 for Fellows and Associate Fellows, \$600 for members and Provisional Members, and \$205 for Non-Practising Members.

### Overseas Members

The fees payable by overseas members are not GST-liable and are listed in the chart shown below.

### Changes to Membership Status

Should any member wish to alter their membership status they should ensure notification of the required change is received in the National Office prior to the payment of their 2004 membership fees. If a member changes their membership status during the year, any resulting credits will not be refunded but will be held and applied against the following year's fees.

### 2004 Membership Subscription Renewal Rates Summary \*Previously called Graduate Member

Payment option ↗ Member Type ↘	Option 1 Annual Direct Debit Authority	Option 2 Pay in full by 31/12/2003	Option 3A Pay in full by 31/3/2004	Option 3B Start payment plan by 31/3/2004
Fellow	475.00	490.00	585.00	585.00
Associate Fellow	475.00	490.00	585.00	585.00
Member	420.00	435.00	530.00	530.00
Provisional Member	420.00	435.00	530.00	530.00
Non-Practising Member*		95.00	135.00	135.00
O/S Fellow		245.00	300.00	300.00
O/S Associate Fellow		245.00	300.00	300.00
O/S Member		180.00	235.00	235.00
O/S Provisional Member		180.00	235.00	235.00
O/S Non-Practising Member*		95.00	135.00	135.00

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## NEWS & VIEWS

the policy contains a legal expenses clause – without this you are not covered for matters brought before disciplinary tribunals; this in particular is an issue for practitioners registered in Victoria.

At the time of going to print, up to 100 members had not renewed their policy with PI Direct. Those practitioners are not covered should they receive a claim which relates to circumstances not previously notified to the insurer, even if the claim refers to matters that occurred during the previous policy year.

Members who have overlooked renewal of their policy should attend to this without delay to ensure appropriate cover for their professional practice and their patients.

### Victoria - Registration and Research Update

Changes to the exemptions provisions of the *CMR Act* A Bill to amend *Victorian Chinese Medicine Registration Act 2000* and other health professions' Acts has been introduced into the Victorian Parliament. The Bill limits the scope of the exemptions provisions for other health professions to acupuncture only. If passed, any person in Victoria wishing to use the title "Chinese herbal medicine practitioner" will need to be registered with the Victorian Chinese Medicine Registration (VIC CMRB), including other registered health professionals.

The Bill also allows for the Pharmacy Board of Victoria to authorise use of the title "Chinese herbal dispenser".

While AACMA commends the Victorian Health Minister for taking this step to limit the exemptions provisions of the *VIC CMR Act*, the amendments have not gone far enough. Other health professions' registration boards in Victoria are still permitted to authorise their registered practitioners to use the title "acupuncturist" without necessarily meeting the same standards required of acupuncture practitioners registered with the CMRB.

AACMA considers the exemptions aspect of the *CMR Act* to be bad public policy and would like to see the exemptions provisions removed in their entirety. Further lobbying in this regard is being undertaken.

**\$500,000 CAM funding** The Victorian government recently announced a \$500,000 infrastructure grant to establish the Victorian Complementary and Alternative Medicines Research Centre. Updates will be reported as information becomes available.

### Veteran Affairs Update

AACMA has held discussions with the Department of Veterans' Affairs (DVA) with regard to the possible introduction of a benefit for acupuncture and Chinese herbal medicine services. Under the current DVA policy, acupuncture services are only recognised by the DVA where the services are supplied by a registered medical practitioner, but not when supplied by a qualified acupuncture practitioner.

The DVA is currently assessing the broader policy implications of introducing a benefit prior to undertaking a feasibility study on costs and usage. A comprehensive submission was lodged by the AACMA as part of the DVA review. If rebates for acupuncture and Chinese herbal medicine services are introduced, it is unlikely to come into operation until 2005.

AACMA will provide members with further updates as developments emerge.

### New AACMA Web Site

AACMA is currently putting the finishing touches on its 'new look' web site, which is expected to be launched sometime in December this year.

"The design has been finalised and the site constructed" reports Stuart Myerscough, AACMA Marketing and Events Administrator, "we're now in the process of adding content." AACMA Operations Manager, Julie Tierney explains "the web site will be primarily 'informative' to start with, but over time, members can expect far more 'functionality' to be incorporated into it."

AACMA members are advised to keep an eye out for the new site at [www.acupuncture.org.au](http://www.acupuncture.org.au).

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# NEWS & VIEWS

## Professional Indemnity Insurance Update

Most members will have already renewed their cover under the AACMA Master Policy for professional indemnity, public and products liability and legal expenses cover.

The AACMA Board is delighted to advise all members that we were successful in securing new cover from 31 October 2003 with a major Australian underwriter at very competitive rates and conditions. There was a small increase in the premium, but for most members this increase was minimal compared to the increases for most other (non-AACMA) policies.

Members need to be aware that it has been a very difficult insurance market, in Australia and internationally, for professional cover. This has meant that we were unable to retain some of the benefits previously offered to members.

The discount on the premium previously offered to Fellows, Associate Fellows and part-time practitioners could not be offered this year. However, we stress that the standard rate that AACMA Fellows, Associate Fellows and part-time practitioners pay under our 2003/2004 policy is still well below the standard rates for similar policies and below the Fellow and First Year Practitioner rates payable under the policy for ANTA members. The discount for new graduates has been retained.

A comparison of the advertised rates available under other comparable policies is outlined in the following table. For simplicity, NSW/QLD rates are used for the comparison.

Master Policy Level of Cover Member Type	AACMA			ANTA **			Aon *		
	\$2M	\$5M	\$10M	\$2M	\$5M	\$10M	\$2M	\$5M	\$10M
Fellow	\$344	\$448	\$864	\$397	\$596	\$805	Refer practitioner rates		
Associate Fellow	\$344	\$448	\$864	Refer Member rates			Refer practitioner rates		
Member/Practitioner	\$344	\$448	\$864	\$496	\$747	\$1009	\$603	\$709	\$934
Provisional Member	\$344	\$448	\$864	N/A - See Member rates			Refer practitioner rates		
New/1 <sup>st</sup> Yr Graduate	\$252	\$333	N/A	\$373	\$560	\$756	Refer practitioner rates		

\* Access to other policies may be restricted (e.g. ANTA policy for ANTA members only).  
# The rates for ANTA Associates are the same as for ANTA Members.  
ATMS rates were not included as only the rates for practitioners with gross incomes under \$100,000 have been advertised. The rates under other (non-ATMS) schemes are, to our knowledge, independent of gross income.

As you can see, the AACMA \$2M rate is \$53 less than the ANTA Fellow rate, \$152 less than the ANTA Member/Associate rate, and \$259 less than the Aon rate. The AACMA New Graduate \$2M rate is \$121 below the ANTA 1<sup>st</sup> Year Graduate rate and \$351 under the Aon rate.

Other good news is that our new policy covers practitioners for professional services whether for fee or voluntarily – an addition to the policy. In the August 2003 newsletter, reference was made to services provided for no fee, and that those services were not necessarily covered by our previous policy. This issue has been resolved under the new policy.

Other changes were outlined in the renewal letter from PI Direct Insurance Brokers.

If you are under another policy, please ensure that you have addressed the following:

- the policy must be for at least \$2M for any one claim;
- the policy must provide for at least one reinstatement – necessary if you are registered in Victoria; some policies no longer contain a reinstatement clause;
- the policy must have unlimited retroactive cover – without this you are not covered for claims relating to circumstances that preceded the current policy year and which were not notified and covered under an earlier policy;
- the policy contains a public liability clause – without this you must effect separate public liability cover for your practice; most claims under the AACMA policy have been public liability claims, not professional indemnity claims;
- the policy contains a products liability clause – without this you are not covered for injuries sustained from products supplied as part of the treatment of a patient; and

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# 2004 Membership Fees

## Instalment Plans

Instalment plans allow for the payment of your membership fees by six equal monthly instalments made directly from your credit card account on the fifteenth day of each month.

All that is required to undertake either an Annual Direct Debit or a Monthly Direct Debit Payment Plan is the completion of a Direct Debit Authority Form obtainable from the AACMA National Office. The relevant amount will then be routinely paid from your credit card account on 15 December (Annual Direct Debit) or the fifteenth of each month (Monthly Payment Plan).

## Unpaid Invoices

When your 2004 Membership Fees Renewal Notice is mailed to you, information concerning unpaid invoices (if any) will be included on the invoice. Please note that when you make a payment, that payment will be applied to outstanding invoices first, starting with the oldest, and then to membership fees.

## Making the Most of Your Membership Fee Options

- 1 Enter into an Annual Direct Debt Authority with AACMA; OR
- 2 Pay your fees in full by the due date; OR
- 3 Plan ahead - enter into a Pre-Payment arrangement for your fees to obtain the discount rate for paying your fees on time. There is no additional fee charged for this.

## AACMA Memorandum and Articles of Association

All members should be aware that the Memorandum and Articles of Association state that:

21. (a) The annual subscription shall be payable in advance on the First day of January in every year, after which day no registration, termination or forfeiture of membership shall exempt a former member from payment of the current year's subscription.
21. (c) A financial member at any material time is a member who is not then indebted to the Association in respect of any annual subscription or other payment whatsoever.

21. (e) A member who is in arrears with his/her annual subscription for three (3) calendar months shall be deemed to have forfeited his/her membership but the Board in its absolute discretion may reinstate him/her on payment of the amount due.

Due to a large number of members who habitually renew their membership late, article 21(e) was strictly enforced this year and will be strictly enforced again in 2004. Any member who is "in arrears with his/her annual subscription for three (3) calendar months shall be deemed to have forfeited his/her membership." This effectively means that any member who is unfinancial as at 31 March 2004 will be removed from the April Health Funds Lists and forfeiture of AACMA membership considered at the April Board meeting.

Members who have entered into a payment plan for the payment of their fees by instalments will be considered financial so long they maintain the instalment plan.

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# Skin Penetration Update

**Queensland** - In a national first, acupuncturists in Queensland will no longer be covered under the same infection control regulation as tattooists and body piercers.

Part XV of the *Health Regulation 1996*, which incorporated the old *Skin Penetration 1987*, has been amended by the new *Public Health (Infection Control for Personal Appearances Services) Act 2003*. The Act introduced a new regulatory regime for infection control for non-health related skin penetration activities, and is expected to come into force on 1 July 2004. Services covered by the new Act include tattooists, body piercers, hairdressers and beauty therapists, but not acupuncturists.

The major implication of the new Act is that, as from 1 July 2004, acupuncture premises will no longer need to be registered/licensed with the local council.

A new *Public Health Regulation* is being drafted to cover infection control in health settings, including acupuncture practice. However, that legislation is not expected to be introduced into the Queensland Parliament for some time and will not be operational before 2005. In the interim, this does not mean 'no regulation': acupuncturists continue to be covered by Divisions 3 and 4 of Part XV of the amended *Health Regulation* which specifies standards for premises and hygiene.

The *Health Act* was also amended to allow for an acupuncture-specific regulation to be developed. Whether a specific regulation covering infection control in acupuncture will be developed to cover the intervening period until the new *Public Health Regulation* is passed is still under consideration.

This is a welcome change for Queensland members who have had a long standing objection to being regulated under a system set up primarily for tattooists and body piercers, as opposed to a standard suitable for health services.

Further information can be obtained from: [www.legislation.qld.gov.au/Bill\\_Docs/B1150\\_03.htm](http://www.legislation.qld.gov.au/Bill_Docs/B1150_03.htm) and [www.legislation.qld.gov.au/LEGISLTN/CURRENT/H/HealR96.pdf](http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/H/HealR96.pdf)

**New South Wales** - Members are reminded that the old regime of licensing of skin penetration premises was discontinued in 2000 with the introduction of the *Public Health (Skin Penetration) Regulation 2000*. Part 3 of the Regulation (Sections 5 - 10) outlines the standards for Skin Penetration.

Section 12 requires practitioners to notify the local authority of the address of the premises where acupuncture/skin penetration is to be carried out and whether skin penetration is to be conducted from "mobile premises". The local authority is required to

keep a register of premises where skin penetration is being conducted.

Under Section 4 of the Regulation, local authorities are authorised to conduct an inspection of the premises. A fee may be charged for that service. However, practitioners are not required to obtain an inspection of the premises before commencing practice.

Further information can be obtained from: [http://www.austlii.edu.au/au/legis/nsw/consol\\_reg/phpr2000392](http://www.austlii.edu.au/au/legis/nsw/consol_reg/phpr2000392)

**Victoria** - Under Section 366C of the *Health Act 1958*, a person who is registered in the Division of Acupuncture with the Chinese Medicine Registration Board of Victoria, or authorised by another health profession's registration board to practise acupuncture, is exempted from the requirement to have the premises where acupuncture is conducted registered with the local council.

Other persons who practise acupuncture (that is, not registered or authorised) are required to obtain registration with the local council of the premises where the acupuncture is conducted.

Further information can be obtained from: <http://www.dms.dpc.vic.gov.au>. Follow the prompts to the Health Act 1958



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## AACMA Staff Profile

### Receptionist - Kathleen Burrell

Kathleen Burrell joined the AACMA National Office as Receptionist on 3 June this year, and says she loves the family style atmosphere she has encountered since starting. "I just really enjoy working with such an energetic and dedicated team" she says.

"I also really like that I've been able to learn so many new things about acupuncture and TCM. There's so much I never knew" she admits. "I learn something new almost everyday, and I get to pass it onto others."

Kathleen's official responsibilities lie within the realms of reception work and general office duties, but it's clear to those she works with, that she does so much more for the team. Her colleagues agree that Kathleen keeps the office running smoothly.

"I have a lot of tasks within the office, but I think answering the phone would be biggest responsibility" Kathleen says. "As first point of contact on the phone and for visitors to the office, sometimes

I feel as though the image of the whole organisation rests on my shoulders."

Those members who have called the office in the last 5 months will have encountered Kathleen's charming phone manner, and would agree with her colleagues that the image of the organisation is in safe hands.

Kathleen has a Certificate III in Office Administration, which she admits is of great assistance to her daily duties. However, with a Diploma in Graphic Design, as well as a Certificate III in Illustration, Kathleen's heart lies strongly in the arts.

"Yes, it's true, I love art and design, but what I really would like to do in life is teach. I'd love to teach Visual Art and Graphic Design in high school." Kathleen believes that she would be a fun and energetic teacher like her father (a music teacher), and share her passion for art and design with her students.

In the meantime though, Kathleen is just really looking forward to Christmas and to spreading the festive cheer



AACMA Receptionist - Kathleen Burrell "feelin' festive" in her Santa's hat.

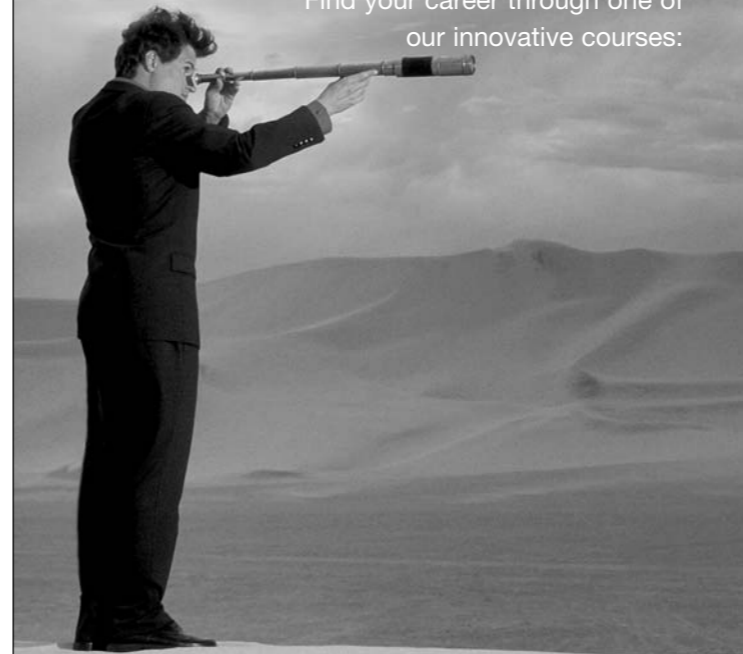
throughout the AACMA to all staff, members and the public with whom she deals over the telephone.

"One of the things I really enjoy about my job is speaking with our members and the AACMA Board over the phone and dealing with their requests" she says. "I wish them all a Merry Christmas and a safe and happy New Year."



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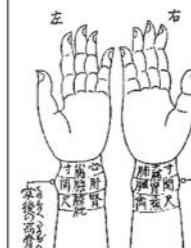
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For more information and to enrol please contact:  
The Australian Shiatsu College on (03) 9419-5520 or [info@australianshiatsucollege.com.au](mailto:info@australianshiatsucollege.com.au)

## Workcover

### Victorian WorkCover Authority (VWA) Fees Update

As Victorian members are aware, the fee paid for acupuncture services to Victorian Workcover patients is \$21.98. For many practitioners, this fee is below the cost of delivering the service. Unfortunately, this has meant practitioners being forced to subsidise the cost of providing acupuncture treatment to injured Victorian workers through the fees paid by private patients. As a result, a large number of practitioners have taken the step to accept WorkCover clients as full-fee paying private patients only, and not accept them as patients under the VWA scheme.

The table below compares the fees payable to other health professionals who are recognised under arrangements similar to that applicable to acupuncturists (that is, on referral from a registered medical practitioner)

Service	Initial Consultation	Follow up treatment/ consultation
Acupuncture	\$21.98	\$21.98
Dietary *	\$40.41	\$32.65
Massage *	\$40.51	\$27.21
Naturopathy *	\$22.95	\$22.95

\* As distinct from acupuncture, these are services provided by unregistered practitioners. Fees payable for registered physiotherapists, chiropractors and osteopaths are higher and more complexly structured.

The fee payable by VWA corresponds to the rate payable under Medicare for acupuncture services supplied by a medical doctor with no training in acupuncture (see Medicare article pp. 19-20).

AACMA has met with VWA officers on a number of occasions and has been unsuccessful in negotiating a suitable increase in fees payable for acupuncture services, or even a commitment to undertake a review of the fee other than CPI increases.

To this end, it has been decided that stronger action is required from the profession in order to force a shift in the status quo. A submission has been lodged with the Victorian Minister for WorkCover seeking a review of the fee payable for acupuncture services.

Pro forma letters suitable for sending to the Minister and your State Member are enclosed. We ask that members support the AACMA submission by forwarding a copy of the enclosed letter to the Minister, and by copying, addressing and sending the other letter to your State Members of Parliament.

*Continued from previous page.*

To qualify for Medical Acupuncture accreditation after 30 August, GPs must:

- Have successfully completed a Joint Acupuncture Working Party recognised training course in Medical Acupuncture;
- Have successfully completed the Australian Medical Acupuncture College Fellowship exam (FAMAC - Part 1) or equivalent;
- Participate in a recognised Continuing Professional Development (CPD) Program (either the RACGP QA&CPD Program or the Australian College of Rural and Remote Medicine (ACRRM) PD Program) for the maintenance of on-going Medical Acupuncture requirements each triennium;
- Meet on-going Continuing Professional Development requirements in Medical Acupuncture each triennium.

### On-Going CPD Requirements

The minimum CPD requirements for recognised GPs providing acupuncture for the remainder of the 2002-2004 triennium is roughly 3 hours of attendance at seminars.

### AACMA View

The actual standard required for accreditation for the higher acupuncture rebates is unclear. AACMA has sought, but not received, a list of approved medical acupuncture training programs. Based on published advertising, courses run by the NSW Branch of AMAC appear to be 2½ weekends in duration. According to *Towards a Safer Choice: The Practice of Traditional Chinese Medicine in Australia* (1996: Bensoussan and Myers), AMAC Fellowship, at the time of publication, required only 250 hours training.

The WHO guidelines for acupuncture recommend that medical doctors regularly using acupuncture should have at least 1,500 hours training, including 1,000 hours of clinical practice. This compares with 2,500 hours recommended for primary contact qualified acupuncturists.

In the view of AACMA, it is clear that the

standard of acupuncture training expected of doctors to qualify for the higher Medicare rebates is well below that required by AACMA for a qualified acupuncturist and, in our view, insufficient to justify the higher rebates. Furthermore, the Medicare Scheduled Fee is well above average market rates and, in our view, ignores the common practice of treating more than one patient concurrently. When medical doctors see more than one patient during a hospital visit, the rebate is adjusted downward. There appears to be no requirement for the acupuncture rebate to be adjusted where he/she has more than one acupuncture patient on a couch at any one time in the surgery.

### NSW Workcover update

Acupuncture services are currently recognised by Workcover NSW on referral by a registered medical practitioner. Under the present arrangements, acupuncturists are generally not required to submit Treatment Plans or Case Reports as a condition for the payment of professional fees. Rates paid for services vary and in most cases is equal to the amount of fees invoice. In some cases, insurers limit their payment to the AMA scheduled fee.

In the past, remedial massage therapists were under the same system as acupuncturists. However, on 1 July 2003, remedial massage therapists (RMTs) became WorkCover-approved health care providers for workplace injuries. Registered RMTs who are members of a relevant professional association can be approved by WorkCover by meeting certain education standards and by registering to participate in the WorkCover Outcomes training program. Therapists must complete the program within six months of becoming an approved RMT.

RMTs are expected to treat injured workers with a focus on achieving a safe and durable return to work. WorkCover-approved RMTs are entitled to charge a higher fee for service delivery.

Accounts for treatment services must be consistent with the WorkCover schedule of fees for remedial massage therapist services (that is, where the practitioner normally charges a higher fee, only the lower WorkCover fee will be paid).

Maximum fees for RMTs (non-WorkCover approved)*	
consultation and treatment of any time duration	\$20 (subject to a maximum of \$200 per annum, excluding GST)
Maximum fees for WorkCover-approved RMTs	
consultation and treatment for 1 hour	\$55 (excl of GST)
consultation and treatment for 45 minutes	\$41 (excl of GST)
consultation and treatment for 30 minutes	\$27 (excl of GST)

Feedback is sought from NSW members as to whether AACMA should pursue a recognised health care provider status and fixed scheduled fee for acupuncture services. Please send your comments by email to [judy.james@acupuncture.org.au](mailto:judy.james@acupuncture.org.au).

AACMA is of the view that the Health Minister and the Health Insurance Commission (HIC) should undertake an urgent review and audit of the criteria for accessing the Medicare acupuncture rebate, to review the amounts payable, and to ensure double, triple or more dipping is not occurring. AACMA has lodged a submission with the Minister and the HIC and will advise as matters develop.

## Board Member Chats

### Hoc Ku Huynh OAM, reflecting on a lifetime of Achievements and Goals

NSW Board member, Hoc Ku Huynh OAM, believes the achievement of long-term goals comes down to taking one realistic step at a time.

When it comes to discussing the achievement of one's goals, who better to talk with than Hoc Ku Huynh OAM, a man who has devoted over 25 years to the achievement of not just his own goals, but those of the acupuncture and TCM profession as a whole.

"I can remember when I was in high school in Cambodia. Several of my classmates were planning to go into nursing, but I wanted to go further. So I combined the study of acupuncture with the study of Chinese herbs" Hoc Ku explains. "It was quite an uncommon thing to do at the time, but I'm glad I made that decision" he adds.

We're glad he made that decision too, as from those humble beginnings, Hoc Ku has managed to come a long way. Escaping a deeply troubled nation, Hoc Ku found refuge in Australia, where he has gone on to become a central figure within the nation's acupuncture and TCM profession.

Having studied at Acupuncture Colleges (Australia) in Sydney, and later completing a postgraduate course at Xiamen University, China, Hoc Ku admits it hasn't been smooth sailing, and has found many hurdles to overcome along the way. "There are quite a few barriers that we in this profession must face" Hoc Ku tells us. "Perhaps for me personally, the biggest barrier was English" he explains.

"Let's face it, to carry out a professional business means becoming involved as much as possible in mainstream society. For me, this meant I had to learn English" he says. "English is hardly a problem for today's new graduates, but they still have to overcome the problem of merging into the mainstream.

"I believe this is why so many students today are combining their acupuncture and TCM studies with other natural therapy disciplines such as massage. Doing this helps them get closer to the accepted mainstream and it also really expands their potential market."

But what does a man who has achieved so much, including being awarded the esteemed Order of Australia Medal, look back on as his greatest achievement? "I

think perhaps my greatest achievement has been representing Australia on the international stage through my involvement with WFAS (World Federation of Acupuncture-Moxibustion Societies)" he admits. "It's enabled us to develop strong mutual understandings with other international organisations and to really learn so much from one another."

Even with so many achievements under his belt, Hoc Ku is not prepared to sit back and rest. "I'm proud of what I've managed to achieve to date, but these achievements have all just been small steps along the way to achieving a larger goal. "My goal is to have the Australian government recognise acupuncture and TCM as being a credible form of treatment for patients within the mainstream hospital system. I would like to see acupuncture and TCM used along side and in conjunction with western medicine in hospitals, as is done extensively throughout China and other parts of the world" Hoc Ku stresses.

"I've been dreaming about this from the very beginning, but it's only over the last 3-4 years that these dreams have started to be realized through the establishment of the Clinical Research Centre at the Liverpool Hospital" where he is a committee member. Hoc Ku assures us that getting this far has taken an inordinate amount of work and negotiation, "but there's still such a long way to go" he adds. "I just have to keep working hard and continue to look forward and never backward."

So what is Hoc Ku's secret to achieving so much throughout his career? "No secret," he assures us, "I just believe that it's very important to take things one realistic step at a time. Especially when you're dealing with your larger goals, you need to tackle them in a practical way, bit by bit."

And what of the AACMA? As Hoc Ku explains, he has views on what he'd like this organisation to achieve over the long term as well. "I'd like to see the body of the AACMA raised further not just nationally, but on the global stage. It's already happening in a sense, as the global arena is becoming increasingly smaller, Australia is standing out in many respects" he says. Especially in areas such as education, where Hoc Ku assures us we are way ahead of the rest of the world. "We need to work together with other international organisations, while leading the way to develop the TCM profession globally."

### Hoc Ku's Guide for New Grads

- Honesty is the best policy, always be honest with your patients
- Don't become stagnant as a practitioner, keep actively learning and growing as a professional
- Learn how to clearly communicate our profession to the public; this will raise their understanding and thus, their acceptance. If we all learn to 'spread the word' clearly and professionally, it will build a stronger platform for TCM as a whole
- Don't be afraid to ask for help. If you need technical advice, if you're not sure how best to communicate with clients, or if you're struggling with a new practice, talk to your more experienced colleagues or to the members of your respective State Committee. I can't stress this enough, that's what we're there for!

### Hoc Ku Huynh OAM on WFCMS

As a newly elected director on the WFCMS (World Federation of Chinese Medicine Societies) committee, Hoc Ku recently attended the WFCMS conference held in Beijing, China. "I was amazed at how much it looks to be a brand new international TCM organisation" he remarked. "The Chinese government put up a lot of money for WFCMS, and they really want to lead the profession on a global scale." So far WFCMS looks to be successful in terms of the level of international interest shown. However, in determining whether it will be truly effective, Hoc Ku emphasises the need to wait to see how it is managed over the longer term.



AACMA Board Member - Hoc Ku Huynh OAM

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## Wildlife Protection Issues - Bear Bile Industry

The AACMA was recently contacted by the World Society for the Protection of Animals (WSPA), a leading international animal welfare organisation, for assistance in raising awareness among our members of the atrocities which occur within the illegal Bear Bile industry internationally.

The WSPA has United Nations Consultative Status as well as affiliations with several other international agencies, and is able to collaborate and work with over 450 protection societies worldwide with the aim of stopping and preventing animal abuse.

According to the WSPA, before the introduction of bear farming in the 1980's, the TCM industry utilised a total of around 500 Kg of bear gall bladder annually from bears caught in the wild.

Today, it is reported that some 167 bear farms throughout China, housing an estimated 9,000 bears, produce approximately 7,000 Kg of bear bile annually, much of which is illegally exported as medicines, shampoo and even wine.

The following information has been compiled by the WSPA as a result of a comprehensive undercover investigation into bear bile farms across China.

### Years of Suffering

Despite legal restrictions on the capture of wild bears in China, almost every farm visited during the investigation claimed to have purchased bears taken from the wild. Bear cubs bred in the farms are taken from their mothers at an early age and trained to perform tricks such as carrying chairs for the amusement of visitors. However, once they reach 3 years of age they are moved into restrictive cages to be farmed for their bile.

To be 'milked' twice each day, untrained workers with no

veterinary skills surgically mutilate the bears to create a tube-like pathway to the gall bladder. Bile, which is believed to cure conditions such as rheumatism, fever, and hepatitis, drips from this open wound to be collected and processed for sale. Bears subject to bile farming endure the most appalling levels of cruelty and neglect.

### Neglect and Mortality

Most bears live in cages measuring around 1m (w) x 1m (h) x 2m (l) (similar in size to a phone booth on its side), where the ability to stand or to turn around is prohibited. Many bears are injured and scarred from stereotypical behaviour (repetitive motions that involve rubbing or hitting themselves against the bars of their metal cages).

Mortality rates at bear farms are high, with reports of 60 - 80% dying during or shortly after they are operated on. Those that survive this ordeal rarely live longer than 10 years, less than half their normal life expectancy in the wild. If bears fail to produce bile, they are left to die or are killed for their paws (a delicacy in China) and gall bladder.

### Bear Bile Global Trade

The Chinese Government state that they do not export bear bile products, as this would violate the Convention on the International Trade in Endangered Species (CITES). However, investigations reveal bear galls and bile products have been smuggled into other nations.

In July and August 2002, WSPA conducted a survey of

**AACMA View** - Naturally, AACMA is opposed to the use of endangered species in medicine. When this issue first received publicity in 2002, AACMA was concerned about the incorrect impression that it was an accepted practice in TCM. TCM practitioners were horrified and mortified at this misperception.

In order to reassure the public that this illegal practice was not condoned or practised by qualified TCM practitioners, AACMA Executive Officer, Judy James, was given an in-depth interview on ABC's Radio National, covering AACMA policy on endangered species, effective alternatives, and disassociation of the TCM profession from illegal and unethical practices.

The WSPA subsequently contacted AACMA and clarified that they did not intend to infer that TCM professionals engaged in these practices. WSPA is currently undertaking a publicity campaign against the use of bear bile and AACMA agreed to include an article in the Jing-Luo to highlight the issue.

illegal bear bile and gall products in Australia; visiting TCM shops in three major cities. Illegal products were found within shops in all three cities.

The trade and possession of bear bile and gall products in Australia seriously contravenes CITES, which Australia ratified in 1976 and incorporated in federal legislation under the Environment Protection and Biodiversity Conservation Act 1999.

### Alternatives

Many Chinese medicine practitioners have claimed that there is no need to use bear bile in TCM today, as numerous effective and cheaper synthetic and herbal products are readily available on the market.

According to Chinese medicine practitioners there are at least 75 herbal alternatives that can replace the use of bear bile. More and more of these Chinese medicine practitioners claim they now use herbal alternatives due to their effectiveness and personal concern over animal suffering. We urge you to do the same.

WSPA aims to permanently end the cruel practice of bear farming in China by decreasing the international demand for bear bile. We encourage all TCM practitioners, dispensers, and consumers to use herbal and synthetic alternatives.

**For further information, please contact WSPA on 1300 139 772 or via email at [wspa@wspa.org.au](mailto:wspa@wspa.org.au)**

## TCM Industry Reference Group

As advised in previous newsletters, the AACMA Board has been convening a TCM Industry Reference Group made up of suppliers to the TCM profession. The nexus of the TCM Industry Reference Group has been in NSW where most meetings have been conducted. One meeting of the Reference Group was also held in Melbourne.

The purpose of the AACMA TCM Industry Reference Group is:

- to operate as a point of contact and liaison between the Association and the TCM industry on matters of common interest;
- to develop a common code/principles of practice for the TCM industry;
- to act as a forum for the development of TCM industry-specific policy; and
- to provide a mechanism for joint responses from the TCM industry on government policy and other matters affecting the TCM industry in general.

It is in the interests of the TCM profession that we have a viable TCM industry to supply the products and related services that TCM practitioners need for successful practice. This includes the supply of high quality, safe and effective Chinese

herbal medicines and high quality, safe acupuncture needles and ancillary supplies.

Although participation has been primarily from the importers/distributors of TCM products, there are moves afoot to establish a CHM growers network. Retailers of TCM products (such as Chinese herbal medicine retail outlets) are also identified as future participants.

At its most recent meeting on 17 November, it was agreed that a joint response from the TCM industry on the Federal Government's Expert Committee Report, focussing on matters affecting TCM products, would be appropriate. AACMA Executive Officer, Judy James, is coordinating the submission and will be consulting with all interested TCM industry bodies as to the content and focus of the joint submission.

TCM industry bodies that have so far attended meetings of the AACMA TCM Industry Reference Group are: Cathay, Chinawest, Everbest, Health World/Metagenics, Helio, Herbal International, Herbcare/Shen Neng, Vitaforce/Green Medicine, and Yong Fa Trading Company. NSW Member, Sue Cochrane, has also attended meetings and is developing a growers network to link in with the Reference Group.

## State Roundup

The NSW State Committee would like to wish all members a safe and happy holiday season and a successful and prosperous new year in 2004.

### Australian Capital Territory

The ACT continues to recover from the bush fires of January with hundreds of houses being either rebuilt or awaiting approval for building. Nevertheless, there are still hundreds of families who have been displaced by the fires and they are really the unseen heroes of the tragedy as they just go on with the business of fulfilling their lives. The Recovery Centres continue to operate providing a wide range of personal and administrative support to the people in need.

Two of our colleagues have demonstrated similar courage after losing their home and business, and we are very happy that they have been able to re-establish both in such a short time. Thank you to all who assisted as it demonstrates the generosity of spirit existing within the acupuncture community. Nevertheless, with talk of this coming summer being worse than last year, everyone in Canberra is aware of the fire hazards and potential for a repeat of the devastation by fire of the last two summers. Already the grasses are high and drying off.

We would like to thank the AACMA Board and various committees for their hard work this year, particularly as it pertains to the

contribution to the members. Acupuncture and Chinese medicine has matured considerably over the last 20 years and there is great potential for the future. We would also like to wish you all a relaxing and safe Christmas ready for a prosperous new year.

### Western Australia

WA State Committee member Sono Michetti organised a very successful seminar on Taoist and Medical Qi Gong which was presented by Dr Bi Song Guo late in August.

WA State Committee Chair, Wade James meanwhile, has been busy representing the AACMA at the recent WFCMS conference held in Beijing.

## Medicare Rebates for Acupuncture

Earlier this year, the Federal Government revised the Medicare rebate for acupuncture, that is the rebate payable for acupuncture services supplied by a registered medical practitioner.

Previously, medical acupuncture services were paid under a single item 173, which limited to the amount payable under Medicare to around \$21. Since the changes, acupuncture provided by medical doctors can still be claimed under item 173 (\$21.65). However, higher rebates are now claimable by medical doctors who are accredited by the Joint Acupuncture Working Party of the Australian Medical Acupuncture College (AMAC) and the Royal Australian College of General Practitioners (RACGP).

The current Medicare rebates for acupuncture are listed in the table below.

Item No	Duration	Scheduled fee	75%	85%
173 *	Not applicable	\$21.65	\$16.25	\$18.45
193 #	Under 20 minutes	\$25.65	\$22.65	\$25.70
197 #	Over 20 minutes & less than 40 minutes	\$57.35	\$43.05	\$48.75
199 #	Over 40 minutes	\$84.45	\$64.35	\$71.80

\* non-accredited medical doctor

# accredited medical acupuncturist

In order to qualify for accreditation under the grandparenting arrangements, which ended on 30 August 2003, medical doctors had to demonstrate 10 acupuncture treatments per week.

*continued next page*

### AACMA QLD STATE COMMITTEE

Presents an Introductory Lecture on

### Qigong

by  
**Dr Bi Song Guo**

**Date:** Sunday, 14 March, 2004  
**Time:** 10:00 am - 4:00 pm  
**Venue:** Australian College of Natural Medicine Gold Coast Campus Southport  
**Cost:** AACMA Members \$50  
 Non-members \$60  
 Student Members \$35  
**Bookings:** Matt O'Hara  
 Tel: 07 5591 1077 or  
 Email: [matt@healthcentre.net.au](mailto:matt@healthcentre.net.au)

### AACMA NSW STATE COMMITTEE

Presents a Seminar on

### The Management of Cancer Through the Integration of TCM and Western Medicine

by  
**Diana Hu**

**Date:** Friday, 5 December, 2003  
**Time:** 7:00 pm - 9.00 pm  
**Venue:** TCM College, University of Technology, Sydney 4<sup>th</sup> Floor, 645 Harris St, Ultimo  
**Cost:** AACMA Members \$30  
 Non-members \$35  
 Student Members \$25  
 Student Non-members \$30  
**Bookings:** David White  
 Tel: 02 9904 1967, or  
 0412 131 590  
 Email: [sydneytcm@yahoo.com.au](mailto:sydneytcm@yahoo.com.au)

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## State Roundup

### Queensland

The fine food the Queensland State committee keeps revolving its meetings around definitely seems to be paying off!! We already have four seminars planned for next year, our Christmas Party looks like it will be something not to miss, and there are more events in the pipeline to help members maintain their requirements with things such as First Aid.

A very successful seminar on moxibustion was held by Paul McLeod in August. There has been great interest in a follow-up seminar, and Paul has agreed to hold it on Sunday 29 February at 10.00am. This lecture will once again be on moxibustion but with a greater emphasis on treating gynaecological issues.

We are also proud to announce that on 14 March, Bisong Gao will give an introductory lecture on Qigong. Those who attended the AACMA Symposium in Sydney earlier this year may remember Bisong and her very successful talk. Now everybody has the chance to learn from her again, and we are hoping to arrange for her to do a follow-up weekend workshop later in the year.

Other seminars being planned include one on the use of herbs in the treatment of gynaecological problems, and possibly also one on myotherapy.

This year's Christmas Party will be held on 5 December at Margaritas restaurant on the Gold Coast. It starts at 7.00pm and will feature Latin dancing for all. Tickets for the event are just \$35 and it promises to be a great night out for everyone, so bring your partners and we will end the year in style.

The State Committee is also planning to run regular First Aid courses to assist members in remaining up-to-date with their qualifications. Our initial thinking is that these courses could be run every six months in alternate locations to allow maximum participation. Please let us know your thoughts.

There are continuing favourable reports on the AACMA newsletter, with the coverage on the different university courses being very favourably received.

To book your spot at any of the seminars, the Christmas Party or even to contact the Committee with any feedback or suggestions, please contact Matt O'Hara on matt@healthcentre.net.au, or 07 55911077.

A happy and safe holiday season to everyone.

### South Australia/Northern Territory

All is running smoothly with nil to report.

### New South Wales

The NSW State Committee continues to enjoy the successes of the seminars and workshops organised through their Continuing Education program. However, the State Committee would still like to encourage more members to come along and participate in these worthwhile events.

"It's all about the sharing of knowledge" says NSW State Committee Chair, Hoc Ku Huynh OAM. "We really want our members to feel comfortable in approaching the State Committee for help. That's what we're here for" he adds. "We (the NSW State Committee) are really eager and happy to help with any questions from our state members."

Hoc Ku feels that the State Committee's seminars and events can be as much a learning experience for Committee Members as for other attendees. "It's an opportunity for each of us to support each other professionally and to offer our services to mutually help each other with any problems regarding the practice or theory of TCM and acupuncture."

#### AACMA QLD STATE COMMITTEE

Would like to invite you to attend their

#### 2003 Annual Christmas Party Celebration

**Date:** Saturday, 6 December, 2003

**Time:** From 7:00 pm

**Venue:** Margaritas on the Water  
150 Bundall Road  
Bundall

**Cost:** \$35

**Bookings:** Matt O'Hara

Tel: 07 5591 1077 or

Email: matt@healthcentre.net.au

#### AACMA QLD STATE COMMITTEE

Presents a Seminar on

#### Moxibustion

by  
Paul McLeod

**Date:** Sunday, 29 February, 2004

**Time:** 10:00 am - 2:00 pm

**Venue:** Australian College of Natural Medicine  
Gold Coast Campus  
Southport

**Cost:** AACMA Members \$30  
Non-members \$35  
Student Members \$25

**Bookings:** Matt O'Hara

Tel: 07 5591 1077 or

Email: matt@healthcentre.net.au

## Member Profile: Wade James

### Goals are nothing but artificial fantasies

**H**aving studied acupuncture and TCM at the NSW College of Natural Therapies some 17 years ago, WA State Committee Chair, Wade James, considers it his greatest achievement to actually have built a successful practice.

Wade says he originally chose the path of acupuncture and TCM, as it brought together all of his interests up to that time. "It brought together Chinese language, Chinese arts, systems analysis, Gong Fu, Qi Gong, Tai Ji Quan, and of course a search for better personal health" he says.

Having practised in Fremantle, Western Australia, Wade has found the biggest barrier to acupuncture and TCM practitioners setting up practice to be: "finding enough patients." Wade has obviously managed to overcome these initial obstacles and can now offer what he believes to be the most important key in building a successful practice. He believes this key to be: "a daily commitment to your practice."

It's not all smooth sailing still, and Wade cites a number of problems faced by Australian acupuncture and TCM practitioners today, particularly those practising in WA. He feels the biggest of these problems to be the "isolation from colleagues, inadequate professional seminars and a lack of community within the profession."

These problems seem a far cry from other Australian states however, as reports from other AACMA State Committees regularly describe the acupuncture and TCM profession to be alive and kicking in this nation.

Another serious problem facing acupuncture and TCM practitioners Wade says is "competition from medical doctors and unqualified or poorly trained people" such as those coming through unrecognised courses.

Wade assures us though that it's not all doom and gloom for new practitioners and offers the following advice: "Everyone will face the difficulties of setting up a practice, but the real problem is developing your own style of practice, based on your training, and also on your sense of empathy with your patients."

"You need," he adds, "excellence in your technical abilities, but you also need to find your way of relating to patients. Remember what inspired you along the way. Those experiences will give you the

depth of character to work with your patients and build a successful practice." As Chair of the AACMA's WA State Committee, Wade says his views of the organisation have been changed since witnessing the extent to which the organisation is actively involved in many important political, governmental, educational and industry issues. Wade feels that as a regular member, these issues may seem distant and irrelevant, until you become involved with them first hand.

Wade says he's learned one thing as Chair of the WA State Committee, and that is that "politics is the art of persuasion and numbers."

Wade emphasises that the AACMA is alive and well in the international community, stating that "we are more significant than many realise." Having attended the recent WFCMS (World Federation of Chinese Medicine Societies) meeting in Beijing, China, as a representative of the AACMA, Wade proudly reports that "we were the third biggest group globally and had more representation on the various levels of WFCMS than any other single association."

This demonstrates that "we are committed to excellence in TCM" Wade adds, "Locally this means we have the chance to become the second major form of medicine in Australia and on the big stage, Australian TCM has a leadership role to play internationally."

So what of the future? Wade says he would really like to see the registration of TCM in Western Australia, though he makes it clear to us that this is not his goal. "Goals are artificial fantasies. Dreams not born out of your own abilities or possibilities." Wade admits that he would rather just "see what can be done and pursue it."

### Private Health Insurance Rebate

Many members have expressed dismay at comments by the previous Health Minister, Kay Patterson, about removing the private health insurance rebate for unproven complementary therapies. At the time, some, including AACMA, took the view that these comments were more of an "attack from the lip" by a Health Minister under pressure from the opposition and minor parties and were not an attack on acupuncture, TCM or established complementary therapies.

Nevertheless, those comments have caused deep disturbance and concern in the TCM and complementary therapies professions and the health funds about federal government policy in this area. This concern was not helped by what is perceived as a long-standing poor relationship between Trish Worth, Parliamentary Secretary to the Minister for Health, and the industry in general, exacerbated by the government's handling of the Pan Pharmaceuticals recall. [As members know, the trigger for the Pan recall was alleged problems with Pan's manufacturing of pharmaceutical drugs (e.g. Travacalm), not complementary medicine. However, due to a large proportion of Pan's business being in the manufacture of complementary medicines, it was the complementary medicine industry that suffered the main impact of the recall. No TCM-specific products were recalled.]

Following the meeting with the new Federal health Minister, Tony Abbott, on 17 November, AACMA is reasonably satisfied that acupuncture and Chinese herbal medicine are not targets in the short term. However, as the Minister was unable to give an unequivocal assurance on this matter, we are following up with him as a matter of urgency.



Wade James - believes that goals are just dreams.



## Expert Committee

Continued from page 5.

**Homoeopathic medicines** The Expert committee recommends that homoeopathic medicines and related remedies making therapeutic claims be regulated to ensure they meet appropriate standards of safety, quality and efficacy.

### Adverse reactions

It is clear that adverse reactions from CAM and TCM products are under-reported. This is partly due to poor inadequate information being provided to the CAM and TCM professions and practitioners by the TGA's Adverse Drug Reactions Advisory Committee (ADRAC) on reporting protocols etc. Recommendation 20 calls on the Minister to encourage the National Medicines Policy (NMP) partners to develop and adequately resource a strategy to improve the quality and proportion of complementary medicines adverse reaction reports by health professionals and consumers to ADRAC.

### Research funding

A significant recommendation in the report is that dedicated funding be made available for complementary medicine research in Australia for a minimum of five years, and that the amount of funding available for complementary medicine research in Australia be determined on a per capita basis consistent with complementary medicine research funding in the USA.

## Members of the Expert Committee

NAME	AFFILIATION	EXPERTISE
Dr Michael Bollen (Chair)	Former member of the National Health and Medical Research Council (NHMRC); Principal, BMP Healthcare Consulting P/L	Quality use of medicines, healthcare medicines information and general
Dr John Aloizos	Chair, Australian Pharmaceutical Advisory Council (APAC)	Implementation of all aspects of N Policy and general medical practice
A/Prof Alan Bensoussan*	Centre for Complementary Medicine Research, University of Western Sydney; Member, Expert Advisory Panel to Complementary Medicines Evaluation Committee (CMEC)	Use and evaluation of complementary therapies in clinical practice; practitioner training
Dr Kerry Breen	Chair, NHMRC Australian Health Ethics Committee	Ethical issues associated with the medicines
Prof Terry Campbell	Head, UNSW Department of Medicine, St Vincent's Clinical School, Sydney; Member, Pharmaceutical Benefits Advisory Committee (PBAC)	Clinical pharmacology
Mr Philip Daffy	Consultant to the complementary medicines industry, including the Complementary Healthcare Council of Australia (CHC)	Product development complementary
Dr Paul Dugdale	Chief Health Officer, ACT Department of Health	State and Territory issues associated with regulation, regulation of dispensed compounded complementary medicines
A/Prof John Eden	University of New South Wales, School of Women's and Children's Health	Use of complementary medicines medical practice, particularly in women's health
Mr Ross Johnston	Vice President Manufacturing Operations Asia Pacific, Wyeth	Quality assurance in the manufacture of OTC and prescription medicines
Prof Alastair MacLennan	Department of Obstetrics and Gynaecology, University of Adelaide	Complementary medicine epidemic complementary medicines
Mr David McLeod*	Naturopath, Fellow with the Australian acupuncture and Chinese Medicine Association	Use of complementary medicines medicine practice; practitioner education
Prof Stephen Myers	Director, Australian Centre for Complementary Medicine Education and Research, Southern Cross University/University of Queensland, Member of CMEC	Use and evaluation of complementary medicine practice; practitioner education
Mr Anthony Nunan	Principal - Parade Pharmacy; Nunan's Watsonia Pharmacy; Health's Road Medical Clinic Pharmacy; Chairman - Australian Medicines Handbook	Small business issues; quality use of complementary medicines
Ms Juliet Seifert	Executive Director, Australian Self-Medication Industry (ASMI)	Quality use of medicines and industry complementary medicines
A/Prof Anne Tonkin	Dept. of Clinical and Experimental Pharmacology, University of Adelaide; Former Chair of CMEC	Evaluation of efficacy and clinical education
Mr Darin Walters	Chief Executive Officer, Blackmores Ltd	Complementary medicines industry
Prof Bill Webster	Head, Dept. of Anatomy and Histology, University of Sydney; Member of CMEC	Toxicology and the safety of complementary medicines
A/Prof Heather Yeatman	Head, Graduate School of Public Health, University of Wollongong; Member, CMEC; Member, Food Standards Australia New Zealand (FSANZ) Board	Consumer issues associated with complementary medicines, food and

\* Alan Bensoussan and David McLeod are both Fellows of AACMA.

### Consultation with stakeholders

An on-going complaint by the CAM and TCM professions has been inadequate consultation with and sufficient suitable expertise and representation of CAM and TCM professions on government committees dealing with CAM and TCM issues. The report includes a number of recommendations relation to consultation processes and consultation with stakeholders and consultation.

### Deadline for submissions

The deadline for receipt of submissions on the Expert Committee's Findings and Recommendations is 5 pm, Friday 30 January 2004.

AACMA would like to thank A/Prof Alan Bensoussan and David McLeod for their input and advice in explaining and interpreting the findings and recommendations of the Expert Committee. Their input was an immense assistance in the preparation of this report.

An update with a more detailed analysis of the Expert Committee's report will be included in the next newsletter.

For further information or to download a copy of the report: <http://www.tga.gov.au/docs/html/cmreport.htm>

## State Roundup

### Victoria/Tasmania

Things are powering along for the VIC/TAS State Committee according to Committee Chair, Ke Li. "Our seminar held on Sunday 26 October was a huge success" she says. So popular was the seminar, presented by Mattie Sempert, that Ke Li tells us they've had to add another seminar on Japanese acupuncture techniques to satisfy demand. A real testament to the success of the seminar was that it attracted four (4) attendees from interstate who each flew down to Melbourne especially for the event. "It was great to see our fellow practitioners from New South Wales and the Northern Territory come so far to participate in our event" Ke Li declares.

"For our next event, we're looking at building in a bit of a social function afterwards, with some hot and healthy food and allowing people to chat and network. We've also invited AACMA Fellow Edwin Miao to come along and share his experience on reading x-rays." Ke Li says that she would like to see the State Committee seminars become more of a casual affair for networking and socialising, as opposed to strict lecturing.

The VIC/TAS State Committee have already got a great line up of events for 2004, starting off with a seminar on February 22 on the long term management of clients and how to keep them on the books. "I think it's important for us as a professional association, to support our members in all facets of the profession, including things such as client management" Ke Li stresses. "These sorts of topics can be just as important to the long term success and development of practitioners and the profession, as those that focus more on technique development."

On the ever important social front Ke Li regrets to inform us that due to current workloads, there will be no Christmas function organised by the VIC/TAS State Committee. She is quick to add however, that planning has already begun for what is likely to be the greatest Chinese New Year celebration the State Committee has produced. "Planning is still going on at this stage" says Ke Li. However, she tells us that due to strong support, a venue has been selected for the event. "We'll be holding the function at our VIC/TAS State Committee member, Ye Shao's, restaurant in



VIC/TAS State Committee members Marina Christov (far left), Ke Li (second from right) and Danielle Slade (far right) with - from left to right - AACMA member Ian Angello-Luke, his wife Maggie and Dr Bi Song Guo.

Collingwood" she says. The event will take place on Sunday 20 January 2004 at 1:00 PM and will cost just \$20 per head to attend. "I think that this is a very reasonable price for the delicious food we can expect from Ye Shao's wife" Ke Li says.

Bookings must be made at least 1 week prior to the event and members wishing to attend are advised to book early to avoid disappointment. To book, or for further information, call Ke Li on 03 9374 1815.

Ke Li would also like to encourage all VIC/TAS members to utilize the internet for email, so that they can benefit from the improved channel of communication this provides between the VIC/TAS members and their State Committee.

Merry Christmas and a Happy New Year to all, from the VIC/TAS State Committee!

### AACMA VIC/TAS STATE COMMITTEE

Presents a Seminar on

#### Long-Term Management of Clients (How to keep them on the books)

by  
Lisa McPherson

**Date:** Sunday, 22 February, 2004  
**Time:** 1:45 pm - 5:30 pm  
**Venue:** Victorian Health Promotion Foundation  
 Ground Floor, 15-31 Pelham Street  
 Carlton  
**Cost:** AACMA Members \$25  
 Non-members \$35  
 Student Members \$20

**Bookings:** Danielle Slade Tel: 03 9740 5728

*Advanced booking and payment is required. Cheques payable to AACMA should be sent to 46 Brook St, Sunbury VIC 3429. Tax invoice issued at seminar. 48 hours notice required for cancellations.*

### AACMA VIC/TAS STATE COMMITTEE

Would like to invite you to attend their

#### 2004 Chinese New Year Celebration

(Year of the Monkey)

**Date:** Sunday, 20 January, 2004  
**Time:** From 1:00 pm  
**Venue:** Bainty Si Chuan Food  
 270 Smith Street  
 Collingwood, VIC, 3066  
**Cost:** \$25

**Bookings:** Ke Li Tel: 03 9374 3701

*Advanced booking is required. Those wishing to attend are advised to book no later than one (1) week prior to the function.*



# 35<sup>th</sup> TCM-Congress

OF ARBEITSGEMEINSCHAFT FÜR KLASSISCHE AKUPUNKTUR  
UND TRADITIONELLE CHINESISCHE MEDIZIN E.V.

May, 18<sup>th</sup>-23<sup>rd</sup>, 2004  
Rothenburg o.d.T./Germany

## Please contact:

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## Expert Committee Recommendations

### National Regulatory Controls for Complementary Medicines

1. The TGA ensure that quality standards for all ingredients for use in complementary medicines are legally enforceable.
2. Legally enforceable quality standards for ingredients in complementary medicines be introduced in consultation with stakeholders, with consultation to include the opportunity to review existing compositional guidelines.
3. The TGA ensure that ingredients with a chemical or biological profile that raises concern of teratogenicity not be permitted in Listed medicines.
4. The TGA's *Guidelines for Levels and Kinds of Evidence to Support Indications and Claims*, as amended from time to time, be prescribed in the Therapeutic Goods Regulations 1990 as the requirement for the level and kind of evidence to support the indications and claims for Listed complementary medicines.
5. Sponsors be required to submit to the TGA a summary of the evidence held by the sponsor that supports the efficacy of Listed and 'grandfathered' Registered complementary products on the Australian Register of Therapeutic Goods (ARTG) and at the time of Listing of new products or variations to existing products. The evidence must be consistent with the *Guidelines for Levels and Kinds of Evidence to Support Indications and Claims*.
6. The TGA substantially increase random and targeted assessment of the evidence to support the indications and claims held by sponsors for Listed medicines.
7. Mechanisms be established for stakeholders to advise the TGA of areas for priority targeting for the assessment of the evidence to support the indications and claims held by sponsors for Listed medicines.
8. The Office of Complementary Medicines (OCM) liaise with the Health Advisory Committee of the National Health and Medical Research Council (NHMRC) with a view to promoting both greater consistency between the NHMRC's designated levels of scientific evidence and the TGA's *Guidelines for Levels and Kinds of Evidence to Support Indications and Claims*, and a common understanding of the role and purpose of the *Guidelines*.
9. The penalty for an offence under Section 22(3) of the *Therapeutic Goods Act 1989*, where a sponsor refuses to give the Secretary information that supports claims made by the sponsor when this is sought, be increased to at least 150 penalty units.
10. Homoeopathic medicines and related remedies making therapeutic claims be regulated to ensure they meet appropriate standards of safety, quality and efficacy and that:
  - a. the TGA, in consultation with stakeholders, undertake a review of the regulation of homoeopathic medicines and related remedies making therapeutic claims
  - b. the review take into account the need to clearly differentiate these medicines from other complementary medicines.
11. The TGA, in consultation with stakeholders, and as a matter of priority, progress the review of the regulation of medicines containing herbal ingredients undertaken by the Complementary Medicines Evaluation Committee (CMEC), to ensure that these medicines meet appropriate standards of quality, safety and efficacy.
12. The TGA, in consultation with the States and Territories and other stakeholders, coordinate a review of the regulation of raw herbs and other starting materials for the manufacture, dispensing or extemporaneous compounding of medicines to ensure that they meet appropriate standards of quality and safety.
13. Reference to 'For Practitioner Dispensing Only' products be removed from Therapeutic Goods Order No 69 - *General Requirements for Labels for Medicines*.
14. The TGA review provisions in the *Therapeutic Goods Act 1989* for the immediate imposition of, or variation to, a condition of licensing, or revocation or suspension of a manufacturing licence for complementary medicines, to determine whether there might be more appropriate criteria to protect public health and safety than the current 'imminent risk of death, serious illness or serious injury'.
15. The TGA, in consultation with stakeholders, review the way in which information on the label of a medicine can better assist with product identification of recalled medicines. The review should also consider appropriate ways to ensure that recalled medicines are not subsequently offered for unauthorised sale.
16. To protect public health and safety, the National Co-ordinating Committee on Therapeutic Goods (NCTCG), coordinate appropriate regulatory activity to prevent the sale of illegal complementary medicines, especially in ethnic communities.
17. To ensure consistent standards of quality, safety and efficacy and a fair and competitive environment for the supply of medicines in Australia, State and Territory governments be urged to adopt nationally consistent therapeutic goods legislation.
18. The Australian Health Ministers' Advisory Council (AHMAC) be urged to promote early implementation across jurisdictions of a uniform approach to the legislation that regulates access to and use of medicines.
19. The TGA, in consultation with the National Medicines Policy (NMP) and its partners, develop a communication strategy to better inform consumers of the potential risks associated with the personal importation of complementary medicines that may not be manufactured to the same standards of medicines available in Australia.

### Adverse Reactions

20. The Minister encourage the *National Medicines Policy* (NMP) partners to develop and adequately resource a strategy to improve the quality and proportion of complementary medicines adverse reaction reports by health professionals and consumers to the TGA's Adverse Drug Reactions Advisory Committee (ADRAC), including, but not limited to:
  - a. creating a greater awareness among all health professionals (including complementary healthcare practitioners) and consumers of the potential for complementary medicines to interact with other medicines and that this be within the context of other medicines interactions
  - b. encouraging medical practitioners to include questions in a nonjudgmental way about complementary medicines use when taking patient history, and to include complementary medicines in adverse drug reaction reports
  - c. encouraging complementary healthcare practitioners and consumers to report adverse reactions to complementary medicines and further develop the system to facilitate reporting
  - d. improving dissemination of information associated with adverse reactions to complementary medicines
  - e. encouraging research on toxicology, safety and interactions between complementary medicines and other medicines.
21. The TGA actively pursue the inclusion of AUST L/AUST R numbers within the current Adverse Drug Reactions (Reporting) System (ADRS).
22. The TGA modify its web-based reporting form to facilitate inclusion of AUST L and AUST R numbers.
23. The TGA develop the capability to search for a single active ingredient across multiple products in the ADRS database.
24. The TGA expand the *Australian Pharmacovigilance Guideline* to include sponsors of complementary medicines.

### Information and Advertising

25. The Department of Health and Ageing commission a study to determine the complementary medicines information and skills needs of healthcare professionals and consumers, options for conveying this information to stakeholders, and the costs and resources necessary to meet these needs. The terms of reference for the study should be as follows:
  - a. Consistent with the *National Medicines Policy* (NMP) and *The National Strategy for Quality Use of Medicines* (QUM), the proposed study shall
    - i. identify the information and skills needed by healthcare professionals and consumers in order to assess the quality of the evidence for the use or non use of complementary medicines
    - ii. assess the extent to which these information and skill requirements are being achieved, and identify associated gaps and deficiencies
    - iii. recommend strategies and initiatives to address any identified gaps and deficiencies
    - iv. develop terms of reference for an independent post-implementation evaluation of recommended strategies and initiatives
    - v. assess the financial and other resources needed to implement these strategies and initiatives.
  - b. The study shall have regard to the following needs which have been adapted from *The National Strategy for Quality Use of Medicines* (QUM)
    - i. to ask for, assess and utilise objective information, resources and services to make decisions and take actions that enable the wise choice and use of medicines when required
    - ii. to become more aware of the risks and benefits of medicines, the possibility of non-medicine options and the importance of a healthy life-style
    - iii. to understand the extent to which the regulatory process assesses the quality, safety and efficacy of complementary medicines

- iv. to develop skills and confidence to use medicines appropriately and to seek help to solve problems when they arise
- v. to become more aware of the place of medicines within the broader context of health services and society.

### Specific needs for healthcare professionals:

- i. to assist people to make informed decisions and learn more about health issues and health care, through the provision of information, education and discussion
  - ii. to become more aware of the risks and benefits of medicines, the possibility of non-medicine options and the importance of a healthy life-style
  - iii. to utilise objective information, resources and services to make decisions and take actions that enable the wise choice and use of medicines when required
  - iv. to continually develop knowledge and skills to use medicines appropriately.
26. Internet advertising be considered part of mainstream advertising, and be subject to mainstream advertising requirements and protocols, including complaints resolution through a centralised complaints and appeals process. However, for practical reasons, Internet advertising may need to be exempt from centralised pre-clearance requirements.

### Healthcare Practitioners

27. All jurisdictions introduce legislation to regulate practitioners of traditional Chinese medicine and dispensers of Chinese herbs, based on existing Victorian legislation, as soon as possible.
28. Health Ministers review the findings of the current New South Wales and Victorian reviews concerning regulation of complementary healthcare practitioners and move quickly to implement statutory regulation where appropriate.
29. All jurisdictions adopt the following as necessary attributes of effective, transparent and accountable self-regulatory structures for complementary healthcare practitioners:
  - a. a certification system which incorporates
    - i. appropriate standards of training for membership, established via a consultative process with the profession and endorsed by the relevant educational/industry authorities
    - ii. an established, transparent procedure for assessing practitioner qualifications, incorporating an examination where necessary
    - iii. effective incentives to ensure practitioners seek and maintain certification
    - iv. annual requirements for continuing professional development as a condition of continued certification
  - b. a code of ethics with which certified practitioners agree to comply
  - c. effective procedures for receiving, investigating and resolving consumer complaints
  - d. an established disciplinary system for enforcing conduct and continuing professional development requirements, able to investigate and apply sanctions where necessary, with a process for appeals
  - e. effective incentives for compliance with codes of practice as well as sanctions for non-compliance with standards of practice and other membership requirements
  - f. external scrutiny and involvement of experts who are not members of the profession, to promote transparency, accountability and credibility.
30. The Australian Government give consideration to revising the definition of organisations whose members satisfy requirements for 'recognised professionals' for the provision of GST-free services, in line with the criteria listed in Recommendation 29.
31. Regulatory bodies for healthcare practitioners who are currently regulated by statute (for example, medical practitioners) ensure that their policies and membership standards require their members who practice complementary healthcare or advise on complementary medicines to acquire appropriate skills and competencies.
32. The Australian Government and States/Territories work together with the various professions to promote development of strong, independent and accountable self-regulatory arrangements for complementary medicine professions that satisfy the criteria listed in Recommendation 29, through:
  - a. support and advice, including short-term financial assistance where deemed necessary
  - b. involvement of the professional associations in policy development and committee processes
  - c. encouraging health funds and workers compensation insurers to restrict 'approved provider' status to members of an independent and accountable self-regulatory body
  - d. accreditation of education and training courses up to degree and diploma level, by vocational education and training and higher education bodies.

### Industry

33. The National Health and Medical Research Council (NHMRC) convene an expert working group to identify the research needs (including efficacy, safety, cost-effectiveness, mechanism of action and capacity building), priorities and resources to address the use of complementary medicines consistent with the *National Medicines Policy* (NMP) and *The National Strategy for Quality Use of Medicines* (QUM).
34. Dedicated funding be made available for complementary medicine research in Australia for a minimum of five years.
35. The amount of funding available for complementary medicine research in Australia be determined on a *per capita* basis consistent with complementary medicine research funding in the USA.
36. A database be established to identify researchers and centres of excellence to facilitate complementary medicine research in Australia.
37. The TGA develop formal links with appropriate international centres involved in complementary medicine research to facilitate coordination of research effort and minimise duplication.
38. Organisations involved in awarding public funds for healthcare research ensure that:
  - a. applications for research funding in the area of complementary medicines are assessed by fair, equitable and ethical methods
  - b. the methods represent the best use of community resources to meet the current and future healthcare needs of the community.
39. The TGA, in consultation with key stakeholders and as a matter of priority, convene a task group to review the registration process for complementary medicines, taking into account:
  - a. the complex nature of many complementary medicines and the associated difficulty of characterising ingredients and identifying the active ingredients/components
  - b. that it may not be feasible to undertake conventional pharmacokinetic and pharmacodynamic studies and measurements in clinical studies
  - c. that, for some indications, complementary medicines may offer a lower risk and potentially more cost effective option compared with other medicines.
40. The TGA convene a stakeholder group to identify incentives to encourage innovation and research in complementary medicines, including data protection and market exclusivity.

### Administrative and Advisory Mechanisms

41. The membership of all bodies that advise on the research and use of medicines (including the Australian Pharmaceutical Advisory Council (APAC) and the Pharmaceutical Health And Rational use of Medicines (PHARM) Committee) be enhanced to ensure that each has sufficient members with knowledge of, and expertise in, complementary medicines.
42. APAC facilitate a consultation process with the complementary medicines sector and other stakeholders, to clarify the position of complementary medicines in the *National Medicines Policy* and *The National Strategy for Quality Use of Medicines* (QUM).
43. *The National Strategy for Quality Use of Medicines* (QUM) fund more projects directed at education in the use of complementary medicines.
44. Complementary medicines be included in the indicators to measure the quality use of medicines component of the *National Medicines Policy* (NMP) and *The National Strategy for Quality Use of Medicines* (QUM), with the indicators to be revised periodically.
45. The Australian Pharmaceutical Advisory Council (APAC) be renamed the Australian Medicines Advisory Council.
46. The Complementary Healthcare Consultative Forum be formally disbanded subject to the fulfilment of Recommendation 41.
47. A plan to implement the Committee's recommendations be prepared within one month of the Government's response to the report, with the plan to clearly identify tasks, priorities, time lines and responsibilities.
48. Overall accountability for implementing the Committee's recommendations be clearly assigned to a single body.
49. Implementation of the Committee's recommendations be formally reviewed at the end of 2004.

## WFAS 2003 Report

The World Federation of Acupuncture-Moxibustion Societies (WFAS) International Symposium on Acupuncture held in Oslo, Norway, from 12 – 14 September 2003 was an exciting and dynamic event.

Over 300 delegates attended, less than expected by the organisers due to the unfortunate timing of the event (just after September 11) which meant that many international delegates were unwilling to undertake air travel at that time.

Nevertheless, those that did attend were provided with a cultural and academic program that whetted the appetite of delegates for next year's 6<sup>th</sup> WFAS World Conference on Acupuncture in Australia.

The Keynote lecture from the WFAS Executive was delivered by Professor Wang Xuetai of China on "The Modern Scientific Verification of the Running Courses of Meridians". Research to validate the channel locations was presented under the following headings:

- 1 Propagation along the running courses of meridians
- 2 The blocked track between the needled points and their effect-target organs showed along the running courses of the meridians
- 3 The distribution of the low impedance spots along the running courses of meridians
- 4 The migrating track of the radioisotope along the running courses of meridians
- 5 Occurrence of skin diseases along the running courses of the meridians
- 6 Other research

Other keynote lectures were as follows.

A/Professor Alan Bensoussan from Australia presented the keynote lecture on "Acupuncture – A Clinical Research Update" Alan, a Fellow of AACMA, is Head of the Chinese Medicine Unit at the University of Western Sydney. His paper reported that all although systematic reviews of acupuncture trials reported common methodological problems, in part reflecting the difficulties in performing clinical trials of acupuncture, the evaluation of acupuncture trials has been inconsistent and there is need for an internationally agreed, relevant methodological assessment scale.

Dr Aldo Liguori from Italy presented the keynote lecture on "Acupuncture and Rizatriptan in Migraine without Aura". Aldo is an academic at "La Sapienza" State University of Rome, Medical School. His paper reported on a clinical trial to compare the effects of acupuncture + Rizatriptan with simple Rizatriptan which showed significant differences between the groups after three months of treatment.

The keynote lecture on "Acupuncture Safety: What Patients Report on Adverse Events" was presented by Hugh McPherson from the United Kingdom. Hugh reported on his large scale survey to assess the safety of acupuncture which found that reports of adverse events reinforced the view that acupuncture, when practised by qualified and registered practitioners, is a relatively safe intervention.

The final keynote lecture was delivered by Dr Xiaorui Zhang, Coordinator, Traditional



Richard Li and Judy James present a preview of WFAS 2004

Medicine (TRM), World Health Organisation, on "WHO Traditional Medicine Strategy for Promoting the Proper Use of Traditional Medicine".

Invited lecturers and their topics were:

- The Effect of Prophylactic Acupuncture Treatment in Women with Recurrent Cystitis; Kidney Patients Fare Better: T Alraek and A Baerheim, University of Bergen, Norway
- The Acupuncture Mechanisms for Clinically relevant Long-Term Benefits – Reconsideration and a Hypothesis: Chirster Carlsson, Lund University, Sweden
- Traditional Chinese Medicine and Acupuncture Regulation in Canada, Cedric Cheung
- Randomized Controlled Trials of Acupuncture, 1997 – 2002: Richard Hammerschlag, Oregon College of Oriental Medicine, USA
- Acupuncture and Chinese Herbal Medicine Legislation in Australia: Richard Li WFAS Vice-President (Oceania) and past AACMA Vice-President
- The Purple Tongue and Blood Stasis: Giovanni Maciocia of the United Kingdom
- The Application and the Development of Traditional Chinese Medicine: Professor Shen Zhixiang, Director-General of the Department of International Cooperation, China State Administration of TCM, Secretary-General of WFAS

There were also a large number of oral presentations. Members of the AACMA delegation presented the following papers:

- Why do we not just leave it to the regulators? The importance of a strong autonomous profession in a regulated professional environment: James Flowers, AACMA President
- The Status of the Traditional Chinese Medicine (TCM) Profession in Australia: A Report on Australian Government Funding to Develop the Profession: Judy James, AACMA Executive Officer
- A Pilot Study on Acupuncture and Insufficient Milk Supply: Ke Li, AACMA Vice-President

A key feature of the success of the conference was the inclusion of a strong cultural program. Delegates were entertained by a mixture of traditional folk and modern performances of Norwegian music and drama at the opening and closing ceremonies as well as at all social functions. This reminded delegates that these events are more than academic meetings, they are opportunities for the international development of mutual understanding and cooperation among the members of the international acupuncture and TCM community.

Another key to the success of the conference was the widespread support through conference attendance provided by the members of Norwegian acupuncture and TCM profession. We hope to see many more members of the Australian TCM profession at the WFAS 2004 conference to be held at the Gold Coast from 29 – 31 October 2004.

## WFAS 2004 Update

### Acupuncture and Chinese Medicine in the Modern Age

Clinical Practice ■ Policy ■ Regulation ■ Research ■ Education ■ Standards ■ Safety



World Federation of Acupuncture-Moxibustion Societies

6<sup>th</sup> World Conference on Acupuncture

29 - 31 October 2004

Radisson Resort Gold Coast - Australia



This conference will be held on Queensland's beautiful Gold Coast, situated in southeast Queensland. Stunning natural features plus a sophisticated tourism infrastructure gives the Gold Coast the edge over many national and international destinations. World-renowned beaches, balmy weather, World Heritage listed rainforest and glimpses of rural Australia add up to one of the nations leading tourism regions – the Gold Coast.

The Radisson Resort Gold Coast is the setting for this fantastic international conference nestled in amongst the beautiful surroundings of the internationally renowned Palm Meadows and Lakelands championship golf courses.

This magnificent contemporary resort is an oasis of serenity just minutes from Jupiter's Casino, Pacific Fair, Surfers Paradise and of course, the white sandy beaches of the Gold Coast.

The opportunity for AACMA to host such an event in Australia is a great honour, and it is the first time Australia will have the privilege to host a WFAS World Conference.

The purpose of this most prestigious international event is to promote academic exchange, to develop the science of acupuncture-moxibustion, and to assist in and strengthen the understanding and cooperation between nations and cultures



that will participate in the 6<sup>th</sup> WFAS General Assembly and World Conference in 2004. AACMA representatives who attended the WFAS 2003 conference in Oslo report that the anticipation and excitement over this event is gaining great momentum with overwhelming interest shown by our international colleagues.



Based on the strong level of interest shown thus far, the number of international delegates and speakers is expected to reach as high as 400. As such, the AACMA would like to advise all members to act quickly, to take advantage of the discounted delegate rate for members and secure their place at this prestigious international event. To register, just fill in and return the enclosed form. Prepayment arrangements are available to members. Alternatively, fill in and return the enclosed expression of interest card. The first announcement and call for papers will be released in February 2004.

We hope to see you there.

### Preliminary Program

Date/Time	28 (Thursday)	29 (Friday)	30 (Saturday)	31 (Sunday)
8 am – 9 am		Registration	Registration	
9 am – 12 pm		Opening ceremony	Concurrent sessions	Concurrent sessions
12 pm – 2 pm	Registration (from 12:30 pm)	Lunch	Lunch	Lunch
2 pm – 5 pm		Keynote speakers	Concurrent sessions	Closing Ceremony
6:30 pm			Bus departs for Gala Dinner	
7 pm – 11 pm			WFAS Gala Dinner	

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