

# 經絡

Featured  
in this  
Edition

5 AACMA Promoting  
the Profession

6 Board Member  
Chats: James Flowers  
& Ke Li

7 AACMA Staff  
Profiles: Judy James  
and Justin Frost

9 AACMA Member  
Profile: Helen Gordon

10 NSW Quackwatch  
Committee - The  
Facts

12 Statutory  
Registration Issues

13 GST Tax Ruling  
AACMA 消费税条例  
13 Complementary  
Therapies Funding

# Jing-Luo

Network connecting internally and externally, conduits of communication

The term *jing-luo* in traditional Chinese medicine refers to the channels and collaterals of the body. The channels (*jing*) are the primary longitudinal conduits for the circulation of *qi* and *xue* throughout the body. The collaterals (*luo*) are a lateral network of fine vessels connecting the tissues and organs of the body. In the same way that the *jing-luo* operate as the communications network of the body, so this newsletter, *Jing-Luo* is the communications wing of the Australian Acupuncture and Chinese Medicine Association Ltd (AACMA). The new AACMA newsletter, *Jing-Luo*, is intended both as the primary means of providing information to members (*jing*) and as a networking tool for members to communicate with their professional colleagues (*luo*) and provide feedback to AACMA.

## New year, new staff and a new look newsletter



Welcome to our new look AACMA newsletter *Jing-Luo*. As we herald in the Year of the Goat we at the National Office wish you a happy and successful year in 2003.

Just as your newsletter is getting a face lift, we at the National Office are keen to provide even better services to our members.

The last few months have been hectic at the National Office - there are three new staff members and a completely updated computer system in place.

Look out for our staff profiles over the next few issues - then you will know who is the best contact for your particular requirements.

In addition to providing members with important information about political and practice-related issues we are including articles related to a theme of interest to the profession in each issue.

This issue's theme is promotion and we have included articles aimed at providing members with information about how the AACMA National Office and Board are helping promote the profession and how one of our members has promoted her business effectively.

Of course, all the information you are accustomed to finding in your newsletter is still here. So that we can provide the best service possible to our members we are interested in hearing what you think about the changes in style and content - a feedback form is included with this issue and we hope you will take the time to fill it in and return it to the National Office.

## Regular Features

3 AACMA Contacts (Boards & Committees)

4 President's Report

16 State Roundup

19 News and Views

25 Classifieds

26 Diary Dates (Seminars & Conferences)

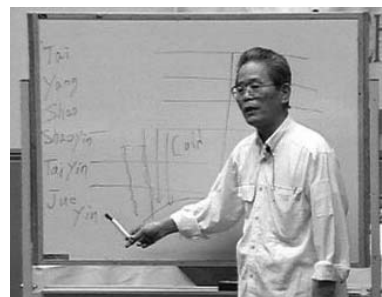
27 AACMA Pin Points, New Members

# TRADITIONAL ORIENTAL MEDICINE

## Video Training Tapes



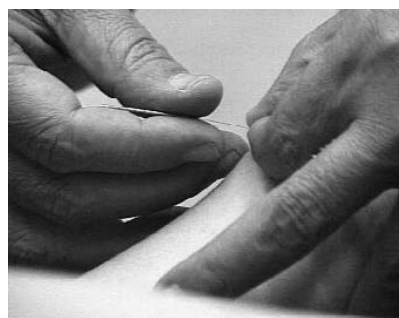
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Australian Acupuncture Association  
Acupuncture Ethics and Standards Organisation Ltd ACN 065 533 762  
Acupuncture Association of South Australia Inc

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**PO Box 5142 West End QLD 4101**

### NATIONAL BOARD OF DIRECTORS

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| Treasurer      | John Deare         | QLD         |
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| Director       | Jacqueline Corner  | WA          |
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| Director       | Yifan Yang         | NSW/ACT     |

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|---------|------------------|
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## From the President

Jing Luo

**W**elcome to the first edition of Jing Luo, the Board and I hope it provides members with many hours of informative and enjoyable reading.

As we settle into the Year of the Goat, I have been thinking about the potential of the TCM profession. I believe it has the potential to produce leading opinion makers in the community, in particular because of the profound philosophical foundations that underpin TCM.

A good practitioner does more than just prescribe pills or stick in needles, but has an effect on people's spirit or *shen*. TCM is not just another technique that we dole out to patients. Our medicine involves an ongoing organic process that by necessity involves empowering people with regards to their lives.

As you will read in the interview I gave for the newsletter (see p6), I believe an organisation without a vision will stagnate and struggle for survival.

I am passionate about the need for the AACMA to protect our traditions and our ancient wisdom. Modern scientific applications are great, but the essence of our medicine resides in its wholistic nature and this needs to be fiercely protected. I acknowledge that the origins of TCM reside with China and I pay due respect to the masters of the past. However, the present period is important because TCM has become universal. Our practitioners can come from any cultural background and be equally able to imbibe and embrace the traditions and become caring and effective professionals.

While on holidays in China in December I spent several days in Chengdu inspecting the local TCM University, TCM hospitals and herbal manufacturers. In discussions with the Principal of the TCM University, Professor Zhu Bide, he spoke about the importance of being cautious about the trend in some circles in adopting the "westernisation" of TCM. This is an issue of debate here in Australia where there is great pressure from some in the profession to drop the "traditional" from TCM in favour of a "modernised" version of TCM.

While on a visit to Singapore in January, I inspected a number of clinics and TCM hospitals. I can report that registration of TCM which came into force last year has seen a huge surge in the popularity of TCM with the number of consultations undergoing a boom.

It is the peculiar nature of the TCM profession in Australia that acupuncture acted as the spearhead for TCM in general. This created a situation where we have practitioners who refer to themselves foremost as acupuncturists and others who refer to themselves primarily as herbalists with an element of friendly niggling and competition between these two supposed groups. I know this applies only to some members, but I am keen to see a greater degree of unity in the TCM profession and was delighted when AACMA changed its name to AACMA.

The coming period will see issues arise regarding safety in Chinese herbal products. It is an issue that will not go away and one that we need to look at carefully and develop appropriate strategies for. The *aristolochic acid* issue has given us a wake up call to be always vigilant. I may add that we can be proud that acupuncture is considered to be a safe treatment modality with no risk of toxicity when provided by a qualified practitioner. Congratulations are in order for the Chinese Medicine Unit at Liverpool Hospital. This remarkable pioneer of TCM in Australia was officially opened by the NSW Minister for Health, Craig Knowles at a ceremony held in December 2002. The launch was held during the Conference on Chinese Medicine held by the Chinese Medicine Unit at the University of Western Sydney, which I must say was a successful event for our profession.

Having said all that, I see the immediate goals of AACMA as being statutory registration of TCM in states other than Victoria, which already has this in place, and more grass roots



involvement of members in the activities of the Association.

### WFAS 2002 Conference

In November, I represented AACMA (a member organisation) at the World Federation of Acupuncture and Moxibustion Societies (WFAS) Symposium held in Rome. One hundred papers were delivered by many of the 450 people attending from 26 countries. I delivered a paper on the topic of Acupuncture Research in Australia.

I also attended the meeting held by the WFAS Executive Committee. In his report the President of WFAS, Deng Liang Yue, emphasised the role of WFAS in education, legislation and networking. He reported that Thailand has implemented registration of TCM. He stressed the importance of collaboration with the World Health Organisation. He also announced plans for building a multi storey complex which will be the World Acupuncture Centre.

The Norwegian delegate urged members to attend the next symposium in Oslo in 2003. Following this, I urged members to support the General Assembly and Symposium to be held in Gold Coast, Australia in October 2004.

As this is the first newsletter of the year, I would like to wish you all a very successful, productive and happy year.

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## AACMA Special Feature

### Traditional Chinese Medicine - Promoting the Profession

*To promote a professional identity assisting accredited practitioners to offer excellence in acupuncture and Chinese herbal medicine health care*

**Revised AACMA Mission Statement 2002**

Promotion of the profession and AACMA members was placed firmly on the Board's agenda as the priority from 2002 onwards. In recognition of this the AACMA National Board revised its mission statement in 2002.

The AACMA Board is taking a two-tiered approach:

- promoting the practice of TCM and the profession as a whole; and
- promoting the AACMA and its members as synonymous with the provision of quality TCM services.

Raising awareness within the general community about TCM and its value as a primary health care service is important for bringing clients to the door. After that, it's the practitioner's expertise and results that determine what patients tell their family and friends - the better the results, the better the promotion about your practice in your local community.

To assist AACMA Board members and National Office staff to become more proactive in gaining media exposure, a Media Skills workshop for Board Members and staff was organised during February with six participants. This workshop provided valuable training in how to effectively access mainstream media, practical experience in dealing with journalists and how to get the desired message across. Using this training, a campaign of targeted media releases about the benefits of acupuncture and Chinese herbal medicine will be undertaken along with more in depth feature articles directed to health and lifestyle magazines.

Often media exposure is reactive rather than proactive - that is, the media comes to us because of things that are happening in the community or changes to government policy in health related areas. The media skills training will assist in being able to react effectively, particularly to



*ABC Radio Producer, Paul Barclay, interviews John Deare at February's Media Skills Workshop*

negative press.

Other promotion occurs when AACMA provides a presence at events such as Mind, Body and Spirit Festivals. AACMA intends being more open to such opportunities and being able to provide supporting promotional material to further the goals of our Mission Statement.

AACMA assists with referrals to members through the proactive promotion of the AACMA 1300 number practitioner referral service and through delivering a web presence. The AACMA 1300 number is listed in the yellow pages, yellow pages on-line, various directories and quoted on all promotional materials. In 2003 AACMA will produce new 1300 number cards to replace the old 1800 number cards, and will be undertaking a significant upgrading of our web presence with a new design, improved usability and additional content including members only sections.

Currently AACMA assists members to promote themselves and their services by providing AACMA badge products. This includes a series of brochures, window decals and other products which may be purchased from the National Office. Recognising that the current brochures are outdated, the production of several new brochures is in progress. Initially, three general information brochures on acupuncture, Chinese herbal medicine and traditional Chinese medicine are

being produced, including a Chinese language version of the TCM brochure.

Promotional activities associated with the introduction of the new brochures will also be undertaken.

Additional general information brochures planned include one targeting other health professionals and one about AACMA. Two new series of brochures targeting specific conditions for both acupuncture and Chinese herbal medicine are also

underway. It is intended that the provision of education seminars on these specific topics will be integrated with the production of the specific brochures.

To further assist members to promote themselves in their local communities, a long-delayed project is the development of an information package incorporating guidelines and tips on promoting yourself and your practice in the local community.

AACMA promoting the profession to mainstream health services is necessary to influence policy development such as governments and health funds that influence practice related matters. Only by influencing the policy makers will we be able to improve the benefits for members (such as health fund and workers compensation rebates) and increase access by our members to new practice areas such as hospitals, community health centres, etc.

Promotion of TCM to other health care providers such as physiotherapists, doctors, chiropractors and health service managers is also necessary so that they understand when referrals to our members are appropriate. While acupuncture and herbal medicine services can be provided by many people who are not necessarily qualified or educated to the high standards required by AACMA, it is vital that AACMA is promoted

Jing Luo

經絡

## Board Member Chats

Jing Luo

### James Flowers on the Board, promotions and professional development

**President of the AACMA Board, James Flowers see one of its main roles as formulating a vision, one which can guide the Association in a direction that will invigorate the profession.**

"While the Board does have a primary role of looking after members by running the 'nuts and bolts' side of AACMA in terms of basic services, we also really need to have a 'big picture' in mind," he says.

James says that the Board works in tandem with the National Office to articulate a vision for the profession.

"Intrinsically a vision is not a static entity but has a fluid quality and in public affairs particularly the goal posts are always shifting," he explains. "A Board that is only reactive will not be doing the best for the profession - good Boards set agendas, both short and long term."



According to James, laying the foundation for the 'big picture' comes from the Board listening to members and discerning their needs.

"Board members have their 'fingers on the pulse' in terms of being in practice, so they are conscious of the general experience of colleagues out in the field, but they also need to keep in touch with members," he says. "At the same time we must think in the long term and not be too narrow in our vision."

"There needs to be a national presence of Traditional Chinese Medicine in the lives and minds of the Australian people and to do this we need to create a greater

profile for the profession within the community."

To get the profession on the road to effective public relations, the Board has recruited Communications Officer, Miranda Free. One of the first steps towards facilitating effective communication about the profession has been the organisation of a media skills workshop which was attended by several Board members and some staff from the National Office.

"Just a short TV interview can have a huge impact, so training in getting your message across and how to deal with the media will provide us with opportunities to further our goals," says James.

"We also have to undertake professional development so that our organisation remains relevant and able to meet the challenges of health care in the 21st century."

James believes that there are two aspects to professional development - professional education for practitioners and developing TCM as a leading health care profession in the community.

"We need to be more rigorous in our life long learning and members need to engage in continuing to study and to persist in self-improvement," says James. "At the same time we need to develop a perception in the community where we are seen as pioneers, as leaders, and as a cohort of people with something valuable to offer the community at large - This will require effort and commitment." ■

### Ke Li on linking members with the Board & a united profession

**Ke Li, Vice President of the AACMA Board since May 2002, feels that a large part of her role is to encourage a more united profession and Association.**

"We need to work towards becoming considered more mainstream as a profession, but it is difficult to achieve that outcome when working in isolation," she says.

Ke Li sees herself as a link between members and the Board and has also taken on the role as Chair of the Victorian/Tasmanian State Committee to open up the lines of communication further.

"I like people and like to be involved," she says. "I personally have felt isolated as a practitioner but find attending activities arranged by the State Committee a great way to overcome that situation."

"They also provide a forum for members to express any concerns or suggestions they have about the profession and this information will be fed back to the Board," she says.

"There are many people out there with good ideas and much to offer the profession."

In Ke Li's eyes, the AACMA Board must set high standards for the profession, provide opportunities for continuing education and pass on to members any information that will have an impact on their professional life.

"By doing those things we will raise the profile of the profession as a whole in the eyes of the community, and therefore it is important for members to work cooperatively with the Board," she says.

Ke Li is concerned by the reaction of some people in the profession to the recent introduction of registration in Victoria. They don't see the AACMA as useful anymore and expect the registration board to provide the representation they formally received through AACMA membership.

"If you think about it, no other health-related profession has only a registration board, they all have professional associations," Ke Li points out. "Some people have taken a very short-sighted view and are forgetting the advantages that being part of a large professional association bring."

"A lot of hard work and sacrifice has been made by members in the past to achieve some great outcomes for the profession, but this only happens when we work together in a united way." ■



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## AACMA Staff Profiles

### Judy James - managing a complex and growing organisation



AACMA's Executive Officer, Judy James, who is one of parent organisation Australian Acupuncture Association's (AAcA) earliest members (Member No 37), has studied, practised and taught acupuncture and associated therapies and been involved in administering and managing AACMA and advocating for the profession for many years.

With studies in TCM, Chinese language and literature and law behind her, she brings a unique set of skills to the difficult and challenging task of managing the AACMA and its National Office.

Just as the AACMA has evolved from a small group of practitioners providing mutual support into a dynamic and proactive national professional association, Judy's role has evolved over the years from

voluntary Board member for AAcA during the '80's and '90's to a central position in the running of AACMA.

"During my period of involvement with the Board and subsequent management positions in the organisation I have seen the association change from an insular inward-looking body of 200 odd members to a peak national organisation with a dedicated National Office of six staff and a membership of nearly 1400," she says.

Judy sees her current role as multifaceted and extending to all levels of the organisation.

"Primarily my role is to advise the Board on policy matters and strategic direction and to implement Board policies and decisions," she says.

One of the challenges of her role, together with the Board, is to look ahead and try to understand contemporary and future trends so that the AACMA is able to adapt to changing conditions and retain its relevance for members.

"In order for our members to achieve their potential as practitioners and concomitant personal and professional goals, we need a strong professional

structure and strategic direction for the future," she explains.

"Much of what I deal with are the 'big picture' issues which provide benefits not just now but also into the future."

Judy says that many of the benefits which members enjoy now were achieved only by many years of hard work and dedication by a lot of people.

"This requires engendering and maintaining a vision of the profession as well as an awareness of the realities of the present time," she says.

By way of example, Judy explains that members' GST-free status and the current high standard of education required to become an AACMA member are the result of people with a vision for the profession maintaining that view.

"The long-held desire of the vast majority of the profession that the entry standard to the TCM profession be at Australian bachelor degree or equivalent qualification has been realised - there are now seven bachelor degree programs in TCM being offered in six Australian teaching institutions, with a number of additional bachelor and higher degree programs pending." *cont. p8*

### Justin Frost - helping members old and new



Having a problem with one of the health funds? Need your personal details updated? Want to apply for recognition under another modality? Then Justin Frost is the person you need to speak to at AACMA's national office.

"I've been membership co-ordinator for two years now, but in that time my role has undergone a lot of changes," says Justin, who is sparing a few minutes in his busy day to explain when members should contact him.

"When I first moved out of reception (where he worked for his first year at AACMA) I was mainly dealing with new membership

applications. Now I am also responsible for many of the requirements of existing members."

Justin liaises directly with all the health funds sorting out any difficulties members may be experiencing, as well as ensuring the health fund's databases are regularly updated.

"I have access to people within the funds who are able to sort out issues such as non-payment of rebates to a member's patient. Our members would not be able to speak to these people directly, but I can usually resolve a problem quickly and easily," says Justin.

"It's one of the parts of the job I get a real kick out of - I like being able to get back to our members quickly with everything sorted out."

The health funds also contact Justin when they have a query about an AACMA member's status or patient claims. For example, sometimes a patient can't remember which association their practitioner belongs to - AACMA is the first place they call since we are the largest association representing acupuncturists and Chinese herbalists.

As well as keeping the AACMA database up to date with any changes to the personal details of almost 1400 members, Justin liaises with AACMA's Professional Indemnity Insurers to ensure all insurance details are also up to date. He does monthly checks of all members insurance and first aid certificate details and sends out reminders if these need renewing.

"If I don't get a response within a month I will try to contact the member personally," he says. "I really enjoy the personal contact with

*cont. p8*

Jing Luo

經絡



## AACMA Staff Profiles

Jing Luo

### Judy James - managing a complex and growing organisation cont. from p7

Judy says that as a result of this work and with the provision of GST-related Commonwealth Complementary Therapies Funding, AACMA now has the resources to establish a national education council for TCM to accredit and review education programs in TCM.

“If the long term view had not prevailed at the time these matters were initiated and the short-term needs of AACMA predominated, we would have regressed as a profession and the education standard progressively undermined,” she says.

“Of course, while the big picture is important, I am also responsible for making sure the overall organisation runs efficiently and provides the level of service that members and the Board want,” she says.

Judy has been witness to many changes to both the organisation and the profession over the years.

“In 1993 when I became Secretary of AACMA, the main concerns of the profession were health funds, skin penetration matters, registration (which was always just around the corner as it had been for the last 20 years!), and fighting with doctors” she says. “By and large, not much else was expected

of the AACMA – apart from social and promotional activities.”

Much more is expected of professional associations in the 21st century, particularly in the health sector.

“It is my understanding that AACMA needs to keep abreast of the various pieces of legislation and health policies of eight states and territories and the Commonwealth, and monitor shifts and trends in health and other policies that may directly or indirectly affect the TCM profession.”

“We also have a thriving academic culture which requires a much more sophisticated and proactive approach to supporting education and research,” Judy explains. “This is necessary to ensure graduates meet contemporary community (and the profession’s) expectations of primary TCM health care.”

Judy sees the greatest challenge in managing a peak professional body as balancing the competing demands, expectations and needs of the AACMA members, board, and staff.

“Quite often, the ‘squeaky wheel syndrome’ prevails and determines most of my day to day priorities,” she says

In a typical day, Judy would:

- prepare submissions on matters as diverse as statutory registration, skin penetration, the GST, and health fund issues,
- liaise with government and health industry agencies on policy and practice matters,
- provide advice to members on a range of practice related issues,
- attend local or interstate meetings of course advisory committees, meetings with TCM education providers and
- be interviewed for radio or print media feature.

According to Judy, it’s a challenging and demanding role that at times leaves little room for her other interests.

“By far the most rewarding aspect of my involvement with AACMA has been the people I have met and worked with, and the personal friendships and professional relationships that have developed over the years.” ■

### Justin Frost – helping members old and new

cont. from p7

members and these days find I can identify many members easily by their voice or one of their names.”

With steady growth of the profession in Australia comes the concomitant increase in new membership applications. Justin coordinates all aspects of the AACMA membership application process.

He deals with initial enquiries about what membership of AACMA offers and how to apply, guides applicants through the process, coordinates the flow of information between applicants, Accreditation Committee, examination assessors and the Board, arranges examinations when required, advises applicants of the Board’s

decision and supplies membership kits to successful applicants.

“I enjoy the application process – it’s interesting to see the variety of ways people become acupuncturists and herbalists,” he says.

Justin is so interested, and so impressed with the profession, that he is about to embark on a course of part-time study in acupuncture and traditional Chinese medicine at the Australian College of Natural Medicine.

“I find the underlying philosophies fascinating and my association with AACMA has inspired me to find out more,” he says.

Ask for Justin when you need assistance with:

- Health fund problems
- Changing personal details on AACMA database
- Accreditation under an additional TCM modality
- PI Insurance
- Membership applications
- Changes in membership status

### Promoting the Profession

cont. from p5

vigorously within the health sector in general. AACMA membership will continue to be promoted to other health professions as representing excellence in TCM health care.

Promotion of AACMA to its members and potential members is also important. The TCM profession needs to develop a stronger sense of belonging and working together. Various strategies, such as the national symposia and State Committees, are designed to foster this. As with most organisations, only about 10% of all work done for members is visible and judgments are made on that 10% - not the 90% that makes it all happen. From feedback, members need to know more about what AACMA does for its members, so expect to see more about what we, AACMA board and staff, do for members in future newsletters. Ensuring we grow in size is vital. With increased numbers, we are able to provide more services and benefits to members as our resources increase. ■

經絡

## Member Profile: Helen Gordon

### Finding success through promoting & practising TCM



**A**ccording to successful Kiama acupuncturist Helen Gordon, promoting your business isn't really about advertising but about being good at what you do.

"Ultimately, no matter what promotion techniques you use it is how well you know your subject and how effective your treatments are that will determine how successful you are," she says.

Helen believes the only real purpose of advertising is to let people know you are there and to get them to your door.

"When I first started in practice I approached a local newspaper and they did an article about me - I had 17 patients in the first week."

"Once you have people coming to you it will be the way you talk to them and the results of the treatment which will determine whether they return, and whether they will recommend you to others."

Helen has been practising TCM for the last 13 years, 12 in Balgowlah, Sydney and for the last year in Kiama. She also teaches paediatric TCM at the University of Technology, Sydney.

"If you are serious about what you're doing and want to do it properly, you need to remember that there is over 4,000 years of accumulated research and knowledge about

TCM," she says. "You won't get all you need to know in four years of study."

For this reason she believes it is essential to undertake ongoing personal research of your therapy as well as gaining a good understanding of western medicine.

"People often come to us when western medicine has let them down and we need to understand the effects of drugs or surgery, for example, in order to unravel the affects these have had on *Qi*," says Helen. "People need to be confident that TCM is a complete form of medicine and that you can understand the principal medical system that is used in this country."

She also believes it is imperative to personally undertake some spiritual energy generating practise such Qi Gong as this enhances the understanding of how *Qi* works.

"Without that personal practice you will destroy your own *Qi* over the years - and really, we should practise what we preach!"

In this respect Helen sees TCM practitioners as role models in the community, particularly as they may be asking patients to make quite radical changes in their lives.

"Generally, as a practitioner you are part of the small community in which you practise and for this reason it is important for people to see that you can live by the tenets you suggest to others - it is a difficult thing, but if you truly understand TCM you will be able to incorporate it into your life."

Helen considers educating the public about TCM a huge part of her role as a practitioner. Although it has the added effect of promoting your practice, she believes that you must place the emphasis on promoting TCM rather than yourself.

"TCM is so amazing and relevant, but most people don't know a lot about it," she says. "I write a monthly column for the local newspaper and am a guest speaker for self-help groups, mother's associations, playgroups and so forth."

"It is vital that you respect people's intelligence and that you can admit that you don't know all the answers - but also let them know you will do your best to find out!"

This is why networking and mentoring are a good idea for all practitioners and can be helpful for your success in business.

"It's very important to create and maintain networks with other practitioners as it can get lonely out there," she says. "You can't know everything about health care so having others to call on makes a huge difference, and sharing your knowledge with others when required is equally rewarding."

"Having these contacts can also bring you more patients when people move to your area and you are recommended by your colleagues."

At the heart of everything for Helen is putting the patients first. "Being concerned for your patients is going to create the environment for success, then the financial rewards will follow."

Jing Luo

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*"People often come to us when western medicine has let them down and we need to understand the effects of drugs or surgery, for example, in order to unravel the affects these have had on *Qi*."*

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## Health Claims & Consumer Protection Advisory Committee NSW Quackwatch Committee – THE FACTS

*Many members have received emails referring to the Dwyer Quackwatch Committee which was established by the NSW Health Minister late last year. Although there are matters of concern surrounding aspects of this Committee, unfortunately there has also been a lot of inaccurate information and at times hysteria circulated via email. Many members have contacted AACMA for clarification of the issues and appropriate follow-up action.*

*The AACMA Board felt that the best way to protect the interests of the TCM profession and our members was to try to get a nominee of AACMA onto the Committee in order to provide expert advice about TCM and ensure that TCM was not treated unfairly. Following preliminary inquiries with NSW Health and the Minister's office, AACMA was successful in its application and in December 2002 past President, Peter Aftanas, was appointed to the Committee as a TCM practitioner and AACMA representative.*

*This article is intended to present the facts and provide suggestions for members who wish to take further action as individual practitioners.*

### Background

On 31 October 2002, the NSW Health Minister issued a Press Release with the headline: 'NSW Crackdown on Wonder Drugs/Miracle Cures' (see page 11).

The media interest it sparked caused widespread concern that the real purpose may be the progressive banning and destruction of the natural therapies and TCM.

We believe this fear was fuelled primarily due to Health Minister Knowle's appointment of Professor John Dwyer (of UNSW School of Medicine) as Committee Chair. Professor Dwyer is well known as a staunch critic of acupuncture and TCM, homoeopathy and the natural therapies through his association with the Australian Skeptics.

Some emails doing the rounds stated that a Ms Cheryl Freeman, also from Australian Skeptics, had been appointed to the Committee and that the Committee was funded by Dick Smith. This of course is nonsense.

According to the Information Sheet released by NSW Health, the Health Claims and Consumer Protection Advisory Committee:

*"was formed to ensure that expert advice on consumer complaints that are made to both the Department of Fair Trading and the Department of Health about a range of health care related products and practices, is provided to both Departments and to other appropriate regulatory bodies such as the Therapeutic Goods Administration and the Australian Competition and Consumer Commission."*

Despite the press release, it is our understanding that the Committee is not a witch-hunt against the natural therapies or TCM. Its role is advisory only and its focus is on those practices that pose a significant risk to public health and safety and/or create an unjustified expectation of beneficial

treatment.

To our knowledge, the Committee is neither intended nor authorised to go out and attack bona fide health care practices such as acupuncture, Chinese herbal medicine, Western herbal medicine, Vitamin therapy, etc. The fact that the Minister readily agreed to appoint a nominee of AACMA to the Committee should put the minds of members at ease on that matter.

### Terms of Reference

The following Terms of Reference for the Committee are taken directly from the Information Sheet released by NSW Health.

1. To provide expert advice to the NSW Health Department regarding effective means of dealing with the advertising, promotion or provision of health services or products which pose a significant public health and safety risk and/or create an unjustified expectation of beneficial treatment.
2. To liaise with other agencies that have a role in the protection of consumers of health services and products including the NSW Health Care Complaints Commission, the Health Professional Registration Boards, the Therapeutic Goods Administration, the NSW State Coroner, the NSW Department of Fair Trading and the Australian Competition and Consumer Commission.
3. To provide or arrange for the provision of expert advice to relevant agencies regarding materials produced in their investigation of health claims suspected of being misleading, deceptive or unjustified.
4. To monitor the outcome of action resulting from advice provided by the Committee.
5. After notification from the Executive

Support Unit to examine relevant issues raised in coronial inquiries and to investigate and advise on relevant adverse events brought to the attention of the Health Systems Performance Branch and the Quality and Clinical Policy Branch.

6. To review the legal framework associated with various NSW Acts for their adequacy in dealing with fraudulent claims in the health area with a particular emphasis on being able to stop fraudulent claims, devices and promotions being offered to the public.

### AACMA position

In response to our initial concerns about potential negative impact of the Committee on TCM, AACMA approached NSW Health and the Minister's office. We sought and were successful in gaining representation on the Committee so that it had access to expert advice on TCM.

Although our concerns about the purpose of the Committee have been largely ameliorated, AACMA would prefer a the Committee Chair who is more balanced in their opinions about TCM and the natural therapies. As the Chair has been appointed for an initial six month term, it is unlikely the Minister will replace him at this stage. Nevertheless, it is our understanding that the views publicly voiced by Committee Chair are not necessarily shared by other Committee members. Furthermore, as the Committee is primarily advisory, any decisions arising out of the Committee's deliberations must first be considered and approved by NSW Health and are not the sole province of the Committee Chair.

AACMA President, James Flowers, has  
cont. p11

Jing Luo

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## Health Claims *cont.*

also attended a number of meetings of the Natural Health Alliance, an informal alliance of individuals and organisations from both Western and Complementary medicine sectors that was formed to lobby for improved representation on the Committee. This has resulted in the appointment to the Committee of Mark Donohoe, a medical practitioner who uses complementary therapies and who, we understand, has been an active member of the Natural Health Alliance.

AACMA's nominee to the Committee, past President Mr Peter Aftanas, is of the view that NSW Health Claims and Consumer Protection Advisory Committee is one of the most important Committees in recent years and that it is vital that AACMA maintain its presence.

"If you are not there where the decisions are made, then it is very difficult to influence the outcome," he says.

AACMA representation on the committee will ensure that NSW Health is provided with expert advice about TCM practices and devices from a qualified TCM practitioner accountable to the TCM profession, as opposed to potentially ill-informed and biased opinion.

Members wishing to lodge complaints or comment with the NSW Health Minister about the Health Claims and Consumer Protection Advisory Committee and/or its Chair Committee can obtain sample letters from the AACMA office.

*Judy James AACMA Executive Officer*

## NSW CRACKDOWN ON WONDER DRUGS/MIRACLE CURES

The NSW Government will crackdown on 'miracle cures', 'wonder drugs' and misleading health claims and advertisements to protect people who are sick and vulnerable.

The Minister for Health, Mr Craig Knowles, today said that up to \$2 billion is spent in Australia on alternative health products and procedures, many of which have not been scientifically tested or proved.

"There are people who are preying on the sick and most vulnerable in society by offering cures that have no medical benefit to the patient," said Mr Knowles.

"Using these miracle cures can have tragic consequences. The parents of a child with a serious heart defect were convinced by an alternative practitioner that a MORAS machine could measure the child's 'radionics' - a term not in a medical dictionary. Subsequent to its use, a South American herb was used to treat the condition.

"The poor child died and the Coroner has recommended that legal proceedings be commenced against the practitioner.

"To combat dodgy cures and health practices, the Government will:

- Review the existing laws and regulations available to stop peddlers making false health claims, selling untested or unproven health products or conducting potentially unsafe procedures;
- Strengthen the powers to investigate and prosecute quacks;
- Bolster the powers of the health professional boards eg NSW Medical Board to deal with practitioners involved in dodgy practices;
- Increase the penalties for marketing bogus health products;
- Initiate a public education campaign.

"The Government will establish a committee, chaired by Professor John Dwyer, Professor of Medicine at the University of NSW and an immunologist from the Prince of Wales Hospital that will provide expert advice for this review.

"This is not a witch-hunt. Practitioners who have proven or tested products and procedures will not be shut down.

"However, we must stop vulnerable people from being ripped off with completely useless products or being exposed to harm from dangerous or potentially dangerous products or procedures.

"A recently discredited procedure was the Live Blood Cell Analysis by which a self-proclaimed naturopath claimed he could diagnose illnesses by examining a pinprick of a patient's blood under a microscope and devise treatments to cure whatever disease was found.

"But the naturopath, (*name deleted - not AACMA member*) was fined almost \$34,000 and court costs in May this year for making false health claims as expert medical evidence found (*named's*) claims could not possibly be true. However, under current arrangements this does not prevent other spivs hawking the same technique.

"Some of the many products on the market causing concern include:

- Magnetic pulsers or neuro-muscular stimulators - electrical devices you attach to your body. Claims they cure cancers and pathogens including HIV AIDS and Hepatitis viruses. They have no effect ... in fact, some are adapted for use from popular electronic toys.
- Homeopathic vaccines for meningococcal disease, the flu and hepatitis viruses which cannot possibly work because they are unable to stimulate an immune system response.
- So-called Computer Regulated Tomography devices supposedly used to diagnose diseases including breast cancer, and which can cause people to forgo x-rays or biopsies. These devices have no capacity to aid in the diagnosis of anything.
- Herbal skin cancer cream which when applied actually burns the skin and doesn't cure breast cancers or melanomas as claimed.

"This is an Australian first. While the overhaul is limited to NSW laws, the crackdown will help people in all States and Territories because many suspicious products are advertised and sold Australia-wide and on the Net.

"A recent world-wide Internet search uncovered 1,400 suspicious medical web sites internationally, 77 of them operating from Australia.

"Unfortunately rip-off merchants are prepared to prey on sick or vulnerable people, so before you buy a health product or agree to a procedure, check with your doctor or other qualified health professional."

**Minister for Health, October 31, 2002** (Source: NSW Health Web-site: Media releases)

Jing Luo

## Membership of the Committee (as at 1 January 2003)

|                              |  |
|------------------------------|--|
| Professor John Dwyer — Chair | University of NSW and South Eastern Sydney Area Health Service                                       |
| Dr Greg Stewart              | Chief Health Officer and Deputy Director-General, Public Health, NSW Health Department               |
| Ms Karen Crawshaw            | Director, Legal and Legislative Services, NSW Health Department                                      |
| Mr John Lumby                | Director, Pharmaceutical Services, NSW Health Department   |
| Ms Maureen Robinson          | Director, Quality and Clinical Policy, NSW Health Department   |
| Ms Sarah Crawford            | Senior Project Officer, NSW Health Care Complaints Commission  |
| Mr Brian Given               | Deputy Director-General, NSW Department of Fair Trading  |
| Ms Rose Webb                 | State Director, Australian Competition and Consumer Commission                                       |
| Mr Ian Campbell              | Branch Director, Pharmacy Guild of Australia, NSW Branch   |
| Ms Val Johanson              | Executive Director, Complementary Health Care Council of Australia                                   |
| Dr Mark Donohoe              | General Practitioner   |
| Mr Peter Aftanas             | Traditional Chinese Medicine Practitioner, Australian Acupuncture & Chinese Medicine Association Ltd |
| Dr Karen Bridgman            | Naturopath and Herbalist   |
| To be determined             | Registered Nurse and complementary health practitioner   |
| Professor Felix Wong         | Director, Chinese Medicine Clinical Research Centre  |
| Dr Robyn Napier              | Chair, Federal Australian Medical Association Committee on Complementary Medicine                    |
| A/Professor John Eden        | Director, Natural Therapies Research Unit, Royal Women's Hospital                                    |
| Mr Allan Brotherton          | Consumer Representative, AIDS Council of New South Wales   |
| Mr Rusty Priest              | Consumer Representative  |
| Ms Norah McGuire             | Consumer Representative  |
| Secretariat Ms Mary Crum     | Senior Analyst Clinical Policy, Quality and Clinical Policy Branch, NSW Health Department            |

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## Statutory Registration Issues

### New South Wales

#### NSW Discussion Paper

Members will know from the last newsletter, that NSW Health has released a Discussion Paper on the Regulation of Complementary Health Practitioners. AACMA has been collaborating with other TCM professional bodies in NSW and all NSW TCM teaching institutions in the development of a joint submission in support of statutory registration of the TCM profession. The date for lodgement of submissions has been extended to the end of February.

The key features of the submission are outlined below.

*Model of Regulation* The Protection of Title Model, similar to that introduced in Victoria, is proposed for New South Wales. Regulation operates by way of limiting use of certain professional titles to registered practitioners. Unregistered practitioners would be prevented from using these titles and would be subject to prosecution if they did.

*Protected Titles* The joint submission proposes the following titles (or similar titles) to be protected in NSW:

- Acupuncturist;
- Chinese herbal medicine practitioner;
- Chinese herbalist;
- Chinese medicine practitioner;
- Traditional Chinese Medicine practitioner;
- TCM practitioner;
- Oriental medicine practitioner; and
- Chinese herbal medicine dispenser.

*Other non-TCM health care practitioners* AACMA is totally opposed to the exemptions regime in place in Victoria which allows almost all other health professions' registration boards to set standards of education and practice in TCM for their registered practitioners. In Victoria, a non-TCM health care practitioner is able to continue to use the TCM protected titles without necessarily having to meet the same standards as practitioners registered with the CMRB. The AACMA view is that this makes a mockery of standards in TCM and is not in the public interest. A member of the public may be excused for being confused about who actually is qualified and competent to practise acupuncture or Chinese herbal medicine in Victoria. At the time of writing, the issue of whether use of the term *medical acupuncturist* by medical doctors should be supported was still a matter of debate.

*Participating associations* The following organisations are participating in the joint submission to NSW Health.

- Acupuncture Association of Australia
- Australian Acupuncture and Chinese Medicine Association Ltd

- Australian College of Acupuncturists Ltd
- Australian Traditional Chinese Medicine Association
- Chinese Medicine and Acupuncture Society of Australia
- NSW Association of Chinese Medicine
- World Federation of Acupuncture-Moxibustion Societies (Oceania Region)
- Sydney Institute of Traditional Chinese Medicine
- University of Technology Sydney
- University of Western Sydney

*Obtaining a copy of the joint submission* Any AACMA member seeking a copy of the NSW joint submission should contact the AACMA national office.

#### NSW State Elections

The NSW elections will be held on 22 March. AACMA is conducting an intensive campaign with the major parties and the cross benches seeking their support for the process in progress. Copies of draft letters to candidates and state members can be obtained from the AACMA office.

### Victoria

#### Draft post-graduate course approval guidelines

These were released by the Chinese Medicine Registration Board (CMRB) last year. The draft guidelines contained a number of assumptions and proposals that concerned AACMA. A summary of these is outlined below.

*Persons with an undergraduate degree learn faster* If this statement is to be used as a basis for approving shorter courses for people who have completed study in another area of knowledge, then relevant references should be provided. Otherwise the statement is no more than an unsubstantiated opinion or myth. Comparing the requirements for add-on TCM courses as opposed to post-graduate programs in TCM geared to non-TCM health practitioners, it would appear that TCM practitioners are considered slower learners than other post-graduate students.

*Chinese herbal medicine specific study requires more contact hours than acupuncture specific study* AACMA totally rejects this view. The draft guidelines don't supply any basis for the above statement and no supporting educational argument. If the view were that acupuncture is just for pain and musculoskeletal conditions and not for treatment of the range of conditions seen in TCM general practice, then this would explain such an ill-informed statement in the draft guidelines.

*Post-graduate programs for other health practitioners* The draft guidelines indicate that a person with no background in TCM can become a competent, safe and effective

acupuncturist in 4.5 semesters, a mere 6.5 weeks longer than it would take a fully qualified Chinese herbalist. AACMA believes it is equally ludicrous to propose that a person with no background in TCM requires a mere 6.5 weeks more study than a fully qualified acupuncturist would require in order to be a competent, safe and effective Chinese herbalist. Whether a person is competent in another area of knowledge or endeavour is irrelevant when determining the time required to reach competence, safety and efficacy in TCM. Persons seeking to undertake a primary qualifying course of study in TCM by post-graduate mode should be required to complete the same studies in TCM as anyone else seeking to enter the profession.

*Add-on TCM programs* The AACMA view is that a practitioner qualified in one TCM modality requires significantly less time to reach competence and safety in another TCM modality than would be required for a person with no TCM background. Having regard to the additional knowledge and skills to be acquired, between two and 3 semesters of full-time study is required. Some education providers may elect to deliver these programs over a longer period on a part-time basis.

Any member wishing a copy of the full text of the AACMA submission to the CMRB on the post graduate course standards should contact the AACMA office.

#### Draft criteria for Chinese herbal medicine dispensers

The CMRB has released draft guidelines/criteria for the registration of Chinese herbal medicine dispensers. At the time of writing AACMA was preparing its submission. As a copy of the draft could not be located on the CMRB website, members should contact the CMRB directly for a copy.

#### General matters

Registration fees will be on a financial year basis from July 2003. Refer to the article under news and views.

Some members who did not lodge their registration application until the end of 2002 are being charged an annual fee for both the 2002 and 2003. In some cases, their date of acceptance to registration is in 2003. Any member in this situation who believes they should not be required to pay a fee for 2002 should contact Judy James at the AACMA national office as a matter of urgency.

Similarly, any member still experiencing difficulties with their registration application should also contact Judy James on 07 3846 5866.

#### Western Australia

Refer to WA article on pages 17-18.

## AACMA GST Tax Ruling

AACMA is delighted to advise members of its Private Tax Ruling that **AACMA is a recognised professional association and that our members are recognised professionals in relation to the supply of GST-free acupuncture and/or Chinese herbal medicine services.**

Questions put in writing to the Australian Taxation Office (ATO) in May 2001 were:

1. Will practitioners of acupuncture and Chinese herbal medicine who are members of AACMA satisfy the requirements of a 'recognised professional' as defined in section 195-1 of the *A New Tax System (Goods and Services Tax) Act 1990* ('GST Act')?
2. Will the services of the member practitioners continue to be GST-free from 1 July 2003?

### ATO Decisions

1. AACMA is a professional association that has uniform national registration requirements for practitioners of Acupuncture and Chinese herbal medicine. Consequently, **practitioners who are members, fellows, associate fellows, provisional or life members of AACMA will be considered to be**

**recognised professionals for the provision of acupuncture and Chinese herbal medicine services** as required by paragraph 38-101(b) of the GST Act from 1 July 2003.

2. Acupuncture and Chinese herbal medicine services will continue to be GST-free where the services are provided by:
  - A practitioner that satisfies the 'recognised professional' criteria; and
  - The services provided are considered by the profession as necessary for the appropriate treatment of the recipient.

### What does this mean for members?

The AACMA Tax Ruling means that **all practising members of AACMA are recognised professionals** in relation to the supply of GST-free acupuncture and Chinese herbal medicine services.

### What about non-practising members?

AACMA Graduate Membership is a qualified non-practising membership category and therefore Graduate Members are not providing health services to the public. A Graduate Member becomes a *recognised professional* when they upgrade to a Full Member by notifying the AACMA National Office in writing and paying the relevant membership fee, etc.

AACMA Student Members become recognised professionals when they apply for and are accepted to full membership and meet all the requirements attached to practising membership of AACMA.

The full text of the AACMA Tax Ruling is included in the enclosed AACMA Project for TCM - Member News Sheet Number 2.

## AACMA 消费税条例

AACMA 荣幸地通知会员们：在私人税务条例中，AACMA 是被承认的中医专业团体，我们的会员是被承认的职业中医师。允许提供免消费税的针灸和中药服务。

1. 由于 AACMA 是一个具有全国统一的中医师注册标准的专业学术团体，符合消费税法第 38 条 10(1) 款，所以，从 2003 年 7 月 1 日起，所有 AACMA 执业会员（包括正式会员，资深会员，准资深会员，临时会员，终身会员）将享有消费税豁免权。

2. 提供免消费税的中医针灸服务需满足以下两点：

- (i) 该中医师在专业上被正式认可。
- (ii) 提供给患者的治疗，从专业角度上看，是必要的和恰当的。

## Complementary Therapies Funding Program

### AACMA Project for TCM - UPDATE

As advised in previous newsletters and newsheets, AACMA was awarded \$100,000 in Commonwealth Complementary Therapies Funding for the following projects:

- to establish a national Traditional Chinese Medicine (TCM) education council to regulate TCM education standards and administer TCM course accreditation; and
- to establish a national TCM practitioner accreditation board to administer uniform national practitioner accreditation, enable identification of practitioners eligible to supply GST-free acupuncture and Chinese herbal medicine services, and provide for a public complaints process and practitioner regulation in relation to the above.

AACMA has already completed two stages in its consultation process and is currently preparing the final proposal before proceeding to full implementation before 30 June 2003.

### Impact of the AACMA Tax Ruling on the Project for TCM

The AACMA Tax Ruling (referred to in the above article) outlines the eligibility of practitioner members of AACMA to supply GST-free acupuncture and Chinese herbal medicine services.

The AACMA Project for TCM is about establishing the structures and processes that will ensure the status and standards of the TCM profession, and AACMA standards in particular, will be maintained and enhanced in the future. The Commonwealth Complementary Therapies Funding was supplied by the

Commonwealth Department of Health and Ageing, not the ATO, and the terms of the funding agreement must still be carried out.

In relation to ATO Tax Rulings on 'recognised professionals', AACMA understands that the ATO had made a policy shift last year and now no longer requires "one model" only for each of TCM, naturopathy, and herbal medicine in order to retain GST-free status.

Unfortunately, this does mean that there will continue to be a multiplicity of different standards across the various professional associations in TCM, naturopathy and herbal medicine. On the positive side, AACMA is not forced to collaborate and reach a compromise with other TCM bodies that may be unwilling to put professional standards first above "membership numbers".

Jing Luo

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2003 National Symposium a

# **AACMA First Announcement**

## **Fifth AACMA National Symposium - Sydney**

**Symposium Theme  
Standards in Traditional Chinese  
Medicine**

**25th AACMA Annual General Meeting  
9th AESO Annual General Meeting**

**AACMA Gala Dinner & Dance**

AUSTRALIAN ACUPUNCTURE

**Saturday 17 May and Sunday 18 May 2003**

Stamford, Sydney Airport  
(previously Sheraton, Sydney Airport)  
Corner Roby & O'Reordan Sts  
Mascot Sydney NSW 2000

2003 National Symposium a

## **CALL for ABSTRACTS**

### **Fifth AACMA National Symposium - Sydney**

**17- 18 May 2003**

#### **Symposium Theme**

#### **Standards in Traditional Chinese Medicine Practice - Regulation - Education - Research – Safety**

The theme was selected to examine, discuss and review the historic changes presently occurring in Australia in relation to TCM regulation and standards setting. Current events will set the framework for the future of the TCM profession well into the 21st century.

#### **Symposium Program**

Following the outstanding success of the 2002 symposium in Adelaide, AACMA will continue with a two day program to allow for more extensive presentation and debate on issues of interest.

As with all previous symposia, sessions will be allocated for the presentation of reports on research. The program will also include concurrent workshops/lectures. These were introduced for the first time at the Adelaide symposium proved very popular.

In addition to papers on the symposium theme, papers are also called for presentation of reports on research, including research in progress, as well as expressions of interest for the delivery of workshops/lectures on practice related topics.

Abstracts should be limited to 500 words and be supplied in Word or RTF format on disc or as typed pages (double spaced) and posted, emailed or faxed to AACMA at the address above by 10 March, 2003

## State Roundup

Jing Luo

### Queensland

So it wasn't just talk – five new members have been elected to the Qld State Committee since the last newsletter. A warm welcome to Brett Montgomery, David Hartmann and Paul McLeod who were elected at the November meeting held at the Vecchia Roma in Burleigh. All will be presenting seminars during 2003 (see below). During our January meeting another two members, Heather Tilden and Matt O'Hara, were elected – welcome aboard!

Although most committee meetings have been held on the Gold Coast in recent times, current committee members would welcome the opportunity for more meetings in Brisbane, particularly if there were more committee members from further a field (most of the current committee live and work on the Gold Coast). This brings us to a timely reminder to either nominate or renominate yourself for the Qld State Committee for 2003 if you want to have a little extra involvement in the profession outside of your own practice.

At our last meeting on 24 January our expanding group of members welcomed student member Tracey Berry. Tracey is available to liaise between all Qld student members and the Committee so any queries please contact her on 5591 3878 or email



*Picnic 'fun in the sun' with the Queensland State Committee members celebrating Chinese New Year*

tracey@thermalimaging.com.au.

Seminars were again the focus of our meeting and we now have tentative plans for a different seminar every two months starting from March. Our first seminar will be on "Acupuncture and acupressure for treatment of obscure signs and symptoms" conducted by David Hartmann at the Brisbane ACNM on Sunday 16 March from 9.00 am to 1.00 pm. Qld AACMA members will be notified by email as each seminar approaches so if you have an email address make sure you let a Committee Member know or let us know you're interested and we'll keep in touch in some old fashioned way!

Other seminars planned for 2003 include "Stretching the Truth", Brett Montgomery, "Moxa techniques", Paul McLeod and "Introduction to Patent herbs, Wally Simpson. Following up on a suggestion that functions be held during the day so that families could attend, our Chinese New Year BBQ/picnic was held on Sunday 9 February at Labrador. It was a very successful event with many members and their families attending for a fun day by the sea. There was plenty of entertainment too what with the pelican feeding and raffle for wine and chocolates.

Our next meeting is on Friday, 21 March, at Fusions on the Beach in the Rocks Resort, 828 Pacific Pde, Currumbin, so come along to keep up-to-date with your profession and have a good time with like-minded practitioners.

### New South Wales

We hope everyone has had a wonderful Christmas and New Year and is looking to make a fresh start in the Year of the Goat.

Our Christmas party was a significant end-of-year highlight with lots of entertainment and prizes sponsored by some major suppliers. Special thanks are extended to Acuneeds, Helio, Sheng Lung, Concord Herbs, Yi Fang Extract Company, Koda Herbal Company, Sun Ten and Hoc Ku Huynh, New China Acupuncture.

Special thanks to Hoc Ku Huynh for organising the event and an entertainment lineup that included Tai Ji demonstrations and modern and traditional dancers.

In response to the requests of members, we will be introducing a study group in March for those who want to

### AACMA QUEENSLAND STATE COMMITTEE

Presents a Seminar on

**Acupuncture and Acupressure  
to treat obscure signs and symptoms**

by

**David Hartmann**

**Date:** Sunday, 16 March, 2003

**Time:** 9:00am – 1:00pm

**Venue:** Room 15,  
ACNM,  
362 Water Street,  
Fortitude Valley.

**Cost:** \$35 for practitioners  
\$25 for students.

**Bookings:** Linda Tedd – 07 5532 0121  
Email: [lindatedd@hotmail.com](mailto:lindatedd@hotmail.com)

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## State Roundup



*Christmas celebrations in Melbourne's famous botanical gardens saw Victorian/Tasmanian State Committee members 'singing in the rain'*

study interesting subjects in a collaborative way. Subjects may include skin disorders or paediatric conditions etc. To help set up the study group we will need some facilitators who are either interested in the subject, and/or who specialise in the relevant topics.

The first study group will be on skin disorders such as acne, psoriasis and eczema. Prospective participants and facilitators should contact Mei Kin Rees on 02 9630 6388 for further details.

The next continuing education seminar will be held in March. Look out for further details.

### Victoria/Tasmania

In early December the Victorian/Tasmanian State Committee held a meeting followed by a Christmas celebration in the Botanic Gardens. With most Committee members attending the meeting was full of enthusiastic planning for more functions and seminars in 2003. The picnic was great fun despite the damp weather – there was much 'singing in the rain'!

Our most recent meeting was held at the Red Silk Restaurant and preceded our Chinese New Year celebration – Xin Nian Kuai Le. A good time was had by all with a good venue and extensive menu – thanks to Marina for organising the event.

We have two great seminars coming up: with Yifan Yang on March 16 and James Xuejian Liu on May 4, (not May 11 as previously planned).

In his seminar, Yifan will share his personal clinical experience in the treatment of stress, anxiety, depression, high cholesterol and chronic hepatitis C with Chinese patent herbal formulas.

James will share his clinical experience in treating gynaecological conditions in his seminar, and explain how his mentor of many years, Dr. Lui Feng-Wu, one of China's most famous TCM gynaecologists, influenced his work.

### Australian Capital Territory

The ACT State Committee has worked hard in 2002 arranging a number of interesting seminars. Nevertheless, attendance by members and non-members within the ACT has been poor, resulting in a committee "re-think" as to what type of seminars or

functions our members would prefer. Let us know your thoughts. We are keen to hear from any practitioners in the ACT who would like to present a topic, or may have ideas that the committee can implement.

2003 has been particularly eventful already with bush fires devastating parts of Canberra. In total we lost 530 houses within the metropolitan area, with many more lost in the surrounding countryside. One suburb alone lost about 268 houses. Understandably, Canberra has been in a state of shock for some time since the disaster. We are all particularly distressed at the loss of both house and clinic of two of our AACMA members, with the State Committee meeting in early February to consider ways we can help our friends and colleagues.

Finally I would like to express my thanks to the ACT State Committee for their efforts in 2002, and look forward to seeing more participation by members in 2003.

### Western Australia

The WA State Committee has forwarded a submission to AACMA for a strategy for registration in Western Australia. Recent events in Western Australia have brought this matter

### AACMA NSW STATE COMMITTEE

Presents a Seminar on

**How to Relate the Concept of Chinese Medicine with Western Medicine so as to Increase Your Patient's Understanding of TCM Treatments**

by

**Robert Zindler**

**Date:** Friday, 21 March, 2003

**Time:** 7:30 pm – 9:30 pm

**Venue:** UTS, College of TCM  
4<sup>th</sup> Floor, 645 Harris St,  
Ultimo, Sydney

**Cost:** AACMA Members \$20  
Non-member \$25  
Student Member \$10  
Student Non-members \$15

**Enquires and bookings:**

Yifan Yang 02 9212 2498 or 0419 606 259

Fax 02 9281 3106

Email: meikinr@tpg.com.au

NSW Members, please refer to enclosed flyer

Jing Luo

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## State Roundup

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to the forefront. A TCM practitioner in WA (not a member of AACMA) was recently indicted on indecent assault charges in relation to a female patient. The practitioner had previously applied to AACMA on two occasions and had been rejected both times.

AACMA Executive Officer, Judy James, and Chair of WA State Committee, Wade James, did a number of TV and newspaper interviews on TCM professional standards and called on the government to regulate the profession in order to provide mechanisms to stop unethical and unqualified practitioners offering their services to the WA public. The WA Health Minister also went on State TV announcing he would be looking at regulating the TCM profession.

AACMA has approached the Minister again and will be shortly lodging a further submission in support of statutory registration of TCM in WA. We will keep members advised as matters progress.

### South Australia/ Northern Territory

Not much has been happening due to the festive season and the complications of arranging a suitable First Aid Course for members so they can fulfil their membership obligations. Members are enrolled in a distance education course from the Open Institute of Learning in Queensland. One of the difficulties was the requirement for a mentor but fortunately State Committee Chair Douglas Dickmann has gained mentor status and all systems are go!

### AACMA VICTORIAN/TASMANIAN STATE COMMITTEE

Presents Two Seminars

#### 1. Clinical Experience in using Patent Herbal Formulas to Treat Difficult Complaints

by Yifan Yang

**Date:** 16 March 2003 (Sunday)

**Time:** 1:15 pm – 5:30 pm

#### 2. Clinical Experience in using Acupuncture and Chinese Herbal Medicine to Treat Gynaecological Conditions

by James Xuejian Liu

**Date:** 4 May, 2003 (Sunday)

**Time:** 1:45 pm – 5:30 pm

#### Details for both Seminars are:

- Venue:** Victorian Health Promotion Foundation  
Ground Floor, 15-31 Pelham Street, Carlton
- Cost:** \$20 for AACMA & FCMA members  
\$15 for student members  
\$30 for non members
- Bookings:** One week prior booking will guarantee that you receive a handout.
- Contact person:** Kathryn Thomson – 03 9531 9278

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Kevin Yee Chang (Finance Secretary)  
Simin Chen  
Margaret Fang Fang (Deputy Chair)  
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Douglas Dickmann (Chair, Workcover Sub-Committee)  
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## News and Views

### False Qualifications – Expelled Members

The issue of falsified qualifications has been a matter of concern to AACMA for some time. In recent years, AACMA has rejected a significant number of applications that have been based on falsified documents. Unfortunately, a small number of applicants have managed to slip past our stringent qualifications checks and obtained membership by fraud. When identified, those persons are expelled from membership of AACMA.

In the August 2002 newsletter, we reported on past members who had been identified with having supplied false documents in order to gain membership and were subsequently expelled from the Association. Unfortunately, there is a recent addition to that list.

The following past AACMA members have been expelled due to irregularities later identified in the documents that they supplied with their membership applications.

view that membership obtained through falsified documents/qualifications is membership obtained by fraud and thus the membership is null and void.

However, the Board also acknowledges that, in some individual cases, there may be mitigating circumstances requiring special consideration, in which case, membership can be reviewed, subject to those mitigating circumstances being sufficiently powerful and exceptional. This in no way condones illegal or unprofessional conduct.

If an *applicant* is rejected for fraudulent documentation, should they be allowed to re-apply with the bona fide qualifications? In principle, No, but the applicant should be given a chance to explain and should only be allowed to re-apply if there are extremely powerful and exceptional mitigating circumstances.

If an *applicant* who applies under one name is rejected for

exceptional mitigating circumstances.

If a *member* is expelled for fraudulent qualifications, should they be allowed to re-apply with bona fide qualifications under another name? No.

If a *member* has been found to have false qualifications, should they be allowed to remain a member if the bona fide documents (that they submit in their defence) are acceptable or if they (subsequently) pass an exam? No, as (their membership was obtained by fraud and) they would be expelled first. The foregoing resolutions would apply in those circumstances.

If an *applicant* is rejected or a *member* expelled for false qualifications, should they be allowed to re-apply for membership after passing the GST entrance examination\*? The Board has determined that the GST examinations will be open. Therefore any successful candidates can apply for membership. However if they have previously submitted false qualifications and have been

expelled or rejected, then they will have to provide the mitigating circumstances to be considered for membership (refer above).

If an *applicant* (including a past member) has been found to have satisfied the Board that the mitigating circumstances are sufficiently powerful and exceptional, then they may be re-admitted subject to the payment of an application fee and penalty set by the Board. The re-application fee in these circumstances will be equivalent to double the standard application fee, plus a fine of up to \$10,000 if successful.

If an expelled *member* has submitted false qualifications, the only way they can be considered for readmission to membership under any circumstances is to sit the full entrance examination and pay the full cost of the examination (i.e. not the subsidised examination fee as presently applies). This is not a substitute for the requirement to supply the mitigating circumstances.

*John Deare*  
*Chair Disciplinary Committee*

| Name          | State | Year expelled   |
|---------------|-------|-----------------|
| GUO, Ming Rui | QLD   | 1999            |
| HAN, Xuan Li  | WA    | 2002            |
| FENG, Hai Ou  | WA    | 2002 (December) |
| LOU, Xiao Li  | ACT   | 2003 (February) |

#### AACMA Policy update

Following the consideration of appeals against rejection/expulsion for falsified documentation, the following policy decisions were taken by the Board in December last year.

These policy decisions are based on the premise that an applicant identified with falsified qualifications will be rejected and that a member identified with having supplied falsified qualifications with their membership application will be expelled. The Board is of the

fraudulent qualifications, should they be allowed to re-apply with bona fide qualifications under another name? No. the question also arises as to why a different name was used in the first application.

If a *member* is expelled for fraudulent qualifications, should they be allowed to re-apply with the bona fide qualifications? In principle, No, but the member should be given a chance to explain and should only be allowed to re-apply if there are extremely powerful and

#### Research Committee

The AACMA Research Committee announces the appointment of two new members: Sean Scott, an accredited acupuncturist from NSW, is currently finalising a post-graduate degree in medicine at the University of Sydney as well as higher degree studies in pain management and Chinese herbal medicine. Victorian accredited TCM practitioner, Zhen Zheng, who has a bachelor degree in medicine (Acupuncture-Moxibustion) from China and an Australian PhD, is a lecturer in the post-graduate acupuncture programs at RMIT. With Chair, John Deare from Queensland, the Research Committee will be taking a proactive and dynamic approach to reviewing current and past research. Look for the research snap shots to be included in future newsletters.

Jing Luo

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\* GST examinations – As part of its Commonwealth Complementary Therapies Funding Agreement, AACMA will be conducting national open grandparenting examinations for practitioners who don't meet the current entry standard to AACMA or other participating TCM organisations.

# ANNOUNCEMENT

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# NEWS and VIEWS

## Fees review

With fees renewal time just past, we received a small number of complaints about fees increases. In response, a review of fees increases was undertaken, with very interesting results.

Since the amalgamation between the Australian Acupuncture Association Ltd (AAcA) and the Acupuncture Ethics and Standards Organisation Ltd (AESO) the fees for members who pay on time have risen by less than 2.5% above the CPI.

Over the eight years since 1995, the annual fees have risen by a total of \$86 (excluding GST) or 28.79%. This represents an average annual increase of \$10.79 or 3.59%.

Over the same period, the Consumer Price Index (CPI) has increased by 26.30 percentage points.

For current members who were accredited practitioners with AESO prior to the merge, the fees for members who pay on

time have risen by \$36.36 since 1990 or 3.03% compared with a CPI increase of 34.9 percentage points for that period.

Previous AAcA members have experienced a higher increase since 1991 when the fees were \$150. This represents an average annual increase of under \$20 since 1991. It should be noted that in 1991, AESO operated a national office in Sydney with employed staff, whereas AAcA did not have a national office, provided fewer services and was only considering the appointment of a part-time Secretariat service to answer the phone and process. In 1994, prior to the amalgamation between AAcA and AESO, the AESO board moved its administration to the Brisbane Secretariat shared by AAcA. This was a crucial cost-saving measure and ensured the continued viability of AESO prior to the amalgamation.

In 1996 after the amalgamation, the joint AAcA/AESO Board

established a dedicated national office in West End, Brisbane. This office has grown from a low technology office with 2 full-time staff to the present complement of 6 employees with the computerisation and resources necessary to provide a modern and effective service to the membership and the profession. These improvements have been achieved with an increase of less than 2.5% over the CPI.

So why is there an impression of steep fees increases? This impression has probably been derived from two major factors: the GST and higher fees for late payers.

The introduction of the GST places a surcharge of 10% on fees. This money is not available to provide services to members.

The introduction of discounts for timely payment is combined with a higher fee for those members who failed to pay their fees on time. Approximately 70% of members pay their fees on time. The board is of the view that the considerable costs to the Association in obtaining payment of the membership fee from those 30% of remaining members should not be borne by those members who either pay on time, or make timely arrangements for payment of fees by instalments. This has resulted in higher increases for fees not paid by the due date.

In order to ensure members who are struggling financially are not penalised, from 2002, the board introduced the option to pre-pay the following years fees by instalments.

Members also have the option to enter into an Annual Direct Debit Arrangements for the payment of annual fees. Under this arrangement, fees are deducted from the nominated credit account on the 15 December each year. An

additional deduction is offered to members who elect to pay under this option.

This provides opportunities for all members to get the benefit of the substantial discounts for paying on time.

The AACMA board is dedicated to keeping fees to the minimum required to provide services to members and still maintain the financial security and continued viability of this peak professional body for TCM practitioners. ■

## Fellows Dinners

Looking for a way to connect with other practitioners so you can share your experiences and remove some of the isolation that can be felt when working in practice? Why not investigate organising 'Fellows Dinners' – an idea that has met with much success in Queensland.

Following suggestions raised at Queensland State Committee meetings, Leanne Zaver took on the project of coordinating dinners for local Fellows and Associate Fellows of AACMA in 1999.

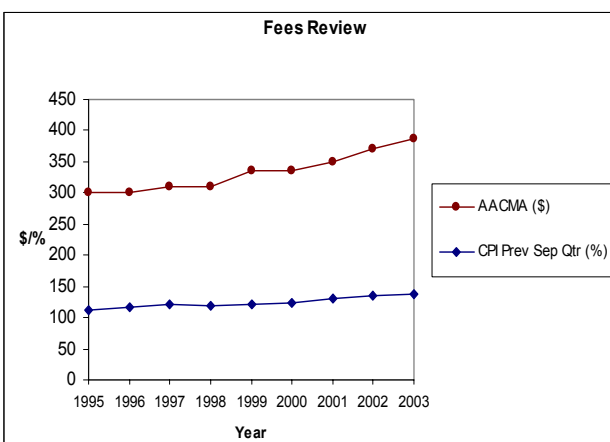
"It was an idea that had been around for awhile, so I decided I would get the project up and running," says Leanne. "We thought initially we would do it with Fellows, and if it proved successful this type of gathering could then be organised for other members."

Starting in October 1999, bi-monthly dinners are arranged with an invited guest speaker. Topics of interest are presented in a short talk by the speaker, and these serve to open up discussion amongst attendees over dinner.

According to regular attendee and inaugural guest speaker Stephen Janz the dinners serve a multifaceted purpose.

"In addition to the social side where practitioners can connect they provide a forum for 'peer

| Year         | AACMA Fee (\$) | CPI Prev Sept Qtr (%) |
|--------------|----------------|-----------------------|
| 1995         | 300            | 111.9                 |
| 1996         | 300            | 117.6                 |
| 1997         | 310            | 120.1                 |
| 1998         | 310            | 119.7                 |
| 1999         | 335            | 121.3                 |
| 2000         | 335            | 124.0                 |
| 2001         | 350            | 130.9                 |
| 2002         | 370            | 134.2                 |
| 2003         | 386            | 138.2                 |
| Increase (%) | 28.79%         | 26.30                 |



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to peer mentoring," he says. "Experienced practitioners can gain information about both the business side of running a practice and clinical matters."

"These gatherings have provided a direct line of communication between members, something that can be lost as organisations grow," says Stephen. "While AACMA has gained a great deal by becoming a large national organisation, there has inevitably been an increased tendency for members to lack the feelings of belonging smaller groups engender."

Stephen suggests that it is good for organisations like AACMA to organise gatherings that focus on social, professional and practice concerns rather than political issues.

"The main limitation is finding someone to coordinate them," he says.

Leanne agrees – when her tenure on the State Committee

finished in May 2002, she decided to stop organising the dinners as she found that it required a lot of effort on her part.

"As well as arranging the speaker and venue, I sent out invitations to all local Fellows and Associate Fellows," she says. "Of the 25-30 invited we would regularly get 10-16 members attending, but unfortunately, as time went by people neglected to RSVP so I ended up having to ring everyone!"

Despite these problems, there is motivation to keep them going. After a Christmas get-together it was agreed that the task would be shared between interested members with the next dinner due to be held late Feb/early March and organised by Clive Powell.

Clive reiterates Stephen's sentiments about the value of the dinners for creating a professional cohort which could

share experiences and problems. "For me the dinners really helped to remove the sense of isolation I felt being in practice," he says. "I think they are an important step in keeping the profession united."

### Merchant pricing for Credit Card Payments

The Reserve Bank of Australia has recently introduced changes to the credit card industry in Australia. One of these changes means that from 1 January 2003, merchants in Australia can choose to surcharge cardholders for credit card payments. This means that merchants now have the freedom to recover the cost of card acceptance directly from those customers who choose to pay for goods or services by credit card.

### Who will charge the fee?

Not all businesses will wish to charge their customers a fee for paying by credit card

and there is no obligation for them to do so.

If a member decides to apply a surcharge for acceptance of credit cards they must ensure that their patients are aware:

- that the credit card fee will apply, and
- of the amount of the credit card fee (expressed in a dollar value or as a percentage) *before* they enter into the transaction.

### How are patients informed of the fee?

Options for informing patients may include clear and prominent messages on invoices and ensuring that there are clear and prominent signs in the reception area of the practice informing patients of the credit card fee and the amount of the credit card fee. These notices and signage should be displayed *before* the introduction of the fee to existing patients, while new patients should be made aware



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- △ Clinical consultation

### Herbal International Newsletter (No.4)

Editor: Yifan Yang

#### Main contents

- △ Case History - Hepatitis C
- △ Q & A – Herbal Treatment on Hep C
- △ diet for Chronic hepatitis
- △ Herbal Liver Formula
- △ Case Study – Acute hepatitis
- △ Herbal treatment for bad Breath
- △ Clinical Study – Treatment on Gastro-Duodenal Ulcers
- △ Cold and Flu Formula – YIN QIAO SAN (Lonicera & Forsythia formula)
- △ Students corner - TCM exercise

Price list, sample section of the course, newsletter, etc will be sent upon request.

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of the fee on arrival at their first appointment.

### Patients not to be misled.

Members should ensure that any messages on invoices or signage used to advise patients of the imposition of a credit card fee do not lead the patient to believe that:

- the business is required to charge a fee for paying by credit card, or that
- the credit card fee only recoups the cost of the credit card merchant service fee if the credit card fee charged exceeds that cost.

Practitioners are also responsible for the representations that their receptionists make.

Practitioners should seek their own legal advice if they have particular concerns about their situation. The Australian Securities and Investment Commission can also provide guidance either through its

website ([www.asic.gov.au](http://www.asic.gov.au)) or via telephone (1300 300 630).

### AACMA Board policy decision.

The AACMA Board has decided that AACMA *will not* impose a credit card fee on any payments made by credit card. Due to the fact that much of the business between AACMA and its members is commenced over the telephone the Board has chosen to maintain its current policy on member accounts and will continue to absorb the cost of accepting credit card payments.

Adapted from *News for Business*, Australian Competition & Consumer Commission and The Australian Securities and Investment Commission, ACCC Publishing Unit, November 2002.

### Good News for Victorian Members

Annual fees for registration with the Chinese Medicine Registration Board of Victoria will move to a financial year (as opposed to the current calendar

year) as from this year. This means that Victorian members will pay their annual CMRB registration fees in June as opposed to December). This will most certainly ease the burden on AACMA members at the end of the year when AACMA annual fees are due. This will come as additional relief for the more than 90% of AACMA members in Victoria under the AACMA professional indemnity master policy whose renewal fees are due in October. We understand that the CMRB will be sending account in May/June this year for the six month balance of the 2003/2004 CMRB fees. Mentoring Program

Progress on the AACMA Mentoring Program was delayed due to the demands of the festive season. We will be proceeding with this program in the coming months and will provide a detailed review in the

next newsletter.

Any member interested in participating in the program as a mentor should contact Judy James at the national office. Please make contact with Judy even if you have previously spoken about this matter with a member of the AACMA board or staff

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| <p style="text-align: center;"><b>College of Integrative Health &amp; Development</b></p> <p><b>Christina Nielsen</b> (Founder) BSW, BAC, M.AppSci, Cert of Advanced Acupuncture &amp; Herbal Medicine (Hangzhou,China)Member AACMA, AASW</p> <p><b>Contact Information - Phone 02 4862 2559 Fax 02 4862 2459 email <a href="mailto:cnielsen@acenet.com.au">cnielsen@acenet.com.au</a></b></p>  |   |

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\$1,500. Chris Bramhill 02 4927 1080(w) 02 4925 2075(h).

**Book: The Practice of Chinese Medicine-** The Treatment of Diseases with Acupuncture and Chinese Herbs by Giovanni Maciocia. Never used. Was \$289, Sell \$220. Please phone Andrea on 32544668 or 0418 741 685.

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**QLD**

**TCM Practitioner** wanted to join established holistic health clinic in Brunswick St, Fitzroy. Council permit 10-20 hrs per week available. Our funky team of quality health professionals in this brilliant location want to work with you. Enquiries and CVs to Malcolm Hiort, Clinic Director, Fitzroy Holistic Health, 1/306 Brunswick St Fitzroy 3065. Ph/fax 03 9486 9985. **VIC**

**Established woman's health practitioner** required in inner Brisbane suburb as long term locum, or in partnership, or to buy practice outright. The practice is too busy for one acupuncturist/herbalist, and I need a backup person who is gentle, quick and able to maintain continuity for my large subfertility/pregnancy base as I step back to teach and write. The clinic is also for sale, but only to someone who can follow on, as this is a specialist field. Contact Heather on 07 5494 4117. **QLD**

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## Tinnitus Herbal Treatment "Ringing in the Ear?"



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# Diary Dates

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## Australian Conferences and Seminars

### February

February - August 2003 Sydney **Toyo Hari Acupuncture Training Program**. Contact Helio Supply Company on 1800 206 161 for more details. Be quick, limited spaces.

### March

2 Byron Bay NSW **Yifan Yang's seminar on TCM Diagnostic Techniques (tongue & pulse), TCM Herbal formulas and Gynaecological disorders**. Contact: Donne Bloemhard 02 6651 1549

7-8 Canberra, **Innovations in Professional Practice: Influences and Perspectives**, University House, ANU, Canberra. Contact Mrs Dale Smith, Administrative Assistant, RIPPLE Phone: 02 6338 4109 Facsimile: 02 6338 4133 email ripple@csu.edu.au

16 Melbourne **Clinical Experience in using Patent Herbal Formulas to Treat Difficult Complaints** - Yifan Yang. Contact Kathryn Thomson 03 9531 9278, AACMA State Committee function

16 Brisbane **Acupuncture and Acupressure to treat obscure signs and symptoms** - David Hartmann. Contact Linda Tedd ph 07 5532 0121 or email lindatedd@hotmail.com AACMA State Committee function

21 Sydney **How to Relate the Concept of Chinese Medicine with Western Medicine so as to Increase Your Patient's Understanding of TCM Treatments** - Robert Zindler. Contact Yifan Yang ph 02 9212 2498 or 0419 606 259; fax 02 9281 3106; or email meikinr@tpg.com.au AACMA State Committee function

22 Brisbane **Eight Extra Meridians in Clinical Practice** Presented by Andrew Smith ACNM 362 Water Street Fortitude Valley Cost: \$154.00 (including GST) Contact: Andrew Smith on 02 62867707

### April

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.

13 & May 4 Byron Bay NSW **Liniments, Poultices and Plasters Workshop** in two parts. The Way College of Oriental Therapies and Bodywork. Contact Gail on ph 02 6684 6500 or email admin@theway.com.au

16-17 Sydney **Diversity in Traditional East Asian Medicine - Implications for Practitioners and Researchers and What's in a Channel? A Brief Review of Jing Mai Theory, Historical and Modern Ideas about their Nature and Evidence for their Existence** Stephen Birch Seminar (2 three hour sessions): University of Technology Sydney. Contact Bob Hayes on 02 9514 2500 or Bob.Hayes@uts.edu.au

### May

4 Melbourne **Clinical Experience in using Acupuncture and Chinese Herbal Medicine to Treat Gynaecological Conditions** - James Xuejian Liu. Contact Kathryn Thomson 03 9531 9278, AACMA State Committee function

17-18 Sydney **AACMA 5th Annual Symposium - Standards in Traditional Chinese Medicine: Practice, Education, Research and Safety**. Contact AACMA.

26-29 Adelaide **SimTect 2003 Simulation Conference and Exhibition**. Monday 26 Medical Simulation Symposium. Contact ph 02 4721 4489, email simtect@consec.com.au or view www.simtect.com

### June

Brisbane **The Winter School** - call for abstracts: A conference on alcohol, tobacco and other drugs and addictions. Contact the Alcohol and Drug Foundation Queensland on 07 3832 3798 or email winterschool@adfq.org

### November

21-24 Melbourne **First World Congress on Chinese Medicine**. Contact C Xue on ph 03 9925 7653, fax 03 9925 7616 or view www.wccm2003.com

### 2004

Oct 22-24 Gold Coast **WFAS World Conference on Acupuncture**. Contact AACMA.

## International Conferences and Seminars

### March

15-17 Honaunau, Hawaii **Workshop on Facial Rejuvenation through Acupuncture and Chinese Herbs** with Virginia Doran. Contact Bianca on 212 769 8278, email workshops@luminousbeauty.com or view www.luminousbeauty.com

20-22 Honaunau, Hawaii **Workshop - Aromatherapy for Facial Rejuvenation According to the Principles of Oriental Medicine** with Virginia Doran. Contact Bianca on 212 769 8278, email workshops@luminousbeauty.com or view www.luminousbeauty.com

### April

5-6 Boston, MA **Workshop on Facial Rejuvenation through Acupuncture and Chinese Herbs**. Contact New England School of Acupuncture (NESA) on 617 926 1788 ext 5 or email ce@nesa.edu  
25-27 New Zealand, Taupo Three day **Japanese Acupuncture Seminar**. Contact Hideshi Takesako/Glen Martin on 02 9967 0558 or email takesako@aca.com.au

### May

23-25 New Zealand **NZRA AGM** Featuring Matt Callison from the Pacific College of Oriental Medicine, San Diego, USA. Contact NZRA on 0011 64 4 4768578 or nzra@acupuncture.org.nz

### June

7-8 Seattle WA **Workshop on Facial Rejuvenation through Acupuncture and Chinese Herbs**. Contact Bastyr University on 425 602 3075, email confer@bastyr.edu.au or view ww.conferences.bastyr.edu

14-15 Seattle WA **Workshop on Aromatherapy for Facial Rejuvenation According to the Principles of Oriental Medicine**. Contact Bastyr University on 425 602 3075, email confer@bastyr.edu.au or view ww.conferences.bastyr.edu

### September

11-14 Oslo, Norway **WFAS International Acupuncture Symposium: The Evidence, Safety and Practice of Acupuncture**. Contact Norwegian Acupuncture Association on ph 47 22 98 81 40, fax 47 22 36 18 53, email nfka@akupunktur.no or view www.akupunktur.no

18-19 Vancouver, Canada **Workshop on Facial Rejuvenation through Acupuncture and Chinese Medicine**. Contact Carla Wiseman 604 761 9300 or email cmrwise@healthtoday.ca

20-21 Vancouver, Canada **Workshop on Aromatherapy for Facial Rejuvenation According to the Principles of Oriental Medicine**. Contact Carla Wiseman 604 761 9300 or email cmrwise@healthtoday.ca

## Regular Events

### March

14 Brisbane **Queensland Fellows Dinner**. Contact Clive Powell email cpowell1@bigpond.net.au

## AACMA Pin Points

### Goodbye Amanda, Hello Monica

After nearly two years as AACMA receptionist, Amanda Stevens has decided to move on and will be studying animal care at UQ in 2003. We wish her all the best in her new endeavours.

Monica Myers has temporarily taken Amanda's place before she returns to her nursing studies at the end of February.

### Christmas Lunch

Being the busiest time of year for staff at AACMA National Office due to processing your membership fees, our office is only closed on the public holidays (Christmas Day, Boxing Day and New Year's Day). We do, however, skive off at lunchtime, Christmas Eve to celebrate the season!

### Who we are...

With several changes to staff in recent months we understand if you're confused about who's who in your national office.. so, a quick update:

|   |  |
|---|--|
| <b>Judy James Executive Officer</b>                     | <b>Catrina Luu Administration Officer (Accounts)</b>   |
| <b>Ray Martin Operations Manager</b>                    | <b>Monica Myers Administration Officer (Reception)</b> |
| <b>Miranda Free Communications Officer</b>              |  |
| <b>Justin Frost Administration Officer (Membership)</b> |  |

## New Members

AACMA welcomes the following new accredited members who have been accepted to AACMA since the last newsletter in October 2002.

|                       |                       |
|-----------------------|-----------------------|
| Carlo Nicotina NSW    | Marlene Farry NZ      |
| Byron Hillier QLD     | Jarrold Antflick NSW  |
| Luzviminda Agosta VIC | Rachel Berners VIC    |
| Lindsay Smith QLD     | Patrick Wong NSW      |
| Stephanie Becker QLD  | Simon Coate NSW       |
| Gareth Jellyman QLD   | Ruth Mayroz NSW       |
| Peter Hanssen NSW     | William Wu WA         |
| Dove Meguideche NSW   | Marie Hopkinson WA    |
| Rebecca Maitland QLD  | Anne Stewart QLD      |
| Paul Banninger VIC    | Anthony Lee QLD       |
| Olga Tchernova NSW    | Belinda Schilt NSW    |
| Sumin Zhao NSW        | Glenn Clifford QLD    |
| David Wiatr VIC       | Gail Kirner QLD       |
| Hamish Swainsoin QLD  | Daisy Chai VIC        |
| Rebecca Ellison NSW   | Elena Popa Vostov NSW |
| Nadine Ross QLD       | Katika Funnell NSW    |
| Irene Newn NSW        | Ingrid Masi NSW       |
| Dong Quan Gu VIC      | Damien Cameron VIC    |

Jing Luo

經絡

## Vale

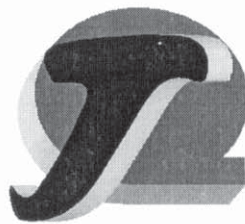
Sadly, Emilia Guin aged 53, a Member of AACMA, died in February 2002 after a six year battle with Ovarian Cancer. Emilia had a 30 year career in health care, becoming a member of AESO in 1984 and maintaining her membership throughout her cancer treatment. Emilia will be sorely missed by her family, friends and colleagues.

### Emilia Guin

Our sympathy goes to her husband, Myer Jeruzalski, and family.

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