



Council of New South Wales

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PRESIDENT'S MESSAGE



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It has been two and a half years since Chinese Medicine practitioners were included in the National Registration and Accreditation Scheme. It seems that the role and functions of the Chinese Medicine Council of New South Wales and the Chinese Medicine Board of Australia are still not fully understood by practitioners. One important role of the Chinese Medicine Council is to promote the highest standards of practice within the Chinese Medicine profession by supporting practitioners to remediate issues relating to conduct, professional performance and health, so they can remain in practice when appropriate. The Council also has responsibility for taking immediate action against practitioners when it has concerns relating to public safety.

The articles in this edition of the newsletter support these goals by providing practical guidance to assist NSW practitioners to practise in a safe, ethical and informed

manner. The first article provides an overview of the regulatory framework associated with the dispensing of herbs containing scheduled active ingredients. This year, the Australasian College for Emergency Medicine issued a media release regarding the case of a woman who experienced poisoning following ingestion of a decoction containing a restricted substance. Practitioners should be aware of which Chinese herbs they are prohibited from dispensing and the reasons why. The second article focuses on the need for good communication with patients and the necessity for clear and open discussion about Chinese Medicine treatments and their alignment to the patient's expectations. The final article concerns proper receipting practice and the importance of maintaining appropriate clinical records.

Most NSW practitioners will now have re-registered for the coming year but many may not have noticed that the 2014-15 annual registration fees for Chinese Medicine practitioners with a principal place of practice in New South Wales have remained at the same level as 2013-14. The National Board provides approximately 50% of each NSW practitioner's annual registration fee to the Chinese Medicine Council to manage complaints and notifications that are made about the conduct, performance and health of NSW practitioners. As the Council had accumulated sufficient reserves over the past two and a half years to meet its foreseeable liabilities, the Council did not seek an increase to its revenue stream.

The Council trusts you will find the articles in this newsletter useful and informative and wishes you and your family a happy and restful festive season and a safe return to practice in 2015.



RESTRICTED HERBS

On 28 August 2014, the Australasian College for Emergency Medicine issued a media release concerning the case of a woman in Melbourne who experienced poisoning following ingestion of a decoction containing aconite (*Fu Zi* 附子). This case highlights the importance of Chinese Medicine practitioners complying with the Chinese Medicine Board of Australia's [Updated listing of restricted Chinese herbs \(September 2012\)](#).

Both registered Chinese herbalists and dispensers need to be aware of which Chinese herbal products are restricted and to ensure that they are not stored on or dispensed from their premises. The list was developed by the Chinese Medicine Board of Australia following a review of the Poisons Standard (*the Standard for the Uniform Scheduling of Medicines and Poisons*) No.3 2012 and Amendments No.1 and No.2, to determine which Chinese herbal products contained scheduled pharmaceuticals and poisons.

Registered practitioners should not dispense or advise patients on the use of the listed herbal substances as this would constitute a breach of the Poisons Standard (SUSMP). The importation of these substances into Australia for either commercial or personal use, could constitute a breach of the Customs (Prohibited Imports) Regulations 1956 and 1958. The list contains some well-known Chinese herbal substances including *Ma Huang* 麻黄 (Schedule 4), *Fu Zi* 附子 (Schedule 2 and Schedule 4), and *Xi Xin* 细辛 (Appendix C) that are available and in common use in many Asian countries.

Most substances are restricted due to their classification as a Schedule 2 or Schedule 4 substance. The Poisons Standard utilises the national classification system that controls how medicines and poisons are made available to the public. This schedule classification refers to the level of regulatory control over the availability of the medicine or poison required to protect the public. For example, Schedule 2 refers to Pharmacy Medicine while Schedule 4 refers to Prescription Only Medicine. Several

herbs were also classified as Schedule 8 (Controlled Drug) or listed in Appendix C (Substances, other than those included in Schedule 9, of such danger to health as to warrant prohibition of sale, supply and use).

Registered Chinese herbalists and dispensers need to ensure they comply with the listing of restricted herbs, and ensure they do not store or supply any of the Chinese herbal products on the list.

COMMUNICATION SKILLS

As healthcare professionals, it is essential that we communicate effectively. Effective communication underpins every aspect of good clinical practice and is covered by the Chinese Medicine Board of Australia's [Code of conduct](#). As practitioners, we speak to people of varying educational, cultural, and social backgrounds and we must do so in a courteous, patient, compassionate, and honest manner. We should encourage and support patients to be well informed about their health and assist them in making informed decisions about their healthcare activities and treatments. We can do this by providing information and advice to the best of our ability in accordance with their needs. We must ensure that our personal views do not adversely affect the care of our patients and that informed consent is obtained for the services we provide.

Effective communication includes speaking and writing clearly and concisely and actively listening to the patient – understand their expectations! This requires the passing of information backwards and forwards in a manner where there is no mistaking its meaning or how it is to be used. You may need to record much of the information collected from the patient and the advice or instruction that you give – see the Chinese Medicine Board of Australia's [Guidelines for Patient Records](#).

Some communication tips:

1. Speak slowly, be patient

Certain words sound very similar to one another if they are spoken very quickly. Take the time to speak slowly and carefully so your words will be less likely to be mistaken by others.

2. Speak clearly, not necessarily louder

Sometimes people have the inclination to raise their voice dramatically and speak louder to people who have a hearing impairment in an effort to make themselves understood. Shouting tends to make it harder for the person to comprehend what you are saying. Instead of speaking louder, try speaking more clearly.

3. Avoid using slang or complicated terminology

Practitioners need to use language that can be understood clearly by the patient and there may be times when you need to explain medical terminology. To ensure good communication, try to use simple words rather than complicated terminology or inappropriate slang. Another common mistake is using slang terms that are not fitting or appropriate.

4. Listen

One of the most important skills for effective communication is being able to actually stop talking and listen to what is being said by the other person. To ensure that your communication is effective, learn the simple trick of reflecting on what the person is saying to you, repeat what has been said in your own words back to the person and if you have interpreted the information incorrectly, the person can correct you. This also applies if you have given the patient instructions. Make sure the instructions are written and that they can understand the instructions and repeat this important information back to you.

5. Be aware of body language

In addition to the words you speak, you communicate with those around you with your facial expressions, your hands and your posture. Ensure that what you are saying and

doing agrees and you are not sending conflicting messages.

6. Know the issues that you find challenging

Everyone has issues which they have difficulty handling – get to know yours and find ways around these issues. For instance, if you know that a person crying will affect your communication skills, learn ways to manage such situations and deal effectively with any discomfort.

RECEIPTING PRACTICE AND CLINICAL RECORDS - GETTING IT RIGHT

“Getting it right” means that you are going to do something right the first time.

Receipting Practice – Dos and Don'ts

Receipts are an actual reflection and evidence of a patient's visit to a healthcare practitioner and that the patient received the relevant clinical service. Patients should not need to ask for a receipt. As a registered practitioner, you are expected to:

- *issue a receipt for ALL payments received;*
- *issue a receipt at the time the payment is made;*
- *retain copies of receipts and make these available for auditing, if necessary;*
- *use sequentially-numbered receipts, in the order they appear and in the order that you deliver services;*
- *write on the receipt the patient's name, the date of the service/s, the details of the service/s or product/s provided and the respective fees charged.*

Some practitioners have advised that a receipt was not issued as the patient did not ask for one. It is important to note that patients should not have to ask for a receipt – you should give a receipt for every occasion of service. If the patient declines to accept the receipt, leave it in the book with the duplicate, as they may change their mind later. The “patient” is the person who received the health service. The

information on the receipt must be accurate in all respects and not contain false information or be manipulated for the purpose of maximising claimable rebates. If a patient requests more than one receipt for a single visit in order to maximise their claimable rebates from their private health fund, you must decline this request as it is illegal and unethical.

Clinical Records – Are you doing it right?

The clinical record is the formal documentation maintained by a registered Chinese Medicine practitioner on their patient's history, physical findings, investigations, treatment, and clinical progress. It may be handwritten, printed, or electronically generated. A clinical record documents the basis for the clinical management of a patient. It reflects the quality of care and is necessary for continuity of care. It serves the legal interests of both the patient and the healthcare provider. All Chinese Medicine practitioners are responsible for maintaining systematic, true, adequate, clear and contemporaneous medical records. Material alterations to a medical record can only be made with justifiable reasons which must be clearly documented.

Some practitioners use computer software for electronic clinical record-keeping purposes and develop templates to save time during their day-to-day clinical practice. However, it is important to note that templates should only be used as a guide to help practitioners remember what to record in the file rather than copying this from patient to patient. It is inappropriate for a practitioner to use a common template for all patients they see who have the same medical condition, without making the necessary changes.

It is also important for Chinese Medicine practitioners to understand that patient case records are legal documents and an adequate record of every patient consultation is an essential part of competent Chinese Medicine practice. Practitioners should ensure that they are fully aware of the Chinese Medicine Board of Australia's [Patient records guidelines](#) and adhere to these guidelines at all times during clinical practice.

In addition, patient records form the basis for retrieval of treatment details to assist in disputes or in giving evidence, and the records may be used as evidence in courts and tribunals. The Chinese Medicine Board of Australia has clear guidelines to instruct Chinese Medicine practitioners on the usage of the English language for communication and in medical records. As a registered Chinese Medicine practitioner in Australia, you must be able to comprehend the policies and information provided by the Chinese Medicine Board of Australia.