

Dear Medical Board of Australia

I thank you for offering me the opportunity to express my view regarding the registration standard for endorsement for acupuncture. After having gone through the discussion paper, two things have been noted.

- 1) Practicing of acupuncture must be from practitioners who are registered with Chinese medicine Board of Australia (CMBA) or be endorsed by the Medical board of Australia (MBA).
- 2) There are different schools offering acupuncture training courses for medical doctors (GP/specialists).

Frankly speaking, this acupuncture endorsement by MBA is a bad movement for the acupuncture profession. As announced by MBA before, the objective of the board is to protect the public. There have been case reports of acupuncture caused pneumothorax by medical doctor (Leow, 2005; Peuker, 2004) and physiotherapist (Juss, Speed, Warrington, & Mahadeva, 2008; NWS Physiotherapy Registration Board, 2006; Richter, Kamali, & O'Connor, 2008) even after the millennium. Not to mention there were more case reports before the millennium (Norheim, 1994). Are the trainings provided by the Monash University and Australian Medical Acupuncture College (AMAC) sufficient to ensure public safety? This is a question that needs to be answered.

Secondly the consistency amongst the training of acupuncturists. Since the board's role is to protect public safety, a consistency in the training for acupuncturists is necessary to ensure the acupuncturists will not endanger the public. As the MBA will not allow other health professions to prescribe some/all pharmaceutical drugs or carry out some/all surgeries on patients. If other health profession practitioners/therapists want to practice surgery or prescribe pharmaceutical drugs, they need to first register with MBA in order to be ascertained they have passed the necessary requirement and training. This needs to be applied to acupuncture, too. There should be only one consistent standard for acupuncture throughout Australia rather than two, three, four, or more standards for acupuncture. As reported previously, the cause of acupuncture caused pneumothorax can be incompetent acupuncturist (Su, Lim, & Chua, 2007) and when non unified examination exists (Lee, Leung, & Wong, 2005). For the public safety, I urge the government regulatory body to only have one standard of accreditation that is by CMBA rather than having so many standards set out by each regulatory board.

Thirdly, the general public do not know how to differentiate between traditionally trained acupuncturist and acupuncturist endorsed by MBA by simply receiving the acupuncture treatment. The kind of training that Monash University or AMAC offer in their acupuncture courses is unknown to the public. But if they are as thorough as required by CMBA, why not letting the doctors to apply for registration with the CMBA so consistency in the regulation of acupuncture can be assured?

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