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8 August 2016

Human Services Inquiry
Productivity Commission
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Improving Productivity and Quality in Human Services: Extending Acupuncture Provider Status to Registered Acupuncturists

The Australian Acupuncture and Chinese Medicine Association (AACMA) was established in 1973 and is Australia's largest acupuncture association. AACMA represents the professional interests of approximately half of Australia's 4600 registered Acupuncturists.

Executive Summary

Several barriers exist to users accessing high quality acupuncture services provided through a range of government funded and managed health services. Acupuncture became a registered allied health profession in July 2012 when it became part of the National Registration and Accreditation Scheme for the Health Professions (NRAS), along with Occupational Therapy and Aboriginal and Torres Strait Islander health workers. Acupuncturists are registered through the Australian Health Practitioner Regulation Agency (AHPRA) by the Chinese Medicine Board of Australia.

Acupuncture services have been a feature of Australia's publicly funded Health system for over 20 years since the inclusion of Medicare item numbers for acupuncture when provided by a registered Medical Practitioner. Acupuncture services are also available to Veterans who hold a White or Gold card when these services are provided by a registered Medical Practitioner, Physiotherapist, Chiropractor or Osteopath. Registered Acupuncturists are not included as providers under Medicare's Chronic Disease Management (CDM), though all other allied health providers are. While registered Acupuncturists are not included as providers in these schemes, acupuncture services are generally available from other allied health professionals even though they are not usually qualified in acupuncture.

The usual level of training for allied health practitioners who are not registered or endorsed as an Acupuncturist is a two day professional development course offered under the label of 'dry needling'. The usual entry level of training for a registered Acupuncturist is a minimum four year

degree of which approximately 30% of the program is devoted to acupuncture & Chinese medicine theory and comprises at least 500 hours of supervised clinical practicum.

There are only 572 Medical practitioners Australia wide who have completed additional acupuncture specific training enabling them to have their registration endorsed to use the title 'Acupuncturist'. There are only 33 Chiropractors, eight Physiotherapists and two Osteopaths Australia wide who are qualified in acupuncture and have had their registration endorsed to use the title 'Acupuncturist', all practicing in Victoria. However the CDM and DVA schemes are extended to all Physiotherapists, Chiropractors and Osteopaths who may provide acupuncture irrespective of their level of training in acupuncture and without an acupuncture qualification requirement.

The inclusion of registered Acupuncturists as providers under the CDM and DVA White and Gold Card schemes will increase the quality of acupuncture services available to users and allow users to choose the provider most suited to their needs based on choice and efficacy rather than restrictive practices. Improving access to acupuncture services provided by registered Acupuncturists will also increase competitive factors to drive quality of service and improve the education and training of other health practitioners who wish to provide acupuncture services.

The workforce of 4600 registered Acupuncturists is currently underutilised as a result of these restrictive and anti-competitive provider recognition practices, increasing the burden on other health service providers and encouraging other allied service providers to provide a service for which they are not highly qualified. A guiding objective of NRAS is to facilitate the provision of high quality education and training of health practitioners, yet while we have a highly educated and qualified acupuncture workforce government funded and managed acupuncture services are generally offered by the least educated and trained acupuncture practitioners. Demand for acupuncture services is better addressed by opening up service delivery of acupuncture to registered Acupuncturists.

The quality of acupuncture services can be improved and the efficiency and timeliness of service delivery and user choice can be enhanced by better utilising registered Acupuncturists. The AACMA submits that it is consistent with the terms of reference of this inquiry for Acupuncturists to be recommended for inclusion as providers under CDM and DVA White and Gold Card schemes.

Australia's Acupuncture Workforce: A snapshot

Registered health practitioner standards in Australia are managed through a restriction of title system. Only practitioners who meet one of 14 respective Boards qualification criteria are eligible for registration, and only registered practitioners are permitted to use a restricted title¹. This system is designed to allow the community to identify qualified practitioners through their title, while not restricting the practice of unqualified practitioners. Acupuncture became a registered profession under the scheme from 1 July 2012² and are registered by the Chinese Medicine Board of Australia³. The restricted title for a qualified acupuncture practitioner is 'Acupuncturist'.

The interest in acupuncture by other health practitioners and the benefit of maintaining competition in health services was anticipated in the development of NRAS, and all health registration Boards are permitted to develop a registration standard which allows them to endorse one of their own registrants to use the title 'Acupuncturist'⁴ if they meet the required standard. A profile of the number of registered and endorsed Acupuncturists is presented in Table 1.

Table 1: Number of Health Professionals Registered or Endorsed to use the Title ‘Acupuncturist’ by Registration Board (source: Respective Board Statistics⁵⁻⁹).

Board	Registered or Endorsed to use the title ‘Acupuncturist’
Chinese Medicine Board	4600
Medical Board	572
Chiropractic Board	33*
Osteopathic Board	2*
Physiotherapy Board	8*

*All of these practitioners are based in Victoria

Acupuncture is Practiced in Australia by Four Distinct Groups¹⁰

- 1) Medical Practitioners with user access facilitated under Medicare and the Department of Veterans Affairs (DVA). Post-graduate training must be completed to be endorsed by the medical board to use the title ‘Acupuncturist’ and to access most Medicare acupuncture item numbers. No specialist training or endorsement is required to access Medicare acupuncture item number 173¹¹.
- 2) Registered Acupuncturists with user access facilitated via private health insurance and most workers compensation schemes. The entry level for registration is the equivalent of a four year full-time Bachelor degree or 3 year graduate entry Master degree^{3,10}. Approximately 30% of the course is devoted to acupuncture and Chinese medicine theory, 30% devoted to clinical practice, and the remainder devoted to biomedical sciences and professional issues.¹⁰
- 3) Other registered allied health professions (mainly Physiotherapists, Chiropractors, Osteopaths and Podiatrists) usually complete a two day course in acupuncture under the label ‘dry needling’¹². There is no regulation over their practice unless they are endorsed by their registration Board as an Acupuncturist¹². Only 8 Physiotherapists and 33 Chiropractors and 2 Osteopaths have this endorsement nationally. All of these practitioners are based in Victoria (see Table 1).
- 4) Unregulated health providers such as massage therapists often undertake a 2 day course, and Myotherapists complete approximately 40 hours of instruction in acupuncture under the label ‘dry needling’¹². There is no regulation of their practice except via State government skin penetration legislation¹².

Of these four groups Acupuncturists registered by the Chinese Medicine Board of Australia have the highest level of acupuncture education and the most robust regulation of their acupuncture practice¹⁰.

Dry Needling and Acupuncture

Until the year 2000 acupuncture was a self regulated profession in Australia, with varying standards of education and training underpinning its practice. In 2000 The Victorian government implemented statutory regulation via registration¹⁰ following an inquiry funded by the Victorian, New South Wales and Queensland governments¹³.

Following registration in Victoria it became an offence to hold out to practice acupuncture unless registered as an Acupuncturist. In response educational institutions and continuing professional development programs in Victoria for many allied health professionals changed the name of their programs from 'acupuncture' to 'dry needling' which circumvented the offence provisions associated with acupuncture registration¹². With the incorporation of acupuncture and Chinese medicine into the National Scheme for the Regulation of Health Professions (NRAS) in 2012, restriction of title provisions extended nation-wide. The use of the term dry needling became popular nationally for the unqualified practice of acupuncture, with proponents claiming it was 'different' to acupuncture¹². Dry needling actually refers to one acupuncture technique referred to as 'trigger point acupuncture' which is one of many techniques a registered Acupuncturist may use for musculoskeletal conditions¹².

Dry needling courses are typically of two days' duration and are heavily marketed towards Physiotherapists, Chiropractors, Osteopaths, Podiatrists and Massage Therapists¹². There are documented risks associated with brief training in acupuncture, and the practice of dry needling circumvents all of the regulatory standards which apply to registered Acupuncturists¹². Ironically as the regulation of acupuncture nationally has resulted in some of the highest standards in acupuncture education in the western world for registered Acupuncturists, it has led to a growing increase in the practice of acupuncture by other health professionals following these short courses.

Cost Effectiveness

Acupuncture has been provided as a publicly funded service in Australia for over 20 years. Studies into acupuncture's cost effectiveness is an area of ongoing interest nationally and internationally. Cost effectiveness literature for acupuncture is currently limited, however a network meta-analysis into sciatica¹⁴ found acupuncture to be twice as effective as standard care, and more effective than exercise therapy, mobilisation, surgery and manipulation. The study noted the main economic impact of sciatica is time off work. Using the most effective treatment (acupuncture) in these circumstances to facilitate a return to work is therefore the most cost-effective treatment.

Based on these findings alone acupuncture from a qualified practitioner should be the mainstay of the management of this common debilitating condition. Presently throughout Medicare, DVA, CDMS and NSW Workcover access to a qualified Acupuncturist is extremely limited with services mostly provided by other health professionals poorly qualified in acupuncture.

Workcover

There exists a disparity in some Workcover arrangements where acupuncture from a registered Acupuncturist may be available, but not necessarily encouraged. Workcover Queensland introduced services for acupuncture from registered Acupuncturists in 2014. The Workcover Queensland webpage actively markets Physiotherapists as being suitable and qualified to practice acupuncture, even though acupuncture is not part of a physiotherapy undergraduate program and there are no Physiotherapists endorsed as Acupuncturists in Queensland¹⁵. The main training for Physiotherapists in acupuncture in Queensland is a two day dry needling course^{10,12}.

"Acupuncture is widely used by physiotherapists as a therapeutic intervention. From 1 July 2014, WorkCover Queensland can accept the services of a Chinese Medicine Practitioner for

acupuncture as well as Physiotherapists. We will pay for acupuncture as part of a normal treatment session by a physiotherapist under a normal physiotherapy consultation item code.” Workcover Queensland ¹⁵.

NSW Workcover specifically identifies acupuncture as a service which may be provided by a Chiropractor, Osteopath or Physiotherapist¹⁶ without first requiring that they be qualified to provide the service. NSW Workcover does not list registered Acupuncturists as allied health providers ¹⁷, though it is known to pay for their services on a case by case basis. The possibility of having services provided by a registered Acupuncturist is not apparent from their website and would not be apparent to a potential user enabling their choice.

These practices by statutory organisations actively direct injured workers towards health providers who may not be the best qualified to provide acupuncture services. These practices reduce competition, reduce user choice and do not encourage a high standard of education or training in acupuncture and may impact on the quality of service delivered to the user. These practices also appear to be in breach of s117(3)2 of the Health Practitioner Regulation National Law Act 2009 which prohibits claims by an entity that a registered health practitioner is qualified in a division in which they are not ⁴. Removing these barriers to user choice will improve access to the provision of services in a more efficient and timely manner.

Medicare Benefits Schedule

Provider recognition barriers prohibit many users from accessing acupuncture services from a registered Acupuncturist. Medicare has had item numbers for acupuncture since the early 1990's provided services were delivered by a registered medical practitioner. Since 2013 medical practitioners have been encouraged to complete better quality training in acupuncture to access a higher Medicare rebate for acupuncture services ¹¹. Currently only 572 Medical practitioners have achieved this standard nation-wide ⁹. Although the education standard to be eligible for acupuncture registration is a minimum 4 year bachelor's degree or 3 year Master degree ¹⁸, Medicare benefits are restricted to registered medical practitioners.

The 572 medical practitioners endorsed as Acupuncturists nationwide is inadequate to meet the need for high quality acupuncture services, and it has already been shown that this deficit is being filled in part by other allied health practitioners who are not qualified in acupuncture. Opening the Medicare benefits schedule for acupuncture to competition from registered Acupuncturists will increase user choice, improve access to services, and free up capacity for medical practitioners to offer non-acupuncture medical services for which only they are suitably qualified. AACMA submits that separate item numbers are required for this to occur, and this may well be accommodated through the inclusion of registered Acupuncturists in Medicare's Chronic Disease Management programme.

Medicare's Chronic Disease Management (CDM)

The CDM is to 'enable GPs to plan and coordinate the health care of patients with chronic or terminal medical conditions, including patients with these conditions who require multidisciplinary, team-based care from a GP and at least two other health or care providers'¹⁹. Users access the CDM via a referral from a GP and a Medicare benefit item number. Although all other allied health services, including some services provided by self-regulated professions such as dieticians and exercise physiologists are available under this scheme, acupuncture services provided by registered Acupuncturists are not.

Anecdotally registered Acupuncturists report receiving referrals from GP's seeking to refer a patient under the scheme who must refuse the referral as they are ineligible as a provider. It appears that where acupuncture services are required under the CDM they are being provided by allied health providers who are not qualified to provide acupuncture services. Simultaneously there has been a growth in two day courses in acupuncture under the label of 'dry needling' offered to physiotherapists and other allied health providers. Including registered Acupuncturists on the CDM will increase consumer choice, encourage new providers to enter the marketplace, and encourage existing allied providers to improve their level of education and training in acupuncture to remain competitive. The result of these changes would improve quality of services and greater choice for the user.

Department of Veterans' Affairs White & Gold Card Holders.

White and Gold card holders have access to health care via the Department of Veterans' Affairs (DVA)²⁰. For many Gold card holders the scheme replaces the need for separate private health insurance. Currently the DVA provides acupuncture services when provided by a registered medical practitioner and acupuncture, 'may be funded when provided by a Medicare Australia registered Physiotherapist, Chiropractor or Osteopath (upon referral by a GP)'²¹.

A DVA 2010 review of acupuncture provider status identified that the regulation of Acupuncturists in only one state at the time (Victoria) was a barrier to including Acupuncturists as providers and maintained the status quo²². As Acupuncturists have been registered nationally since 2012 this barrier no longer exists.

Acupuncture is currently being provided by allied health practitioners who are not generally qualified to deliver the service¹², often after a two day course under the label of 'dry needling'. Registered Acupuncturists are highly qualified and suitable to provide acupuncture to DVA white and Gold card holders, are now nationally regulated and should be able to provide these services increasing user choice, quality of service and improving competition.

Other Similar Jurisdictions

Australia was the first country in the western world to introduce the regulation of acupuncture via a restriction of title system. In other countries other arrangements are in place for non-medically qualified Acupuncturists varying from licensing in the United States of America to self regulation in New Zealand. New Zealand has harmonisation with Australia in a number of health regulatory areas and serves as an international comparator²³⁻²⁵.

Members of Acupuncture NZ, a self regulated association of non-medically trained Acupuncturists, have provider status for treating Veterans and injured workers in New Zealand under New Zealand's Veterans affairs and Accident and Compensation Corporation Schemes, as well as with several private insurers²⁶.

Current Arrangements Contrary to Guiding Principles and Objectives of the Health Practitioner Regulation National Law Act 2009 (National Law)

The National Law was established to create a uniform system of national health practitioner recognition. Its objectives and guiding principles include⁴:

- (a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered; and
- (c) to facilitate the provision of high quality education and training of health practitioners; and
- (e) to facilitate access to services provided by health practitioners in accordance with the public interest; and
- (f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners

Under the National Law 14 Profession specific boards assess the qualifications of, register and regulate the practitioners in their jurisdictions. The exclusion of registered Acupuncturists from providing acupuncture under Medicare, the CDMS, DVA and the inconsistencies with some Workcover schemes undermines the principles of the National Law outlined above and underutilises a valuable component of Australia's health workforce reducing user choice and access to services.

Summary

The workforce of 4600 registered Acupuncturists is currently underutilised as a result of these restrictive and anti-competitive provider recognition practices, increasing the burden on other health service providers and encouraging other allied service providers to provide a service for which they are not highly qualified. A guiding objective of NRAS is to facilitate the provision of high quality education and training of health practitioners, yet while we have a highly educated and qualified acupuncture workforce government funded and managed acupuncture services are generally offered by the least educated and trained acupuncture practitioners.

Quality of acupuncture services can be improved and the efficiency and timeliness of service delivery and user choice enhanced by better utilising registered Acupuncturists. The AACMA submits that it is consistent with the terms of reference of this inquiry for Acupuncturists to be recommended for inclusion as providers under CDM and DVA White and Gold Card schemes.

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