

The past six months saw the formation of the Chinese Medicine Board of Australia (CMBA) which signifies the rolling out of national registration of Chinese medicine in Australia. Such a historical event will advance the development of this profession and put it on equal footing with other registered professions. It will, however, greatly impact upon existing practitioners in many respects, including education, professional development and the right to practice. AJACM invited the Executive Officer of CMBA, Ms Debra Gillick, and one experienced and one young Chinese medicine practitioner to comment upon the forthcoming national registration. You will find their reflections in this issue.

We also publish three other papers that are in some respects related to national registration: one is on dry needling, another on mentoring and the third one on practitioners' views of adverse effects of acupuncture.

Central to the heart of many registered or accredited acupuncturists is the debatable issue of dry needling. Is dry needling a form of acupuncture? Should those who practise dry needling be regulated as acupuncturists are? In this issue, we publish a paper entitled 'Acupuncture by another name: dry needling in Australia'. The authors outline the history of dry needling, compare acupuncture with this new alleged form of needling, review its education and accreditation standards, examine how dry needling has become popular in Australia since the title 'acupuncturist' became protected after Chinese medicine registration in Victoria, and discuss the threat of poor training in dry needling to the safety of the public. The paper concludes that 'dry needling' is simply a pseudonym for "acupuncture". We would very much like to hear your views through Letters to the Editor.

Considering the timely contribution the dry needling paper might bring to the debate, the AJACM experimentally published the online version of the paper ahead of its printing. We have received positive feedback on this practice of on-line pre-publication and, therefore, will continue to experiment via this medium.

Part of registration requirements is continuing professional development. Mentoring has been found to be an effective way for both mentors and mentees for ongoing professional

development.¹ Mentoring programs in Chinese medicine in Australia remain relatively rare. The Australian Acupuncture and Chinese Medicine Association Ltd (AACMA) conducted a qualitative study in order to obtain Chinese medicine practitioners' views on mentoring and to identify key needs from a program. A researcher from Monash University analysed the results and prepared a paper of the findings. I hope that both practitioners and educators find this paper useful.

The 'Draft Code of Conduct for Registered Health Practitioners', developed for the 10 registered health professions regulated under National Registration and Accreditation Scheme, requires registered practitioners to discuss adverse effects with their patients. But what are the adverse effects of acupuncture and how frequent are they? Current literatures show a significant discrepancy in the frequency rate. A prospective postal audit of 570 professional acupuncturists in UK reported 15% mild transient reactions out of 34,407 acupuncture treatments.² A similar study was carried out among medical doctors and physiotherapists who also provided acupuncture service, and found a much lower rate at 6.7%.³ Such a difference may reflect the understanding of what adverse events are rather than the skills of the practitioners. One paper in this issue specifically sought the view of practitioners and considered a wide range of events including malpractice and complication.

Chinese medicine practitioners in Australia face some issues that their counterparts in China do not encounter. For instance, patients who seek Chinese medicine treatments are often having concurrent western herbal medicine or seeing other complementary and alternative medicine practitioners. It is common that patients inquire about the micronutrients in the Chinese medicinal herbs. Studies providing answers to such questions are few. One of the papers in this issue studied a commonly used formula, *Si Wu Tang*. It examines not only the metal contents but also the impact of brewing time. Practitioners will find that this paper is particularly informative and might guide the preparation of the decoction.

Continuing with our tradition of publishing case studies, in this issue you will find a quintessential example of how Chinese medicine, with its understanding of pain, and anatomical knowledge of the shoulders are used concomitantly

and contribute to the successful management of a patient with a frozen shoulder.

In our conference report, you will find an article on the first International Forum & Exhibition on Integrative Medicine: Evidence Based Integration of Traditional Chinese Medicine in Australia. The Forum was held in Sydney in October 2011. Again our research snapshots bring you discussion on some latest research.

We hope you will enjoy reading this issue.

References

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3. White A, Hayhoe S, Hart A, Ernst E. Adverse events following acupuncture: prospective survey of 32 000 consultations with doctors and physiotherapists. *BMJ* 2001 323:485–6.

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