



AGENCY FOR
**CLINICAL
INNOVATION**

24 June 2019

Our Ref: ACI/D19/1595

Medical Board of Australia

Via email: medboardconsultation@ahpra.gov.au

To: the Medical Board of Australia

Re: Consultation on complementary and unconventional medicine and emerging treatments

Thank you for the opportunity to provide feedback on options for clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments. This submission is made on behalf of the General Practice Advisory Group of the NSW Agency for Clinical Innovation.

Background

The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW. The ACI provides expertise in service redesign and evaluation, specialist advice on healthcare innovation, initiatives including clinical guidelines and models of care, implementation support, knowledge sharing and continuous capability building. The ACI's Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate across the NSW health system. By bringing together leaders from primary, community and acute care settings, the ACI promotes an integrated health system.

The General Practice Advisory Group (GPAG) comprises general practitioners with clinical and strategic expertise who provide advice to the ACI and ACI Clinical Networks. This includes advice on models of healthcare to support the integration of primary, secondary and tertiary healthcare services to allow a more streamlined continuum of care, and key issues affecting general practice in NSW.

Summary of submission

We support Option 2. This option will enhance opportunities for medical practice to align with evidence-based health care and decrease the likelihood of patients being harmed through failure to correctly or appropriately provide diagnosis or treatment. We believe it will help protect patients against psychological and financial harm arising from unnecessary treatments through misguided medical practice.

We recognise that quality practice must be delivered consistently, even in circumstances where there is limited available evidence. We regard it as acceptable medical practice if the level of

evidence and balance of possible benefits and harms are adequately discussed and understood by the patient. The level of discussion should be proportional to the potential costs and risks.

Definitions

We agree with the MBA's proposed term '*complementary and unconventional medicine and emerging treatments*' but recommend amending the definition to specify that it includes both new or emerging approaches that are supported by sufficient evidence given the balance of risk and benefit, and those that are not.

Wording that incorporates the concept of evidence-based practice should be included where possible throughout the guideline. A key objective should be to achieve consistent application of evidence-based practice over and above non-evidence-based practice.

Acceptable practice should accommodate new or emerging approaches that are supported by sufficient evidence and also consider the balance of risk versus benefit. Thus, a very low cost, low risk intervention or approach would require a lower level of evidence. For example, the use of a simple sleep positioning device that aims to improve symptoms of fatigue may involve dialogue along the following lines: "The evidence for this low cost device is limited, but it is easy for you to try it and see if it helps".

Issues and concerns in relation to provision of complementary and unconventional medicine and emerging treatments

We agree with the nature and extent of the therapies and practices identified in the discussion paper and the associated issues with regard to the provision and use of complementary and unconventional medicine and emerging treatments.

Complementary, unconventional and emergent health care is constantly evolving, so the extent and scope of the issues will continue to evolve. We share concerns raised about insufficient information being provided to patients, inappropriate tests being ordered, inappropriate prescribing and inappropriate treatments being provided to vulnerable consumers.

We do not support any assertion that all assessment and treatment provided by chiropractors, osteopaths and acupuncturists is worthless. Assessment of the evidence base for the efficacy of acupuncture for instance is often complex and condition and intervention specific; a simple global approach is not appropriate. As with other complementary and alternative medicines and treatments, concerns arise when practitioners give patients insufficient or misleading information and provide treatment that is not clinically indicated. We are concerned about the provision of non-evidence-based treatment which may cause physical, psychological and financial harm to vulnerable people.

Safeguards for patients who seek complementary and unconventional medicine and emerging treatments

Safeguards for patients who seek complementary and unconventional and emerging treatments are necessary to protect them from harm and exploitation.

The approach to complementary and unconventional medicine and emerging treatments should be the same as applied in other aspects of health care. This includes open discussion

about the aspects of care being provided that are not evidence-based, and the possible risks and benefits of treatment. The level of discussion should be proportional to the risks (including the risk of no effect). Providers responding to patients seeking these treatments should ensure the patient is aware of evidence based and conventional options.

Evidence and data to inform the Board's proposals

Anecdotally, GPs receive high numbers of pathology testing requests from patients who have seen an alternative or complementary medicine practitioner, that arise from poorly substantiated theories of wellness and illness. Analysis of variation in ordering for pathology could provide further data on the magnitude of waste and potential harm associated with excessive pathology use.

Adequacy of current regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments

Current regulatory instruments, including the National Law and the Board's *Good medical practice*, provide for the protection of the public against unsafe and unscrupulous practice by registered practitioners. However, we support adopting the proposed guideline because it will more comprehensively address the issues identified and increase public protection by providing more specific guidance on expectations for medical practitioners.

Specific guidance on expectations may reduce inappropriate practice by providing more clarity on what is appropriate and encouraging reflective practice. A publicly available guideline also supports informed consumer choice. Further, the proposed guideline would provide the Board with more definitive evidence of what constitutes acceptable conduct or practice in this area, providing a stronger case when it is necessary to take action against a practitioner.

Implementation of the guidelines

The process of implementation may be more important than the specific wording of the guidelines to address issues and concerns about this area of practice.

The Board should consider potential negative impacts of implementing the proposed guidelines and a comprehensive implementation strategy should address those concerns. There is some potential for unintended negative consequences, such as driving concerning practice underground, stifling innovation and research, or causing some practitioners to become fearful of implementing 'new' rational practice such as de-prescribing of medications in the elderly where some guidelines would suggest persisting.

Clear communication to health practitioners and consumers will be important in minimising the risk of negative consequences and ensuring the guidelines are accepted and used as intended.

Management of breaches of the guidelines should differentiate between practitioners amenable to change through education versus those that will only respond to auditing or prosecution. Management strategies should apply the minimum regulatory force necessary to ensure the practitioner does not pose further risk to the health and safety of the public.

Conclusion

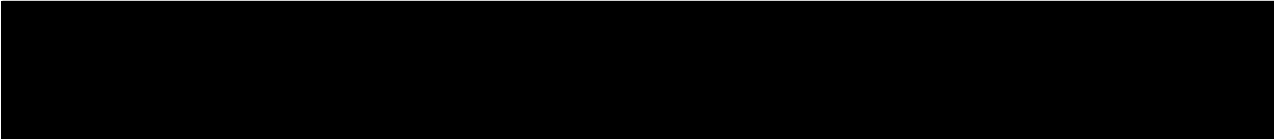
We would welcome the Board taking a firm stance on those who put the health and safety of vulnerable people at risks through inappropriate, non-evidence-based practice. However, it is also important to recognise that good medical practice can occur in areas that are not directly addressed by available evidence and ensure that practice innovation and progress are not suppressed through fear of prosecution.

Open communication with patients about the level of evidence and balance of potential benefits and harms associated with complementary and unconventional medicine and emerging treatments is essential for practice in this area. Clear communication of the Board's expectations for medical practitioners is also essential to support appropriate regulation of complementary and unconventional medicine and emerging treatments.

Option 2 best addresses the issues identified and we support adopting the draft guidelines with amendments that incorporate the views expressed above.

We confirm that we are happy for this submission to be published on the Medical Board of Australia website.

Yours sincerely,



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