

**University of Sydney
Faculty of Health Sciences**



Survey Data
of the
Australian Traditional-Medicine Society
as Part of the
Uniform National Registration Systems Project for Suitably
Qualified Practitioners in Naturopathy, Herbal Medicine and
Acupuncture

ANN HALE

School of Behavioural & Community Health Sciences

**This survey was funded by the
Commonwealth Department of Health and Ageing
Complementary Therapies Program**

©. Ann Hale. 2002
School of Behavioural and Community Health Sciences
Faculty of Health Sciences
University of Sydney

ISBN 1 86487 526 7

Published by the Australian Traditional-Medicine Society (ATMS)
PO Box 1027
Meadowbank NSW 2114
Email: marie@atms.com.au

Acknowledgements

I would like to thank the Australian Traditional-Medicine Society for their allocation of Commonwealth funding for this report. I would also like to thank Candice Macky for data entry, Tanya Covic for technical advice, Sarah Gregson for typing and Raymond Khoury for editing and advice.

TABLE OF CONTENTS

Abbreviations	5
List of Tables and Figures	6
Introduction	9
Executive Summary	10
1. The Sample	12
1.1: Methodology	12
2. Disciplinary Profile of Practitioners	13
2.1: Discipline accreditations	13
3. Demographic Characteristics of Practitioners	16
3.1: Distribution by sex	17
3.2: Practitioners currently in clinical practice	18
3.3: Reasons not in clinical practice	19
3.4: Practitioners' age profile	20
3.5: Geographical distribution of practitioners	22
4. Professional Profile of Practitioners	26
4.1: Consultations per week	27
4.2: Ideal number of consultations in an average week	29
4.3: Number of years in clinical practice	30
4.4: Location of practice	31
4.5: Type of practice	31
4.6: Membership in complementary medicine associations	32
5. Educational Qualifications	33
5.1: Qualification	34
5.2: Educational institution	35
5.3: Course length	36
5.4: Years of course completion	36
5.5: Course satisfaction	36
6. Socio-economic Characteristics of Practitioners	37
6.1: Income of practitioners	38
6.2: Percentage of income derived from clinical practice	42
6.3: Rebates from health funds	50
6.4: ABNs (Australian Business Numbers)	51
6.5: GST registration	51
6.6: GST charged for services	51
6.7: GST charged for medicines	52

7. Professional Policy Issues	53
7.1: GST status after 30 June 2003	53
7.2: Professional indemnity insurance	53
7.3: Compulsory indemnity insurance	54
7.4: Compulsory professional education.....	54
7.5: Compulsory first aid	54
8. Number of Reported Adverse Reactions from Treatments	55
8.1: Type of adverse reaction.....	57
8.2: Number of occurrences of adverse reactions	57
8.3: Year/s of adverse reaction.....	58
8.4: Adverse reactions requiring consultation with GP	58
8.5: Population reporting adverse reactions.....	59
Bibliography	61
Appendix - Survey form	62

Abbreviations

AACMA	Australian Acupuncture and Chinese Medicine Association
ACA	Acupuncture Colleges Australia
ACNM	Australian College of Natural Medicine
ACNT	Australasian College of Natural Therapies
AIAS	Australian Institute of Applied Science
AIHM	Australian Institute of Holistic Medicine
AIHS	Australian Institute of Health Science
ANT	Academy of Natural Therapies
ANTA	Australian Natural Therapists Association
BCANT	Brisbane College of Acupuncture & Natural Therapies
CMA	Complementary Medicine Association
COSS	College of Somatic Studies
CSU	Charles Sturt University
DH	Dorothy Hall College of Herbal Medicine
EC	Endeavour College
HSA	Health School Australia
LC	Laws College
MCNM	Melbourne College of Natural Medicine
NC	Nature Care
NCHM	Newcastle College of Herbal Medicine
NCTM	National College of Traditional Medicine
NIHS	National Institute of Health Sciences
NSWCNT	NSW College of Natural Therapies
NSWSNM	NSW School of Natural Medicine
Overseas	Overseas Institution
PANT	Perth Academy of Natural Therapies
QINS	Qld Institute of Natural Sciences
RMIT	Royal Melbourne Institute of Technology University
SACNT	South Australian College of Natural Therapies
SCHS	Southern Cross Herbal School
SCTCM	Sydney College of TCM
SCU	Southern Cross University
SSNT	Southern School of Natural Therapies
TAFE	Technical and Further Education
UNE	University of New England
USYD	University of Sydney
UTS	University of Technology
UWS	University of Western Sydney
VUT	Victoria University of Technology

LIST OF TABLES AND FIGURES

Table 2.1.1:	Primary discipline accreditations	13
Figure 2.1.1:	Distribution of primary discipline accreditations	14
Table 2.1.2:	Total accreditations for naturopathy, herbal medicine and acupuncture.....	14
Figure 2.1.2:	Distribution of combined naturopathy accreditations	15
Table 3.1.1:	Numbers and percentage of male/female respondents	17
Figure 3.1.1:	Distribution by sex	18
Table 3.2.1:	Respondents currently in/not in clinical practice	18
Table 3.2.2:	Number of male/female respondents in/not in clinical practice.....	18
Figure 3.2.1:	Distribution of males/females in/not in clinical practice.....	19
Table 3.3.1:	Range and frequency of respondents' reasons for not being in clinical practice.	19
Figure 3.3.1:	Distribution of reasons for not being in clinical practice	20
Table 3.4.1:	Age range of respondents	20
Figure 3.4.1:	Distribution of percentage of male/female respondents by age	21
Table 3.5.1:	Number of respondents by state, country or metropolitan location	22
Table 3.5.2:	Percentage of the CM population and percentage of the total population by state.....	22
Table 3.5.3:	Number and percentage of male/female respondents by state, country or metropolitan location.....	23
Table 3.5.4:	Total number of respondents by state.....	24
Figure 3.5.1:	Distribution of total number of respondents by state	24
Figure 3.5.2:	Distribution of male/female respondents by state, country or metropolitan location	25
Figure 3.5.3:	Distribution of percentage of male/female respondents by state, country or metropolitan location.....	25
Table 4.1.1:	Number of consultations by practitioners in an average week.....	27
Figure 4.1.1:	Distribution of number of consultations by practitioners in an average week	27
Figure 4.1.2:	Distribution of number of consultations by male/female practitioners in an average week	28
Figure 4.1.3:	Distribution of percentage of consultations by male/female practitioners in an average week	29
Table 4.2.1:	Number of consultations preferred by respondents in an average week	29
Table 4.3.1:	Number of years respondents have been in clinical practice	30
Figure 4.3.1:	Distribution of percentage of male/female practitioners by years in clinical practice	30
Table 4.4.1:	Types of premises used for practice	31
Table 4.5.1:	Type of practice – solo or multidisciplinary	31
Table 4.6.1:	Number of respondents with membership in complementary medicine associations (other than ATMS).....	32
Table 5.1.1:	Name of qualification	34
Table 5.2.1:	Educational institutions attended by respondents	35
Table 5.3.1:	Length of course attended by respondents	36
Table 5.4.1:	Year course completed by respondent.....	36
Table 5.5.1:	Respondent satisfaction with complementary medicine education.....	36
Table 6.1.1:	Personal gross annual income of practitioners	38
Figure 6.1.1:	Distribution of personal gross annual income.....	38
Figure 6.1.2:	Distribution of personal gross annual income for male/female practitioners	39

Figure 6.1.3:	Distribution of personal gross annual income for percentage of male/female practitioners	40
Table 6.1.2:	Number of practitioners earning personal gross annual income over \$50,000 ...	40
Figure 6.1.4:	Distribution of number of practitioners earning over \$50,000 by state, country or metropolitan location	41
Figure 6.1.5:	Distribution of number of male/female practitioners earning over \$50,000	41
Table 6.2.1:	Percentage of practitioners' annual personal gross annual income derived from clinical practice	42
Table 6.2.2:	Percentage of practitioners' personal gross annual income derived from clinical practice for each income category under \$50,001	43
Figure 6.2.1:	Distribution of income derived from clinical practice for practitioner earning under \$5,000 personal gross annual income	44
Figure 6.2.2:	Distribution of income derived from clinical practice for practitioner earning \$5,001-\$10,000 personal gross annual income	44
Figure 6.2.3:	Distribution of income derived from clinical practice for practitioner earning \$10,001-\$20,000 personal gross annual income	45
Figure 6.2.4:	Distribution of income derived from clinical practice for practitioner earning \$20,001-\$30,000 personal gross annual income	45
Figure 6.2.5:	Distribution of income derived from clinical practice for practitioner earning \$30,001-\$50,000 personal gross annual income	46
Table 6.2.3:	Percentage of practitioners' personal gross annual income derived from clinical practice for each income category over \$50,000	47
Figure 6.2.6:	Distribution of income derived from clinical practice for practitioner earning \$50,001 – \$60,000 personal gross annual income.....	48
Figure 6.2.7:	Distribution of income derived from clinical practice for practitioner earning \$60,001 - \$80,000 personal gross annual income	49
Figure 6.2.8:	Distribution of income derived from clinical practice for practitioner earning \$80,001 - \$100,000 personal gross annual income	49
Figure 6.2.9:	Distribution of income derived from clinical practice for practitioner earning over \$100,000 personal gross annual income	50
Table 6.3.1:	Estimated percentage of patients claiming rebates from health funds	50
Table 6.4.1:	Number of practitioners with an ABN	51
Table 6.5.1:	Number of practitioners registered for GST.....	51
Table 6.6.1:	Number of practitioners who charge the GST for their services.....	51
Table 6.7.1:	Number of practitioners who charge the GST for medicines sold to patients.....	52
Table 7.1.1:	Number of practitioners who would apply to a body for continuation of GST-free status after 30 June 2003	53
Table 7.2.1:	Number of practitioners who have professional indemnity insurance	53
Table 7.3.1:	Number of practitioners who considered that professional indemnity insurance should be compulsory	54
Table 7.4.1:	Number of practitioners who considered that continuing professional education (CPE) should be compulsory	54
Table 7.5.1:	Number of practitioners who considered that a first aid certificate should be compulsory	54
Table 8.1.1:	Adverse reactions reported by practitioners; by type.....	57
Table 8.2.1:	Adverse reactions reported by practitioners; by number of occurrences	57
Table 8.3.1:	Adverse reaction occurred; by reported year/s.....	58
Figure 8.3.1:	Distribution of year/s adverse reactions occurred	58

Table 8.4.1:	Number of consultations required with medical practitioners following adverse reactions	58
Table 8.5.1:	Percentages of total sample reporting adverse reactions and percentage reporting adverse reactions between 1999-2002; by year course completed	59
Figure 8.5.1:	Distribution of percentage of practitioners reporting and those not reporting adverse reactions; by number of patients in average week	59
Figure 8.5.2:	Distribution of percentage of practitioners reporting and those not reporting adverse reactions; by number of years in clinical practice.....	60

Introduction

The *A New Tax System (Goods and Services Tax Transition) Act 1999* (Transition Act) was assented to by the Commonwealth Parliament on 8 July 1999. Section 21 of the Transition Act established a sunset clause to allow acupuncturists, herbalists and naturopaths to have Goods and Services Tax (GST)-free status until 30 June 2003.

After 1 July 2003, acupuncturists, herbalists and naturopaths will lose their GST-free status unless the provisions of Section 38(10) of the *A New Tax System (Goods and Services Tax) Act 1999* (GST Act) are met. Section 38(10) of the GST Act requires acupuncturists, herbalists and naturopaths to meet the definition of a 'recognised professional' in order to maintain GST-free status post 30 June 2003.

To assist acupuncturists, herbalists and naturopaths to establish a system to meet the definition of a 'recognised professional', the Commonwealth Department of Health and Ageing (DHA) allocated \$0.5 million. In February 2002, the DHA announced that the \$0.5 million funding would be equally divided amongst five professional complementary medicine associations that accredit acupuncturists, herbalists and naturopaths, and that they would enter into a contractual arrangement with each association. The Australian Traditional-Medicine Society (ATMS) was one of the funding recipients.

This survey was funded by the Commonwealth Department of Health and Ageing as part of its contractual arrangement with ATMS. The ATMS survey questions were constructed in collaboration with the Australian Natural Therapists Association (ANTA) and were mailed to 8,000 ATMS members. The responses were forwarded to Ann Hale at the School of Behavioural and Community Health Sciences, University of Sydney, for analysis of the data and compilation of this report.

Raymond Khoury

Head of the Herbal Medicine Department

Australian Traditional-Medicine Society

PO Box 1027

Meadowbank NSW 2114 (Telephone (02) 9809 6800; Email: marie@atms.com.au)

Executive Summary

The Commonwealth Department of Health and Ageing (DHA) announced in February 2002, that it would provide funding for acupuncturists, herbalists and naturopaths, by way of five professional associations, to assist these complementary medicine practitioners to meet the definition of 'recognised professional' as required under the *A New Tax System (Goods and Services Tax) Act 1999*. This would then allow acupuncturists, herbalists and naturopaths to maintain their GST-free status beyond 30 June 2003.

The Australian Traditional-Medicine Society (ATMS) constructed this survey in collaboration with the Australian Natural Therapists Association (ANTA). The survey was mailed to 8,000 ATMS members. There were 3,911 responses. Respondents who were not accredited in naturopathy, herbal medicine, acupuncture or Chinese herbal medicine were excluded from the sample. The final sample, a representative sample of the target population, numbered 1,580.

In profile, the primary discipline accreditations of the respondents are in naturopathy (60.2%), Western herbal medicine (27.4%), acupuncture and Chinese herbal medicine (9.6%), and naturopathy and/or Western herbal medicine and acupuncture (2.8%). The average age range of respondents is 36-45 years, and 74.8% of the population are women. This compares with health occupations across Australia where, in 2001, 76.3% were women. This survey identifies a continuing growth in the complementary medicine (CM) sector, where 20% of respondents completed their CM qualifications in 2000 and after. This is consistent with the growth in the Australian health workforce where, between 1996-7 and 2000-1, the number of health professionals increased by 8.2%.

Thirty seven percent of respondents have membership in a complementary medicine association other than ATMS. The largest of these was the 285 (18%) of respondents who were members of the National Herbalists Association of Australia. Forty two percent of respondents had four years educational training, and 7.8% of respondents had completed a Bachelor degree in complementary medicine.

While 61.6% of the general population reside in metropolitan areas, 56.8% of CM practitioners are located in these areas. This is lower than the percentage of medical practitioners (76.8%) but is closer to that of nurses (62.7%) located in capital cities. The CM population is not evenly distributed between metropolitan areas. Only Sydney has more practitioners (31.3%) than the percentage of the national population (21.3%), a pattern which is reversed for the other capital cities. Similarly, when comparing country practitioners to country population, NSW has 23.6% of country practitioners on a population base of 12.5%. In other states these proportions are reversed. The male/female distribution by state, country or metropolitan location closely approximates the sample distribution 25%/75%.

Eighteen percent of the population of 1,580 are not currently in practice. Forty six percent of these respondents (129), indicated that they would not commence practice by 30 June 2003, and were excluded from the remaining analysis, which is based on 1,451 practitioners.

Fifty nine percent of respondents practise alone, and 28% are in multidisciplinary clinics. The average number of consultations per week per practitioner is 15.7 which, with a sample of 1,304 practitioners, gives just under one million consultations per 48-week year. Men carry out proportionately more consultations than women, and have been in clinical practice proportionately longer than women. Men earn more than women. 60% of women and 44% of men earn less than \$30,000. There are proportionately more men than women in the upper income brackets. Although men are 25% of the sample population, they are 57% of those earning over \$100,000. Proportionately more men (50.9%) than women (36.6%) derive 81-100% of their income from clinical practice. Men's greater earnings in the CM sector are similar to the distribution of income between men and women throughout the Australian health workforce, where women are greater in number but earn proportionately less, and are more likely to be part-time workers.

Ninety seven percent of respondents indicated that they would apply to a body for continuation of GST-free status after 30 June 2003.

Seventeen percent of respondents reported adverse reactions. These were predominantly minor reactions. Of those who reported adverse reactions 9.1% had Bachelor awards compared with 7.8% of the total sample. A disproportionate 66% who specified the year of the adverse reaction, reported reactions between 1999 and 2002. Seventy one percent of these respondents completed their education after 1996, indicating that these respondents were recent graduates. A higher proportion (12.7%) of these practitioners had Bachelor degrees, indicating that more recent graduates may be more inclined to medicalise client reactions because of changing perceptions about what constitutes an adverse reaction, and changing attitudes to reporting conditions as adverse reactions.

1. The Sample

1.1: Methodology

The survey (Appendix 1) was mailed to 8,000 ATMS members. There were 3,911 responses representing 49% of the mailing list. Respondents (predominantly remedial massage therapists), who were not accredited in naturopathy, herbal medicine, acupuncture or Chinese herbal medicine, were excluded from the sample, leaving 1,580 remaining respondents. The total sample population responses (1,580) are used for Section Two – the Disciplinary Profile of Practitioners; Section Three – Demographic Characteristics of Practitioners; Section Five – Educational Qualifications; and Table 4.6.1. – Membership in Complementary Medicine Associations. Respondents (129) who were not in clinical practice at the time of the survey, and who indicated that they would not be commencing practice by 30 June 2003, were excluded from the remaining analysis, which is based on 1,451 practitioners.

A number of respondents did not respond to some survey questions. The number of non-respondents varied according to the question and was small in relation to the sample size. The percentages included in figures and tables are based on the number of positive respondents and the missing responses are categorized in tables: *No Response* or *No Res*. Non-respondents are not included in figures and cross-tabulation tables.

2. Disciplinary Profile of Practitioners

Table 2.1.1. shows the primary discipline accreditations of respondents. Sixty percent have accreditation in naturopathy; 27.4% in Western herbal medicine; 9.6% in acupuncture and Chinese herbal medicine; and 2.8% in naturopathy and/or Western herbalism and acupuncture. Figure 2.1.1. shows the distribution of these accreditations.

Table 2.1.2. shows the total accreditations for naturopathy, herbal medicine and acupuncture. For example, naturopathy accreditations (984) include those 3.6% of naturopaths (32) who also have accreditation in acupuncture. Accreditations in herbal medicine (445) include those 2.7% of herbalists (12) who also have accreditation in acupuncture. More than 50% of naturopaths have accreditation in nutrition and remedial massage. Thirteen percent of herbalists (58) have accreditation in nutrition and 26% (114) have accreditation in remedial massage. Thirty five percent of naturopaths (345) and 6% of herbalists (25) have accreditation in homoeopathy.

Figure 2.1.2. shows the distribution of accreditations for respondents accredited in naturopathy. Twenty nine percent have accreditation in naturopathy; 67.1% in naturopathy and Western herbal medicine; 2.9% in naturopathy, Western herbalism and acupuncture; and 0.4% in naturopathy and acupuncture.

2.1: Discipline accreditations

	Frequency	Percent	Cumulative Percent
Naturopathy	952	60.2	60.2
Western Herbal Medicine	433	27.4	87.6
Acupuncture & Chinese Herbal Medicine	151	9.6	97.2
Acupuncture & Naturopathy and/or Western Herbal Medicine	44	2.8	100.0
Total	1580	100.0	

Table 2.1.1: Primary discipline accreditations

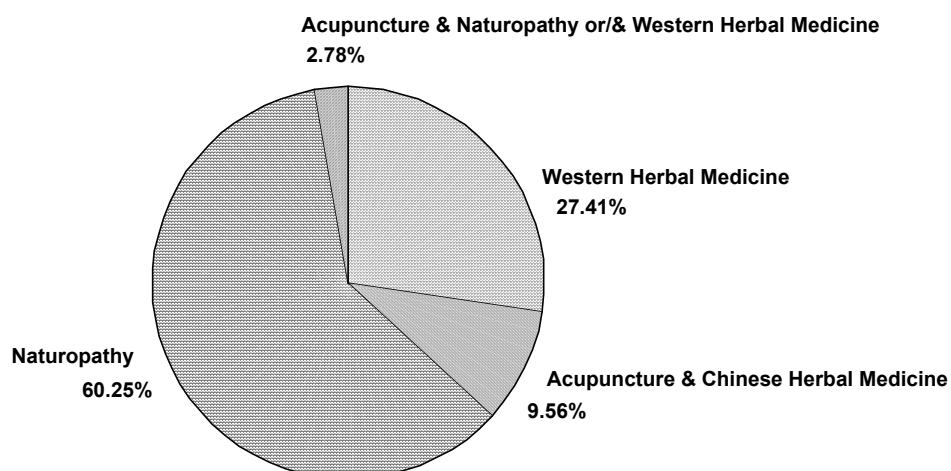


Figure 2.1.1: *Distribution of primary discipline accreditations*

	Naturopathy 984		Herbal medicine 445		Acupuncture 151		Total 1580
	Number	% within discipline	Number	% within discipline	Number	% within discipline	
Herbal medicine	689	70.0	445	100.0			
Acupuncture	32	3.3	12	2.7	151	100.0	
Nutrition	533	54.0	58	13.0	3	2.0	
Remedial massage	495	50.3	114	25.6	38	25.2	
Sports and/or Swedish massage	182	18.5	32	7.2	15	10.0	
Chinese massage Reflexology Shiatsu	69	7.0	26	6.0	43	28.5	
Chinese herbal medicine	11	1.1	3	.7	74	49.0	
Homoeopathy	345	35.1	25	5.6	2	1.3	
Aromatherapy	49	5.0	16	3.6	2	1.3	
Kinesiology	34	3.5	10	2.2	2	1.3	
Counselling	29	3.0	5	1.0			
Hypnotherapy	6	.6	4	.9			

Table 2.1.2: *Total accreditations for naturopathy, herbal medicine and acupuncture*

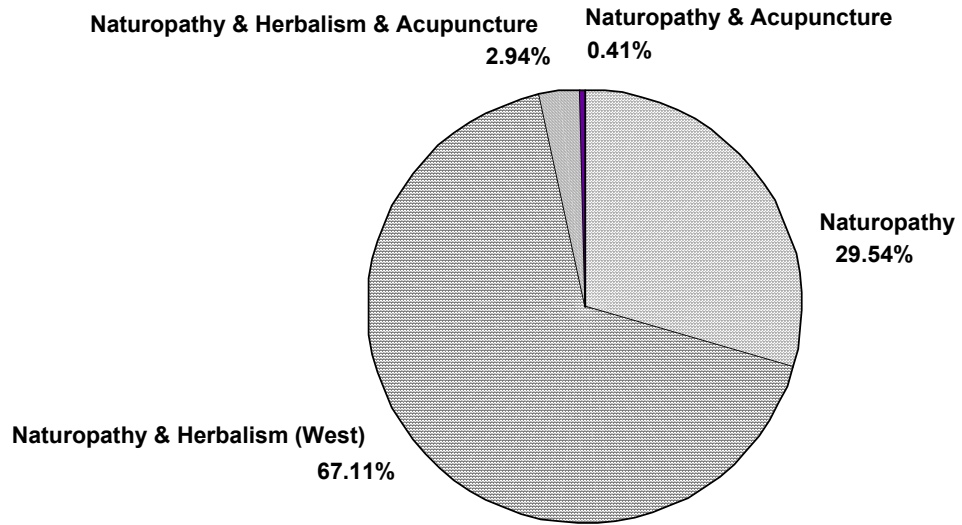


Figure 2.1.2: Distribution of combined naturopathy accreditations

3. Demographic Characteristics of Practitioners

Table 3.1.1. shows the number and percentage of male/female respondents. Figure 3.1.1. shows the distribution by sex. Women are 74.8% of the population compared to men at 25.2%. This distribution closely approximates the percentage of female workers in the health industry across Australia, where women are 78.1% of the health workforce. In health occupations in 2001, 76.3% were women as opposed to 74.8% in this sample (*Health Australia, 2002:267-8*).

Table 3.2.1. shows that 82% of respondents were in clinical practice at the time of the survey. Of the 18% not in clinical practice, 46% of these respondents (129) indicated that they would not commence practice by 30 June 2003. Of the 280 respondents currently not in clinical practice, 82% were women and 18% were men. Of the total sample, 19.5% of women are not in clinical practice as opposed to 12.6% of men (Table 3.2.2. and Figure 3.2.1.).

Table 3.3.1. shows respondents' reasons for not being in clinical practice. These are represented in Figure 3.3.1. Eighteen percent of respondents cited the financial difficulties of setting up practice; 16% cited full-time parenting or maternity leave as their reason; 15% cited other work commitments; 14% worked in the industry; 10% were currently absent from practice (holiday or leave); 8% cited university study; 7% cited illness or misadventure; 6% were in the process of setting up practice; 5% were retired and less than 1% cited litigation.

Table 3.4.1. shows the age range of respondents. Respondents are evenly distributed across age ranges from 26 to 55. Figure 3.4.1. shows the distribution of the percentage of male and female respondents by age. There are proportionately less men than women aged under 25-36 and proportionately more men than women aged over 45.

Table 3.5.1. shows the number of respondents by state, country or metropolitan location. Fifty seven percent of complementary medicine (CM) practitioners are located in metropolitan areas. This is a lower percentage than the proportion of the general population (61.6%) located within metropolitan areas. It is also lower than the percentage of medical practitioners (76.8%) but more similar to that of nurses (62.7%) in capital cities (*Health Australia, 2002:271*).¹ This CM workforce is dissimilar to the traditional Chinese medicine (TCM) practitioners described by Bensoussan and Myers, of which 57.82% of combined primary and non-primary TCM workers practise in metropolitan centres in NSW, Victoria and Queensland (Bensoussan & Myers, 1996:104-5), compared to this CM workforce where there are 49.2% of practitioners in these centres. TCM practitioners are also more evenly distributed between metropolitan areas than the distribution of this CM workforce which is not evenly distributed in these areas.

¹ In Australia, health workers are generally not distributed equally among the population. Medical practitioners, pharmacists and nurses are examples. Furthermore, these occupations vary from each other in their population distribution (*Health Australia, 2002:270*).

The percentage of CM practitioners located in the Sydney metropolitan area (31.3%) is approximately one third more than the percentage of the population in this area (21.3%). This pattern is reversed for the remaining areas, where the further the distance from the Sydney metropolitan area, the smaller the CM workforce in proportion to the general population. For example, the percentage of the population residing in the Melbourne metropolitan area (17.9%) is approximately one third more than the distribution of practitioners (11.7%). In the Brisbane metropolitan area, the general population (8.4%) is about one quarter more than the number of practitioners (6.2%). In the Adelaide metropolitan area, this discrepancy increases with 3.5% of practitioners for 5.6% of the general population. In Perth, for the 7.1% of general population, the percentage of practitioners has decreased by 50% at 3.5%. The numbers in Hobart and Northern Territory are small, but they, too, show a greater percentage of the general population than the CM population in this area.

A similar pattern for the CM workforce occurs in country regions with the exception of NSW, where the CM population of 23.6% is approximately twice that of the Australian country population (12.5%) residing in NSW. The remaining country regions better match the Australian population distribution. Table 3.5.2. illustrates the distribution of the CM population by state where a higher proportion (54.9%) of the CM population resides in NSW, compared with 34% of the Australian population (ABS, Cat no: 3101.1: 2001).

Table 3.5.3. shows the number and percentage of male and female respondents by state, country or metropolitan location. The percentage of males and females in each area closely replicates the overall distribution of the sample by sex (75% females/25% males). This relationship is represented in figures 3.5.2. and 3.5.3. The latter shows the distribution of the percentage of males and females in the CM workforce by state, country or metropolitan location.

3.1: Distribution by sex

	Frequency	Percent
Female	1177	74.8
Male	396	25.2
Total	1573	100.0
No Res	7	
Total	1580	

Table 3.1.1: *Numbers and percentage of male/female respondents*

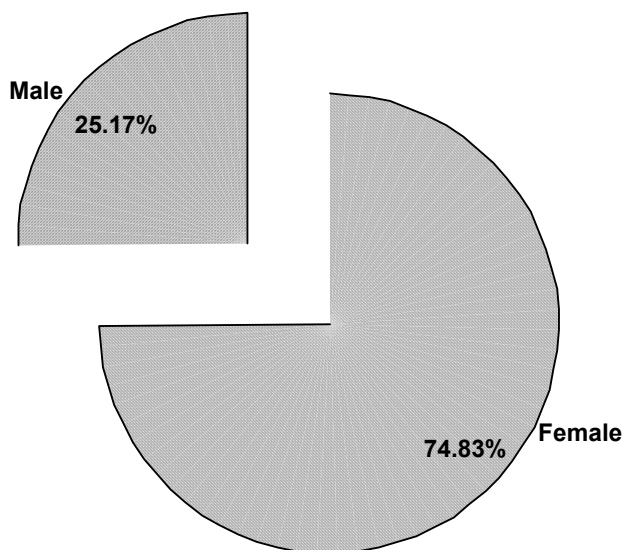


Figure 3.1.1: Distribution by sex

3.2: Practitioners currently in clinical practice

	Frequency	Percent
In practice	1300	82.3
Not in practice	280	17.7
Total	1580	100.0

Table 3.2.1: Respondents currently in/not in clinical practice

		Frequency	Percent
Female	In practice	948	80.5
	Not in practice	230	19.5
	Total	1178	100.0
Male	In practice	346	87.4
	Not in practice	50	12.6
	Total	396	100.0

Table 3.2.2: Number of male/female respondents in/not in clinical practice

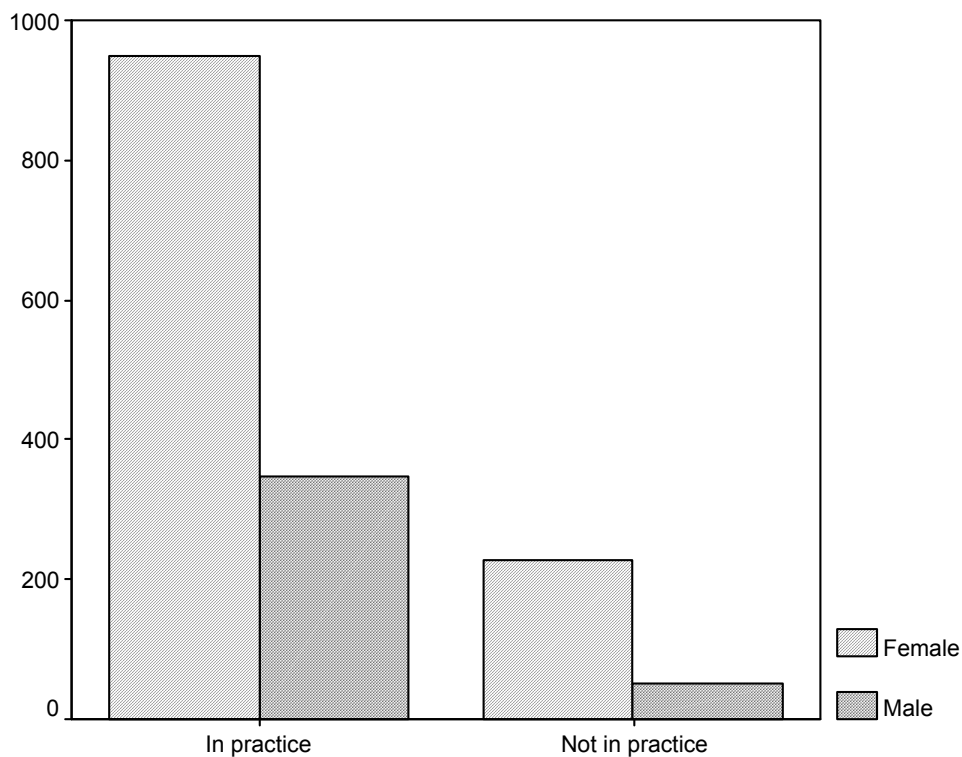


Figure 3.2.1: *Distribution of males/females in/not in clinical practice*

3.3: Reasons not in clinical practice

	Frequency	Percent
Financial difficulties	49	18.1
Other work commitments	40	14.8
Working in the industry	39	14.4
Parenting	27	10.0
Absence from practice	27	10.0
University study	21	7.8
Illness or misadventure	19	7.0
Setting up practice	17	6.3
Maternity leave	15	5.6
Retired	14	5.2
Litigation	2	.7
Total	270	100.0
No Response	10	
Total	280	

Table 3.3.1: *Range and frequency of respondents' reasons for not being in clinical practice*



Figure 3.3.1: Distribution of reasons for not being in clinical practice

3.4: Respondents' age profile

	Frequency	Percent	Cumulative Percent
Under 25	35	2.2	2.2
26-35	349	22.2	24.4
36-45	507	32.2	56.6
46-55	487	30.9	87.5
Over 55	196	12.5	100.0
Total	1574	100.0	
No Res	6		
Total	1580		

Table 3.4.1: Age range of respondents

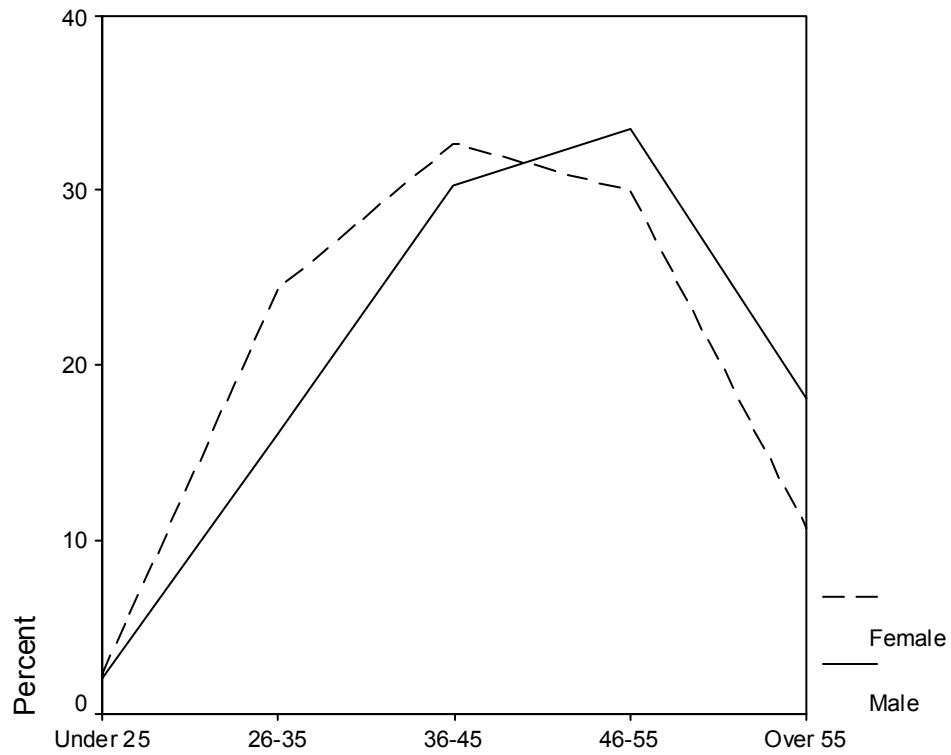


Figure 3.4.1: *Distribution of percentage of male/female respondents by age*

3.5: Geographical distribution of practitioners

	Frequency	Percent	Cumulative Percent
Syd metropolitan	462	31.3	31.3
NSW country	349	23.6	54.9
ACT	29	2.0	56.9
Mel metropolitan	172	11.7	68.6
VIC country	75	5.1	73.6
Bris metropolitan	92	6.2	79.9
QLD country	127	8.6	88.5
Ade metropolitan	51	3.5	91.9
SA country	24	1.6	93.6
Perth metropolitan	52	3.5	97.1
WA country	16	1.1	98.2
Hob metropolitan	9	.6	98.8
TAS country	11	.7	99.5
NT	7	.5	100.0
Total	1476	100.0	
No Response	104		
Total	1580		

Table 3.5.1: *Number of respondents by state, country or metropolitan location*

	% of CM workforce	% of Australian population
NSW	54.9	34.00
ACT	2.0	1.65
Total VIC	16.7	24.70
Total QLD	14.8	18.65
Total SA	5.0	7.77
Total WA	4.8	9.78
Total TAS	1.4	2.40
NT	.5	1.00

Table 3.5.2: *Percentage of the CM population and percentage of the total population by state*

			Sex		Total
			Female	Male	
Location	Sydney metropolitan	Count	342	119	461
		% within Location	74.2%	25.8%	100.0%
		% within Gender	31.3%	31.5%	31.4%
NSW country	NSW country	Count	268	80	348
		% within Location	77.0%	23.0%	100.0%
		% within Gender	24.5%	21.2%	23.7%
ACT	ACT	Count	23	6	29
		% within Location	79.3%	20.7%	100.0%
		% within Gender	2.1%	1.6%	2.0%
Melbourne metropolitan	Melbourne metropolitan	Count	115	56	171
		% within Location	67.3%	32.7%	100.0%
		% within Gender	10.5%	14.8%	11.6%
VIC country	VIC country	Count	54	21	75
		% within Location	72.0%	28.0%	100.0%
		% within Gender	4.9%	5.6%	5.1%
Brisbane metropolitan	Brisbane metropolitan	Count	68	23	91
		% within Location	74.7%	25.3%	100.0%
		% within Gender	6.2%	6.1%	6.2%
QLD country	QLD country	Count	92	35	127
		% within Location	72.4%	27.6%	100.0%
		% within Gender	8.4%	9.3%	8.6%
Adelaide metropolitan	Adelaide metropolitan	Count	38	11	49
		% within Location	77.6%	22.4%	100.0%
		% within Gender	3.5%	2.9%	3.3%
SA country	SA country	Count	17	7	24
		% within Location	70.8%	29.2%	100.0%
		% within Gender	1.6%	1.9%	1.6%
Perth metropolitan	Perth metropolitan	Count	39	13	52
		% within Location	75.0%	25.0%	100.0%
		% within Gender	3.6%	3.4%	3.5%
WA country	WA country	Count	13	3	16
		% within Location	81.3%	18.8%	100.0%
		% within Gender	1.2%	.8%	1.1%
Hobart metropolitan	Hobart metropolitan	Count	7	2	9
		% within Location	77.8%	22.2%	100.0%
		% within Gender	.6%	.5%	.6%
TAS country	TAS country	Count	10	1	11
		% within Location	90.9%	9.1%	100.0%
		% within Gender	.9%	.3%	.7%
NT	NT	Count	6	1	7
		% within Location	85.7%	14.3%	100.0%
		% within Gender	.5%	.3%	.5%
Total	Total	Count	1092	378	1470
		% within Location	74.3%	25.7%	100.0%
		% within Gender	100.0%	100.0%	100.0%

Table 3.5.3: *Number and percentage of male/female respondents by state, country or metropolitan location*

	Frequency	Percent	Cumulative Percent
Total NSW	811	54.9	54.9
ACT	29	2.0	56.9
Total VIC	247	16.7	73.6
Total QLD	219	14.8	88.5
Total SA	75	5.1	93.6
Total WA	68	4.6	98.2
Total TAS	20	1.4	99.5
Total NT	7	.5	100.0
Total	1476	100.0	
No Res	104		
Total	1580		

Table 3.5.4: Total number of respondents by state

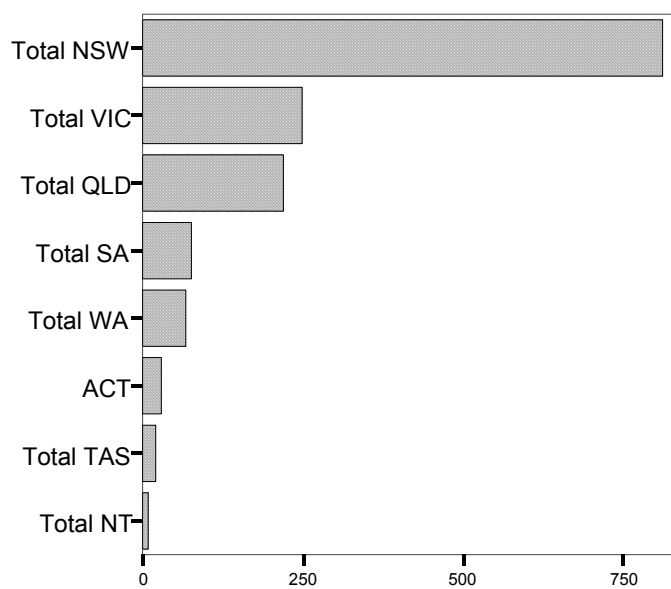


Figure 3.5.1: Distribution of total number of respondents by state

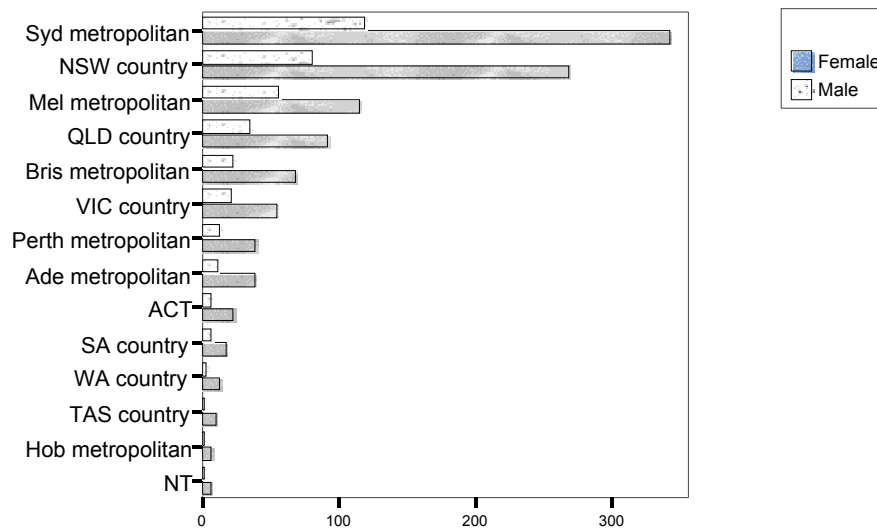


Figure 3.5.2: *Distribution of male/female respondents by state, country or metropolitan location*

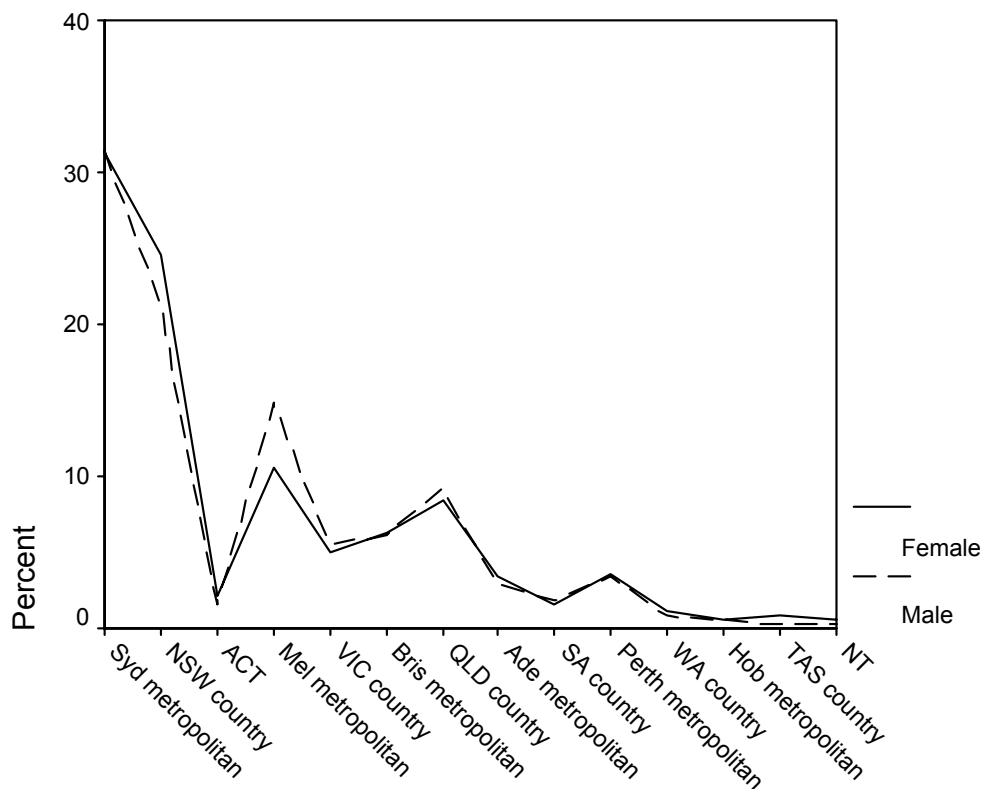


Figure 3.5.3: *Distribution of percentage of male/female respondents by state, country or metropolitan location*

4. Professional Profile of Practitioners

Table 4.1.1. shows the number of consultations carried out by practitioners in an average week. Figure 4.1.1. shows the distribution of these consultations. Twenty seven percent (347) of practitioners carry out 1-5 consultations per week. Of those carrying out 1-5 consultations, 31% (109) graduated in the year 2000 and after, indicating that many had recently started clinical practice.

Twenty four percent of practitioners carried out 11-20 consultations per week. Using the median or midpoint value for each category of number of clients (and allowing 45 consultations for those practitioners carrying out more than 41 consultations in a week), an estimate of the total number of consultations carried out by practitioners (1,304) in an average week is 20,440. An estimate of the average number of consultations per week per practitioner is 15.7. Assuming 48 working weeks per year per practitioner, this sample population carries out 981,120 consultations per year.

Figure 4.1.2. shows the distribution of the number of consultations by male and female practitioners in an average week. Figure 4.1.3. shows the percentage of male/female consultations for an average week. Men carry out proportionately more consultations than women. Proportionately more women (30.4%) than men (16.3%) have 1-5 consultations per week. This discrepancy equalises so that a similar proportion have 11-20 consultations per week. In the next brackets, men's consultations increase and 18.3% of men and 13.8% of women have 21-30 consultations per week, and proportionately more men (8.4%) than women (5.7%) have 31-40 consultations. Fifteen percent of men and 5.1% of women have over 41 consultations. That men carry out proportionately more consultations than women is consistent with the greater number of women in the general health workforce in part-time work. In the year 2000, 92.3% of part-time health employees were female (*Health Australia, 2002:267*).

Table 4.2.1. shows the number of consultations that the respondents would prefer in an average week. Most practitioners would like more consultations per week. The number preferred by 27.9% and 28.6% of practitioners respectively was 11-20 and 21-30 consultations.

Table 4.3.1. shows the number of years that respondents have been in clinical practice. Of the 508 (39%) of practitioners who have been in practice for 1-5 years, 89% completed their training after 1996, indicating that there was little time lapse between completion of education and setting up of practice for these practitioners. Figure 4.3.1. shows the percentage of male and female practitioners by years of clinical practice. Proportionately more women than men have been in practice for 1-5 years. After 11-15 years in practice, men's years in practice increase and women's decrease.

Table 4.4.1. shows the type of premises used for practice and Table 4.5.1. shows the type of practice. Thirty eight percent of practitioners practise from home, 36% cited commercial premises, 22% multi-disciplinary clinics, 1% mobile clinics and less than 1% practise in a resort. Fifty nine percent of practitioners are solo practitioners, 24% practise in a multi-disciplinary team of complementary medicine practitioners, and

2.3% practise with massage therapists. Four percent practise in a multi-disciplinary team including a GP or other mainstream practitioners.

Table 4.6.1. shows the number of respondents with membership in complementary medicine associations. Thirty seven percent of respondents were members of a complementary association other than ATMS. The largest of these was the 285 (18%) of respondents who were members of the National Herbalists Association of Australia.

4.1: Consultations per week

	Frequency	Percent	Cumulative Percent
1-5	347	26.6	26.6
6-10	256	19.6	46.2
11-20	319	24.5	70.7
21-30	195	15.0	85.7
31-40	85	6.5	92.2
Over 41	102	7.8	100.0
Total	1304	100.0	
No Res	147		
Total	1451		

Table 4.1.1: Number of consultations by practitioners in an average week

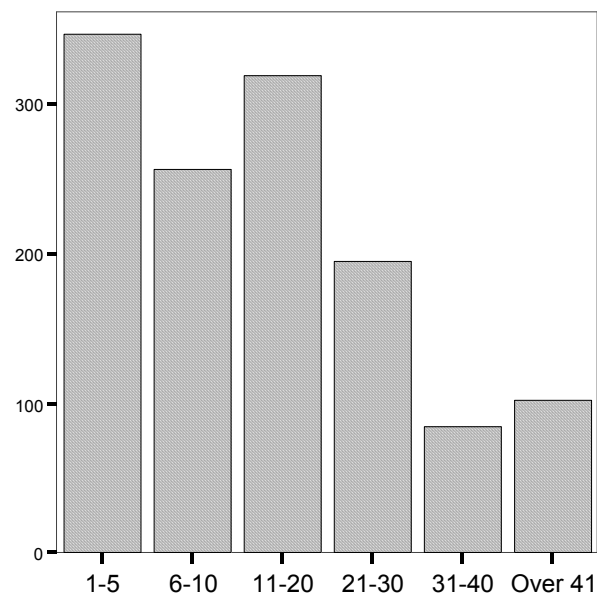


Figure 4.1.1: Distribution of number of consultations by practitioners in an average week

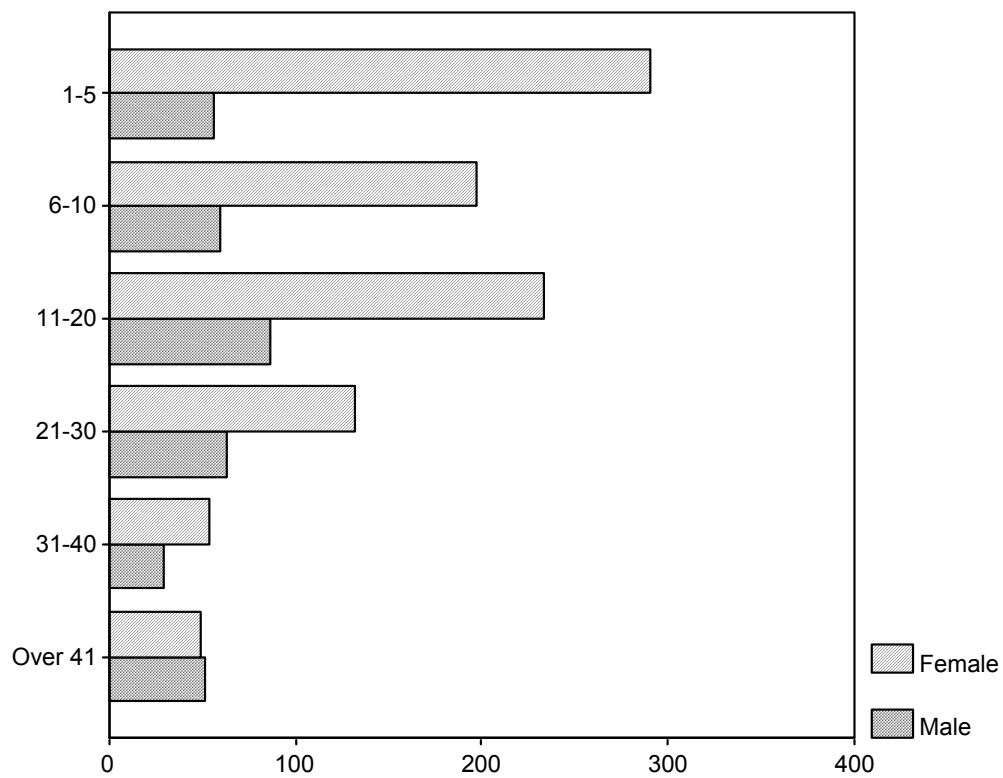


Figure 4.1.2: *Distribution of number of consultations by male/female practitioners in an average week*

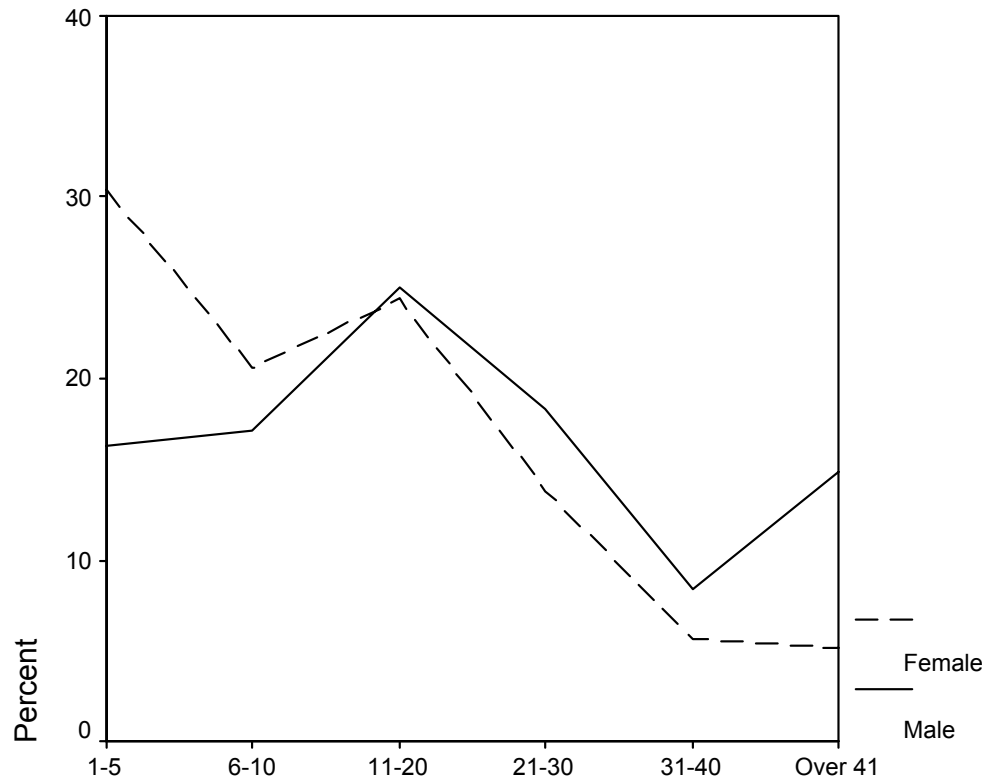


Figure 4.1.3: *Distribution of percentage of male/female practitioners by number of consultations in an average week*

	Frequency	Percent	Cumulative Percent
1-5	45	3.5	3.5
6-10	157	12.1	15.5
11-20	363	27.9	43.5
21-30	372	28.6	72.1
31-40	185	14.2	86.3
41-50	99	7.6	93.9
Over 51	79	6.1	100.0
Total	1300	100.0	
No Res	151		
Total	1451		

Table 4.2.1: *Number of consultations preferred by practitioners in an average week*

4.3: Number of years in clinical practice

	Frequency	Percent	Cumulative Percent
1-5	508	39.0	39.0
6-10	327	25.1	64.1
11-15	220	16.9	81.0
16-20	141	10.8	91.8
Over 21	107	8.2	100.0
Total	1303	100.0	
No Res	148		
Total	1451		

Table 4.3.1: Number of years practitioners have been in clinical practice

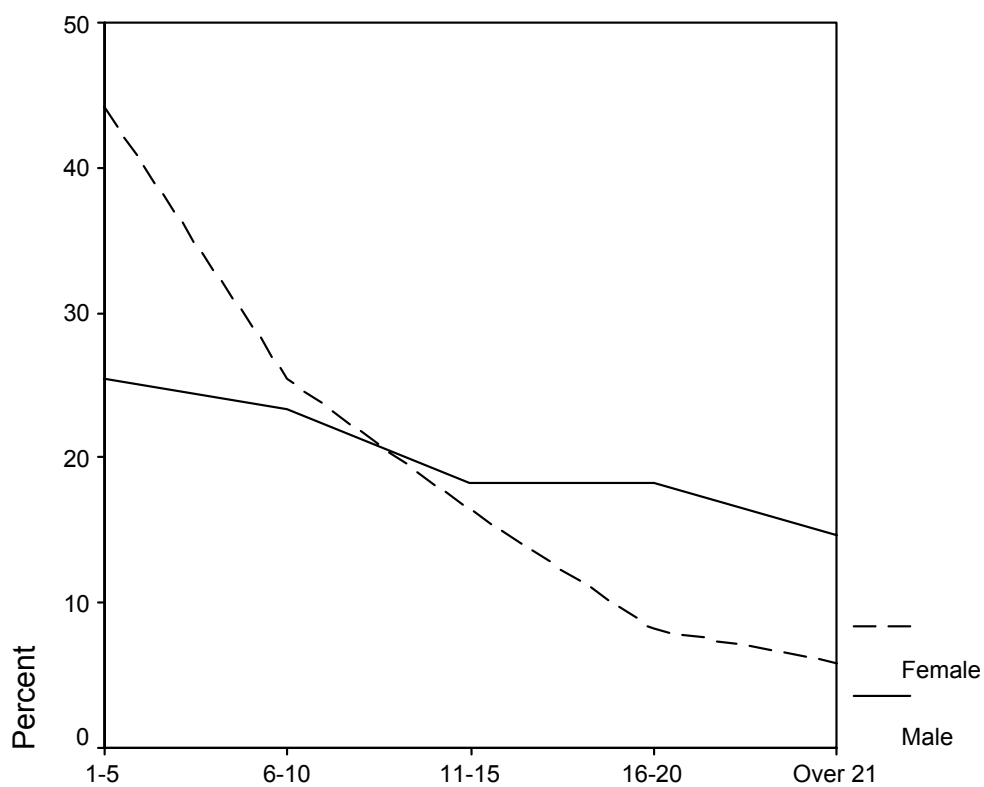


Figure 4.3.1: Distribution of percentage of male/female practitioners by years in clinical practice

4.4: Location of practice

	Frequency	Percent
At home	501	38.3
Commercial premises	469	35.8
Multidisciplinary clinic	295	22.5
Other	26	2.0
Mobile clinic	14	1.1
Resort	4	.3
Total	1309	100.0
No Response	142	
Total	1451	

Table 4.4.1: Types of premises used for practice

4.5: Type of practice

	Frequency	Percent
Self	771	58.9
Multidisciplinary CM practitioners	313	23.9
Others	131	10.0
Massage therapist/s	30	2.3
Multidisciplinary including GP	29	2.2
Multidisciplinary including mainstream practitioners	21	1.6
Other CM practitioner	15	1.2
Total	1310	100.0
No Response	141	
Total	1451	

Table 4.5.1: Type of practice – solo or multidisciplinary

4.6: Membership in complementary medicine associations

	Frequency	Percent
NHAA National Herbalists Association Australia	277	17.5
Other	129	8.2
Australian Homoeopathic Associations	47	3.0
Traditional Chinese Medicine Associations	35	2.2
AACMA	32	2.0
ANTA	21	1.3
Massage Associations	19	1.2
AROH Australian Register of Homoeopaths	10	.6
NHAA & ANTA	7	.4
CMA Complementary Medicine Association	2	.1
VHA Victorian Herbalist Association	2	.1
ANTA & CMA	1	.1
ANTA, NHAA & CMA	1	.1
Total	583	36.9
No Response	997	63.1
Total	1580	100.0

Table 4.6.1: *Number of respondents with membership in complementary medicine associations (other than ATMS)*

5. Educational Qualifications

Table 5.1.1. shows the name of the qualification completed by respondents. Seventy one percent of respondents have a diploma; 13% an advanced diploma; and 8% a Bachelor's degree in complementary medicine. Two percent have a diploma or advanced diploma in acupuncture, with either herbalism or naturopathy. Two percent have an overseas degree and 1% an overseas diploma. Less than 1% have a Bachelor and Masters degree (7), and less than 1% have a Masters degree or a postgraduate or graduate diploma from a tertiary institution (10). Less than 1% (12), predominantly those who had done their training pre-1985, listed the grandfather provision.

Figure 5.2.1. shows the educational institutions attended by respondents. Thirty five percent of respondents attended the Dorothy Hall College of Herbal Medicine (12%), Nature Care (12%) or Queensland Institute of Natural Sciences (11%). University of New England, University of Technology, Charles Sturt University, Southern Cross University, Victoria University, University of Western Sydney, Royal Melbourne Institute of Technology University and University of Sydney account for 7.8% of attendances.

Table 5.3.1. shows the length of course attended by respondents. Less than 1% of respondents had one year of training. Fifteen percent cited two years, 26% had three years training and the majority, 42%, had four years. Eleven percent had five years and 5% had more than five years.

Table 5.4.1. shows the year that the respondents' course was completed. Twenty two percent of practitioners trained between 1980 and 1989. In the following decade from 1990 to 1999, 54.2% of practitioners trained, indicating that the number of practitioners nearly doubled in that time. Similarly, in 2000 and after, a further 20% of practitioners completed training, indicating a significant growth in the number of complementary medicine practitioners. This is consistent with the growth in the health workforce in Australia where between 1996-7 and 2000-1, the number of health professionals increased by 8.2% (*Australia's Health, 2002:268*).

Table 5.5.1. shows the respondents' satisfaction with their complementary medicine education. Of the 27% who said they were not satisfied, many wrote comments stating that, while their clinical training was satisfactory, the course did not equip them to run a business.

5.1: Qualification

	Frequency	Percent	Cumulative Percent
Diploma	1102	71.0	71.0
Advanced Diploma	209	13.5	84.4
Bachelor Complementary Medicine	123	7.9	92.3
Overseas Degree	30	1.9	94.3
Qualification in Acupuncture & Naturopathy or Herbalism	25	1.6	95.9
Overseas Diploma	22	1.4	97.3
Grandfather Provision	12	.8	98.1
Diploma with Bachelor in progress	11	.7	98.8
Bachelor & Masters Degree	7	.5	99.2
Post Graduate or Graduate Diploma from Tertiary Institution	6	.4	99.6
Masters Degree	4	.3	99.9
Certificate	2	.1	100.0
Total	1553	100.0	
No Response	27		
Total	1580		

Table 5.1.1: Name of qualification

5.2: Educational institution

	Frequency	Percent	Cumulative Percent
DH	189	12.3	12.3
NC	187	12.1	24.4
QINS	171	11.1	35.5
SCHS	114	7.4	42.9
MCNM	108	7.0	49.9
HSA	90	5.8	55.7
ACNT	80	5.2	60.9
Overseas	68	4.4	65.3
ACNM	66	4.3	69.6
SSNT	46	3.0	72.6
Other	40	2.6	75.2
NSWCNT	36	2.3	77.5
SACNT	35	2.3	79.8
NCHM	34	2.2	82.0
UNE	30	1.9	83.9
PANT	29	1.9	85.8
ACA (Syd)	27	1.8	87.5
CSU	26	1.7	89.2
UTS	25	1.6	90.9
ANT	23	1.5	92.3
SCU	18	1.2	93.5
BCANT	16	1.0	94.6
LC	15	1.0	95.5
EC	14	.9	96.4
VUT	12	.8	97.2
SCTCM	9	.6	97.8
NSWSNM	9	.6	98.4
UWS	6	.4	98.8
NIHS	4	.3	99.0
ACA (Mel)	4	.3	99.3
NCTM	3	.2	99.5
AIAS	2	.1	99.6
Tafe	2	.1	99.7
AIHM	1	.1	99.8
RMIT	1	.1	99.9
COSS	1	.1	99.9
USYD	1	.1	100.0
Total	1542	100.0	
No Res	38		
Total	1580		

Table 5.2.1: Educational institutions attended by respondents

5.3: Course length

	Frequency	Percent	Cumulative Percent
One year	8	.5	.5
Two years	230	15.0	15.5
Three years	405	26.4	41.9
Four Years	646	42.1	84.0
Five years	169	11.0	95.0
More than five years	77	5.0	100.0
Total	1535	100.0	
No Response	45		
Total	1580		

Table 5.3.1: Length of course attended by respondents

5.4: Years of course completion

	Frequency	Percent	Cumulative Percent
Pre 1969	7	.5	.5
1970-1979	45	2.9	3.4
1980-1989	334	21.9	25.3
1990-1995	399	26.1	51.4
1996-1999	429	28.1	79.5
2000 and after	314	20.5	100.0
Total	1528	100.0	
No Response	52		
Total	1580		

Table 5.4.1: Year course completed by respondent

5.5: Course satisfaction

	Frequency	Percent
Yes	1121	72.7
No	422	27.3
Total	1543	100.0
No Res	37	
Total	1580	

Table 5.5.1: Respondent satisfaction with complementary education

6. Socio-economic Characteristics of Practitioners

Table 6.1.1. shows the personal gross annual income of practitioners. Figure 6.1.1. shows the distribution of this income and Figure 6.1.2. shows the distribution of this income for male/female practitioners. Figure 6.1.3. shows the percentage of male/female practitioners for each income category. Proportionately more women (60%) than men (44%) have earnings under \$30,001. There are proportionately more men than women in the upper income brackets. Although men are 25% of the sample population, they are 57% of those earning over \$100,000, where 12% of men (44) outnumber 3% of women (33). Proportionately more men (50.9%) than women (36.6%) derive 81-100% of their income from clinical practice. Men's greater earnings in the CM sector are similar to the distribution of income between men and women throughout the Australian health workforce where women are greater in number but earn proportionately less (ABS, 2000: 6306.0).

Table 6.1.2. shows the number of practitioners earning personal gross annual income over \$50,000. Seventy eight percent (999) earn less than \$50,001 and 22% (281) earn over \$50,000. Figure 6.1.4. shows the distribution of the number of practitioners earning over \$50,000 by state, country or metropolitan location and Figure 6.1.5. shows the distribution of male and female practitioners earning over \$50,000. Table 6.2.1. shows the percentage of practitioners' personal gross annual income derived from clinical practice.

Table 6.2.2. shows the percentage of practitioners' personal gross annual income derived from clinical practice for each income category under \$50,001. Figures 6.2.1., 6.2.2., 6.2.3., 6.2.4. and 6.2.5. show the distribution of practitioners' personal gross annual income derived from clinical practice for each income category under \$50,001. Table 6.2.3. shows the percentage of practitioners' personal gross annual income derived from clinical practice for each income category over \$50,000. Figures 6.2.6., 6.2.7., 6.2.8. and 6.2.9. show the distribution of practitioners' personal annual gross income derived from clinical practice for each income category over \$50,000.

Table 6.3.1. shows the respondents' estimation of the percentage of patients claiming rebates from health funds. In addition, the data shows that:

- eighty eight percent of practitioners had an Australian Business Number (ABN) (Table 6.4.1.)
- sixty three percent of practitioners are registered for the GST (Table 6.5.1.)
- ninety percent of practitioners do not charge the GST for their services (Table 6.6.1.)
- sixty five percent of practitioners charge the GST for medicine sold to patients (Table 6.7.1.)

6.1: Income of practitioners

	Frequency	Percent	Cumulative Percent
\$0-\$5 000	140	11.0	11.0
\$5 001-\$10 000	123	9.7	20.7
\$10 001-\$20 000	206	16.2	36.8
\$20 001-\$30 000	239	18.8	55.6
\$30 001-\$50 000	284	22.3	77.9
\$50 001-\$60 000	98	7.7	85.6
\$60 001-\$80 000	64	5.0	90.7
\$80 001-\$100 000	40	3.1	93.8
Over \$100 001	79	6.2	100.0
Total	1273	100.0	
No Response	178		
Total	1451		

Table 6.1.1: Personal gross annual income of practitioners

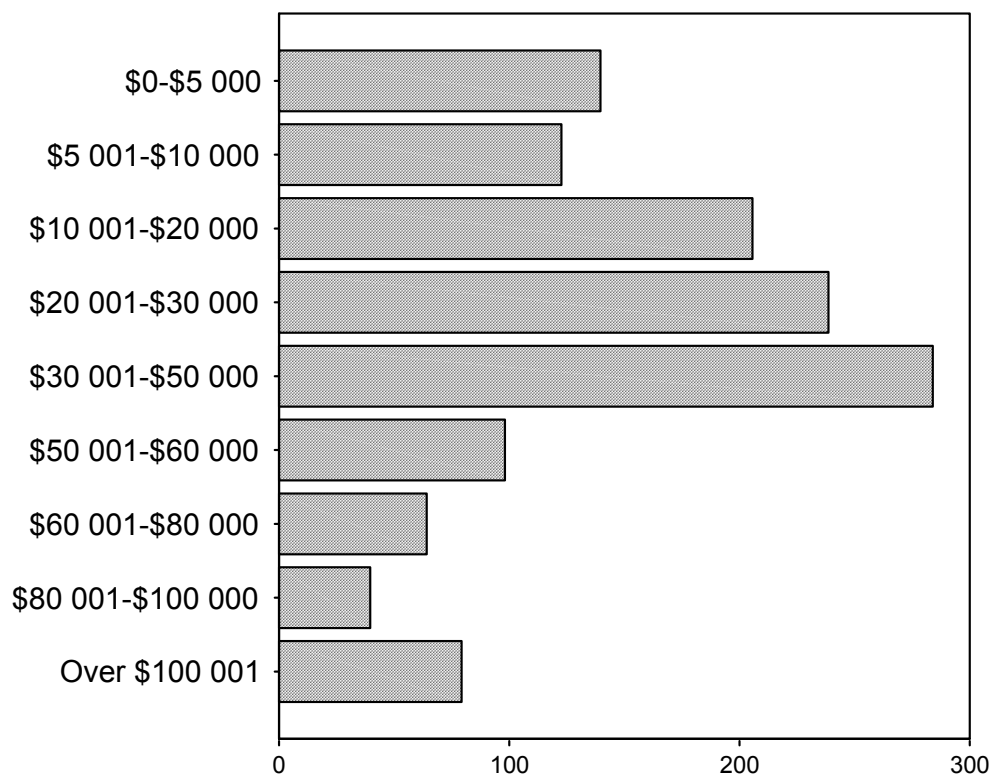


Figure 6.1.1: Distribution of personal gross annual income

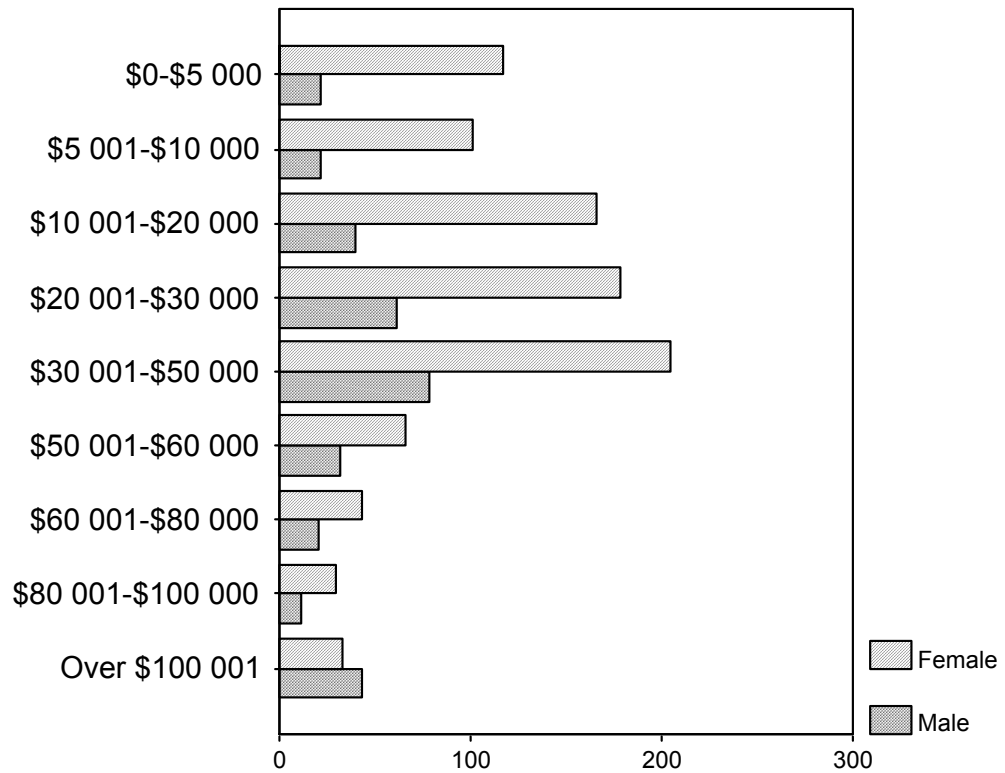


Figure 6.1.2: *Distribution of personal gross annual income for male/female practitioners*

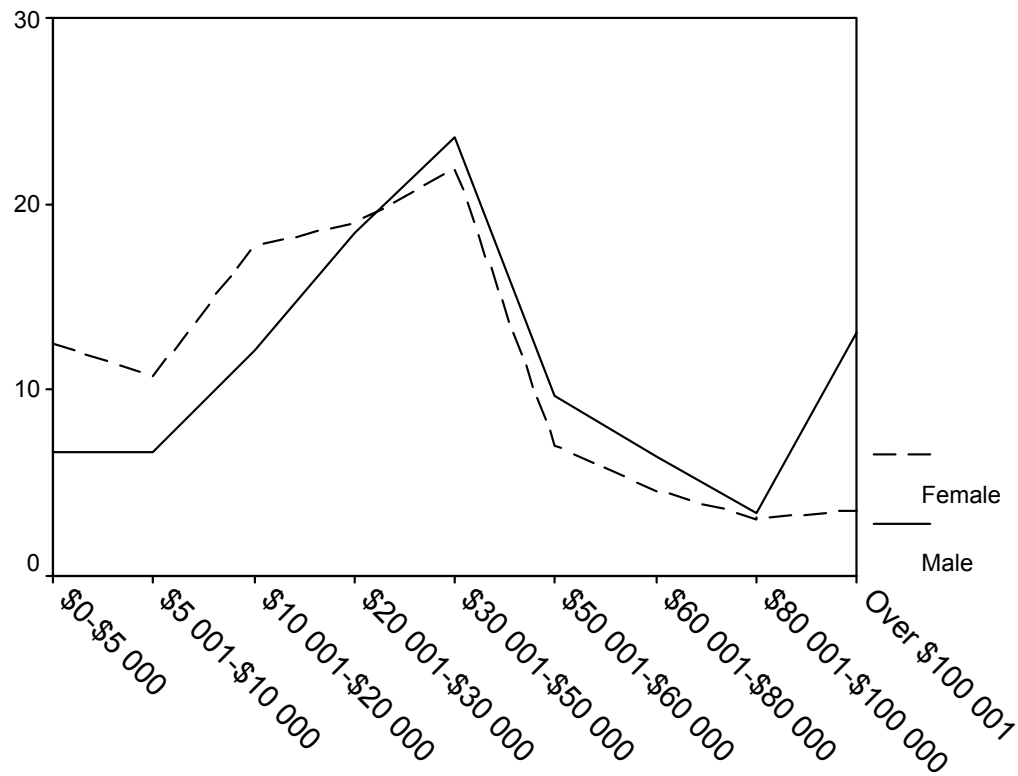


Figure 6.1.3: *Distribution of personal gross annual income for percentage of male/female practitioners*

	Frequency	Percent
Over \$50 000	281	22.1
Under \$50 001	992	77.9
Total	1273	100.0
No Res	178	
Total	1451	

Table 6.1.2: *Number of practitioners earning personal gross annual income over \$50,000*

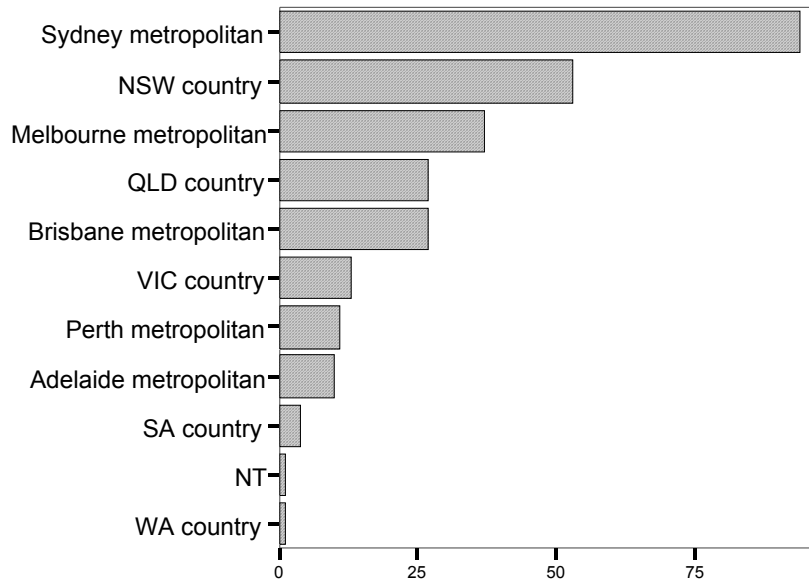


Figure 6.1.4: *Distribution of number of practitioners earning over \$50,000 by state, country or metropolitan location*

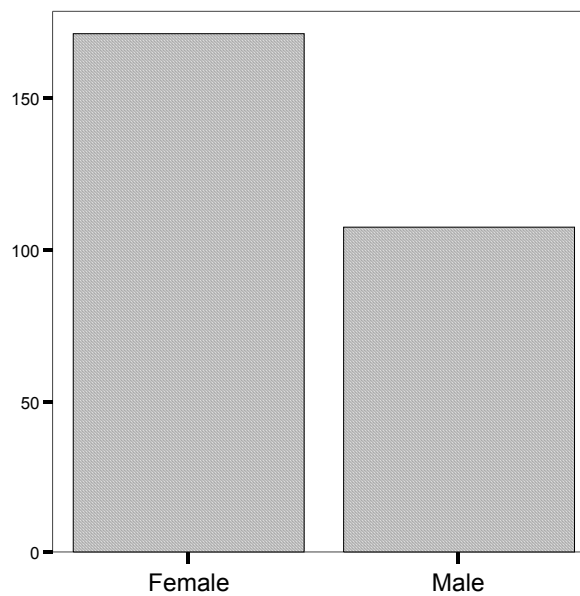


Figure 6.1.5: *Distribution of number of male/female practitioners earning over \$50,000*

6.2: Percentage of income derived from clinical practice

	Frequency	Percent	Cumulative Percent
0-20%	301	23.9	23.9
21-40%	154	12.3	36.2
41-60%	132	10.5	46.7
61-80%	163	13.0	59.7
81-100%	507	40.3	100.0
Total	1257	100.0	
No Res	194		
Total	1451		

Table 6.2.1: *Percentage of practitioners' personal gross annual income derived from clinical practice*

Personal Annual Gross Income		Frequency	Percent	Cumulative Percent
\$0-\$5 000	0-20%	56	43.1	43.1
	21-40%	12	9.2	52.3
	41-60%	5	3.8	56.2
	61-80%	8	6.2	62.3
	81-100%	49	37.7	100.0
	Total	130	100.0	
	No Res	10		
Total	140			
\$5 001-\$10 000	0-20%	24	20.0	20.0
	21-40%	25	20.8	40.8
	41-60%	16	13.3	54.2
	61-80%	11	9.2	63.3
	81-100%	44	36.7	100.0
	Total	120	100.0	
	No Res	3		
Total	123			
\$10 001-\$20 000	0-20%	53	26.0	26.0
	21-40%	27	13.2	39.2
	41-60%	21	10.3	49.5
	61-80%	37	18.1	67.6
	81-100%	66	32.4	100.0
	Total	204	100.0	
	No Res	2		
Total	206			
\$20 001-\$30 000	0-20%	54	23.0	23.0
	21-40%	28	11.9	34.9
	41-60%	30	12.8	47.7
	61-80%	30	12.8	60.4
	81-100%	93	39.6	100.0
	Total	235	100.0	
	No Res	4		
Total	239			
\$30 001-\$50 000	0-20%	58	20.9	20.9
	21-40%	32	11.6	32.5
	41-60%	36	13.0	45.5
	61-80%	34	12.3	57.8
	81-100%	117	42.2	100.0
	Total	277	100.0	
	No Res	7		
Total	284			

Table 6.2.2: *Percentage of practitioners' personal gross annual income derived from clinical practice for each income category under \$50,001*

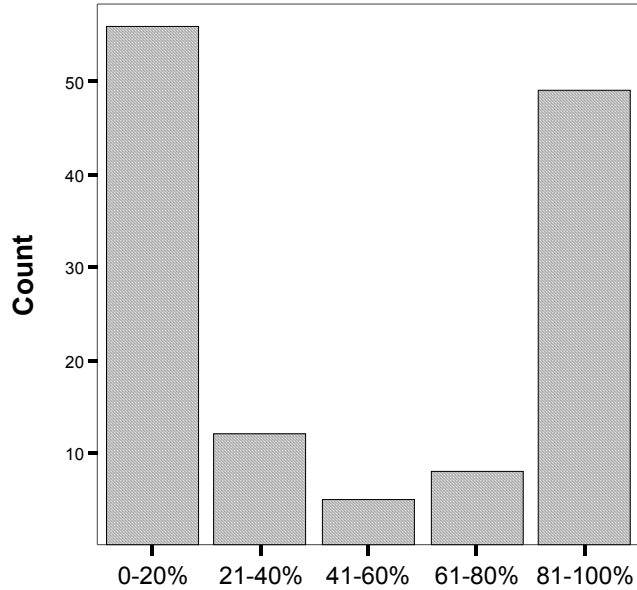


Figure 6.2.1: *Distribution of income derived from clinical practice for practitioners earning under \$5,000 personal gross annual income*

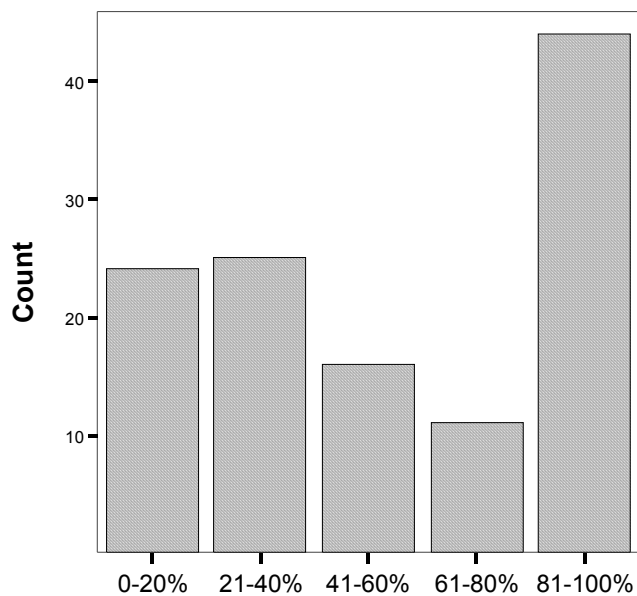


Figure 6.2.2: *Distribution of income derived from clinical practice for practitioners earning \$5,001-\$10,000 personal gross annual income*

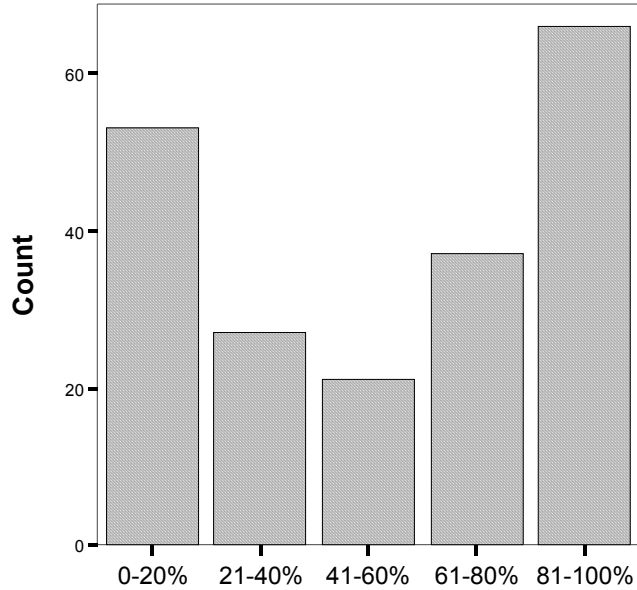


Figure 6.2.3: *Distribution of income derived from clinical practice for practitioners earning \$10,001-\$20,000 personal gross annual income*

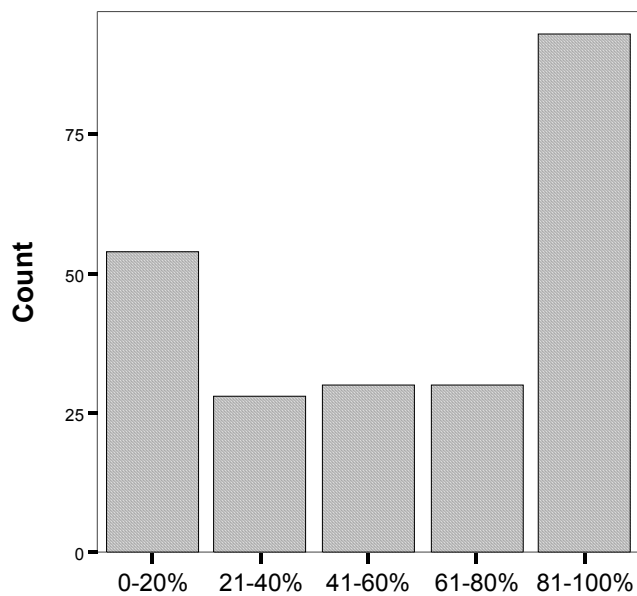


Figure 6.2.4: *Distribution of income derived from clinical practice for practitioners earning \$20,001-\$30,000 personal gross annual income*

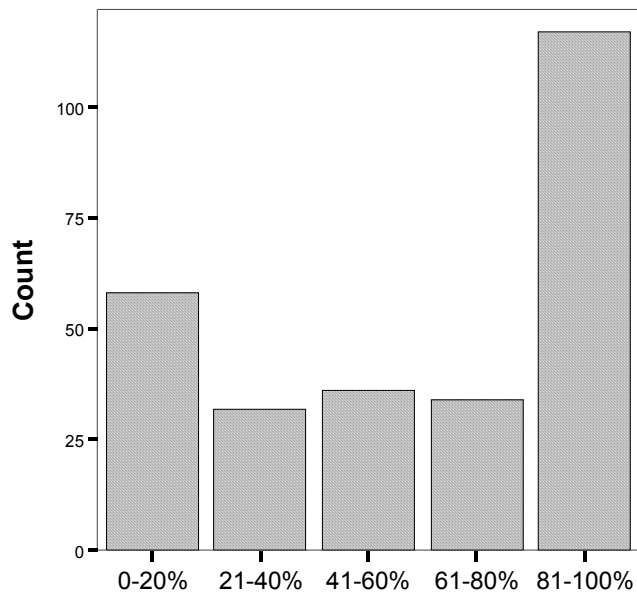


Figure 6.2.5: *Distribution of income derived from clinical practice for practitioners earning \$30,001-\$50,000 personal gross annual income*

Personal Annual Gross Income		Frequency	Percent	Cumulative Percent
\$50 001-\$60 000	0-20%	25	26.3	26.3
	21-40%	10	10.5	36.8
	41-60%	13	13.7	50.5
	61-80%	11	11.6	62.1
	81-100%	36	37.9	100.0
	Total	95	100.0	
	No Res	3		
Total	98			
\$60 001-\$80 000	0-20%	11	17.7	17.7
	21-40%	3	4.8	22.6
	41-60%	2	3.2	25.8
	61-80%	13	21.0	46.8
	81-100%	33	53.2	100.0
	Total	62	100.0	
	No Res	2		
Total	64			
\$80 001-\$100 000	0-20%	8	21.1	21.1
	21-40%	6	15.8	36.8
	41-60%	3	7.9	44.7
	61-80%	6	15.8	60.5
	81-100%	15	39.5	100.0
	Total	38	100.0	
	No Res	2		
Total	40			
Over \$100 001	0-20%	8	10.4	10.4
	21-40%	10	13.0	23.4
	41-60%	6	7.8	31.2
	61-80%	11	14.3	45.5
	81-100%	42	54.5	100.0
	Total	77	100.0	
	No Res	2		
Total	79			

Table 6.2.3: *Percentage of practitioners' personal gross annual income derived from clinical practice for each income category over \$50,000*

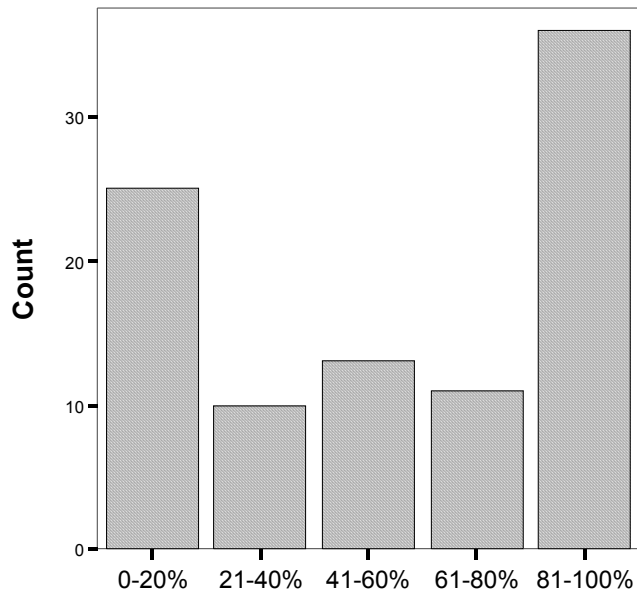


Figure 6.2.6: *Distribution of income derived from clinical practice for practitioner earning \$50,001-\$60,000 personal gross annual income*

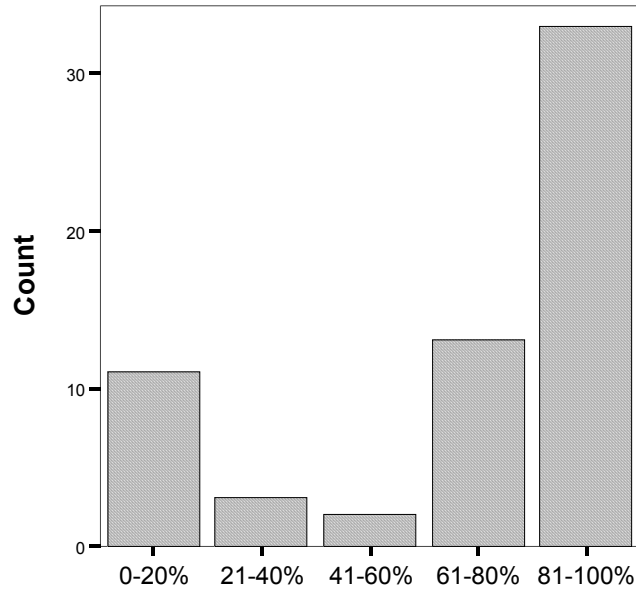


Figure 6.2.7: *Distribution of income derived from clinical practice for practitioner earning \$60,001-\$80,000 personal gross annual income*

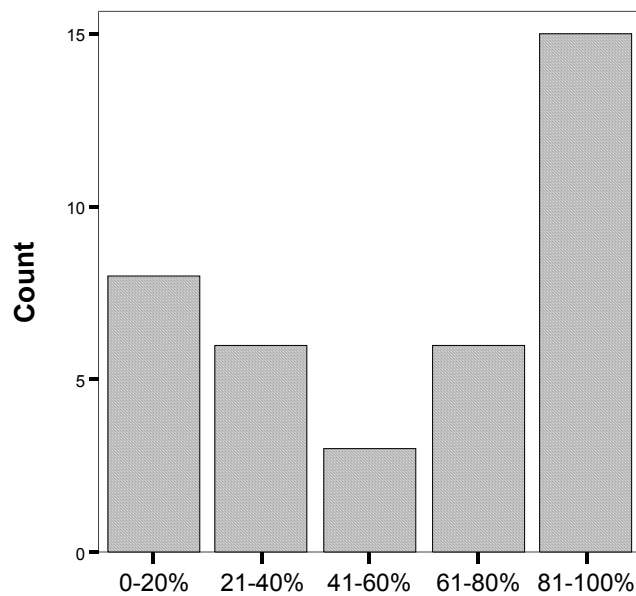


Figure 6.2.8: *Distribution of income derived from clinical practice for practitioner earning \$80,001-\$100,000 personal gross annual income*

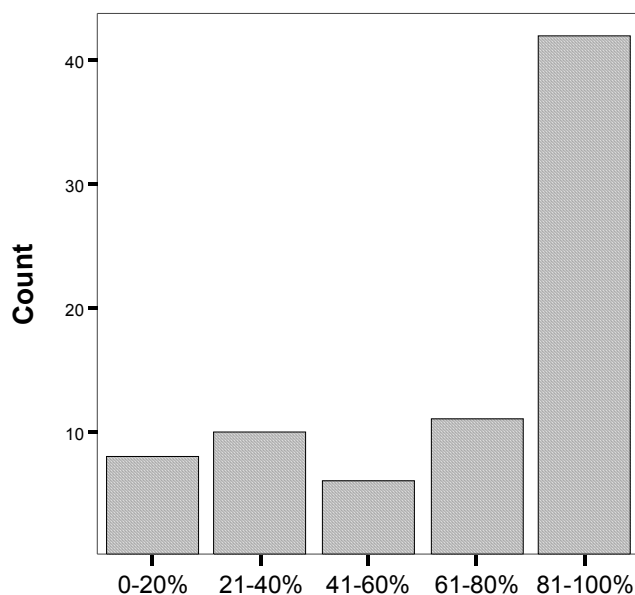


Figure 6.2.9: *Distribution of income derived from clinical practice for practitioner earning over \$100,000 personal gross annual income*

6.3: Rebates from health funds

	Frequency	Percent
0-20%	405	31.9
21-40%	271	21.4
41-60%	286	22.5
61-80%	216	17.0
81-100%	91	7.2
Total	1269	100.0
No Res	182	
Total	1451	

Table 6.3.1: *Estimated percentage of patients claiming rebates from health funds*

6.4: ABNs (Australian Business Numbers)

	Frequency	Percent
Yes	1154	88.3
No	153	11.7
Total	1307	100.0
No Res	144	
Total	1451	

*Table 6.4.1: Number of practitioners with an ABN***6.5: GST registration**

	Frequency	Percent
Yes	820	63.1
No	479	36.9
Total	1299	100.0
No Res	152	
Total	1451	

*Table 6.5.1: Number of practitioners registered for GST***6.6: GST charged for services**

	Frequency	Percent
Yes	125	9.8
No	1148	90.2
Total	1273	100.0
No Res	178	
Total	1451	

Table 6.6.1: Number of practitioners who charge the GST for their services

6.7: GST charged for medicines

	Frequency	Percent
Yes	826	65.3
No	438	34.7
Total	1264	100.0
No Res	187	
Total	1451	

Table 6.7.1: *Number of practitioners who charge the GST for medicines sold to patients*

7. Professional Policy Issues

The survey data shows that:

- ninety-seven percent of practitioners would apply to a body for continuation of GST-free status after 30 June 2003 (Table 7.1.1.)
- eighty-seven percent of practitioners have professional indemnity insurance (Table 7.2.1.)
- seventy-five percent of practitioners consider that professional indemnity insurance should be compulsory (Table 7.3.1.)
- seventy percent of practitioners consider that continuing professional education (CPE) should be compulsory (Table 7.4.1.)
- sixty-eight percent of practitioners consider that a first aid certificate should be compulsory (Table 7.5.1.)

7.1: GST status after 30 June 2003

	Frequency	Percent
Yes	1225	96.9
No	39	3.1
Total	1264	100.0
No Res	187	
Total	1451	

Table 7.1.1: *Number of practitioners who would apply to a body for continuation of GST-free status after 30 June 2003*

7.2: Professional indemnity insurance

	Frequency	Percent
Yes	1255	87.2
No	185	12.8
Total	1440	100.0
No Res	11	
Total	1451	

Table 7.2.1: *Number of practitioners who have professional indemnity insurance*

7.3: Compulsory indemnity insurance

	Frequency	Percent
Yes	1059	75.0
No	353	25.0
Total	1412	100.0
No Res	39	
Total	1451	

Table 7.3.1: Number of practitioners who consider that professional indemnity insurance should be compulsory

7.4: Compulsory professional education

	Frequency	Percent
Yes	998	70.4
No	420	29.6
Total	1418	100.0
No Res	33	
Total	1451	

Table 7.4.1: Number of practitioners who consider that continuing professional education (CPE) should be compulsory

7.5: Compulsory first aid

	Frequency	Percent
Yes	977	68.1
No	458	31.9
Total	1435	100.0
No Res	16	
Total	1451	

Table 7.5.1: Number of practitioners who consider that a first aid certificate should be compulsory

8. Number of Reported Adverse Reactions from Treatments

Those who reported adverse reactions were asked to complete a table [see Appendix, Question 30] detailing the type of adverse reaction, the number of times the adverse reaction occurred, in what years, and whether the adverse reaction had required a consultation with a medical practitioner. Seventeen percent (243) of practitioners reported an adverse reaction. Table 8.1.1. shows the types of adverse reaction reported. Table 8.2.1. shows the number of times the adverse reaction occurred and Table 8.3.1. shows the year/years in which the adverse reaction occurred. Table 8.4.1. shows that, of the 243 adverse reactions, 14% (34) of cases of those reporting reactions required a subsequent consultation with a GP.

Practitioners reporting adverse reactions had more consultations compared with those who did not report adverse reactions. Nineteen percent of those reporting adverse reactions had 21-30 consultations per week, compared with 15% of the latter population (Figure 8.5.1.). Those that reported adverse reactions had also been longer in clinical practice than the total sample (Figure 8.5.2.).

Forty percent (98) described conditions such as “*sleepiness*”, “*insomnia*”, “*light-headedness*”, “*feeling faint*”, “*hot flushes*”, “*energy reduction*”, “*slight dizziness*”, “*headaches*”, and “*digestive conditions*”. The latter included all manner of “*stomach upsets*”, “*cramps*”, or problems such as “*a burning sensation in the stomach region*”, “*nausea*”, “*vomiting*”, “*vomiting with hallucinations*”, “*reflux*”, “*loose bowel movements*”, “*diarrhoea*”, “*constipation*”, “*GIT upsets*”, “*detoxification problems*”, “*vaso-vagal response*”, “*post-nasal drip*”, “*Warfarin changes*”, and “*jaundice*” from a particular herb. Three reported “*migraine headaches*”, two reported a “*gallstone attack*” and one “*syncope*” was reported.

Twenty four percent (59) reported skin reactions, variously described as “*allergy to herbs*”, “*itchiness*”, “*skin rashes*”, “*puffiness around the eyes*”, “*oedema of the face*”, “*skin hyper-sensitivity to sunlight*”, and “*peeling skin in the mouth and tongue*”. One percent (3) reported emotional problems such as “*an emotional upset*”, “*an anxiety attack*” and “*nightmares*”. Two percent (6) reporting muscular distress described “*aggravated muscle problems*”, “*pain increase*”, “*an arthritic reaction*”, “*muscle twitching*”, and “*muscular pain after remedial treatment*”. Seven percent (18) reporting exacerbation of symptoms detailed “*short-lived aggravation*” or “*flare-up of an existing skin condition before healing*”. As one respondent commented of a patient with eczema “*she [the patient] had been suppressed with cortisone, the herbs ‘bought it out’ itching*”. Four percent (9) reporting bruising listed “*occasional bruising*”, “*painful reaction to needles*” and “*small haematomas*”. There were a few cases of asthma or breathing difficulties, and one “*moxa burn from falling ash*”.

Twenty percent (48) listed more than two or three types of adverse reactions. These were similar conditions to those cited above.

Fourteen percent (34) of those reporting adverse reactions cited an incident/s (one respondent cited two incidents) that resulted in a consultation with a GP. These included several “*skin reactions*” and “*allergies*”, “*stomach upset*”, “*pain in liver*”, “*increased urination*”, “*intestinal pain*”, “*headaches*”, “*vomiting*” and “*diarrhoea*”, and existing conditions that became exaggerated or intensified. There were two

reports of breathing difficulties, “one broken acupuncture needle which required minor surgery”, “an anaphylactic response”, and a “thrombosis of the left leg”.

Many respondents made comments regarding the inclusion of the question regarding adverse reactions. One respondent who did not report an adverse reaction wrote:

I understand the need to ask this question but it is an impossible question to answer retrospectively. ‘Adverse Reactions’ are sometimes detoxification responses, emotional releases manifesting as physical symptoms. I don’t think this is the best way to get a handle on safety. Reporting of adverse reactions is extremely important but it is not as straightforward as for orthodox medicine.

Another respondent who similarly did not report a reaction asked: “what definition do you use re an adverse reaction?” Many respondents reporting adverse reactions indicated that they considered reactions to treatments to be a legitimate aspect of the healing process. Comments included, “nothing other than expected digestive upset/healing crisis”; “process of cleansing, patient feels healthier/happier outcome”; “clients may occasionally react to a herb, this is purely idiosyncratic, usually affects bowel motions or stomach”; “nausea due to dietary changes, nausea common effects of detox programs”. Other comments indicated that clients were aware of the possibility of reactions: “most patients have mild reactions but not enough to deter them from more treatment”; “clients take responsibility for their own health, clients detox, adverse reactions are part of natural treatments”; “first time adjustments can cause reactions like headaches, we tell clients they will be sore next day”.

Many of those reporting adverse reactions did not specify the year that the adverse reaction occurred. In fact, there emerged two distinct patterns of reporting the year/s that adverse reactions occurred. Ten percent commented that they had the occasional adverse reaction over a lifetime of practice; 10% indicated a few spanning many years of practice; 10.5% answered routinely, weekly, twice yearly, indicating that they considered these reactions to be a matter of course. Of those practitioners (150) who specified the year of adverse reaction, a disproportionate 68% (102), specified the years 1999-2002. The manner of reporting adverse reactions in this group was markedly similar, in that conditions were precisely dated.

Using five respondents as an example, Respondent One wrote, “Worsening of dermatitis, twice, (1 patient), 2001; slight diarrhoea, twice, 2000 and 2001.” Respondent Two wrote, “diarrhoea, once, 2000; irritated throat, once, 2002; skin reaction, 2000.” Respondent Three wrote, “Skin, once, 2000; diarrhoea, once, 2000; shivers, once, 2000.” Respondent Four wrote, “diarrhoea, once, 2002; nausea, twice, 2001.” Respondent Five wrote, “Nervous system response of being hyped up, once, 2001; minor digestive diarrhoea, once, 2001.” Although these five practitioners cited a total of 14 adverse reactions, they were relatively minor and they indicate that the adverse responses recorded by this survey population could be misleading if interpreted by number of occurrences alone (Table 8.2.1.).

Seventy one percent of those who reported adverse reactions in the years 1999-2002 completed their education after 1996, indicating that these respondents were recent graduates (Table 8.5.2.). It is of note that 12.7% of these practitioners had a Bachelor

degree, as opposed to 9.1% of all those reporting adverse reactions and 8% of the total sample. Furthermore, 12.7% had completed a degree from either the University of New England, University of Technology, Charles Sturt University, Southern Cross University, Victoria University, University of Western Sydney, Royal Melbourne Institute of Technology University or the University of Sydney, as opposed to 9% of the total reporting adverse reactions and 7.8% of the total sample. The differences in reporting adverse reactions between these groups may indicate that recent graduates are more inclined to medicalise client reactions, thus indicating changing perceptions about what constitutes an adverse reaction, and changing attitudes to reporting conditions as adverse reactions.

8.1: Type of adverse reaction

	Frequency	Percent
Skin reaction	59	24.3
Headache/dizziness/ nausea/digestive	98	40.3
Respiratory	1	.4
Emotional	3	1.2
Muscular distress	6	2.5
Bruising	9	3.7
Exacerbation of symptoms	18	7.4
Burn	1	.4
Two of the above	47	19.3
Three of the above	1	.4
Total	243	100.0
No adverse reaction	1208	
Total	1451	

Table 8.1.1: Adverse reaction reported by practitioners; by type

8.2: Number of occurrences of adverse reactions

	Frequency	Percent
once	110	54.7
twice	36	17.9
three times	29	14.4
four times	13	6.5
Five or more times	13	6.5
Total	201	100.0
No Response	42	
Total	243	

Table 8.2.1: Adverse reactions reported by practitioners; by number of occurrences

8.3: Year/s of adverse reaction

	Frequency	Percent
1980-1990	6	4.0
1991-1995	15	10.0
1996-1998	27	18.0
1999-2002	102	68.0
Total	150	100.0
No Res	93	
Total	243	

Table 8.3.1: Adverse reaction occurred; by reported year/s

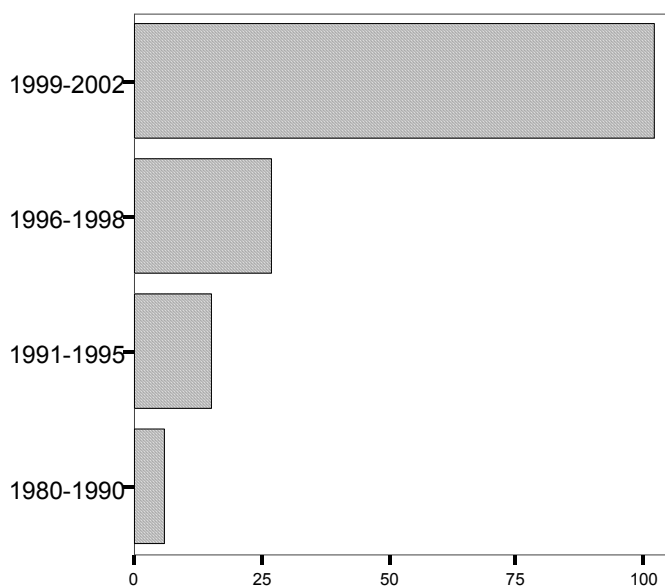


Figure 8.3.1: Distribution of year/s adverse reactions occurred

8.4 Adverse reactions requiring consultation with GP

	Consulted GP	Percent
Yes	34	14.0
No	209	86.0
Total	243	100.0

Table 8.4.1: Number of consultations required with medical practitioners following adverse reactions

8.5: Population reporting adverse reactions

	Practitioners reporting adverse reactions	Practitioners reporting adverse reactions between 1999-2002
1970-1979	4.6	2.0
1980-1989	24.3	8.8
1990-1995	25.5	17.6
1996-1999	31.4	45.1
2000 and after	14.2	25.5
Total	100.0	100.0

Table 8.5.1: Percentages of total sample reporting adverse reactions and percentage reporting adverse reactions between 1999-2002; by year course completed

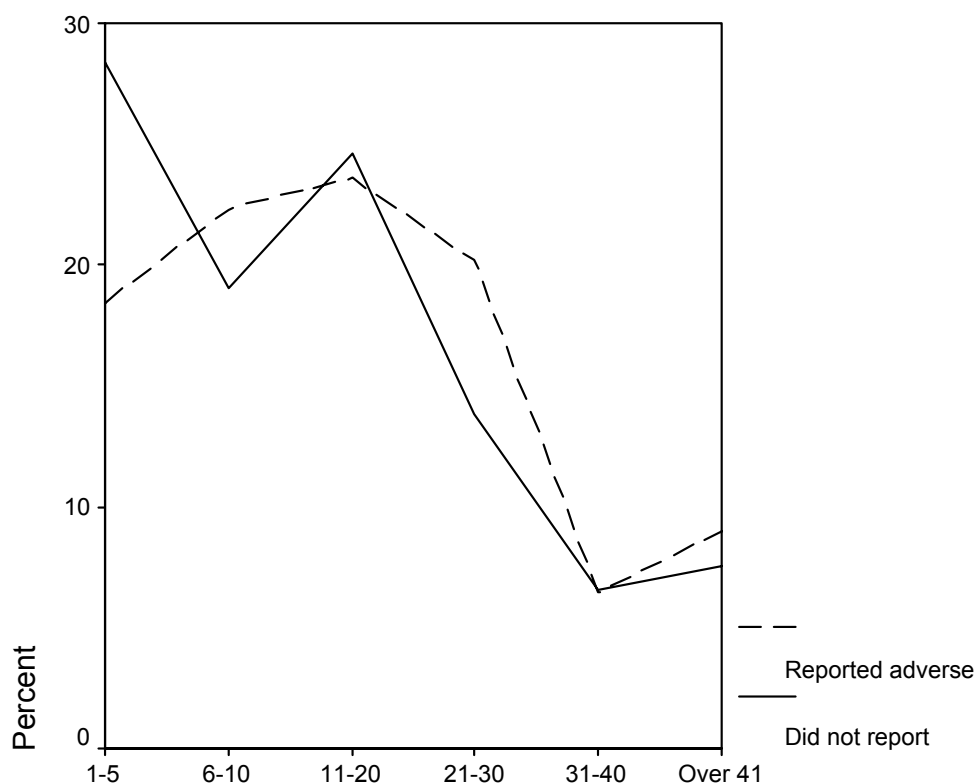


Figure 8.5.1: Distribution of percentage of those reporting and those not reporting adverse reactions; by number of patients in average week

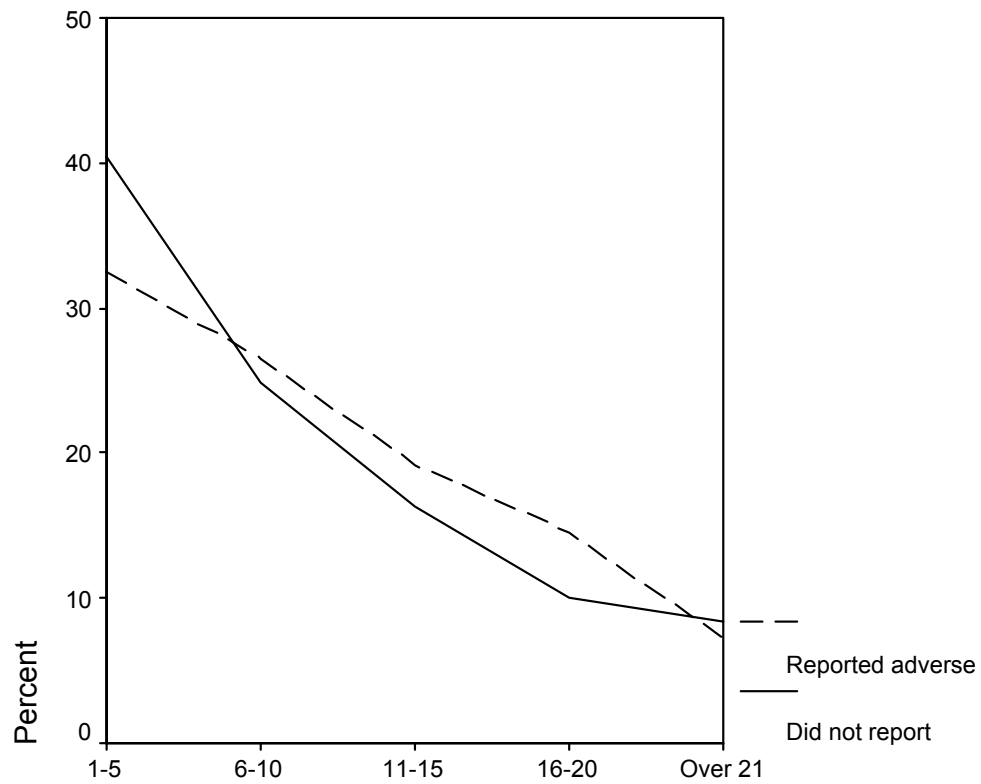


Figure 8.5.2: *Distribution of percentage of those reporting and those not reporting adverse reactions; by number of years in clinical practice*

BIBLIOGRAPHY

Australian Bureau of
Statistics

Australian Demographic Statistics, Cat no: 3101.1,
Tables 5 & 6, 2002.

Employee Earnings and Hours, Cat no: 6306.0, Table
13, 2002.

Australian Institute of
Health and Welfare

Australia's Health 2002, Canberra, 2002.

Bensoussan, A., and
Myers, S. P.,

*Towards a Safer Choice: the Practice of Traditional
Chinese Medicine in Australia*, University of Western
Sydney, Macarthur, 1996.

APPENDIX

Australian Traditional-Medicine Society

2002 Survey Form