

**University of Sydney
Faculty of Health Sciences**



National Survey of Naturopaths, Herbalists and Acupuncturists

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

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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
ATMS	Australian Traditional-Medicine Society
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
HCNM	Hepburn's College of Natural Medicine
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

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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 from 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) and the Australian Natural Therapists Association (ANTA) were two of the funding recipients.

This survey was funded by the Commonwealth Department of Health and Ageing as part of its contractual arrangement with ATMS and ANTA. The survey questions were constructed collaboratively by ATMS and ANTA and were mailed to 8,000 and 1,500 respective ATMS and ANTA members. Ann Hale at the School of Behavioural and Community Health Sciences, University of Sydney, was commissioned for analysis of the data and compilation of this report. This national survey of

naturopaths, herbalists and acupuncturists is the third report, following separate reports of the ATMS and ANTA survey data.¹

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¹ See Hale, A. (2002a) and Hale, A. (2002b).

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 survey was mailed to 8,000 Australian Traditional-Medicine Society members and 1,500 Australian Natural Therapists Association members. There were 4,633 responses, representing respectively 49% and 47% of ATMS and ANTA members. Respondents who were not accredited in naturopathy, herbal medicine, acupuncture or traditional Chinese medicine were excluded from the sample. The final sample, a representative sample of the target population, numbered 2,203.

In profile, the primary discipline accreditations of the respondents are in naturopathy and Western herbal medicine (40%); naturopathy (25%); Western herbal medicine (20%); acupuncture and/or traditional Chinese medicine and/or Chinese herbal medicine (10%); and acupuncture and naturopathy and/or Western herbal medicine (5%). Respondents are evenly distributed across age ranges from 26 to 55, with proportionately less men under 25, and proportionately more men over 45. Seventy three 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 23% 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 and ANTA. The largest of these was the 379 (17.2% of respondents) who were members of the National Herbalists Association of Australia. Forty three percent of respondents had four years educational training and 10.5% of respondents had completed a Bachelor award in complementary medicine.

Sixty percent of CM practitioners are located in metropolitan areas, approximating the general population of 61.6% residing in these areas, but lower than the percentage of medical practitioners (76.8%) and closer to that of nurses (62.7%) in capital cities. The CM population is not evenly distributed between metropolitan areas. Only Sydney has more practitioners (24.8%) 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 19.6% of country practitioners on a population base of 12.5%. The male/female distribution by state, country or metropolitan location closely approximates the overall sample distribution 27%/73%.

Eighteen percent of the population of 2203 are not currently in practice. Forty six percent of these respondents (162) indicated that they would not commence practice by 30 June 2003, and were excluded from the remaining analysis, which is based on 2,041 practitioners.

Fifty nine percent of respondents practise alone, and 24.5% are in multidisciplinary teams. The average number of consultations per week per practitioner is 18 which, with a sample of 1,867 respondents, suggests that over a million and a half consultations are carried out per 48-week year. While a sizeable proportion of practitioners have 11-20 consultations per week, those practitioners with less than 10 years of clinical experience have proportionately less consultations than those with more than 11 years of clinical experience. Men carry out proportionately more consultations than women, and have been in clinical practice proportionately longer than women. Proportionately more women (62.5%) than men (40%) have earnings under \$30,000. There are proportionately more men than women in the upper income brackets. Although men are 27% of the sample population, they are 55.6% of those earning over \$100,000. While income derived from clinical practice increases proportionately with more years in practice, proportionately more men (54.5%) than women (37.8%) 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. Twelve percent of those who reported adverse reactions had Bachelor awards compared to 10.5% of the total sample. Of those who specified the year of the adverse reaction, a disproportionate 68.7% reported reactions between 1999 and 2002. Seventy two percent of these respondents completed their education after 1996 indicating that these respondents were recent graduates. A higher proportion (16.7%) of these practitioners had Bachelor awards, indicating that 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 surveys (see Appendix 1 & 2)² was mailed to 8,000 ATMS members and 1,500 ANTA members. There were 4,633 responses representing respectively 49% and 47% of ATMS and ANTA members. Respondents (predominantly remedial massage therapists), who were not accredited in naturopathy, herbal medicine, acupuncture or Chinese herbal medicine, were excluded from the sample, leaving 2,203 remaining respondents. The total sample population responses (2,203) 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 (162) 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 2,041 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 The data in this report is based on questions common to both the ATMS and ANTA survey form.

2. Disciplinary Profile of Practitioners

Table 2.1.1. shows the primary discipline accreditations of respondents. Forty percent have accreditation in Western herbal medicine and naturopathy; 25% in naturopathy and 20% in Western herbal medicine. Ten percent have accreditation in acupuncture and/or traditional Chinese medicine (TCM) and/or Chinese herbal medicine (CHM); and 5% in acupuncture and naturopathy and/or Western herbalism. 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 (1524) include the 63% of naturopaths (954) who also have accreditation in Western herbal medicine and the 6.4% of naturopaths (97) who also have accreditation in acupuncture. Accreditations in herbal medicine (461) include the 2.6% of herbalists (12) who also have accreditation in acupuncture. More than 50% of naturopaths have accreditation in nutrition and remedial and/or sports and/or Swedish massage. Thirteen percent of herbalists (59) have accreditation in nutrition and 32.6% (150) have accreditation in remedial massage. Thirty five percent of naturopaths (527) and 6% of herbalists (26) have accreditation in homoeopathy.

Figure 2.1.2. shows the distribution of accreditations for respondents accredited in naturopathy. Thirty five percent have accreditation in naturopathy; 58% in naturopathy and Western herbal medicine; and 7% in acupuncture and naturopathy and/or Western herbalism.

2.1: Discipline accreditations

	Frequency	Percent	Cumulative Percent
Naturopathy & Western Herbal Medicine	886	40.2	40.2
Naturopathy	541	24.6	64.8
Western Herbal Medicine	449	20.4	85.2
Acupuncture and/or TCM and CHM	218	9.9	95.1
Acupuncture & Naturopathy and/or Western Herbal Medicine	109	4.9	100.0
Total	2203	100.0	

Table 2.1.1: Primary discipline accreditations

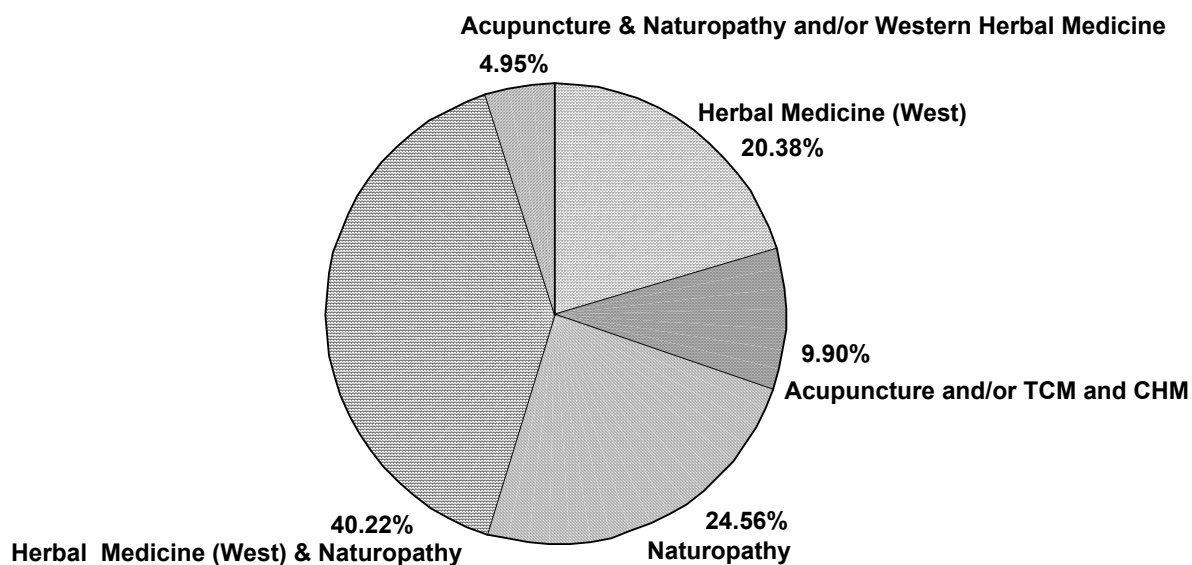


Figure 2.1.1: Distribution of primary discipline accreditations

	Naturopathy 1524		Herbal medicine 461		Acupuncture 218		Total 2203
	Number	% within discipline	Number	% within discipline	Number	% within discipline	
Herbal medicine	954	62.6	461	100.0			
Acupuncture	97	6.4	12	2.6	218	100.0	
Traditional Chinese medicine	26	1.8			24	11.0	
Chinese herbal medicine	31	2.0	3	.7	102	46.8	
Nutrition	786	51.6	59	12.8	6	2.8	
Homoeopathy	527	34.6	26	5.6	4	1.8	
Aromatherapy	64	4.2	17	3.7	4	1.8	
Remedial and/or Sports and/or Swedish massage	878	57.7	150	32.6	70	32.0	
Chinese massage Reflexology Shiatsu	85	5.6	29	6.3	57	26.1	

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

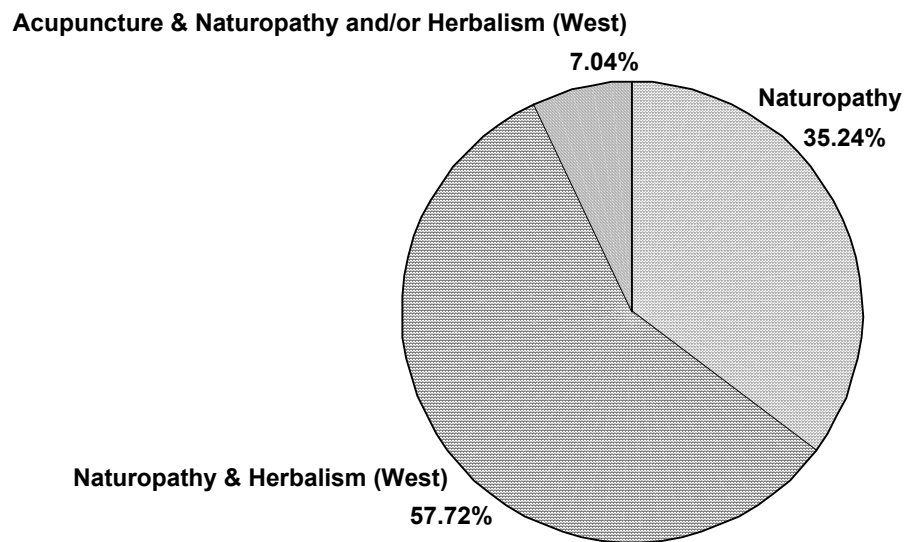


Figure 2.1.2: *Distribution of combined naturopathy accreditations*

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 73.4% of the population compared to men at 26.6%. This distribution 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 73.4% 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 (162) indicated that they would not commence practice by 30 June 2003. Of the 338 respondents currently not in clinical practice, 83% were women and 17% were men. Of the total sample, 17% of women are not in clinical practice as opposed to 10% 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; 18% cited parenting or maternity leave as their reason; 13% cited other work commitments; 13% worked in the industry; 10% were currently absent from practice (holiday or leave); 8% cited university study; 7% cited illness or misadventure; 7% 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. Sixty percent of complementary medicine (CM) practitioners are located in metropolitan areas. This is a similar proportion to the general population (61.6%) residing within metropolitan areas. It is 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*).³ 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 46.8% of practitioners in these centres.

The percentage of CM practitioners located in the Sydney metropolitan area (24.8%) is 3.5% more than the percentage of the population in this area (21.3%). This pattern

³ 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*).

is reversed for the remaining areas. For example, the percentage of the population residing in the Melbourne metropolitan area (17.9%) is proportionately more than the distribution of practitioners (14.7%). Similarly in the Brisbane metropolitan area, the general population (8.5%) also exceeds the number of practitioners (7.3%) as it does in the Adelaide and Perth metropolitan areas with respectively, 4.5% and 6.1% of practitioners for 5.7% and 7.1% of the general population. The numbers in Hobart 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 19.6% is 57% more than the Australian country population (12.5%) residing in NSW. Table 3.5.2. illustrates the distribution of the CM population by state where a higher proportion (44.5%) 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 (73% females/27% 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	1609	73.4
Male	582	26.6
Total	2191	100.0
No Res	12	
Total	2203	

Table 3.1.1: Numbers and percentage of male/female respondents

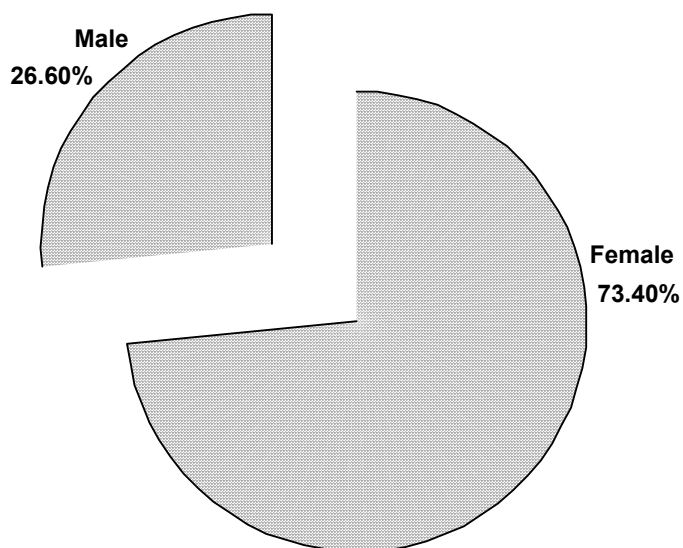


Figure 3.1.1: Distribution by sex

3.2: Practitioners currently in clinical practice

	Frequency	Percent
In practice	1865	84.7
Not in practice	338	15.3
Total	2203	100.0

Table 3.2.1: Respondents currently in/not in clinical practice

		Frequency	Percent
Female	In practice	1329	82.6
	Not in practice	280	17.4
	Total	1609	100.0
Male	In practice	525	90.1
	Not in practice	58	9.9
	Total	583	100.0

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

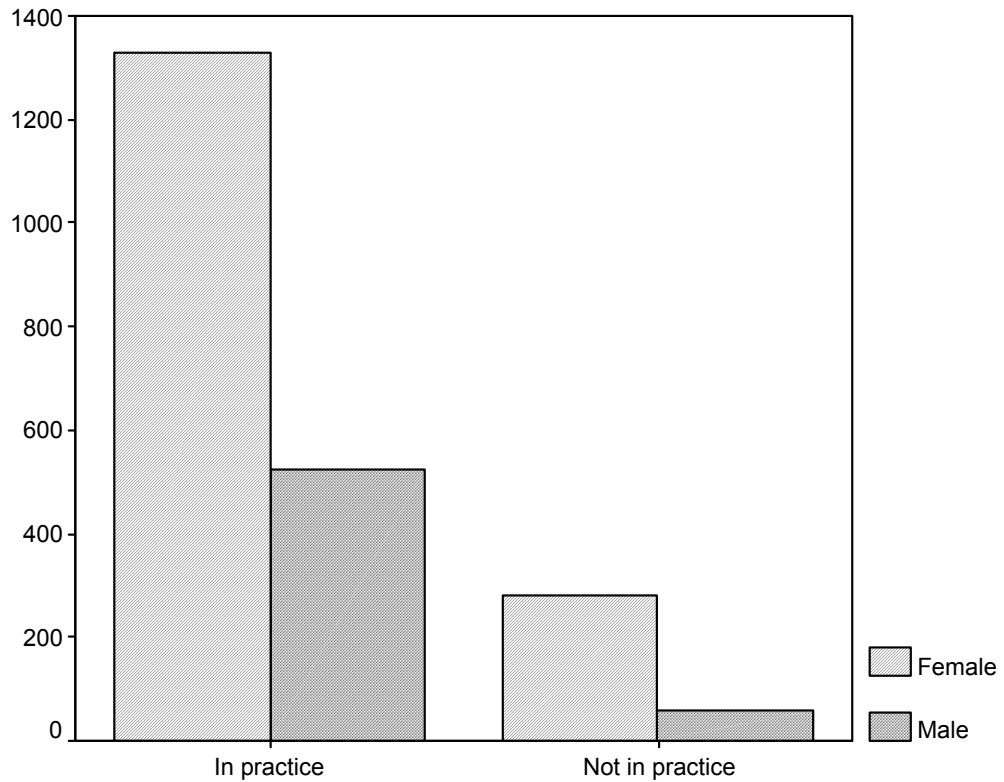


Figure 3.2.1: *Distribution of males/females in/not in clinical practice*

3.3: Reasons not in clinical practice

	Frequency	Percent
Financial difficulties	59	18.2
Working in the industry	44	13.6
Other work commitments	42	13.0
Absence from practice	33	10.2
Parenting	32	9.9
Maternity leave	26	8.0
University study	25	7.7
Setting up practice	23	7.1
Illness or misadventure	23	7.1
Retired	15	4.6
Litigation	2	.6
Total	324	100.0
No Response	14	
Total	338	

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
Under 25	70	3.2
26-35	521	23.8
36-45	667	30.4
46-55	653	29.8
Over 55	281	12.8
Total	2192	100.0
No Res	11	
Total	2203	

Table 3.4.1: *Age range of respondents*

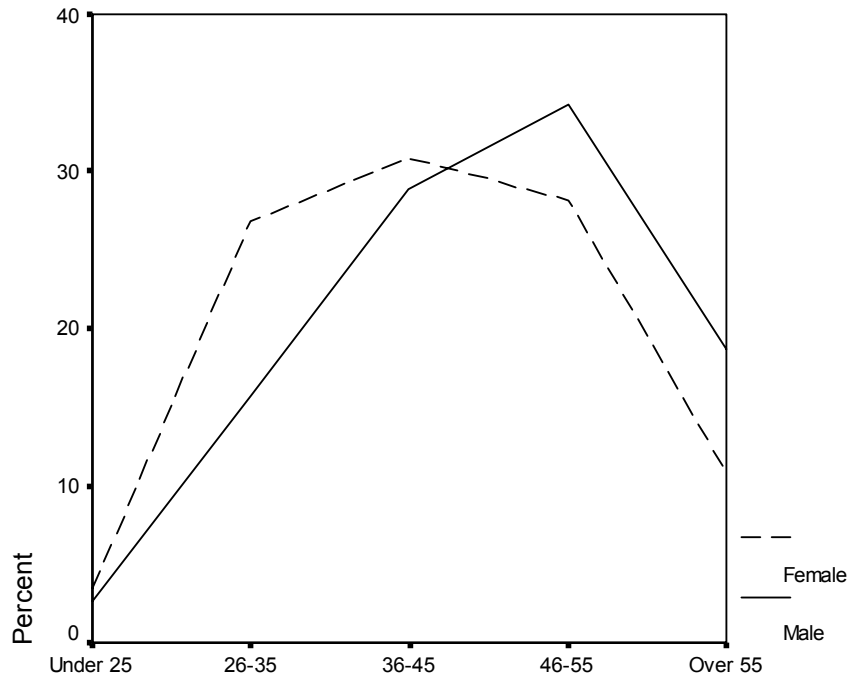


Figure 3.4.1: *Distribution of percentage of male/female respondents by age*

3.5: Geographical distribution of practitioners

	Frequency	Percent	Cumulative Percent
Sydney metropolitan	518	24.8	24.8
NSW country	409	19.6	44.5
Melbourne metropolitan	307	14.7	59.2
QLD country	202	9.7	68.9
Brisbane metropolitan	153	7.3	76.2
VIC country	140	6.7	82.9
Perth metropolitan	128	6.1	89.1
Adelaide metropolitan	93	4.5	93.5
SA country	39	1.9	95.4
ACT	32	1.5	96.9
WA country	26	1.2	98.2
TAS country	15	.7	98.9
Hobart metropolitan	13	.6	99.5
NT	10	.5	100.0
Total	2085	100.0	
No Response	118		
Total	2203		

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

	% of CM workforce	% of Australian population
NSW	44.5	34.00
ACT	1.5	1.65
Total VIC	21.4	24.70
Total QLD	17.0	18.65
Total SA	6.3	7.77
Total WA	7.4	9.78
Total TAS	1.3	2.40
NT	0.5	1.00

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

		Female	Male	Total
Syd metropolitan	Count	369	148	517
	% within Location	71.4%	28.6%	100.0%
	% within Gender	24.4%	26.3%	24.9%
NSW country	Count	308	98	406
	% within Location	75.9%	24.1%	100.0%
	% within Gender	20.4%	17.4%	19.6%
ACT	Count	24	8	32
	% within Location	75.0%	25.0%	100.0%
	% within Gender	1.6%	1.4%	1.5%
Mel metropolitan	Count	210	96	306
	% within Location	68.6%	31.4%	100.0%
	% within Gender	13.9%	17.1%	14.7%
VIC country	Count	96	44	140
	% within Location	68.6%	31.4%	100.0%
	% within Gender	6.3%	7.8%	6.7%
Bris metropolitan	Count	112	40	152
	% within Location	73.7%	26.3%	100.0%
	% within Gender	7.4%	7.1%	7.3%
QLD country	Count	144	58	202
	% within Location	71.3%	28.7%	100.0%
	% within Gender	9.5%	10.3%	9.7%
Ade metropolitan	Count	69	22	91
	% within Location	75.8%	24.2%	100.0%
	% within Gender	4.6%	3.9%	4.4%
SA country	Count	30	9	39
	% within Location	76.9%	23.1%	100.0%
	% within Gender	2.0%	1.6%	1.9%
Perth metropolitan	Count	95	32	127
	% within Location	74.8%	25.2%	100.0%
	% within Gender	6.3%	5.7%	6.1%
WA country	Count	23	3	26
	% within Location	88.5%	11.5%	100.0%
	% within Gender	1.5%	.5%	1.3%
Hob metropolitan	Count	10	3	13
	% within Location	76.9%	23.1%	100.0%
	% within Gender	.7%	.5%	.6%
TAS country	Count	14	1	15
	% within Location	93.3%	6.7%	100.0%
	% within Gender	.9%	.2%	.7%
NT	Count	9	1	10
	% within Location	90.0%	10.0%	100.0%
	% within Gender	.6%	.2%	.5%
Total	Count	1513	563	2076
	% within Location	72.9%	27.1%	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*

*Australian Traditional- Medicine Society and Australian Natural Therapists Association 2002
Combined National Workforce Survey of Acupuncturists, Herbalists and Naturopaths*

	Frequency	Percent	Cumulative Percent
Total NSW	927	44.5	44.5
ACT	32	1.5	46.0
Total VIC	447	21.4	67.4
Total QLD	355	17.0	84.5
Total SA	132	6.3	90.8
Total WA	154	7.4	98.2
Total TAS	28	1.3	99.5
Total NT	10	.5	100.0
Total	2085	100.0	
No Res	118		
Total	2203		

Table 3.5.4: Total number of respondents by state

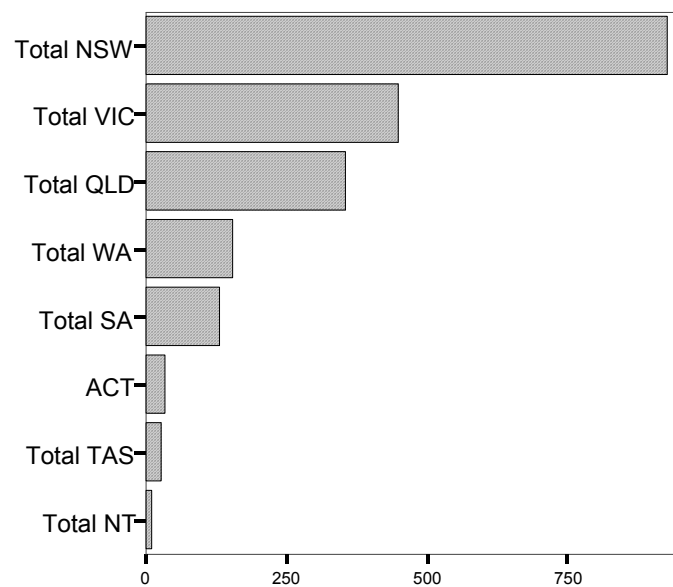


Figure 3.5.1: Distribution of total number of respondents by state

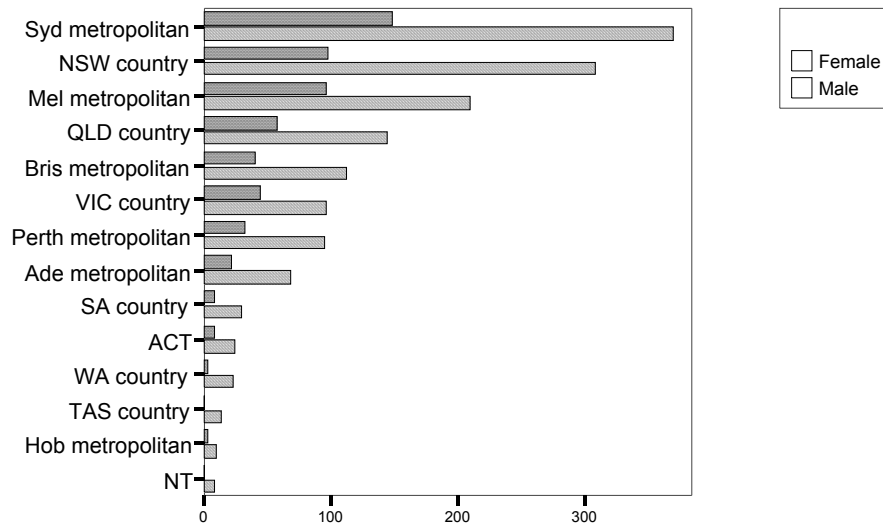


Figure 3.5.2: Distribution of male/female respondents by state, country or metropolitan location

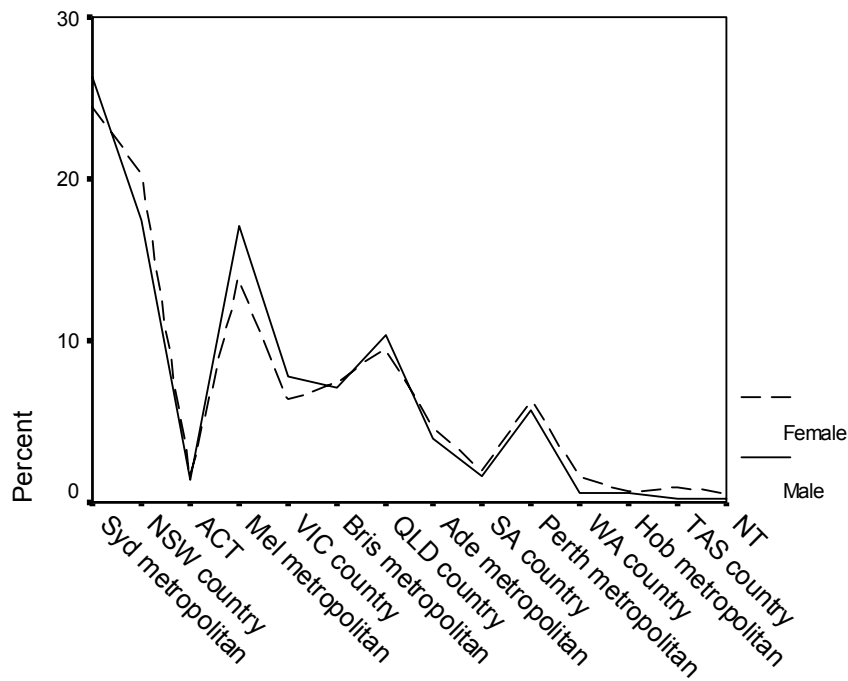


Figure 3.5.3: Distribution of percentage of male/female respondents by state, country or metropolitan location

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 four percent (448) of practitioners carry out 1-5 consultations per week. Of those carrying out 1-5 consultations, 35% (155) graduated in the year 2000 and after, indicating that these practitioners 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 (1,867) in an average week is 31,866. Assuming 48 working weeks per year per practitioner, this sample population carries out 1,529,568 consultations per year. The average number of consultations per week per practitioner is 18

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 (28.2%) than men (13.6%) have 1-5 consultations per week. Twenty five percent of women and 20.8% of men have 11-20 consultations per week. In the next brackets, men's consultations increase and 19.1% of men and 14.5% of women have 21-30 consultations per week, and proportionately more men (11.5%) than women (6.7%) have 31-40 consultations. 20.1% of men and 5.5% 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 25.5% and 27.8% of practitioners respectively was 11-20 and 21-30.

Table 4.3.1. shows the number of years that respondents have been in clinical practice. Of the 754 (40.4%) of practitioners who have been in practice for 1-5 years, 91.3% 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 4.3.2. shows the co-relation between the number or years practitioners have been in clinical practice and the number of consultations that practitioners have in an average week. Figure 4.3.2. shows the proportion of consultations in an average week by number of years in practice. While a sizeable proportion of practitioners have 11-

20 consultations per week, those practitioners with less than 10 years of clinical experience have proportionately less consultations than those with more than 11 years of clinical experience. For example, 37.3% of practitioners in practice for 1-5 years have 1-5 consultations per week and 4% and 2.3%, respectively have 31-40 and over 40 consultations. In contrast, of those practitioners in practice for over 21 years, 7.1% have 1-5 consultations per week as opposed to 14.8% and 24.7%, respectively that have 31-40 and over 41 consultations per week. Similarly, while 63.2% of those who have 1-5 consultations per week have been in practice for 1-5 years, 2.9% of those who have 1-5 consultations per week have been in practice for over 21 years (Table 4.3.2.).

Table 4.4.1. shows the type of premises used for practice and Table 4.5.1. shows the type of practice. Thirty six percent of practitioners practise from home, 37.7% cited commercial premises, 23.2% multi-disciplinary clinics, 1.3% mobile clinics and less than 1% practise in a resort. Fifty nine percent of practitioners are solo practitioners, 21% practise in a multi-disciplinary team of complementary medicine practitioners, and 2.2% 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 or ANTA. The largest of these was the 379 (17.2%) of respondents who were members of the National Herbalists Association of Australia.

4.1: Consultations per week

	Frequency	Percent	Cumulative Percent
1-5	448	24.0	24.0
6-10	345	18.5	42.5
11-20	445	23.8	66.3
21-30	296	15.9	82.2
31-40	152	8.1	90.3
Over 41	181	9.7	100.0
Total	1867	100.0	
No Res	174		
Total	2041		

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

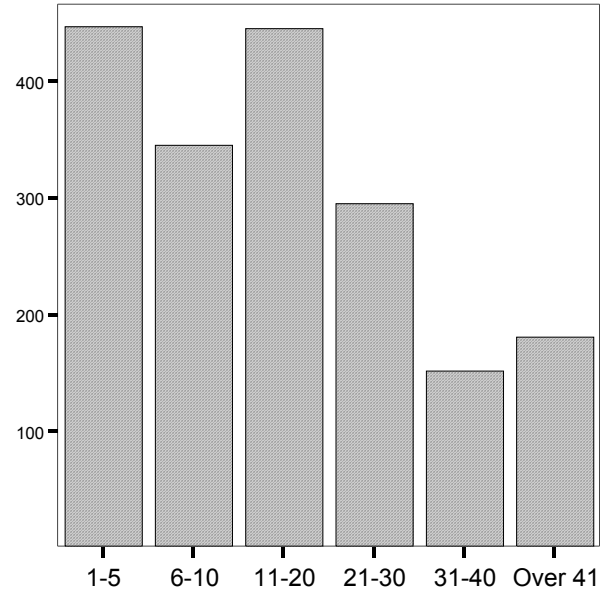


Figure 4.1.1: *Distribution of number of consultations by practitioners in an average week*

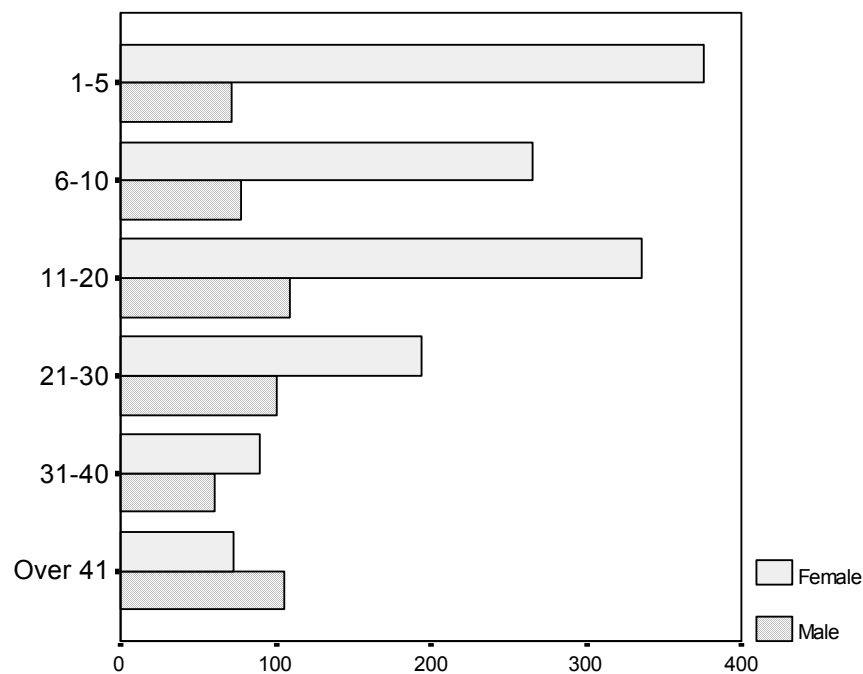


Figure 4.1.2: *Distribution of number of consultations by male/female practitioners in an average week*

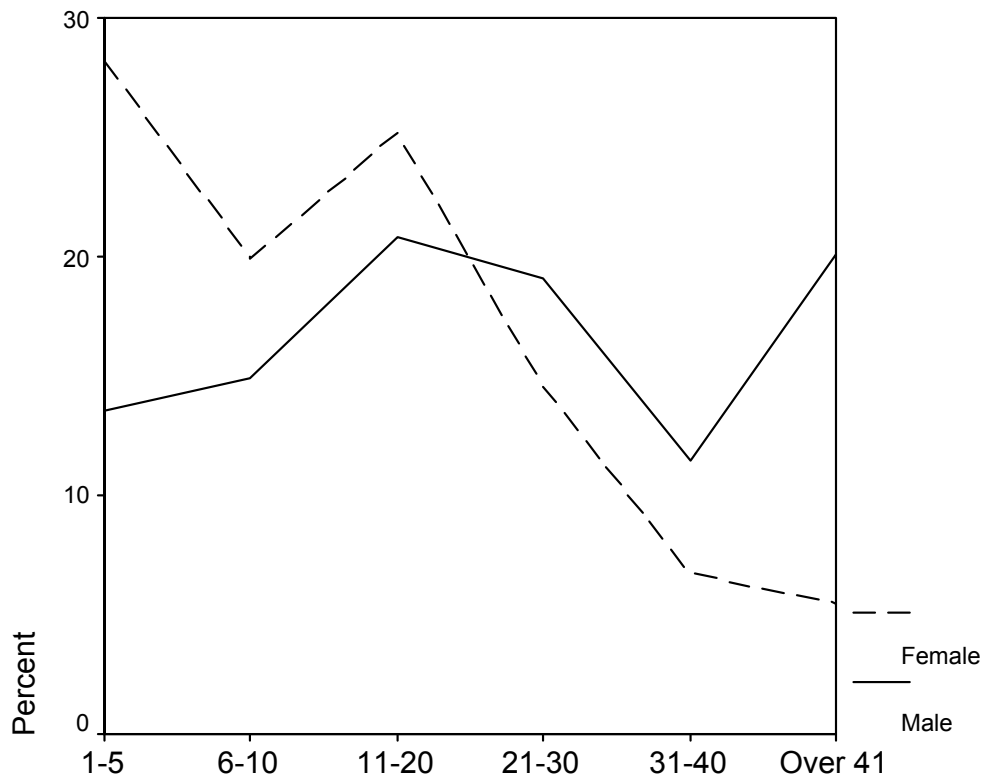


Figure 4.1.3: *Distribution of percentage of male/female practitioners by number of consultations in an average week*

4.2: Ideal number of consultations in an average week

	Frequency	Percent	Cumulative Percent
1-5	58	3.1	3.1
6-10	192	10.3	13.4
11-20	474	25.5	38.9
21-30	517	27.8	66.8
31-40	300	16.1	82.9
41-50	170	9.1	92.0
Over 51	148	8.0	100.0
Total	1859	100.0	
No Res	182		
Total	2041		

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

4.3: Number of years in clinical practice

	Frequency	Percent
1-5	754	40.4
6-10	421	22.6
11-15	291	15.6
16-20	215	11.5
Over 21	185	9.9
Total	1866	100.0
No Res	175	
Total	2041	

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

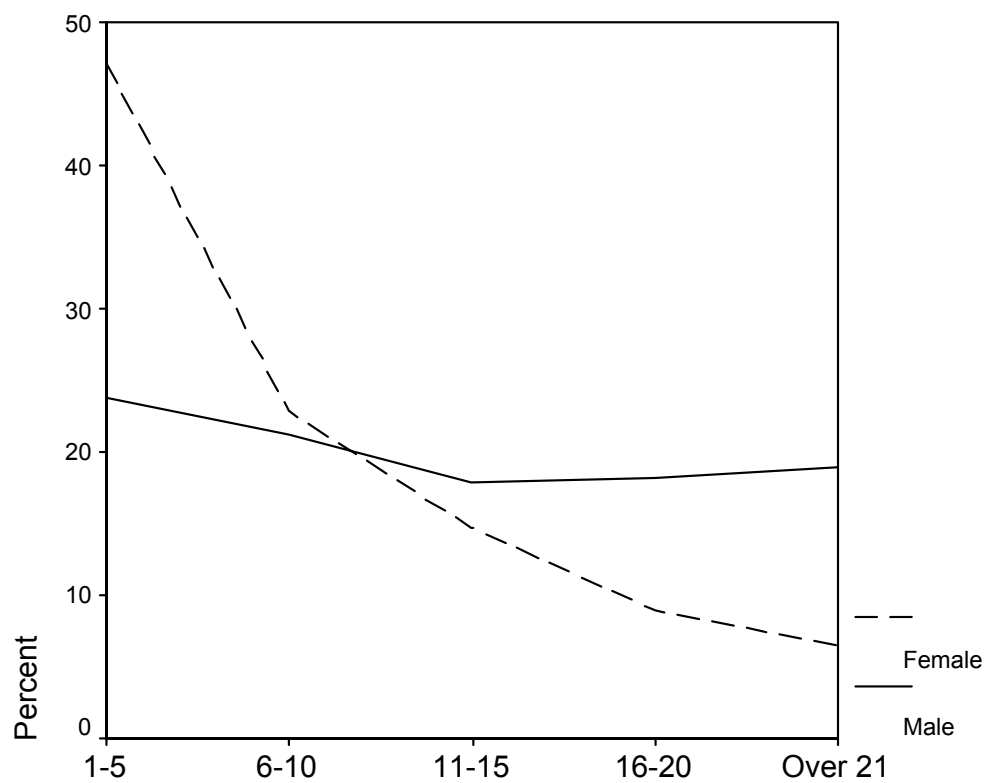


Figure 4.3.1: Distribution of percentage of male/female practitioners by years in clinical practice

			Years in practice				
			1-5	6-10	11-15	16-20	Over 21
Consultations (Av.Wk.)	1-5	Count	280	82	44	24	13
		% within Consultations (Av.Wk.)	63.2%	18.5%	9.9%	5.4%	2.9%
		% within Years in practice	37.3%	19.6%	15.2%	11.2%	7.1%
	6-10	Count	195	68	48	22	12
		% within Consultations (Av.Wk.)	56.5%	19.7%	13.9%	6.4%	3.5%
		% within Years in practice	26.0%	16.3%	16.6%	10.2%	6.6%
	11-20	Count	153	108	77	57	45
		% within Consultations (Av.Wk.)	34.8%	24.5%	17.5%	13.0%	10.2%
		% within Years in practice	20.4%	25.8%	26.6%	26.5%	24.7%
	21-30	Count	76	83	53	43	40
		% within Consultations (Av.Wk.)	25.8%	28.1%	18.0%	14.6%	13.6%
		% within Years in practice	10.1%	19.9%	18.3%	20.0%	22.0%
	31-40	Count	30	40	27	28	27
		% within Consultations (Av.Wk.)	19.7%	26.3%	17.8%	18.4%	17.8%
		% within Years in practice	4.0%	9.6%	9.3%	13.0%	14.8%
Over 41	Count	17	37	41	41	45	
	% within Consultations (Av.Wk.)	9.4%	20.4%	22.7%	22.7%	24.9%	
	% within Years in practice	2.3%	8.9%	14.1%	19.1%	24.7%	
Total	Count	751	418	290	215	182	
	% within Consultations (Av.Wk.)	40.5%	22.5%	15.6%	11.6%	9.8%	
	% within Years in practice	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 4.3.2: *Number and percentages of consultations in an average week by years in clinical practice.*

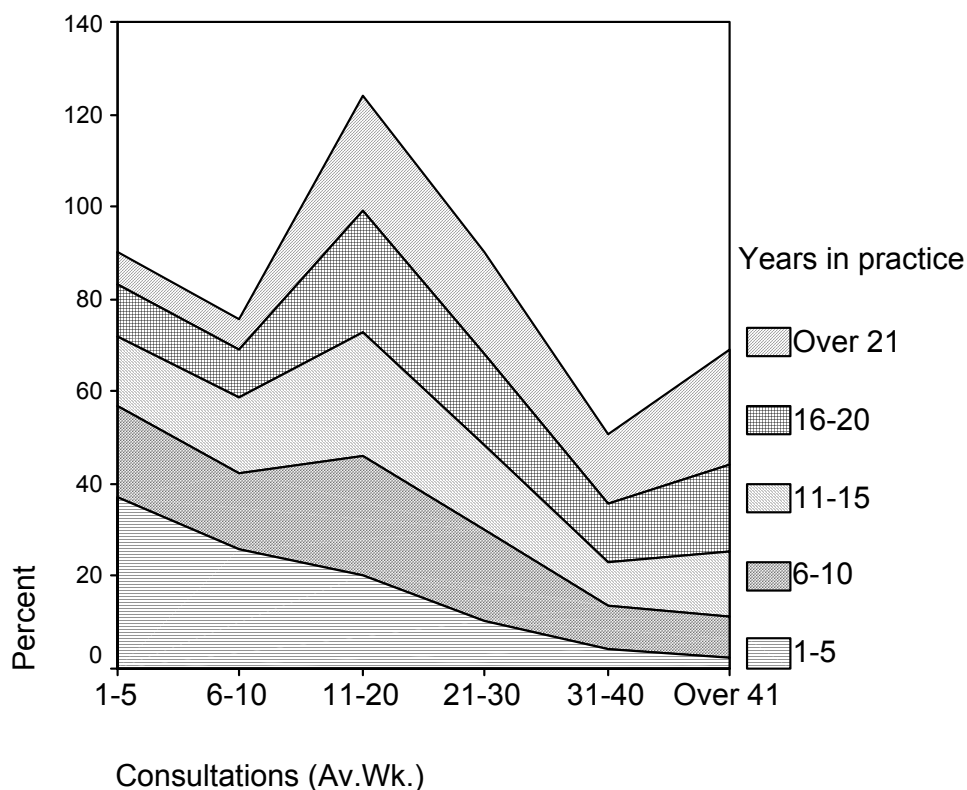


Figure 4.3.2: *Proportion of consultations by practitioners in an average week by number of years in clinical practice*

4.4: Location of practice

	Frequency	Percent
Commercial premises	707	37.7
At home	673	35.9
Multidisciplinary clinic	434	23.2
Other	30	1.6
Mobile clinic	24	1.3
Resort	6	.3
Total	1874	100.0
No Response	167	
Total	2041	

Table 4.4.1: *Types of premises used for practice*

4.5: Type of practice

	Frequency	Percent
Self	1116	59.5
Multidisciplinary CM practitioners	396	21.1
Others	158	8.4
Other CM practitioner	54	2.9
Multidisciplinary including GP	47	2.5
Multidisciplinary including mainstream practitioners	44	2.3
Massage therapist/s	41	2.2
Family Member	20	1.1
Total	1876	100.0
No Response	165	
Total	2041	

Table 4.5.1: Type of practice – solo or multidisciplinary

4.6: Membership in complementary medicine associations

	Frequency	Percent
NHAA National Herbalists Association Australia	376	45.5
Other	175	21.2
Australian Homoeopathic Associations	61	7.4
Traditional Chinese Medicine Associations	58	7.0
AACMA	49	5.9
ANTA & ATMS	46	5.6
Massage Associations	29	3.5
AROH Australian Register of Homeopaths	15	1.8
VHA Victorian Herbalist Association	9	1.1
CMA Complementary Medicine Association	6	.7
AROH & NHAA	2	.2
NHAA & CMA	1	.1
Total	827	100.0
No Response	1376	
Total	2203	

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

5. Educational Qualifications

Table 5.1.1. shows the name of the qualification completed by respondents. Sixty five percent of respondents have a diploma; 15% an advanced diploma; and 10.5% 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 2% an overseas diploma. Less than 1% have a Bachelor and Masters degree (9), and less than 1% have a Masters degree (10) or a postgraduate or graduate diploma from a tertiary institution (9). One percent (25), 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 six percent of respondents attended, the Southern School of Natural Therapies (9%), Nature Care (9%), the Dorothy Hall College of Herbal Medicine (9%) or Queensland Institute of Natural Sciences (9%). 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 7.45% of attendances.

Table 5.3.1. shows the length of course attended by respondents. Less than 1% of respondents had one year of training. 11% cited two years, 28% had three years training and the majority, 43%, had four years. Eleven percent had five years and 6% 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, 50% of practitioners trained, indicating that the number of practitioners more than doubled in that time. Similarly, in 2000 and after, a further 23% 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 25% 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	1425	65.5	65.5
Advanced Diploma	326	15.0	80.5
Bachelor Complementary Medicine	228	10.5	91.0
Overseas Degree	43	2.0	93.0
Qualification in Acupuncture & Naturopathy or Herbalism	42	1.9	94.9
Overseas Diploma	39	1.8	96.7
Grandfather Clause	25	1.1	97.9
Diploma with Bachelor in progress	16	.7	98.6
Masters Degree	10	.5	99.1
Post Graduate or Graduate Diploma from Tertiary Instiution	9	.4	99.5
Bachelor & Masters Degree	9	.4	99.9
Certificate	2	.1	100.0
Total	2174	100.0	
No Response	29		
Total	2203		

Table 5.1.1: Name of qualification

5.2: Educational institution

	Frequency	Percent	Cumulative Percent
SSNT	196	9.1	9.1
NC	193	9.0	18.1
DH	191	8.9	26.9
QINS	187	8.7	35.6
MCNM	141	6.5	42.2
SCHS	124	5.8	47.9
ACNM	105	4.9	52.8
Overseas	101	4.7	57.5
HSA	100	4.6	62.1
ACNT	84	3.9	66.0
PANT	78	3.6	69.6
SACNT	78	3.6	73.3
NSWCNT	61	2.8	76.1
Other	58	2.7	78.8
ANT	53	2.5	81.2
NCHM	35	1.6	82.9
ACA (Syd)	34	1.6	84.4
UNE	34	1.6	86.0
SCU	33	1.5	87.6
CSU	32	1.5	89.0
UTS	30	1.4	90.4
AIAS	25	1.2	91.6
BCANT	25	1.2	92.8
AIHM	20	.9	93.7
NIHS	17	.8	94.5
VUT	17	.8	95.3
LC	16	.7	96.0
EC	14	.6	96.7
SCTCM	12	.6	97.2
NSWSNM	11	.5	97.7
ACA (Mel)	9	.4	98.1
HCAS	7	.3	98.5
UWS	7	.3	98.8
RMIT	6	.3	99.1
COSS	6	.3	99.4
NCTM	5	.2	99.6
Tafe	4	.2	99.8
RM	2	.1	99.9
ATCCM	2	.1	100.0
USYD	1	.0	100.0
Total	2154	100.0	
No Res	49		
Total	2203		

Table 5.2.1: Educational institutions attended by respondents

5.3: Course length

	Frequency	Percent	Cumulative Percent
One year	8	.4	.4
Two years	245	11.4	11.8
Three years	604	28.2	40.0
Four Years	924	43.1	83.0
Five years	237	11.0	94.1
More than five years	127	5.9	100.0
Total	2145	100.0	
No Response	58		
Total	2203		

Table 5.3.1: Length of course attended by respondents

5.4: Years of course completion

	Frequency	Percent	Cumulative Percent
Pre 1969	14	.7	.7
1970-1979	87	4.1	4.8
1980-1989	463	21.8	26.5
1990-1995	488	23.0	49.5
1996-1999	582	27.4	76.9
2000 and after	491	23.1	100.0
Total	2125	100.0	
No Response	78		
Total	2203		

Table 5.4.1: Year course completed by respondent

5.5: Course satisfaction

	Frequency	Percent
Yes	1614	75.1
No	534	24.9
Total	2148	100.0
No Res	55	
Total	2203	

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 (62.5%) than men (40%) have earnings under \$30,000. There are proportionately more men than women in the upper income brackets. Although men are 26.6% of the sample population, they are 55.6% of those earning over \$100,000, where 11.8% of men (59) outnumber 3.6% of women (47). Proportionately more men (54.5%) than women (37.8%) 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. Seven eight percent (1411) earn less than \$50,001 and 22% (406) 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. Figures 6.2.1 shows the distribution of practitioners' personal gross annual income derived from clinical practice for each income category. Figure 6.2.2. shows the proportion of practitioners deriving percentage of personal gross annual income from clinical practice by number of years in practice. Income derived from clinical practice increases proportionately with more years in practice. For example, 35% of those who have been in practice for 1-5 years derive 81-100% income from clinical practice, 45% do so for 6-10 years of practice, 47% for 11-15 years, 49% for 16-20 years, and 53.5% for over 21 years (see Figure 6.2.2.).

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

- ninety percent of practitioners had an Australian Business Number (ABN) (Table 6.4.1.)
- sixty six 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 eight percent of practitioners charge the GST for medicine sold to patients (Table 6.7.1.)

6.1: Income of practitioners

	Frequency	Percent
\$0-\$5 000	185	10.2
\$5 001-\$10 000	172	9.5
\$10 001-\$20 000	308	17.0
\$20 001-\$30 000	356	19.6
\$30 001-\$50 000	390	21.5
\$50 001-\$60 000	149	8.2
\$60 001-\$80 000	94	5.2
\$80 001-\$100 000	53	2.9
Over \$100 001	110	6.1
Total	1817	100.0
No Res	224	
Total	2041	

Table 6.1.1: Personal gross annual income of practitioners

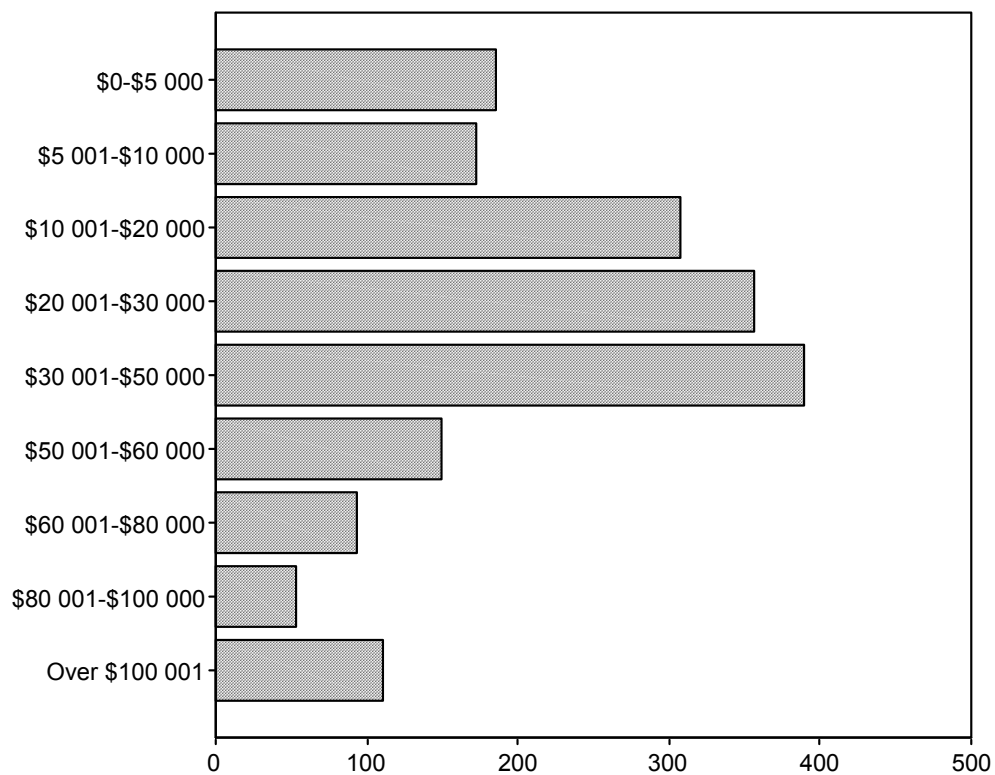


Figure 6.1.1: Distribution of personal gross annual income

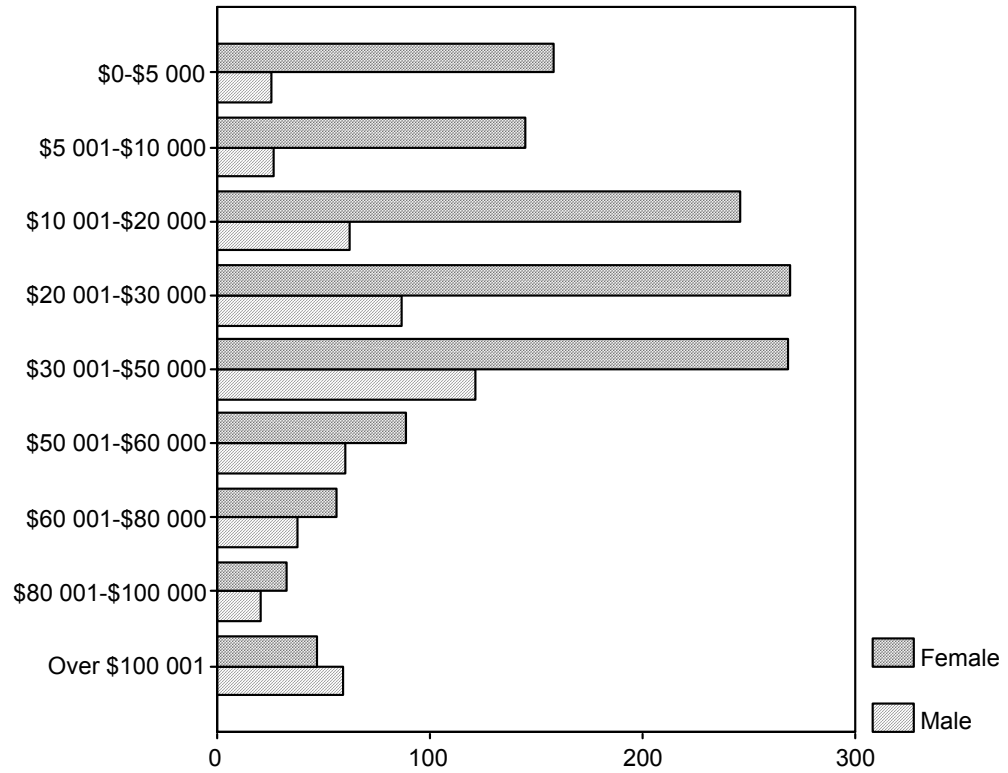


Figure 6.1.2: *Distribution of personal gross annual income for male/female practitioners*

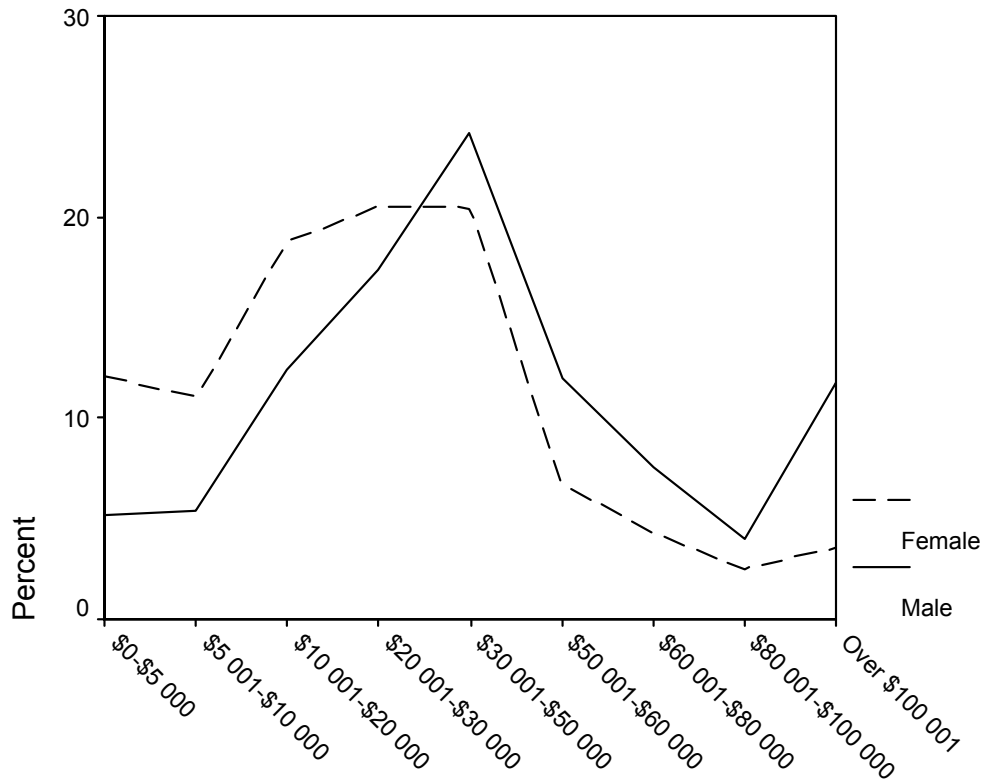


Figure 6.1.3: *Distribution of personal gross annual income for percentage of male/female practitioners*

	Frequency	Percent
Over \$50 000	406	22.3
Under \$50 001	1411	77.7
Total	1817	100.0
No Res	224	
Total	2041	

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

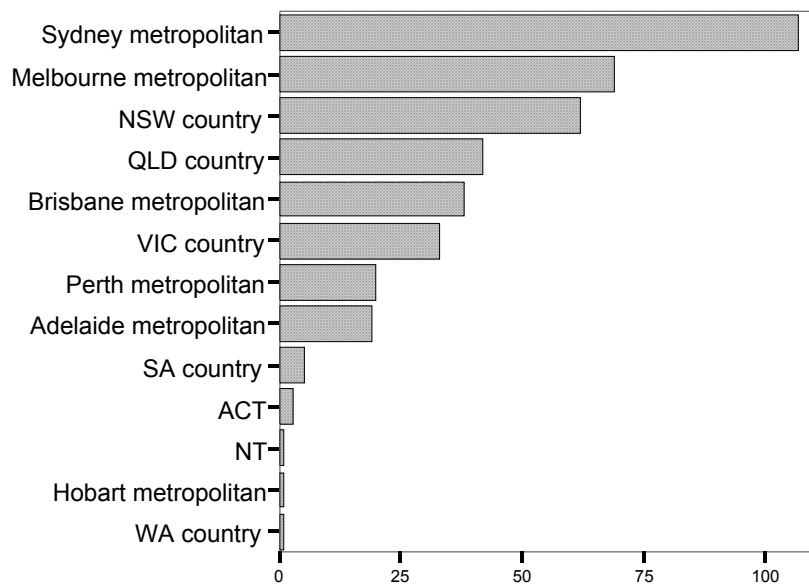


Figure 6.1.4: *Distribution of number of practitioners earning over \$50,000 by state, country or metropolitan location*

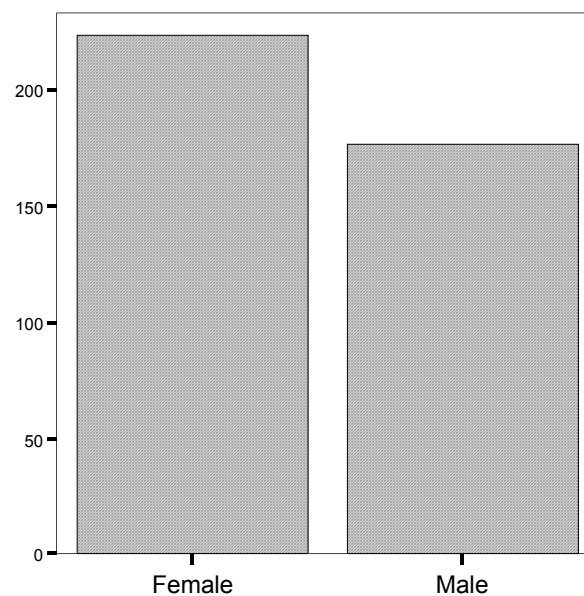


Figure 6.1.5: *Distribution of number of male/female practitioners earning over \$50,000*

6.2: Percentage of income derived from clinical practice

	Frequency	Percent
0-20%	394	21.9
21-40%	218	12.1
41-60%	186	10.3
61-80%	240	13.3
81-100%	764	42.4
Total	1802	100.0
No Res	239	
Total	2041	

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

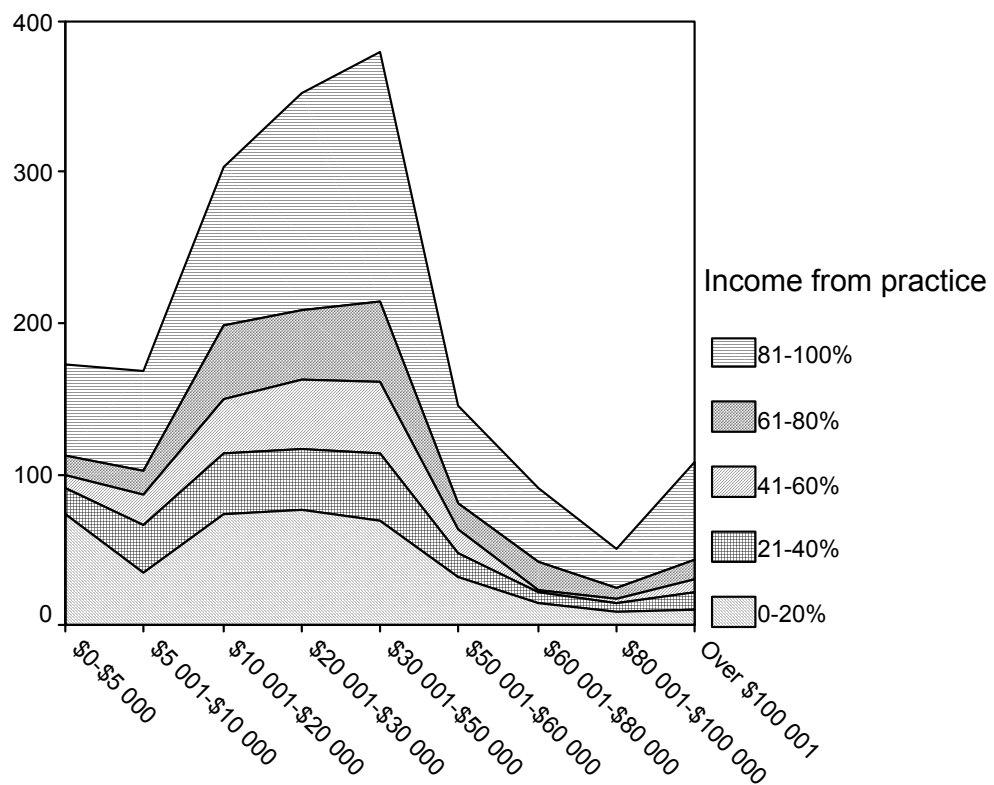


Figure 6.2.1: *Distribution of practitioners' personal gross annual income derived from clinical practice for each income category*

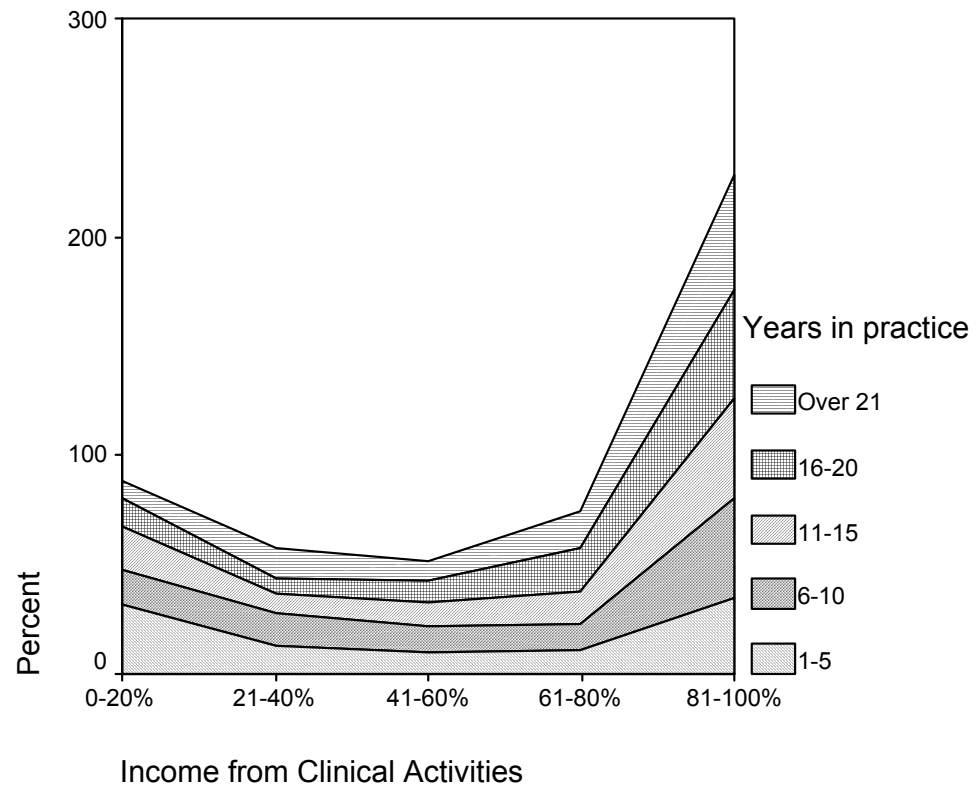


Figure 6.2.2: *Proportion of practitioners deriving percentage of personal gross annual income from clinical practice by number of years in practice*

6.3: Rebates from health funds

	Frequency	Percent
0-20%	534	29.3
21-40%	378	20.7
41-60%	428	23.5
61-80%	340	18.7
81-100%	142	7.8
Total	1822	100.0
No Res	219	
Total	2041	

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

6.4: ABNs (Australian Business Numbers)

	Frequency	Percent
Yes	1683	89.9
No	190	10.1
Total	1873	100.0
No Res	168	
Total	2041	

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

	Frequency	Percent
Yes	1234	66.3
No	626	33.7
Total	1860	100.0
No Res	181	
Total	2041	

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

	Frequency	Percent
Yes	180	9.8
No	1648	90.2
Total	1828	100.0
No Res	213	
Total	2041	

*Table 6.6.1: Number of practitioners who charge the GST for their services***6.7: GST charged for medicines**

	Frequency	Percent
Yes	1233	68.2
No	575	31.8
Total	1808	100.0
No Res	233	
Total	2041	

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 (see Table 7.1.1.)

7.1: GST status after 30 June 2003

	Frequency	Percent
Yes	1769	97.3
No	50	2.7
Total	1819	100.0
No Res	222	
Total	2041	

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

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. One respondent's entry was excluded from the sample, because it was considered unreliable. Seventeen percent (346) of practitioners reported adverse reaction/s. Table 8.1.1. shows the types of adverse reactions reported. Table 8.2.1. shows the number of times the adverse reaction/s occurred and Table 8.3.1. shows the year/years in which the adverse reaction/s occurred. Table 8.4.1. shows that, of the 346 adverse reaction/s, 15.6% (54) 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. (Figure 8.5.1.). Those that reported adverse reactions had also been longer in clinical practice than the total sample (see Figure 8.5.2.).

Thirty eight percent (131) described conditions such as “*sleepiness*”, “*insomnia*”, “*light-headedness*”, “*feeling faint*”, “*hot flushes*”, “*energy reduction*”, “*dizziness*”, “*headaches*”, “*close to fainting*”, “*slight serotonin overload*”, or the client felt “*physically unwell*” and “*digestive conditions*”. The latter included all manner of “*stomach upsets*”, “*cramps*”, or problems such as “*a burning sensation in the stomach region*”, “*cramping*”, “*flatulence*”, “*abdominal bloating*”, “*gastro-intestinal pain*”, “*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. There was a “*missed menstrual period*” and a case of “*enuresis*”.

Twenty five percent (88) reported skin reactions. These included cases of “*aggravation of eczema*” and “*allergic reactions to massage oil*”. Other skin reactions were variously described as “*allergy to herbs*”, “*itchiness*”, “*skin rashes*”, “*puffiness around the eyes*”, “*oedema of the face*”, “*skin hyper-sensitivity to sunlight*”, an “*increase in boils*”, an “*itchy throat*” and “*peeling skin in the mouth and tongue*”. Five percent (18) reporting exacerbation of symptoms included “*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*”. Three percent (11) reporting bruising after massage or acupuncture included “*occasional bruising*”, “*painful reaction to needles*” and “*small haematomas*”. Two percent (7) reporting muscular distress described “*aggravated muscle problems*”, “*pain increase*”, “*an arthritic reaction*”, “*muscle twitching*”, “*an inflammatory reaction to soft tissue work*” and “*muscular pain after remedial treatment*”. One percent (4) reported cases of asthma or “*breathing difficulties*”, including an “*aggravation of breathing difficulties in an emphysema patient*”. Less than 1% (3) reported “*palpitations*” and

“anxiety”. And less than 1% (3) reported emotional problems such as “an emotional upset”, “an anxiety attack” and “nightmares”. There were two reported “moxa burns” and one case of “bleeding”.

Twenty percent (48) listed more than two or three types of adverse reactions. These were, in general, very similar to the conditions cited above.

Fifteen percent (54) 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 upsets”, “pain in liver”, “increased urination”, “intestinal pain”, “headaches”, “vomiting” and “diarrhoea”, and existing conditions that became exaggerated or intensified. There were cases of muscular discomfort following massage or acupuncture. One respondent cited “the need for anti-inflammatory [medication] on occasion”. There was a case of “kidney aggravation” and two instances of “bleeding”. There were four reports of asthma or “breathing difficulties”, “one broken acupuncture needle which required minor surgery”, a “moxa burn”, an “anaphylactic response”, and “a thrombosis of the left leg”. There were a few cases that respondents implied had little to do with CM treatment, such as a case of “feeling faint due to excessive exercise while on a weight-loss program”.

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. These respondents reported reactions as “minor” or “slight”, commenting that they were “detox reactions” that usually “resolved spontaneously” or “settled down” with “no continuing effect”. These 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; 11.3% indicated a few spanning many years of practice; 8.5% answered routinely, weekly, twice yearly, indicating that they considered these reactions to be a matter of course. Of those practitioners (211) who specified the year of adverse reaction, a disproportionate number 68.7% (145), specified the years 1999-2002 (Table 8.3.1.). The manner of reporting adverse reactions in this group was markedly similar, in that conditions were precisely dated. Using ten 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.*” Respondent Six wrote, “*Skin reaction, twice, 2001 and 1999*”. Respondent Seven wrote, “*Skin reaction, once, 2000; digestive upset, once, 2001*”. Respondent Eight wrote, “*Skin reaction, twice, 2002, 2000; minor gastric/bloating abdominal, three times, 2000, 2001, 2002*”. Respondent Nine wrote, “*Dermatitis/skin reaction to lavender oil, once, 2001; diarrhoea from soy milk, once 2002; reaction to digestive enzymes (papain) [leading to] fatigue and nausea, once, 1999*”. Respondent Ten wrote “*Nausea/Headache, twice, 2001*”. Although these ten practitioners cited a total of 28 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 two 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 16.7% of these practitioners had a Bachelor degree, as opposed to 11.6% of all those reporting adverse reactions and 10.5% of the total sample. Furthermore, of those who reported adverse reactions in the years 1999-2002 10.5% 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 8.3% of the total reporting adverse reactions and 7.4% 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	88	25.4
Headache/dizziness nausea/digestive	131	37.9
Respiratory	4	1.2
Palpitations	3	.9
Bleeding	1	.3
Emotional	3	.9
Muscular distress	7	2.0
Bruising	11	3.2
Exacerbation of symptoms	18	5.2
Accident	2	.6
Two of the above	75	21.7
Three of the above	3	.9
Total	346	100.0
No Response	1695	
Total	2041	

Table 8.1.1: Adverse reaction reported by practitioners; by type

8.2: Number of occurrences of adverse reactions

	Frequency	Percent
once	151	52.2
twice	53	18.3
three times	40	13.8
four times	19	6.6
Five or more times	26	9.0
Total	289	100.0
No Response	1752	
Total	2041	

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

8.3: Year/s of adverse reaction

	Frequency	Percent
1980-1990	14	6.6
1991-1995	20	9.5
1996-1998	32	15.2
1999-2002	145	68.7
Total	211	100.0
No Res	135	
Total	346	

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

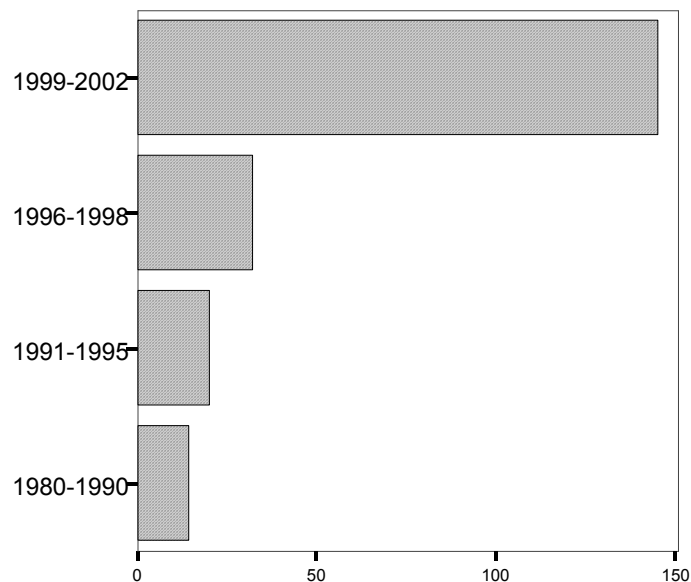


Figure 8.3.1: Distribution of year/s adverse reactions occurred

8.4 Adverse reactions requiring consultation with GP

	Frequency	Percent
Yes	54	15.6
No	292	84.4
Total	346	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	5.6	2.1
1980-1989	24.3	8.5
1990-1995	24.0	17.7
1996-1999	27.3	41.8
2000 and after	18.7	29.8
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

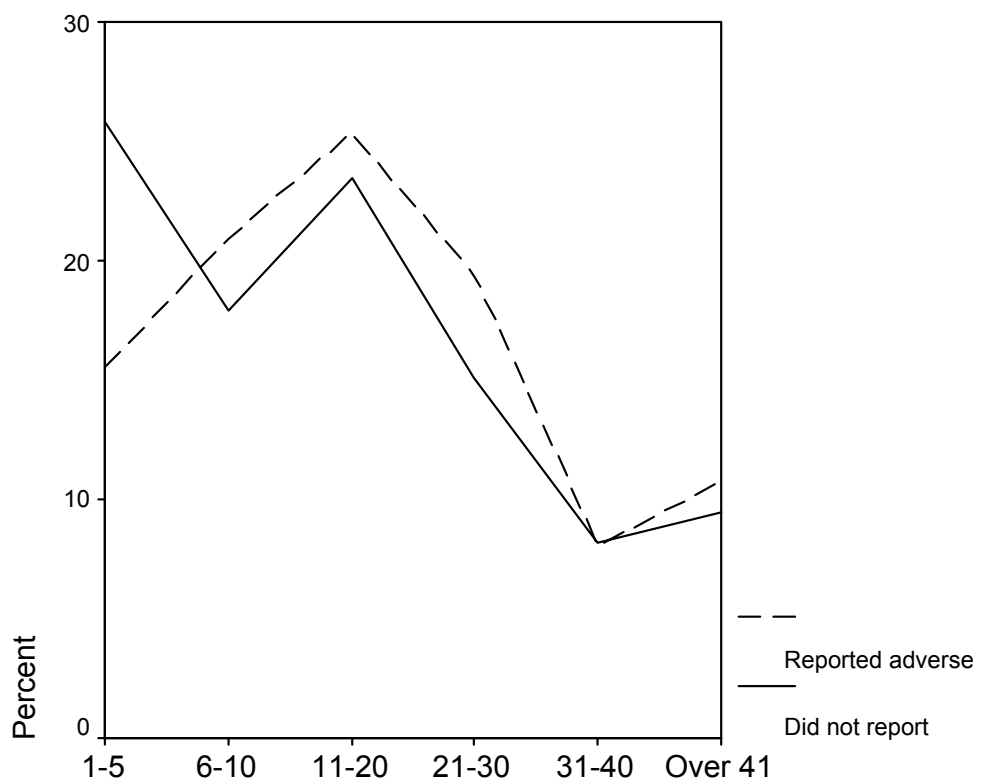


Figure 8.5.1: Distribution of percentage of those reporting and those not reporting adverse reactions; by number of patients in average week

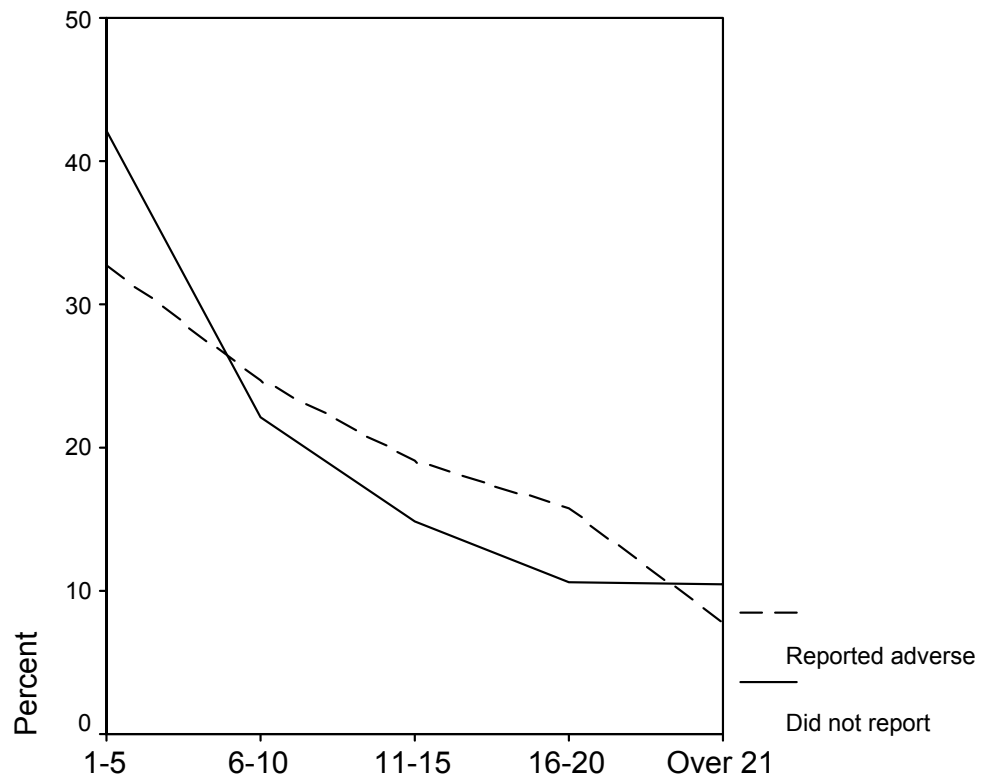


Figure 8.5.2: *Distribution of percentage of those reporting and those not reporting adverse reactions; by number of years in clinical practice*

APPENDIX 1:

**AUSTRALIAN
TRADITIONAL-MEDICINE SOCIETY**

2002 SURVEY FORM

2002 ATMS SURVEY

Could **all** members please complete this survey.

Information collected from this survey of members is to assist the development of a system so herbalists, acupuncturists and naturopaths can continue with GST-free status after 30 June 2003, as well as provide updated information of the marketplace so ATMS can better develop its policies for all members.

All information gathered is anonymous. Please do not write your name or identify yourself on this form. All survey forms will be destroyed after the information has been collated.

Please answer all questions by placing a tick (✓) in the box where appropriate, and return this survey to ATMS as soon as possible. A reply paid envelope is enclosed for your convenience.

If you require information about this survey, please telephone the ATMS office on (02) 9809 6800.

1. For which of the following disciplines does ATMS accredit you?:

- Herbal Medicine Acupuncture Naturopathy
- Chinese Herbal Medicine Nutrition Homœopathy
- Remedial Massage Kinesiology Reflexology
- Shiatsu Sports Massage Aromatherapy
- Swedish Massage Chinese Massage Hypnotherapy
- Counselling Other

2. Please complete this table about your education in the above accredited disciplines:

Name of qualification eg diploma	Name of teaching college eg Sydney Herbal School	Length of course eg 2 years	Year completed eg 1987

3. Are you currently in clinical practice? Yes No

a) If you answered No, what is the main reason why you are not in clinical practice?

.....

.....

b) If you answered No, do you plan to commence practise by 30 June 2003?

Yes No

If you answered No to this question, please go straight to question 18.

4. How many patients do you see in an average week?

1-5 6-10 11-20 21-30 31-40

Over 41

5. In an ideal situation, how many patients would you like to see in a week?

1-5 6-10 11-20 21-30 31-40 41-50

Over 51

6. How many years have you been in clinical practice?

1-5 6-10 11-15 16-20

Over 21

7. Where is your practice mainly located?: at home
commercial premises

multidisciplinary clinic mobile clinic resort

other

8. Do you practise by yourself or with others?

Myself Others Which discipline?.....

9. Do you have an ABN (Australian Business Number)?
 Yes No
10. Are you registered for the GST? Yes No
11. If you ARE accredited in any one or more of either acupuncture, herbal medicine or naturopathy, do you charge the GST for your service?
 Yes No
12. If you are NOT accredited in any one or more of either acupuncture, herbal medicine or naturopathy, do you charge the GST for your service?
 Yes No
13. If you are accredited in any one or more of either acupuncture, herbal medicine or naturopathy, would you apply to a body to enable you to continue with GST-free status after 30 June 2003?
 Yes No
14. Do you charge the GST for medicines sold to patients? Yes No
15. What is your personal annual gross income (ie income before expenses and income tax)?
 \$0-\$5 000 \$5 001-\$10 000 \$10 001-\$20 000
 \$20 001-\$30 000 \$30 001-\$49 999 \$50 000-\$60 001
 \$60 001-\$80 000 \$80 001-\$100 000 Over \$100 001
16. From the total gross income you earn, what percentage comes only from clinical activities?
 0-20% 21-40% 41-60% 61-80%
 81-100%

26. Which articles in the Journal are of least interest to you?

.....

27. Would you prefer to receive the Journal by post or by email?

Post Email Both

28. What is your sex? Female Male

29. What is your age range?

Under 25 25-35 36-45 46-55

Over 55

30. If you have ever been in clinical practice in Australia, have you caused an adverse reaction due to your treatment?

Yes No

If yes, please complete the following table:

Type of adverse reaction eg skin reaction	Number of times occurred and in what year/s eg twice, 1989 and 1995	Did the patient need to see a medical practitioner about the adverse reaction? eg Yes, no medication prescribed

31. In what area is your clinic?

Sydney CBD Sydney Eastern Suburbs

Sydney Northern Suburbs Sydney Southern Suburbs

Sydney South Western Suburbs Sydney North Western Suburbs

- Blue Mountains region NSW Central Coast
- NSW Hunter Valley NSW South Coast region
- NSW Central West/Western Plains NSW North Coast
- NSW Northern Rivers region NSW New England region
- NSW Other ACT
- Melbourne Geelong region Ballarat region
- Victoria Other
- Brisbane Qld Gold Coast Qld Sunshine Coast
- Rockhampton/Townsville region Cairns region
- Qld Other
- Adelaide SA Country Perth WA Country
- Hobart Launceston Tasmania Other
- Northern Territory

Please return this Survey in the reply paid envelope **URGENTLY** to:

**ATMS Survey
PO BOX 1027
MEADOWBANK NSW 2114**

Thank you for completing this survey

APPENDIX 2:
AUSTRALIAN NATURAL THERAPISTS
ASSOCIATION

2002 SURVEY FORM

2002 ANTA SURVEY

Could **all** members please complete this survey.

Information collected from this survey of members is to assist in the development of a system so herbalists, acupuncturists and naturopaths can continue with GST-free status after 30 June 2003.

The survey questions have been developed in collaboration with ATMS and analysis of the survey will be undertaken collaboratively by ANTA and ATMS.

All information gathered is anonymous. Please do not write your name or identify yourself on this form. All survey forms will be destroyed after the information has been collated.

Please answer all questions by placing a tick (✓) in the box where appropriate, and return this survey to ANTA as soon as possible. A reply paid envelope is enclosed for your convenience.

If you require information about this survey, please telephone the ANTA office on 1800 817 577 .

1. For which of the following disciplines does ANTA accredit you?:

Herbal Medicine (Western) Acupuncture Naturopathy

Chinese Herbal Medicine Nutrition Homœopathy

Remedial Massage Aromatherapy Chinese Massage

Chiropractic Osteopathy Ayurvedic Medicine

Traditional Chinese Medicine

2. Please complete this table about your education in the disciplines you are accredited:

Name of qualification (e.g. Diploma of Naturopathy)	Name of Education Institution	Length of course (in years)	Year course completed

3. Are you currently in clinical practice? Yes No

a) If you answered No, what is the main reason why you are not in clinical practice?

.....

b) If you answered No, do you plan to commence practise by 30 June 2003?

Yes No

If you answered No to this question, please go straight to question 18.

4. How many patients do you see in an average week?

1-5 6-10 11-20 21-30 31-40

Over 41

5. In an ideal situation, how many patients would you like to see in a week?

1-5 6-10 11-20 21-30 31-40 41-50

Over 51

6. How many years have you been in clinical practice?

1-5 6-10 11-15 16-20

Over 21

7. Where is your practice mainly located?:

at home commercial premises

multidisciplinary clinic mobile clinic resort

other

8. Do you practise by yourself or with others?

Myself Others With whom?.....

9. Do you have an ABN (Australian Business Number)?
Yes No
10. Are you registered for the GST?
Yes No
11. If you ARE accredited in any one or more of acupuncture, herbal medicine or naturopathy, do you charge the GST for your service?
Yes No
12. If you are NOT accredited in any one or more of acupuncture, herbal medicine or naturopathy, do you charge the GST for your service?
Yes No
13. If you are accredited in any one or more of acupuncture, herbal medicine or naturopathy, would you apply to a body to enable you to continue with GST-free status after 30 June 2003?
Yes No
14. Would you prefer your application for registration for maintaining GST free services to be processed as it becomes due ,on your behalf through your association.
Yes No
15. Would you prefer to process your own application for registration for maintaining GST free services as it becomes due directly with the body responsible.
Yes No
16. Do you charge the GST for medicines sold to patients?
Yes No
17. What is your personal annual gross income (ie income before paying any tax)?
\$0-\$5 000 \$5 001-\$10 000 \$10 001-\$20 000
\$20 001-\$30 000

\$30 001-\$49 999 \$50 000-\$60 001 \$60 001-\$80 000
 \$80 001-\$100 000 Over \$100 001

18. From the total gross income you earn, what percentage comes **only** from clinical activities?

0-20% 21-40% 41-60% 61-80%
 81-100%

19. What percentage of your patients claim rebates from health funds?

0-20% 21-40% 41-60% 61-80%
 81-100%

20. Which other complementary medicine association/s do you belong to?

21. Do you consider your complementary medicine education adequately prepared you for clinical practice?

Yes No

22. What is your sex? Female Male

23. What is your age range?

Under 25 26-35 36-45 46-55
 Over 55

24. If you have ever been in clinical practice in Australia, have you caused an adverse reaction due to your treatment?

Yes No

If yes, please complete the following table:

Type of adverse reaction eg skin reaction	Number of times occurred and in what year/s eg twice, 1989 and 1995	Did the patient need to see a medical practitioner about the adverse reaction?

25. In what area is your clinic?

- Sydney CBD Sydney Eastern Suburbs
 Sydney Northern Suburbs Sydney Southern Suburbs
 Sydney South Western Suburbs Sydney North Western Suburbs
 Blue Mountains region NSW Central Coast
 NSW Hunter Valley NSW South Coast region
 NSW Central West/Western Plains NSW North Coast
 NSW Northern Rivers region NSW New England region
 NSW Other ACT
 Melbourne Geelong region Ballarat region
 Victoria Other
 Brisbane Qld Gold Coast Qld Sunshine Coast
 Rockhampton/Townsville region Cairns region
 Qld Other
 Adelaide SA Country Perth WA Country
 Hobart Launceston Tasmania Other

Northern Territory

Please return this Survey in the reply paid envelope to:

**ANTA
PO Box 657
MAROOCHYDORE QLD 4558**

Thank you for completing this survey