

Complementary and alternative medicine in Australia: an overview of contemporary workforce features

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Abstract

The use of complementary and alternative medicine (CAM) is popular in Australia, with CAM practitioners making up the third largest group of health professionals nationwide. Practice characteristics, education, and regulatory requirements differ widely, and this article provides a snapshot of the contemporary Australian CAM workforce.

Keywords: complementary and alternative medicine, regulation, education, Australia

Complementary and alternative medicine (CAM) is an active and thriving sector of the Australian health workforce. Over the last three decades, the popularity of CAM, together with the lack of state or federal regulation, has encouraged the growth of many CAM courses, such as naturopathy, herbal medicine, aromatherapy, reflexology, Chinese medicine, reiki, massage and nutrition, by private educational providers.¹ Many of these courses are taught by the vocational education and training (VET) sector and thus award either a certificate or advanced diploma, depending on the duration and extent of the course. Some private education providers also award bachelor's degrees for major courses of study, such as naturopathy and Chinese medicine.² Some courses are also offered in the public university sector, such as undergraduate and postgraduate degrees in complementary medicine, traditional Chinese medicine, chiropractic and osteopathy.³ Recently, a decision was made in Australia to phase out advanced diplomas in naturopathy, Western herbal medicine, nutrition and homoeopathy in favour of Bachelor programs.⁴

This results in a large CAM workforce in Australia, with CAM practitioners making up the third largest group of health professionals.⁵ A recent analysis of the CAM workforce in Australia utilised data from the 2006 Australian Bureau of Statistics Census of Population and Housing (response rate of 97%) in an attempt to

quantify this labour force.⁵ The survey collected data on seven key CAM professions, namely osteopath, chiropractor, naturopath, homoeopath, acupuncturist, traditional Chinese medical practitioner, massage therapist and 'other' CAM practitioners (herbalists, aromatherapists, reflexologists etc.). The research found that 19,401 Australians identified their profession as a CAM practitioner. Of these, 8,191 respondents identified as being massage therapists, 2,982 naturopaths, 2,488 chiropractors, 946 acupuncturists, 777 osteopaths, 483 traditional Chinese medicine practitioners, 238 homoeopaths and 3,296 'other' CAM practitioners.

Overall the Australian CAM workforce has a high level of female representation, with 67.1% being female.⁵ Leach et al (2013) further investigated gender and found different ratios within different CAM professions; for example, 67.3% of chiropractors were male compared to 24.9% of massage therapists. There were also higher numbers of men in the professions of osteopathy (51.6%), traditional Chinese medicine (58.8%) and acupuncture (50.2%), with fewer in naturopathy (21%), homoeopathy (24.4%) and 'other' (24.9%). A total of 45% of CAM practitioners were aged up to 40 years, 47.8% aged between 40-59 years and 7.2% were aged 60 or over. Most chiropractors (89%), osteopaths (84.8%), traditional Chinese medicine practitioners (66.5%) and acupuncturists (68.7%) had a bachelor's or postgraduate

degree for the modality in which they practised. Lower levels of bachelor or postgraduate education were seen for naturopaths (40%) and homoeopaths (43.3%).

Another study investigated the Australian CAM workforce by surveying members of a herbal medicine and naturopathy peak body, the NHAA.⁶ This study found that, whilst all participants were either naturopaths or herbalists, over 55% of respondents practised multiple CAM modalities. Of this subgroup of CAM practitioners, 37.1% held a bachelor's degree as their highest qualification, 34.6% a postgraduate qualification, and 27% an advanced diploma or lower qualification. More than half of the exponents worked in a major city (51.1%), were self employed (87.7%) and worked part-time or casually (72.6%). It appears from this study that the Australian naturopathy and herbal medicine workforce is becoming increasingly part-time, female, and more highly educated.⁶

An older Australian CAM workforce study conducted in 2004 found that the practices of naturopathy and Western herbal medicine contributed largely to the Australian health sector, with approximately 1.9 million annual consultations and industry turnover of \$AUD 85 million dollars.⁷ Whilst a more up to date analysis of consultation rates and income turnover has not been completed, these professions still undoubtedly form a large part of the health care landscape in Australia.

National Statutory Registration currently exists in Australia for osteopaths, chiropractors and traditional Chinese medicine practitioners but not for any other CAM modality.⁸ Registration for naturopaths and Western medical herbalists has been recommended, but at this stage has not been implemented by the government.⁹ Despite the absence of registration for naturopathy and Western herbal medicine in Australia, there is some evidence of institutional recognition of the role of these health disciplines, which may be the result of interest and pressure from the general public and the need to ensure safe practices.¹⁰ The Therapeutic Goods Administration (TGA) regulates the availability of CAM products; the Australian Taxation Office recognises professional peak bodies and their members for taxation purposes; the new Australian national body, the Tertiary Education Quality Standards Agency (TEQSA), has continued to allow some private colleges to award bachelor's degrees (Chinese medicine, naturopathy, nutritional medicine, herbal medicine, myotherapy and homoeopathy); most private health funds offer rebates for CAM services; and Medicare, Australia's universal health care system, recently introduced new regulations to allow general and other medical practitioners to refer to a osteopath or chiropractor.¹⁰ In addition to this, the Australian Medical Association, Royal Australian College of Nurses and the Royal Australian College of General Practitioners, in conjunction with the Australasian Integrative Medicine Association, have developed position statements on

complementary medicine/therapies.¹¹

Peak bodies that set standards for the profession, such as minimum qualifications, continuing education, and practice standards, generally oversee unregistered CAM practitioners. As it stands today, there are many different professional associations with varying education and practice standards. In addition to this, due to the current lack of statutory registration, it is possible to practice CAM disciplines without being a member of an association or having completed any formal training.¹

In Australia, as with many other Western countries, the practice of integrative medicine is growing, possibly due to an increased acceptance of CAM and the need to offer more for patients suffering with a chronic illness.¹² This system attempts to blend the best of biomedicine with the best practices of complementary medicine. Biomedical practitioners may either have a general interest in a CAM modality such as meditation, or they may pursue further education in the CAM field. In addition to this, there has been a recent groundswell of interest in incorporating complementary medicine and the notion of holism into mainstream medical education.¹³⁻¹⁵ An Australian study evaluated GP attitudes to a variety of complementary therapies as well as exploring current levels of training in CAM and interest in further training.¹³ A total of 12% of GPs had completed a qualification in acupuncture and a further 24% indicated they would like to in the future. Further to this, 6% of respondents reported having formal qualifications in hypnosis, 5% spiritual healing, 5% vitamin and mineral therapy and 3% in meditation. Of all respondents, 16% reported they would like to undertake formal training in meditation, 14% hypnosis, 13% vitamin and mineral therapy, 11% herbal medicine, 11% yoga, 10% massage and 9% Chinese herbal medicine. The results of this study indicate an interest in incorporating some CAM modalities into general practice. A more recent Australian study sought to expand on these results and investigate differences between GPs who practise integrative medicine and those who do not.¹⁶ A total of 1,178 GPs responded and, of these, 38% practised integrated medicine and 62% did not. Acupuncture was the most popular CAM therapy practised by an integrated medical practitioner (15.8%), followed by naturopathy/Western herbal medicine (5.8%), homoeopathy (2.2%), chiropractic (2.2%), traditional Chinese medicine (1.4%) and osteopathy (1.4%).

Research shows that other Australian health professionals, such as pharmacists and midwives, are also embracing CAM.¹⁷⁻¹⁹ A survey of 484 pharmacists, randomly selected from pharmacies across New South Wales, found that 77% had used CAM themselves, 71% sold CAM products within their pharmacy and 91% believed that it is important for pharmacists to be knowledgeable about both conventional and CAM products.¹⁸ Within the context of maternity care, many Australian midwives also support the use of CAM.¹⁹

Midwives have a role in facilitating informed decision making in relation to gestational CAM use that ensures safe maternal and child outcomes.²⁰

The Australian CAM workforce is large and diverse and more research is required to further characterise this sector in the interests of coordinated patient care. Questions also still exist around the models of care that CAM practitioners utilise, especially in relation to clinical decision-making, outcome measurements and referral networks. It would be valuable for future research to investigate some of these critical unknown elements.

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