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JING-LUO

SPECIAL FEATURE

SURVIVORS & THRIVERS IN 2020

AACMA practitioners
across Australia share
their COVID-19 stories

MONEY IN OUR POCKETS

Understanding the Australian Government's
financial incentives for small business

MANAGING PRACTICE PAIN

It's time to band together - for not only
ourselves but also our patients



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From the president's desk



Fellow AACMA members, 2020 has certainly been a year where the winds of change have blown and continue to blow, forcing us to put up walls to protect ourselves, family and the public we treat.

It is difficult to even think about building a windmill that can harness the wind for our benefit when fear generated by the spread of the coronavirus and the restrictions put in place by governments have made it all about surviving, and especially so for our Victorian members.

This Australia-wide impact of COVID-19 on life and livelihoods prompted my suggestion to have a selection of our members from all around Australia share their stories about the impact of COVID-19 on them and their practice. You can read their stories in this issue of Jing Luo.

AACMA 2020: What we've done in response to COVID-19

Out of greater necessity, time and energy has been focused differently on all levels of support for members during the pandemic.

Maintaining currency of the COVID-19 Information and Resource page on the AACMA website has been a high priority that has required ongoing and constant communication with the Federal, state and territory governments. Each jurisdiction applied different restrictions at different times with changes occurring, sometimes many times during a day, making it challenging to remain up to date with the restrictions imposed.

The stage-4 lockdown with a declared State of Emergency in Victoria seemed to come without prior consultation with all the stakeholders including the Victorian Chief

Allied Health Officer, who, when contacted by AACMA, was unable to offer any clarification on whether Chinese medicine practitioners or any other Allied Health practitioners were allowed to practice under stage-4 lockdown and State of Emergency. It was not until a day after these directives were imposed that we were informed that members could practice but must adhere to the strict guidelines to continue practice. AACMA delivered all relevant information to our Victorian members as soon as it was received.

The financial impact caused by government impositions to stop the spread of coronavirus was detrimental to many of our members who either had a severe decrease in the number of patients attending for treatments, or chose to close their clinics to protect themselves and their families.

To support our members, the AACMA Board has implemented ways to lessen the financial burden on our members. Including:

- 20% discount on membership renewal for 2020/2021 if paid by 30 November 2020
- More than 30 hours of quality, free CPD for the 2020 year
- Lobbying the Chinese Medicine Board of Australia (CMBA) for a reduction in registration fees with a resultant 15% reduction for 2020/2021
- Collaboration with TCM Academy and China Books for free access to some of their CPD activities

For many of our members, the mental and emotional load from the COVID-19 restrictions had an even bigger impact than the financial effects that were mitigated by the Federal Government financial support packages.

To help and support our members through this stressful time, AACMA provided a free online mental health/self-care seminar in April that was attended by 500 members. This was followed up with four more seminars in September and October. More than half of the AACMA membership took advantage

of these opportunities to help cope with and reduce the stress and tension.

AACMA 2020: What else we have done

Strategic planning for the coming year has been impeded by the uncertainty brought about by COVID-19. As membership fees are the main source of income for AACMA, augmented by state committee-run CPD events, which have necessarily been on hold for 2020, the AACMA Board has devised its plans for 2021 with some dependence on membership renewal. Even though AACMA remains in a very sound financial position, the Board is acting prudently until we have a clearer picture of member numbers for next year.

Website and Operating System

We are pleased to announce that our new operating system and website went live at the end of September. The new system allows for an all-in-one approach to managing all AACMA data, where the previous system was cumbersome, requiring double entry into two separate and different operating systems that couldn't talk to each other despite being

part of the same package.

Members have received their membership renewal invoices through this new system and are now able to pay their renewal securely, conveniently and easily for the '20/'21 year.

In the first few weeks of operation, nearly 870 members had already taken advantage of the new system and the 20% discount to renew their membership, compared with a little more than 10 for the same time last year.

Members can now manage their information, including CPD, through their own member page, conveniently updating and paying online for AACMA-hosted events in the coming year.

AACMA Chinese Medicine Research Databank

Like many things, the implementation of the AACMA Chinese Medicine Research Databank stalled due the necessary response to COVID-19. As we are emerging from restrictions, the AACMA Board is now moving ahead on establishing this resource for members.

內力 INNER STRENGTH

WHEN THE WINDS OF CHANGE BLOW,
SOME PEOPLE BUILD WALLS AND
OTHERS BUILD WINDMILLS.

当风向改变的时候，
有人砌墙，有人做风车

Dāng fēng xiàng gǎibiàn de shíhòu,
yǒurén qiqiáng, yǒurén zuò fēngchē





The intent is to provide members with a dynamic resource that will be continually updated with the most current research, initially for acupuncture, acupressure and laser acupuncture, then expanding to also include Chinese herbal medicine, moxibustion, tui na, gua sha, tai chi/qi gong and Chinese dietetics. Studies will be assessed for the quality, rigour and content so that they will be AHPRA acceptable while providing the latest information to be used in improving clinical practice.

Access to this resource will be free for members as another member benefit, but will incur a fee for non-members.

AACMAC 2021

Postponed in 2020, AACMAC will be held at the Surfers Paradise Marriott Resort & Spa from the 28th to 30th May 2021. We are excited to announce that the biggest Chinese medicine conference in the Southern Hemisphere will be delivered in a new and innovative way.

There will be speakers onsite delivering quality seminars and workshops, participating in open forums and involved in panel discussions for those who attend, while also integrating online presentations from notable Chinese medicine practitioners and speakers from overseas who are unable to travel or spend 14 days in isolation due to coronavirus.

Members will have the choice of two options when registering for AACMAC – face-to-face attendance or online, with online registration

offering the ability to attend all online presentations or just the sessions that are of individual interest.

Our events officer Mia Zhang has been attending professional development seminars on conducting conferences combining face-to-face and online presentations to maximise the outcomes for attendees.

Jing Luo – innovation and information

The Jing Luo will also undergo a revamp to make it current, informative and a useful resource.

It will be totally online and AACMA is working to have QR code access that you can give your patients so they can read the Jing Luo while in your waiting room. This will be an effective way of highlighting the benefits of Chinese medicine and raising our profile in the community.

The new format of the Jing Luo will also provide an opportunity for researchers to present their studies to a wider audience.

Lobbying Government and Industry Stakeholders

Chronic disease management

The National Health and Medical Research Council (NHMRC) are yet to release their report on the information and research AACMA has presented to support acupuncture treatments in the Medicare Scheme for Chronic Disease Management. AACMA project leader Stephen Janz has

been maintaining contact with the health department and the relevant groups within so that this issue isn't lost due to the COVID-19 response.

Telehealth rebates

AACMA has made two submissions to the Australian Competition and Consumer Commission (ACCC) regarding the provision of health fund rebates for telehealth.

Telehealth has been one of the 'windmills' that has been provided by many healthcare practitioners during the pandemic. The necessary 'walls' that the government restrictions caused could be safely climbed to deliver online consultations.

Unfortunately, despite the authorisation provided by the ACCC, the health funds can still choose whether or not to provide rebates for Chinese medicine telehealth consultations.

TGA Zhi Fu Zi submission

AACMA has been working collaboratively with the Federation of Chinese Medicine & Acupuncture Societies of Australia (FCMA), the Chinese Medicine & Acupuncture Society (CMASA) and the Chinese Medicine Industry Council of Australia (CMIC) to provide a submission to the Therapeutic Goods Administration (TGA) for prepared aconite root to be available for Chinese medicine herbalists to use.

The proposal will be submitted to the TGA for consideration at its November scheduling meeting.

Media campaign

On advice from our marketing and public relations company, the AACMA Board has decided to hold off on the release of the pain management video that was due for release in September.

To maximise public impact, it is intended for release in February 2021.

CMBA

The CMBA has responded in support of members with a 15% reduction in registration fees for 2020/2021. This reflects the reduction also provided by the Boards of 12 other health professions.

This year, the CMBA roadshow was a virtual meeting on October 13. All members would have received an invitation to attend this meeting.

CMBA codes and guidelines are reviewed and updated as necessary every three to five years.

AACMA has provided feedback to the CMBA on revised guidelines for both safe practice of Chinese herbal medicine, and infection and prevention control. AACMA will also be providing feedback on the preliminary consultation regarding the revised regulatory principles for the National Scheme.

After eight years of dedicated service, Distinguished Professor Charlie Xue will be ending his term as the inaugural Chair of the CMBA in December this year. On behalf of AACMA, I would like to extend our thanks and appreciation to Prof Xue and wish him all the best for the future.

AACMA Office, Staff and Board

The change in the real estate market due to COVID-19 has meant that the best financial option is for the AACMA office to remain at the current address for another year.

The office staff has been working from home since March with only our CEO and receptionist working from the AACMA head office. Staff members are now on a staggered return, working at the office on different days with the whole staff working from the office on Wednesdays only.

I would like to thank all our staff, Paul, Yan, Mia, Elena, Chris and Ethan, for their hard work keeping AACMA running smoothly through these tough times over the past seven months while also undertaking extra training in our new operating system.

The AACMA Board continue with monthly board meetings and have also attended two days of virtual face-to-face board meetings via a Zoom link for strategic planning and budget setting dependent on membership renewal. Thank you to my fellow Board directors, Richard, Rose, Drew and Michael – I appreciate you taking the time away from family and work to contribute to AACMA and our profession.

2020 has been a difficult year for us all and it is coming to an end with positive signs that the coronavirus has been slowed or even halted here in Australia for the time being.

Caring for ourselves should be a priority at any time but especially now through the havoc caused by COVID-19.

By nurturing our 內力 – inner strength – our spirit and physical body can remain strong, giving us the ability and power from within to cope with and prevail through difficult times. We can't control what happens outside but we can control what happens inside.

Wishing you strength to flourish again.

Waveny Holland
PRESIDENT



Survivors & Thrivers in 2020

By ALIX NICHOLSON

We speak to practitioners from every corner of Australia about the effects of COVID-19 on their lives and practices

The notion that 'we're all in this together' is one we've truly come to know this year. From the tragic bushfires that ushered in the new year to February's floods in Queensland and New South Wales and, of course, the COVID-19 pandemic, 2020 has thrown a lot at every single one of us.

AACMA members across the country have braved the ongoing international health crisis, weathering the storm of government restrictions, changes in policy, reduced patient numbers, businesses closing and more. And though some parts of Australia are finding their way back to some sense of normalcy, others – like Victoria – are still very much in the thick of the crisis.

We sat down with AACMA member practitioners from all reaches of our nation to talk about how the pandemic has affected their clinics, and what their hopes are for acupuncture and TCM as we move into the future.

Mary Menotti, NT



After practicing in the regional area of Alice Springs for 20 years, Mary Menotti considers herself fortunate – not only for the receptive community who share her Northern Territory home, but also that the area has remained largely untouched by COVID-19. “Initially, there was a decline in client numbers, due to uncertainty and a lack of clarity. But once the message got out that practice was open and clients knew safety protocols had been introduced, they seemed at ease,” she shares.

While the pandemic situation in the NT hasn't been as dire as some other areas, Mary nevertheless implemented extra safety and cleaning procedures at her clinic, ensuring patients were well taken care of. “I adjusted my appointment times, leaving 15 minutes between each client to eliminate the chance of them meeting in the reception area,” she explains. “I wiped down the table and door handles, had the clients wait

outside until they were invited in, and I also encouraged them to wear gloves.” Mary also got the message out there that, as an Allied Health professional, she was open for business, adjusting her answering machine and reaching out to clients via text.

And while the chance of COVID-19 infection didn't seem to play on the minds of her patients, Mary adds that the Alice Springs community at large was highly concerned for the welfare of the remote Northern Territory indigenous communities. “Everyone – health professional or not – was so concerned with the notion that this disease would find its way to the communities,” Mary shares. “Because there is so much comorbidity amongst the indigenous people, the consequences would've been devastating. People on the ground, health professionals, clients, politicians – everyone housed this concern.”

Also top of mind for Mary and some of her colleagues was how they could step up and help other health professionals around her. “You saw on the news the tired, distressed emergency clinical and non-clinical staff and I thought, how can I support the emergency department staff here in Alice?” she says, explaining that she reached out to the very receptive hospital staff about providing services such as extended practice hours for those on the front lines.

While it didn't eventuate this time around, thanks to the NT's quick and effective control of the spread of the coronavirus, it's certainly an idea worth exploring for the future – and one that could also help boost the profile of Chinese medicine in the greater health community, which Mary is concerned has “somewhat stagnated ... due to the immediacy of COVID-19”.

“I think there is scope for TCM to step up and partner with and support those health workers that are under extreme pressure,” Mary says of Chinese medicine's role in future health crises. “Here in Alice Springs, we are ready to step up.”

Carolyn Masson, WA



Western Australia's East Fremantle, in the suburbs of Perth, co-founder of the Chinese Medicine Centre (chinesemedicinecentre.net.au) Carolyn Masson works alongside several other Chinese medicine trained practitioners. And while WA hasn't experienced the large numbers of COVID-19 cases that some other states have seen (to date, around 700 cases have been reported in WA), the pandemic has still had an impact on local businesses – including Carolyn's.

“Our patients in the first wave were too scared to come and have treatment,” she explains, sharing that they closed down

for a month during the early days of the pandemic in Australia. “We felt that the only responsible action to take was to close the clinic, especially for our elderly or vulnerable patients.”

“We felt that the only responsible action to take was to close the clinic”

But now that life seems to be on its way back to normal again in Perth, Carolyn hopes that Chinese medicine can come to the forefront in battling this and any other health crises facing the world in the future. “I believe our industry could have a very positive contribution for the treatment of COVID-19 or any future epidemics,” she shares. “After all, Ebola was successfully treated with Chinese herbal medicine.”

As TCM has some of the largest and oldest medical volumes on the treatment of cold diseases (eg. the Shang Hun Lun and many more), Carolyn's hope is that TCM practitioners can contribute some of this centuries-old knowledge and the wisdom found within for the betterment of health outcomes going forward. After all, the use of Chinese medicine in conjunction with conventional treatment is already a regular part treatment in China's hospitals.

“If only the Western medical system could open up to some of our ways – after all, conventional medicine is still so young and is still in its early stage of development. Doesn't everyone's great- great-grandparents pass down some knowledge/values?”

David Lilliebridge, NT



While many parts of Australia have been on high alert during the pandemic, the Northern Territory has been fortunate to escape relatively unscathed, with only 33 cases of COVID-19 in the state to date. “Luckily, up here in the Top End, we haven't really been affected that much by restrictions,” shares David Lilliebridge, whose practice, Four Treasures Traditional Chinese Medicine (fourtreasures.com.au), is in Parap, just outside Darwin's CBD. The general practice has a particular focus on fertility and IVF support, along with musculo-skeletal and sports injuries, and David – who has an interest in cosmetic acupuncture – utilises patent herbal formulas as well as acupuncture to treat his patients.

“People seem to be more focussed on their health and wellbeing lately”

“We were actually asked to stay open during the peak of the first wave of COVID-19 as an essential health service, which we did,” he shares, adding that the additional safety measures put in place at the onset of the pandemic have remained. “We continue to practice safe treatment options and deep cleaning to maintain a healthy environment and our waiting room has changed to accommodate social distancing,” he tells.

It seems ‘alert but not alarmed’ might best describe locals' approach to treatment during this time, too. “All patients have been very aware of the social distancing rules which is the ‘new norm,’” he shares. “We have been fantastically lucky up here in the NT and have had no community spread of COVID-19. Life has sprung again and almost all the social venues are open and running again so most concerns have eased.”

To this end, he adds, “it's been business as usual and has been very busy these past couple of months”. In fact, there may even be a positive to have come from the situation for the Darwin community: “People seem to be more focussed on their health and wellbeing lately,” David explains.

As life continues almost as normal up in David's part of the NT, his main hopes for the future are simple, but meaningful. “I hope to continue to have a thriving practice and to be of service to my patients and to the general community,” he shares. “I hope this continues throughout the remainder of the year and into the foreseeable future. I try not to focus on the fears and remain positive!”

“You saw on the news the tired, distressed emergency clinical and non-clinical staff and I thought, how can I support the emergency department staff here in Alice?”



Reanna Mueleman, Qld



Reanna Mueleman and her partner Alastair run a general practice up in sunny Coolangatta, on Queensland's Gold Coast. "There isn't much we don't treat!" she shares of their clinic, Being Acupuncture (beingacupuncture.com.au; [Instagram/@being.gc](https://www.instagram.com/being.gc)). "Predominantly, we

see a lot of patients with musculoskeletal and digestive complaints, fertility and anxiety. I'm solely an acupuncturist, and Alastair treats with raw herbs and acupuncture."

Fortunately for the pair, their practice has remained largely unaffected by the COVID-19 pandemic compared to other parts of the country – although their proximity to the Qld/NSW border and the governments' associated travel restrictions have created a unique set of issues for them.

"Being situated on the Qld/NSW border, the restrictions have been a huge hassle for both us and our clientele," Reanna explains, adding that patients have been having trouble getting to the practice for treatment. "We have found that our clients have experienced difficulties travelling to the clinic."

With 1162 COVID-19 cases in Queensland at the time of going to print, the north-eastern state has fared better than some during the pandemic, but don't for a second think that has encouraged complacency – far from it, with Reanna explaining the measures they

have put in place to increase safety at their clinic. "During these times we have changed our appointment times from 1 hour to 1.5 hours, which allows additional time for hygiene," Reanna tells, "ensuring that we service our clients to the highest standard." And while her clients have understandably been worried about the pandemic itself, "many of them seem to be concerned with the possibility of financial pressures", Reanna adds.

So, where to from here? As the race to create a COVID-19 vaccine continues, Reanna is hopeful that Chinese medicine will find a more secure foothold in people's everyday health and wellbeing. "My hope for the future is that the Chinese medicine industry and the medicine itself flourishes," she says, "with people in the community understanding the value of their health during this time." Her biggest concern in achieving that goal, however, comes in the form of a question: "Will the economy be able to support people to do this?"

Anna has a particular focus on fertility and pregnancy support – and says her clinic is "overflowing with these clients at the moment".

Anna Helms, Tas



While the pandemic has been wreaking havoc in many parts of the world, down in Tasmania, where 230 COVID-19 cases have been reported, business has been abundant for Anna Helms. At Golden Lotus Acupuncture (goldenlotusacupuncture.com.au) in Hobart's CBD, Anna has a particular focus on fertility and pregnancy support – and says her clinic is "overflowing with these clients at the moment".

At the start of the COVID-19 health crisis, Anna took some time away from the practice. "I initially voluntarily took six weeks off earlier this year, when it all started to look a bit hairy," she shares, "but since opening up my doors again after that it's been busier than ever. We've been very lucky in Southern Tassie that we haven't been affected by stage-4 lockdowns."

When Anna did reopen, of course, she followed all the recommended safe-practice guidelines and business procedures to ensure a clean and secure environment for her patients, and let them know they could still receive treatment. "Everyone has been fantastic and understanding," she says, "although a lot of clients were surprised that

we were able to remain open" – a timely reminder of the need for client education around what it means to be Allied Health. "Most of my clientele are regulars so we already have strong rapport and trust built; and for new clients, making them aware of what we are doing to keep them and our community safe has helped them feel comfortable and confident in continuing their treatments, and referring their friends and family."

While Anna has been fortunate enough to see a steady stream of business during the pandemic, she understands the need for practitioners to look after themselves, too – especially now. "I'm very aware of making sure I also pace myself and look after my own mental health as the clinic becomes busier and there's more demand for our services," she shares. "I think we need to be very careful not to burn ourselves out, and maintain clear boundaries and self-care, as there is a lot of collective stress and anxiety present in these uncertain times."

With Tasmania's borders reopening to several states on October 26, and government financial support coming to an end for some, the landscape may be set to change once again – though Anna's hopeful that things will remain positive. "I'm not concerned my practice will see a significant downturn, but we'll have to see how it all unfolds over the next year," she says. "I think people are aware of maintaining their health and wellbeing more than ever now and that they will continue to seek support to manage stress and mental health as well."

Yifan Yang, NSW



With a focus on acupuncture and Chinese herbs, Yifan Yang practices in the inner city of Sydney, NSW – a state that has struggled with the second-highest number of COVID-19 cases in the country, more than 4130 at time of going to print.

Yifan explains that reduced business due to the pandemic has had – and continues to have – an impact on his practice, noting patients' fears of "COVID-19 and the related impact" have led him to reduce his practice hours in an effort to keep the business afloat. "We're working three to four days a week just to maintain a basic income," Yifan shares.

While many aspects of life have returned to some sense of normalcy in NSW, community transmission is an ongoing issue, with handfuls of cases popping up and reminding everyone that the pandemic is far from over. The NSW government insists health services continue to implement processes that minimise risk of infection and transmission, "including screening clients for symptoms or contact with a person with suspected or confirmed COVID-19, identifying and excluding unwell staff members, physical distancing measures where feasible e.g.



“Being situated on the Qld/NSW border, the restrictions have been a huge hassle for both us and our clientele”

waiting rooms, and infection control procedures including access to soap and water or hand sanitising and enhancing environmental cleaning", reads the NSW Government Health website.

While safety measures continue, Yifan is simply holding out for a brighter future; when COVID-19 "passes over and [life can] resume to normal".

Clare Pyers, Vic



With around 20,300 cases of COVID-19, Victoria has undeniably borne the brunt of the COVID-19 pandemic in Australia. Clare Pyers (clarepyers.com), whose practice is in the usually bustling Melbourne suburb of Prahan, knows all too well the realities facing both practitioners and patients right now.

"We've had stay-at-home orders for seven months here, aside from a few weeks in the middle of the year. It's been challenging," she admits. "In March, when things first closed down, everyone went into panic mode. A lot of my regular clients either lost work or had insecure financial positions, so

my patient numbers dropped right off."

Business started to pick up again when restrictions began to ease in May, and Clare had reopened by June to a busy couple of months. But when the stage-4 restrictions were thrust into place at the start of August as a result of the Victoria's frightening second wave, many practitioners were forced to shut down. "It's been a really confusing time trying to navigate the government guidelines and the policy updates around who was allowed to work and who wasn't," Clare explains. "It took us a while to get clarity around Allied Health and whether we'd be allowed to see patients face to face, and under what circumstances." The harsh restrictions saw patient numbers dropping by around 90 percent in many practices (stage-4 lockdown meant practitioners could only treat people with critical or emergency care needs face to face). "It's been very frustrating and heartbreaking for us as practitioners, especially during stage 4, when people really needed us and we weren't able to see them because they didn't fit the criteria," tells Clare. "It was really hard for us to have to turn people away."

Fortunately for Clare, telehealth has been an important part of her practice for years, so she was able to continue seeing her regular overseas and international patients, and could transition regular patients to the online system. "Initially, I think people planned to hold off getting treatment until it was all over," she shares. "But in the second lockdown, I think a lot of people thought, 'Well I've got to do something about my health, I can't come and see you so I'll just do telehealth.' So that picked up for me, which was good – but still not comparable to what I'd usually be doing."

Since the latest round of changes to restrictions, Victorian practitioners can now see a wider range of people and offer routine care, Clare explains, which has

allowed her to open her doors back up to many more clients.

As far as the future is concerned, the mental health implications have Clare particularly concerned. "There's a tsunami of mental health problems down here at the moment," she shares. "It's been such a long time and everyone is really suffering. I think that a significant number of people will end up with long-term mental health problems as a result of these lockdowns." But, she adds, Chinese medicine is uniquely positioned to help with that, too. "We're really well equipped to deal with all aspects of a person's health and wellbeing – including mental health."

If there's a positive to come from all of this, it's been the incredible support Clare and her fellow Victorian practitioners having been giving each other. "People have been reaching out to each other in a lot of the online forums, and it's been really nice that we've been able to support each other during this time," she says. "It's really highlighted the importance of community."

Did you take advantage of the additional

AACMA MEMBER SAVINGS IN 2020?

Here are some of the ways in which AACMA has **provided financial support to members this year:**

- ✓ 20% discount off member annual fees.
- ✓ offered over \$1,500 worth of FREE CPD.
- ✓ lobbied for a 15% reduction in CMBA registration fees.



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Money in our pockets: Understanding the financial incentives

By **JOEL DEETH**
AACMA PRACTITIONER & CHARTERED ACCOUNTANT

For many of our practices, the impacts of COVID-19 have been significant, raising challenges and constraints that have proved difficult to manage.

This has been particularly relevant for our Victorian colleagues who have been enduring Stage 4 restrictions during these difficult times. Thankfully, there is light ahead of us.

The introduction of the JobKeeper program and various other government incentives have made the continued operation of our practices (in various forms) somewhat easier, providing greater flexibility to navigate the unknown. However, whilst

these incentives have certainly been welcomed by our practices, the associated complexities and changes to ongoing eligibility criteria have proved confusing for many.

Therefore, the purpose of this article is to outline what these changes mean for your businesses and to highlight other initiatives which may not currently be on your radar.

The key initiatives:

- JobKeeper program
- Cash flow boost for employers
- Commercial rent assistance
- Small business COVID-19 grants

JobKeeper program

As you may be aware, Phase 2 of the JobKeeper extension program commenced on **28 September 2020** with a number of new changes affecting ongoing eligibility for the December 2020 and March 2021 quarters.

These changes centre mainly around employee eligibility start date, actual GST turnover comparisons, working hours requirement and JobKeeper payment rates, as shown in the following table:

| | Phase 1 | Phase 2 | Phase 3 |
|---|---|--|--|
| | 30 Mar 2020 – 27 Sep 2020 | 28 Sep 2020 – 03 Jan 2021 | 04 Jan 2021 – 28 Mar 2021 |
| Start date of eligible employee / eligible business participant | 1 March 2020 | 1 March 2020 or 1 July 2020 | 1 March 2020 or 1 July 2020 |
| Decline in turnover test (> 30%) | PROJECTED turnover test month / quarter 2020 vs ACTUAL turnover test month / quarter 2019 | ACTUAL GST turnover September 2020 quarter vs ACTUAL GST turnover September 2019 quarter | ACTUAL GST turnover December 2020 quarter vs ACTUAL GST turnover December 2019 quarter |
| Hours worked test period | N/A | Employees | Employees |
| | | Pay period finishing 28 days prior to 1 March 2020 or 1 July 2020 | Pay period finishing 28 days prior to 1 March 2020 or 1 July 2020 |
| | | Eligible Business Participant | Eligible Business Participant |
| | | Month of February 2020 | Month of February 2020 |
| JobKeeper payment rates (based on hours worked in test period) | No minimum hours | > 80 hours | > 80 hours |
| | \$1,500 per fortnight | \$1,200 per fortnight | \$1,000 per fortnight |
| | | < 80 hours | < 80 hours |
| | | \$750 per fortnight | \$650 per fortnight |

Notes:

- **Eligible employee start date – 1 July 2020**
– this date extension has allowed practices to receive JobKeeper payments for eligible employees with start dates between 2 March 2020 – 1 July 2020 where these employees had previously been excluded under the 1 March 2020 test date requirement.
- **Actual decline in turnover test** – continued entitlement to JobKeeper payments in the December 2020 and March 2021 quarters now relies on there being a > 30% decline in your actual turnover for the September 2020 and December 2020 quarters respectively.
- **Actual GST turnover** = the turnover figure (eg. patient income, product sales) reported in your BAS (excluding GST) or, if not registered for GST, your total turnover for the quarter.
- **Eligible Business Participant** = business owner (not an employee).

It is also important to note:

- **Alternate turnover tests** are available should you fail to satisfy the basic turnover test.
- JobKeeper eligibility is assessed on a **quarter-by-quarter** basis. That is, if you fail to qualify for JobKeeper in the December 2020 quarter, you can still receive JobKeeper for the March 2021 quarter provided that you satisfy the actual decline in turnover test for the December 2020 quarter.
- JobKeeper payments are treated as **assessable income** and therefore should be reported as part of your practice income when completing your annual tax return.

For further information, please visit:
<https://www.ato.gov.au/general/jobkeeper-payment/>.



Cash flow boost for employers

For practitioners who employ staff in their business, there is an incentive in place which provides a refund of **PAYG tax withheld** from staff wages for the period March 2020 to September 2020.

Eligible practices are entitled to total cash flow boosts of between **\$20,000 to \$100,000** depending upon the amount of PAYG tax withheld from wages, with cash flow boost payments being automatically credited as part of your BAS lodgements for the period March 2020 to September 2020.

Please note that cash flow boost payments are **non-assessable** (not subject to tax).

For further information, please visit: [https://www.ato.gov.au/Business/Business-activity-statements-\(BAS\)/In-detail/Boosting-cash-flow-for-employers](https://www.ato.gov.au/Business/Business-activity-statements-(BAS)/In-detail/Boosting-cash-flow-for-employers)

Commercial rent assistance

For the vast majority of us, paying rent is an integral part of our business. However, like many key business expenses, the ability to make rent payments relies heavily on the constant flow of income, which as we

know has been severely impacted through reduced trading conditions in the current COVID environment.

To assist eligible businesses with managing their monthly rent commitments, commercial rent assistance schemes have been put in place to reduce rent payments in line with percentage reductions in monthly turnover (clinic income) when compared with the same month or period in the previous year.

Under the scheme offered in Victoria, the amount of any monthly rent reductions is typically split into two components:

- 1. An amount which is **waived** (50% of reduction) and therefore not payable by the tenant; and
- 2. An amount which is **deferred** (50% of reduction), with the total of deferred amounts being spread over the remainder of the lease period and become payable (in addition to your pre-COVID rent amount) once your trading conditions have returned to "normal".

Example (Victoria)

If your turnover (clinic income) had reduced by 20% in May 2020 (compared with May 2019), then you may be entitled to a 20% reduction in your monthly rent payment, subject to satisfying all other relevant criteria under the scheme. If this 20% rent reduction equated to \$600, then \$300 (\$600 x 50%) would be **waived** (no payment required) and the remaining **deferred amount** of \$300 (\$600 x 50%) would form part of the total deferred amounts to be spread over the remainder of your lease period and become payable in addition to your usual (pre-COVID) monthly rent payments at such time it was agreed with your landlord / agent that your trading conditions had returned to normal. At that time, your monthly rent payments would include a share of the deferred (catch-up) rent amount.

If you are currently not receiving rent reductions under the scheme, you may wish to discuss this with your agent / landlord as soon as possible.

For further information, please visit: <https://business.gov.au/Risk-management/Emergency-management/Coronavirus-information-and-support-for-business/Relief-for-commercial-tenancies>.

Victoria

Practitioners have access to the following grants based upon on their business structure and employer status:

¹ Employ staff other than yourself.

² Assumes annual payroll under \$650K. Grants of up to \$20K are available for annual payrolls up to \$10M.

³ Indicative only and subject to correctly completing the grant application.

A number of practitioners have expressed concerns around delays with their grant applications, therefore it is important to follow-up any outstanding grants by checking the grant application portal (click here) or calling Business Victoria (13 22 15) to ensure that your grant application has been received.

Please note, in recognition of the increasingly difficult conditions faced by our Victorian colleagues, the government has deemed the receipt of small business grants to be non-assessable (not subject to tax).

For further information:

• **Business Support Fund – Third Round:** <https://www.business.vic.gov.au/support-for-your-business/grants-and-assistance/business-resilience-package/business-support-fund-3>

• **Sole Trader Grant** <https://www.business.vic.gov.au/support-for-your-business/grants-and-assistance/business-resilience-package/sole-trader-support-fund>.

| | Business Support Fund – Third Round | Sole Trader Support Fund |
|---|---|--|
| Available to practitioners operating as | Companies, trusts, partnerships & sole traders | Sole traders |
| Employer status | Employer ¹ | Non-employer |
| Amount of grant | \$10,000 ² | \$3,000 |
| Main eligibility criteria | <ul style="list-style-type: none">• Victorian small business• Operate in restricted industry• Receive JobKeeper payments• Registered with WorkSafe• 2019-20 payroll < \$10M• Registered for GST at 13 September 2020• Held an ABN at 13 September 2020• Registered with ASIC (companies only) | <ul style="list-style-type: none">• Victorian small business• Operate in restricted industry• Operating from commercial premises for > 6 months as a tenant or owner/occupier• Receive JobKeeper payments as an “eligible business participant”• Registered for GST at 14 September 2020• Hold ABN as an “individual” at 14 September 2020• Not eligible if you received a Business Support Fund grant |
| Processing times | 5 business days ³ | 5 business days ³ |
| Applications close | 23 November 2020 | 23 November 2020 |

Small business COVID-19 grants

In the summary that follows, I have endeavoured to provide an overview of the key grants available to us. However, please note that local or community incentives may also be available which could be of benefit to your businesses.



Queensland

The following grant is available to assist **regional** practitioners with the impacts of COVID-19 (applications for South East Queensland practitioners have now closed):

For further information, please visit: <https://business.gov.au/Grants-and-Programs/Small-Business-COVID19-Adaption-Grant-Program-QLD>.

| | Small Business COVID-19 Adaption Grant – Round 2 |
|---|--|
| Available to practitioners operating as | Companies, trusts, partnerships & sole traders |
| Amount of grant | Up to \$10,000 |
| Main eligibility criteria | <ul style="list-style-type: none">• Queensland small business• Business closed or highly impacted by shutdown restrictions• > 30% decline in business revenue since 23 March 2020 over minimum 1-month period• < 20 employees (excluding business owner) at time of application• Active ABN at 23 March 2020• Registered for GST• Annual turnover > \$75K for 2018-19 or 2019-20 financial years (or will have if new business)• Payroll < \$1.3M• Owner(s) / director(s) not insolvent or bankrupt• Grant funds to be used within 6 months• Not eligible if received Round 1 grant |
| Applications close | Once grant funding has been exhausted |

| | Southern Border Small Business Support Grant | |
|---|--|--|
| Available to practitioners operating as | Companies, trusts, partnerships & sole traders | |
| Amount of grant | \$5,000 or \$10,000 | |
| Main eligibility criteria | <ul style="list-style-type: none"> Small business in an eligible Local Government Area (LGA) On 1 March 2020 have: <ul style="list-style-type: none"> an ABN 2019-20 wages < \$900K Annual turnover > \$75K (based on BAS lodgements) Incur costs from 8 July 2020 relating to the border closure | |
| | \$5,000 grant | \$10,000 grant |
| | <ul style="list-style-type: none"> Non-employing business or employ < 20 full-time equivalent (FTE) staff at 8 July 2020 > 30% decline in turnover since 8 July 2020 vs minimum 2-week period between 30 March 2020 – 7 July 2020 (inclusive) | <ul style="list-style-type: none"> Employing business with > 0.5 FTE staff but < 20 FTE staff at 8 July 2020 > 75% decline in turnover since 8 July 2020 vs minimum 2-week period between 30 March 2020 – 7 July 2020 (inclusive) Need letter from accountant confirming decline in turnover |
| Processing times | 5 – 10 business days | |
| Applications close | 18 October 2020 | |

New South Wales

The following grant was recently available to practitioners affected by closure of the NSW / Victorian border:

For further information, please visit:
<https://www.service.nsw.gov.au/transaction/apply-southern-border-small-business-support-grant>.

Please note, applications for the **Small Business Recovery Grant (\$3,000)** and **Small Business Support Grant (\$10,000)** have closed.

| | COVID-19 Small Business Energy Support Grant |
|---|--|
| Available to practitioners operating as | Companies, trusts, partnerships & sole traders |
| Amount of grant | \$1,000 |
| Main eligibility criteria | <ul style="list-style-type: none"> Tasmanian small business Impacted by COVID-19 Have not received electricity, water and sewerage waiver from utility provider on quarterly bill after 1 April 2020 > 1 but < 20 full-time equivalent (FTE) staff at 12 March 2020 Active ABN at 12 March 2020 Registered for GST Aggregated annual turnover < \$10M (ex GST) Most recent BAS lodged on time |
| Applications close | 26 October 2020 |

Tasmania

The following grant was recently available to practitioners affected by closure of the NSW / Victorian border:

For further information, please visit:
business.gov.au/Grants-and-Programs/COVID19-Small-Business-Energy-Support-Grant-Program-TAS

Australian Capital Territory

Whilst no specific COVID-19 grants are available, practitioners with an ABN can seek support through the following initiative:

Canberra Business Enterprise Centre (CBEC) Support Service

Provides up to 4 hours of complimentary one-on-one business management advice and access to business development resources

Contact details:

• Call: 6297 3121

• Email: janine@srbec.com.au

• Web: <https://srbec.com.au/canberra-business-enterprise-centre-cbec/>

Western Australia

Currently no specific grants are available, however practitioners can seek COVID-19 assistance by accessing **free business advice and mentoring** offered by various organisations.

Applications close on 31 January 2021.

For further information, please visit:
<https://www.business.gov.au/Grants-and-Programs/COVID19-Recovery-Free-Business-Advice-and-Mentoring-WA>.

As we all look forward to a safe and prosperous return to normality, I hope that the information in this article has assisted you with better understanding the incentives available and, financially, these incentives have softened the impacts you may currently be experiencing in your practices.

| | Business Rebound and Adaption Grant | Business Hardship Package |
|---|---|--|
| Available to practitioners operating as | Companies, trusts and partnerships | Companies, trusts, partnerships and sole traders |
| Support available | Matched funding up to \$10,000 | Various concessions (eg, discount on utilities) |
| Main eligibility criteria | <ul style="list-style-type: none"> Northern Territory small business Business affected by COVID-19 Valid ABN at 29 July 2020 > 30% reduction in turnover > \$75K turnover in 2018-19 financial year and expected to have > \$75K turnover in 2019-20 financial year but for impact of COVID-19 < 200 staff Not available for home-based businesses or businesses who received funding under the Small Business Survival Fund Rebound Support Grant and the Business Improvement Grant Grant funds to be spent by 30 September 2021 | <ul style="list-style-type: none"> Northern Territory small business Business affected by COVID-19 Valid ABN at 23 March 2020 Annual turnover < \$50M > 30% reduction in turnover |
| Applications close | Once grant funding has been exhausted | 1 July 2021 |

Northern Territory

Practitioners currently have access to the following support:

For further information, please visit:

• **Business Rebound and Adaption Grant:** <https://business.gov.au/Grants-and-Programs/Business-Rebound-and-Adaption-Grant-NT>

• **Business Hardship Package:** <https://business.gov.au/Grants-and-Programs/Business-Hardship-Package-NT>

South Australia

There are currently no COVID-19 grants are available to practitioners, noting that applications for the \$10,000 Emergency Cash Grants for Small Business have now closed.



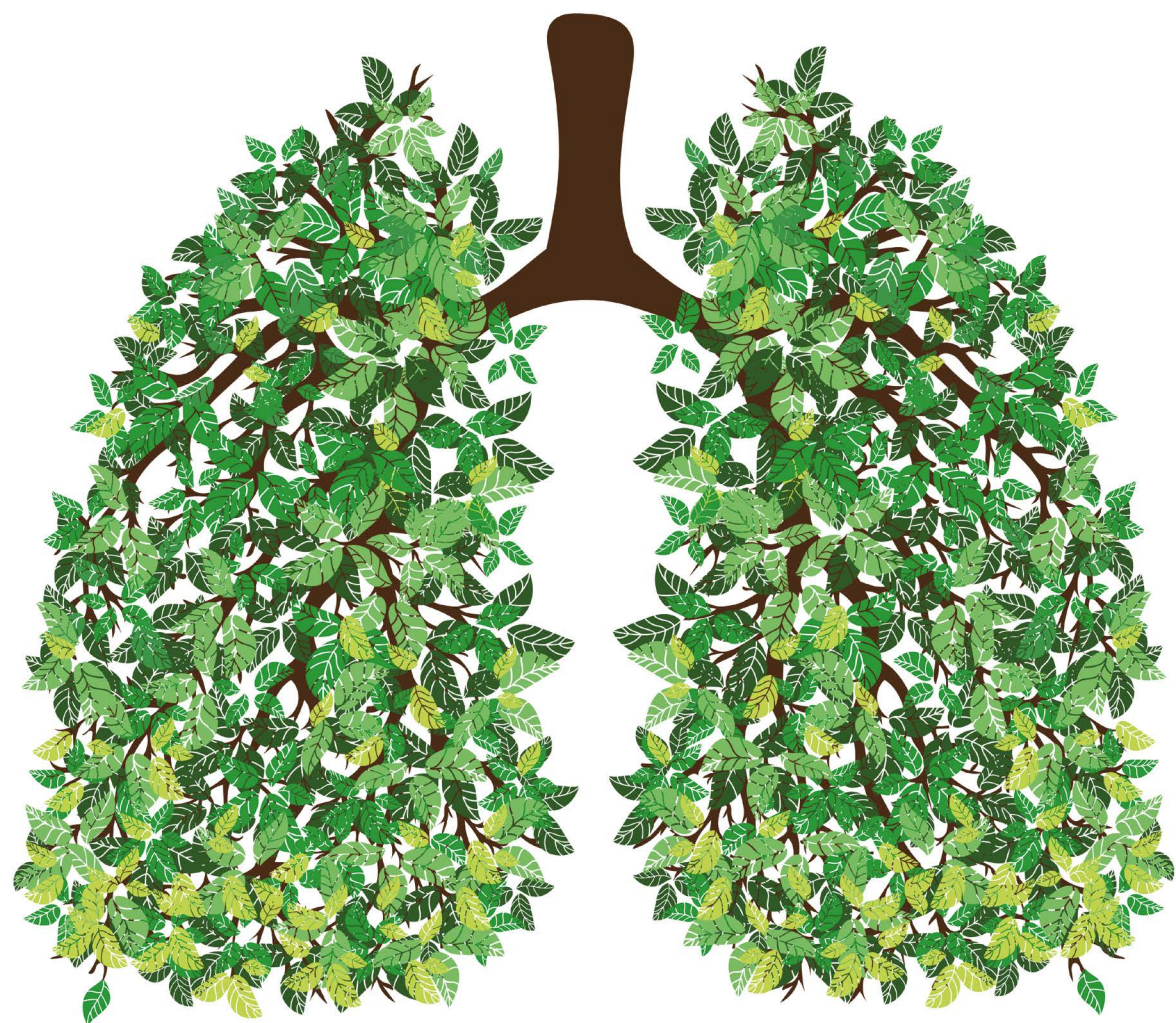
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Joel Deeth is a Chartered Accountant with over 25 years' experience and the owner of What Counts, a boutique advisory firm providing practical solutions and advice to small businesses in the health sector. Joel is also a registered Chinese medicine practitioner and operates Anew Health in Melbourne. You can reach Joel at joel@whatcounts.com.au should you need any assistance.

The niggling doubt: airborne & invisible clinic threats

By SUE NELSON



As TCM practitioners, we are all familiar with diverse Professional Issues ranging from financial considerations to mental health concerns. But what if the new and emerging issues that are sneaking up on us so quickly, we can scarcely keep up?

My 1st Net of Knowledge webinar series - available at China Books Education - is entitled Safeguard Your Clinic Workspace. It will introduce you to Airborne and Invisible threats that may not yet have registered on your health and safety radars. But all 3 topics are likely to affect you every day of your clinic lives, and each topic requires an urgent mitigation action plan.

Course 1: Moxa Smoke Inhalation (1 hour)

Moxa smoke inhalation is not a new issue, being one of the oldest and most respected modalities in TCM practice worldwide. But our awareness of the carcinogenic nature of all smoke particulates – whether it be from tobacco smoke, church incense, or Moxibustion – is relatively new! As recently as 1986, second-hand smoke was declared

a Group 1 Carcinogen by the World Health Organisation.

The question is: If tobacco smoking is now banned in public places, due to the dangers of second-hand smoke, why then is it acceptable for practitioners to submit themselves and others to the second-hand smoke of Moxibustion in closed up clinic rooms?

This issue is explored thoroughly in my first webinar, where I give you several categories of contemporary research and a precautionary plan to follow. Whatever you decide regarding Moxibustion or its modern thermal substitutes, you need to have an awareness of how to protect yourself and your clinic workspace.

Course 2: M.I.T. Lung and Skin Allergen (1 hour)

The second topic in my series looks at Methyl-Iso-Thiazolinone (MIT), a potent Lung and Skin Allergen contained in the water preservative of everyday clinic items ranging from wall paint to liquid handwash. Few practitioners would be aware of this Allergenic preservative considering its use is only recent, added first to industrial products in 2001, and then included in a range of personal grooming and household products in 2005.

Now it is everywhere! It's in a multitude of both Rinse-off and Leave-on products for adults and babies alike. MIT is used in many countries, with a wide range of different legislative standards. And unfortunately,

epidemiological research has shown that the airborne fumes of MIT are highly toxic, certainly toxic enough to result in many cases of serious Lung damage and recurring Contact Dermatitis.

Course 3: EMF Radiation (2 hours)

The third topic in my webinar series looks at the controversial subject of Electro Magnetic Frequency (EMF) Radiation emanating from all 'wireless' sources in your clinic and the vicinity. My comprehensive 2-hour webinar gives you the historical perspective of why EMF 'safety' standards vary by 1000% in different countries! It clarifies both the THERMAL and NON-THERMAL mechanisms for health injury, switched on from exposure to EMF





Radiation in everyday clinic devices. The NON-THERMAL cellular effects - only recently highlighted in articles researching low-level EMF Radiation - will both surprise you and alarm you!

And very importantly, my webinar warns of the astounding lack of insurance – anywhere in the world - for all present or future 'Wi-Fi Injury' claims! This webinar sounds the alarm for the discerning TCM clinic practitioner to instigate some timely mitigation precautions and educate their patients to do the same.

As a long-term TCM practitioner - almost 4 decades - I take all 3 topics seriously in my own clinic practice, especially in cumulative exposure. I'm very keen to share my knowledge with you so that you can make up your own minds about these 21st-century health and safety issues. TCM practitioners have never been shy of swimming against the tide of mainstream opinion. Here's your chance to pioneer your own mitigation strategies and be true leaders in the health industry!



Sue Nelson - Since her Traditional Chinese Medicine training in the 1980s, Sue Nelson has 'worn many hats' in the multiple roles of Acupuncturist, Chinese Herbalist, Curriculum writer, Teacher and passionate Researcher. Sue has been in continuous clinical practice in the rural Noosa hinterland for over 3 decades, with interests as diverse as cell detoxification and Hair Tissue Mineral Analysis.

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Professional Issues



PRESENTED BY SUE NELSON

Available from www.chinabooks.com.au/education



Managing practice pain

By JEFF SHEARER

Nursing your business
back to health during the
current pandemic crisis



Let's face it: 2020 has been pretty painful not only for our community but also for our practices, our personal lives, and our mental health.

At times it has felt like – and maybe still feels like – the world is spinning out of control, and Armageddon is waiting around the corner with a baseball bat. It feels like we all need a warm fire, the smell of your nanna's cardigan, and a cosy blanket to hide under.

Unfortunately, the option of hiding under said blanket won't help us navigate the pain management that our practice may require.

Triage

What's the problem? I know I know it seems like a silly question, but if we can break down our practice pain to specifics like symptoms, then we can identify a diagnosis.

1. Money

- Not enough coming through the doors
- Too much going out the door
- Uncertainty

2. Clients

- Drop in numbers
- Highly stressed

3. Overwhelm

- because you are human too, and, naturally, what is going on right now is going to have an impact on you.

Money

Being clear on your financial situation is always important, but right now, it is vital. Taking time to sit down and work out your personal and practice budget will help clarify exactly where you are at. It can be stressful, but knowledge is power. Go through all of your weekly personal expenses, like rent/mortgage, food, motor vehicle, insurance, electricity, etc. Add them together, then multiply that figure by 52. This figure is what you need to have as your minimum take-home income after tax. This online budget tool can help: moneysmart.gov.au/budgeting/budget-planner

Do exactly the same with your business expenses. Here's another online tool to help: business.gov.au/Finance/Accounting/How-to-create-a-budget

If you find yourself in a position where your income does not meet your expenses, then it's time to look at what spending can be reduced. Under current circumstances, many service providers are offering financial assistance packages to help you stay afloat. Contact your service providers to find out what they may be able to offer. Nobody wants to lose customers right now, so flexibility is the name of the game.

Clients

Having a bit more time on your hands allows you to put together a marketing plan both for now and the future.

- **Website** – write as many articles as you can about what you do and how you can help people. Yes, the AHPRA advertising guidelines can make it confusing to

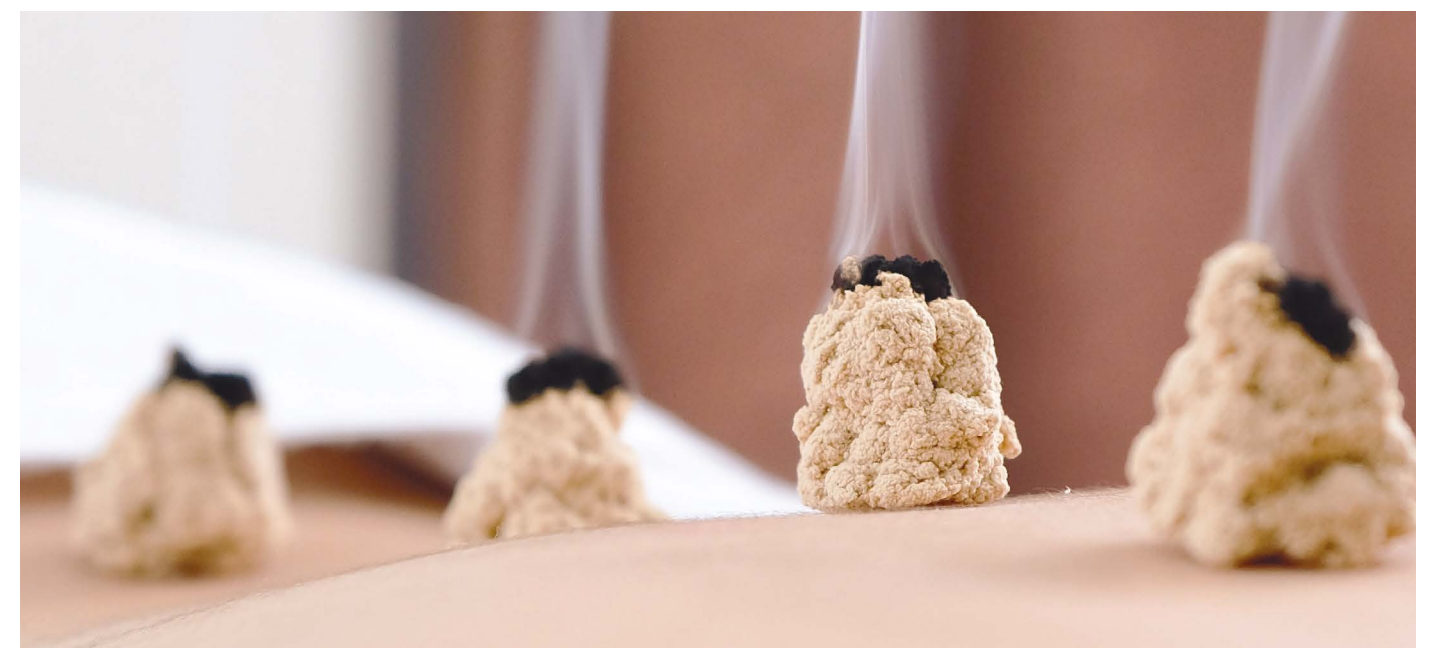
navigate, but if you stick your head in the sand, you will definitely not grow. Effective Search Engine Optimisation (SEO) is the key. Here's an [article](#) to give you the lowdown. Don't know how to identify keywords you should use? Google Keyword Planner is the key. It is free and an incredibly powerful resource. Here's a [step by step guide](#) on how to use it.

- **Client follow up** – This is not about soliciting for appointments but making sure your clients are doing okay in these stressful times. A simple phone call can let them know someone cares and that they are not alone. If they are struggling, you have tools to help them.

“We naturally become the sounding board for our clients who aren't coping”

- **Online resources** – Providing videos or articles about managing this situation, mental health support, self-care techniques, meditation, exercise, etc. that your clients can access easily helps them learn how to look after themselves more effectively.

- **Networking** – Connecting with local practitioners can help you understand more about what they do and how they can help your clients in areas you perhaps cannot. It is also a great way to meet people doing some really





cool things, not to mention creating a potential practitioner support network.

- **Compassion** – Whatever you are doing with your marketing or networking, showing compassion in your text and images will make a difference to our community, being able to support each other and cope more effectively.

Overwhelm

It is natural for anyone to feel overwhelmed at the moment. Being a practitioner can certainly raise this intensity as we naturally become the sounding board for our clients who aren't coping. As a result, we can start to feel overwhelmed.

- **Ask for help** – you don't have to do this on your own. Reach out to your colleagues and let them know you are struggling. Contact your association and ask what resources they can provide or recommend. While social media can be a place where some fairly poor behaviour occurs, there are practitioners you can connect with to ask for help. Don't be shy. We all got into this industry to help people.

- Look into getting some **regular treatments** that help you rebalance your system.
- **Exercise** – Even small amounts of regular exercise can help to move that qi, baby.
- **Reduce device time** – Limit your time on social media to no more than 30 minutes per day... WHAT? Yes, 30 minutes per day. This gives you time to check your business pages, post a couple of things, engage in some others, and disconnect. Oh, and take social media off your phone if you can. It helps prevent automatic checking.
- **Diet** – Get yourself back into the habit of eating fresh food and regular meals as much as possible. We all know how much of an impact this can have.
- **Be kind to yourself** – You are human, you will make mistakes, and you will have bad days. It's okay. Limit these by taking more control of your life and moving your decisions and actions to ones that lean on the positive side of the equation as much as possible.

And don't forget to keep spreading the love.



Jeff Shearer is a Chinese medicine practitioner who has run several successful practices and now works in Newcastle NSW. Conscious of the struggle many practitioners face in achieving practice success, Jeff developed *Ethical Practice*, an information-based business helping practitioners to be all they can be. Visit www.ethicalpractice.net

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Orient with Stars, Sun, Moon & Animal Totems

By GREG WILLIAMS

28 star mansions, 28 totemic animals
& 50 wei qi channel circulations

DAYTIME

When dawn breaks, yang qi comes out of eyes, and if eyes open (spread, see), that is qi goes to head, circulates on nape of neck, descends leg greater yang (tai yang), circulates down back, descends to arrive into tip of little toe. That which scatters, divides from both eye's acute (sharp), descends arm greater yang, and descends to hand's small finger, arriving at outside tip.

NIGHT-TIME

As the sun moves through one star mansion, human, qi circulates one time and eight tenths.

As the sun moves through two star mansions, human, qi circulates three times and six tenths.

As the sun moves through fourteen mansions, human, qi circulates the body 25 times.

- Author's part translation from old Japanese script of Spiritual Axis 76, from Toyo Gakujutsu Kenkyu

Spiritual Axis (Ling Shu) 76 plots the movement of protective qi (wei qi) around the channels, as the sun moves through each of the star mansions.

It tells us that wei qi circulates 25 times around the yang channels by day, and another 25 times through the yin organs by night, totalling 50 circulations in one day and night. As wei qi circulates through the daytime's yang, the sun travels through 14 star mansions. As this light yang qi circulates through the night-time's yin, the sun travels through another 14 mansions. The yang sun and yang wei qi, travelling through 28 star mansions and 50 circulations respectively, constitute one Heavenly circuit of one day and night. $50 \div 28 =$ approximately one time and eight tenths, i.e. 1.8 circulations through channel-organs per each star mansion.

Whilst the Canon of Difficulties (Nan Jing) tells us that wei is the rough-fast qi protecting and warming us from outside of channels on skin surface, this Ling Shu 76 orients wei qi with the sun and stars. This Heavenly yang qi, or virtue (de), is thus our protective shield, which shines from our channel-organs like an aura. Therefore, if our night's yin sleep and day's yang activity harmonise, we balance between Heaven and Earth.

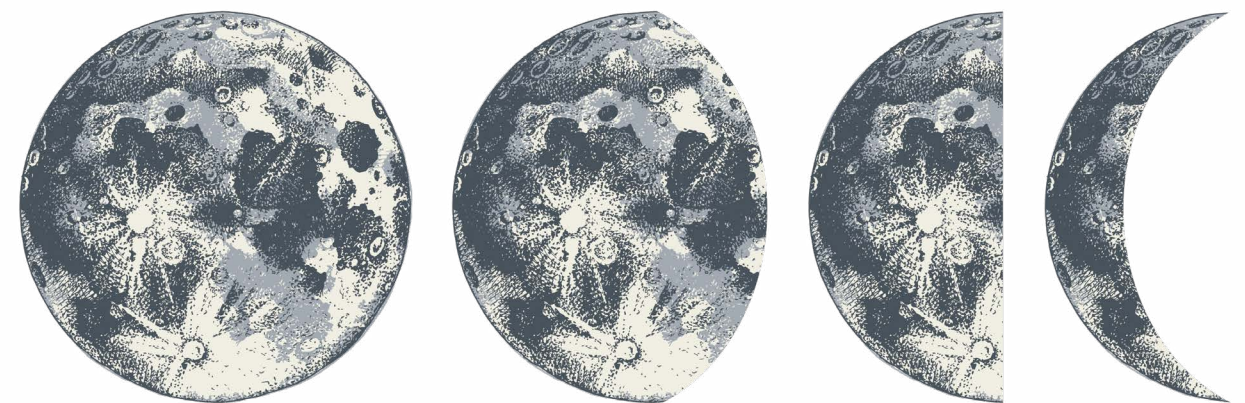
If wei's yang qi can remain submerged deep down in the yin, warming and protecting organs at night, then it is able to vitally arise into eyes – arise into eyes at sunrise. After a peaceful sleep, this yang qi scatters into the acute angles in eyes at Bright Eyes BI 1, to then descend down both tai yang channels of bladder and small intestine, significantly arriving into tip of little toe and small finger's outside tip, i.e. their well hollows (points). Well hollows, wei qi and tai yang all share the same very light superficial yang nature, which has an affinity with light in sky. Eyes, being the most yang part of our body, connect us to solar qi and star virtue (de).

If celestially attuned, our wei qi brilliantly arises into Bright Eyes as an inner sunrise, which goes up into head, then down nape of neck, through tai yang channels, into well hollows, arriving (at) Yin BI 67 and Lesser Marsh SI 1. After tai yang, yang qi shines down the shao yang of gallbladder and triple heater, then the yang ming of stomach and large intestine. After doing 25 circulations around all these three yang channels, following solar qi through 14 star mansions, yang ming's large intestine sinks back into kidneys, if indeed we let go of the day's mental-emotional charge. Ling Shu 76 refers to a connection between the hand palms and the foot 'hearts' (soles). This connection seems to be made when doing tai chi's 'needle at sea bottom' move.

That which awakens wei qi at sunrise, or just before, is the yang motility (yang qiao) channel, from the eight extraordinary. Yang qiao activates (opens) at Extending Channel BI 62 and flows up into Bright Eyes BI 1 and Wind Pond GB 20 to awaken eyes and brain into sharp yet wide focus. Just as yang qiao awakens wei qi at sunrise, so also yin qiao quietsens it down at sunset. Yin qiao activates at Shining Sea Ki 6 to also flow up into Bright Eyes BI 1. After wei qi sinks back into the kidney channel at sunset, it flows through the kidney organ, then heart organ, lung organ, liver organ, spleen organ, and back to the kidney organ, for 25 circulations, following solar qi through another 14 star mansions.

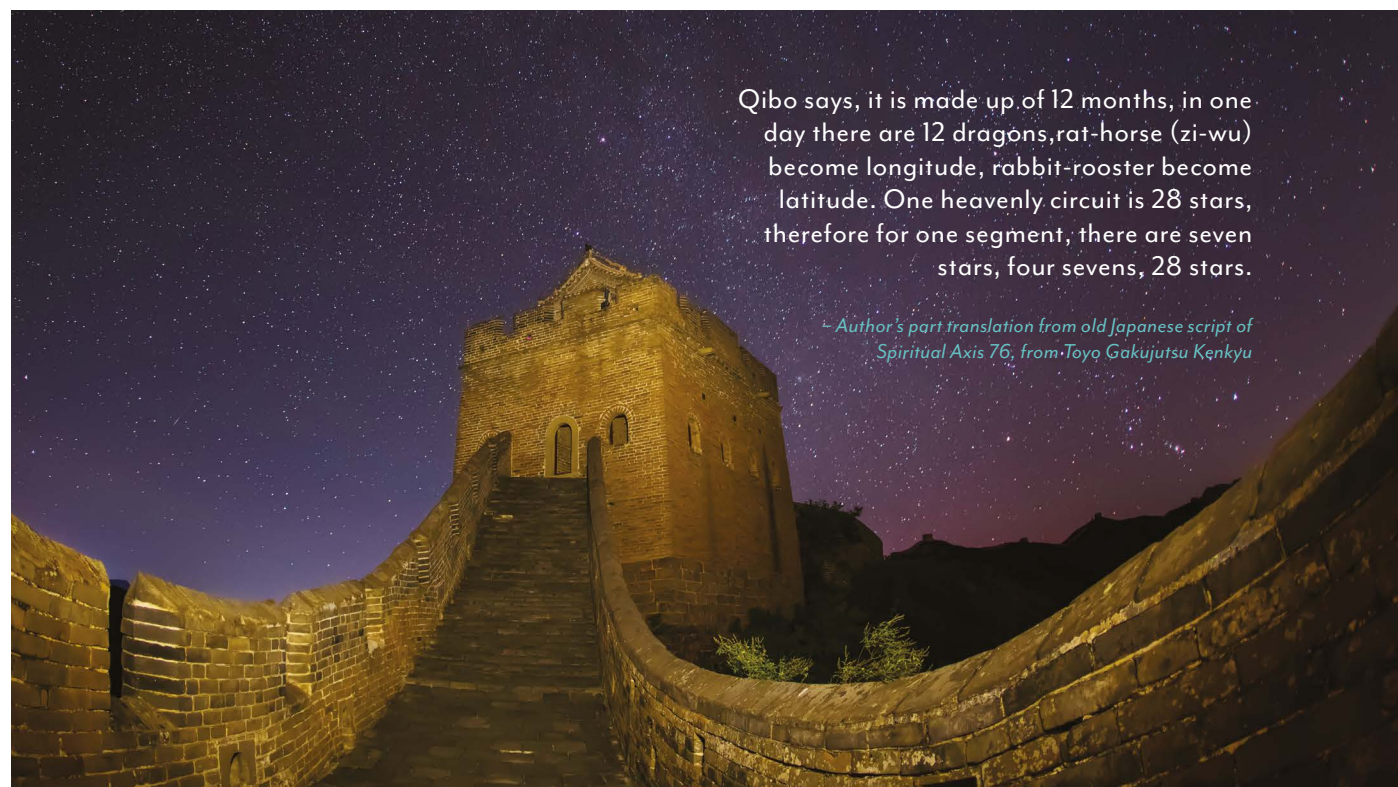
Whereas the sun travels through all 28 star mansions to complete one day and night, so also the moon travels through them, over a 28-day month. Mathematically symmetrical, 4×7 days = a 28-day month; 4 weeks \times 13 months = a 52-week year.

'Rat-horse (zi-wu), rabbit-rooster' refers to the four cardinal directions in the 12 branches, which constitute the Chinese Clock/Compass. As a clock, rat↔horse orients with 11-1am and 11-1pm, and rabbit↔rooster with 7-9am and 7-9 pm. As a compass, rat↔horse orients with the longitude of north↔south, whilst rabbit↔rooster orients with the latitude of east↔west.



Since the Moon's journey through the 28 mansions takes approximately 28 days, it must have seemed appropriate to allocate one of the hsiu (lunar mansions) to each day of a 28-day cycle.

- The Complete Guide to Chinese Astrology (P82), Derek Walters



Qibo says, it is made up of 12 months, in one day there are 12 dragons, rat-horse (zi-wu) become longitude, rabbit-rooster become latitude. One heavenly circuit is 28 stars, therefore for one segment, there are seven stars, four sevens, 28 stars.

~ Author's part translation from old Japanese script of Spiritual Axis 76, from Toyo Gakujutsu Kenkyu

The 12-branch Chinese Clock/Compass, expands to become the 28 lunar-star mansions, with 16 extra totemic animals, such as the rain dragon, unicorn, earthworm and fox.

Moreover, the moon travelling through each star mansion, on average approximately 13° of sky each night, becomes a 4-directional x7 lunar-star compass. Each of the directions, facing south, north, east and west (Northern Hemisphere), take on the nature of the vermilion bird (red phoenix), black tortoise, jade dragon and white tiger (tigress), respectively. With seven lunar-star mansions/totemic animals in each of these four directions, the seven-day week and five planets come into play, through the yin yang five elements.

By looking at the weekdays in Japanese, this becomes apparent. Sunday, nichiyōbi, meaning day of sun, orients with the sun. Mo(ō)nday, getsuyōbi, day of moon, orients with the moon.

Tuesday, kayōbi, day of fire, orients with Mars. Wednesday, suiyōbi, day of water, orients with Mercury. Thursday, mokuyōbi, day of wood, orients with Jupiter. Friday, kinyōbi, day of metal, orients with Venus. Saturday, doyōbi, day of earth, orients with Saturn.

I propose this compass orients our wei qi channels with the stars via the sun, and with the totemic animals via the moon. In the Northern Hemisphere due south, facing the phoenix direction celestially orients with the star cluster of Hydra, and terrestrially with the wild stallion (yang fire horse). Due west, facing the tigress direction celestially orients with Pleiades, and terrestrially with the totemic spirit of the Rooster. Jiao as north-east, as the horns of the eastern dragon, orients with Virgo and rain dragon.

The central pivot of this compass is the 7 Northern Stars, which relate to the Pole Star and include Arcturus. To qigong this central pivot, yi-focus the centre of Hundred Meeting GV 20 on your crown and extend it down through your body into Meeting of Yin CV 1. Then mentally transpose the Star Compass around Hundred Meeting, red phoenix facing south and jade dragon facing east.

Whilst a yin yang five elemental root treatment orients a patient's 'wei qi channels' to one of these star mansions/ animal totems, a Chinese Clock treatment then realigns them through the heart mind body.

For more information on these root and Chinese Clock treatments, as well as Southern Hemispheric orientation, please refer to Awaken Qi Within, or contact Qi Arts.



Greg Williams Having begun studies of *Taiji* in Nanjing China and *acupuncture* in Tokyo Japan 20-yrs ago, Greg now practices & teaches a form of *Qigong* acupuncture, which combines YangSheng life-cultivation & treatments. Last year he published his third book, 'Awaken Qi Within', which combines his own classical translations, poetic-prose interpretations and colourful illustrations. After working in Brisbane for a decade & a half, he now plans to move to the Sunshine Coast hinterlands, where he will reopen his Qi Arts clinic and training centre. Please contact me at Qi Arts, qiart.com.au (soon to be opened), FB Qi Arts, 0427199606, if interested.

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The new world and our new existence

By BRIGITTE LINDER

Much has changed during the COVID-19 pandemic - but are there lessons we can take into the future?

Historically, the last pandemic – the H1N1 influenza outbreak (known as the swine flu, first described in April 2009, Wikipedia) – was at the beginning of the 21st century and occurred only a little more than 10 years ago.

Earlier influenza pandemics, such as the 1968 outbreak of Hong Kong flu, caused an estimated 1 million deaths, and the influenza pandemic of 1918-1919 supposedly claimed the lives of an estimated 50 million

people (Centers of Disease Control and Prevention). But the rate at which H1N1 spread globally was unprecedented and we experience the same phenomenon with the current COVID-19 encounter. Also, given the fact that the influenza pandemic at the beginning of the 20th century took so many lives and considering that the means of travel were a lot slower, I wonder how much we have learnt in the past 100 years.

As individuals

Has our behaviour changed in the past century? No, I don't see it. It's the opposite: we have more people in less space and social distancing has only been practiced in

the past six months, since the onset of this current pandemic. Up until the beginning of this year, only ten months ago, we madly flew around the world, going to places whenever and wherever we wanted.

We have certainly squeezed into spaces close together. We have not taken time out when sick and/or stayed at home to contain the spread of bacteria and viruses. We have not stopped for anything, let alone for mental health or a break to digest, reflect and contemplate. Up until several months ago, many people were going crazy by running around like headless people (rather than chickens). Some felt there was not much consideration for others, the environment, or our community. According

to the World Health Organization, there were (and still are) high levels of people suffering from anxiety, social disorders, or depression because it was (and still is) all a little too much.

Look at us now, forced to stay home; ordered to isolation or quarantine. We are forced to stop and stay still, stop the madness of travelling and, in doing so, stretching our own resources to the max. I believe it's time to stop, breath, reassess and think about the learning from this situation. And we must do it beyond ourselves; we must consider our children, our friends and family, our immediate environment and the planet.

As health practitioners

Being a registered health practitioner comes with an obligation, as we have learnt in the past few weeks, and we have very quickly had to pick up our game. At the same time, we are privileged to work, even only in emergencies – but what an award! Weren't we just recently craving the attention and acknowledgment of the western medical profession? I understand, not all of us are ready to step it up, to embrace this opportunity, because we are not equipped for the challenge. It's not for the faint hearted and we do have to understand what is expected from us right now and into the future. We must run virus-safe clinics (not

just COVID-19 but also for future viruses that show up and evolve). For this, we must get maximum learning from the current situation.

We had to adjust our clinic environments quickly in some areas of Victoria. Some of us had to create a COVID-safe plan in order to operate even just in 'emergencies'. Others wear PPE (personal protective equipment) and take patients' temperatures upon entry of clinic premises, very similar to a hospital setting. Most of us have never learnt or practiced anything like this. Some of these exceptional measures should be adopted into the future.



Walter Reed Hospital (USA) flu ward during the Spanish Flu epidemic of 1918 - 1919



Also, it is clearly not going to be the last time that a pandemic sweeps the world off its feet. Note to educational institutions: include pandemic training in undergraduate courses.

Thankfully, we are a registered professional body and will be participating in future healthcare models. How we can best achieve that might not be entirely clear, but we certainly have the methodologies and tools of professionals that can contribute to healthcare in an incredible way. Just to be clear, I don't engage with conspiracy theories. Also, I don't believe in blaming others; we are the creators of our world and must take responsibility for our actions. We must anticipate the consequences of what we do on a daily basis.

As a community

The past few months have been confronting, stressful and uncertain. Not just for us as individuals but also on a community level. Chaos has the potential to bring new orders once the dust settles. Right now, as the turmoil still rages around us, we as a community can not only learn from current circumstances, but also start

discussing changes as the bases for a better future. Do you know what's great about it? There are so many people right now craving change so that our children and their children can grow up and experience a peaceful planet, so they can continue the work and live happily ever after.

I know that right now is an opportunity to build a new foundation for a better structure. And it doesn't matter how little or how much you can contribute, every single action counts. It is always the small steps that make a big difference.

Let me inspire you to start talking about this 'better' world that will provide us with more life quality after the big pause. To continue to live the same as we did before is simply no longer an option for me. Let's consider new options. How can I contribute to being part of a better and safer world? What would that look like? Pick up the phone and talk to your friends and colleagues now. Start making those atomic changes in your own life – every little step counts. Remember, it's up to us and we have to take responsibility for our actions. Right now is a good time. Stay safe and well.



Brigitte Linder is a Chinese medicine practitioner, author and mentor. She's an advocate for change and supports practitioners to thrive.

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Managing complaints in Chinese Medicine

Receiving a complaint is an unexpected part of running any business. No business is immune from receiving a complaint, regardless of how successful it is or how customer focused staff are. There can be a tendency to see a complaint as a personal criticism rather than constructive feedback. However there can be positive outcomes when the situation is managed appropriately.

Why do people complain?

There are many reasons why patients might complain about your practice and the service they've received. Sometimes a complaint will almost be expected following an incident; sometimes it will take you by complete surprise. Having an understanding of why people may complain can assist with managing a complaint if it occurs and potentially reducing the likelihood of further complaints.

The following are some of the reasons why people may feel the need to complain.

High expectations – consumer expectations are increasingly high when engaging professional services. Your patients pay for your service and will most likely see you as a highly trained and qualified professional. This view can influence their expectations about the service and outcomes they anticipate.

Unrealistic expectations – it's possible that patients may have unrealistic expectations about what they can reasonably expect from the treatment you provide. Their high expectations may at times surprise you. It's therefore important to remember that most patients will not have the clinical knowledge you do and what's obvious or common sense to you may not be to them. A practitioner must assist patients to be clear and fully informed about the treatment being provided and the outcomes they can realistically expect. This requires ongoing discussions with patients and, where possible, written information to assist their understanding.

To inform and be heard – patients may wish to make a complaint about an incident or poor outcome simply so they are sure you and your staff are aware of what has occurred and how they feel. They may wish to complain just to be listened to and acknowledged, especially if they have been adversely impacted. Not all complaints will lead to a formal demand for compensation.

Belief that someone is responsible – when something goes wrong we often try to determine who's responsible. Sometimes someone is obviously responsible, sometimes it's hard to determine who's responsible and other times there is no one person responsible but just an unfortunate set of circumstances. However, if a patient thought something had gone wrong and this led to them being harmed, it's quite possible they may complain with the intention of holding someone responsible and possibly liable.

The importance of managing complaints

There may sometimes be a temptation to ignore a complaint and hope it'll just go away. Maybe the patient won't follow up. Maybe the incident won't occur again. This is a very short-sighted way to run any business as there are clear benefits to appropriately managing complaints.

- > Patients will generally expect to see their complaint dealt with quickly and fairly. When this doesn't happen it's possible that further complaints will follow and the issue or concern could become a much greater one. Complaints may also escalate to AHPRA or another regulatory body.
- > Managing complaints should be seen as good 'customer service'. You rely on patients to keep your business afloat. When patients are unhappy with a service they've received, they can talk with their feet by not returning to the practice. Keeping patients happy and satisfied is more likely to see them continue to utilise your service and recommend your practice to others.

- > Complaints can provide a practice with an opportunity to review and improve their service. Receiving a complaint may highlight an issue which the practice had not been aware of. When investigating and dealing with the complaint, the practice may wish to consider a change in a procedure to avoid that issue arising again in the future.

How to manage complaints

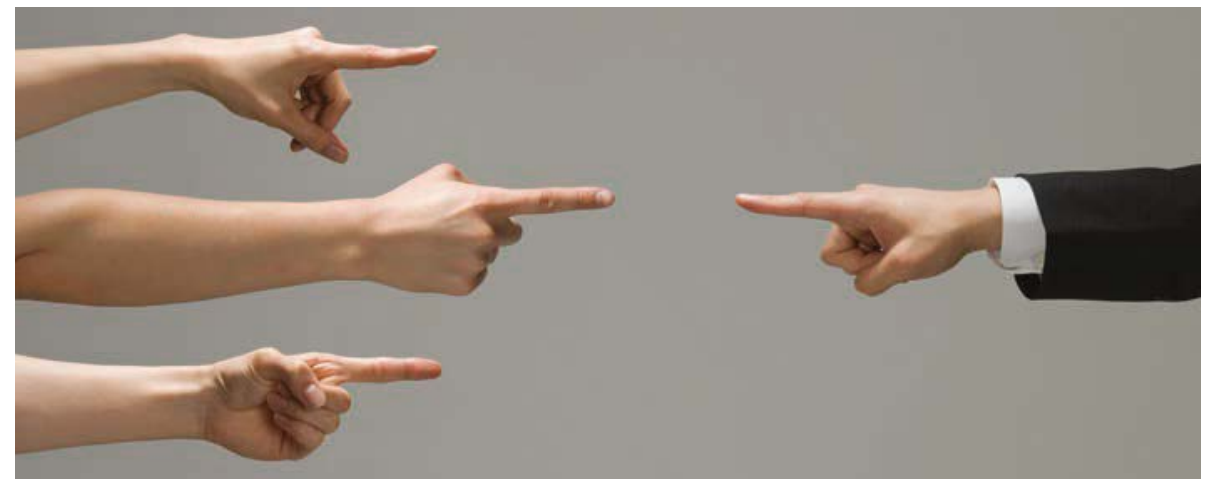
It's advisable that every practice has a complaints policy. This means that the practice will have an agreed-to process for dealing with a complaint which allows for all complaints to be managed in a fair and consistent manner. It also means staff know what to do which is important as managing complaints can be a quite challenging.

A key aspect in dealing with any complaint is listening to the person. Where possible, make time to sit down in a quiet space and give them time to express their concerns. Make the effort to hear what they have to say and take on board what they have told you. You may not agree with all they are saying, however it helps if you can try to understand the situation from their

perspective. You may wish to ask them to document their concerns so you both have an accurate record of the matter. Avoid being defensive or taking the complaint personally as this may inflame the situation.

With low level complaints you may be able to offer a solution there and then. However, this won't always be the case. With more serious complaints you should provide the person with an assurance that you'll investigate the matter and get back to them with a response at a later date.

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Stronger together

By JEFF SHEARER



It's time to band together - for not only ourselves but also our patients

We in the Chinese medicine industry have a fundamental problem: toxic health practitioner isolation. This isn't a COVID-19 problem. It's been happening for decades.

What do I mean by 'toxic health practitioner isolation'?

We're talking about operating in isolation to a degree that is not healthy. COVID has helped us understand better how isolation can affect us both professionally and personally. It has also brought into view

a range of tools we have at our fingertips (literally and metaphorically) to break the isolation. Many Chinese medicine practitioners consider themselves introverts. They revel in the peace and quiet of working in isolation. Certainly, operating in our own little health-service bubble can be a joy. But take it too far and you are the only one in that bubble. You don't have the number of clients your bubble needs to survive – and

then there is no health service. The problem often starts as soon as practitioners graduate from college. Consistently over the past 20 years, statistics of graduates continuing in the industry have been appalling. Two examples at hand:

1. **Australia:** At the last Australasian Acupuncture and Chinese Medicine Association Conference I attended (pre-COVID), a presentation by the Practitioner Research And Collaboration Initiative (PRACI) found that, of natural medicine practitioners surveyed, 95% of graduates from Complementary and Alternative Medicine (CAM) courses are no longer practicing five years after they graduate.
2. **US:** According to American Massage Therapy Association (amtamassage.org), in 2019, the average US massage therapist earned (including tips) \$29,349 (USD) – significantly lower than the national median wage of \$48,672 (USD), despite the fact that the industry continues to grow.

The cause of this health practitioner isolation problem?

There are a few reasons, including these big three:

1. Lack of support structures post-graduation

Looking at practitioners in more conventional fields, there is one glaring difference: they are extremely well organised and have incredible support structures. As a GP, for instance, you're not expected to know about business management, marketing or even reception operations. You join a clinic and go from there. Often Chinese medicine practitioners graduate and have to start their own clinic. If they rent a room from a clinic, they can often still struggle to attract the number of clients they need. In short, the new practitioner often needs to be effective in business in order to survive.

Answer: Be genuinely holistic about your approach to your whole practice. In short, don't just focus on developing your modality. Engage in regular professional

development sources, and learn about client management and how best to educate clients and the broader public* about how you and your modality can help.

**Members of the broader public who could be your future clients... we are actually talking about marketing here, but you can see it as 'public education', if you like.*

2. We don't understand the power of being curious

Health practitioners keep saying they hate pitching themselves to other practitioners. Of course you hate it. So don't pitch yourself. Instead, approach by being curious about them. Be curious about what other practitioners are doing. Be curious about other modalities and how they help people. Your curiosity may inspire those other practitioners to be curious about your modality and what you do, too. If they are, great. If not, don't get bent out of shape about it. Healthy non-isolation starts with you being genuinely curious about other practitioners – more specifically, who you might be able to refer your clients to.





"Me referring my clients to them?" you ask, aghast. "But I don't have enough for myself!" you might say. Well, read on, my friend.

3. We don't understand the benefit of sharing

We natural health practitioners need to help each other – not only for the good of our sector but also for the good of our clients. Not every practitioner, or their modality, suits every client. If we all have a good working knowledge of what everyone is doing in our geographic area (if we work face-to-face) and have a strong, active referral network, our sector can only be stronger too. This way we all win – including our clients.

When our practice isn't going well, it's natural to feel fearful. It's also natural to want to isolate yourself as a way of protection. But the more isolated from 'the pack' we become, the more vulnerable we are.

Sector representatives for greater support

I have been advocating for many years the benefit of a unified industry – but we find ourselves with multiple organisations who support members but invariably have

different agendas. The result is disunity and division of the pack. As a unified industry, while we might have some differences, we can create far greater protection, lobbying power and cohesion. Our administration becomes more cost effective – meaning more funds to further our industry via:

- public awareness campaigns
- research
- government lobbying and interaction with the decision makers

Starting with you and me

This also can be of great benefit on the micro-perspective. We need to support each other at the grass roots level. Connecting with other practitioners has been the key to my survival and success in this industry. Whilst we might not always agree, there is one thing that unites us: passion for our medicine and its ability to change the lives of the people we treat.

I urge you all as individuals to step out of your practice, connect with other practitioners, grow and become a force in your industry and our community. I have always loved the Chinese water and stone analogy: one drop of water on stone has very little impact, but drip, drip, drip

consistently will wear a path in the stone, showing the strength we have when we work together to help our patients and our industry.



Jeff Shearer is a Chinese medicine practitioner who has run several successful practices and now works in Newcastle NSW. Conscious of the struggle many practitioners face in achieving practice success, Jeff developed Ethical Practice, an information-based business helping practitioners to be all they can be. Visit www.ethicalpractice.net

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Chapter 12:

Preservation and Perishing of the Spirit Qì from Complete Compendium of Zhang Jingyue

Translated By ALLEN TSAUR, Edited By MICHAEL BROWN

The Canon states, “Those who grasp the spirit will prosper, those who lose the spirit will perish.” Well said! This is the meaning of the spirit, which is the root of life and death; one must not fail to inspect it.

From the perspective of pulse, it is indispensable for the pulse to have a presence of spirit. The Method of Pulse states, “When force is present within the pulse, it is the presence of spirit.” For what is meant by “force”, it is not speaking about being strong and robust; rather, it is about the force of central harmony.

Generally speaking, it is a [pulse that is] forceful but without losing its harmony and

moderation; it is a [pulse that is] soft but without losing its force. It is only then that there is the presence of spirit within the pulse.

If [a pulse] is deficient, such as the forceless [quality] of being faint, weak, deserting and expiring; or if [a pulse] is excessive, such as the forceful [quality] of being string-

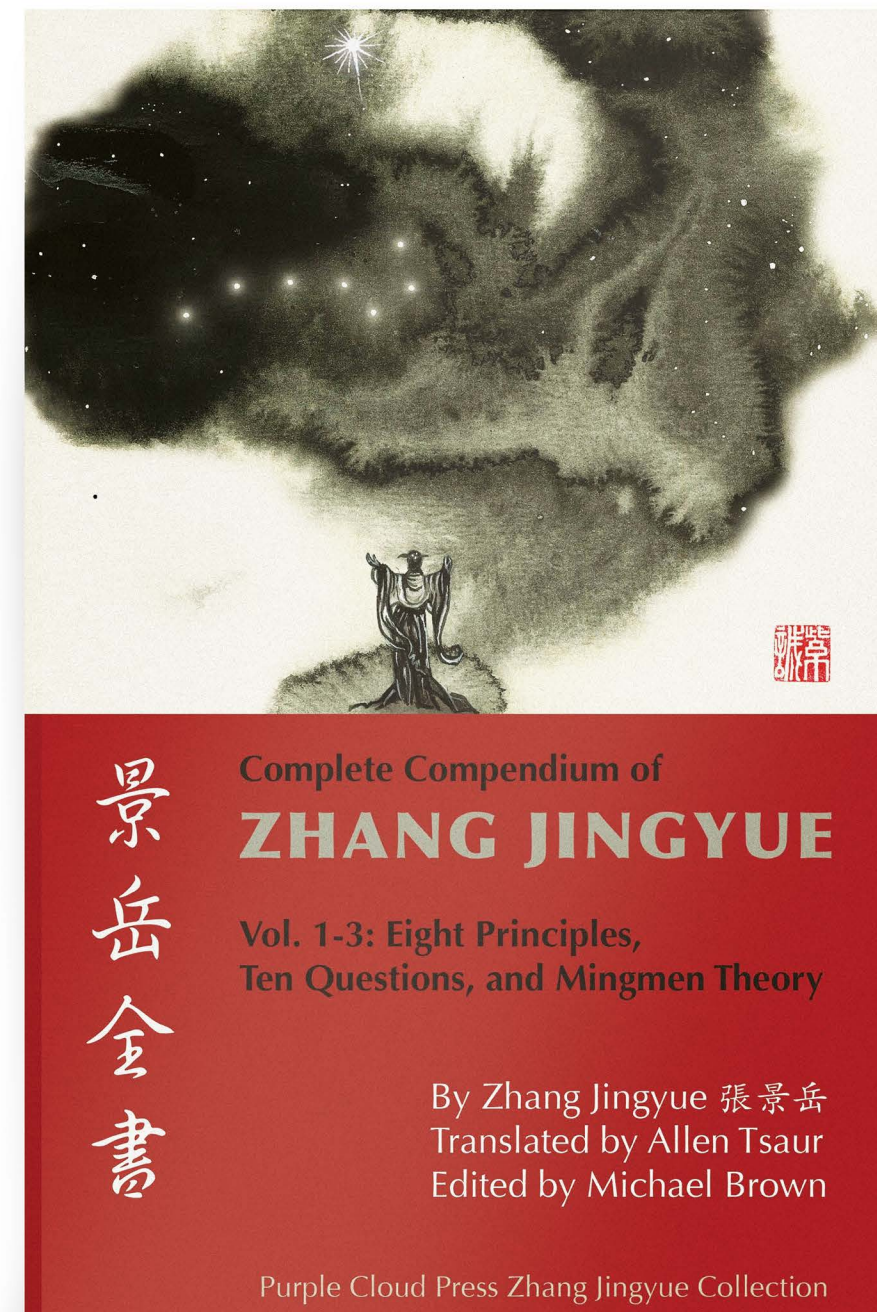
like, strong, and true visceral; these two [pulses] are both absent of spirit, which is a dangerous sign.

From the perspective of physical signs, when there is vivid brightness in the eyes, a clear and resonant voice, lack of disturbance in spirit and thoughts, no whittling of the flesh, normal respiration and no desertion in defecation and urination, for such a person, even if the pulse may be questionable, there is no need for concern, as the person has a presence of spirit in the physical form.

When there are dull and confounded eyes, emaciated and weak form, decaying physical body, abnormal rapid panting and incessant diarrhea; or possibly the loss of the major muscles all over the body, picking at bedclothes, incoherent speech without the presence of evil, vision of ghosts in the vacant space without the presence of disease; or suffering from distension and fullness when neither supplementing nor draining [method] can be carried out, suffering from [aversion to] cold and

“For those who can understand the urgent and non-urgent [signs] of the spirit, they are certainly the divine ones among physicians.”

heat [effusion] when neither warming nor cooling [medicinals] can be utilised; or sudden fulminant disease that results in deep confounding, vexation, agitation, clouded [spirit] and inability to recognise people; or sudden collapse with eyes shut, open mouth, limp hands and enuresis; for such a person, even if the pulse may be absent of unfavorable indicators, the person will die without a doubt, as there is no longer the presence of spirit in the physical form.



¹ i.e. The Yellow Emperor's Inner Canon.

² Sùwèn Chapter 13.

³ The title of this chapter and this very line are reminiscent of the beginning line of Sūnzǐ's Art of War (c. 5th century BCE), “兵者，國之大事，死生之地，存亡之道，不可不察也。War, it is the great matter of the state, the situation of life and death, and the path to preservation or to perishing, one must not fail to inspect it.”

⁴ Though we cannot find a work bearing this title, we have located this quote in Tāo Jié'ān's 傷寒六書 Six Books

of Cold Damage (1445 CE) and 古今醫鑒 Mirror of Medicine Ancient and Modern (1576 CE) published by the Imperial Academy of Medicine.

⁵ This most likely refers to the stomach qì, as Zhāng Jīngyuè often mentions about the “central harmony” of the stomach qì. The two are often brought up together throughout his writings.

⁶ “真臟脈 True visceral pulse” is defined by the Practical Dictionary of Chinese Medicine as “A pulse indicating that the true qì of one or more of five viscera is bad and exposed; observed in critical stages of disease when the pulse is bereft

of stomach [qì], spirit and root.” Refer to Sùwèn Chapter 19, “玉機真藏論 Discourse on the Jade Mechanism and the True [Qì of the] Zàng-Viscera.”

⁷ From Shānghán Lùn, lines 111 and 212. The Practical Dictionary defines “尋衣摸牀 picking at bedclothes” as “an aimless plucking at bedclothes observed in an extreme stage of disease. It occurs notably in extreme yāngmíng heat with heat effusion and clouded spirit.”

⁸ This is an idiom that depicts the lack of response when an order is given to the subordinates. It is here describing the lack of response when a treatment is carried out.

Furthermore, from the perspective of treatment methods, for the medicinals and food to enter the stomach and prevail over evils, one must depend on the stomach qi to distribute the medicinal effects; it is only then that one can be warmed, induced to vomit and precipitated, in order to expel the evil. When one is overcome by the evil qi, if the stomach qi is exhausted, then even with the administration of a medicinal decoction, the stomach qi will not be able to distribute it; as a result, even if one has the divine elixir, what can one hope to achieve?

Thus, there are those who fail to cool down after consuming cold [medicinals], those who fail to warm up after consuming hot [medicinals], those whose exterior has no response after [attempting to] promote sweating, those whose interior has no response after [attempting to] move the stagnation, those whose vacuity cannot tolerate supplementation, those whose repletion cannot be attacked, those who cannot swallow medicinals or food, and those who vomit upon ingesting [medicinals or food]. For this lack of response after being called and this lack of movement after being dispatched, this is due to the complete exhaustion of the visceral qi and original spirit; thus, there is nothing left that can be employed. Regardless of the pulse and signs, these people will die without any doubt.

Although the [discussion regarding] the presence of spirit in the pulse and [physical] signs appears to conclude here, there are

still those with critical pulse [indicators] and mild signs, whom one knows can survive; and there are those with mild pulse [indicators] and critical signs, whom one knows will certainly die. For [these people], one considers the signs but disregards the pulse. [Nonetheless], there are also those with critical signs and mild pulse [indicators], whom one knows can survive; and there are those with mild signs and critical pulse [indicators], whom one knows will certainly die. For [these people], one considers the pulse but disregards the signs.

Between choices, at the moment of doubt, there is naturally a sense of profundity and ingenuity. Verily so! Such is the difficulty of explaining the spirit! For those who can understand the urgent and non-urgent [signs] of the spirit, they are certainly the divine ones among physicians.

Allen Tsaor lives and practices Chinese Medicine in Maryland, USA. He is the editor for *Explanations of Channels and Points (Vol. 1)* and translator for the upcoming *Complete Compendium of Zhang Jingyue (Vol. 1-3)*.

Michael Brown is a scholar-physician living in Brisbane. He practises Chinese medicine, with an emphasis on classical aspects. He is the translator of *Explanations of Channels and Points (Vol. 1)*. He is the editor for the upcoming *Complete Compendium of Zhang Jingyue (Vol. 1-3)*.

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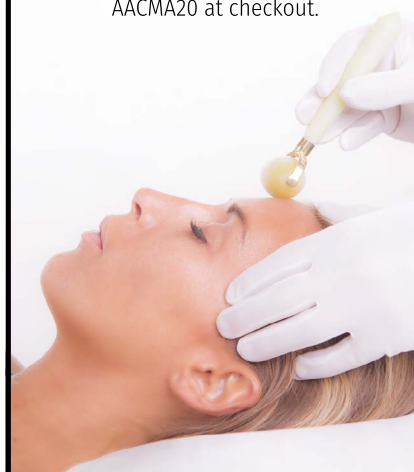
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Humility in clinical practice: why is it necessary?

By REBECCA TOLHURST

When I do Community Acupuncture at \$30 a session, I sit on the floor. Why? Humility.

Affordable acupuncture requires connection with many socioeconomic groups, all with their own community-based social and personal ways of connecting with the world and each other. Sitting on the floor places us closer to patients so they feel able to express themselves more freely. Whilst practitioners work to earn money as well as for enjoyment, there is value in humility, even when we are doing well, particularly when faced with profound healing experiences that patients achieve during treatment.

Humility in a nutshell

Oxford Learning Dictionary defines humility as,

Humility; [uncountable] *the quality of not thinking that you are better than other people; the quality of being humble*

"...was an early lesson in humility."

"...an act of genuine humility."

This means, in practical terms, suspending judgement, avoiding pretense, allowing patients and colleagues to express openly, placing ourselves in a context where we walk beside them in the spirit of camaraderie instead of standing over them as a figure of authority. After all, between

patient & practitioner, patients know themselves better than we do, most of the time.

Why is it clinically useful?

By rights, every person should have equal value and equal right to expression. If we, as practitioners, make clinical decisions to journey beside them within their own story, autonomy is enhanced and they feel more empowered to participate in their own healing in a proactive way. In theory, this means that the practitioner, when communicating, can engage with a patient's inner truth empathically, achieving a stronger connection with their core outlook. In these cases, compliance is likely to be more complete and results to have greater impact than if a purely objective approach were adopted. Humility and inherent

From Confucius, The Analects:

15.5 Qualities of a superior man

子曰、君子義以為質、禮以行之、孫以出之、信以成之、君子哉。

The Master said, 'The superior man in everything considers righteousness to be essential. He performs it according to the rules of propriety. He brings it forth in humility. He completes it with sincerity. This is indeed a superior man.'



objectivity, combined with subjectivity that has firm clinical, personal, mental, emotional and energetic boundaries are primary in an empathic practitioner's tool kit.

Narrative Medicine

The Public Health term, "Narrative medicine", means identifying an entry point into a patient's own belief structure or story that they have created about themselves and/or their health issues. Many review papers have been published regarding the usefulness of narrative in medicine and mental health, as well as discussions surrounding narrative from a philosophy and ethics standpoint. Freudian, Jungian & later, Existential psychology (like the work of Joseph Campbell), all rely on narrative as

an integral clinical tool. Given that much of Jung's theory has derived from Oriental philosophy there is no denying a deep and long-standing tie to our type of medicine. From a Chinese medicine standpoint, in 5 element diagnosis the technique of mirroring based on presentation and elemental type is used, however this is essentially the same thing, expressed differently. Humility allows us to enter that narrative more easily than if we are disconnected and aloof.

Historical context

Humility has been a long-standing concept in both Chinese philosophy and Chinese medical literature. It was highlighted during Confucian times with numerous references in the Analects, and has been a

prevailing ideal throughout history. In the Yi Jing (Book of Changes) which carries the foundational philosophy underpinning numerous acupuncture & herbal medicine systems, there is a detailed description of Humility (Modesty, Temperance or Authenticity in the various translations) in Hexagram 15, which depicts the Earth trigram above and the Mountain trigram below. It describes humility as decreasing the abundant to enhance the less abundant, making full what is empty and making empty what is full – the essence of Chinese medicine in many different contexts. Ancient physicians Sun Si Miao, Hua Tuo & Huang Di expressed the necessity for humility. Humility is a personal quality that health professionals have been encouraged to cultivate in many cultures since early development of different medical systems.

How do we achieve humility?

Mindfulness, Daoist, Buddhist, Kundalini or yogic breathing and other meditative practices can help us to more deeply access our own Inner Truth. We then forego ego-mind in favour of truthful presence in the moment, without judgement, on the patient's level. This is a long and difficult process and takes practice to achieve. We are all conditioned with ego constructs and create behaviours accordingly, consciously or not, responding to life stimuli. Meeting patients in equal energetic space creates deeper and more consciously present clinical rapport. Regular exposure to this state, for practitioner and patient alike, expands consciousness and permeates all existence. We must not forget to look after

our own energetic & spiritual health as well as physical & mental wellbeing when at capacity with patient care. That way we can prevent burnout and maintain a sustainable profession.

Dr Rebecca Tolhurst is a clinic owner-operator, acupuncturist and Chinese herbalist in Daylesford, Victoria. With two Chinese medicine bachelor qualifications and a Graduate Diploma in Public Health, she is in her 14th year of clinical practice. Her interests include Public Health, Health Equity; Community Acupuncture; Alcohol & Other Drugs addiction therapy, detoxification, rehabilitation & recovery; mental health; global diversity in traditional plant-based health & spiritual care.



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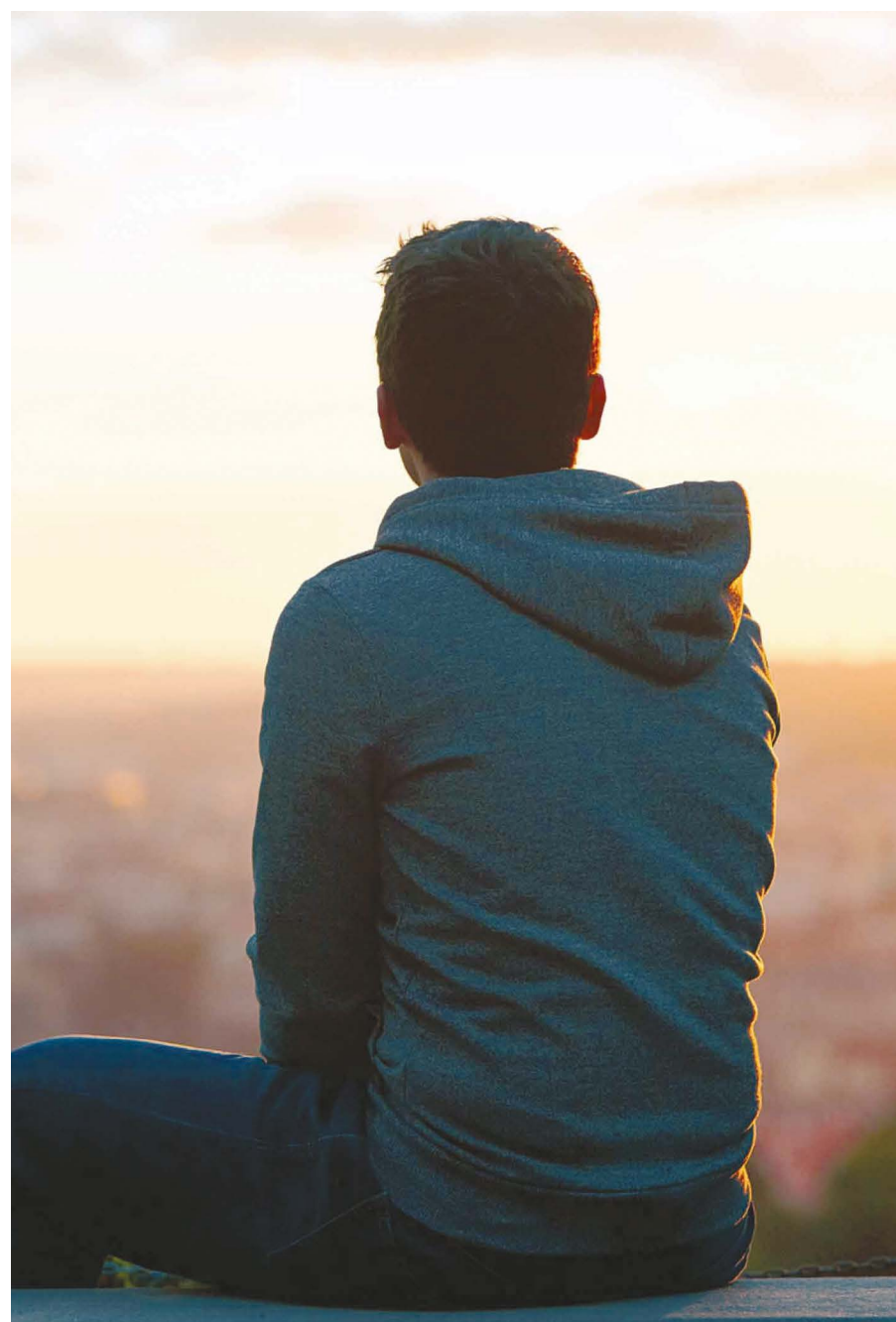
Welcome to our new AACMA members

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Moraya Balogh
Murray Barton
Erin Bayliss
Lily Beeley
Rebekah Bibby
Yoann Birling
Shanice Boungnaseng
Claire Boxer
Shriya Chatry
Yanfei Chen
Shih Ming Cheng
Christina Clarke
James Clarke
Imogen Cusack
Olga Damty
Bondy Daniels
Ashley Dean
David Donnelly
Kent Duong
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Michelle McManus
Becki Milani
Brandon Neander
Katherine Nickels
Eleisha Nylund
Elizabeth Oliver
Sang Hee Park
Bree Pash-Davison
Amber Pickering

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Susan Sipple
Jack Sloane-Lees
Rachel Smith
Andre Sorger
Carleta Stan
Paula Stoilescu
Tom Cheng Wei Sung
Nur Surani
Zhen Tian
Sujani Townsend
Linh Hoang Trinh
Robert Wilkie
Jin Xu
Raymond Zhou
Jessica Zhu



AACMA Upcoming Events

AACMA is hosting a full-day event on Sunday 15 November as its last event in 2020.

The event will take place in Perth and be livestreamed online. **Participants can join in person or by livestream based on their locations and preferences.** We have invited four Perth-based presenters to discuss on different topics and Q&A time will be provided. Online participants will be able to interact and ask questions using the embed chat box on the livestream page.

2020 has been a challenging year for everyone. We would like to use this event as a platform for get-together among our members across the country as well as a pilot event for the resumption of AACMA

events next year. For those who still need CPD points, this is also one of your best chances to get all mandatory interactive CPD points in one go. We will share the event recording to livestream participants so make sure you purchase the livestream ticket if you wish to have the recording for later.

Date: Sunday 15 November 2020

Time: 9am-4:30pm (Perth local time)

CPD: 7.5 points (interactive)

Location: Online or Earth Point Energy Centre, Level 1/87 Brown St, East Perth WA 6004

Tickets: Onsite – Member \$40, Student Member FREE; Livestream – Member \$50, Student Member FREE, Non Member \$70

Topics and speakers:

- Highlights from the history of acupuncture with Jessica Kennedy
- Strengths based content creation - Take control of your marketing with Marie Hopkinson
- Lingering Pathogen and Chronic Fatigue with Yun-fei Lu
- A holistic approach to immunity with Marianne Kornaat

For registration or more information, please email aacma@acupuncture.org.au or ring us on 07 3457 1800. RSVP by 3pm (AEST) Friday 13 November 2020.

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