

Proposal that Traditional Chinese Medicine Become a Regulated Profession under the Health Practitioners Competence Assurance Act 2003: Submission to the Ministry of Health

Traditional Chinese Medicine (TCM) refers to a broad range of medicine practices including acupuncture, tuina (massage therapy), *tei-da* (practice of bone-setting) and the application of herbal medicine. It has been used for around 3000 years, and is commonly used among Asian countries such as China, Japan, Singapore, Korea and Taiwan, for the prevention and treatment of diseases and health maintenance. Western scientific and clinical research on the effectiveness of TCM to treat diseases is in its infancy but on the increase. For example, Taiwan has set up a National Research Institute of Chinese Medicine to carry out basic (molecular) and clinical studies to improve the formulation and potency of certain herbal medicine in treating cancers and inflammations. The *American Journal of Chinese Medicine* has also been created to publish studies related to TCM. Since the public awareness/experience of the application of TCM in improving personal health has increased in New Zealand, it is an appropriate time to consider whether the New Zealand should classify TCM practitioners as health service providers under the Health Practitioners Competence Assurance (HPCA) Act.

For this submission, a RSNZ Professional member, Dr Marian Mare (a consultant research psychologist) undertook a small survey of Maori, Chinese and European individuals who had: 1) some knowledge of Traditional Medicine and Praxis (Maori, Chinese), and/or; 2) some link with China and TCM, and/or; 3) some link with the health sector in New Zealand. Details of the findings are included in our submission below.

Is TCM a health service, as defined by the HPCA Act?

The general public, especially those from the Asian community, are likely to view TCM as a health service. People consult TCM practitioners regarding their physical or mental symptoms, ranging from the common cold and aches, to severe illnesses such as terminal cancer as a last resort treatment. In Taiwan and Hong Kong, TCM practitioners are also classified as health service providers.

In Dr Mare's survey of different New Zealand communities, the New Zealand Maori respondents seemed relatively sympathetic to the proposal that TCM become a regulated profession under the HPCA Act, although with specific conditional requirements (robust specifications, monitoring systems and consultancy, cultural appropriateness and continuity). The New Zealand European respondents did not support the proposal that TCM become a regulated profession under the HPCA Act for a range of reasons. These largely related to their perception of the potential for harm and the difficulties relating to lack of compliance with scientific standards concerning medicinal properties, monitoring, supervision, and practitioner qualifications. The New Zealand Chinese respondents, with various reservations, provisos, concerns and recommendations, tended to support the proposal that TCM become a regulated profession under the HPCA Act. They favoured TCM in China and the principle/ideal of TCM in New Zealand but were the group who seemed most conflicted about registration of TCM practitioners in New Zealand.

Overall, since the HPCA Act defines a health service as “a service provided for the purpose of assessing, improving, protecting, or managing the physical or mental health of individuals or groups of individuals”, there is a case to be made that TCM should become a regulated profession under the HPCA Act.

Is there a risk of harm to the public from the practice of TCM?

There is the potential of harm from the practice of TCM. Apart from the risks already outlined in the proposal document, clients consulting TCM practitioners are at risk of delayed diagnosis and treatment of their conditions, which can carry significant consequences. It is possible that an occult fracture is missed in a client consulting a TCM practitioner for foot pain, or early meningococcal disease overlooked in a client with fevers and general malaise.

Regulation of TCM will ensure that all TCM practitioners are aware of the limitation of their service, and to know when to refer clients to another health service if necessary. Improper practice of TCM, such as tuina (massage therapy) and *tei-da* (practice of bone-setting), has been shown to induce physical damage (e.g. joint dislocation, spindle damage, deep tissue/muscle damage) to the patients and some herbal medicine may also not be suitable for pregnant women. It will therefore be important to ensure that registered TCM practitioners are responsible and clinically well qualified.

What qualifications are generally held by members of the profession, and what is the degree of uniformity in qualifications across members?

Many TCM practitioners have been trained overseas. In Taiwan, in order to qualify as a TCM practitioner, a candidate needs to hold a bachelor degree (with a major in Chinese medicine) issued by one of Taiwan’s accredited universities (both national and overseas), and to have also passed the nationwide examinations for the registration of medical practitioners. If a candidate’s bachelor degree is obtained from an overseas university, legal certification of the candidate’s graduation certificate, academic transcripts and medical practitioner’s registration certificates need to be obtained before they are able to sit the examination to become registered as a medical practitioner in Taiwan.

In Hong Kong, a person is eligible to undertake the Chinese Medicine Practitioners Licensing Examination if they have completed an approved undergraduate degree course in TCM (as approved by the Chinese Medicine Practitioners Board), or they have passed the Chinese Medicine Practitioners Licensing Examination, before they are eligible for registration as TCM practitioners.

In New Zealand, the New Zealand School of Acupuncture and Traditional Chinese Medicine” and “New Zealand College of Chinese Medicine” offer training in TCM. Unlike in Taiwan and Hong Kong, a TCM graduate in New Zealand is not required to register as a medical practitioner before practicing TCM. In regulating the profession, it would be important to create a nationwide standard with a high level of clinical knowledge and competence.

In Dr Mare’s survey of different New Zealand communities, one of the issue for the New Zealand Chinese community was: “How do we [*Chinese New Zealanders*] know if young NZ-trained TCM doctors have the true skills and knowledge of their counterparts in China?”.

Additional Information and References

This response was produced by the Royal Society of New Zealand from a range of submissions from its members, and signed off by the Chair of the Academy. Any enquiries about this submission or others should be addressed to the Royal Society's External Relations Manager, Dr Marc Rands (Email: marc.rands@royalsociety.org.nz). Responses are published on the RSNZ website (www.royalsociety.org.nz/publications/policy).

Details of consultation survey:

The participant groups were comprised of...

- European respondents 10 (5 men, 5 women) aged 20s to 60s
- Chinese respondents 10 (5 men, 5 women) aged 30s to 60+
- Maori respondents 10 (5 men, 5 women) aged 20s to 60+

Maori category: There were 10 lots of responses received from the Maori respondents, but more than 10 people were involved, as an unknown number of people were part of 'consensus' (group) returns. The 10 named respondents all had tertiary education qualifications (degrees and/or diplomas). The respondents were all affiliated to Te Arawa iwi mostly from Rotorua, currently living or working or studying where Dr Mare contacted them in Rotorua, Hamilton, Auckland, Australia.

Chinese category: the respondents were mostly working parents in their 30s and 40s and grandparents aged 60-plus, and two people with no children. The older participants' responses were translated by younger family members. All but 2 older people had tertiary education qualifications. The majority of respondents Dr Mare contacted directly (or indirectly via members of their family) were Waikato or Auckland residents who were working and studying in Hamilton and/or Auckland. One respondent, a colleague's wife, was contacted in Australia where she was working.

European category: ten independent responses were received from 10 people. Ages ranged from 20s to 60+. All had tertiary education qualifications (degrees and/or post-grad diplomas). All had lived and worked in China. Dr Mare contacted them in Hamilton, Auckland, Wellington, Australia.

August 2011