

**Proposal that Traditional Chinese  
Medicine Become a Regulated  
Profession under the Health  
Practitioners Competence  
Assurance Act 2003**

Invitation to submit comments on the proposal  
to regulate traditional Chinese medicine (TCM)

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# 1 Introduction

## Overview

The Ministry of Health has received two separate applications for the regulation of the traditional Chinese medicine (TCM) profession under the Health Practitioners Competence Assurance (HPCA) Act 2003. The applications were prepared by the:

- New Zealand Register of Acupuncturists, with the New Zealand Register of TCM Practitioners Inc
- New Zealand (NZ) Acupuncture Standards Authority, together with the NZ Association of Traditional Chinese Medicine, NZ Chinese Medicine and Acupuncture Society Inc, NZ Council of Traditional Chinese Medicine and NZ Institute of Acupuncture Inc.

Although the applicant organisations include 'acupuncture' in their titles, the application is for regulation of TCM as a whole, which includes acupuncture, traditional Chinese herbal medicine and tuina, a form of massage.

The HPCA Act requires that the Minister of Health consult with any organisation that, in the Minister's opinion, has an interest in any proposal to add a profession to those regulated under the HPCA Act. This discussion document has been prepared to canvass your views on this proposal. The document:

- discusses the relevant provisions of the HPCA Act
- discusses the reasons for, and consequences of, regulating a profession under the HPCA Act
- provides background material on TCM
- asks specific questions to help you to comment on this proposal.

## An invitation to comment

You are invited to submit feedback on this proposal. In particular, it would be helpful to receive your responses to all or any of the specific questions listed in section 4. Your submissions should be addressed to:

Mary-Louise Hannah  
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Health Workforce New Zealand  
National Health Board, Ministry of Health, PO Box 5013  
WELLINGTON 6145

Please note that all correspondence and submissions on this matter may be the subject of a request under the Official Information Act 1982 (OIA). If there is any part of your correspondence that you consider could properly be withheld under the OIA, please include comment to that effect and give reasons why you would want it withheld.

**The closing date for submissions is Friday 19 August 2011.**

## **2 The Health Practitioners Competence Assurance Act 2003**

### **Section 116 of the HPCA Act**

Section 116 of the HPCA Act requires that, before recommending that a health service be regulated as a health profession, the Minister must be satisfied that the health service poses a risk of harm to the public, or that it is otherwise in the public interest that the health service be regulated.

The Minister must also be satisfied that the providers of this health service are generally agreed on the:

- qualifications for any class of providers of the health service
- standards that any class of service providers are expected to meet
- competencies for scopes of practice for this health service.

### **Why regulate a profession?**

The principal purpose of the HPCA Act is given in section 3(1):

#### **3 Purpose of the Act**

- (1) The principal purpose of this Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.

Protecting the health and safety of members of the public underpins the processes for extending the regulatory cover of the HPCA Act to additional professions. Appendix 1 provides information on the guidelines for applying for regulation under the HPCA Act 2003 (effective from September 2010). The need for regulation is assessed using the criteria in these guidelines.

### **The implications of regulation under the HPCA Act**

Under the HPCA Act, the relevant regulatory authority plays a pivotal role in regulating the profession. These authorities have sole responsibility for identifying the parameters of practice for registered practitioners and the qualifications and competencies required for registration.

A key concept in the HPCA Act is that of a 'scope of practice'. The Act requires each responsible authority under the Act to describe the profession it regulates in terms of one or more scopes of practice, and to prescribe the qualifications a practitioner needs in order to be eligible to be registered in a scope of practice.

Any practitioner registered under the HPCA Act will be required to be registered in a specific scope of practice. Registered health practitioners are not permitted to practise outside their scope(s) of practice, and regulatory authorities<sup>1</sup> are required, through the issuing of an annual practising certificate, to certify that the practitioner is competent to practise in their scope of practice. Only health practitioners who are registered under the HPCA Act will be able to use the title of a scope of practice.

Practitioners are also required to have good English-language and communication skills and be physically and mentally able to work.

Regulation is not without cost. Under the HPCA Act, each regulatory authority determines the relevant fees for the profession or professions it administers, to provide sufficient revenue to cover the operating costs of the authority. These include fees for registration and the issuing of an annual practising certificate, along with other necessary levies (such as a levy to cover any disciplinary activity). There is no taxpayer subsidy of the operating costs. Fees will vary between authorities and will reflect, among other things, the level of activity of the authorities and the number of practitioners who are registered with it.

### **Who does the HPCA Act currently cover?**

At present 21 professions are regulated under the HPCA Act:

- chiropractors
- dentists, dental technicians, clinical dental technicians, dental therapists and dental hygienists
- dietitians
- medical laboratory scientists and technicians
- medical practitioners (such as GPs, psychiatrists, surgeons and other specialists)
- medical radiation technologists
- midwives
- nurses
- occupational therapists
- optometrists and dispensing opticians
- osteopaths
- pharmacists
- physiotherapists
- podiatrists
- psychologists
- psychotherapists.

<sup>1</sup> 'Responsible authority' is the term used in the HPCA Act 2003, but for the purposes of this paper the term 'regulatory authority' will be used because it reflects their role in the regulation of registered health professionals.

Section 115 of the HPCA Act enables the Governor-General, on the advice of the Minister of Health, to designate health services of a particular kind as a regulated health profession under the Act, and to either:

- establish a regulatory authority to administer the regulation of the profession; or
- provide that the designated profession be added to the profession or professions for which an existing authority is appointed, thus creating a 'blended authority'.

A protocol has been developed to guide the consideration of proposals for new professions to be added. The protocol, which discusses the content and assessment of applications, is given in Appendix 1.

## **Regulatory authority**

If a decision is taken to recommend that the profession in the application be designated as a regulated health profession, a decision on whether to create a new authority or to add that profession to the ambit of an existing authority will be made at the same time. The Minister of Health has indicated that it is unlikely that any new Boards would be created at this time. The preferred approach is to add any new profession to an existing authority.

### **3 The Profession of Traditional Chinese Medicine**

The following material is provided as background information for those wishing to make a submission. It has been summarised from a variety of sources, including the applicants. In providing this material the Ministry of Health is not endorsing or confirming the contents.

#### **What is TCM?**

The New Zealand Standard Classification of Occupations used by Statistics New Zealand defines TCM as the treatment of imbalances of energy flows through the body by assessing the whole person, and using techniques and methods such as acupuncture, Chinese herbal medicine, massage (tuina), diet, exercise and breathing therapy (qigong).

The applicants have defined TCM as an occupation with a clear professional identity and an established body of knowledge with standards of practice, and as a system of primary health care, encompassing a range of therapeutic interventions (or treatment modalities), including, but not limited to, acupuncture and moxibustion,<sup>2</sup> Chinese herbal medicine, remedial massage, diet and exercise, as well as contemporary practice developments (such as laser therapy, electro-stimulation and point injection therapy). Applicants have also mentioned that the public can identify acupuncture professionals primarily by their distinctive practice of using acupuncture needles and stimulation of acupuncture points.

The public are becoming more aware of TCM due to the increased use of acupuncture as a treatment, the use of other treatment techniques such as tuina, and the sale of Chinese herbal medicines in Chinese supermarkets and herbal dispensaries.

Each TCM modality is based on a common TCM philosophical, theoretical and diagnostic framework. Differences and diversity appear in the therapeutic and clinical applications of its component disciplines. Practitioners of TCM utilise one or more TCM treatment disciplines in clinical practice.

#### **Minimum qualifications to practise as a practitioner of TCM in New Zealand**

It is important to note that although the applicants have developed policy on qualifications and scopes of practice, these will not necessarily be the same as those put in place if the profession becomes regulated under the HPCA Act. Under the Act, decisions on scopes of practice, qualifications and measures of competence will be entirely in the hands of the authority that is given the responsibility for regulating the profession.

<sup>2</sup> Moxibustion is a technique that stimulates acupuncture points by burning the herb moxa or mugwort on or near the skin, with or without the use of acupuncture needles.

There are two institutions offering bachelor degrees in TCM: the New Zealand School of Acupuncture and Traditional Chinese Medicine, and the New Zealand College of Chinese Medicine. These institutions also offer diploma and certificate courses in TCM.

In 2000 the New Zealand Qualifications Authority (NZQA) approved the National Diploma of Acupuncture, which was adopted as the benchmark for TCM practitioners in New Zealand. The Diploma is currently being phased out and both Chinese medicine schools have already moved to providing NZQA-approved bachelor degrees.

Those qualifying as TCM practitioners in New Zealand from 2012 are likely to have a bachelor's degree to practise. Not all groups agree on the number of hours required to achieve both theoretical and clinical competence. The academic qualification needs to be a combination of qualification-based and competency-based criteria to define minimum standards for TCM training, and for determining a practitioner's fitness to practise.

The New Zealand School of Acupuncture and Traditional Chinese Medicine offers the following NZQA-approved courses:

- Bachelor of Health Science – Acupuncture (four years full-time study)
- Diploma of Chinese Herbal Medicine (three years full-time study, or part-time equivalent)
- Diploma in Acupuncture Microsystems (three years full-time study, or part-time equivalent)
- Certificate in Midwifery Acupuncture – Obstetrics (26 weeks)
- Diploma of Tuina (two years full-time study, or part-time equivalent)
- Diploma of Qigong (two years full-time study, or part-time equivalent).

The New Zealand College of Chinese Medicine offers the following NZQA-approved courses:

- Bachelor of Health Science – Chinese Medicine (four years full-time study)
- Bachelor of Health Science (Acupuncture) (three years full-time study)
- Bachelor of Health Science (Chinese Herbal Medicine) (three years full-time study)
- Diploma in Chinese Herbal Medicine (Level 7; PC9705, 341 credits)
- Diploma in Tuina (Level 7; PC9706, 301 credits)
- Diploma in Acupuncture – Traditional Chinese Medicine (Level 7; PC9704)
- Certificate in Foundation Studies for Health Maintenance.

If TCM is regulated, the regulatory authority will set the areas of required competency and the minimum standards to practise TCM competently, capably and ethically. Consideration of which overseas qualifications would be suitable for practitioners to be registered in New Zealand and transitional arrangements, including grandfathering, would also be considered and set by the regulatory authority. (See Appendix 2 for a summary of international regulation of TCM.) The regulatory authority will also set scopes of practice. Practitioners who are full members of their professional organisation may be granted full registration to work within a specified scope of practice.

The regulatory authority would make future determinations of eligibility to practise within 'speciality' scopes as these are developed.

## **Scopes of practice for TCM**

One of the applications mentions possible scopes of practice for TCM, which include the following:

- Traditional Chinese Medicine (Acupuncture and Chinese Herbal Medicine)
- Traditional Chinese Medicine (Acupuncture)
- Traditional Chinese Medicine (Chinese Herbal Medicine).

## **Evidence that the public is at risk of harm by the practice of TCM**

Most TCM practitioners operate independently. They make an assessment of the health issue the patient is presenting with, whether and how to treat it, or whether it would be better dealt with by other health practitioners. The evidence on risk of harm is largely based on practitioners who are inadequately trained or who have inadequate clinical experience.

### **Acupuncture**

The strongest body of evidence for risk of harm is for acupuncture. The following issues have been identified.

- If sterile techniques are not used for needle insertion, infections can occur, and these could be serious, such as hepatitis C or human immunodeficiency virus (HIV).
- Infection can be spread in other ways, in particular during the disposal of sharps.
- There is a risk of tissue damage through needle placement in incorrect areas (eg, penetration of the chest wall). Tissue and vital organ injuries can occur as a result, such as pneumothorax.

### **Chinese herbal medicine**

If inappropriate herbal remedies (in terms of type and amount) are used, these could result in allergic or toxic reactions. For the formulation and dispensing of herbal medicines the following risks have been identified:

- herb–drug interactions
- herbal safety issues, with the possibility of toxicity or allergic reactions
- contaminated/adulterated products may cause poisoning.
- there may be issues with the labelling of medications, or misidentification of herbs.

### **Tuina**

Tuina therapists apply manipulation to the entire body, but frequently treat lower back pain. Inadequate training for the application of massage (including a form of manipulation) may result in spinal injury. There is a body of information from overseas that strongly indicates that the TCM practitioners with inadequate training are the practitioners most likely to cause harm.

## 4 Proposal to Regulate Traditional Chinese Medicine: Discussion Questions

The Ministry of Health invites you to submit your views on the proposal that TCM become a regulated profession under the HPCA Act.

To assist with this process, the Ministry has drawn up the following questions, which are intended to tease out the issues that need to be considered. The guidelines for interpreting the criteria in Appendix 1 may assist you in answering the questions. You may wish to address all or only some of these questions.

1. Is TCM a health service, as defined by the HPCA Act? (Note: the 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'.)
2. Are practitioners of TCM generally agreed on the qualifications required to deliver the health services they provide?
3. Is there a risk of harm to the public from the practice of TCM?
4. If so, what are the nature, frequency, severity and potential impact of risks to the public? What is the likelihood of the harm occurring?
5. Other than on the basis of risk of harm, is it in the public interest that the profession of TCM be regulated?
6. Are practising TCM practitioners generally agreed on the standards that TCM practitioners are expected to meet?
7. Are practising TCM practitioners generally agreed on the competencies for scopes of practice for TCM?
8. What qualifications are generally held by members of the profession, and what is the degree of uniformity in qualifications across members?
9. Does your organisation accord any standing or status to the profession of TCM, or to those who practise as TCM practitioners?

# **Appendix 1: Criteria for Assessing Applications for Regulation under the Health Practitioners Competence Assurance Act 2003 (effective from September 2010)**

Any profession applying to become regulated under the HPCA Act must show consistency with the principal purpose of the HPCA Act, which is:

to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions. (s 3(1))

Implicit in the HPCA Act is the protection of public interest through ensuring the public can readily find out what services a health practitioner is competent and entitled to provide. This will enable the public to know what health services can be expected from their chosen practitioner, and to know that practitioner is competent and safe.

The concept of providing the public with clear information on the nature of a profession, and the scope of practice and competencies of its practitioners, is reflected in the requirements set out below.

## **The criteria for applying for regulation**

To determine whether a health profession should be regulated under the HPCA Act, primary and secondary criteria have been developed. The primary criteria are specific requirements set out in the Act and must be met in order for a health practice to be regulated.

Applications that meet the primary criteria will then be assessed on the extent to which they meet the secondary criteria. The secondary criteria focus more on the practicalities of a profession being regulated under the HPCA Act and whether this is, in fact, the most appropriate means to protect the health and safety of the public.

A preliminary assessment using these criteria recommended to the Minister of Health that this discussion document be developed to seek health sector feedback on the proposal that TCM be regulated in New Zealand. The primary and secondary criteria are set out below.

### **Primary criteria**

The following primary criteria will apply to applications from new professions seeking regulation under the HPCA Act.

The primary criteria for regulation under the HPCA Act are that:

- A. the profession delivers a health service as defined by the HPCA Act
- B. the health services concerned pose a risk of harm to the health and safety of the public

- C. it is otherwise in the public interest that the health services be regulated as a health profession under the HPCA Act.

### **Secondary criteria**

If the primary criteria are met, the Ministry of Health will apply the following second-level criteria to measure the appropriateness of regulation under the HPCA Act.

- Criterion 1:** Existing regulatory or other mechanisms fail to address health and safety issues.
- Criterion 2:** Regulation is possible to implement for the profession in question.
- Criterion 3:** Regulation is practical to implement for the profession in question.
- Criterion 4:** The benefits to the public of regulation clearly outweigh the potential negative impact of such regulation.

## Guidelines for interpreting the criteria

The following guidelines are intended to assist in determining whether the primary and secondary criteria have been met by professions seeking regulation under the Act.

### Primary criteria

#### **Criterion A: Does the profession deliver a health service, as defined by the HPCA Act?**

To be considered under this criterion, the profession must provide a health service as defined by the HPCA Act. The 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' (s5). The Act defines mental or physical condition as 'any mental or physical condition or impairment; and includes, without limitation, a condition or impairment caused by alcohol or drug abuse' (s5). This definition does not preclude emotional health.

#### **Criterion B: Do the health services concerned pose a risk of harm to the health and safety of the public?**

To be considered under this criterion, the members of the profession must be involved in at least two of the following activities:

- invasive procedures (including, but not limited to, cutting under the skin or inserting objects into the body)
- clinical intervention with the potential for physical or mental harm
- making decisions or exercising judgement that can have a substantial impact on patient health or welfare, including situations where individuals work autonomously (ie, unsupervised by other regulated health professionals).

Harm may include death, disablement or permanent negative change in a person's physical or mental health status. It may also include indirect harm (eg, failing to refer a consumer on when warranted).

To establish a 'risk of harm', the applicant must provide information that demonstrates:

- the nature and severity of the risk to consumers (including groups of vulnerable consumers who may lack the capacity to make decisions and understand the services they receive; refer to criterion C)
- the nature and severity of the risk to the wider public.

Areas that should be explored when identifying a risk to public health and safety include:

- to what extent does the practice of the profession involve the use of equipment, materials or processes that could cause a risk of harm to the health and safety of the public?
- to what extent may the failure of a professional to practise in particular ways (that is, follow certain procedures, observe certain standards or attend to certain matters) result in a risk of harm to the health and safety of the public?
- are intrusive techniques used in the practice of the profession that can cause a risk of harm to the health and safety of the public?
- to what extent are dangerous substances used in the practice of the profession, with particular emphasis on, but not limited to, pharmacological compounds, chemicals or radioactive substances?
- is there significant potential for the professional to cause damage to the environment or some wider risk of harm to the health and safety of the public?
- are there epidemiological or other data (eg, coroners' cases, trend analysis, complaints) that demonstrate the risks that have been identified?

Evidence should be provided on:

- the nature, frequency and severity of the harm to, or the consequences for, the consumer
- the likelihood of the harm occurring
- the nature, frequency and severity of the potential harm to the public that arises from the practice of the profession (eg, the number of cases reported to the Health and Disability Commissioner involving this profession)
- whether other sector stakeholders have public safety concerns about the practice of this health service
- whether members of the profession are regulated in similar overseas jurisdictions.

In addressing the risk of harm in this context, the applicant should identify the risks associated with the practice of the profession, as distinct from risks inherent in the area of health care within which the profession operates.

**Criterion C: Is it in the public interest that the provision of health services be regulated as a profession?**

The HPCA Act acknowledges that, in some scenarios, criteria A and B will not apply but statutory regulation may still be in the public interest. Criterion C could include professional groups that:

- practise without the supervision or support of peers, managers and other regulated health practitioners
- are highly mobile, locum or work on short tenure
- are not guided by a strong professional (or employer) code of conduct
- provide services to vulnerable or isolated individuals
- are subject to such large numbers of complaints about the quality of services that oversight of competence from an independent body is required
- carry out roles where the training and educational requirements are short and there is no extended period through which the ethos and values that underpin safe practice can be absorbed.

In rare situations, statutory regulation may be in the public interest if the public and other health professionals need assistance to identify appropriately qualified professionals.

## Secondary criteria

**Criterion 1: Do existing regulatory or other mechanisms fail to address health and safety issues arising from the practice of the profession?**

Can the potential health and safety issues that may cause harm to patients be addressed in any other way? For example, can the identified risks of harm to the health and safety of the public be addressed through:

- any other New Zealand statute that restricts the activities of the profession, such as the Medicines Act 1981 or the Radiation Protection Act 1965?
- other regulatory options that are available to limit the potential for harm, such as product regulation?
- other groups of registered practitioners supervising the activities of the profession?
- self-regulation by the profession?

Why do other forms of regulation not address health and safety issues arising from the practice of the profession?

**Criterion 2: Is regulation possible to implement for the profession in question?**

This criterion is not intended to provide a loophole for a profession that meets the primary criteria for regulation to avoid regulation under the HPCA Act, but any barriers to such regulation need to be identified and addressed. Matters that should be addressed may include, but are not limited to:

- does the profession have a defined body of knowledge that can form the basis for standards of practice?
- is the profession well defined?
- does the profession cover a discrete area of activity displaying some homogeneity?
- is this body of knowledge, with the skills and abilities necessary to apply the knowledge, teachable and testable?
- where applicable, have functional competencies been defined?
- do the members of the profession require accredited qualifications? (please give details)
- is the practice based on evidence of efficacy?
- are there defined routes of entry to the profession?
- are there independently assessed entry qualifications? (please give details)
- are there standards in relation to conduct, performance and ethics?
- are there procedures to enforce those standards?
- are the professionals committed to continuous professional development?
- what professional titles are used?

To establish this criterion, please provide evidence of how the qualifications, standards and competencies that will be expected of practitioners will reduce the risk of harm to the public or help achieve the public interest.

**Criterion 3: Is regulation practical to implement for the profession in question?**

This criterion is not intended to provide a loophole for a profession that meets the primary criteria for regulation to avoid regulation under the HPCA Act. It is intended to identify any barriers to such regulation that need to be addressed. Matters that should be considered include, but are not limited to:

- is there an alternative to regulation under the HPCA Act that is practical to implement to limit any risk of harm posed by the profession, such as self-regulation or accreditation?
- is there at least one established professional body or association that can represent a significant proportion of the profession?
- is there currently a voluntary register of members of the profession?
- does the professional leadership favour the public interest over occupational self-interest? (give details of policies or communications that demonstrate this)
- is it likely that individual professionals will welcome regulation, and professional associations will encourage compliance among their members?
- are there sufficient numbers in the profession to make regulation cost-efficient, and are members of the profession willing to fund the costs of statutory regulation? (please give numbers in the profession)

**Criterion 4: Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?**

The following information lists the types of things that may be considered when assessing the benefits and costs of regulation under the HPCA Act.

**Benefits of regulation**

The benefits of statutory regulation may include, but are not limited to:

- setting entry to the regulated professions
- setting standards of practice
- ensuring competence
- ensuring high-quality education to assure those standards
- removing from practice those who fall significantly short of those standards
- promoting and enforcing clinical and cultural competencies and standards of ethical conduct
- helping to foster, develop and sustain an ethos of professionalism among their registrants
- consumer benefits, such as confidence in quality and safety of a profession.

**Costs of regulation**

The costs of regulation may include, but are not limited to:

- the cost of the professional's time taken to comply with the requirements of the regulators, such as meeting re-certification requirements, which may take professionals away from their primary purpose of providing quality care to patients
- the costs to employers of ensuring they have additional systems in place necessary for the employment of regulated professionals
- the costs of registration fees from registrants to their regulators, as ultimately these costs are indirectly paid by the taxpayer (in publicly funded services) or the individual patient (in privately funded services)
- the costs of establishing and maintaining new regulatory regimes for newly regulated bodies (annual reports of a similar-sized regulated profession may provide a guide to ongoing regulatory authority costs)
- statutory regulation of professionals in the health sector, which implies a relatively high component of legal costs, with decisions being open to challenge in the courts, funded from legal indemnity insurance and the regulators' fees
- the enshrining of professional roles in statute, which can create 'closed shops'
- the costs of any duplication of effort between local systems of management and clinical governance on the one hand, and regulatory oversight on the other, which may also result in confusion over roles and responsibilities
- the potential for gaps between different systems of oversight due to assuming wrongly that other parts of the system are taking responsibility for detecting and managing risks
- the putting in place of national systems, which may result in a weakened local focus and the need for employers to 'credential' professionals to ensure the person is able to perform a particular role in a particular setting
- the costs to trainees, employers and taxpayers of the higher standards of education and of the training infrastructure, which statutory regulation may require in order to assure the quality of new entrants to the register
- the involvement of the regulator in some matters that are now dealt with internally by the employer, such as assessment of complaints
- the potential for any costs or barriers to innovation.

## Appendix 2: International Regulation of TCM

The following table summarises the regulation of TCM in selected countries.

**Table A1:** Regulation of TCM in selected countries

Australia	National registration will occur by 1 July 2012 (regulation of tuina is not covered in the Australian regulation).
UK	Currently there is self-regulation (see <a href="http://www.acupuncture.org.nz">http://www.acupuncture.org.nz</a> ), although recently there has been an announcement that herbal medicine, including traditional Chinese herbal medicine, will be regulated in the United Kingdom by 2012.
USA	There is registration in some states and a National Certification Commission for Acupuncture and Oriental Medicine. Forty-nine of fifty states and the federal district have forms of regulation for the profession.
Canada	Regulation varies regionally, as follows. <ul style="list-style-type: none"> <li>• British Columbia: traditional acupuncture and TCM are regulated.</li> <li>• Alberta: acupuncture is regulated but not TCM.</li> <li>• Quebec: there is self-regulation of acupuncture but not TCM.</li> <li>• Ontario: the Transitional Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario is authorised by the Traditional Chinese Medicine Act 2006 and the Regulated Health Professions Act 1991 to develop regulations and to establish the College for the Governance of TCM practices in Ontario to protect the public's right to safe, competent and ethical TCM care.</li> </ul>
Hong Kong	TCM has been regulated since 2000.
Singapore	TCM has been regulated since 2001.
Malaysia	The Bill is in progress. It was anticipated that it would be reintroduced in Parliament in February 2011, but indications are that this has not progressed as planned. It remains on the legislative programme.
China	TCM is state regulated, with undergraduate degree programmes and postgraduate training.
Japan	Traditional Japanese medicine is derived from TCM. There is a state licensing system for acupuncturists and moxibustionists. Japanese kampo medicine is Chinese herbal medicine standardised to 150 classical formulae. These formulae are publicly funded if prescribed by a Western-trained Japanese medical practitioner. All Western-based medical schools in Japan now teach kampo medicine diagnosis to medical students (based on diagnosing the whole person, not just the physical problem).
Korea	Traditional Korean medicine (TKM) is derived from TCM. TKM is state regulated.