



TCM In Transition

by K Gurunathan

Traditional Chinese Medicine (TCM) professionals in New Zealand are at the brink of new opportunities to move from their current marginal role in the voluntary-regulated private health care to stronger roles within mainstream public health care. But it won't be handed to them on a plate, says Ministry of Health (MoH) adviser, Dr David St George.

"Whether this shift takes place depends largely on the TCM profession itself wanting such a role and taking the lead to make this happen," adds the Ministry's Chief Adviser Integrative Care Clinical leadership, Protection & Regulation. Two separate trends are opening these opportunities - regulatory trends and bilateral collaboration to develop TCM through education, research and clinical practice.

In September last year, the TCM profession applied for statutory regulation under the Health Practitioners Competence Assurance Act 2003 (HPCAA). The application broadens the voluntary regulation of the profession from its narrow and exclusive focus on traditional acupuncture

to include TCM's three branches: acupuncture, Chinese herbal medicine and tuina (Chinese traditional massage). "This is an important shift and helps redefine the profession in New Zealand in a similar way to other countries like Australia which intends to bring TCM under statutory regulation next year. It also provides the possibility of developing a system similar to China's where 'Chinese medicine doctors' work alongside 'Western medicine doctors' as equals within an integrative health system," says Dr St George.

The MoH is expected to make a decision later this year on whether to include TCM under HPCAA in New Zealand. If it's given the green light, the Minister will appoint a regulatory authority for TCM. This could be a separate new body but, Dr St George thinks, it's likely one of the existing 16 health practitioner regulatory authorities would be changed into a multi-professional body to facilitate the purpose.

This TCM authority will determine minimum levels of competence, standards of practice and qualifications

for practitioners. Over time, Dr St George believes, this could lead to a consideration of what competencies and scopes of practices will be required for TCM practitioners working in the public health system including hospitals – something, he says, hardly happens at the moment. "Coming under statutory regulation is thus an important step towards becoming integrated into mainstream health care. But it isn't sufficient



Dr David St George (3rd from right) with Dr Wang Guoqiang, China's Vice Minister of Health (3rd from left) during Dr Wang's visit to New Zealand in June 2011 ■

in itself,” says Dr St George. He points out that the chiropractic profession was still not part of the public health care system despite being under statutory regulation since the 1960s.

Other things need to happen if the TCM profession is to become mainstream, he says, explaining the second exciting development opening opportunities for TCM professionals. Over the past year, communication has been growing between China’s State Administration of Traditional Chinese Medicine (SATCM) and New Zealand’s Ministry of Health, on the possibility of bilateral cooperation over the development of TCM in New Zealand. The exchanges were initiated by China under the 2008 New Zealand China Free Trade Agreement. A meeting with a SATCM delegation was held in May 2010 at Wellington’s Ministry of Foreign Affairs & Trade. It included officials from MoH.

One of the appendices to the trade agreement included the ability of Chinese nationals with special cultural skills to gain temporary entry and stay in New Zealand. This included a new provision for up to 200 TCM practitioners to be employed at any one time for a maximum of three



TCM university students in China

Integrative Care, Dr St George went to China in November 2010 to look at postgraduate education and training of TCM practitioners in China. He also looked at integration of TCM and western practitioners into Chinese hospitals.

“It became clear that SATCM and New Zealand’s MoH could provide a high-level framework for bilateral collaboration, but the real work will have to be done ‘on the ground’ by educational, research and clinical institutions in China and New Zealand establishing partnerships for mutual benefit,” says Dr St George.

Early this year, SATCM contacted the MoH and suggested that a high-level official SATCM delegation should come to Wellington to meet with MoH and begin the process of establishing formal relationships between the two government departments. In mid-June a six-member SATCM delegation arrived led by Vice Minister of Health and CEO, Dr Wang Guoqiang. Representatives of the two governments agreed that a formal mechanism should be put in place for bilateral communication and cooperation, and they will now move towards signing an MOU to bring this about. “This would facilitate bilateral exchanges between New Zealand and Chinese institutions that could focus on research and post-graduate education,” adds Dr St George.

Following this meeting, the SATCM delegation and Ministry officials met with local TCM organisations and training schools. It included NZ School of Acupuncture and TCM’s director Karuna Olatunji, CEO Tony Gan and senior tutor Debra Betts.

The two series of events are helping draw attention to the possible eventual role of highly qualified TCM practitioners within the public health system but Dr St George says



Patient receiving acupuncture treatment in a TCM hospital in China

years each. However, the 2010 meeting realised there was little advantage in this clause as Chinese nationals who were TCM practitioners could already enter as skilled migrants with the possibility of gaining residency.

“The meeting turned to discussing the possibility of laying down a new framework for bilateral collaboration which could support the development of TCM emphasising areas of mutual benefit such as postgraduate education and research,” says Dr St George. As MoH’s Chief Advisor for

to make it happen there is a need to overcome barriers. "There are no laws stopping DHBs from introducing TCM as part of their health care services right now. However, DHBs have other funding priorities and they also claim there is insufficient evidence of efficacy to enable them to consider TCM practitioners for public health care provision."

"What we need, therefore, are demonstration models which will establish and evaluate the role of TCM practitioners in a variety of clinical setting, from primary care through hospital acute care to end-of-life care. For example, in the hospital setting we need to identify key specialties, key medical conditions, and develop integrative care projects in collaboration with sister hospitals in China. These projects should be carefully and objectively evaluated, to establish the role and effectiveness of TCM practitioners in such settings," adds Dr St George.

NZSATCM tutor, Debra Betts is providing acupuncture as part of maternity care at the Hutt Valley DHB. Dr St George says this is an important start but at present it

relied on the goodwill of the school and the use of undergraduate acupuncture students. "If the evaluation of this service demonstrates clinical effectiveness, then the next stage would be to establish a demonstration model for an on-going clinical service. This would be provided primarily by experienced TCM practitioners, but could involve undergraduate teaching, and would be publicly funded," Dr St George says.

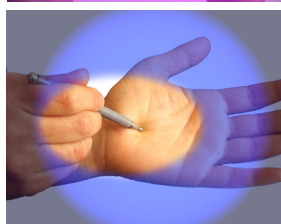
Given the unfolding opportunities Dr St George says it is time for TCM practitioners to take a big step forward. "It is time to leave behind past disputes and differences between rival groups as to what the minimum requirements are for entry into the profession and focus on the 'leading edge' of the profession - practitioners who can break new ground in health care provision. Experienced practitioners with well-recognised clinical mastery should be given the opportunity of demonstrating the contribution that high quality TCM can make to public health care," says Dr St George. ■

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REMEMBERING PACIFICO GARCIA



In the darkest hour of 9 July, Pacifico Garcia passed away after a severe heart attack, aged 55.

As a key member of New Zealand School of Acupuncture and Traditional Chinese Medicine, his untimely death sent a shock wave through the organisation. Weeks later, many of us still have not come to terms with the reality of losing him.

As the Head of Department for western medical science, Pacifico strived to do his best for his students. Driven by his belief that “teaching and learning are two sides of the same coin, with knowledge of subject content actively constructed by the learner”, he set out to involve students in active learning and align assessments with learning objectives. He was also a passionate believer in using self-assessment as a management tool to improve an organisation’s wellbeing.

Pacifico’s students benefited from his subject knowledge and expertise as a retired paediatric specialist. His colleagues enjoyed the professional development he facilitated and appreciated his willingness to share knowledge gained from doing his postgraduate studies in tertiary teaching.

For a principled man who was always doing the right thing for his family, friends, colleagues and students, and devoted his spare time to doing voluntary work in the community, his departure has left a void in our hearts.

Farewell, Pacifico...

