Chinese Medicine Council of New Zealand
新西兰中医管理局

Consultation:

Proposed accreditation of new prescribed qualifications

29 June 2026

Purpose

1. The Chinese Medicine Council of New Zealand (the Council) is consulting with you, our stakeholders, on the prescribed qualifications for entry to the Chinese medicine practitioner (acupuncturist) and Chinese herbal medicine practitioner scopes of practice. To follow is a proposal to prescribe *new* qualifications for entry to these scopes of practice.

2. The Council welcomes consultation feedback on its proposals, after which time the Council will make a final decision, before publishing any changes or additions in the New Zealand Gazette and on the Council's website.

Introduction

3. The Council is the responsible authority (RA) for the regulation of Chinese medicine practitioners in Aotearoa New Zealand. Our functions are set out in section 118 of the Health Practitioners Competence Assurance Act 2003 (the Act) and include (among other things) "prescribing qualifications required for scopes of practice within the profession…"

4. In order to achieve this, the Council must both:

    a) Specify a scope or scopes of practice to describe the contents of the profession of Chinese medicine (section 11 of the HPCA Act); and
    b) Prescribe (i.e., recognise) qualifications for registration in each scope of practice that it specifies (section 12 of the HPCA Act).

5. Scopes of practice and prescribed qualifications form the foundation of any RA's registration process. As indicated above, the scope defines the profession, while prescribing a qualification recognises that qualification as delivering training and education sufficient for the holder of the qualification to meet the standards required for registration.

6. When prescribing qualifications, the HPCA Act indicates that the Council must be guided by the following principles:
    a) The qualifications must be necessary to protect members of the public; and
    b) The qualifications may not unnecessarily restrict the registration of persons as health practitioners; and
    c) The qualifications may not impose undue costs on health practitioners or on the public.

7. Qualifications can be made up of any one or more of the following (section 12 of the HPCA Act refers):
    a) a degree or diploma of a stated kind from an educational institution accredited by the authority, whether in New Zealand or abroad, or an educational institution of a stated class, whether in New Zealand or abroad:
    b) the successful completion of a degree, course of studies, or programme accredited by the authority:
    c) a pass in a specified examination or any other assessment set by the authority or by another organisation approved by the authority:

d) registration with an overseas organisation that performs functions that correspond wholly or partly to those performed by the authority:
e) experience in the provision of health services of a particular kind, including, without limitation, the provision of such services at a nominated institution or class of institution, or under the supervision or oversight of a nominated health practitioner or class of health practitioner.

8. Shortly after the profession was designated as a regulated profession under the HPCA Act, the Council consulted on prescribing certain New Zealand qualifications for entry to its proposed scopes of practice. Following consultation, these were finalised, as were the scopes of practice, and there have since been a few amendments to these in response to the discontinuation of some qualifications and the introduction of other new qualifications. Attached as **Appendix 1** are the qualifications currently prescribed for entry to the Council's scopes of practice.

9. The Council's accreditation standards were finalised in 2023 following consultation with stakeholders. Revisions to these standards were out for consultation at the time the provider to which this consultation relates was making their accreditation application. The revised standards have since been finalised and published on the Council's website. The provider was given the option of waiting and submitting their application under the soon-to-be revised standards but chose to have their application considered under the previous accreditation standards in place at the time of their application. This decision is relevant to the outcome of their accreditation.

10. This consultation relates to a proposal to prescribe *new* qualifications for entry to the Chinese medicine practitioner (acupuncturist) and Chinese herbal medicine practitioner scopes of practice.

Proposal to prescribe new qualifications

11. In October 2025, the Chinese Medicine Institute of New Zealand (the Institute) made a formal application for the accreditation of their *Professional Certificate in Acupuncture, Professional Certificate in Patent Chinese Herbal Medicine, and Professional Diploma in Chinese Herbal Medicine* for entry to the Chinese medicine practitioner (acupuncturist) and Chinese herbal medicine practitioner scopes of practice.

12. In accordance with the Council's *Policy on Accreditation of Chinese Medicine Prescribed Qualifications* (**Appendix 2**), the Council appointed a committee to consider and make recommendations to the Council on whether the new programmes met the Council's 2023 *Accreditation Standards* in place at the time of application (**Appendix 3**). This review included both a paper-based review as well as a site visit.

13. At the conclusion of their process, the appointed committee had no concerns about the ability of the Institute's directors to propose and deliver a sound Chinese Medicine programme and indicated that they thought the choice of the South Pacific College of Natural Medicine (SPCNM)as a partner presented several opportunities for future

development of the qualifications. The committee did register its concern, however, that the Institute is not an approved NZQA accredited provider, and that they have not submitted an application to NZQA for accreditation and approval. The Committee recognised that the CMCNZ standards were written on the assumption that Criterion 1 of Standard 3[1] (the provider having NZQA/CUAP accreditation) would be met and that therefore this criterion did not need to interrogate issues such as the provider's ongoing capacity to deliver a programme, either financially or with adequate staffing and other resources. For a NZQA accreditation there must be assurance and evidence that the registered provider has internal resources, capability and capacity to deliver the programme.

The committee, therefore, indicated that it considers that the following findings are material to the accreditation decision and, if unresolved, may preclude accreditation:

- The absence of NZQA or CUAP accreditation and the use and reference to the NZQCF levels and credits in the programme documentation, assessed as not met, presents a risk of misleading representation to students and undermines assurance of independent academic validation.
- The lack of evidence demonstrating clear ownership, delivery responsibility, and quality assurance oversight for the proposed hybrid delivery model involving SPCNM and the Institute, assessed as not met.

14. The committee noted that the remaining criteria assessed as substantially/partially or not yet met, reflected that policies, frameworks, and intended processes are described but have not yet been operationalised or tested. The committee considers, however, that these matters are capable of being managed through clearly specified conditions of accreditation and/or post-accreditation monitoring, should the Council make a decision to accredit, following public consultation.

15. The committee recommended that the Council consider the regulatory risks to the Council and the academic and financial consequences for students before approving the Institute's application. The Committee further recommended that the Council consider whether an interim period of accreditation could be appropriate, much like the 2-year period provided to current education providers when the profession first became regulated, requiring the Institute to further develop its Memorandum of Understanding with SPCNM and submit an application to NZQA for approval and accreditation, with outcome known, prior to the graduation of students. The Committee's report is attached as **Appendix 4.**

16. The Council considered the committee's report at its April 2026 meeting, including the Institute's feedback on it and indication that it is unable to register as a private training establishment (PTE) with NZQA due to the requirement for a permanent site, specific IT infrastructure, and in-house pastoral care. The Institute further confirmed that SPCNM is unable to pursue an application on the Institute's behalf at this time either. The Council

[1] Criterion 1 of Standard 3: The educational programmes are lodged on the Tertiary Education Commission (TEC) website as legitimate and approved programmes, and accredited and moderated by the Committee on University Academic Programmes (CUAP), or the New Zealand Qualifications Authority (NZQA).

agreed with the majority of the committee's assessment of whether the accreditation standards had been met, substantially met, partially met, or not met. The Council did, however, consider that criterion 1 and 3 of standard 5 were *not met* as it wishes to ensure students are well informed regarding the accreditation status of the qualifications and that adequate external grievance and appeal processes are available.

17. In accepting the Institute's accreditation application, the Council agreed to take an 'on balance' approach to the meeting of the accreditation standards, and in particular, regarding the Institute's lack of NZQA accreditation. Having said this, ensuring programme's have contemporary and recognised external educational evaluation and review processes in place *is* a key component to ensuring the delivery of graduates with the requisite skills and knowledge to practise safely. The Council does, therefore, wish to assure itself that the Institute's governance framework is sound and sustainable long term, and the Council has not yet seen enough to satisfy itself of this**.**

18. The Council is, therefore, proposing to accredit the Institute's programmes subject to the conditions set out in **Appendix 5** for the completion of **<u>two cohorts of students only</u>** enrolling into each programme regardless of their level of advanced standing, in 2 different semesters. Students completing the 3-year programme must complete the qualification within 6 years of first enrolment to be eligible on graduation to apply to register with the Council. Students completing the 1-year programme must finish within 2 years of first enrolment to be eligible on graduation to apply to register with the Council.

    A cohort from the Council's perspective would be students enrolling into the qualification in a particular semester regardless of the pathway to completion. In effect, the Council is suggesting:

    - 1st cohort: Students enrolling into the Acupuncture programme in Semester 2, 2026[2], regardless of their level of advanced standing; and
      Students enrolling into the graduate programme in Herbal Medicine in Semester 2, 2026.
    - 2nd cohort: Students enrolling into the Acupuncture programme in Semester 1, 2027, regardless of their level of advanced standing; and
      Students enrolling into the graduate programme in Herbal Medicine in Semester 1, 2027.

19. For future cohorts, the Council invites the Institute to apply for a further period of accreditation under the Council's recently revised *Accreditation Standards*. Such an application can be submitted at any time. The Institute does not need to wait until the end of the current accreditation period.

20. The reason for this decision is that the Council wishes to assure itself of the ongoing sustainability of the Institute and the robustness of its governance framework and quality assurance processes before granting a longer period of accreditation. The revised standards also provide for a scenario where a provider is not accredited by NZQA.

[2] Semester dates may be subject to change based on when the Institute is able to begin accepting enrolments.

21. The Institute's accreditation will be subject to the proposed conditions set out in **Appendix 5**. The Council intends to appoint an external monitor to ensure the conditions are achieved within the specified timeframes and to provide advice to the Council on their satisfactory achievement.

22. The Council acknowledges that this proposed decision means uncertainty for future cohorts applying to enrol with the Institute as registration with the Council upon graduation cannot be guaranteed at this time. The Council does, however, have confidence that the Institute can meet the conditions of its accreditation well within the proposed timelines such that further periods of accreditation, conditional or otherwise, can be considered by the Council in the very near future.

23. In accordance with the Council's *Policy on Accreditation of Chinese Medicine Prescribed Qualifications*, the Council may withdraw accreditation where a provider fails to meet the conditions placed upon it within the defined period without a valid explanation. Should this occur, the Institute will be given a reasonable opportunity to respond prior to any proposals being made to revoke accreditation.

24. The Council uses a range of monitoring activities to ensure accredited programmes continue to meet the accreditation standards. These monitoring measures include, but are not limited to:
    - **Annual report** from each accredited programme, against a defined template. This annual reporting helps the Council to determine if the programme continues to meet the accreditation standards, and to keep the Council informed of changes to the programme between accreditation reviews. Areas of risks can then be identified and more closely monitored.
    - **Additional reports**, as required. For example, when a provider has conditions on their accredited programme, or when a programme has been granted a shortened period of accreditation. Additional reporting may be required when serious concerns are identified, for example after review of an annual report, after a major programme change, or after a complaint has been substantiated.
    - **Monitoring visits**/videoconferencing when direct interaction with the programme is required. For example, in instances where at the point of an accreditation visit a programme meets the accreditation standards, but due to a known future event or activity uncertainty exists over whether one or more standards will continue to be met during the period of accreditation.
    - **Reporting of major changes to programmes**. Providers must inform the Council of major changes to an accredited programme so that the impact of the change on the ongoing compliance of the programme can be evaluated by the Council accreditation committee.

How to submit your feedback

25. The Council welcomes your feedback on the above proposals. Please email your feedback to the Registrar at Lindsey.Pine@chinesemedicinecouncil.org.nz.

26. Submissions close at 5pm on the **10th of August 2026**. The Council does not guarantee that submissions received after this date will be taken into account.

27. Stakeholders wishing to be heard by the Council either in-person or virtually should contact the Registrar for a suitable date and time. The Council will endeavour to accommodate in-person and virtual submissions as far as possible, depending on the volume of stakeholders wishing to be heard.

28. A summary of the submission feedback will be published on the Council's website along with the outcome of the consultation and the Gazette notice, once issued.

Appendices

Appendix 1 – Current Prescribed qualifications

Appendix 2 – *Policy on Accreditation of Chinese Medicine Prescribed Qualifications*

Appendix 3 - CMCNZ Accreditation Standards in place at the time of accreditation

Appendix 4 - Report on the accreditation review of the Institutes programmes

Appendix 5 - Proposed conditions of accreditation

NEW ZEALAND GAZETTE

Chinese Medicine Council (Scopes of Practice and Prescribed Qualifications) Notice 2026

Commencement

This notice is given pursuant to section 14 of the Health Practitioners Competence Assurance Act 2003 ("HPCA Act"), replaces the Chinese Medicine Council (Scopes of Practice and Prescribed Qualifications) Notice 2025 published in the *New Zealand Gazette*, 17 September 2025, Notice No. 2025-sl5192, and comes into effect on 13 March 2026.

Introduction

The Chinese Medicine Council of New Zealand ("Council") is responsible under the HPCA Act for the registration of Chinese medicine practitioners. Defining and regulating the scopes of practice for Chinese medicine services is a statutory responsibility of the Council.

Background and Definition of the Practice of Chinese Medicine

Chinese medicine is a system of primary health care, encompassing a range of therapeutic interventions (or treatment modalities). Chinese medicine practitioners provide an evidence-informed service, using Chinese medicine to assess and diagnose, improve, protect, and manage the physical and/or mental health and well-being of tangata whai ora. In this document the term 'tangata whai ora' ('a person/s seeking health') has been used instead of patient/client/health consumer/service user, to include persons engaging with Chinese medicine in clinical and/or non-clinical settings.

An evidence-informed approach to practice can be defined as "the integration of research evidence, alongside practitioner expertise and clinical experience, and the experience of the tangata whai ora who are using the health care service"[1]. This type of approach allows for innovation and adaptation based upon factors and context at individual, organisational, and service levels, while reducing inherent biases.

Chinese medicine (CM) practitioners predominantly work in the private sector and also practice with other healthcare professionals in multidisciplinary centres. The nature of Chinese medicine practice may change as health workforce roles evolve and new roles emerge. Chinese medicine practice is when a CM practitioner uses their skills and knowledge and is not restricted to the provision of direct clinical care (such as using professional knowledge in a direct non-clinical relationship with the public; working in management; administration; education; research; advisory; regulatory or policy development roles; and any other roles that impact on the safe delivery of Chinese medicine).

Scopes of Practice and Prescribed Qualifications

The HPCA Act requires the Council to "specify scopes of practice" (section 11(1), (2)) and define Chinese medicine modalities and specialties that constitute the practice of Chinese medicine services in New Zealand. Under the HPCA Act, every CM practitioner is registered within one or more scopes of practice. The service/s a CM practitioner can perform in New Zealand are defined by their registered scope/s of practice.

The Council identifies the tasks each scope of practice covers and prescribes the qualifications for every scope of practice (section 12(1)). This means CM practitioners are registered within one or more defined scopes of practice with the Council.

Regardless of seniority, all individuals applying to be registered as a Chinese medicine practitioner must:

- hold a prescribed qualification for registration in the relevant scope of practice
- be considered fit for registration; and
- be competent to practise in their designated scope of practice (clinically, ethically, and culturally).

Under section 11 of the HPCA Act, the Council has specified the following scopes of practice for Chinese medicine services:

- Scope of practice – Chinese medicine practitioner (acupuncturist)
- Scope of practice – Chinese herbal medicine practitioner
- Scope of practice – Chinese massage (tuina) practitioner
- Scope of practice – Chinese medicine specialist
- Scope of practice – Chinese medicine special purpose

The content of each scope of practice is set out below.

Scope of Practice – Chinese Medicine Practitioner (Acupuncturist)

Chinese medicine practitioners have majored in acupuncture and associated techniques. They possess the knowledge, skills, and attributes required of a competent registered practitioner to practise acupuncture and associated techniques effectively.

Practitioners integrate principles and theories of Chinese medicine with their knowledge of pathology, anatomy,

physiology, and other core biomedical sciences, including the appropriate use of physical examinations and interpretation of imaging and laboratory testing relevant to human health and function, within the context of Chinese medicine.

They use this integrated knowledge to take a comprehensive history, diagnose, and treat. They provide a variety of services to individuals and populations to develop, maintain, restore, and optimise health and function throughout their lifespan, including those compromised by ageing, injury (including mental injury), disease, or environmental factors.

A Chinese medicine practitioner provides tangata whai ora with a range of preventive and intervention methods using the principles of evidence-informed practice and empirical research. Chinese medicine supports quality of life and health promotion through illness and disease prevention and treatment/intervention, encompassing physical, psychological, emotional, and social well-being.

Chinese medicine practitioners work within the limits of their own professional expertise and competence and ensure that all the health services they provide are consistent with their education and skill level.

Scope of Practice – Chinese Herbal Medicine Practitioner

Chinese herbal medicine practitioners have majored in herbal medicine and possess the knowledge, skills and attributes required of a competent registered practitioner to practise Chinese herbal medicine effectively.

Practitioners integrate principles and theories of Chinese medicine with their knowledge of pathology, anatomy, physiology, and other core biomedical sciences, including the appropriate use of physical examinations and interpretation of imaging and laboratory testing relevant to human health and function, within the context of Chinese medicine.

They use this integrated knowledge to take a comprehensive history, diagnose, and treat by prescribing, compounding or formulating, dispensing, and administering individualised Chinese herbal formulae or medicines. This includes the ability and authority to diagnose and differentiate conditions relevant to herbal medicine practice using both Chinese medicine and, where appropriate, biomedical frameworks.

A Chinese herbal medicine practitioner provides tangata whai ora with a range of preventive and intervention methods using the principles of evidence-informed practice and empirical research.

Chinese medicine practitioners work within the limits of their own professional expertise and competence and ensure that all health services they provide are consistent with their education and skill level.

Scope of Practice – Chinese Massage (Tuina) Practitioner

Chinese massage practitioners have majored in tuina and possess the knowledge, skills and attributes required of a competent registered practitioner to practise tuina effectively.

Practitioners integrate principles and theories of Chinese medicine with their knowledge of anatomy, physiology, pathology, and other core biomedical sciences, including the appropriate use of physical examinations and interpretation of imaging and laboratory testing relevant to musculoskeletal and other conditions, within the context of Chinese medicine.

They use this integrated knowledge to take a comprehensive history, diagnose, and treat conditions in order to optimise health and function for tangata whai ora.

Tuina is an external treatment method suitable for use on people of all ages and includes the practice of specific Chinese medical manipulations and bone setting techniques. Practitioners performing Chinese medical manipulation and bone setting techniques must work within the limits of their own professional expertise and competence and are accountable for ensuring that all health services they provide are consistent with their education and skill level.

Scope of Practice – Chinese Medicine Practitioner – Specialist

Specialist registration is an additional registration held in conjunction with another CM scope. It recognises CM practitioners with Council approved post-graduate qualifications, or clinical expertise, in a specific practice area recognised as a specialty area by the Council. The practitioner will demonstrate competence in a relevant area of academic achievement and/or clinical practice above the level of an undergraduate qualification and is recognised as a specialist in their designated field of expertise. The Council currently recognises several specialist areas of Chinese medicine practice. The list of these approved specialist areas can be found on the Council’s website.

The Council uses its discretion on a case-by-case basis if an applicant wants to apply to be a Chinese medicine specialist in a defined field of practice that is not already on the Council’s approved list.

A practitioner registered in the specialist scope of practice will have their recognised specialty area(s) recorded in their scope of practice (e.g., “Chinese Medicine Practitioner – Specialist (women’s health)”).

Scope of Practice – Chinese Medicine Special Purpose

Special purpose registration is a time-limited registration for a specific purpose approved by the Council. Temporary time-limited registration for a specific purpose may include short term teaching contracts; clinical supervision; post-graduate training; research; short term locum work; or working in an emergency or other short-term situation to provide essential Chinese medicine services e.g., pandemic, or national disaster.

The purpose of this scope is to create a mechanism to allow competent Chinese medicine practitioners and academics to carry out specific tasks without requiring full registration with the Council. This scope does not apply to visiting presenters whose training is aimed at registered practitioners. Special purpose registration will restrict the activities of the applicant solely to those activities defined and approved by the Council. The approved activities, and the time-limit on the special purpose registration, will be recorded in each special purpose practitioner's scope of practice.

Special purpose practitioners cannot practise outside of their approved activities and must inform the Council as soon as practicable if their special purpose activities cease or change in any way.

Special purpose registration is **not** a pathway to permanent general or specialist registration. Entry on the Register is cancelled after the fixed time-period determined by the Council on a case-by-case basis.

Prescribed Qualifications

The Council is responsible for prescribing the qualifications required for registration in the scopes of practice within the Chinese medicine profession.

One of the Council's functions includes accrediting and monitoring degrees, courses of studies, or programmes and the educational institutions that provide them (section 118(a) of the HPCA Act).

Under section 12 of the HPCA Act, the Council has prescribed the following qualifications for registration in the following scopes of practice:

Chinese Medicine Practitioner (Acupuncturist)

All applicants must:

a. hold a Bachelor of Health Science majoring in Acupuncture (Level 7) from the New Zealand School of Acupuncture and Traditional Chinese Medicine or the New Zealand College of Chinese Medicine; or

b. hold a 4-year Bachelor of Health Science in Acupuncture and Chinese Herbal Medicine (Level 7) from the New Zealand College of Chinese Medicine; or

c. have their qualification assessed by the Council for persons holding a Chinese medicine qualification gained overseas and, at the Council's discretion, obtain a pass in a competency-based assessment set by the Council.

Chinese Herbal Medicine Practitioner

All applicants must:

a. hold a 3-year Bachelor of Health Science majoring in Chinese herbal medicine (Level 7) from the New Zealand College of Chinese Medicine; or

b. hold a 4-year Bachelor of Health Science in Acupuncture and Chinese Herbal Medicine (Level 7) from the New Zealand College of Chinese Medicine; or

c. hold a Master of Chinese Medicine from the New Zealand College of Chinese; or

d. have their qualification assessed by the Council for persons holding a Chinese medicine qualification gained overseas and, at the Council's discretion, obtain a pass in a competency-based assessment set by the Council.

Chinese Massage (Tuina) Practitioner

All applicants must:

a. hold a 2-year Diploma in Tuina (Level 7) from the New Zealand College of Chinese Medicine; or

b. hold a Graduate Certificate in Chinese Medicine (Tuina Massage) from the New Zealand College of Chinese Medicine; or

c. have their qualification assessed by the Council for persons holding a Chinese medicine qualification gained overseas and, at the Council's discretion, obtain a pass in a competency-based assessment set by the Council.

Chinese Medicine Practitioner: Specialist

All applicants must hold registration within one or more of the following scopes of practice:

i. Scope of practice – Chinese medicine practitioner (acupuncturist)
ii. Scope of practice – Chinese herbal medicine practitioner

iii. Scope of practice – Chinese massage (tuina) practitioner

and

a. have at least five years of post-qualification clinical and/or research experience with at least three years of experience relevant to the nominated area of specialist Chinese medicine practice; and

b. hold a Council approved postgraduate qualification in a specific practice area recognised as a specialty area by the Council that is relevant to clinical and/or non-clinical Chinese medicine practice; or

c. have demonstrated competence and education beyond the level of a general scope Chinese medicine practitioner in a specific practice area recognised as a specialty area by the Council that is relevant to clinical and/or non-clinical Chinese medicine practice.

Chinese Medicine: Special Purpose

All applicants must:

Provide evidence of the special purpose activity (for example an invitation to teach or research proposal with sufficient information to detail the tasks or activities to be performed; where they are to be performed; and the time-frame); and details of any anticipated patient contact, and an appropriate risk assessment and management plan and:

a. be registered, and in good standing, with an overseas Chinese medicine regulatory authority (where such arrangements are in place); or

b. hold a Chinese medicine qualification which is assessed by Council to be applicable to the Chinese medicine scopes of practice, and relevant to the special purpose registration application; or

c. be able to provide evidence assessed by Council to be relevant to the Chinese medicine scopes of practice, of achievements in research/scholarship or teaching either by publication or educational experience.

Explanatory Note

In September 2025, the Council consulted publicly on the changes it proposed to make to the wording of its current scopes of practice with practitioners, practitioner representative bodies, members of the public, and other relevant stakeholders.

Five submissions were received by the consultation deadline of 31 October 2025, from individual practitioners, a representative body, and a Chinese medicine education provider. There was strong support for the changes proposed, with minor suggestions for modifications to the proposed wording provided.

The Council considered submissions and passed a formal motion to approve the changes proposed in the consultation document subject to minor wording adjustments as suggested by submitters. A full summary of the feedback received, the Council's response to the points raised, and the decision reached is available on the Council's website.

Dated at Wellington this 4th day of February 2026.

LINDSEY PINE, Registrar, Chinese Medicine Council.

1. Australian Institute of Family Studies. What is an evidence-informed approach to practice and why is it important? [Internet]. Melbourne: AIFS; [cited 2025 Sep 18]. Available from: http://aifs.gov.au/resources/short-articles/what-evidence-informed-approach-practice-and-why-it-important.

APPENDIX 2

Chinese Medicine Council of New Zealand
新西兰中医管理局

Policy on Accreditation of Chinese Medicine Prescribed Qualifications

Purpose

The purpose of this policy is to describe the accreditation framework and how the Chinese Medicine Council of New Zealand (the Council) makes accreditation decisions.

Scope

The policy applies to Chinese Medicine (CM) practitioner programmes seeking, or holding, accreditation, for the purpose of being a gazetted prescribed qualification.

Background

The Council's primary purpose is to protect the health and safety of the public by providing mechanisms to ensure that CM practitioners are competent and fit to practise their profession.[1]

One of the key mechanisms is the accreditation of CM practitioner programmes. The Council's accreditation framework covers the following areas:

- Entry – To prescribe and accredit qualifications for a scope of practice set by the Council.[2] Accreditation is granted if a programme meets the accreditation standards for CM practitioner programmes (accreditation standards).
- Monitoring – The Council must monitor all accredited prescribed qualifications offered by New Zealand educational institutions.[3] Monitoring is the ongoing quality assurance that accredited programmes continue to meet the accreditation standards.
- Managing compliance – Encouraging and supporting compliance with the accreditation standards and managing non-compliance.
- Exit – Withdrawing or declining accreditation.

Accreditation principles

The Council conducts accreditation by the following principles:

[1] Section 3
[2] Sections 118(a), and 12(1) - (2) of the HPCA Ac
[3] Section 12(4)

Outcome–focused – The Council accredits CM practitioner programmes that produce competent graduates in their scopes of practice, but does not prescribe the specific nature, content and methods of delivery for those programmes.

Competence – The threshold of competence at graduation is that of an entry level graduate (level 7), not a proficient, experienced CM practitioner.

Flexible – The Council allows the provider to design the programme as they see fit to promote innovation and ongoing quality improvement to ensure the programme remains contemporary, inclusive, and fit for purpose.

Professional obligations – The Council relies on the educational provider to meet the professional, clinical, cultural and academic standards of the Council to ensure that all programmes:

- protects patient, staff, and student safety
- delivers students with the fundamental knowledge and clinical experiences required to attain the necessary competencies defined for the scope of practice, and students are assessed as competent in the relevant area before graduation
- assess students as competent in the scopes of practice before graduation

Quality improvement – While accreditation's primary purpose is to demonstrate whether accreditation standards are met, the process also fosters quality improvement through feedback during accreditation reviews.

Respectful – accreditation processes are conducted in a positive, constructive, and collegial manner.

Accreditation standards

The accreditation standards *a*re the threshold educational standards expected from all CM practitioner programmes accredited in New Zealand

The programme provider must demonstrate that all professional competencies across the scope/s of practice are attained and assessed.

The accreditation standards are normally reviewed on a 5-yearly cycle.

Entry

The new accreditation (and reaccreditation) process includes:

- The provider's self-assessment against the accreditation standards, and evidence of how the programme meets the accreditation standards.
- Peer review and validation of the information by a site evaluation team (SET).
- Alignment with NZQA, or equivalent body, if applicable
- Accreditation report containing the accreditation committee and/or SET's findings, considered for an accreditation decision.

Where possible, accreditation for a provider with multiple programmes is done concurrently.

If the provider meets all the accreditation standards for a programme, or programmes, then accreditation may be granted for up to 5 years.

Monitoring

Ongoing monitoring includes:

- Annual reports – Each year the provider must submit an annual report using the prescribed template. Type 2 (NZQA (New Zealand Qualifications Authority) framework) changes planned must be reported to the Council before implementation to ensure the programme continues to meet the accreditation standards.
- Reports – The provider must complete a monitoring report when a condition is placed on any accredited programme, or when there are concerns identified.
- Videoconference/site visit – Monitoring activities that require direct interaction with a provider are conducted via videoconference or a site visit. A site visit will be conducted where the nature of the monitoring or concern requires an on-site assessment rather than a desktop review or use of videoconferencing.

Ongoing accreditation is subject to satisfactory ongoing monitoring.

Re-accreditation of a programme will occur in the year before the expiry of the accreditation period.

Managing compliance

The Council supports compliance by:

- Ensuring that providers are aware of their obligations
- Making accreditation standards easy to understand
- Ensuring that accreditation standards are not overly burdensome.

If the provider does not meet all accreditation standards for a particular programme, then the Council may place conditions on that programme's accreditation for a period if:

- the programme meets most of the accreditation standards but has shortcomings in one or more of the accreditation standards, and
- the shortcoming can be corrected within a reasonable and defined period.

To maintain accreditation the provider must provide evidence of meeting the conditions to the Council within the time stipulated.

The Council may accredit a provider for a period of less than 5 years if:

- a condition of a serious nature is placed on the provider, and
- the provider may not be able to address the shortcomings within the defined period.

Exit

The Council may withdraw accreditation:

- At any time if a provider fails to meet one or more accreditation standards or is identified as having serious shortcomings that cannot be corrected within a defined time period.
- An accredited programme offered by a provider fails to meet the conditions placed upon it by the Council within the defined period, and therefore continues to not meet the accreditation standards.
- The provider decides to no longer offer the programme.

The Council may decline the accreditation of a new programme or a programme undergoing reaccreditation that has a serious shortcoming in one or more accreditation standards, that cannot be corrected within a reasonable defined period.

The Council must advise the provider of the intent to withdraw or decline accreditation, the reasons for its decision, and allow the programme a final opportunity to provide any new evidence that could change the Council's decision.

The provider may then, or at an earlier stage in the process, withdraw their application for accreditation.

If accreditation is withdrawn or declined, the provider must:

- present to the Council the plan on how students who are currently enrolled will be managed, and
- receive approval of the plan from the Council that ensures that the educational standards are maintained to ensure students to gain all the required competencies and are safe to practice.

Students who enroll into an unaccredited programme (after accreditation has been declined or withdrawn) will not complete a prescribed qualification and will not be eligible for registration in that scope of practice. The provider should stop new enrolments until reaccreditation is obtained or advise students at the time of enrolment that they will be unable to register with the Council on completion of the programme.

Accreditation Committee

The Council appoints an Accreditation Committee to consider and make recommendations to the Council on whether new or accredited programmes meet the accreditation standards, and to advise the Council on other accreditation related matters.

The functions and composition of the Accreditation Committee are described in its terms of reference.

The Accreditation Committee must consider recommendations made to them by the site evaluation team (SET) or their Chair.

The Chair of the Accreditation Committee and/or SET may be required to present the findings to the Council if:

- consensus was not reached on the overall accreditation recommendation, or
- where the potential outcome could lead to the withdrawal or decline of accreditation.

Site evaluation teams (SETs)

The Accreditation Committee considers, from its membership, the proposed composition for a SET, and makes recommendations to the Council. The accreditation committee may need to co-opt additional members from time to time as needed to meet the needs of the accreditation process. The Council then appoints the site evaluation team and its chair or co-chairs. Where multiple programmes are reviewed during a single visit, the SET must have a core group and discipline representation for each scope of practice under review.

The SET must have the following expertise and representation:

- The core group must comprise of the chairs or co-chairs, a CM practitioner representative, and the lay member.
- Each discipline sub-group must include at least one CM academic and a CM practitioner, teaching and/or practising in that scope of practice.
- Where practicable, at least one committee member will self-identify as Māori, and the committee includes members with accreditation experience.

The provider can review the appointed SET members and raise concerns about conflicts of interest. The Council must give due consideration to these concerns before confirming the appointments.

During accreditation of a new programme or reaccreditation a SET:

- review the available evidence and determine whether a provider meets the accreditation standards
- describe their findings in an accreditation report
- make an overall accreditation recommendation to the Accreditation Committee
- recommend potential accreditation conditions to the Accreditation Committee
- assist the Council in monitoring of any condition or other monitoring reports, as requested. Depending on the nature of the monitoring, this may involve the full or a subset of the SET, or only the chair or co-chairs.

Decision making

Accreditation decisions are made by the Council.

Accreditation reviews of providers can include the following outcomes for each of their programmes:

- Accreditation
- Accreditation with conditions
- Revoke accreditation
- Decline accreditation.

If the provider disagrees with the final decision of the Council, the provider can apply to the Council to review its decision, providing rationale for why the provider believes a review is warranted. Such a review is at the discretion of the Council. There is no provision for the appeal of accreditation decisions under the HPCA Act 2003.

The accreditation outcome and final report will be shared with the provider and then published on the Council website. Practitioners and stakeholders will also be advised of the outcome in a communication update and in the Council's annual report.

Accreditation costs

The costs of accreditation, re-accreditation and monitoring of accreditation condition of a provider is full cost recovery of both direct and indirect costs.

Withdrawal from the accreditation process before it is completed will result in full cost recovery of the direct and indirect costs incurred up until the time of the request to withdraw from the accreditation process.

Related documents

- Accreditation standards for Chinese Medicine practitioner programmes
- Accreditation guidelines for Chinese Medicine practitioner programmes

Acknowledgments

The Council acknowledges the Dental Council of New Zealand for their permission to adopt selected resources.

APPENDIX 3

Chinese Medicine Council of New Zealand

Accreditation Standards for Education Programmes leading to registration as a CM Practitioner

Overview

The Chinese Medicine Council of New Zealand (The Council) is a Responsible Authority established under the Health Practitioners Competence Assurance Act 2003 (the HPCA Act). The Council's accreditation function is defined under Section 118 (a):

> **"To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes."**

Accreditation standards define the outcomes of a programme of study delivered by an educational provider whose graduates are safe and competent in the knowledge, skills, standards, and professional attributes that protect the public. The Council will assess and monitor all Chinese medicine (CM) programmes and their educational providers against these accreditation standards.

A function of the Council under the HPCA Act (Section 118(I)) is to set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession. The accreditation standards specify the minimum educational requirements of a competent CM practitioner and are designed to be read as an integrated whole. These standards are reviewed on a five-year cycle to ensure continuing public safety and practitioner competency.

Background

These standards for CM have been informed by:

- national and international education policies and standards;
- approved New Zealand and Australian accreditation standards used by other responsible and regulatory authorities that govern health practitioners;
- the New Zealand Qualifications Authority (NZQA) approved CM qualifications including recent applications and approval of current NZ based CM qualifications by NZQA; and
- the World Health Organisation (WHO) benchmarks for the practice and training of acupuncturists.

Accreditation Standards

The accreditation standards define the outcome requirements for CM education programmes that lead to a competent CM Practitioner being nationally registered. They are also used for the purpose of programme accreditation. The accreditation standards inform educational providers of the obligations in their programmes to meet the Council's Cultural, Ethical and Clinical Capabilities for CM Practice. The Capabilities for CM Practice define the academic standards, clinical skills and attributes of competent CM practitioners at the completion of an entry-level study programme.

There are six Council accreditation standards:

Standard 1: Cultural Safety and Cultural Competence

Standard 2: Public Safety

Standard 3: Academic Governance and Quality Assurance

Standard 4: Academic Programme of Study

Standard 5: The Student Experience

Standard 6: Programme Assessment

Standard 1: Cultural Safety and Cultural Competence

Standard Statement	Criteria
The educational provider demonstrates cultural safety and bicultural principles in delivery and governance.	1.1 The relevance of Te Tiriti o Waitangi (the Treaty of Waitangi) and its founding principles are implemented in health equity, within the context of Māori health models, and CM practice. 1.2 The structure and teaching of all educational programmes demonstrates culturally safe practice for all cultures. 1.3 Equity and diversity principles are observed and promoted in the student experience. 1.4 The management and leadership teams will provide a respectful and safe working environment to support the rights and dignity of diverse cultural groups. 1.5 Staff and students will work and learn in a physically, mentally, and culturally safe environment. 1.6 Cultural safety and competence are integrated within programmes and clearly articulated as disciplinary learning outcomes. 1.7 There is active encouragement of Māori recruitment (both staff and students) by the educational provider as they see fit, regarding admission, participation, and graduation from CM programmes.

Standard 2: Public Safety

Standard Statement	Criteria
Public protection and safety are assured.	2.1 The educational provider will comply with the Act's purposes, the HDC (Health & Disability Commissioner) Code of Consumer Rights, the Council's accreditation, and academic and professional standards to ensure graduates are fit for registration (section 16 of the HPCA Act). 2.2 All students must comply with the provider's educational programmes and public safety guidelines, as well as the Council's Standard of Professional Conduct, relating to safe practice and professional conduct. 2.3 Students and academic staff will promote and facilitate inter-disciplinary collaboration and co-operation, including the recognition of limitations of scope and recognising when to refer, in the delivery of health services in accordance with the HPCA Act (section 118(ja))

	2.4 All students will be supervised during CM clinical practice and/or research, by academic staff holding a current annual practicing certificate or a Special Purpose certificate issued by the Council. 2.5 Services and practices which provide student clinical learning experience including treating members of the public, meet appropriate health and safety legislation, quality policies and processes, meet all relevant regulations, and maintain relevant accreditation and licenses 2.6 All students will obtain, maintain, and document informed consent when treating the public under supervision. 2.7 The educational provider is responsible for the safety of the public by ensuring no clinical treatments are provided when the student clinician is unable to perform the functions of the profession due to their mental or physical condition. 2.8 The educational provider has a duty of care to any student unable to perform the functions of the profession due to a mental or physical condition, in accordance with section 16 of the HPCA Act. 2.9 All graduates will complete a mandatory statutory declaration before being issued with an APC and this declaration must comply with the requirements of section 16 (d) of the HPCA Act. 2.10 The educational provider will provide timely evidence of programme completion for graduating students seeking registration with the Council.

Standard 3: Academic Governance and Quality Assurance

Standard Statement	Criteria
Academic governance and quality assurance processes meet independent validation and are implemented by the provider.	3.1 The educational programmes are lodged on the Tertiary Education Commission (TEC) website as legitimate and approved programmes, and accredited and moderated by the Committee on University Academic Programmes (CUAP), or the New Zealand Qualifications Authority (NZQA). 3.2 The entry requirements for the programme are clearly stated and meet or exceed the minimum requirements agreed by the CM profession in partnership with NZQA. 3.3 Assessments of fitness for registration in accordance with the Act, including adherence to the Council's English language policy, will be carried out during the selection processes and throughout the educational programmes. 3.4 Academic programmes and their delivery belong exclusively to each educational provider. These autonomous providers work with key stakeholders to implement the curriculum's learning outcomes, including clinical practice.

	3.5 There is external consultation about the design and management of the programme, including from Māori representatives, and representatives of the CM profession. 3.6 Summative evaluation will be applied to critique the design, implementation, and outcomes of programmes, using student feedback, internal reviews, external academic moderation, professional peer review, and independent audits as required. 3.7 The educational provider has robust academic governance arrangements for the programme of study, including systematic monitoring, review, and improvement. 3.8 Curriculum review processes apply timely and evidence-informed responses to contemporary developments in health and professional education. 3.9 There is a known and written process that can identify and exit students who fail to achieve academic outcomes, or practice and professional standards. 3.10 All CM academic and clinical staff members are registered with the Council. The educational provider will obtain from the Council Special Purpose status for non-practicing, visiting or temporary staff employed for education and/or research. 3.11 The educational provider will document an agreed individual staff development plan in a teacher's contract, regardless of their FTEs, setting out their employees professional and academic goals, including opportunities for involvement in research activities. 3.12 The programme is implemented by qualified staff currently registered with the Council or an appropriate RA. **Clinical teaching staff** must: hold an undergraduate degree or higher in their CM scope/s of practice or related discipline; be competent in a teaching role; hold current theoretical and clinical practice knowledge in their specialty including knowledge of the curriculum, its practical application, and the expected learning outcomes for the papers they teach. **Academic staff** must: demonstrate education levels above those taught in their teaching specialty or have a professional development plan in place to complete this within four years; have completed a programme or relevant unit standards in adult teaching and learning within two years of appointment; and be involved in research and academic activities.

Standard 4: Academic Programme of Study

Standard Statement	Criteria	
All CM programmes will provide the academic and clinical resources required to study CM and achieve professional competency that align with the published CMC standards.	4.1	Each CM programme has a curriculum with learning outcomes that are consistent with the Council's Competencies for the registered CM scopes of practice.
	4.2	Each CM programme design complies with the New Zealand Qualifications Authority, CUAP, or equivalent national qualification framework.
	4.3	Programmes meet international best practice standards as benchmarked for CM, including supervised and autonomous clinical practice.
	4.4	The educational provider will provide students with the academic and clinical resources provided for its programmes in order to meet the Council's academic outcomes and governance requirements.
	4.5	The curriculum is written and reviewed with timely consultation with stakeholders including registered CM practitioners, tangata whenua, government agencies, professional bodies, and tangata whai ora[1].
	4.6	The programmes' learning outcomes equip graduates for competent practice in a range of settings, encourage inter-disciplinary collaboration and cooperation, and are demonstrated in culturally safe, ethical, evidence-informed, and self-reflective practice.
	4.7	Learning environments and teaching methods are user-designed, accessible, fit for purpose, implement educational philosophy, and inform learning outcomes.
	4.8	The curriculum includes and critiques national health priorities and contemporary health care and practice trends.
	4.9	Graduates demonstrate research literacy, commensurate with the programme's learning outcomes.
	4.10	All CM academic and clinical staff will be registered with the Council before they deliver any programme units/courses/papers to students or assess learning outcomes. A provider will apply to the Council for Special Purpose status for any non-practicing, visiting or temporary staff engaged in education and/or research.

[1] Tangata whai ora - means 'a person/s seeking health' and has been used instead of the term's patient/client/health consumer/service user. This is to encompass persons who may be engaging with CM in both a clinical and/or non-clinical setting.

Standard 5: The Student Experience

Standard Statement	Criteria
Students have equitable and timely access to academic information and support.	5.1 Relevant programme information will be provided for all students and will be complete, accurate, current, clear, and accessible. 5.2 All admission and progression requirements and processes of the HPCA Act, including English language requirements (section 16(b)) and criminal convictions (section 16(c)) will be known, equitable and transparent. 5.3 Students will be informed about, and have access to, independent grievance and appeal processes, and personal support services. 5.4 Students will regularly critique their experiences and provide feedback to the educational provider to inform and improve programmes and services. 5.5 Students are represented within the deliberative and decision-making processes for the programme.

Standard 6: Programme Assessment

Standard Statement	Criteria
Assessment is fair, valid, and reliable.	6.1 The assessment process must critically evaluate the learning outcomes for programme papers and align with the Council's competencies for registered CM scopes of practice. 6.2 A known and consistent evaluation process will ensure reliability and validity of students' assessments. 6.3 Students will undertake a variety of assessments to test their understanding and application of CM knowledge and clinical decision-making. 6.4 There is a defined relationship between learning outcomes and assessment strategies, and this is known to students. 6.5 The assessment and moderation procedures include internal and external processes to ensure consistent and valid assessment between programmes across different educational providers, as well as feedback to students. 6.6 Clinical competencies and workplace requirements will be determined and evaluated by a registered CM practitioner holding NZQA Units 4098 and 115522, ATT 501, ATT 502 and ATT 503, or NZQA Level 5 Adult Education qualifications on the NZQF, or a postgraduate certificate in health professional education, or other equivalent qualifications.

	6.7 During the initial accreditation process and/or when the Council has ongoing concerns about an educational provider and student readiness for registration, the Council will audit and moderate the final learning outcomes and clinical assessments, to determine that clinical, cultural, and ethical competencies, including readiness for registration, have been attained.

SITE VISIT AND EVALUATION BY CMCNZ SITE EVALUATION TEAM (SET)

Chinese Medicine Council of New Zealand
新西兰中医管理局

ACCREDITATION EVALUATION REPORT

CHINESE MEDICINE INSTITUTE of NEW ZEALAND

PROFESSIONAL CERTIFICATE IN ACUPUNCTURE

&

PROFESSIONAL DIPLOMA IN CHINESE HERBAL MEDICINE

FEBRUARY 2026

SITE VISIT AND EVALUATION BY CMCNZ SITE EVALUATION TEAM (SET)

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SITE VISIT AND EVALUATION BY CMCNZ SITE EVALUATION TEAM (SET)

SITE VISIT AND EVALUATION BY CMCNZ SITE EVALUATION TEAM (SET)

Site visit conducted

3 February 2026

SET

SET members and affiliations

Dr Jan Duke (Chair) – Lay member

Ms Barbara Gilray – Lay member and Tangata Whenua

Dr Julia Hennessy – Lay member and Education representative

Mr Jinglin (Tom) Wang - CM practitioner representative (Acupuncture)

Mr Heiko Lade – CM practitioner representative (Chinese herbal medicine)

Staff & Contractors

CMINZ

Dr Debre Betts – Co-Director CMINZ

Dr Joan Campbell – Co-Director CMINZ

Dr Rebecca O'Cleirigh – Co-Director CMINZ

Karlene Puriri – CEO Ngāti Tamaoho – stakeholder by video link

Professor Katen Lawton – strategic advisor in cultural competency by video link

Dr Colin Gibbs, Philip Jameson & Dr Kay Fielden – CMINZ Academic committee members by video link

SITE VISIT AND EVALUATION BY CMCNZ SITE EVALUATION TEAM (SET)

SPCNM

Robyn Carruthers Chief Executive

Shelley Moana – Cultural Liaison

Renee Rigden and Antonia Scott, Graduates of SPCNM programme

SITE VISIT AND EVALUATION BY CMCNZ SITE EVALUATION TEAM (SET)

1. EXECUTIVE SUMMARY

Programme provider	Chinese Medicine Institute of New Zealand (CMINZ)
Programme/qualification name	1. Professional Certificate in Acupuncture 2. Professional Diploma in Chinese Herbal Medicine
Programme/qualification abbreviation	1. Prof Cert Acup 2. Prof Dip Herbs
Programme length	1. 3 years full-time 2. 2 years part-time including Certificate in Chinese Patent Herbal Medicine (1 Year FTE)
CM Scope of Practice	1. Chinese medicine practitioner (acupuncturist); 2. Chinese herbal medicine practitioner
New Zealand Qualifications Framework Level	N/A
Accreditation standards version	V1
Date of site evaluation	3 February 2026
Date of CM Council decision	Pending Council decision
Type of accreditation	Pending Council decision
Accreditation start date	Pending Council decision
Accreditation end date	Pending Council decision

2. SUMMARY OF FINDINGS

BACKGROUND

The Chinese Medicine Institute of New Zealand (CMINZ) was formed in 2025 by Drs Betts, Campbell and O'Cleirigh to provide a new education pathway for prospective and existing practitioners of Chinese Medicine (CM). The CMINZ is not registered as a New Zealand Qualification Authority (NZQA) provider and therefore they have not submitted their programme to NZQA for accreditation and approval. CMINZ entered into discussions with the South Pacific College of Natural Medicine (SPCNM), a Category 1 NZQA provider, and a Memorandum of Understanding (MoU), was approved in August 2025, by the Board of the South Pacific College of Natural Medicine (SPCNM). The Chinese Medicine Institute of New Zealand (CMINZ) strategic purpose is to be an educational provider of CM programmes that will graduate competent CM practitioners. The CMINZ state that their programmes are competency and skills-based programmes of excellence, that meet the Council's designated registration standards, to ensure public safety and practitioner competency.

OVERVIEW OF THE EVALUATION

The Chinese Medicine Institute of New Zealand submitted their application for accreditation of the Professional Certificate in Acupuncture and the Professional Diploma in Chinese Herbal Medicine to the CMCNZ in October 2025.

The SET was appointed by CMCNZ and then the key dates for the evaluation were

- **24th November 2025**: SET received all documents from CMINZ
- **11th,12th & 17th December 2025** SET members received additional information requested
- **3rd February 2026** SET on site visit and met staff and stakeholders as outlined in Appendix 1
- **17th February 2026** Draft report sent to CMCNZ registrar for review prior to sending to CMINZ

KEY FINDINGS

The SET had no concerns about the ability of the CMINZ directors to propose and deliver a sound Chinese Medicine programme. The choice of SPCNM as partner presents several opportunities for future development of the qualifications in this application.

SITE VISIT AND EVALUATION BY CMCNZ SITE EVALUATION TEAM (SET)

CMINZ is not an approved NZQA accredited provider, and they have not submitted this application to NZQA for accreditation and approval. As CMINZ is not an accredited education provider with previously assessed processes, there are no defaults that can be used as a proxy.

It became apparent to the SET that the CMCNZ standards were written on the assumption that Standard 3.1 would be met and that therefore these standards did not need to interrogate issues such as the provider's ongoing capacity to deliver a programme, either financially or with adequate staffing and other resources. For a NZQA accreditation there must be assurance and evidence that the applicant [registered provider] has internal resources, capability and capacity to deliver the programme.

The SET considers that the following findings are material to the accreditation decision and, if unresolved, may preclude accreditation:

- The absence of NZQA or CUAP accreditation and the use and reference to the NZQCF levels and credits in the programme documentation, assessed as not met, which presents a risk of misleading representation to students and undermines assurance of independent academic validation.

- The lack of evidence demonstrating clear ownership, delivery responsibility, and quality assurance oversight for the proposed hybrid delivery model involving SPCNM and CMINZ, assessed as not met.

The SET further notes that the remaining criteria assessed as substantially/partially or not yet met, reflecting that policies, frameworks, and intended processes are described but have not yet been operationalised or tested. The SET considers these matters to be capable of being managed through clearly specified conditions of accreditation and/or post-accreditation monitoring, should Council make a decision to accredit, following public consultation.

ACCREDITATION DECISION

The Accreditation Committee recommends that the Chinese Medicine Council consider the regulatory risks to Council and the academic and financial consequences for students before approving this application. The Accreditation Committee recommends that the Chinese Medicine Council consider whether an interim period of accreditation could be appropriate, much like the 2-year period provided to current education providers when the profession first became regulated, requiring CMINZ to further develop its Memorandum of Understanding with SPCNM and submit an application to NZQA for approval and accreditation, with outcome known, prior to the graduation of students.

SITE VISIT AND EVALUATION BY CMCNZ SITE EVALUATION TEAM (SET)

3. SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

This report is supplemental to the full application received from the provider. Evidence mentioned within this report is available in full to the Council if further information is required.

Standard 1: Cultural Safety and Cultural Competence

STANDARD STATEMENT	CRITERIA	EVIDENCE	ASSESSMENT
General statement The panel were very appreciative of being able to speak with both Ms Shelley Moana from the SPCNM and Ms Karleen Puriri the CEO of Ngāti Tamaoho Trust Settlement Board and acknowledge their *awhi* and *manaaki* to the programme and to Drs Betts, Campbell and O'Cleirigh. Ms Puriri outlined in detail to the panel the very close relationship between Ngāti Tamaoho and the CMINZ, and Dr Campbell in particular. From what Ms Puriri stated there is no doubt that Ngāti Tamaoho wish to be supportive and are willing to assist the CMINZ in terms of Te Ao Māori and Māori cultural competence in particular. Ms Moana was very purposeful in confirming a commitment to Drs Betts, Campbell and O'Cleirigh and of Ms Moana's willingness to support the CMINZ and the programme. Ms Moana was generous in stating of an availability to assist the Teaching Staff with student support, Māori cultural supervision and general Māori guidance. **Note:** A Māori spell check (Including the Student Handbook) would be useful to ensure that ngā tohutō (macrons) are inserted to mark long vowels, and to ensure consistency e.g. Māori (in some places ngā tohutō have been used correctly on the word Māori and in others it is omitted e.g. Ōtara, Ngāti, Pākehā). There is no *s* in Māori.			
The educational provider demonstrates cultural safety and bicultural	1.1 The relevance of Te Tiriti o Waitangi (the Treaty of Waitangi) and its founding principles are implemented in health equity, within the	On its visit to the SPCNM the panel did not readily observe any reference/posters to Te Tiriti o Waitangi at the SPCNM. The panel noted however that HDC "Patient Rights" were displayed in English but did not readily notice "Ōu Tika" patient rights	Standard partially met. **Recommendations to CMINZ:**

principles in delivery and governance.	context of Māori health models and CM practice.	in Māori. The panel note the CMINZs statement under 1.1; 2 re this. CMINZ will encourage their students to develop a relationship with local iwi to enhance their cultural understanding. Ms. Moana indicated a willingness to support the CMINZ with assisting students to visit a local Marae this as no doubt will Ngāti Tamaoho Trust. During their acupuncture programme, all students will be introduced to the founding principles of the Te Tiriti o Waitangi, through completing SPCNM Paper Rongoā Māori Healing Concepts, **or equivalent** (may be by RPL). The SET were informed that this paper is being renamed and revised but were not provided with an updated outline. See further in 1.2 It is assumed that students in the herbal medicine will be registered acupuncturists so will have already have an understanding of Te Tiriti o Waitangi. For overseas trained practitioners who now practice in Aotearoa/New Zealand and wish to enroll in the Professional Certificate or Professional Diploma (Herbal	That Te Tiriti o Waitangi is clearly visible in all teaching and clinic spaces That HDC Patient Rights be displayed in clinic spaces in English and Māori (Ōu Tika) Include an introductory statement as to how the CMINZ recognizes Te Tiriti o Waitangi as a fundamental/foundational document which forms the basis of learning and understanding of Te Ao Māori, within the context of Aotearoa/New Zealand and Chinese Medicine - there are recognized holistic alignment perspectives such as physical, spiritual, mental, social well-being, health equity etc. In their first block teaching programme require and/or support all year 1 students and/or all students as a group to visit a local Marae so students get an understanding of the contexts of Te Ao Māori in

		Medicine) it is unclear if there is to be any sort of New Zealand specific cultural component.	practice i.e. culture, customs, etiquette, pōwhiri, whaikōrero, karakia, Te Tiriti o Waitangi etc. thus enhancing cultural understanding, learning, partnership and reciprocity between and amongst cultures Consider forming an External Māori Advisory Group
	1.2 The provider will demonstrate and give practical effect to all five principles of Te Tiriti; Tino rangatiratanga, Equity, Active protection, Options, and Partnership.	Dr Joan Campbell has an established relationship with Ngāti Tamaoho, who are the mana whenua of the land adjacent to the site where the SPCNM is located. Dr Campbell is a member of the "New Health Model" committee, charged with delivering a preventive model of Māori-specific care at the Mangatangi and Whaataapaka Marae and the health hubs at Ōtara, Papakura and Pukekohe. It was very evident that Dr Campbell has built positive relations with Ngāti Tamaoho and that she is well respected. This is an important relationship which needs to be elevated in the application and formalised. The CEO of the Trust Settlement Board- Karleen Puriri - has invited the Chinese	Standard Substantially Met **Recommendations to CMINZ** Consider requiring students obtain a copy of "Understanding Te Tiriti – A handbook of basic facts about Te Tiriti o Waitangi" by Roimata Smail (Wai Ako Books 2024). That all students be encouraged to complete a part of their clinical component on a marae.

		Medicine Institute of New Zealand (CMINZ) to have a kōrero with the Board about implementing the five principles of the Treaty. From these discussions may **c**ome an arrangement mutually beneficial to everyone The CE of the SPCNM Ms Robyn Carruthers, and Ms Moana intimated that the College's development of a new/revised Te Tiriti o Waitangi paper is in progress, however the panel is of the understanding that the College may have, or may be applying for Intellectual Property rights, so at this time the panel were not able to discuss or view the content further. The panel note that the CMINZ *"Rather than relying on a specific paper to cover cultural and treaty obligations…."* the intention is to weave these through papers however it is somewhat unclear as to how this might be achieved or who might assess this overall cultural content. There are no suggested readings for Cultural learnings in the paper descriptor views.	
	1.3 The structure and teaching of all educational programmes	CMINZ state that the CMINZ Student Handbook (SH) is aligned with the SH of the	Standard partially met.

	demonstrate culturally safe practice for all cultures.	SPCNM, an NZQA accredited Level 1 provider. However, the panel were unable to review the SPCNM handbook. It is hard to identify the cultural safety framework that underpins the programme and to see this evidenced in the philosophical framework and GPO of the applications. Relevant learning outcomes that support culturally safe practice for all are detailed in the graduate profiles and integrated into paper descriptors. However, it is unclear how the declared curriculum will be translated into the taught curriculum. Ms Moana was resolute in the need for cultural safety from a Māori perspective and indicated their willingness to "...contribute to cultural safety..." by making themselves available to teach virtually or in person in order that they can "…. contribute to cultural safety…" Ms Puriri implied that further discussion around the above could be sought and would be welcomed by the Directors of Ngāti Tamaoho Trust.	**Recommendation for CMCNZ** Ensure student's understanding of culturally safe practice is included in ongoing monitoring.

	1.4 Equity and diversity principles are observed and promoted in the student experience.	CMINZ state that CMINZ's alignment with SPCNM, shows a commitment to following the Education Code of Practice 2021, which details pastoral care for tertiary students. Students may seek advice from any CM teacher or supervisory clinician and be assisted to obtain private care if deemed required. As an example, The Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021 states Part 3 Organisational structures to support a whole-of-provider approach to learner wellbeing and safety Outcome 1: A learner wellbeing and safety system Providers must take a whole-of-provider approach to maintain a strategic and transparent learner wellbeing and safety system that responds to the diverse needs of their learners Process 1: Strategic goals and strategic plans: Providers must have strategic goals and strategic plans for supporting the wellbeing and safety of their learners across their organisation, including student accommodation, describing how they will – give effect to the outcomes sought and	Standard not yet met. **Suggested requirement for CMINZ** Develop their own Code of Practice, demonstrating implementation and review, making particular note of students in clinics at a distance.

		processes required by this code; and contribute to an education system that honours Te Tiriti o Waitangi and supports Māori Crown relations. Providers must regularly review their learner wellbeing and safety strategic goals and strategic plans and make amendments to their learner wellbeing and safety strategic goals and strategic plans within a reasonable timeframe following the review. Providers must work proactively with learners and stakeholders (and document this work) when developing their learner wellbeing and safety strategic goals and strategic plans and reviewing their learner wellbeing and safety strategic goals and strategic plans. The SET did not see evidence of this planning.	
	1.5 The management and leadership teams will provide a respectful and safe working environment to support the rights and dignity of diverse cultural groups.	The team leaders will provide a respectful and safe learning environment. CMINZ's alignment with and reporting to SPCNM means that there will be oversight to that a respectful and safe working environment that meets the Council's Standards of Cultural Safety and Cultural	Standard met **Recommendation for CMINZ** Ensure they have a documented policy for assessment in Te Reo Māori

		Competency of Chinese medicine Practitioners (2023). The SET were unclear what might happen if a request is made for an assessment in Te Reo Māori. As the CMINZ is not yet operational it is unclear how this will be monitored in distance clinics. However, the SET were satisfied that CMINZ would ensure safety in student clinic experiences.	and that they have identified resources for this.
	1.6 Staff and students will work and learn in a physically, mentally, and culturally safe environment.	SPCNM provides a physically safe environment for block courses and direct contact tuition, in classroom and clinic situations. The standards of behaviour for students, tutors, mentors and supervisors are detailed in Student and Clinical handbooks. As the CMINZ is not yet operational it is unclear how this will be monitored in distance clinics. However, the SET were satisfied that CMINZ would ensure safety in student clinic experiences The SPCNM will provide resources for pastoral care, exit strategy, and the costs	Standard met

		for these services will be met as detailed in CMINZ's MoU with SPCNM.	
	1.7 Cultural safety and competence are integrated within programmes and clearly articulated as disciplinary learning outcomes.	Cultural safety and competence are integrated through the programmes and paper descriptors. This includes: • Draping techniques and cultural safety • Understanding and reflecting on culturally diverse practice and professional communication responsibilities • Communicating treatment plans with whānau • Obtaining consent and ongoing consent • Understanding professional practice for referral amongst diverse communities • Learning about other systems of herbal medicine (such as Pacific and Rongoa)	Standard met
	1.8 There is active encouragement of Māori recruitment (both staff and students) by the educational provider as they see fit, regarding admission,	Following discussions with the Settlement Trust of Ngāti Tamaoho, CMINZ may explore the possibility of establishing a Scholarship that enables a health	Standard met

	participation, and graduation from CM programmes.	professional from the iwi to study the two-year CM programme. Māori Guest lectures are planned for the Rongoā and Te Tiriti o Waitangi (the Treaty of Waitangi) material. This will be an ongoing project for CMINZ.	

SITE VISIT AND EVALUATION BY CMCNZ SITE EVALUATION TEAM (SET)

Standard 2: Public Safety

STANDARD STATEMENT	CRITERIA	EVIDENCE	ASSESSMENT
Public protection and safety are assured.	2.1 The educational provider will comply with the Act's purposes, the HDC (Health & Disability Commissioner) Code of Consumer Rights, the Council's accreditation, and academic and professional standards to ensure graduates are fit for registration (section 16 of the HPCA Act).	CMINZ state that the Student Handbook details the criteria for entry into the courses. To meet the competency and fitness requirements of the CMCNZ applicants will provide documented evidence of: • Their health and other qualifications (certified) • Resume including employment record • A Ministry of Justice Police Check detailing any criminal convictions While the SET acknowledge that the current Directors of CMINZ are committed to ensuring the high standards for the programmes, the Standards clearly have public protection as a paramount requirement and have included the education regulator (NZQA or CUAP) in their standards to ensure the public is protected.	Standard met
	2.2 All students must comply with the provider's educational programmes and public safety guidelines, as well as the Council's Standard of Professional	The requirements for safe practice and professional conduct are addressed, and internal and external clinical requirements are detailed:	Standard met

	Conduct, relating to safe practice and professional conduct.	• In the Quality Assurance Framework agreed between CMINZ and SPCNM • Student handbook • Clinical practice paper descriptors • Clinical Handbook Acupuncture • Clinical Handbook Herbal medicine And in Policy papers • Client consent form (Acupuncture) • Client consent form (Herbal Medicine) • Student Practicum Acknowledgment Form (Acupuncture) • Student Practicum Acknowledgment Form (Herbal Medicine) • Privacy Policy Statement for Students in Clinical Practice • External Clinical Placement (MoU) All student clinicians treating the public are required to hold: • A current first aid certificate • Indemnity Insurance	
	2.3 Students and academic staff will promote and facilitate inter-disciplinary collaboration and co-operation, including the recognition of limitations of scope and recognising when to refer, in the	The two-year track is specifically for health professionals in clinical practice, who may already interface with other health providers. Some students will already be familiar with western medicine and referral pathways	Standard met **Recommendation for CMINZ**

	delivery of health services in accordance with the HPCA Act (section 118(ja))	within the NZ health system. Those acupuncture students who have not been working in the health system will learn about these issues in the paper IP 1 (Professional Practice and Communication). All acupuncture students will complete IP 2 (Applied Biomedical Science) where students will understand about red flags and appropriate referral pathways to protect the well-being of clients, ensuring their safety and protection from harm (see Programme Schedule). In paper ACU 3, (Acupuncture treatment for Musculoskeletal Conditions), students will assess musculo-skeletal conditions, including physical assessment and clinical management using ACC treatment guidelines. In paper CM 3 (Differential Diagnosis and Referral), students will be able to recognise clinical situations that require biomedical referral to protect the well-being of people and ensure their safety and protection from harm. The learning outcomes, course content, clinical guidelines and research activities further reinforce interdisciplinary collaboration, and collegial relationships to	Be more specific in their literature about the target audience for health professional entry

		ensure the delivery of safe health services to the public. Evidence of how this is woven through the programme is also provided in the following paper descriptors: (ACUP 2, CM 2, CM 4, CPP 1, CPP 2 and CPP 3). In the Herbal Diploma (specialist practice papers) there is a focus on understanding biomedical assessment and treatment to facilitate communication with other healthcare providers. In the professional practice papers of the certificate and diploma herbal programmes. there is a focus on interdisciplinary treatment and ensuring safety in co prescribing along with communicating this to all relevant parties.	
	2.4 All students will be supervised during CM clinical practice and/or research, by academic staff holding a current annual practicing certificate or a Special Purpose certificate issued by the Council	**Acupuncture** All students in a classroom situation are supervised by CM academic and clinical staff, holding a current annual practicing certificate issued by the CMCNZ, and verified against the register. SET were advised that the year 2 acupuncture students would be supernumerary. However, CMINZ state that "In second year, students will work in private community clinics treating	Standard not met **Suggested requirements for CMINZ** That documentation clarifies the position of year 2 students in clinic in relation to clinical practice

		the public, under the mentorship of a registered CM practitioner, holding an APC." The status of year 2 students requires clarification All clinics will be vetted by CMINZ, to ensure they meet the standards and policies of the CMCNZ, and a Memorandum of Understanding (MoU) signed between the course provider and the supervising practitioner. **Online Herbal Clinical Supervision** The herbs program utilises online supervision for students who have seen clients in their existing practice. They will present their cases to academic staff holding a current annual practicing certificate issued by the CMCNZ and verified against the register. Information regarding those in the herbs programme working in their own practice needs to be reworded to ensure that patients are aware that the person providing services is a student even though they own the practice	and/or observation. That students in the second part of the Professional Diploma make it clear that they are a student as appropriate.
	2.5 Services and practices which provide student clinical learning experience including treating members of	CMINZ will ensure that a MoU will be in place for all community-based practice.	Standard met

	the public, meet appropriate health and safety legislation, quality policies and processes, meet all relevant regulations, and maintain relevant accreditation and licenses.	This is to assure the Council that the teaching and assessment requirements for clinical competency will be met; and that all the appropriate health and safety legislation, quality policies and processes are commensurate with relevant regulations, accreditation and licenses.	
	2.6 All students will obtain, maintain, and document informed consent when treating the public under supervision.	While the two-year track students may already practice informed consent in their health practice, the process will be reinforced, using the professional, ethical and clinical safety guidelines of the Council (Safe Practice Standard/Guidance); and the history taking and consent forms used during consultation with the public. During clinical activities and classroom clinical discussions online supervisors and CMINZ tutors will regularly assess clinical notes to verify written consent and discuss ongoing consent in practice.	Standard met
	2.7 The educational provider has a responsibility to notify tangata whai ora about any proposed participation in teaching. Tangata whai ora have the right to the information they need to make an informed decision and give informed consent, including the right to be notified	Acupuncture clients will be informed when they book for treatment, about the position of the student in the clinic and will be given the opportunity to make an informed choice about attendance:	Standard met

	of any proposed participation in teaching. Where students will be undertaking any sensitive examinations or assessments, such informed consent should be in writing (HDC, Right 9[1]).	The HDC Code of Rights will be taught and adhered to. Herbal students are required to obtain informed consent from clients for any herbal treatment that may be provided in addition to their usual treatment modalities. CMINZ relevant policy documents are: • Client Consent Form for Student-Delivered Acupuncture and Related Therapies • Client Consent Form for Student-Delivered Chinese Herbal Medicine In addition, ongoing process consent is taught as part of safe professional practice.	
	2.8 The educational provider is responsible for the safety of the public by ensuring no clinical treatments are provided when the student clinician is unable to perform the functions of the profession due to their mental or physical condition.	CMINZ requires every student, at enrolment and throughout the duration of the course, to disclose any health issue/s (physical and or emotional) which could compromise their study or jeopardise a treatment performed on the public. The student clinician will be assessed in clinical practice by mentors and online supervisors.	Standard met

	2.9 The educational provider has a duty of care to any student unable to perform the functions of the profession due to a mental or physical condition, in accordance with section 16 of the HPCA Act.	Students can seek advice from their immediate tutor/s. CMINZ will provide a duty of care to any student unable to perform the functions of the profession due to a mental or physical condition, in accordance with section 16 of the HPCA Act. When a student seeks assistance, CMINZ will advise the CEO of SPCNM, which has pastoral care and counselling services in place that address this issue during training.	Standard met
	2.10 All graduates will complete a mandatory statutory declaration before being issued with an APC and this declaration must comply with the requirements of section 16 (d) of the HPCA Act.	Not applicable to CMINZ. Following entry into the course and again prior to graduation, all students will be made aware of the Council's mandatory declaration required for registration. The statutory declaration is the responsibility of the Council not the provider.	Not Applicable
	2.11 The educational provider will provide timely evidence of programme completion for graduating students seeking registration with the Council.	CMINZ will provide timely evidence of course completion for graduating students seeking registration with the Council. This evidence includes Letters of Completion and Academic Transcripts, which will be issued based on internally and externally moderated assessment outcomes, in accordance with the Quality Assurance Framework.	Standard not met **Suggested requirement for CMINZ** Provide evidence of capacity for safe ongoing storage of student

		It is not clear what resources CMINZ has for ongoing storage of transcripts. Nor is it normal for transcripts to be externally moderated rather than papers.	transcripts post qualification completion.

SITE VISIT AND EVALUATION BY CMCNZ SITE EVALUATION TEAM (SET)

Standard 3: Academic Governance and Quality Assurance

STANDARD STATEMENT	CRITERIA	EVIDENCE	ASSESSMENT
Academic governance and quality assurance processes meet independent validation and are implemented by the provider.	3.1 The educational programmes are lodged on the Tertiary Education Commission (TEC) website as legitimate and approved programmes, and accredited and moderated by the Committee on University Academic Programmes (CUAP), or the New Zealand Qualifications Authority (NZQA).	The Provider acknowledges that they do not meet this requirement. They offer several letters of support regarding programmes meeting governance and quality assurance processes. The SET noted that the proposed curriculum identified NZQA levels and credits. Subsequent to the site visit the SET received the following advice: "that while there is no single provision in the Education and Training Act 2020 that explicitly prohibits non-NZQA-approved programmes from using the terms "level" and "credits" however, levels and credits are formal NZQCF descriptors established and protected under the Act and NZQA rules. Their use without NZQA approval is considered misleading, as it implies NZQCF alignment and quality assurance that has not occurred." NZQA typically expects language such as: • "This programme is not NZQA approved and does not carry NZQCF level or credit recognition."	Standard not met **Suggested requirements for CMINZ** That CMINZ adjust the paper outlines, qualification grids and other documentation to comply with NZQA advice regarding credits and levels. That the directors of CMINZ discuss with SPCNM further possibilities including submitting a timely application for approval and accreditation to NZQA.

		• or the complete removal of level and credit references. Also, we have been advised that "NZQA does not review any package of learning that it has not quality assured in the first instance. NZQA only provides equivalence assessments for overseas qualifications. "This needs to be made clear to students. During the site visit the CE of the SPCNM indicated that she would be open to further discussions with the CMINZ and reviewing the MoU to facilitate further merging of synergies with CMINZ maintaining control of the Chinese Medicine programme.	
	3.2 The entry requirements for the programme are clearly stated and meet or exceed the minimum requirements agreed by the CM profession in partnership with NZQA.	The entry requirements are clearly stated and are appropriate for the qualification. However, entry with RPL for health professionals is very open given the number and qualification level for some regulated health professionals.	Standard Met **Recommendation for CMINZ** That CMINZ be more specific in their literature about the target audience for health professional entry and that all applicants for this pathway will be required to submit RPL applications for each paper they are

			seeking exemption from to gain entry to the programme for health professionals
	3.3 Assessments of fitness for registration in accordance with the Act, including adherence to the Council's English language policy, will be carried out during the selection processes and throughout the educational programmes.	The CMINZs target student cohort is registered health professionals who will have already met the English Language requirements for registration. However, their information needs to be more explicit for applicants into the first year of the 3-year programme and refer to the Council's Policy on English Requirements. For example, IELTS Academic.	Standard met **Recommendation for CMINZ** That information for applicants be more specific regarding English language test requirements and refer to Council's policy
	3.4 Academic programmes and their delivery belong exclusively to each educational provider. These autonomous providers work with key stakeholders to implement the curriculum's learning outcomes, including clinical practice.	These qualifications are a hybrid with some papers delivered by SPCNM and the remainder by CMINZ. The SET did not receive any information regarding the delivery of the SPCNM papers but note that SPCNM is a Category 1 NZQA accredited Private Training Establishment. As the CMINZ is not yet operational there is no information yet available about stakeholder involvement in programme implementation.	Standard not met **Recommendation for CMCNZ** Ensure that evaluation of Standard 3.4 is included in ongoing monitoring

		This will need to be subject to ongoing monitoring.	
	3.5 There is external consultation about the design and management of the programme, including from Māori representatives, and representatives of the CM profession.	The SET were advised that advice and critical comment will be sought from relevant stakeholders, (for example ACC, local health providers, mentors/supervisors, Chinese medicine practitioners, professional bodies), on the academic programmes and their delivery following routine moderation each year. Further, external consultation, about the nature and management of the courses, is in-action and ongoing with Ngāti Tamaoho, academic representatives, Chinese medicine providers and practitioners. Some letters of support were provided but no consultation log was evidenced.	Standard partially met **Recommendation for CMCNZ** Ensure that evaluation of Standard 3.5 is included in ongoing monitoring.
	3.6 Summative evaluation will be applied to critique the design, implementation, and outcomes of programmes, using student feedback, internal reviews, external academic moderation, professional peer review, and independent audits as required.	CMINZ advise that formal student feedback, internal review, and external moderation will be used to provide ongoing critical analysis of the courses, including independent audits as required.	Standard partially met **Recommendations for CMCNZ** Ensure that evaluation of Standard 3.6 is

			included in ongoing monitoring. That there be an academic educationalist appointed as a monitor and that the NZQA guidelines for degree monitors be the framework used as it is a validated framework.
	3.7 The educational provider has robust academic governance arrangements for the programme of study, including systematic monitoring, review, and improvement.	CMINZ has an Academic Committee. It is not yet operational but will be responsible for oversight of academic matters. CMINZ advises that it has robust internal programme monitoring and review systems embedded in its procedures. They have a Quality Assurance Framework. The first time every paper is delivered it will be externally reviewed; followed by ongoing external review for two papers per year. A selection of summative assessment (assignments/ exams) will be internally reviewed between the team leaders, each year.	Standard partially met **Recommendations for CMCNZ** That CMCNZ ensure that the appointed monitor reports on academic governance arrangements annually. That the appointed monitor undertakes a full programme review five

		At the completion of the first year, an external review of the entire programme will be undertaken by the team leaders. Further ongoing monitoring and formal review will be undertaken, consistent with the requirements of the Council. There is no Academic Board that the Academic committee reports to. It reports to the CMINZ directors who are also the course leaders and have representation on the committee. SPCNM have an Academic Board but there is no link between the SPCNM quality assurance mechanisms and CMINZ. There are programme review mechanisms within CMINZs Quality Assurance Framework with six monthly reporting to the SPCNM's CEO who reports to the Board.	years post first intake, using data gathered from pre-assessment moderation, post assessment moderation as well as student feedback and any changes made to courses throughout the delivery cycle.
	3.8 Curriculum review processes apply timely and evidence-informed responses to contemporary developments in health and professional education.	As outlined above CMINZ's proposed processes include appropriate review processes for curriculum. However, until the CMINZ is operational these will not be implemented or tested.	Standard partially met **Recommendation for CMCNZ** That CMCNZ ensure that Curriculum review and outcomes is included

			in ongoing monitoring.
	3.9 There is a known and written process that can identify and exit students who fail to achieve academic outcomes, or practice and professional standards.	The student handbooks clearly outline the processes that can identify and exit students who fail to achieve academic outcomes, or clinical and professional standards.	Standard met
	3.10 All CM academic and clinical staff members are registered with the Council. The educational provider will obtain from the Council Special Purpose status for non-practicing, visiting or temporary staff employed for education and/or research.	All academic teaching staff are registered with the Council and have an APC. Registration can be viewed on the Council's public register. Any non CMCNZ registered visiting staff will obtain the Council's Special Purpose status for non-practicing, visiting or temporary staff employed for education and/or research. Clinical teaching (mentors/supervisors) have not yet been appointed but will be CMCNZ registered with APCs	Standard met
	3.11 The educational provider will document an agreed individual staff development plan in a teacher's contract, regardless of their FTEs, setting out their employees professional and academic	The only staff at this stage are the Directors of CMINZ/team leaders. The panel noted in their discussions with Ms Shelley Moana and Ms Karleen Puriri that both are strong supporters of cultural (and professional) supervision. Ms Moana was generous in stating of an availability to assist	Standard met

	goals, including opportunities for involvement in research activities.	the Teaching Staff with student support, Māori cultural supervision and general Māori guidance. The team leaders have a professional development plan and discussed that they will incorporate cultural supervision into the plans. Currently plans include peer review for journals, providing continuing professional development, public education and online presentations. They also have extensive research experience and will embed research into their CMINZ activities.	
	3.12 The programme is implemented by qualified staff currently registered with the Council or an appropriate RA. **Clinical teaching staff** must: hold an undergraduate degree or higher in their CM scope/s of practice or related discipline; be competent in a teaching role; hold current theoretical and clinical practice knowledge in their specialty including knowledge of the curriculum, its practical application, and the expected learning outcomes for the papers they teach.	All academic teaching staff are registered with the Council and hold an APC. They meet the academic qualifications required by the Council. All team leaders have assessment qualifications, have written NZ degree courses (assessed and reviewed by CUAP/ NZQA), and been involved in formal monitoring of courses at university and in PTEs. Additional staff have not been appointed at this stage.	Standard met

	Academic staff must: demonstrate education levels above those taught in their teaching specialty or have a professional development plan in place to complete this within four years; have completed a programme or relevant unit standards in adult teaching and learning within two years of appointment; and be involved in research and academic activities.		

SITE VISIT AND EVALUATION BY CMCNZ SITE EVALUATION TEAM (SET)

Standard 4: Academic Programme of Study

STANDARD STATEMENT	CRITERIA	EVIDENCE	ASSESSMENT
All CM programmes will provide the academic and clinical resources required to study CM and achieve professional competency that aligns with the published CMC standards.	4.1 Each CM programme has a curriculum with learning outcomes that are consistent with the Council's Competencies for the registered CM scopes of practice.	The current learning outcomes for the programme are matched to and consistent with the Council's competencies for both scopes. However, given this programme is not NZQA accredited or approved, to avoid using the NZQA framework and possible confusion, CMINZ could adopt Bloom's Taxonomy as their levels of education relevance.	Standard met **Recommendation to CMINZ** That CMINZ programmes adopt Bloom's Taxonomy as their levels of education relevance.
	4.2 Each CM programme design complies with the New Zealand Qualifications Authority, CUAP, or equivalent national qualification framework.	This qualification is not on the NZQCF or equivalent framework.	Standard not met
	4.3 Programmes meet international best practice standards as benchmarked for CM, including supervised and autonomous clinical practice.	The programmes are benchmarked to the World Health Organisation (2010); and meet the competency requirements for registration. The SET notes these, although still current, are 15 years old and suggest benchmarking future curriculum reviews with other professional regulators as well.	Standard met

	4.4 The educational provider will provide students with the academic and clinical resources provided for its programmes to meet the Council's academic outcomes and governance requirements.	CMINZ will support students with academic and clinical resources. It will also utilise resources at the SPCNM which include clinical and academic teaching spaces during block courses; use of the library, excluding database access, Moodle and Zoom as required. Although there are several library resources that will benefit CMINZ students there does not appear to be any reference books specifically for Chinese Medicine students.	Standard substantially met **Recommendation to CMINZ** A library budget be set to provide relevant texts for students.
	4.5 The curriculum is written and reviewed with timely consultation with stakeholders including registered CM practitioners, tangata whenua, government agencies, professional bodies, and tangata whai ora.	The curriculum content is consistent with the minimum standards agreed to by the CM profession in NZ over the past 20 years, including the profession's agreed competencies to government in the regulatory process under the HPCA Act 2003. Also, the team leaders have been actively involved in developing and teaching Chinese medicine over 30+ years, in University and NZQA accredited and moderated courses. This application has been discussed with appropriate iwi and critically reviewed by a Chinese medicine academic and educators.	Standard substantially met **Recommendation to CMINZ** That CMINZ appoint an advisory committee as one of their quality assurance mechanisms to ensure wide stakeholder collaboration and input to the curriculum

		While the application has been discussed with iwi there is no evidence of consultation during the curriculum development stage.	
	4.6 The programmes' learning outcomes equip graduates for competent practice in a range of settings, encourage inter-disciplinary collaboration and cooperation, and are demonstrated in culturally safe, ethical, evidence-informed, and self-reflective practice.	The attributes of a competent CM practitioner at graduation are detailed in the Student Handbook in the Vison and Mission Statements and the competencies of the Graduate Profile. However, the Graduate Profiles did not have clear statements about cultural safety. This programme would be strengthened if cultural safety was more evident as an underpinning philosophical approach as it was evident in the discussion had with the directors at the site visit.	Standard met
	4.7 Learning environments and teaching methods are user-designed, accessible, fit for purpose, implement educational philosophy, and inform learning outcomes.	These programmes of flexible hybrid teaching are specifically designed to be user friendly, accessible, and fit for purpose learning. This educational philosophy of flexible hybrid learning enables students to develop from teacher led learning into independent clinical practice and registration with CMCNZ. Fit for purpose teaching methods and assessments are detailed in the paper	Standard met

		descriptors and learning outcomes for each paper.	
	4.8 The curriculum includes and critiques national health priorities and contemporary health care and practice trends.	National Health priorities and the potential contributions of Chinese medicine to health care are detailed in the confidential paper descriptors for specialty practice, in the acupuncture and herbal programmes. All teachers (Betts/Campbell/O'Cleirigh) interface with contemporary health care as integrative practitioners and use practice examples in their teaching.	Standard met
	4.9 Graduates demonstrate research literacy, commensurate with the programme's learning outcomes.	Research literacy is interwoven through each paper. The SET were provided with Indicative content in each paper to illustrate the progressive development of research literacy skills and application to practice.	Standard met
	4.10 All CM academic and clinical staff will be registered with the Council before they deliver any programme units/courses/papers to students or assess learning outcomes. A provider will apply to the Council for Special Purpose status for any non-practicing, visiting or temporary staff engaged in education and/or research.	All current teaching staff are registered with the Council and hold an active APC.	Standard met

SITE VISIT AND EVALUATION BY CMCNZ SITE EVALUATION TEAM (SET)

Standard 5: The Student Experience

STANDARD STATEMENT	CRITERIA	EVIDENCE	ASSESSMENT
Students have equitable and timely access to academic information and support.	5.1 Relevant programme information will be provided for all students and will be complete, accurate, current, clear, and accessible.	Relevant programme information is provided in the student and clinic handbooks. Each applicant will be given detailed information about the nature of the programme structure, including on-line learning; location of block courses; administration; course information; entry and selection criteria; alteration or cancellation of a paper; fees including fee protection policy; any additional course related costs; transfer applications from another provider; and guidelines about the course timetable and expectations. Relevant programme information, paper descriptors and assessments are available on a designated Moodle page for students, from the beginning of the programme date.	Standard met **Suggested requirement for CMINZ** Update the student handbook to clearly state that the programme is not approved by the New Zealand Qualifications Authority (NZQA) and does not carry New Zealand Qualifications and Credentials Framework (NZQCF) level or credit recognition, and to explain the implications of this status for students, including that there is no external regulatory pathway available for

			programme assessment or equivalence for the purposes of further study.
	5.2 All admission and progression requirements and processes of the HPCA Act, including English language requirements (section 16(b)) and criminal convictions (section 16(c)) will be known, equitable and transparent.	The information about admission and progression requirements and processes of the HPCA Act, including English language requirements will be on the CMINZ website. All potential applicants will have an entry interview which will establish English language capabilities. A criminal record check will be required for non-HPCA Act registrants in alignment with the CMCNZ registration pathways.	Standard met
	5.3 Students will be informed about, and have access to, independent grievance and appeal processes, and personal support services.	Information about grievance and appeal processes for students are provided by CMINZ in the student handbook. This is in alignment with the complaints and grievance policies of the SPCNM, and independent pastoral care is available if required.	Standard substantially met **Suggested requirement for CMINZ** Identify an external grievance and appeals process that

		However, students do not have access to NZQA student grievance and appeals processes.	will be available to students.
	5.4 Students will regularly critique their experiences and provide feedback to the educational provider to inform and improve programmes and services.	Students will regularly critique and reflect upon their experiences. In clinical practice they will keep a record sheet/clinical log that allows them to regularly demonstrate essential and routine clinical tasks and safety. A yearly spot check on the behaviours in the record log will be carried out by the supervisor/mentor/teaching staff. Students will evaluate every paper upon its completion, to inform and improve courses and services. Student evaluation process is detailed in the Quality and Assurance Framework. Students are also provided with ongoing opportunity to anonymously critique and/or celebrate their experiences through Student Voice located on Moodle. As the programme expands each intake of students will appoint a student representative, who meets with CMINZ each term. Any actions agreed upon will be disseminated to the students.	Standard met

	5.5 Students are represented within the deliberative and decision-making processes for the programme.	CMINZ note that once the course is operational, students will be invited at specific times, (such as paper content change/s; completion of a paper), to participate in internal consultation and decision-making processes. The team leaders will also meet with the student representatives each semester, or when needed.	Standard met

SITE VISIT AND EVALUATION BY CMCNZ SITE EVALUATION TEAM (SET)

Standard 6: Programme Assessment

STANDARD STATEMENT	CRITERIA	EVIDENCE	ASSESSMENT
Assessment is fair, valid, and reliable.	6.1 The assessment process must critically evaluate the learning outcomes for programme papers and align with the Council's competencies for registered CM scopes of practice.	The assessment process provides naturally occurring evidence with which to evaluate the learning outcomes and Council competencies for scopes of practice, and is provided in the following documents: • Graduate Profile (Council competencies for scope of practice registration) • Paper descriptors and Learning Outcomes	Standard met **Recommendation for CMCNZ** That CMCNZ ensure that standard 6.1 is included in ongoing monitoring.
	6.2 A known and consistent evaluation process will ensure reliability and validity of students' assessments.	To ensure fairness, reliability and validity of student assessments an internal review of the assessments as meeting the paper outcomes will occur at the completion of each paper, and this is outlined in the Quality Assurance Framework Document, and Student Handbook. An evaluation process of the merit of the paper to meet the programme learning outcomes is planned to be undertaken annually.	Standard met **Recommendation for CMCNZ** That CMCNZ ensure that Standard 6.2 is included in ongoing monitoring.
	6.3 Students will undertake a variety of assessments to test their	Undertaken throughout the programmes are a range of formative and summative clinical	Standard met

	understanding and application of CM knowledge and clinical decision-making.	and academic assessments (multiple choice and short answer quizzes, assignments with oral presentations, oral defence and justification of clinical case notes, case histories (written and oral assessment), poster presentations, reflective clinical diaries, clinical portfolios with verified evidence of naturally occurring clinical practice, written student/practitioner development plans, practical clinical assessment). This ensures that graduates demonstrate and have been tested about their application of Chinese Medicine knowledge and clinical decision making. Learning outcomes are aligned to the Council's competency standards.	
	6.4 There is a defined relationship between learning outcomes and assessment strategies, and this is known to students.	Every paper clearly defines the requirements of the learning outcomes and their relationship with assessment strategies. Students receive this information at the start of each paper. At the beginning of each year, students will be welcomed by CMINZ to the programme. This introductory session will set out the course programme and introduce students to the papers, learning outcomes, assessment, and	Standard met

		the policies and timeframes in the Student Handbook. CMINZ state that these are aligned with the SPCNM. However, the SET were unable to verify this. Students will have the opportunity to ask questions about the assessments and their requirements so that there is no confusion about the expectations for each paper. This information will also be available on the Moodle platform for students to access at any time.	
	6.5 The assessment and moderation procedures include internal and external processes to ensure consistent and valid assessment between programmes across different educational providers, as well as feedback to students.	CMINZ is currently developing assessment and moderation processes (internal and external), with providers in Aotearoa/New Zealand and an Australian Chinese Medicine provider. These processes ensure the course contents and assessments remain consistent and valid when assessed against the minimum competencies of the Council, and moderated against equivalent papers from other educational providers, either nationally or internationally.	Standard met **Recommendation for CMCNZ** That CMCNZ ensure that Standard 6.5 is included in ongoing monitoring

		Timely feedback will be provided to students as outlined in the Student Handbook.	
	6.6 Clinical competencies and workplace requirements will be determined and evaluated by a registered CM practitioner holding NZQA Units 4098 and 115522, ATT 501, ATT 502, and ATT 503, or NZQA Level 5 Adult Education qualifications on the NZQF, or a postgraduate certificate in health professional education, or other equivalent qualifications.	Dr Campbell holds NZQA a teaching qualification and workplace qualifications (awarded through AUT and Performance Improvement Centre). Dr Betts holds NZQA Units 4098 and 115522. Dr Rebecca O'Cleirigh holds a Post Graduate Certificate in Higher Education, has completed Moodle academy courses in design and administration, yearly ethics training for research supervision. Further staff have not yet been appointed and CMINZ is aware of this requirement.	Standard met
	6.7 During the initial accreditation process and/or when the Council has ongoing concerns about an educational provider and student readiness for registration, the Council will audit and moderate the final learning outcomes and clinical assessments, to determine that clinical, cultural, and ethical competencies, including readiness for registration, have been attained.	This standard cannot be met at this stage as it relates to final learning outcomes. CMCNZ will need to determine how this audit and moderation will occur when the students are in the final clinical papers of each programme.	Standard not met **Recommendation for CMCNZ** Council to ensure timely appropriate follow up of Standard 6.7

4. QUALITY IMPROVEMENT

The following commendations, recommendations and requirements have been made by the SET following its evaluation of the programme.

Commendations

- Experienced and committed Chinese Medicine practitioners as Co-directors of CMINZ
- Sound academic programme
- Strategic partnership between CMINZ & SPCNM
- Good onsite facilities at SPCNM

Suggested requirements for CMINZ

Standard 3

- That CMINZ adjust the paper outlines, qualification grids and other documentation to comply with NZQA advice regarding credits and levels.
- That the directors of CMINZ discuss with SPCNM further possibilities including submitting a timely application for approval and accreditation to NZQA.

Standard 5

- Update the student handbook to clearly state that the programme is not approved by the New Zealand Qualifications Authority (NZQA) and does not carry New Zealand Qualifications and Credentials Framework (NZQCF) level or credit recognition, and to explain the implications of this status for students, including that there is no external regulatory pathway available for programme assessment or equivalence for the purposes of further study.
- Identify an external grievance and appeals process that will be available to students.

Recommendations for CMINZ

Standard 1

- That Te Tiriti o Waitangi is clearly visible in all teaching and clinic spaces.
- That HDC Patient Rights be displayed in clinic spaces in English and Māori (Ōu Tika).
- Include an introductory statement as to how the CMINZ recognizes Te Tiriti o Waitangi as a fundamental/foundational document which forms the basis of learning and understanding of Te Ao Māori, within the context of Aotearoa/New Zealand and Chinese Medicine - there are recognized holistic alignment perspectives such as physical, spiritual, mental, social well-being, health equity etc.
- In their first block teaching programme require and/or support all year 1 students and/or all students as a group to visit a local Marae so students get an understanding of the contexts of Te Ao Māori in practice i.e. culture, customs, etiquette, pōwhiri, whaikōrero, karakia, Te Tiriti o Waitangi etc. thus enhancing cultural understanding, learning, partnership and reciprocity between and amongst cultures.
- Consider forming an External Māori Advisory Group.
- Consider requiring students obtain a copy of "Understanding Te Tiriti – A handbook of basic facts about Te Tiriti o Waitangi" by Roimata Smail (Wai Ako Books 2024).
- That all students be encouraged to complete a part of their clinical component on a marae.
- Develop their own Code of Practice, demonstrating implementation and review, making particular note of students in clinics at a distance.
- Ensure they have a documented policy for assessment in Te Reo Māori and that they have identified resources for this.

Standard 2

- Be more specific in their literature about the target audience for health professional entry
- That documentation clarifies the position of year 2 students in clinic in relation to clinical practice and/or observation.
- That students in the second part of the Professional Diploma make it clear that they are a student as appropriate.
- Provide evidence of capacity for safe ongoing storage of student transcripts post qualification completion.

SITE VISIT AND EVALUATION BY CMCNZ SITE EVALUATION TEAM (SET)

Standard 3

- That CMINZ be more specific in their literature about the target audience for health professional entry and that all applicants for this pathway will be required to submit RPL applications for each paper they are seeking exemption from to gain entry to the programme for health professionals
- That information for applicants be more specific regarding English language test requirements and refer to Council's policy

Standard 4

- That CMINZ programmes adopt Bloom's Taxonomy as their levels of education relevance.
- A library budget be set to provide relevant texts for students.
- That CMINZ appoint an advisory committee as one of their quality assurance mechanisms to ensure wide stakeholder collaboration and input to the curriculum

SITE VISIT AND EVALUATION BY CMCNZ SITE EVALUATION TEAM (SET)

Recommendations for CMCNZ

Standard 1

- Ensure student's understanding of culturally safe practice is included in ongoing monitoring.

Standard 3

- Ensure that evaluation of Standard 3.4 is included in ongoing monitoring
- Ensure that evaluation of Standard 3.5 is included in ongoing monitoring.
- Ensure that evaluation of Standard 3.6 is included in ongoing monitoring.
- That there be an academic educationalist appointed as a monitor and that the NZQA guidelines for degree monitors be the framework used as it is a validated framework.
- That CMCNZ ensure that the appointed monitor reports on academic governance arrangements annually.
- That the appointed monitor undertakes a full programme review five years post first intake, using data gathered from pre-assessment moderation, post assessment moderation as well as student feedback and any changes made to courses throughout the delivery cycle
- That CMCNZ ensure that Curriculum review and outcomes are included in ongoing monitoring.

Standard 6

- That CMCNZ ensure that standard 6.1 is included in ongoing monitoring.
- That CMCNZ ensure that Standard 6.2 is included in ongoing monitoring.
- That CMCNZ ensure that Standard 6.5 is included in ongoing monitoring
- That CMCNZ ensure timely appropriate follow up of Standard 6.7

APPENDIX A – Site visit schedule

Proposed Timetable

8.30 – 9.00 Karakia, welcome and introductions.

9.45 CMINZ directors. (Plans and timeframes for full operationalisation - future directions).

10-10.30 Morning Tea.

10.30-11.00 SPCNM CE Robyn Carruthers. (College's ongoing role in supporting this initiative).

11.15-11.45 Shelley Moana, SPCNM Cultural Liaison and Course Leader for Rongoā Māori Healing Concepts, and welfare officer. (SPCNM pastoral support to students).

12.00-12.30 Tour of premises - to include teaching spaces, clinic spaces, library and student common room.

12.30 - 1.30 Lunch. (SPCNM graduates have been invited to chat about the SPCNM student experience).

1.45-2.30 Ted Ngataki (Iwi Leader, Ngāti Tamaoho) and Karleen Puriri (CEO Ngāti Tamaoho Trust settlement Board) are out of Auckland at the iwi leaders' forum. Karleen to join at 1.45pm (15mins) to answer questions. (External Ngāti Tamaoho stakeholders - possibilities for ongoing collaboration in education, research and practice to support the programme and staff).

2.05-2.30 Professor Karen Lawton (Canada) -strategic advisor in cultural competency in medicine and health care. (Possibilities about ongoing collaboration, the place of cultural safety in medical educational programmes, and cultural and safety dimensions in health care for diverse cultures).

2.45-3.30 Colin Gibbs (Education) Philip Jameson (CM) and Kay Fielden (Research). (Academic committee members - how they see themselves supporting the ongoing development and delivery of this initiative).

3.45 - 4.00 CMINZ directors & Closing Karakia.

APPENDIX 5

CMINZ <u>proposed</u> accreditation conditions & timelines

Requirements/conditions

Standard:	Status:	Requirement:	Completion date:
Standard 1: Cultural Safety and Cultural Competence			
1.1 The relevance of Te Tiriti o Waitangi (the Treaty of Waitangi) and its founding principles are implemented in health equity, within the context of Māori health models and CM practice.	Standard partially met	That Te Tiriti o Waitangi is clearly visible in all teaching and clinic spaces. That the HDC Code of Patient Rights be displayed in clinic spaces in English and Māori (Ōu Tika). Include an introductory statement as to how the CMINZ recognizes Te Tiriti o Waitangi as a fundamental/foundational document which forms the basis of learning and understanding of Te Ao Māori, within the context of Aotearoa/New Zealand and Chinese Medicine - there are recognized holistic alignment perspectives such as physical, spiritual, mental, social well-being, health equity etc. In their first block teaching programme, require and/or support all year 1 students and/or all students as a group to visit a local Marae (or engage in an alternate similar activity as appropriate) so students get an understanding of the contexts of Te Ao Māori in practice i.e. culture, customs, etiquette, pōwhiri, whaikōrero, karakia, Te Tiriti o Waitangi etc. thus enhancing cultural understanding, learning, partnership and reciprocity between and amongst cultures.	**Before the commencement of the first block.** **Before any students are in the clinic/members of the public attend clinics.** **Within 6 weeks of accreditation.** **Within first year of operation (first block/semester).**

1.3 The structure and teaching of all educational programmes demonstrate culturally safe practice for all cultures.	Standard partially met	Provide evidence of the cultural safety framework that underpins the programme, the philosophical framework, and graduate programme outcomes of the applications. This should include evidence of relevant learning outcomes being integrated into paper descriptors and graduate profiles that support culturally safe practice for all.	**Within 6 weeks of accreditation.**
1.4 Equity and diversity principles are observed and promoted in the student experience.	Standard not yet met	Develop Code of Practice, demonstrating implementation and review, making particular note of students in clinics at a distance.	**Before the commencement of the second semester.**
Standard 2: Public Safety			
2.4 All students will be supervised during CM clinical practice and/or research, by academic staff holding a current annual practicing certificate or a Special Purpose certificate issued by the Council.	Standard not met	Provide evidence that all students are supervised during CM clinical practice and/or research by academic staff holding a current APC issued by CMCNZ. Provide evidence that documentation clarifies the position of year 2 students in clinic in relation to clinical practice and/or observation. Provide evidence that students in the second part of the Professional Diploma make it clear that they are a student as appropriate.	**Before the commencement of the second semester.** **Within 1 year of operation.** **Within 1 year of operation.**

2.11 The educational provider will provide timely evidence of programme completion for graduating students seeking registration with the Council.	Standard not met	Provide evidence of capacity for safe ongoing storage of student transcripts post qualification completion.	**Within 6 weeks of accreditation.**
Standard 3. Academic Governance and Quality Assurance			
3.1 The educational programmes are lodged on the Tertiary Education Commission (TEC) website as legitimate and approved programmes, and accredited and moderated by the Committee on University Academic Programmes (CUAP), or the New Zealand Qualifications Authority (NZQA).	Standard not met	As this criterion cannot be met, provide evidence that programmes meet contemporary and recognised external educational evaluation and review processes, and that the programmes are financially sustainable for the delivery of the programmes to the two cohorts entering the programme before June 2027. Provide evidence that students entering the programmes are made aware of the accreditation status of the programmes, including the consequences of the CMINZ not meeting the accreditation monitoring requirements by the deadlines provided. Implement relevant policies to ensure adequate provision is made (as far as possible) to assist students with 'teaching out' and transfer to other available programmes in the event of programme closure.	**Within 6 weeks of accreditation.** **Within 6 weeks of accreditation.** **Within 6 weeks of accreditation.**

3.4 Academic programmes and their delivery belong exclusively to each educational provider. These autonomous providers work with key stakeholders to implement the curriculum's learning outcomes, including clinical practice.	Standard not met	Provide evidence of stakeholder involvement in programme implementation	**By the end of 2026.**
3.5 There is external consultation about the design and management of the programme, including from Māori representatives, and representatives of the CM profession.	Standard partially met	Provide evidence that advice and critical comment will be sought from relevant stakeholders, (for example ACC, local health providers, mentors/supervisors, Chinese medicine practitioners, professional bodies), on the academic programmes and their delivery following routine moderation each year. Provide evidence that external consultation, about the nature and management of the courses, is in-action and ongoing with Ngāti Tamaoho, academic representatives, Chinese medicine providers and practitioners.	**Within 1 year of operation.**
3.6 Summative evaluation will be applied to critique the design, implementation, and outcomes of programmes, using student feedback, internal reviews, external academic	Standard partially met	Provide evidence that formal student feedback, internal review, and external moderation will be used to provide ongoing critical analysis of the courses, including independent audits as required.	**Within 1 year of operation.**

moderation, professional peer review, and independent audits as required.			
3.7 The educational provider has robust academic governance arrangements for the programme of study, including systematic monitoring, review, and improvement.	Standard partially met	Provide update on implementation of Academic Committee to ensure adequate oversight of academic matters. Provide update on embedded internal programme monitoring and review systems. Provide evidence of the Quality Assurance Framework in practice. [The first time every paper is delivered it will be externally reviewed; followed by ongoing external review for two papers per year.] Provide evidence that a selection of summative assessment (assignments/ exams) are internally reviewed between the team leaders, each year. Provide a report on the outcome of the external review of the entire programme undertaken by the team leaders.	**Within 6 weeks of accreditation.** **Within 1 year of operation.** **Within 1 year of operation.** **Within 1 year of operation.** **At the conclusion of the first year.**
3.8 Curriculum review processes apply timely and evidence-informed responses to contemporary developments in health and professional education.	Standard partially met	Provide a report on the outcome of curriculum review processes.	**At the conclusion of the first year.**
Standard 4: Academic Programme of Study			

4.2 Each CM programme design complies with the New Zealand Qualifications Authority, CUAP, or equivalent national qualification framework	Standard not met	As this standard cannot be met, provide evidence that programme curriculums include learning outcomes that align with the Council's Competencies for the relevant CM scope/s of practice.	**Within 6 weeks of accreditation.**
Standard 5: The student experience			
5.1 Relevant programme information will be provided for all students and will be complete, accurate, current, clear, and accessible.	Standard not met	*Further update the student handbook to clearly explain the CMINZ's accreditation status and the implications for students, including that there is no external regulatory pathway available for programme assessment or equivalence for the purposes of further study. Notify students completing the 3-year programme that they must complete the qualification within 6 years of first enrolment. Notify students completing the 1-year programme that they must finish within 2 years of first enrolment.	**Within 6 weeks of accreditation**
5.3 Students will be informed about, and have access to, independent grievance and appeal processes, and personal support services.	Standard not met	Identify an external grievance and appeals process that will be available to students. Provide evidence of the implementation of these.	**Within 6 weeks of accreditation**
Standard 6: Programme Assessment			
6.7 During the initial accreditation process and/or when the Council has ongoing concerns about an educational provider and student readiness for registration, the	Standard not met	CMINZ to demonstrate compliance with this criterion via CMCNZ representative direct observation and review of assessment processes.	**Visit beginning of the 2027 to observe progress, and then end of second semester each year (when the students are in the final clinical papers of each**

Council will audit and moderate the final learning outcomes and clinical assessments, to determine that clinical, cultural, and ethical competencies, including readiness for registration, have been attained.			**programme).**