



**Chinese Medicine Council  
of New Zealand**

# **Consultation:**

**Proposed revocation and accreditation of prescribed  
qualifications**

**11 July 2025**

## 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 herbal medicine practitioner and Chinese massage (tuina) practitioner scopes of practice. To follow is a proposal to revoke accreditation of three prescribed qualifications not currently being provided, and a proposal to prescribe a *new* qualification for entry to the Chinese massage (tuina) practitioner 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. This was based on qualifications that had already received NZQA accreditation and were currently being offered in New Zealand. This was to enable the registration of practitioners until such time that the Council's accreditation processes had been formalised, and to acknowledge the accreditation processes of NZQA. It was anticipated that accreditation may take up to 2 years. Attached as **Appendix 1** are the qualifications prescribed for entry to the Council's scopes of practice on 14 April 2023 following this consultation.
9. The Council's accreditation standards and associated processes were finalised in 2023, and accreditation applications were formally received from the two main New Zealand education providers towards the end of 2024 and early 2025. The Council's accreditation processes for the Bachelor of Health Science programmes offered by the New Zealand College of Chinese Medicine and the New Zealand School of Acupuncture and Traditional Chinese Medicine are concluding now and the outcome of these will be published in the Council's regular e-communication and on the Council's website once completed.
10. This consultation relates to a proposal to revoke accreditation of three prescribed qualifications which are not currently being provided, and a proposal to prescribe a *new* qualification for entry to the Chinese massage (tuina) practitioner scopes of practice.

### **Proposal to revoke accreditation**

11. The following qualifications offered by the New Zealand School of Acupuncture and Traditional Chinese Medicine (the School) are currently prescribed for entry to the Council's Chinese herbal medicine practitioner and Chinese massage (tuina) practitioner scopes of practice:
- Graduate Diploma in Health Science (Chinese Herbal Medicine) (Level 7)
  - 2-year Diploma in Tuina (Level 7)
  - Graduate Certificate in Health Sciences (Tuina Massage Therapy) (Level 7).
12. The School formally applied for accreditation of the Graduate Diploma and Graduate Certificate qualifications in October 2024, along with a new application for a Graduate Certificate in Health Science (Chinese Herbal Medicine). The 2-year Diploma in Tuina has been discontinued.

13. The review of the Graduate Diploma and Certificate accreditation applications had already commenced when, in early April 2025, the School requested to withdraw the applications. The decision was based on the School's intention to conduct a thorough internal review of the programmes with the appointed teaching staff prior to officially launching them to market. Any substantive changes resulting from this review would require reaccreditation. Therefore, the School determined that withdrawing the current applications and resubmitting them after the review was the most appropriate course of action. As no students had yet enrolled in these programmes, this decision does not impact any learners.
14. Given that the 2-year Diploma has been discontinued and the Grandparenting transitional period has now concluded, and that the Council has not yet conducted a formal accreditation review of the Graduate Diploma and Graduate Certificate qualifications, the Council proposes to revoke their current accreditation. If the revocation is confirmed, the School will be welcome to re-submit its applications for accreditation when the programmes are ready. The Council will undertake a public consultation and formal review process before granting accreditation to any re-submitted qualifications.

### **Proposal to prescribe a new qualification**

15. In October 2024, the New Zealand College of Chinese Medicine (the College) applied for the accreditation of their Graduate Certificate in Chinese Medicine (Tuina Massage) for entry to the Chinese massage (tuina) practitioner scope of practice.
16. 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 programme meets the Council's Accreditation Standards (**Appendix 3**). This review includes both a paper-based review as well as a site visit and interviewing/meeting with a range of stakeholders, including NZQA, staff, current and past students (if applicable).
17. The appointed committee found that the programme does meet the accreditation standards and recommended that the Council accredit the Graduate Certificate in Chinese Medicine (Tuina Massage), thereby recognising it as a prescribed qualification for registration within the Chinese massage (tuina) practitioner scope of practice. They further specified that this accreditation should be subject to final audit and moderation of the final clinical assessment of finishing students (to be completed during December 2025). The committee also made some recommendations for improvement of the programme. The Committee's report is attached as **Appendix 4**.
18. The Council considered the committee's report at its May 2025 meeting and endorses the Committee's recommendations. The Council therefore proposes to accredit the programme and approve the Graduate Certificate in Chinese Medicine (Tuina Massage) as a prescribed qualification for entry to the Chinese massage (tuina) practitioner scope of practice. The

accreditation of this programme would be for 5 years, subject to satisfactory audit and moderation of the final clinical assessment of finishing students, as well as:

- A requirement that all future applicants provide Ministry of Justice Police Checks prior to entry to the programme. The SET recommended Police Vetting. As this is not the current standard required for registration with the Council, vetting is not required. Should the Council's standard in this regard change in the future, the College will be informed, and the Council's standards will be modified accordingly.
- A requirement that before the College embarks on clinical experience for students in other health organisations a Memorandum of Understanding (MoU) be implemented confirming all College teaching and assessment requirements will be met.
- A requirement that all students are made aware that cervical neck manipulation (applying high velocity, low amplitude manipulative techniques to cervical spinal joints) is a restricted activity and that all teaching and practice of this adheres to the Council's [\*Statement on Cervical Neck Manipulations\*](#).

19. Ongoing accreditation will be subject to satisfactory monitoring. 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.

Monitoring activities have defined deadlines within which the programme must meet the requirements, to ensure ongoing accreditation.

## How to submit your feedback

20. The Council welcomes your feedback on the above proposals. Please email your feedback to the Registrar at [Lindsey.Pine@chinesemedicinecouncil.org.nz](mailto:Lindsey.Pine@chinesemedicinecouncil.org.nz).

21. Submissions close at 5pm on the **22nd of August 2025**. The Council does not guarantee that submissions received after this date will be taken into account.
22. 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 – Prescribed qualifications published 14 April 2023
- Appendix 2 – *Policy on Accreditation of Chinese Medicine Prescribed Qualifications*
- Appendix 3 - CMCNZ Accreditation Standards
- Appendix 4 - Report on the accreditation review of the *Graduate Certificate in Chinese Medicine (tuina massage)*

## Chinese Medicine Council (Scopes of Practice and Prescribed Qualifications) Notice 2023

### Commencement

This notice is given pursuant to sections 11 and 12 of the Health Practitioners Competence Assurance Act 2003 (“HPCA Act”) and comes into effect on 29 May 2023.

### 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 an important foundation of the Council’s operating framework.

### 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, drawing on the Chinese medicine framework to assess, 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’ (which means ‘a person/s seeking health’) has been used instead of patient/client/health consumer/service user. This is to encompass persons who may be engaging with Chinese medicine in both 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. This type of approach allows for innovation and adaptation based on factors and context at individual, organisational, and service levels, while reducing inherent biases.

Chinese medicine practitioners predominantly work in the private sector, including practising with other healthcare professionals in multidisciplinary centres. The nature of Chinese medicine practice, and the way practitioners’ work may change as health workforce roles evolve and new roles emerge. Chinese medicine practice therefore is any role in which the practitioner uses their skills and knowledge as a Chinese medicine practitioner and as such, practice is not restricted to the provision of direct clinical care. It also includes 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 have an impact on safe, effective delivery of Chinese medicine.

### Scopes of Practice and Prescribed Qualifications

The HPCA Act requires the Council to describe ‘scopes of practice’ to define the areas of Chinese medicine and specialties that make up the practice of Chinese medicine services in New Zealand. Under the HPCA Act, every practitioner is registered within one or more scopes of practice. The services a Chinese medicine practitioner can perform in New Zealand is defined by the scope/s of practice in which they are registered.

The Council identifies what each scope of practice covers and determines the qualifications a practitioner must have to be eligible to attain registration in each of these scopes. This means practitioners are registered within one or more defined scopes of practice within the Chinese medicine profession.

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; and
- 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 have the knowledge, skills and attributes a competent registered practitioner requires to practise acupuncture and associated techniques. They utilise the principles and theories of Chinese medicine to provide a variety of services to individuals and populations to develop, maintain, restore, and optimise health and function throughout their lifespan. This includes

providing services to those who are 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. This encompasses 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 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 have the knowledge, skills and attributes a competent registered practitioner requires to practise Chinese herbal medicine. A practitioner trained in Chinese herbal medicine takes a history, diagnoses, and treats by prescribing, compounding or formulating, dispensing, and administering individualised Chinese herbal formulae or medicines in accordance with the theory and philosophy of Chinese medicine. 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 herbal 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 have the knowledge, skills and attributes a competent registered practitioner requires to practise tuina. Tuina practitioners use the theory and philosophy of Chinese medicine to diagnose conditions and treat 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 has recognised the following specialist areas of Chinese medicine practice:

- women’s health;
- mental health;
- paediatrics;
- dermatology;
- musculoskeletal;
- pain;
- neurology;
- oncology;
- education; and
- research.

The Council can use 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 on this 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). The Council is yet to accredit any New Zealand-based Chinese medicine qualifications. It has, however, prescribed certain New Zealand qualifications until such time as the Council accreditation processes have been formalised. It is anticipated that accreditation may take up to two years.

The Council has made provision for individuals currently practising Chinese medicine in New Zealand via a grand-parenting pathway detailed within the Council's *Policy on Grand-parenting*. This is a transitional pathway that allows some Chinese medicine practitioners to register with a regulator and continue to practise their profession before implementation of new rules and regulations take full effect. Registration via the Council's Grand-parenting pathway and *Policy on Grand-parenting* will be available for a period of 12 months only following the opening of registration unless this period is extended by the Council.

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 TCM 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.

OR

- d) Qualify for registration via the grand-parenting pathway as outlined in the Council's Policy on Grand-parenting.

#### **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 Graduate Diploma in Health Science (Chinese Herbal Medicine) (Level 7) from the New Zealand School of Acupuncture and TCM.

OR

- d) Hold a Master of Chinese Medicine from the New Zealand College of Chinese Medicine.

OR

- e) 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.

OR

- f) Qualify for registration via the grand-parenting pathway as outlined in the Council's Policy on Grand-parenting.

#### **Chinese Massage (Tuina) Practitioner**

All applicants must:

- a) Hold a 2-year Diploma in Tuina (Level 7) from the from the New Zealand School of Acupuncture and TCM or the New Zealand College of Chinese Medicine.

OR

## NEW ZEALAND GAZETTE

b) Hold a Graduate Certificate in Health Sciences (Tuina Massage Therapy) (Level 7) from the New Zealand School of Acupuncture and TCM.

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.

OR

d) Qualify for registration via the grand-parenting pathway as outlined in the Council's Policy on Grand-parenting.

### **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**

The Council was established as a Responsible Authority (RA) under the HPCA Act on 1 November 2021 to regulate Chinese medicine services in New Zealand. This is the first Scopes of Practice and Prescribed Qualifications Notice issued by the Chinese Medicine Council in preparation for the opening of registration for Chinese medicine practitioners.

On 3 February 2023, the Council consulted publicly on proposed scopes of practice and prescribed qualifications with practitioners, practitioner representative bodies, members of the public, and other relevant stakeholders.

54 submissions were received by the consultation deadline of 17 March 2023, from individual practitioners, practitioner representative bodies, the Ministry of Health, the Health and Disability Commissioner, the Accident Compensation Corporation, and other relevant stakeholders. Feedback received was largely positive and offered constructive and industry relevant feedback that the Council was able to consider, and respond to, prior to publication.

The Council considered submissions at its meeting of 4 April 2023 and resolved to approve the Scopes of Practice and associated prescribed qualifications subject to minor modifications. A full summary of the feedback received, and the decisions reached is available on the Council's website.

Dated at Wellington this 14th day of April 2023.

LINDSEY PINE, Acting Registrar, Chinese Medicine Council.





## Accreditation of Chinese Medicine prescribed qualifications policy

Effective date	10.11.2023
Date last reviewed	
Scheduled review	10.11.2026
Approved by:	Registrar, CMCNZ

### 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.<sup>1</sup>

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.<sup>2</sup> 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.<sup>3</sup> 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.

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<sup>1</sup> Section 3

<sup>2</sup> Sections 118(a), and 12(1) - (2) of the HPCA Ac

<sup>3</sup> Section 12(4)

## Accreditation principles

The Council conducts accreditation by the following principles:

**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 are 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 decision can be appealed through the legal authorities in New Zealand.

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.



## 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(l)) 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
<p>The educational provider demonstrates cultural safety and bicultural principles in delivery and governance.</p>	<ul style="list-style-type: none"> <li>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.</li> <li>1.2 The structure and teaching of all educational programmes demonstrates culturally safe practice for all cultures.</li> <li>1.3 Equity and diversity principles are observed and promoted in the student experience.</li> <li>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.</li> <li>1.5 Staff and students will work and learn in a physically, mentally, and culturally safe environment.</li> <li>1.6 Cultural safety and competence are integrated within programmes and clearly articulated as disciplinary learning outcomes.</li> <li>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.</li> </ul>

## Standard 2: Public Safety

Standard Statement	Criteria
<p>Public protection and safety are assured.</p>	<ul style="list-style-type: none"> <li>2.1 The educational provider will comply with the Act's purposes, the HDC (Health &amp; 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).</li> <li>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.</li> <li>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))</li> </ul>

	<p>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.</p> <p>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</p> <p>2.6 All students will obtain, maintain, and document informed consent when treating the public under supervision.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>2.10 The educational provider will provide timely evidence of programme completion for graduating students seeking registration with the Council.</p>
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### Standard 3: Academic Governance and Quality Assurance

<b>Standard Statement</b>	<b>Criteria</b>
<p><b>Academic governance and quality assurance processes meet independent validation and are implemented by the provider.</b></p>	<p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p>

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|  | <p>3.5 There is external consultation about the design and management of the programme, including from Māori representatives, and representatives of the CM profession.</p> <p>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.</p> <p>3.7 The educational provider has robust academic governance arrangements for the programme of study, including systematic monitoring, review, and improvement.</p> <p>3.8 Curriculum review processes apply timely and evidence-informed responses to contemporary developments in health and professional education.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>3.12 The programme is implemented by qualified staff currently registered with the Council or an appropriate RA.<br/><b>Clinical teaching staff</b> 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.<br/><b>Academic staff</b> 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.</p> |
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## Standard 4: Academic Programme of Study

Standard Statement	Criteria
<p><b>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.</b></p>	<p>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.</p> <p>4.2 Each CM programme design complies with the New Zealand Qualifications Authority, CUAP, or equivalent national qualification framework.</p> <p>4.3 Programmes meet international best practice standards as benchmarked for CM, including supervised and autonomous clinical practice.</p> <p>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.</p> <p>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<sup>1</sup>.</p> <p>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.</p> <p>4.7 Learning environments and teaching methods are user-designed, accessible, fit for purpose, implement educational philosophy, and inform learning outcomes.</p> <p>4.8 The curriculum includes and critiques national health priorities and contemporary health care and practice trends.</p> <p>4.9 Graduates demonstrate research literacy, commensurate with the programme’s learning outcomes.</p> <p>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.</p>

<sup>1</sup> 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
<b>Students have equitable and timely access to academic information and support.</b>	<ul style="list-style-type: none"><li>5.1 Relevant programme information will be provided for all students and will be complete, accurate, current, clear, and accessible.</li><li>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.</li><li>5.3 Students will be informed about, and have access to, independent grievance and appeal processes, and personal support services.</li><li>5.4 Students will regularly critique their experiences and provide feedback to the educational provider to inform and improve programmes and services.</li><li>5.5 Students are represented within the deliberative and decision-making processes for the programme.</li></ul>

## Standard 6: Programme Assessment

Standard Statement	Criteria
<b>Assessment is fair, valid, and reliable.</b>	<ul style="list-style-type: none"><li>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.</li><li>6.2 A known and consistent evaluation process will ensure reliability and validity of students' assessments.</li><li>6.3 Students will undertake a variety of assessments to test their understanding and application of CM knowledge and clinical decision-making.</li><li>6.4 There is a defined relationship between learning outcomes and assessment strategies, and this is known to students.</li><li>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.</li><li>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.</li></ul>

	<p>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.</p>
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**SITE VISIT AND EVALUATION BY CMCNZ SITE EVALUATION TEAM (SET)**



**Chinese Medicine Council  
of New Zealand**

**ACCREDITATION EVALUATION REPORT**

***New Zealand College of Chinese Medicine  
Graduate Certificate in Chinese Medicine (Tuina Massage)***

***MAY 2025***

# 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 conducted

29 & 30 April 2025

## SET

SET members and affiliations

Dr Jan Duke (Chair) – Lay Member

Ms Barbara Gilray – Lay member and Tangata Whenua

Ms Rachel McGrath - CM practitioner representative

Mr Jinglin (Tom) Wang - CM practitioner representative

Ms Trudi Collins – Council Member and CM practitioner representative

## Staff

Education provider staff and titles/roles

NZCCM Senior Management Team (SMT)

Stephen Xu (CEO)

Dr Jessica Li Feng (Principal, PMC)

Dr Linda Zhang (HoF, RL)

Dr Felicity Molloy (AQM, PMC)

Dr Doreen Chandra (OP, SS)

NZCCM  
Graduate Certificate of Chinese Medicine  
May 2025

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

### NZCCM Programme Management Committee (PMC)

Dr Jessica Li Feng

Dr Linda Zhang

Dr Zaiwei Huang

Dr Felicity Molloy

### NZCCM Corporate Management Team (CMT)

Dr Doreen Chandra (Operations Manager)

Heidi Chapman (Student Services Coordinator)

Maya Zhang (Academic Administrator)

Jayden Liu, Shuang Song (IT Support)

Linda Platts (Librarian)

Dre Dong, Vivian Yang (Clinic Receptionists)

John Zhang (Accounting staff member)

### NZCCM teaching staff

Jessica Li Feng (PhD)		GNT801(L8)
Linda Zhang (PhD)		GNT801(L8)
Zaiwei Huang (PhD)		GNT702(L7), GNT801(L8)
Bob Peng Wang (Master)		GNT701(L7), GNT702(L7), GNT801(L8)
Roger Pengfei Yu (Completing Master in July)		GNT701(L7), GNT702(L7)
Danielle Quentric (Completing Master in December)		GNT702(L7)

NZCCM

Graduate Certificate of Chinese Medicine

May 2025

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

## 1. EXECUTIVE SUMMARY

Programme provider	New Zealand College of Chinese Medicine
Programme/qualification name	Graduate Certificate in Chinese Medicine (Tuina Massage)
Programme/qualification abbreviation	GCCM
Programme length	6 months FTE
CM Scope of Practice	Chinese Medicine (Tuina) Practitioner
New Zealand Qualifications Framework Level	Level 7
Accreditation standards version	
Date of site evaluation	29 & 30 April
Date of CM Council decision	
Type of accreditation	Initial
Accreditation start date	
Accreditation end date	

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

## 2. SUMMARY OF FINDINGS

### BACKGROUND

The New Zealand College of Chinese Medicine (NZCCM), founded in 2003, offers a variety of programmes for both local and international students. Among its Chinese Medicine programmes, the Graduate Certificate in Chinese Medicine (Tuina Massage) was approved by NZQA in 2023,

### OVERVIEW OF THE EVALUATION

The NZCCM submitted their application to CMCNZ in October 2024, the Site Evaluation Team were notified of their appointment in March 2025 and received the accreditation application documents from NZCCM during the second week of March.

The key dates for the evaluation were

**Thursday, 13<sup>th</sup> March:** SET received all documents from NZCCM and signed confidentiality agreement.

**Monday, 31<sup>st</sup> March:** SET members sent any questions or requests for further information to the SET Chair.

**Friday, 4<sup>th</sup> April:** SET Chair to notify the College of any additional information needed. No information was required to be sent by email from the college by **Friday, 18<sup>th</sup> April**

**28<sup>th</sup> April.** Additional information was provided to SET members at the Novotel Hotel, Ellerslie where the SET had a face-to-face meeting.

**Tuesday 29<sup>th</sup> April to Wednesday, 30<sup>th</sup> April:** SET on site visit and met staff, students graduates and external committee members

**Monday 5<sup>th</sup> May** Draft report sent to CMCNZ registrar for approval prior to sending to NZCCM

**Monday 5<sup>th</sup> May:** Draft reports sent by Chair to SET and College for feedback.

**Monday, 12<sup>th</sup> May:** College and SET members provided feedback to the SET Chair.

**Tuesday, 13<sup>th</sup> May:** Reports submitted to the Council Registrar.

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

## KEY FINDINGS

All programmes in the school are well regarded by students and external advisory members. The school provides an excellent physical setting. Academic and clinical staff are knowledgeable, and all are involved in higher degree study and/or research. Staff interviewed appeared well versed in the Graduate Certificate programme content.

A number of recommendations are noted at the end of this report that would improve the delivery of the programme.

Broadening the ethnicity and background diversity of staff will increase the appeal of the programme to the potential student population.

## ACCREDITATION DECISION

The Accreditation Committee recommends that the Chinese Medicine Council accredit this qualification, thereby recognizing it as a prescribed qualification for registration within the specified scope:

This should be subject to final audit and moderation of the final clinical assessment to be completed during December 2025 assessment of finishing 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
<b>The educational provider demonstrates cultural safety and bicultural principles in delivery and governance.</b>	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.	Relevant evidence provided in application including NZCCM QMS Te Tiriti o Waitangi / The Treaty of Waitangi Policy.	<p><b>Standard substantially met.</b></p> <p><b>Recommendation:</b> That all students who are not registered with the CMCNZ be encouraged to visit a marae to enhance their cultural understandings.</p> <p><b>Recommendation:</b> That te Tiriti o Waitangi is clearly visible in all teaching and clinic spaces</p> <p><b>Recommendation:</b> That Patient Rights be displayed in clinic spaces in English and Māori (Ōu Tika)</p>

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

	<p>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.</p>	<p>Comprehensive evidence provided in application, including letter of Support from Dame Rāngimarie Naida Glavish DNZM. JP noting “NZCCM and Te Runanga Ngāti Whātua signed an MoU to allow each organisation to support and contribute to the development of positive health outcomes that at its heart holds a holistic understanding of wellness for a people, a nation and for future generations. This was followed up in discussion with Dame Rāngimārie Glavish.</p>	<p>Standard met</p>
	<p>1.3 The structure and teaching of all educational programmes demonstrates culturally safe practice for all cultures.</p>	<p>Relevant learning outcomes submitted in programme application. Additionally, students who have already completed the BHSc will have studied relevant content</p>	<p>Standard met</p>
	<p>1.4 Equity and diversity principles are observed and promoted in the student experience.</p>	<p>The College is committed to the Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021. From the beginning of 2025, all committees will include a standard agenda item to discuss equity and diversity matters.</p>	<p>Standard met</p>
	<p>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.</p>	<p>Additional to the 2021 Code of Practice the student handbook incorporates a section on discrimination, harassment and bullying.</p>	<p>Standard met</p>

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

	<p>1.6 Staff and students will work and learn in a physically, mentally, and culturally safe environment.</p>	<p>The panel toured the facilities which appear to provide a physically safe environment. The College noted in its 2023 Code of Practice self-review that support services are rated very good to excellent, and that they need to maintain the current levels of inclusivity by ensuring staff and student input and continuing to provide specific support for groups such as Māori/Pasifika representation and a Korean counsellor</p>	<p>Standard met</p>
	<p>1.7 Cultural safety and competence are integrated within programmes and clearly articulated as disciplinary learning outcomes.</p>	<p>Relevant learning outcomes for the programme address this requirement</p>	<p>Standard met</p>
	<p>1.8 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.</p>	<p>The College acknowledges that recruiting Māori students for the programme presents certain challenges. However, they note that the number of Māori students enrolled across college programmes rises as their engagement with iwi and local communities deepens. At this time recruiting Māori staff who have TCM skills is challenging. However, the College has appointed two Māori staff who are initially teaching on the Western massage programmes and will be supported to co-teach in other programmes</p>	<p>Standard met</p>

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

## Standard 2: Public Safety

STANDARD STATEMENT	CRITERIA	EVIDENCE	ASSESSMENT
<p><b>Public protection and safety are assured.</b></p>	<p>2.1 The educational provider will comply with the Act’s purposes, the HDC (Health &amp; 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).</p>	<p>Evidence notes conviction <i>resulting in a prison sentence of three months or longer – not convicted by any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer</i>, (HPCA Act Section 16c)</p> <p>There are no students enrolled on this programme at this time</p> <p>However students will not necessarily be police checked as the SET were advised that local students are only required to sign an attestation at enrolment.</p>	<p><b>Standard not yet met</b></p> <p><b>Requirement:</b> That non-CMCNZ registered applicants are police vetted.</p> <p><b>Rationale:</b> To identify any potential fitness for registration issues that may need to be addressed/considered at the time of entry to the programme. Quite apart from any patient safety related reason, this will minimize any potential issue whereby someone achieves the qualification but then has their application for registration declined and then cannot utilise their</p>

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

			qualification in practice.
	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.	Addressed comprehensively in application documents. Submission includes the College's Health and Safety Policy and the Tui Na Massage Clinic Handbook. Updating these includes reference to all relevant legislation.	Standard met
	2.3 Students and academic staff will promote and facilitate interdisciplinary 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))	Evidence provided of interdisciplinary collaboration integrated into teaching, learning, and research activities between western medicine and TCM staff in course content and assessment design, enhancing student learning and practice.  Course learning outcomes include reference to when to refer.	Standard met
	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 Registration issued by the Council	All students in the clinics are supervised by TCM academic staff and clinical supervisors with their current annual practicing certificate or special purpose registration issued by the CMCNZ. Checked against register.	Standard met

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

	<p>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.</p>	<p>The programme offers the opportunity for clinical mentorship in two options:</p> <p>Option One: NZCCM Clinic-Based Internship (150 hours) OR Option Two: New Zealand Local Clinic-Based Internship (150 hours).</p> <p>Evidence provided in the Clinical Placement and Internship manual</p>	<p>Standard currently met</p> <p><b>Requirement:</b> That before the School embarks on clinical experience for students in other health organisations an MoU be implemented confirming all College teaching and assessment requirements will be met</p>
	<p>2.6 All students will obtain, maintain, and document informed consent when treating the public under supervision.</p>	<p>Evidence provided includes the Tui Na Massage Clinic Handbook notes that before the treatment begins, the student will ask the patient to sign the Informed Consent Form and check that it is complete.</p> <p>The supervisor will check the signed Consent Form before being given treatment. The College also has a patient file audit policy to ensure the patient records meet the College's requirements that include the patient consent.</p>	<p>Standard met</p>

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

	<p>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 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<sup>1</sup>).</p>	<p>The information regarding this is on the Ezybook booking system and the Patient Registration Form.</p> <p>Tangata whai ora are also informed that any steps of the consultation/diagnosis and suggested treatment will be explained under supervision.</p>	<p>Standard met</p>
	<p>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.</p>	<p>The College requires the students to disclose any health issues which may affect the performance during study through the interview and enrolment process. The college also has a personal health policy that addresses this</p>	<p>Standard met</p>
	<p>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</p>	<p>The College has a number of documented processes to assess student from application for entry to the programme to completion. However, it is not clear whether aegrotat is available for final clinical assessment.</p>	<p>Standard met</p>

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

	accordance with section 16 of the HPCA Act.		
	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.	This is a new programme – the College will make all students aware of this. The statutory declaration is the responsibility of the CMCNZ	Standard met <b>NOTE: The statutory declaration is the responsibility of the CMCNZ not the education provider</b>
	2.11 The educational provider will provide timely evidence of programme completion for graduating students seeking registration with the Council.	The College advises that all requests are responded to within 48 hours but notes that final assessments require moderation and signoff before a final grade is assigned.	

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

### Standard 3: Academic Governance and Quality Assurance

STANDARD STATEMENT	CRITERIA	EVIDENCE	ASSESSMENT
<b>Academic governance and quality assurance processes meet independent validation and are implemented by the provider.</b>	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).	Relevant evidence provided - NZQA Ref: C57465. Outcome Letter. NZQA Ref: C57465. Degree approval and accreditation evaluation report, 2023.	Standard met
	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.	Evidence – both domestic and international student entry and enrolment policy. Academic pre-entry requirements meet standard. However, see below see below standard 3.3 and previous standard 2.1	Standard met
	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.	Section 16 a & b of the HPCA Act address English language requirements – NZCCM policy on English Language requirements for Registration that outlines a number of pathways for those who do not meet pathways 1-5. Students must demonstrate that they meet the CMCNZ English requirement for registration upon completion for the programme. It is unclear how students who need to apply for registration under Pathway 6 will meet	<b>Standard met as it meets NZQA requirement. However, the SET had concerns about the level of IELTS or equivalent required and whether the student would in fact meet CMCNZ requirements at graduation and</b>

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		<p>this requirement with the current IELTS requirement for entry</p>	<p>noted these students would not require a further test prior to registration. The SET was also aware of the implications of the TTMRA Act.  <b>Recommendation</b>          That NZCCM reconsider their IELTS level for entry to the programme to ensure graduates are not declined registration with CMCNZ on completing the qualification.</p>
	<p>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.</p>	<p>NZCCM is the sole provider of this qualification and consult through the advisory committee mechanism</p>	<p>Standard Met  <b>Recommendation:</b>          That NZCCM consider increasing the size and diversity of the advisory committee and consider members from, for example, ACC, Local health providers.</p>

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	<p>3.5 There is external consultation about the design and management of the programme, including from Māori representatives, and representatives of the CM profession.</p>	<p>Consultation through advisory committee which has appropriate membership, and they maintain a consultation and communication log.</p>	<p>Standard met</p>
	<p>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.</p>	<p>Evidence of student feedback mechanism, programme evaluation review and external moderation provided. Also NZQA has approved self-monitoring which provides professional peer review.</p>	<p>Standard met</p>
	<p>3.7 The educational provider has robust academic governance arrangements for the programme of study, including systematic monitoring, review, and improvement.</p>	<p>Programme monitoring and review embedded in NZCMC policies and procedures.</p>	<p>Standard met</p>
	<p>3.8 Curriculum review processes apply timely and evidence-informed responses to contemporary developments in health and professional education.</p>	<p>There are established programme review mechanisms within the College's QMS processes.</p>	<p>Standard met</p>

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	<p>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.</p>	<p>The student handbook clearly outlines these processes.</p>	<p>Standard met</p>
	<p>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.</p>	<p>All college academic and teaching staff are registered with the Council and have an APC or are visiting scholars with special purpose status. Available to view on Council public register</p>	<p>Standard met</p>
	<p>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.</p>	<p>All staff have a professional development plan and if they don't have an adult teaching qualification, they must complete one within 2 years. Staff are all required to have a research plan as well. Some plans reviewed by the panel for appropriateness.</p>	<p>Standard met</p>
	<p>3.12 The programme is implemented by qualified staff currently registered with the Council or an appropriate RA. <b>Clinical teaching staff</b> must: hold an undergraduate degree or higher in their</p>	<p>All staff meet this requirement. CVs reviewed by SET</p>	<p><b>Standard substantially met.</b>  <b>Academic staff without a master level degree are in</b></p>

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	<p>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.</p> <p><b>Academic staff</b> 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.</p>		<p>process of completing one and only teach level 5 until completed.</p>
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### Standard 4: Academic Programme of Study

STANDARD STATEMENT	CRITERIA	EVIDENCE	ASSESSMENT
<p><b>All CM programmes will provide the academic and clinical resources required to study CM and achieve professional competency that aligns</b></p>	<p>4.1 Each CM programme has a curriculum with learning outcomes that are consistent with the Council's Competencies for the</p>	<p>The learning outcomes for the programme are matched to and consistent with the Council's competencies for the relevant scope.</p>	<p>Standard partially met</p> <p><b>Requirement:</b> That all students are made aware that cervical neck manipulation is a</p>

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with the published CMC standards.	registered CM scopes of practice.		restricted activity and that all teaching and practice of this adheres to the CMCNZ policy statement on cervical neck manipulation
	4.2 Each CM programme design complies with the New Zealand Qualifications Authority, CUAP, or equivalent national qualification framework.	The programme complies with NZQA requirements and has NZQA approval.	Standard met
	4.3 Programmes meet international best practice standards as benchmarked for CM, including supervised and autonomous clinical practice.	The programme is benchmarked to the World Health Organization. (2010). Benchmarks for training in Tuina and the World Health Organization. (2020). WHO benchmarks for the practice of Tuina.	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.	The College is well resourced to support students. Supports include clinical and academic teaching spaces, library, electronic resources, Moodle and zoom as required. College Academic Board ensures funding to maintain these resources.	Standard met

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	<p>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.</p>	<p>Document on acceptability of the programme and consultation provided. Additional evidence consistent with evidence for standard 3.8</p>	<p>Standard met</p>
	<p>4.6 The programme’s 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.</p>	<p>Matrix of Graduate Profile and Learning Outcomes provided</p>	<p>Standard met</p>
	<p>4.7 Learning environments and teaching methods are user-designed, accessible, fit for purpose, implement educational philosophy, and inform learning outcomes.</p>	<p>In addition to the resources evidenced in 4.4, The teaching and learning methods used for the Graduate Certificate in Chinese Medicine (Tuina Massage) are described in detail in the PAD</p>	<p>Standard met</p>
	<p>4.8 The curriculum includes and critiques national health priorities and contemporary</p>	<p>Course descriptors for GTN702 and GTN801 evidence this.</p>	<p>Standard met</p>

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	health care and practice trends.		
4.9	Graduates demonstrate research literacy, commensurate with the programme's learning outcomes.	The course descriptors and assessments in GTN801 evidence this	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.	See 3.12 above.	Standard met

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### Standard 5: The Student Experience

STANDARD STATEMENT	CRITERIA	EVIDENCE	ASSESSMENT
<b>Students have equitable and timely access to academic information and support.</b>	5.1 Relevant programme information will be provided for all students and will be complete, accurate, current, clear, and accessible.	<p>Each applicant is given a prospectus (international or domestic) that provides detailed information about the programme structure, location, administration, course information, entry criteria, selection criteria, alteration or cancellation of a course, and fees including fee protection, course related costs, or transfer applications from another provider and guidelines about the programme orientation, timetable and expectations.</p> <p>The programme documents including all information about timetables, assessments and other clinical and curriculum requirements are available on a designated Moodle page, and available within each course available from the beginning of the course date</p>	Standard met
	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.	See standard 2.1 and 3.3 above	Standard met
	5.3 Students will be informed about, and have access to, independent	Processes outlined in the student handbook and the Student Grievance Policy	Standard met

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	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.	Student evaluation process that is detailed in the QMS policy. Student evaluations that occur each semester, and students are also provided with ongoing opportunity to anonymously critique and celebrate their experiences through Student Voice located on Moodle. In addition, each cohort has a student representative selected by the cohort who meets with the Student Services Advisor and Operations Manager each term. Feedback from these events is disseminated at programme committee and Senior Management Committees, and actions are followed up through faculty meetings	Standard met
	5.5 Students are represented within the deliberative and decision-making processes for the programme.	Student representatives have their own committee that meets regularly with the Operations Manager and the Student Services Advisor. In addition, students are invited for deliberative internal consultation and decision-making processes at the Academic Board, and Research Committee meetings.	

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### Standard 6: Programme Assessment

STANDARD STATEMENT	CRITERIA	EVIDENCE	ASSESSMENT
<b>Assessment is fair, valid, and reliable.</b>	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.	Evidence provided in the following documents. <ul style="list-style-type: none"> <li>• Matrix of Graduate Profile and Learning Outcomes</li> <li>• Assessment and Moderation section in the Programme Approval Document</li> </ul>	Standard met
	6.2 A known and consistent evaluation process will ensure reliability and validity of students' assessments.	As with other College programmes, internal and external pre- and post-moderation of assessment will occur as outlined in the QMS policy	Standard met
	6.3 Students will undertake a variety of assessments to test their understanding and application of CM knowledge and clinical decision-making.	The range of clinical and academic assessments are comprehensive and are outlined in the Proposed Assessment Matrix	Standard met
	6.4 There is a defined relationship between learning outcomes and assessment strategies, and this is known to students.	Every course in all programmes of study have an individual NZCCM "Course Pack" which clearly defines the between learning outcomes and assessment strategies. Students receive a paper copy of the course pack at the start of each course. First sessions by faculty offer an introduction to the course through disseminating and discussing the contents of the course packs. This includes information about the assessment, due dates and requirements to meet and pass the course to	Standard met

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		<p>ensure that all students understand the assessment strategy.</p> <p>Each Course Pack is also available on the Moodle platform for students to access at any time.</p>	
	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.	The College currently has moderation agreements in place with external education providers in Aotearoa and Australia and these will also cover this qualification	Standard met
	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.	NZCCM Policy requires all clinical supervisors to have achieved either NZQA Units 4098 and 115522, or NZQA Level 5 Adult Education qualifications, or a postgraduate certificate in health professional education.	Standard met
	6.7 During the initial accreditation process and/or when the Council	To occur in December when the first cohort of full time students will be completing the programme.	Standard requires further assessment.

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	<p>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.</p>		
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# SITE VISIT AND EVALUATION BY CMCNZ SITE EVALUATION TEAM (SET)

## 4. QUALITY IMPROVEMENT

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

### Commendations

- Comprehensive documentation
- Sound academic programme
- Comprehensive structure that ensures good oversight and feedback loops
- Accessible and responsive College staff
- Very good facilities
- Very good appointments as external committee chairs
- Very knowledgeable /impressive senior management and library staff
- Well supported students

### Recommendations

That all students who are not registered with the CMCNZ be encouraged to visit a marae to enhance their cultural understandings.

That te Tiriti o Waitangi is clearly visible in all teaching and clinic spaces.

That Patient Rights be displayed in clinic spaces in English and Māori (Ōu Tika).

That NZCCM reconsider their IELTS level for entry to the programme.

That NZCCM consider increasing the size and diversity of the advisory committee and consider members from, for example, ACC, Local health providers.

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### Further reporting requirements

**Requirement:** That all applicants are police vetted.

**Requirement:** That before the School embarks on clinical experience for students in other health organisations an MoU be implemented confirming all College teaching and assessment requirements will be met.

**Requirement:** That all students are made aware that cervical neck manipulation is a restricted activity and that all teaching and practice of this adheres to the CMCNZ policy statement on cervical neck manipulation.

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

## APPENDIX A – Site visit schedule

Note that this schedule is for both the BHSc and the GCCM

### SCHEDULE: 29<sup>TH</sup> to 30<sup>TH</sup> APRIL 2025

Location: NZCCM Boardroom unless otherwise advised. \*Zoom link: CMCNZ Set Visit Meeting

<https://us02web.zoom.us/j/83001245994?pwd=Mtlz1cWgMtG8PZpYnJPil9XEYyYgzX.1>

Meeting ID: 830 0124 5994 - Passcode: 612269

DAY 1 Tuesday 29 <sup>th</sup> April 2025			
Time	Purpose	Meetings	College Participants
9.00am	Welcome & introductions	SET, SMT	SMT - Stephen Xu (CEO) Dr Jessica Li Feng (Principal, Lead Clinical Supervisor, Co-chair PMC) (PhD TCM) Dr Linda Zhang (HoF, RL) (PhD. Medicine, BHSc CM) Dr Felicity Molloy (AQM, Co-chair PMC) (PhD Edu) Dr Doreen Chandra (OP, SS) (PhD Edu)
9.30am - 10.15am	High level overview of programmes (BHSc & GCCMT)	SET, SMT, NZCCM Advisory Council Chair	SMT Dr John Sinclair
10.15am - 10.45am	Cultural perspectives	SET, NZCCM Advisory Committee Chair	Dame Rangimārie Naida Glavish
10.45am - 11.00am	Morning Tea		
11.00am - 11.45am	Programme structure, delivery and evaluation overview	SET, BHSc PLs PMC	Dr Jessica Li Feng Dr Linda Zhang Dr Zaiwei Huang (PL BHSc) PhD. TCM) Dr Felicity Molloy
11.45am -12.15pm	Teaching and Clinical Practice Perspectives	SET, BHSc & GCCMT Academic staff and Clinical Supervisors	Dr Linda Zhang Dr Zaiwei Huang Dr Zi Yang (PhD. TCM) Bob Wang (M. Acu) Feng Gao Mary Zhang (M. CM) Dr Joseph Aziz (MD. Anat.) Sridhar Maddela (MHSc. Nat. PhD candidate)
12.15pm - 1.00pm	Lunch	SET	

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

1.00pm - 1.45pm	Student perspectives	SET, BHSc both majors	Students (BHSc Yrs 1 – 4)
1.45pm - 2.00pm		SET time	
2.00pm - 2.30pm	Student support, Pastoral Care and Student Wellbeing	SET, Support Staff (CMT)	Operations Manager Student Services Coordinator, Academic Administrator, IT Support, Librarian, Clinic Receptionists, Accounting staff member
2.45pm - 3.15pm	External Stakeholder Perspectives	SET with external stakeholders	<b>NZCCM Council:</b> Dr John Sinclair (Chair) Dr Patsy Paxton Michael Byrnes Peter Coddington <b>Advisory Committee:</b> Carl Apanui Caroline Parkin Shelley Moana Hiha Dr Yu-Ting Sun is available on Zoom 2.45 - 3.15pm
3.15pm - 4.00pm	Afternoon Tea	SET with external stakeholders	NZCCM Council Advisory Committee
*4.00pm - 4.30pm		SET time	
4.30pm - 5.00pm	Any further information requests	Chair of SET, CEO, AQM	Dr Jan Duke Stephen Xu Felicity Molloy
<b>DAY 2 Wednesday, 30<sup>th</sup> April 2025</b>			
<b>Time</b>	<b>Purpose</b>	<b>Meetings</b>	<b>Participants</b>
9.00am - 9.15am	Arrival at College	SET Call backs requested	Stephen Xu Dr Felicity Molloy
9.15am - 10.00am	GCCMT Programme structure, delivery and evaluation overview	SET GCCMT PLs PMC and teaching staff	Dr Linda Zhang Dr Zaiwei Huang Dr Jessica Li Feng Bob Wang Dr Felicity Molloy
10.00am - 10.30am	Graduate perspectives	SET, BHSc recent graduates	BHSc recent graduates

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

10.30am - 11.00am	Tour of NZCCM Facilities	SET	Stephen Xu Dr Felicity Molloy Dr Doreen Chandra
11.00am - 11.15am	Morning Tea		
11.15am -12.00pm	Research	SET, NZCCM Staff	Dr Jessica Li Feng Dr Linda Zhang
12.00pm - 1.00pm	Lunch	SET	
1.00pm – 2.15pm	Report drafting	SET time	Afternoon Tea available
2.30pm – 3.00pm	Feedback to College	SET, SMT	