



Chinese Medicine Council of New Zealand

Consultation Outcomes: Revisions to scopes of practice

In September 2025, the Chinese Medicine Council of New Zealand (The Council) published a consultation document on changes it proposed to make to the wording of its *current* scopes of practice.

This report provides a summary of the key themes of the consultation feedback, and the Council's final decision.

The Council extends its thanks and appreciation to the individuals and groups who provided feedback.

Consultation Overview

Consultation respondents were asked to provide their feedback via email. There were no specific questions provided to submit on.

5 submissions were received, from:

- Acupuncture New Zealand (AcNZ)
- Chinese Medicine Institute of New Zealand (CMINZ)
- Individual Chinese medicine practitioners (3).

Results

The following summarised points were submitted by respondents:

- Strong support for the proposed changes to the scopes of practice. Chinese medicine practitioners should be able to submit ACC45 claims like other health practitioners to put them on equal footing with their peers. This is significant progress in the profession.
- Revised scope of practice with a specific focus on ACC45 eligibility is supported, however, it is recommended that eligibility for ACC45 lodgment be restricted to those with a minimum of 4 years of formal Chinese medicine study to ensure diagnostic competence, thorough history-taking, and clinical safety.
- The proposed scope wording is too vague and doesn't address ACC's concerns which leaves room to wriggle. The current draft also does not align tight enough with the Standard of Clinical Competence. A more descriptive scope that explicitly mirrors competency standards is recommended. The rewritten scope should include:
 - Integration of Chinese medicine principles with biomedical sciences.
 - Use of physical exams and interpretation of imaging/lab tests where relevant.
 - Explicit authority to diagnose and differentiate musculoskeletal conditions using western medical examination techniques to a registered health professional level.
 - Service coverages across the lifespan, including aging, physical or mental injury, disease, and environmental factors.
 - Commitment to evidence-informed practice, empirical research, prevention, treat, and holistic wellbeing.

- Support for the Council’s intent for scopes to be clear and easily understood, however, further plain-English simplification for the Acupuncturist scope and the removal of duplicated ideas is recommended.
- Strongly support for the terminology of ‘diagnose’ and using this across all three clinical scopes.
- Provisional registration should be introduced to address gaps for NZ and overseas applicants whose qualifications or programmes are not yet accredited, equivalent or prescribed. The provisional scope is needed because:
 - A one-off competency assessment and desk-top qualification review does not adequately assure ongoing clinical, cultural and ethical competence.
 - There are rapid changes in Chinese medicine education and AI generated case histories mean case history hours alone are an unreliable proxy for competence.
 - It will seek supervised, time-bound practice (e.g., 3 – 6 months) with real clients to verify competence English proficiency (IELTS 6.5), informed consent and safe practice in NZ.

Provisional registration mechanics could be granted at CMCNZ discretion, case-by-case, with conditions and timeframes set by the Council. The mechanics should also apply to applicants without prescribed or accredited qualifications, with equivalency, with supervision/conditions, or not meeting English standards, alongside a proposed exemption for Australian Chinese medicine registrants. Registration and APC should then be granted once conditions are met; these mechanics will support the public safety and integrity of the register.

- Disappointment is expressed that ACC didn’t proceed with ACC45 lodgement due partially to the absence of ‘diagnose’ in the scope wording. All registered acupuncturists are trained to assess and diagnose MSK conditions/injury type sufficient to establish an ACC read code.
- Alignment with Council’s clinical competencies (Domain 4 (ability to diagnose/differentiate MSK conditions using Western exams) and Domain 1(safe practice, recognize limits, refer appropriately)).
- It is recommended that the scopes acknowledge the range of traditional East Asian medicine within the profession and the evolving psycho-social and biomedical frameworks informing assessment, diagnosis, and treatment, especially for interdisciplinary referrals where a Chinese medicine diagnosis may not be used.
- Suggest that revised text for the proposed Acupuncturist scope wording includes the explicit use of ‘diagnose’; integrates Chinese medicine principles with other systematic models, anatomy/physiology/pathology, test results and psycho-social/biomedical sciences; and states practitioners work within competence limits and consistent with education and skill level. They also support removing the fixed list from the Notice and hosting it on the Council website instead.

Response

ACC45 lodgment should be restricted to those with a minimum of 4 years of formal Chinese medicine study

The Council agrees that practitioners must have diagnostic competence, thorough history-taking, and be clinically safe prior to lodging ACC45s. The minimum, safe standard of clinical competence requires this, and the Council does not register applicants who do not meet this standard.

More descriptive scopes of practice

Scopes of practice define the profession. Scopes of practice need to be broad and permissive, while providing clarity for the profession about what is, and is not, “in scope”. The scope of practice is then supported by more detailed documents that define expectations of Chinese medicine practitioners, including clinical, cultural, and ethical standards.

If scopes of practice are too prescriptive, they compromise a professions ability to evolve and respond to changing health care demands and priorities. They also require far more regular reviews to ensure that scope definitions continue to be consistent with current health needs and support improved health outcomes, which is labour intensive for the Council and costly to the profession. In defining the scopes of practice for Chinese medicine, the Council strives to find the right balance between defining the parameters of what is and is not “in scope” for practitioners as well as ensuring the practice of Chinese medicine can evolve and be responsive to change.

The Council thanks submitters for their feedback on possible variations/additions to scope of practice definitions. The Council has made some minor amendments to incorporate some of these suggestions to the wording while still retaining broad, permissive scopes of practice.

Provisional registration

Section 15 of the HPCA Act permits registration of applicants as health practitioners to practice within a scope of practice if the applicant meets certain requirements, **including having completed the prescribed qualification**. Section 15 of the HPCA Act does not permit the ‘provisional’ registration of applicants as health practitioners. If an applicant meets the prescribed qualification requirement under section 15(1)(b) of the HPCA Act, and meets the other requirements of section 15(1), then that applicant is eligible for ‘full’ registration.

The Council intends to consider the possible introduction of a provisional *scope of practice* (not provisional registration) for overseas-qualified and/or new graduates as part of its review of registration pathways and requirements. This project is still in progress. Practitioners and stakeholders can expect to hear more about this work in the coming months.

In the meantime, the Council currently considers all applications for registration from overseas-qualified applicants on a case-by-case basis and is confident that its paper-based assessment and in-person assessment (when necessary) are ensuring those registered are providing care that meets the required, safe standard.

Use of Plain-English wording

Using plain English means writing clearly and simply, so your audience can easily find, understand, and use the information, avoiding jargon and complex sentences for better comprehension, engagement, and compliance. It's about clarity and accessibility, not "dumbing down," by using everyday words, active voice, short sentences, and logical structure for diverse readers, as emphasized by laws like New Zealand's Plain Language Act 2022.

The Council continually strives to find the right balance between using plain English that the public will be able to comprehend and the use of Chinese medicine and regulation terms. The Council thanks submitters for their feedback on how the Council's wording could be improved in this regard. The Council has made some minor amendments to incorporate some of these suggestions.

Approval of Chinese medicine practitioners to lodge ACC45s

The decision as to whether or when Chinese medicine practitioners will be authorised to lodge ACC45s like other registered health practitioners, along with any pre-requisites to do so, rests with ACC.

Council decision

The Council considered consultation feedback via electronic transmission and decided on a way forward. The Council resolved to approve the revised wording of its current scopes of practice with the addition of a few additional minor amendments suggested by submitters during consultation.

In addition, as proposed in the consultation document, the Council resolved to remove the list of specialist scope fields approved by the Council in favour of listing these on the Council's website. This means the list of speciality areas approved by the Council can be kept up to date in real time without the need to continually re-Gazette the scope, at a cost to practitioners.

The Council published its Scopes of Practice in the NZ Gazette dated 12 February 2026. A link to the Gazette notice and the Scopes of Practice and prescribed qualifications can be found on the 'Scopes of Practice' page of the Council's website. The Gazetted changes come into effect from **13 March 2026**.