



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

Accreditation Standards for Education Programmes leading to registration as a Chinese Medicine 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.

In this document the term 'tangata whai ora' (which means 'a person seeking health') 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 clinical and/or non-clinical settings.

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;
- The accreditation reviews, and subsequent feedback, of New Zealand Chinese Medicine Education Providers by the Council appointed accreditation committee, 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 ¹
<p>The educational provider demonstrates cultural safety and bicultural principles in delivery and governance.</p>	<p>1.1 Te Tiriti o Waitangi Implementation</p> <p>The provider gives practical effect to all five principles of Te Tiriti o Waitangi - <i>Tino Rangatiratanga, Equity, Active Protection, Options, and Partnership</i> - across governance, programme design, and delivery². This includes:</p> <ul style="list-style-type: none"> • Governance structures that demonstrate commitment to Te Tiriti through staff expertise and ongoing professional development. This may include staff with formal training in Māori health, and/or participation in modular, competency-based cultural safety training. • Governance structures that demonstrate commitment to Māori health equity. • Governance structures that demonstrate expertise and responsiveness to Māori health needs and encourage Māori representation. • Providers should actively support Māori learner success through culturally responsive support services and targeted professional development for all staff. • Actively supporting Māori learner success through culturally responsive support services and targeted professional development for all staff that ensures culturally safe Chinese Medicine (CM) practice in Aotearoa New Zealand. <p>Indicators:</p> <ul style="list-style-type: none"> • Evidence of Māori advisory input in programme governance. • Curriculum mapping showing inclusion of Māori health models. • Staff induction includes Te Tiriti obligations and cultural practice. <p>1.2 Culturally Safe and Inclusive Programme Delivery</p> <p>Educational programmes uphold cultural safety, equity, and diversity for all learners. Content and pedagogy reflect the cultural identities and needs of Māori as tangata whenua, Pacific peoples, disabled learners, and other priority groups.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Discipline-specific cultural competence learning outcomes embedded across the curriculum.

¹ Criteria are mandatory requirements. Indicators provide examples of evidence that a criterion is met and are illustrative, not prescriptive.

² [Ministry of Health. 2020. Whakamaaua: Māori Health Action Plan 2020-2025. Wellington: Ministry of Health.](#)

- Inclusive teaching practices and assessment methods.
- Representation of diverse cultural perspectives in course materials.
- Learner feedback mechanisms on cultural safety and inclusion.

1.3 Safe Learning and Working Environments

Staff and students work and learn in environments that are physically, mentally, and culturally safe. These principles are actively promoted throughout the student experience.

Indicators:

- Policies and procedures that uphold cultural safety and prevent discrimination.
- Mechanisms for reporting and responding to cultural safety concerns.
- Staff CPD includes cultural safety training (minimum 2 hours annually).
- Student orientation includes cultural safety principles and expectations.

1.4 Leadership and Organisational Culture

Leadership fosters a respectful and inclusive working environment that supports the rights and dignity of all cultural, ethnic, and linguistic groups.

Indicators:

- Strategic plans reflect Te Tiriti obligations and cultural safety goals.
- Leadership training includes bicultural competence and inclusive practice.
- Policies promote equity and diversity in recruitment, retention, and advancement.
- Organisational culture supports both Māori and Chinese cultural frameworks.

1.5 Māori Recruitment and Participation

The provider actively encourages Māori recruitment and supports equitable admission, participation, and graduation from CM programmes.

	<p>Indicators:</p> <ul style="list-style-type: none"> • Māori student and staff recruitment targets and strategies. • Support structures for Māori learners (e.g., mentoring, scholarships, cultural networks). • Monitoring of Māori learner outcomes and progression. • International students complete a CMCNZ-aligned online induction on mātauranga Māori and NZ healthcare context in their first year.
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Standard 2: Public Safety

Standard Statement	Criteria
Public protection and safety are assured.	<p>2.1 Regulatory Compliance and Fitness for Registration</p> <p>The provider complies with the HPCA Act, the HDC Code of Consumer Rights, and the Council’s accreditation and professional standards. Fitness for registration is assessed during selection and throughout the programme.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Admission and progression requirements are publicly available and equitably applied. • English language proficiency and criminal conviction checks are documented and reviewed annually. • Provider policies align with HPCA Act and CMCNZ registration standards. • Evidence of student readiness for professional practice is collected and reviewed prior to graduation. <p>2.2 Professional Conduct and Safe Practice</p> <p>Students must comply with programme requirements and public safety guidelines, including the Council’s Standards of Professional (Ethical) Conduct. The provider ensures students do not undertake clinical treatment if unfit due to health conditions.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Clear protocols for identifying and managing student health concerns affecting clinical safety. • Documented duty of care procedures aligned with section 16 of the HPCA Act. • Student conduct policies include cultural safety and professional boundaries.

- Annual review of student compliance with professional conduct standards.

2.3 Supervised Clinical Practice and Safe Learning Environments

Clinical practice and research involving the public are supervised by staff with current APCs with the CMCNZ. Clinical environments meet legal, regulatory, and licensing requirements.

Indicators:

- Clinical supervision ratios and qualifications are documented and meet Council standards.
- Clinical sites are licensed and accredited by relevant authorities.
- Health and safety audits are conducted annually.
- Supervised practice hours are mapped to clinical competency standards for each year level.

2.4 Informed Consent and Consumer Rights

Students must obtain and document informed consent when treating the public. Tangata whai ora must be informed of teaching participation and have the right to decline.

Indicators:

- Written consent protocols for sensitive procedures (aligned with HDC Right 9(1)).
- Consent forms include culturally appropriate language and options.
- Staff training includes informed consent and consumer rights.
- Annual audit of consent documentation and patient feedback.

2.5 Interdisciplinary Collaboration and Scope Awareness

Students and staff promote interdisciplinary collaboration and understand scope limitations, including appropriate referral practices.

Indicators:

- Curriculum includes scope-of-practice education and referral protocols.
- Interdisciplinary learning opportunities are embedded in clinical training.
- Staff and students demonstrate awareness of section 118(ja) of the HPCA Act.
- Feedback from clinical partners and peers informs programme development.

	<p>2.6 Graduation and Registration Support The provider supplies timely evidence of programme completion for students seeking registration.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Graduation documentation is issued within a reasonable timeframe, not exceeding 30 working days from completion, allowing for institutional processes and holiday periods. • Registration support includes guidance on CMCNZ processes and cultural safety expectations. • Graduate outcomes tracking should be collected primarily from employers. Where feasible, additional perspectives from peers and patients may be included, but are not mandatory. The Council recognises that employer feedback typically reflects broader stakeholder views. • Providers must conduct an annual review of graduate transition into practice, focusing on the most recent cohort. The review should assess preparedness for practice, identify areas for improvement, and inform ongoing curriculum development. The Council will provide guidance on review methodology and reporting.
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Standard 3: Academic Governance and Quality Assurance

Standard Statement	Criteria
<p>Academic governance and quality assurance processes meet independent validation and are implemented by the provider.</p>	<p>3.1 Programme Approval and Accreditation All educational programmes must meet contemporary and recognised external educational evaluation and review processes (e.g., NZQA, CUAP). This includes:</p> <ul style="list-style-type: none"> • A documented governance framework that is strategic, transparent, accountable, and compliance-oriented to ensure improved student outcomes and operational integrity, including external moderation, peer review, and continuous improvement processes. <p>Indicators:</p> <ul style="list-style-type: none"> • Governance and quality assurance systems meet or exceed recognised sector benchmarks, e.g. NZQA, TEC. • External moderation includes input from registered CM professionals and independent academic reviewers. • Internal systems include: <ul style="list-style-type: none"> ○ Programme monitoring and review cycles ○ Stakeholder engagement in curriculum design

- Integration of clinical audits aligned with CMCNZ standards

3.2 Curriculum Design and Stakeholder Engagement

Providers are responsible for designing and delivering academic programmes that reflect the needs of the profession and the communities served. Curriculum development should incorporate perspectives from tangata whenua, practitioners, and relevant community representatives. Direct involvement of tangata whai ora is encouraged where practical, but their needs may also be represented through practitioner and community feedback.

Indicators:

- Documented stakeholder engagement in curriculum design and review.
- Māori and CM profession representatives are consulted in programme development.
- Curriculum reflects bicultural principles and Chinese Medicine traditions.
- Clinical practice components are co-designed with input from community and sector stakeholders.

3.3 Programme Evaluation and Continuous Improvement

Providers must conduct an annual review of graduate transition into practice, focusing on the most recent cohort. The review should assess preparedness for practice, identify areas for improvement, and inform ongoing curriculum development. The Council will provide guidance on review methodology and reporting.

Indicators:

- Evaluation methods include student feedback, internal reviews, external moderation, and peer review.
- Clinical audits are used to assess student competence and readiness for practice.
- Graduate outcomes tracking should be collected primarily from employers. Where feasible, additional perspectives from peers and patients may be included, but are not mandatory. The Council recognises that employer feedback typically reflects broader stakeholder views.
- Evaluation findings inform curriculum updates and teaching practice.

3.4 Academic Governance and Student Progression

Academic governance must ensure the integrity and quality of programmes, including oversight of student progression and exit processes.

Indicators:

- Governance structures include regular monitoring and review of academic and clinical programmes.
- Documented processes for identifying and exiting students who do not meet academic or professional standards.
- All academic and clinical staff are registered with the Council (where relevant) before delivering or assessing programme components.
- Special Purpose registration is obtained for overseas-qualified staff involved in short-term teaching or locum contracts, clinical supervision, postgraduate training, or research.

3.5 Staff Qualifications and Development

Staff must be appropriately qualified and actively engaged in professional and academic development. Clinical and academic teaching roles require both formal qualifications and demonstrated professional competence.

Clinical Teaching Staff must:

- Hold an undergraduate degree or higher in their CM scope or a related discipline.
- Demonstrate competence in a teaching role.
- Maintain current clinical experience relevant to their specialty and curriculum.
- Be actively engaged in ongoing clinical practice or professional supervision within the CM field.

Academic Staff must:

- Hold a qualification at least one level higher than the programme they teach; or
- Have a documented professional development plan to complete a higher level qualification within four years; or
- Have extensive professional experience relevant to their teaching area.
- Complete a programme in adult teaching and learning within two years of appointment.
- Be actively involved in research and academic activities.

All Staff must:

- Have an individual development plan documented in their employment contract, outlining professional and academic goals.
- Participate in professional development aligned with bicultural, clinical, and educational priorities.

	<ul style="list-style-type: none"> • Demonstrate familiarity with current regulatory, cultural safety, and clinical competency standards relevant to CM practice in Aotearoa New Zealand. <p>Indicators:</p> <ul style="list-style-type: none"> • Staff CVs and contracts include qualifications, clinical experience, and development plans. • Annual review of staff engagement in clinical practice, research, and professional development. • Evidence of staff participation in bicultural training and cultural safety CPD. • Teaching observations or peer reviews confirm clinical relevance and teaching competence.
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Standard 4: Academic Programme of Study

Standard Statement	Criteria
<p>All CM programmes will provide the academic and clinical resources required to study CM and achieve professional competency at Levels 7-9</p>	<p>4.1 Curriculum Alignment and Qualification Frameworks Each Chinese Medicine (CM) programme must have a curriculum with learning outcomes that align with the Council's Competencies for registered CM scopes of practice.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Curriculum mapping demonstrates alignment with CMCNZ Competencies. • Programme approval documentation from a recognised body (e.g. NZQA, CUAP) or equivalent overseas body is provided. • Learning outcomes reflect graduate capabilities in clinical reasoning, cultural safety, and professional readiness. • Curriculum structure supports progression toward registration and safe, competent practice. <p>4.2 Benchmarking and Clinical Practice Standards Programmes must meet international best practice standards for CM education, including supervised and autonomous clinical practice. Graduates must be prepared for competent, culturally safe, ethical, evidence-informed, and self-reflective practice across diverse settings.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Clinical practice hours are mapped to year-level competencies and CMCNZ standards.

- Clinical audits track student performance and readiness for independent practice.
- Curriculum includes interdisciplinary collaboration and scope awareness.
- External benchmarking is used to inform curriculum design and clinical standards.

4.3 Access to Academic and Clinical Resources

Providers must ensure students have timely and equitable access to academic and clinical resources necessary to meet programme outcomes and governance requirements.

Indicators:

- Students have access to curriculum documents, learning support, clinical supervision, and teaching materials.
- Clinical supervision is consistent with Council registration requirements.
- Resource access is monitored and evaluated through student feedback and internal review.
- Equity of access is demonstrated across diverse learner groups.

4.4 Learning Environments and Teaching Methods

Learning environments and teaching methods must be user-centred, accessible, and fit for purpose. They should reflect the provider's educational philosophy and support achievement of programme learning outcomes.

Indicators:

- Teaching methods include blended, experiential, and culturally responsive approaches.
- Learning environments meet health and safety, accessibility, and cultural safety standards.
- Programme delivery supports diverse learning styles and learner needs.
- Student feedback informs ongoing improvement of teaching methods and environments.

4.5 Curriculum Relevance and Health Sector Alignment

Curriculum must critically engage with national health priorities and contemporary trends in healthcare and professional practice. Graduates must demonstrate research literacy appropriate to the level and scope of the programme. The

	<p>curriculum should also prepare students to understand and comply with ACC-related requirements relevant to Chinese medicine practice in New Zealand.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Curriculum includes content on Te Whatu Ora priorities, Māori health outcomes, and equity. • Research literacy is embedded in learning outcomes and assessment. • Programme content reflects current trends in Chinese medicine, integrative health, and interdisciplinary practice. • Stakeholder input informs curriculum relevance and sector alignment. Curriculum development should incorporate perspectives from tangata whenua, practitioners, and relevant community representatives. Direct involvement of tangata whai ora is encouraged where practical, but their needs may also be represented through practitioner and community feedback. • Curriculum includes education on ACC processes, provider obligations, and treatment injury claims relevant to Chinese medicine practice. • Students demonstrate understanding of ACC documentation, claims processes, and compliance requirements as part of their professional readiness.
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Standard 5: The Student Experience

Standard Statement	Criteria
<p>Students have equitable and timely access to academic information and support.</p>	<p>5.1 Accessible and Accurate Programme Information</p> <p>Students must be provided with complete, accurate, current, and clearly presented programme information. This includes curriculum details, learning outcomes, assessment requirements, and academic policies.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Programme information is available online and in print, updated annually. • Students receive orientation covering curriculum structure, assessment, and academic expectations. • Information is accessible to diverse learners, including those with disabilities and English language learners. • Changes to programme content or policies are communicated promptly and clearly. <p>5.2 Access to Support and Grievance Processes</p>

Students must be informed about, and have access to, independent grievance and appeal processes, as well as personal support services. These services must be culturally responsive, confidential, and readily available.

Indicators:

- Grievance and appeal processes are documented and accessible.
- Support services include academic, pastoral, and cultural support.
- Māori and Pacific student support services are available or appropriately referred.
- Student awareness of support services is monitored through feedback and engagement data.

5.3 Student Feedback and Programme Improvement

Students are regularly invited to critique their learning experiences and provide feedback to the provider. This feedback must inform continuous improvement of programmes, teaching methods, and student services.

Indicators:

- Feedback is collected through surveys, focus groups, and informal channels.
- Feedback is analysed and used to inform programme changes.
- Students are informed of actions taken in response to their feedback (“you said, we did”).
- Feedback mechanisms are inclusive and culturally safe.

5.4 Student Representation in Governance

Students must be represented in the deliberative and decision-making processes related to programme design, delivery, and evaluation.

Indicators:

- Student representatives are included in academic governance bodies.
- Representation includes Māori and Pacific student voices where possible.
- Student input is documented and considered in programme reviews.
- Training and support are provided for student representatives to participate meaningfully.

Standard 6: Programme Assessment

Standard Statement	Criteria
Assessment is fair, valid, and reliable.	<p>6.1 Alignment with Competencies and Learning Outcomes Assessment must critically evaluate programme learning outcomes and align with the Council’s Competencies. There must be a clear and defined relationship between learning outcomes and assessment strategies, which is communicated to students.</p> <p>Indicators:</p> <ul style="list-style-type: none">• Assessment mapping shows alignment with CMCNZ competencies and programme learning outcomes.• Assessment expectations are clearly communicated to students at the start of each course.• Assessment supports development of clinical reasoning, cultural safety, and ethical practice. <p>6.2 Consistency, Validity, and Reliability Providers must implement known and consistent evaluation processes to ensure the reliability and validity of student assessments. Internal and external moderation must be used to maintain consistency across programmes and institutions.</p> <p>Indicators:</p> <ul style="list-style-type: none">• Moderation policies include peer review and external input from CM professionals.• Assessment tools are reviewed annually for validity and reliability.• Assessment outcomes are analysed for consistency across cohorts and delivery modes. <p>6.3 Varied and Applied Assessment Methods Students must undertake a variety of assessments that test their understanding and application of CM knowledge, clinical decision-making, and professional competencies.</p> <p>Indicators:</p> <ul style="list-style-type: none">• Assessment methods include written, practical, oral, and reflective formats.• Clinical assessments cover professional conduct, health and safety, communication, cultural safety, record keeping, and legal/ethical compliance.• Assessments reflect real-world practice scenarios and interdisciplinary collaboration.

6.4 Qualified Assessors and Moderation Standards

Assessments must be conducted by qualified practitioners with expertise in CM and adult education. Moderation processes must ensure fair, valid, and reliable evaluation of student performance.

Indicators:

- Assessors hold relevant CM qualifications and adult teaching credentials.
- Moderation includes cross-provider benchmarking and peer review.
- Assessor training includes cultural safety and bias awareness.

6.5 Progressive Clinical Competency Assessment

Final clinical courses must demonstrate structured processes for progressive assessment of clinical, cultural, and ethical competencies required for registration.

Indicators:

- Clinical competency is assessed progressively across year levels.
- Students receive timely, constructive feedback to support learning and development.
- Final assessments confirm readiness for safe, independent, and culturally responsive practice.
- Clinical audit data informs assessment design and moderation.

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