

Questions & Answers (Q & A)

Q1.	Q	Do you agree that statutory regulation should apply to herbal medicine and acupuncture practitioners in all four UK countries - England, Scotland, Wales and Northern Ireland? 你是否同意应该对英国,包括英格兰,苏格兰,威尔士和北爱尔兰的中草药和针灸医师实行立法管理?
	A	YES We agree that statutory regulation should apply to herbal medicine and acupuncture practitioners in all four UK countries- England, Scotland, Wales and Northern Ireland.
Q2.	Q	Do you agree that a shared Complementary and Alternative Medicine Council (CAM Council) for herbal medicine and acupuncture is the model of statutory regulation which best meets the needs of patients, the public and practitioners? 你是否赞同以共享的补充替代医学管理委员会 (CAM Council) 作为对针灸及草药立法管理的模式将满足病人、公众及从业人员的最大需求?
	A	YES We agree that a shared Council based on the following model is preferred for statutory regulation:
<pre> graph TD SC[Shared Council] --- AC[Acupuncture] SC --- CM[Chinese Medicine] SC --- HM[Herbal Medicine] </pre>		
Q3.	Q	If you do not support a CAM Council, what is your preferred model of statutory regulation? Do you favour the alternative model described in paragraph 28? 如不赞成 CAM Council,你赞成何种立法管理模式? 是否赞同 28 节中所描述的替代模式?
	A	NO, if CAM Council is formed; YES, if CAM Council can not be formed. We do not favour a separate Herbal and Acupuncture council sharing one secretariat. We propose a shared council composed of voted leaders of the three major disciplines to be regulated, Acupuncture, Chinese Medicine and Herbal medicine. See diagram in response to Question 2.
Q4.	Q	Is the name “CAM Council” a suitable name for a shared Council? If you do not agree, what alternative name would you suggest? “CAM Council” 名称作为共享委员会的名称是否合适? 若不赞同,有何建议?
	A	YES However, we do not endorse the terms “complementary” or “alternative” in our practice. The disciplines should be considered valid “first choices” for patients with specific disorders and not the last resort or solution when all else fails. We therefore propose the following names bearing in mind the principle of inclusivity whilst conveying an accurate description of the practices involved: <ul style="list-style-type: none"> • Council for herbal medicine and acupuncture • Holistic medicine Council

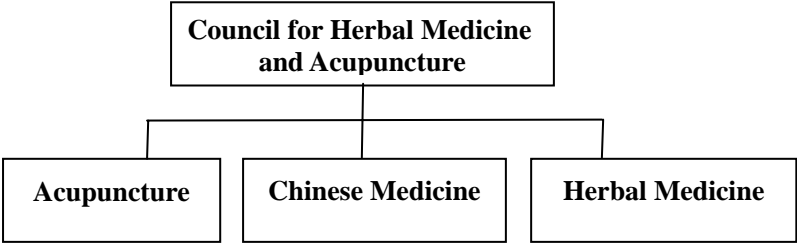
		<ul style="list-style-type: none"> • Natural Medicine Council • Council for Integrative Medicine
Q5.	Q	Do you agree that a CAM Council should be capable of being extended to other unregulated CAM professions, where this is considered necessary in order to ensure patient and public protection? 是否同意 CAM Council 应能够扩展包括其他未被立法管理的补充替代疗法, 以确保病人及大众的利益?
	A	<p>YES</p> <p>The shared will have the power to extend to other unregulated professions to ensure patient and public protection.</p>
Q6.	Q	Do you agree with the suggested titles listed in paragraph 31? If you do not agree, what alternative titles would you suggest? 是否同意 31 节中建议的有关从业人员的职业称呼? 如不赞同, 有何建议?
	A	<p>YES</p> <p>However, we suggest that the titles should read</p> <ul style="list-style-type: none"> • Acupuncturist • Herbal practitioner • Chinese Medicine Practitioner
Q7.	Q	Do you agree with the suggested subsidiary designations listed in paragraph 33? If you do not agree, what alternative subsidiary designations would you suggest? 是否同意 33 节中建议的“辅助名称”? 如不赞同, 有何建议?
	A	<p>In principle we do agree that the titles should carry subsidiary designations listed in paragraph 33. However we would prefer not to use “Traditional” as indicated in our response to question 6. The other difficulty that may arise is that practitioners may specialise in more than one kind of practice, which clearly will make the designated title inordinately long and may confuse patients and General practitioners making referrals. The title should be as short and as simple as possible. Finally, the disadvantage here is that the title would limit one’s practice to what it legally declares.</p>
Q8.	Q	Do you agree with the duties of the new Council set out in paragraph 35 and 36? 是否同意 35 和 36 节中列举的有关新管理委员会的职责?
	A	<p>This is a two pronged question.</p> <p>To paragraph 35: YES</p> <p>To paragraph 36: YES</p> <p>However, we firmly believe that regulation must be impartial and separate from any advisory role with respect to the use of products as medicines. This should be left in the remit of the professional bodies involved, who would maintain their</p>

		right to promote their respective disciplines, advise on professional development and undertake any non-regulatory functions they consider appropriate.
Q9.	Q	Do you agree with the proposed composition of the CAM Council set out in paragraph 40? If you do not agree, please suggest an alternative. 是否赞同 40 节中建议的有关 CAM Council 的组成? 如不赞同, 有何建议?
	A	NO We believe that the proposed number is too large to be practically useful. We propose a number of thirteen (13) composed as follows: <ul style="list-style-type: none"> • Six (6) practitioners – from the various disciplines • Six lay persons – assigned to each of those disciplines • One Chairperson – the chair shall be a layperson with preferably a legal and or public service background.
Q10.	Q	Would it be possible for the health medicine traditions of Kampo and Tibetan herbal medicine to be individually presented on Council? Should and other herbal medicine or acupuncture traditions be individually respected on Council? 日本和西藏的传统草药医可否单独列入管理委员会? 任何其他传统草药或针灸亦然?
	A	We believe that the herbal medicine traditions Kampo and Tibetan herbal medicine should have individual representation on the council if the number of their practitioners large enough. We believe that Massage therapists should be represented on the council in accordance with our proposal in question 9, i.e. one practitioner and one layperson.
Q11.	Q	Do you agree with the term of office and method of appointment of Council members proposed in paragraph 42 to 51? 是否同意 42 至 51 节中关于任职期限以及如何任命委员会成员的建议?
	A	YES Initial appointment by the NHS appointments commission is appropriate. However, the disadvantage here is that fairplay is at risk in the short listing process. We suggest that it would be simpler, cheaper and preferable for the professional organisations to propose a candidate to represent them on the council . This will also save time and ensure adequate and appropriate representation. We also firmly believe that the Chair should change annually.
Q12.	Q	Do you agree with the Health Departments' proposals for collaborative regulation described in paragraph 49 to 51? 你是否赞同 49 至 51 节中建议的合作法规计划?
	A	YES Practitioners who are already regulated by the GMC and the HPC should and will continue to be regulated by them. These regulators should consult the "Shared Council" on issues of <ul style="list-style-type: none"> • Continuing professional development

	<ul style="list-style-type: none"> • Fitness to practice • Best practice <p>These practitioners shall be subject to the mandate of the GMC and the HPC.</p>
--	---

Q13.	Q	Do you agree that the Council should be free to establish additional committees as it considers appropriate? 是否赞同管理委员会可适时建立附属机构?
	A	<p>YES</p> <p>However, we have the following comments: The proposed council should adhere to the mandate of maintaining a register and be limited to the committees already proposed in paragraph 52, with the exception of the Education and training committee, viz:</p> <ul style="list-style-type: none"> • Investigating Committee • Professional Conduct Committee • Health Committee <p>The shared council will be dealing with a variety of disciplines as well as a variety of different systems of medicine. This is in contrast to the GMC which deals with only one system of medicine and therefore it is appropriate to decentralise education and training to the approved professional bodies. In the case of Chinese Medicine this shall be the Chinese Medical Alliance. Other disciplines should have their own recognised body to determine this.</p>

Q14.	Q	What are your views on the composition of the Education and Training Committee? What numbers of lay and practitioner members are appropriate? Should the Chair be a lay Chair or a practitioner Chair? 你对教育培训部组成有何意见？专业及非专业人员应呈何种比例？主席应由专业还是非专业人士担任？
	A	<p><u>Our views on the composition of the Education and Training Committee:</u> The composition can only be a complex one comprising of different types of practitioner representations. Because of this complexity it would be impossible to determine the education and training standard for each discipline. For this reason a centralised agreement will be difficult to attain. (see response to question 13)</p> <p><u>Re: number of lay and practitioner members</u> The number of practitioners that need to be represented will be ten (10) (see appendix III page 58 ARWG report), in addition to an equivalent number of laypersons. This will be a large committee, making it difficult to reach any decisions. This re-iterates our point of decentralising the education and training issues to the professional bodies e.g. Chinese Medicine Alliance for Chinese Medicine.</p> <p><u>Re: Chairperson</u> The professional bodies can adopt a representative from the lay public to represent patient's interests. This reinforces our view of decentralising the education and training committee</p>

Q15.	Q	<p>Do you consider it appropriate for the CAM Council to establish a Registration Committee, or do you think that matters relating to registration should be addressed by the Education and Training Committee?</p> <p>你认为应该在 CAM Council 内建立注册委员会，还是应该由教育培训部处理有关注册的事宜？</p>
	A	<p>YES</p> <p>The Registration committee should be part of the shared council's function. Our preferred model for the committees, therefore are:</p> <ul style="list-style-type: none"> • Registration Committee • Investigating Committee • Professional Conduct Committee • Health Committee
Q16.	Q	<p>Do you agree that the holding of an accredited qualification should enable herbal medicine and acupuncture practitioners to apply for automatic registration with the CAM Council?</p> <p>你是否赞同持有专业认证资格的草药和针灸医师可自动注册进入 CAM Council？</p>
	A	<p>YES</p> <p>Automatic registration of a practitioner previously registered with an approved accredited register, eg CMIR is appropriate. However, we strongly disagree with dual registration of Chinese medical practitioners under both herbal and acupuncture subgroups of the shared council. This does not reflect the D.O.H recommendation to protect the integrity of Chinese Medicine as a complete system as reflected in the consultation document.</p> <p>We therefore propose a third register of “Chinese Medicine” to simplify the registration of Chinese medicine practitioners and to protect the integrity of Chinese medicine. This was previously proposed in the Chinese Medicine Legislation Forum in April 2003, along the following model:</p> <div style="text-align: center;">  <pre> graph TD Council[Council for Herbal Medicine and Acupuncture] --> Acupuncture[Acupuncture] Council --> ChineseMedicine[Chinese Medicine] Council --> HerbalMedicine[Herbal Medicine] </pre> </div> <p>Here we define the discipline of Chinese medicine to mean two facets, modern Chinese medicine and traditional Chinese medicine</p> <p>Modern Chinese Medicine</p> <ul style="list-style-type: none"> • Electro-acupuncture • Auricular-acupuncture • Chinese pharmacology • Syndrome acupuncture <p>Traditional Chinese Medicine</p> <ul style="list-style-type: none"> • Traditional acupuncture

		<ul style="list-style-type: none"> • Chinese Herbal medicine • Diet therapy • Tuina (Chinese Massage) therapy <p>This position is again represented by the Chinese Medicine Alliance</p>
Q17.	Q	Do you agree that practitioners who do not hold an accredited qualification should be individually assessed for entry on to the Register? 你是否赞同未持有任何专业认证资格的从业人员需经过单独评估方能进入注册?
	A	<p>YES</p> <p>We agree that practitioners who do not hold an accredited qualification be assessed individually for entry on to the Register. Please see enclosed accreditation criteria for Chinese medicine practitioner.</p>
Q18.	Q	Do you agree that a core curriculum, with elements that are specific to traditional acupuncture and Western medical acupuncture, should be developed for acupuncture, or should we move in the direction of National Occupational Standards? 你同意对针灸建立包含传统针灸和西方医学针灸的核心教学大纲，抑或采纳国家职业标准?
	A	<p>YES</p> <p>We agree that a core curriculum be agreed amongst the professional bodies who offer the professional training programmes, e.g. BMAS, BAcC, CMIR to include elements of western acupuncture, modern acupuncture including syndrome acupuncture and traditional acupuncture.</p>
Q19.	Q	Do you agree with the proposed arrangements for assessing overseas-qualified herbal medicine and acupuncture practitioners for entry on to the Register? 你是否同意有关海外草药和针灸师进入注册的评估方案?
	A	<p>YES</p> <p>We in principle agree with the proposal, however, there should be a transition period for the English requirement as well as the experiential work. This would enable overseas qualified practitioners, from non-English speaking countries, to gain not only sufficient knowledge of English through continuing education, but also local knowledge necessary for their clinical practice. Provision should also be made for an approved interpreter as criterion for registration of a practitioner, who's English, may not be proficient.</p>
Q20.	Q	Do you support the proposed groups of practitioners who would be eligible to join the Register through a grandparenting scheme? 你是否赞同提案中所建议的部分从业人员按祖父母条例进行注册?
	A	<p>YES</p> <p>We support the grandparenting scheme if the practitioner is on the accredited register of an approved professional body. If they are on an approved accredited register they should not be required to take a test of competence.</p>

Q21.	Q	Do you agree with the proposed two-year transitional period for the registration of existing practitioners on to the new Register? 你是否同意以两年时间作为现任从业人员陆续成为注册医师的过渡期?
	A	YES We agree with the proposed two-year transitional period for the registration of existing practitioners on to the new Register.
Q22.	Q	Do you agree that the standards of proficiency maintained by the CAM Council should take account of the National Professional Standards for herbal medicine and any future National Occupational Standards for acupuncture? 是否同意 CAM Council 所持的专业精通标准应兼顾相关的国家草药职业标准和所有未来的国家针灸职业标准?
	A	No The National Professional Standards published by skills for health in 19/09/03 did not have wide enough collaboration especially in terms of Chinese Medicine. We therefore cannot agree that the Shared Council take their recommendation into account for Chinese Herbal Medicine. During the impending National Occupational Standards for acupuncture, which has yet to convene, a committee of experts should be established to set the standards of proficiency required for registration, (see enclosed Chinese Medicine Alliance curriculum).
Q23.	Q	Do you agree that the CAM Council should develop and publish codes of conduct for herbal medicine and acupuncture practitioners? 是否赞同 CAM Council 应该发展并公布草药和针灸师的行医准则?
	A	In terms of establishing codes of conduct for consultation with patients, confidentiality and informed consent, we agree that the shared council should develop and establish codes of conduct. We re-iterate that Chinese Medicine shall and will be considered a discipline with regard to this. In terms of practice codes of practice relating to the manufacture, preparation, dispensing of herbal medicines and management of the dispensary, we disagree . This should be dealt with by the professional bodies related to manufacture and supply adhering to GAP, GMP and GSP standards. A dispensary professional body should be established to establish best practice in pharmacy and herbal dispensing, separate and apart from the shared council.
Q24.	Q	Do you agree that the CAM Council should be responsible for determining CPD requirements for herbal medicine and acupuncture practitioners? 是否赞同 CAM Council 应负责决定 CPD 对草药和针灸师的要求?
	A	YES However, we firmly believe that the continuing professional education should be left to the professional bodies that satisfy the criteria determined by the registration committee. Re-accreditation/ Re-validation should be determined by the Shared council, based on recommendations from the professional bodies, particularly in respect to the CPD of an individual practitioner.

Q25	Q	Do you support the fitness to practise schemes proposed by the working groups, or you prefer the GMC's model? 你支持工作组提出的执行方案，抑或 GMC 的范本？
	A	From the practical and unification point of view, a "GMC" model of Fitness to practice is preferable
Q26a.	Q	(If you prefer the fitness to practise model proposed by working groups.) What are your views on the composition of the fitness to practise committees? What numbers of lay and practitioner members are appropriate? Should the chair be a lay Chair or a practitioner Chair? (若支持工作组的执行方案) 你对执行委员会的人员构成有何意见？专业与非专业人员比例应如何？主席应由专业还是非专业人士担任？
	A	See Question 25.
Q26b.	Q	(If you prefer the fitness to practise model consulted on by the GMC.) What are your views on the composition of the Investigating Committee and adjudication panel? (若支持参照 GMC 的范本) 你对调查委员会和陪审团人员的构成有何意见？
	A	The Investigating committee should be composed of practitioners of the particular discipline of the individual in question The adjudicating panel should be composed of laypersons, preferably of a legal and or public service background.
Q27.	Q	Do you agree with the suggested sanctions for use in fitness to practise cases? 是否支持提案建议的有关医学案例的制裁条款？
	A	YES We agree with the suggested sanctions, but prefer the term "removal from the register" as against "erasure from the register"
Q28.	Q	Do you agree that an appeals tribunal should be constituted by the CAM Council to consider appeals relating to registration or renewal of registration? 是否赞同 CAM Council 应该组成请愿仲裁团专门处理关于注册或注册更新方面的事宜？
	A	YES We do agree that an appeals tribunal should be constituted by the shared council to consider appeals relating to registration and or renewal of registration. We do advise that legal representation be available for the shared council.
Q29.	Q	Do you agree with the creation of a formal working group to help prepare for the establishment of the first CAM Council? 是否赞同建立一个正式工作组筹备第一个 CAM Council 的成立？
	A	YES The working group should be represented by an appropriate professional body

	based not only on number of members but also on the variety of disciplines involved and their professional standards recognised internationally. In Chinese Medicine this would be the World Federation of Chinese Medical Societies (WFCMS) and the State Administrative Board of China.
--	---

Please see enclosed -

- *CMIR Worldwide Support for Independent Chinese Medicine Legislation*
- *CMIR Code of Practice, Re-accreditation and Continuing Professional Development documents*
- *Postgraduate Diploma Programmes for Doctors and Healthcare Professionals*

The Core Curriculum of TCM in the UK and Outline of Accreditation for TCM Practitioners please see enclosed CMA documents supported by CMIR and CHIR.