MEETING ON STRENGTHENING REGULATORY SYSTEMS FOR TRADITIONAL AND COMPLEMENTARY MEDICINE PRACTITIONERS IN THE WESTERN PACIFIC REGION

9–10 September 2019
Melbourne, Australia
Meeting on Strengthening Regulatory Systems for Traditional and Complementary Medicine Practitioners in the Western Pacific Region
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MEETING REPORT

MEETING ON STRENGTHENING REGULATORY SYSTEM
FOR TRADITIONAL AND COMPLEMENTARY MEDICINE PRACTITIONERS
IN THE WESTERN PACIFIC REGION

Convened by:

WORLD HEALTH ORGANIZATION
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NOTE

The views expressed in this report are those of the participants of the Meeting on Strengthening Regulatory System for Traditional and Complementary Medicine Practitioners in the Western Pacific Region and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Meeting on Strengthening Regulatory System for Traditional and Complementary Medicine Practitioners in the Western Pacific Region in Melbourne, Australia from 9 to 10 September 2019.
SUMMARY

The Declaration of Alma-Ata in 1978 acknowledged the role of traditional medicine practitioners as part of a health team in the community. As the Alma-Ata Declaration and the recent Astana Declaration recognized, traditional medicine comprises a significant part of primary health care, which is a critical foundation to achieve universal health coverage (UHC). Member States in the WHO Western Pacific Region have accordingly made great efforts to integrate traditional medicine into their national health systems to maximize health potentials of traditional medicine.

Regulation of traditional and complementary medicine (T&CM) practitioners is often the first step to integrating their services into national health systems, while ensuring quality and safety. In the Western Pacific Region, the regulatory status of T&CM practitioners varies substantially across Member States. To support Member State endeavours to strengthen regulatory systems for T&CM practitioners, WHO has incorporated issues and actions for regulation of T&CM practitioners in the Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce. The 2017 Regional Committee resolution endorsing the Regional Action Agenda (WPR/RC68.R7) mandates WHO to facilitate discussion with Member States on the development of regulatory systems for traditional medicine and, where appropriate, integration into health-care systems. Responding to requests from Member States, the WHO Regional Office for the Western Pacific convened the Meeting on Strengthening Regulatory System for Traditional and Complementary Medicine Practitioners in the Western Pacific Region in Melbourne, Australia, on 9-10 September 2019 to share national experiences and lessons and to strengthen cooperation on traditional medicine as part of actions to achieve UHC in the Western Pacific Region.

Twenty-two participants from 13 Member States attended the meeting with three experts in this area. Participants shared their current regulatory system, from registration to management of complaints and notification process, and various education systems for T&CM practitioners. Active discussions helped participants better understand the situation and regulatory standards of each country. Further, they discussed key factors when setting regulatory standards in T&CM practitioners and strategies to coordinate with various stakeholders in improving education and establishing accreditation systems.

The key conclusions from the meeting are as follows:

- The key objective of regulation is to protect public health and safety. The regulatory framework should create an environment that supports the providers and safeguards the consumers. While regulation of T&CM aims to protect public health and safety, we also need to embrace diversity of culture.
- A risk-based approach to regulation might be helpful depending on a country’s capacity, resources and needs. Such a regulatory approach needs to take into consideration both the risk of the practice and the practice setting.
- Involving and engaging key stakeholders, including the health ministry, the edition ministry, practitioners, educators and the community, is important in setting standards for education and regulation. However, stakeholder roles and responsibilities need to be clarified.
- Education reforms undertaken by other professions can provide important lessons. However, the unique aspects of T&CM practice should be also considered.
- Standardization of T&CM practices based on evidence is important but remains a key challenge for most countries. Generation and use of evidence to inform T&CM practice should be an important priority for countries.
- Establishing a regional network of national regulators to share information and national lessons on regulation and education systems for T&CM practitioners will help strengthen regulation, convergence and cooperation among Member States of the Region.

Regulation and education systems of T&CM practitioners are diverse within and between countries of the Region, influenced by political, historical and cultural context. However, there are also many
similarities and common challenges. To address common challenges, Member States are encouraged to consider the following:

1) Explore various regulatory options and mechanisms, including a risk-based approach, to ensure the quality of education in T&CM and strengthen regulation on T&CM practitioners, depending on country context (overall regulatory system for medical professions) and resources.

2) Strengthen partnerships with relevant stakeholders within the government and other sectors in developing regulatory standards, implementing them and improving education of T&CM practitioners.

3) Explore opportunities and ongoing efforts to strengthen regulation of the health workforce, including discussions about T&CM practitioners, and identify common areas to be consistent across various health-care providers.

4) Promote understanding about T&CM among other health-care providers and interprofessional education to improve integrated, people-centred health-care services and enhance contribution of T&CM practitioners in achieving UHC.

5) Support evidence-based T&CM practices and adoption of educational reform among other health-care providers as needed, while considering the unique aspects of T&CM.
1. INTRODUCTION

1.1 Meeting organization

As the Declaration of Alma-Ata in 1978 and the recent Astana Declaration in 2018 recognized, traditional medicine comprises a significant part of primary health care, which is a critical foundation to achieve universal health coverage (UHC). Member States in the WHO Western Pacific Region have accordingly made great efforts to integrate traditional and complementary medicine (T&CM) into their national health systems to maximize its health potentials.

Regulation of T&CM practitioners is often the first step to integrating their services into national health systems, while ensuring quality and safety. The global WHO Traditional Medicine Strategy 2014–2023 and the Regional Strategy for Traditional Medicine in the Western Pacific (2011–2020) thus propose regulation of T&CM practitioners as part of key strategic objectives to move forward the traditional medicine agenda. Further, the regional action framework Universal Health Coverage: Moving Towards Better Health highlights strengthening regulation as a key action to improve the quality of health-care systems. It was also suggested as one of the key priorities to advance traditional medicine within the regional framework for UHC in the next five years at the Technical Consultation on Medium-Term Agenda on Traditional Medicine for Universal Health Coverage in the Western Pacific Region held on 28–29 June 2018 in Manila, Philippines.

In the Western Pacific Region, the regulatory status of T&CM practitioners varies substantially across Member States. The country context, specifically how it is integrated into the national health-care systems, and the level of development of traditional medicine are very different across the Region. China, Hong Kong SAR (China), Japan, Macao SAR (China), Mongolia, the Republic of Korea, Singapore and Viet Nam have well-established regulatory systems for traditional medicine practitioners and continue efforts to strengthen their respective systems in line with that for other doctors. In Australia, the Australian Health Practitioner Regulation Agency (AHPRA) led the recent integration of regulation of Chinese medicine practitioners as complementary medicine practitioners into the national regulatory scheme for health practitioners. Malaysia is in the process of implementing the Traditional and Complementary Medicine Act 2016 and strengthening national regulatory capacity based on the T&CM Blueprint 2018–2027. Cambodia and the Philippines have initiated the development of regulatory systems for T&CM practitioners. The Pacific island countries and areas (PICs) have different contexts and situations compared to Asian countries. Only Samoa has started registering traditional birth attendants; a few PICs, including Cook Islands, Fiji and Palau, have a regulation on complementary medicine practitioners licensed abroad, though its implementation varies.

To support Member State endeavours to strengthen regulatory systems for T&CM practitioners, WHO in the Region has provided country-specific support to support development of laws and regulations and their implementation depending on country situation and context. However, there are still common issues including setting appropriate regulatory standards and qualifications and establishing an accreditation system. WHO in the Region thus incorporated common issues and actions for regulation of T&CM practitioners in the Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce, which was endorsed by the Regional Committee in 2017. The resolution on regulatory strengthening, convergence and cooperation for medicines and the health workforce (WPR/RC68.R7) requests WHO to facilitate discussion with Member States on the development of regulatory systems for traditional medicine and, where appropriate, integration into health-care systems. Therefore, the meeting aimed to facilitate sharing national lessons among Member States and to strengthen cooperation on traditional medicine as part of actions to achieve UHC in the Western Pacific Region. The programme of activities is available in Annex 1.

Twenty-two representatives from 13 Member States participated: Australia, Brunei Darussalam, Cambodia, China, Hong Kong SAR (China), Japan, the Lao People’s Democratic Republic, Malaysia, Mongolia, the Philippines, the Republic of Korea, Singapore and Viet Nam. Three experts in this area
also attended the meeting as technical advisers, and the Secretariat for the meeting included two WHO staff members. The list of participants is available in Annex 2. The meeting was hosted by the Australian Health Practitioner Regulation Agency (AHPRA), a WHO Collaborating Centre (WHO CC) for Health Workforce Regulation, the Chinese Medicine Board under AHPRA and RMIT University, a WHO CC for traditional medicine.

1.2 Meeting objectives

The objectives of the meeting were:

1) to take stock of progress made in regulation of T&CM practitioners in the Western Pacific Region;
2) to share national experiences and lessons in tackling common challenges in regulation of T&CM practitioners; and
3) to explore establishment of a network of regulators for T&CM practitioners and identify areas and actions for collaboration to strengthen regulatory systems for T&CM practitioners

2. PROCEEDINGS

2.1 Opening session

As a representative from the hosting institutions, Dr Martin Fletcher, Chief Executive Officer, AHPRA, welcomed the Member State representatives and experts to the meeting. He highlighted the importance of regulation of the health workforce to improve the quality of health-care services and patient safety and coordination of the various stakeholders.

On behalf of Dr Socorro Escalante, acting Director, Division of Health Systems and Services in the WHO Regional Office for the Western Pacific, Dr Yu Lee Park, Technical Officer for Traditional Medicine, delivered the opening remarks. The full speech is available in Annex 3. She underlined the importance of primary health care in achieving UHC and addressing future challenges and key priorities in the Western Pacific Region and the critical role of traditional medicine in primary health care. She also acknowledged the diversity of T&CM practice and of the regulatory status of T&CM practitioners in the Region, while emphasizing the significance of sharing national lessons among Member States to tackle common challenges, which is aligned with the Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce endorsed by the Regional Committee in 2017. Dr Yu Lee Park also shared the meeting objectives and overall programme of the two-day meeting.

2.2 Technical sessions

Session 1. Plenary: Where are we now?

Dr Yu Lee Park gave a presentation on the current regulatory status of T&CM practitioners in the Western Pacific Region. She shared the overall situation of regulation of T&CM practitioners across Member States in the Region, covering: governance, types of T&CM practitioners regulated, licensing/registration system, notification and complaints, disciplinary process, regulation of T&CM practitioners trained overseas, and education system. It highlighted various regulatory systems for T&CM practitioners, depending on country context and historical development of T&CM practice, but also several common issues, such as licensing and registration standards and regulation of overseas-trained T&CM practitioners.

Her presentation was followed by presentations on four diverse regulatory models in Australia, China, Japan and the Republic of Korea. The presentations were delivered by representatives or temporary advisers from these countries.
Australia briefly shared how the current national regulatory scheme for the health workforce in the country has been developed, highlighting its structure and principles, and key challenges in the regulation of Chinese medicine practitioners which was integrated into the scheme.

The current regulatory systems for traditional medicine doctors in China, Japan and the Republic of Korea have a long history compared to other countries; however, each country has adopted different approaches, which provide valuable lessons.

China emphasized how the legal framework and national policies supported the development of regulation of traditional Chinese medicine (TCM) practitioners and the education system for both TCM and Western medicine doctors, including interprofessional education, supported integration of TCM and Western medicine at the service delivery level. Further, recent developments were underlined such as limited registration of TCM practitioners according to the TCM Law in 2016 and strengthening education on primary health care of general practitioners.

The Republic of Korea also shared the overall regulatory system in the country for traditional Korean medicine doctors and the medical education system across basic, postgraduate and continuing professional development. They highlighted how the evaluation and accreditation system for medical education was established according to the revised Medical Service Act and how the accreditation system contributes to improving the education system.

Japan presented the regulatory system for various traditional medicine practitioners, including medical doctors, acupuncturists, moxibustionists and Judo therapists in the country. The regulatory and education systems for these practitioners vary substantially. Medical doctors can practise traditional Japanese medicine (or Kampo medicine) without any limit in scope of their practice, but other practitioners are regulated to practise within their scope of license. If medical doctors prescribe medicines, many Kampo medicine modalities such as herbal medicines, acupuncture and moxibustion are insured by national health insurance.

The four presentations suggested diverse models for regulating T&CM practitioners, depending on each country’s own context and historical development of traditional medicine. However, the common principles were to ensure potential risks to public health from T&CM treatment are addressed and to take a risk-based approach. As a mechanism to ensure the quality and safety of T&CM practice, many national regulatory bodies have established statutory regulation of the practitioners in their countries. Further, risk-based approaches are important to utilize limited resources more efficiently and effectively.

**Session 2. Poster walk**

All participants viewed the country profiles, which were developed by the WHO Regional Office for the Western Pacific for discussion and posted in the meeting venue. Five Member States shared their current regulatory systems for T&CM practitioners and their main challenges: Brunei Darussalam, Hong Kong SAR (China), the Lao People’s Democratic Republic, Mongolia and Singapore.

Key issues highlighted during this poster walk included the following:

- Brunei Darussalam presented its current regulatory system and key issues as a country without a regulatory system and education for T&CM practitioners. The presentations highlighted challenges in verifying the information provided by overseas-trained T&CM practitioners for registration and sharing the information on registration of the practitioners among countries, though there are ongoing efforts to standardize regulatory requirements and share relevant information more efficiently among the member states of the Association of Southeast Asian Nations (ASEAN). Other key challenges discussed were investigation of complaints and the notification process. In addition, difficulties exist in drawing a clear line between religion and traditional medicine in some settings. However, there was consensus that evidence-based traditional medicine practice is critical, while respecting the cultural aspects and diversity of traditional medicine practices.
• The Lao People’s Democratic Republic shared the national policy and strategy to establish a regulatory system for traditional medicine and promote it in the national health system. As a result, the five-year curriculum for herbal medicines was recently established in the Faculty of Pharmacy at the university level.

• Mongolia has a well-established education system for traditional Mongolian medicine doctors as well as a regulatory system. A key challenge in the country is to develop and/or strengthen specialist training for T&CM practitioners, since the current education system does not provide many options for university graduates of traditional medicine wishing to pursue a specialist career pathway to increase their job opportunities.

• In Singapore, following a risk-based approach, only TCM practitioners are regulated; other T&CM practitioners are self-regulated. For overseas-trained TCM practitioners, only selected universities are accepted according to predefined criteria.

• Hong Kong SAR (China) presented its registration system for traditional medicine doctors as well as how complaints are managed and relevant information is shared. Whether a practitioner can register for both Western and traditional medicine and practise both in Hong Kong SAR (China) was discussed, since each country has its own practice. Dual registration is allowed in many countries, but they can practise either Western or traditional medicine in most cases.

• Key issues in countries that recently have established regulatory systems for T&CM practitioners included challenges of allowing registered or licensed T&CM practitioners to use toxic herbal medicines. Further, the session highlighted the fact that regulation of T&CM products is closely associated with regulation of the practitioners, which is addressed in the Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce.

• There was further clarification on the education system for TCM practitioners in China, especially a newly adopted registration track according to the recent TCM Law. Practitioners who are trained by masters in TCM through apprenticeship previously could not register since they did not meet the education requirements for TCM practitioners though they have the skills to practise. Thus, the Government developed a new registration system to register them with a limited scope of practice based on their training if they meet specific registration requirements, including a three-year apprenticeship, recommendations by two doctors, and a passing grade in a two-step examination.

Session 3. Group work: How to set licensing and/or registration standards?

Participants were split into four groups to discuss in depth how to establish licensing and/or registration standards and the process for it: a) Cambodia, Brunei Darussalam, China and the Lao People’s Democratic Republic; b) Australia, Malaysia and Singapore; c) Japan, Hong Kong SAR (China) and the Philippines; and d) Mongolia, the Republic of Korea and Viet Nam.

Cambodia, Malaysia, the Philippines and Viet Nam initiate the discussion in their respective groups by giving a short presentation using the country profiles on the current issues in establishing or strengthening their regulatory system for T&CM practitioners. Key issues shared by the four countries included: development of a subdecree on traditional medicine practitioners in Cambodia; implementation of the T&CM Act in Malaysia; revision of the Traditional and Alternative Medicine Act to give regulatory authority to the Philippine Institute of Traditional and Alternative Health Care in the Philippines and ongoing efforts to revise the Law on Medical Examination and Treatment; and development of a traditional medicine law and strengthening of regulation of traditional medicine practitioners in Viet Nam.

Based on the issues presented by the four countries, each group member shared their current process and the process of developing regulatory standards. In addition, each group discussed how to establish or strengthen the requirements for registration and/or licensing to protect public health in the specific settings of the four countries.
Key highlights from the group discussions were the following:

- Assessing potential risks associated with traditional medicine practices regulated will be critical to setting up minimum requirements for registration or licensing.
- Establishing an appropriate education system for the practitioners to be trained to meet such requirements is another critical factor.
- Engaging with key stakeholders closely is essential for the process of establishing and implementing such a system.

Session 4. Interactive sessions at the Australian Health Practitioner Regulation Agency

All participants visited the national AHPRA office in Melbourne, Australia. There were two sessions during the visit to AHPRA: one session covered setting registration standards and demonstrating the registration process; the other session shared approaches to managing complaints. The participants were divided into two groups for more efficient and interactive discussion on the topics, with two rounds so that each group could attend both sessions.

Before the two sessions started, there was a brief presentation on the overall regulatory system of the professions under AHPRA with a focus on the Chinese medicine board: 16 professions are currently regulated under the national registration and accreditation scheme, and 740,000 health practitioners are registered nationally. Participants discussed the scheme’s governance in the constitutional arrangement of the country, specifically coordination across national boards, accreditation agencies and AHPRA. Issues in developing governance in centralized and decentralized settings were also discussed.

In addition, AHPRA highlighted efforts to build a balanced approach and transparent process and view through having three representatives from the community in the national board. Finally, the following issues were discussed: a) being designed to regulate according to titles versus scope of practice; b) selecting criteria and/or information to decide what should be consistent across various professions (for instance code of conduct) and what should be specific to the professions; and c) facilitating regular information sharing on regulation of various professions across the national boards.

The session on registration introduced the online registration system, which was followed by a demonstration of every step of the overall process. The key issues discussed included: communication and information sharing with the public; objectives of renewal such as financing and updating data for future health workforce planning and cycles; monitoring of continuing professional development as a core requirement for renewal; and verification of information submitted by overseas-trained practitioners. For verification of information, the significance of information sharing across countries was emphasized.

The other session on how to manage notifications introduced the process of managing complaints or notifications in AHPRA and related issues. With sufficient information on core issues of a case, a relevant national board reviews and makes decision. Based on the decision, AHPRA takes regulatory actions accordingly, and practitioners will have opportunities to defend and respond to the decision on regulatory measures throughout the process. While notifications are not common, they are very significant and costly. The full investigation process, including preliminary assessment, assessment and further inquiries, takes time. AHPRA has taken two approaches: fast-track investigation within 90 days and complex investigation within 12 months. A targeted approach to obtain sufficient information for relevant boards to make a decision was shared as part of AHPRA’s efforts to manage notification.

Session 5. Plenary: Establishing/improving education and accreditation system

At the beginning of the session, key highlights from discussion of the first day were summarized. Mentimeter was used to reflect the key messages from the first day.

Dr Indrajit Hazarika gave a presentation on medical education reform of other health-care practitioners. He presented historical development of medical education reforms, from master-apprentice model and university-based model to integrated curriculum. He also introduced the 4R or 4 Relation Model:
clinical, institutional, social and personal axis. He shared competency frameworks of selected countries such as Cambodia, China, the Lao People’s Democratic Republic and Viet Nam. Further, he highlighted core components of regulatory framework for the health workforce: accreditation of education institutes, licensing/registration and certification, especially how accreditation and licensing examination contribute to improving the quality of education and the quality and safety of health-care services.

Dr Vivian Lin facilitated a panel discussion with representatives from Australia, China, Hong Kong SAR (China), the Republic of Korea, Mongolia and Singapore. More experts were invited to the panel discussion as needed.

She started the panel discussion by asking who should set regulatory standards and drive change, and whether it should be educators or regulators. Panellists commented that the governments or regulators and academics are mutually supplementary; both are drivers for change. Education providers in academics develop the qualification framework and learning outcomes according to accreditation standards developed by regulators. When regulators set the standards, there should be active and close engagement with academics. Development of accreditation standards through a transparent process by independent agencies is critical.

Panel members also highlighted the following key points:

- A representative from Hong Kong SAR (China) summarized key principles in using the 3 Cs: commitment between the government and academics; communication with professionals, academics, regulators, media and the community; and consensus with the same goal and common grounds.

- A panel member from Singapore shared the historical development of regulation of TCM practitioners and their education system in the country. It started from self-regulation approximately 20 years ago and became statutory regulation based on the demand and needs to regulate TCM practitioners. The TCM education system in Singapore aims to train a health workforce that is competent in research. There is close collaboration with universities in China to train clinicians in TCM. The importance of consensus among key players in regulation of TCM practitioners was reiterated. The Ministry of Health set the policy, but consensus among the Ministry, TCM Board and associations of practitioners is critical for implementation.

- China also presented a unique situation in that all the universities are owned by the state. The Ministry of Education and the National Administration of Traditional Chinese Medicine (NATCM) make the standards together, which are finally decided by the Ministry of Education. The representative emphasized the importance of setting appropriate standards by the Government. Academics train their students accordingly, because otherwise TCM will be at risk of disappearing if practitioners cannot improve the effectiveness of TCM. There have been three reforms in TCM education and regulation since the TCM Law in 2017: a) registration of TCM practitioners who are trained by masters through apprenticeship, recognition and introduction of the master-apprenticeship model into the medical curriculum at the university level; b) more emphasis on learning the classics in TCM; and c) increase in the number of years in TCM medical education and clinical training from five years with one year of clinical training to eight years with three years of clinical training.

- In Japan, the majority of Western medicine doctors prescribe Kampo medicine, but education system for Kampo medicine is very limited in the medical curriculum. The Government does not drive change or improvement for it. A network of professors in medical schools started discussing standardization of Kampo medicine education in the medical curriculum 3–4 years ago. On the contrary, in the Republic of Korea, the Government leads change like in China. The introduction of an accreditation system based on the revised Medical Service Act drove education reform across various health-care practices including for traditional medicine doctors. From the next cycle in 2021, accreditation standards will include clinical practice and the proportion of the Western medicine curriculum, which will have a great impact on medical education.
At the end of discussion, the panel emphasized recognition of the unique aspects of T&CM, while identifying common aspects that can be standardized. Further, the importance of local context was also underlined, since T&CM practices and how it is integrated vary substantially across countries in the Region.

Session 6. Country-led session

Countries and experts were paired to have a speedy discussion of each country’s specific issues and to share national experiences and expertise on the issues. The pairs were matched based on interest of representatives to meet other country representatives or experts and country situation (Table 1) and had two rounds of discussion each lasting 45 minutes with a different set of countries or experts.

<table>
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<tr>
<th>Table 1. Groups</th>
<th>Round 1</th>
<th>Round 2</th>
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<tbody>
<tr>
<td>Cambodia</td>
<td>Dr Anne-Louise Carlton</td>
<td>Professor Odaguchi (Japan)</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic, Mongolia</td>
<td>Prof Charlie Xue</td>
<td>China</td>
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<tr>
<td>Malaysia, Viet Nam</td>
<td>China</td>
<td>Republic of Korea, Professor Vivian Lin</td>
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<tr>
<td>Singapore</td>
<td>Republic of Korea</td>
<td>Hong Kong SAR (China)</td>
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<td>Hong Kong SAR (China)</td>
<td>Australia</td>
<td>Singapore, Professor Charlie Xue</td>
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<tr>
<td>Brunei Darussalam</td>
<td>Professor Vivian Lin</td>
<td>Dr Anne-Louise Carlton</td>
</tr>
<tr>
<td>Philippines</td>
<td>Professor Odaguchi (Japan)</td>
<td>Australia</td>
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This session gave countries the opportunity to discuss their specific situation and challenges with other countries that have taken further steps to tackle similar challenges and to get expert advice on the next steps. Further, it also provided a basis for each representative to develop a country-specific action plan.

Session 7. Group work

Each country was asked to develop an action plan with specific timelines: 12 months and 3 years. In addition, each country identified areas for WHO support and future collaboration among Member States.

Key actions for each country were as follows:

- Australia
  - Improving effective communication with practitioners and the public
  - Improving evidence-based T&CM practice
  - Establishing qualification framework for overseas-trained T&CM practitioners
  - Strengthening collaboration with other Member States

- Brunei Darussalam
  - Carrying out a needs assessment for establishing a regulatory system for T&CM practitioners and reviewing the current legal system
  - Conducting a survey on the use of T&CM services
  - Setting up collaboration among key stakeholders within the country and with other countries to set up a regulatory mechanism for T&CM practitioners

- Cambodia
  - Developing a subdecree on traditional medicine practitioners
  - Conducting a situation analysis of traditional medicine
• China
  o Strengthening the contribution of TCM to domestic and international public health issues, including outbreaks
  o Supporting research on TCM and improving evidence-based TCM in close collaboration with WHO and WHO collaborating centres in China
  o Standardizing TCM education and clinical services

• Hong Kong SAR (China)
  o Establishing the first TCM hospital and resolving related challenges, such as management of emergency cases in TCM hospitals
  o Establishing a dedicated Chinese Medicine Development Fund for the trade and TCM clinics

• Japan
  o Establishing a standardized curriculum of Kampo medicine for Western medicine doctors through collaboration in the network of professors
  o Improving the incident reporting system

• Lao People’s Democratic Republic
  o Finalizing the national action plan on traditional medicine
  o Strengthening coordination with relevant departments within the Ministry of Health and other key stakeholders in traditional medicine

• Malaysia
  o Implementing registration of T&CM practitioners from 2020
  o Revising education standards for T&CM practitioners
  o Establishing an online public register of T&CM practitioners

• Mongolia
  o Strengthening specialist training programmes for traditional medicine doctors
  o Defining traditional medicine practices that can be integrated and improving the integration of traditional medicine services in public health
  o Enhancing collaboration and coordination among the Ministry of Health, the Ministry of Education and the Ministry of Labour in assessing the risks of self-regulated or unregulated practices such as massage and chiropractic
  o Encouraging research on traditional medicine for drug development and diagnostic capabilities

• Philippines
  o Amending the existing law to include the power to regulate T&CM practitioners and their practice
  o Establishing a national registration system for T&CM practitioners

• Republic of Korea
  o Reaching consensus on accreditation standards for the second cycle of accreditation of universities of traditional medicine and implementing accreditation in collaboration with relevant stakeholders
  o Developing clinical practice guidelines
Singapore
  o Supporting research on traditional medicine and gathering more evidence from clinical research

Viet Nam
  o Developing the Law on Traditional Medicine and reviewing existing laws
  o Conducting a policy impact assessment

All participating countries asked for WHO technical support to implement their action plans and expressed their strong interest and request to establish a platform to share information among countries more efficiently to improve future collaboration among Member States. Further, several Member States also requested support to facilitate information-sharing on regulation of T&CM practitioners between countries.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

At the end of the meeting, the participants discussed and agreed the following:

- The key objective of regulation is to protect public health and safety. The regulatory framework should create an environment that supports the providers and safeguards the consumers. While regulation of T&CM aims to protect public health and safety, diversity of culture should be embraced.

- Regulation and education systems of T&CM practitioners are diverse within and between countries of the Region, influenced by the diverse political, historical and cultural context. The emphasis is on context, since effectiveness of implementation of policy and regulation is affected by the context. However, there are also many similarities and common challenges.

- A risk-based approach to regulation might be helpful depending on country capacity, resources and needs. Such a regulatory approach needs to take into consideration both the risk of the practice as well as the practice setting.

- Involvement and engagement of key stakeholders, including health and education ministries, practitioners, educators and the community, is important in setting standards for education and regulation. However, each stakeholder’s roles and responsibilities need to be clarified.

- The focus should be both on what the standards are and how to implement regulatory and accreditation process to produce a competent workforce that meets the health needs of the community.

- Education reforms undertaken by other professions can provide important lessons. However, the unique aspects of T&CM practice should be also considered.

- Standardizing T&CM practices based on evidence is important but remains a key challenge for most countries. Generation and use of evidence to inform T&CM practice should be an important priority for countries.

- Establishment of a regional network of national regulators from Member States of the Region to share information and national lessons on strengthening regulation and education systems for T&CM practitioners will be very helpful to strengthen regulation, convergence and cooperation in T&CM. Further, the momentum created by this meeting must be harnessed so it is not lost.
3.2 Recommendations

3.2.1 Recommendations for Member States

Member States may wish to consider the following:

1) Explore various regulatory options and mechanisms, including a risk-based approach, to ensure the quality of education in T&CM and strengthen regulation on T&CM practitioners, depending on country context (overall regulatory system for medical professions) and resources.

2) Strengthen partnerships with relevant stakeholders within the government and other sectors in developing regulatory standards, implementing them and improving education of T&CM practitioners.

3) Explore opportunities and ongoing efforts to strengthen regulation of the health workforce, which can include discussion on T&CM practitioners, and identify common areas to be consistent across various health-care providers.

4) Promote understanding of T&CM among other health-care providers and interprofessional education to improve integrated, people-centred health-care services and enhance the contribution of T&CM practitioners in achieving UHC.

5) Support the evidence-based T&CM practices and adoption of educational reform among other health-care providers as needed, while considering the unique aspects of T&CM

3.2.2 Recommendations for WHO

WHO is requested to consider the following:

1) Provide technical support in executing the country-specific action plans, adopting a multisectoral approach, and setting the coordination with national and international partners and stakeholders.

2) Facilitate policy dialogues with policy-makers and key stakeholders to ensure the commitment and actions of governments and partners to strengthen T&CM regulation and education reforms.

3) Facilitate collaboration among Member States of the Region in creating a network among national regulators and sharing information/lessons on regulation of T&CM practitioners and education reforms.

4) Continue to work closely with WHO country offices, collaborating centres, academic institutions and other stakeholders to support Member States in implementing the action plans and taking innovative and system-based approaches.
## Annex 1. Programme of activities

**Meeting on Strengthening Regulatory System for Traditional and Complementary Medicine Practitioners in the Western Pacific Region**  
09–10 September 2019, Melbourne, Australia

**WPR/DHS/ISD(4)/2019**  
English only  
4 September 2019

<table>
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<tr>
<th>Time</th>
<th>Day 1, Monday, 09 September</th>
<th>Day 2, Tuesday, 10 September</th>
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<tr>
<td>08:30 – 09:00</td>
<td>Registration</td>
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<td>09:00 – 09:30</td>
<td>Opening session</td>
<td>08:40 – 10:10</td>
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<td>Opening and welcome remarks</td>
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<td>Introduction of participants</td>
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<td>Overview of the meeting objectives</td>
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<td>09:30 – 10:00</td>
<td>Group photo and coffee/tea break</td>
<td>10:10 – 10:30</td>
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<td>10:00 – 11:10</td>
<td>Session 1. Plenary: where are we now?</td>
<td>10:30 – 12:00</td>
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<td>Current regulatory status of T&amp;CM practitioners in the Region (10 min)</td>
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<td>Diverse models (40 min)</td>
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<td>- Australia (complementary), China (various practitioners), Japan (western medicine doctors), Republic of Korea (traditional medicine doctors)</td>
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<td>- Plenary discussion (20 min)</td>
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<td>- Mechanisms to ensure the quality and safety of T&amp;CM services</td>
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<td>11:10 – 12:00</td>
<td>Session 2. Poster walk</td>
<td>12:00 – 13:00</td>
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<td>12:00 – 13:00</td>
<td>Lunch</td>
<td>12:00 – 13:00</td>
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<td>13:00 – 14:00</td>
<td>Session 3. Group work: how to set licensing and/or registration standards?</td>
<td>13:00 – 14:30</td>
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<td>4 groups: a country example per group to initiate group discussion</td>
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<td>- Cambodia: Brunei, China, Lao PDR</td>
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<td>- Malaysia: Australia, Singapore</td>
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<td>- Philippines: Japan, Hong Kong SAR</td>
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<td>- Viet Nam: Mongolia, Republic of Korea</td>
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<td>- Plenary: reporting back from group work discussion</td>
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<td>14:30 – 15:00</td>
<td>Coffee/tea break (mobility) &amp; transfer to AHPRA (10-15 min)</td>
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<td>14:30 – 16:00</td>
<td>Session 4. Interactive sessions in AHPRA</td>
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<td>Setting registration standards and developing guidance for the profession;</td>
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<td>Demonstration of registration process and how the national on-line registration system works;</td>
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<td>Overview of processes for managing fitness to practice; and</td>
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<td>Approaches to managing complaints</td>
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<td>16:00 – 16:30</td>
<td>Closing session</td>
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<tr>
<td>17:00 – 19:00</td>
<td>Welcome drink and dinner</td>
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### Annex 2. List of participants

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<thead>
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<th>Country</th>
<th>Name</th>
<th>Role and Details</th>
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<th>Name</th>
<th>Position/Title</th>
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<th>Address</th>
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<td>Attorney Charade MERCADO-GRANDE</td>
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Speech of Dr Socorro Escalante, Acting Director, Division of Health Systems and Services at the Meeting on Strengthening Regulatory System for Traditional and Complementary Medicine Practitioners in the Western Pacific Region

Good morning! Welcome to the Meeting on Strengthening Regulatory System for Traditional and Complementary Medicine Practitioners in the Western Pacific Region. My name is Yu Lee Park and I am working in Division of Health Systems and Services in the WHO Regional Office in Manila. On behalf of acting director of Division of Health Systems and Services, I would like to deliver opening remarks.

First and foremost, I would like to thank our hosts, Australian Health Practitioner Regulation Agency, Chinese Medicine Board of Australia and RMIT University, for their warm hospitality and great efforts to host this meeting.

Providing universal access to quality health care services is a key priority for governments. At its core is primary health care (PHC): a whole-of-society approach to health and well-being that is people-centred and delivered as close as feasible to people’s everyday environment. Health systems that are PHC-oriented can address many of our current and future challenges including health security threats, the twin burden of noncommunicable and communicable diseases, and the health effects of climate change, which are key future strategic priorities of the Western Pacific Region Office White Paper.

Families and communities in the Western Pacific Region often seek traditional medicine services as first-line services for a variety of health problems from minor ailments to life-threatening diseases. In the pathway towards universal health coverage, Member States of the Region have acknowledged the significant role of traditional medicine in advancing primary health care and made enormous efforts to integrate traditional and complementary medicine into the national health systems, depending on their national context, to maximize health potentials of it.

Establishing or strengthening regulation of traditional and complementary medicine practitioners is an essential step for the governments to integrate traditional and complementary medicine services into national health systems, while ensuring the quality and safety of its services. Ensuring the quality of healthcare services is one of five essential health systems attributes identified in the Regional Action Framework for Universal Health Coverage. It is also one of key strategic actions proposed by the WHO Traditional Medicine Strategy 2014-2023 and the Regional Strategy for Traditional Medicine in the Western Pacific (2011-2020).

In the Region, regulatory status of traditional and complementary medicine practitioners varies substantially across Member States. Many Member States in Asia already have well-established education and regulatory system for traditional medicine. In recent years, Australia made great progress in integrating regulation of complementary medicine practitioners into the national regulatory scheme for health practitioners. Malaysia is in the process of implementing the Traditional and Complementary Medicine Act 2016. Cambodia and the Philippines are trying to develop regulatory system for
traditional and complementary medicine practitioners. Lao PDR recently introduced education system for traditional medicine practitioners, specifically herbal medicine pharmacists, at the university level.

To support Member States' efforts, WHO WPRO has worked closely with Member States to provide country-specific support. There have also been common challenges, including setting registration standards and qualifications.

Based on recommendations from the Regional Committee Resolution on regulatory strengthening, convergence and cooperation for medicines and the health workforce, we hope that the meeting can provide an opportunity to facilitate discussion with Member States on strengthening regulatory system for traditional and complementary medicine practitioners, share lessons and explore future collaborative activities in the Region.

I also believe that this discussion will contribute to achieving our common goal, universal health coverage. I wish all of you have productive and fruitful discussions at the meeting.

WHO always stands ready to support our Member States of the Region to move traditional medicine agenda forward within the universal health coverage framework.