

Dr S Wiles

Email fy1-request-843-941f00eb@requests.fyi.org.nz

Dear Dr Wiles

Ref: H201301656

Thank you for your refined request dated 24 May 2013 requesting Official Information relating to the post of Chief Advisor – Integrative Medicine, Dr David St George and the Rata Foundation. You requested the following information.

- 1. All emails, documents, memos and official notices regarding the development of the job description for the post of Chief Advisor – Integrative Health, at the Ministry of Health, currently held by Dr David St George.**

The documentation is enclosed.

- 2. All emails, documents, notes, memos and official notices regarding the advice given by the Chief Advisor – Integrative Health, Dr David St George, to the Ministry of Health on the subject of alternative medicine, including but not limited to, acupuncture, homeopathy and traditional Chinese medicine.**

The documentation is enclosed. One email has had the personal details removed to protect the privacy of persons (under S9 (2) (a) of the Official Information Act 1982).

- 3. All emails, documents, notes, memos and official notices relating to communications between the Ministry of Health and the Rata Foundation.**

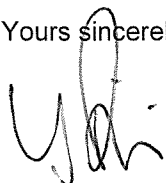
There is no communication between the Ministry of Health and the Rata Foundation Ltd which was removed from the Companies Register in 2008.

- 4. All emails, documents, notices and memos and official notices regarding the advertisement of the post of Chief Advisor – Integrative Health, Ministry of Health.**

The documentation is enclosed.

You have the right to ask the Ombudsman to investigate and review my decision on this request.

Yours sincerely



Barbara Phillips
Deputy Director-General
Corporate Services

Action required by: routine

Date sent to Minister:

Minister's reference: not applicable

File number: HC01-01-10

To: Hon Dr Jonathan Coleman (Associate Minister of Health)

cc: Hon Tony Ryall (Minister of Health)

Title: Proposed Visit to Wellington by China's Vice Minister of Health and Commissioner of the State Administration of Traditional Chinese Medicine, 14 June 2011

Executive summary

- i. Dr Wang Guoqiang, Vice Minister of Health, People's Republic of China, and Commissioner of the State Administration of Traditional Chinese Medicine (SATCM) has requested an official meeting with the Ministry of Health in Wellington during the morning of 14 June 2011, to discuss bilateral cooperation over the development of Traditional Chinese Medicine (TCM) in New Zealand.
- ii. The visit follows on from a meeting held in Wellington with SATCM officials in May 2010 (under the 2008 New Zealand-China Free Trade Agreement), and a subsequent visit to SATCM offices in Beijing, China, by Dr David St George (Chief Advisor – Integrative Care) in November 2010.
- iii. The Ministry of Health recommends that you meet with the Chinese delegation, given Dr Wang's position in the Chinese Government as Vice Minister of Health. SATCM officials have also asked if the delegation can meet the Associate Minister of Health with responsibility for traditional and complementary medicine in New Zealand.
- iv. The Ministry of Foreign Affairs and Trade (MFAT) supports bilateral cooperation in areas where there are clear mutual benefits identified by the Ministry of Health.

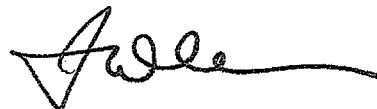
The Ministry recommends that you:

- a) **Agree:** to meet with the Chinese delegation

Yes No



Dr Mark Jacobs
Acting Chief Medical Officer
Clinical Leadership, Protection & Regulation



Minister's Signature

Date: 6.4.11

Ministry of Health Contact:

| | |
|--|--------------|
| Dr David St George Chief Advisor – Integrative Care | |
| Phone: | 04 496 2592 |
| Cellphone: | 021 222 0804 |

Minister's feedback

| | Very poor | Poor | Neutral | Good | Very Good |
|-----------------------------|-----------|------|---------|------|-----------|
| Quality of advice | 1 | 2 | 3 | 4 | 5 |
| Writing style | 1 | 2 | 3 | 4 | 5 |
| Quality of analysis | 1 | 2 | 3 | 4 | 5 |
| Completeness of information | 1 | 2 | 3 | 4 | 5 |

Comments:

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Background

1. Annex 11 of the 2008 New Zealand-China Free Trade Agreement (FTA) provides for Temporary Employment Entry for up to 200 Traditional Chinese Medicine (TCM) practitioners from China at any one time, for up to three years each (see Appendix 1).
2. On 31 May 2010, the Chinese Government's State Administration of Traditional Chinese Medicine (SATCM – see Appendix 2) visited Wellington, to discuss the implementation of the FTA provision. SATCM officials and the Chinese Embassy met with officials from the Ministry of Foreign Affairs and Trade (MFAT), the Ministry of Health and the New Zealand Immigration Service (Department of Labour).
3. The meeting noted that since the FTA entered into force there had been no successful entries of TCM practitioners under the FTA provision, four successful temporary entry applications under the skilled migrant category, and one successful residency application. The meeting also concluded that there is unlikely to be a significant increase in uptake of the FTA temporary employment entry provision, for the following reasons:
 - a. TCM in New Zealand is a private market of around 600 practitioners, nearly all of whom are self-employed. There are very few private businesses in a position to offer employment to other practitioners.
 - b. The handful of businesses that are in a position to employ practitioners from China are already able to do this through the normal skilled migrant category. Unlike the new FTA provision, this route can lead to residency.
 - c. There are two TCM training schools in New Zealand, each with two campuses in different cities, and it is likely that the market for TCM practitioners is beginning to reach saturation.
4. Discussion therefore shifted to exploring other ways of enhancing bilateral cooperation over the development of TCM in New Zealand. Both sides agreed that it would be of more value to take a longer-term view and focus on developing postgraduate education and research in New Zealand. This would allow for an exchange of experts in education and research between the two countries.
5. SATCM was particularly interested in fostering research into Chinese herbal medicine. They have developed a technical platform for the scientific study of multiple herb formulae, based on the combination of traditional Chinese herbal medicine knowledge with modern pharmacology and pharmacy. They are keen to transfer this technical platform to a Western university for independent scientific evaluation, as well as to consider a possible partnership over the development of a new generation of modern herbal remedies. SATCM proposed the identification of a New Zealand university that could form a partnership with a Chinese university for this purpose.
6. The University of Auckland subsequently expressed a strong interest in establishing a Chinese herbal medicine research programme along these lines. The University already has very strong links with China; it already has an Associate Professor of Herbal Medicines in the School of Pharmacy; and it has already begun to consider seeking a partnership with a Chinese university for this very purpose. Professor Stuart McCutcheon (Vice Chancellor) subsequently met with SATCM officials in Beijing (in June 2010), and Professor Iain Martin (Dean, Faculty of Medical and Health Sciences) is planning a visit to Beijing in 2011, to identify an appropriate Chinese institution for a partnership.
7. Dr David St George (Chief Advisor – Integrative Care) undertook a follow-up visit to SATCM in Beijing in November 2010. This trip took advantage of an invitation (and financial support) from SATCM to attend an international government forum on the modernisation of TCM in Chengdu (25-26 November).

8. The purpose of the visit to Beijing was to learn more about the organisation of postgraduate education and training of TCM practitioners in China, the integration of TCM with Western medicine, and the development of TCM research. Several key institutions were visited, and all of the relevant information about them was passed on to Professor Martin at the University of Auckland.
9. In light of these exchanges during 2010, Dr Wang Guoqiang, Vice Minister of Health, People's Republic of China, and the Commissioner of SATCM, has now requested a high-level official meeting in Wellington, to further discuss bilateral cooperation over TCM development. Dr Wang has a dual role, with a political role (as Vice Minister of Health) that is broader than his administrative role (as chief executive of SATCM). The Chinese delegation is listed in Appendix 3.

Advice

10. The Ministry of Health's approach to TCM to date has been facilitatory and developmental, by:
 - a. processing the New Zealand TCM profession's application for statutory regulation under the Health Practitioners Competence Assurance Act 2003. A Health Report outlining progress with this application will shortly be presented to the Minister of Health.
 - b. supporting the University of Auckland's proposed research developments and facilitating links to China. Any future funding requirements for this will be sought by the University through normal research funding mechanisms (i.e., Ministry of Science and Innovation and the Health Research Council).
11. With regard to postgraduate education and training in TCM in New Zealand, the Ministry has no proposals for development. Both of the private education providers have continuing professional development programmes and are considering developing their own postgraduate Masters and PhD degrees.
12. The Ministry of Health recommends that you meet with the Chinese delegation, along with Ministry officials, for the following reasons:
 - a. SATCM's previous delegation to Wellington was led by a Vice Commissioner. A second higher-level visit, led by the Vice Minister of Health and Commissioner of SATCM, indicates the importance to China of increasing bilateral cooperation with New Zealand.
 - b. SATCM officials have said that the delegation would like to meet with the Associate Minister of Health who is responsible for traditional and complementary medicine in New Zealand.
 - c. A meeting led by you would match China's high-level support for this growing area of bilateral cooperation, while giving you the opportunity to clarify that New Zealand will continue to contribute to this through developments led by appropriate professional, educational and research institutions, in partnership with Chinese institutions.
13. MFAT supports bilateral cooperation in areas where there are clear mutual benefits, as identified by the Ministry of Health.

Appendix 1: TCM Practitioners and the 2008 New Zealand China Free Trade Agreement

1. Annex 11 of the 2008 New Zealand-China Free Trade Agreement (FTA) provides for Temporary Employment Entry for Chinese nationals who are qualified and experienced in occupations with specific cultural skills: Chinese chefs, Mandarin teachers' aides, Chinese Wushu martial arts coaches, Chinese tour guides and TCM practitioners (including nurses).
2. Under this provision, up to 200 Traditional Chinese Medicine practitioners (including nurses) can work in New Zealand at any one time.
3. In order to qualify for entry, the TCM practitioners must have a higher education degree (3+ years study in TCM) from an institution recognised by the Chinese government and must have a bona fide New Zealand job offer as a TCM practitioner. Successful entrants are allowed up to three years' temporary stay in NZ. There is no route to residency through this provision.
4. During last year's FTA Joint Commission meeting in Beijing, Chinese officials from the Ministry of Commerce raised the low uptake of the Temporary Employment Entry categories as a concern in the context of FTA implementation. We do not expect that SATCM, having a different mandate, will raise this issue with you. However if they do, you could note that the Department of Labour and MFAT are working to explore ways to improve the uptake and will report on this at the meeting of the Committee on Movement of Natural Persons later this year.

Appendix 2: China's State Administration of Traditional Chinese Medicine (SATCM)

1. SATCM is a state bureau that comes under the Chinese Government's Ministry of Health. SATCM's Commissioner is a Vice Minister of Health, accountable to the Minister of Health.
2. SATCM's responsibilities are wide-ranging and include all aspects of regulating and developing TCM in China. The roles and responsibilities listed on their website are:
 - a. To formulate strategies, plans, policies and relevant standards for the development of traditional Chinese medicine (TCM) and ethnic medicines; to draft related laws, regulations and department rules; to participate in the planning and implementation of significant national projects on TCM.
 - b. To supervise health care, disease-prevention, health preservation and rehabilitation, and clinical prescription of TCM; to plan, guide and coordinate the structure of TCM medical and research institutions and reforms of their operational mechanism; to formulate and supervise the implementation of regulations and technical standards of TCM medical and health care institutions.
 - c. To supervise and coordinate the integration of TCM and Western medicine in medical and research institutions; to formulate prevalent regulations and technical standards.
 - d. To guide the exploration, summarization and improvement of theories, treatment methods and drugs of ethnic medicines; to formulate and supervise the implementation of their regulations and technical standards.
 - e. To conduct a census of Chinese Materia Medica; to promote their protection, exploration, and rational utility; to participate in the formulation of industrial development plans and

- industrial policies on Chinese Materia Medica, and supportive policies on TCM; to participate in the institutionalization of an essential drug list.
- f. To formulate a TCM talents development plan; to formulate and implement qualification standards of TCM professionals in collaboration with other departments; to conduct apprentice education, on-the-job education, follow-up education and related training; to participate in guiding reforms of TCM education and in formulating various TCM educational development plans.
 - g. To formulate and implement research and technical development plans on TCM; to guide the improvement of scientific and research environment and abilities; to supervise significant national research projects on TCM; to promote the transformation, application and popularization of scientific achievements on TCM.
 - h. To protect endangered TCM diagnosis and treatment techniques, and Chinese Materia Medica processing techniques; to organize the research of TCM literature and inheritance and development of TCM culture; to give advice on protecting TCM intangible cultural heritage; to push forward the popularization of TCM knowledge of disease-prevention and treatment.
 - i. To carry out international application and propagation of TCM; to conduct international exchange, collaboration and cooperation on TCM; to conduct collaboration and cooperation with Hong Kong, Macao and Taiwan.

Appendix 3: List of Delegation from the State Administration of Traditional Chinese Medicine, PRC

1. Dr Wang Guoqiang, Vice Minister of Health, Commissioner of SATCM.
2. Dr Wang Xiaopin, Director General, Department of International Cooperation, SATCM
3. Dr Jiang Jian, Deputy Director General, Department of Medical Administration, SATCM
4. Mr Chen Junfeng, Secretary to Vice Minister of Health, SATCM
5. Ms Ma Ninghui, Program Officer, Department of International Cooperation, SATCM
6. Dr Liu Weizhong, Director General, Health Bureau of Gansu Province

END.

MINISTRY OF HEALTH – AUDIT TRAIL

DUE DATE: 31/5/11 URGENT (24 hours) SEMI-URGENT (3 DAYS) ROUTINE (1 WEEK)

| | | | |
|---|----------------------|---|--------------------|
| Title <u>BRIEFING FOR A VISIT TO WELLINGTON BY CHINA'S VICE MINISTER OF HEALTH & COMMISSIONER OF SATCM</u> <u>14 JUNE 2011</u> | | Doctrak + Health Report + OIA + Ministerial # <u>20110563</u> | |
| File Reference <u>HCOI-01-10</u> | Lotus Notes Database | Lotus Notes Drawer | Lotus Notes Folder |

RESPONSIBILITIES - CHECKED AND APPROVED BY (clearly print name and initial):

| | |
|--|--|
| Author/Person & Business Unit [content/quality] Date: <u>17/5/2011</u> Ext. <u>2592</u> <u>David P. Steane, CLP</u> | Peer Review [content/quality] Date: <u>17/5/11</u> Ext. <u>2096</u> <u>[Signature]</u> |
| Accountable Manager or Chief Advisor Date: <u>17/5/2011</u> Ext. <u>2592</u> <u>David P. Steane</u> | Admin/E/PA [formatting / quality] Date: <u>1/11</u> Ext. <u>3357</u> <u>Dez McCannell</u> |

****PLEASE ENSURE YOU CLEARLY PRINT YOUR NAME AND SIGN****

| BUSINESS UNIT SIGN OFF (if required, print sign and date) | CORPORATE SIGN OFF (if required, print sign and date) |
|--|---|
| DIRECTOR GENERAL SIGNED OUT DIRECTOR-GENERAL'S OFFICE Date: <u>17/5/11</u> | CHIEF FINANCIAL OFFICER/FINANCE Date: / / |
| POLICY Date: / / | COMMUNICATIONS Date: / / |
| MAORI HEALTH Date: / / | HEALTH LEGAL Date: / / |
| CLINICAL LEADERSHIP, PROTECTION & REGULATION Date: / / | IT Date: / / |
| NATIONAL HEALTH BOARD Date: / / | OTHER Date: / / |
| SECTOR CAPABILITY AND IMPLEMENTATION Date: / / | COMMENTS |
| CORPORATE SERVICES Date: / / | |
| CHIEF NURSE Date: / / | |
| | |

IMPORTANT NOTE: Documents with "financial implications" must be approved by the Chief Financial Officer and the DD-G Corporate Services. Documents with IT implications must be approved by relevant Director Information Strategy or Information Delivery & Op's

Ministry of Health
20 MAY 2011
DISPATCHED

(Blind papers filed not scanned)

Action required by: 31 May 2011

Date sent to Minister:

Minister's reference: 201104/37

File number: HC01-01-10

To: Hon Dr Jonathan Coleman (Associate Minister of Health)

cc: Hon Tony Ryall (Minister of Health)

Title: Briefing for a Visit to Wellington by China's Vice Minister of Health and Commissioner of the State Administration of Traditional Chinese Medicine, 14 June 2011

Executive summary

- i. Dr Wang Guoqiang, Vice Minister of Health, People's Republic of China, and Commissioner of the State Administration of Traditional Chinese Medicine (SATCM) will be meeting you in your office on Tuesday 14 June 2011. He will be accompanied by five other Chinese Government officials.
- ii. Dr Wang requested this meeting, which will be the third meeting between China's SATCM and New Zealand's Ministry of Health.
- iii. Dr Wang's intention behind this meeting is not entirely clear, but it might indicate a wish to speed up the process towards the signing of a Memorandum of Understanding over the cooperative development of Traditional Chinese Medicine in New Zealand.
- iv. The meeting in your office is at 9am. It is expected that you will begin with a brief address, which will be followed by a brief response from Dr Wang.
- v. At the end of the meeting your office will provide gifts for you to present to the delegation, and this will be followed by morning tea.
- vi. Dr St George will then take the delegation across to Turnbull House, where a working meeting will be held with representatives of the Traditional Chinese Medicine profession in New Zealand.


Dr Pat Tuohy
Acting Chief Medical Officer
Clinical Leadership, Protection and Regulation



Minister's Signature

Date: 13.6.11

Ministry of Health Contact:

| | | |
|--|-------------|--------------|
| Dr David St George Chief Advisor – Integrative Care | Phone: | 04 496 2592 |
| | Cell Phone: | 021 222 0804 |

Background

1. The background to this meeting was outlined in HR20110301 (attached). The main points are briefly summarised here.
2. In early 2010, the Chinese Government's State Administration of Traditional Chinese Medicine (SATCM) requested a meeting with the New Zealand Ministry of Foreign Affairs and Trade (MFAT) to discuss implementation of a special provision in the 2008 New Zealand-China Free Trade Agreement (FTA). This provision allowed for Temporary Employment Entry for up to 200 Traditional Chinese Medicine (TCM) practitioners from China at any one time.
3. The meeting to discuss this provision was held at MFAT in Wellington in May 2010. The meeting concluded that there is unlikely to be a significant increase in uptake of the FTA provision. Discussion therefore shifted to other ways for China and New Zealand to cooperate over the development of TCM. It was concluded that it would be of more value to take a longer-term view and to focus on developing TCM postgraduate education and research in New Zealand. Dr Li Daning (Vice Commissioner, SATCM) suggested building a platform for bilateral collaboration in these areas, with the two countries eventually signing a Memorandum of Understanding (MoU) about this.
4. After this meeting, the University of Auckland was identified as having a strong interest in developing a Chinese herbal medicine research programme. The Vice Chancellor (Professor Stuart McCutcheon) subsequently met with SATCM officials in Beijing (in June 2010) to discuss this, and Professor Ian Martin (Dean, Faculty of Medical and Health Sciences) will follow this up during 2011.
5. Dr David St George (Chief Advisor-Integrative Care) undertook a follow-up visit to SATCM in November 2010, to learn more about the organisation of postgraduate education of TCM practitioners, the integration of TCM with Western medicine and the development of TCM research. This visit confirmed the importance of establishing a TCM research programme in New Zealand and relevant information was passed on to the University of Auckland.
6. With regard to TCM postgraduate education and training in New Zealand, the Ministry has no proposals for development. TCM education is provided by private institutions and they are developing their own postgraduate Masters and PhD programmes.
7. An issue of relevance is the statutory regulation of the TCM profession in New Zealand. The profession applied for regulation under the Health Practitioners Competence Assurance Act 2003 (HPCAA) in September 2010. An independent panel has recently concluded that the profession meets the criteria for statutory regulation and a discussion document has been prepared to obtain wider views of the proposal to bring TCM under the HPCAA.

Purpose of the meeting on 14 June

8. Dr Wang has a dual role in the Chinese Government. He has a managerial role as the chief executive officer ("Commissioner") of SATCM (which is a separate state bureau that comes under the Ministry of Health) and he also has a political role as Vice Minister of Health. This latter role is much broader than his role with TCM. As an example of this, Dr St George met Dr Wang in Hong Kong at a high-profile "gala evening" to celebrate the 20th anniversary of the Hong Kong Hospital Authority (which runs all of the Western medicine-based hospitals in Hong Kong). At this event, Dr Wang represented the Beijing Government and he gave a speech that emphasised very strong and positive support for both Hong Kong and the Hospital Authority.

9. It is not entirely clear why such a high level meeting request has come at this point in time. The two previous meetings with SATCM were at the Vice Commissioner level or below. A meeting request from this high-profile politician and chief executive officer suggests that the link with New Zealand with regard to TCM has gained a higher degree of importance in China.
10. It might be that SATCM wishes to speed up the process towards the signing of an MoU. SATCM has already signed MoUs with over 70 countries world-wide. These clarify areas of mutual co-operation in the development of TCM. SATCM typically cooperates internationally through the joint establishment of TCM courses, TCM departments inside universities, mutual cooperation with private colleges, or the joint establishment of integrative TCM-Western medicine clinical facilities.
11. The Ministry's view is that an MoU with SATCM would likely focus on collaborative research and would feature the University of Auckland as a base for this. However, it is premature to consider signing such a MoU, as more detailed groundwork first needs to be done. Nevertheless, the meeting in your office may help to further clarify the areas where cooperation would be of mutual benefit, as well as giving some indication of the process that could lead to the signing of a MoU at a future date.

MFAT's involvement

12. MFAT hosted the May 2010 meeting, which sat squarely under the FTA. MFAT's current view is that the discussions between SATCM and the Ministry now have a somewhat different mandate from the FTA and they should be led by the Ministry of Health. MFAT wishes to be regularly informed of progress and developments and this is being achieved through contact with MFAT's China Unit. MFAT has been invited to attend the meeting on 14 June, but they have not taken up the offer.

Meeting arrangements

13. The meeting is in your office at 9am and will likely be for around half an hour. The list of attendees is outlined in Appendix 1.
14. It is anticipated that you will begin the meeting with a brief address. Some suggested talking points for this are outlined in Appendix 2. Dr Wang will then follow with a brief response and the meeting will then move into a more informal discussion. Ms Ma Ninghui of SATCM will provide bilingual translations.
15. At the end of the meeting your office will provide gifts for you to present to the delegation, which will be followed by morning tea.
16. Dr St George will then take the delegation across to Turnbull House, where a working meeting will be held with representatives of the TCM profession in New Zealand. This meeting will run from 10am to 1pm, with a buffet lunch served from 12 noon.
17. A small number of representatives from the three TCM professional organisations and two undergraduate training schools have been invited to this working meeting. Its purpose is to clarify in some detail what the development needs of the New Zealand TCM profession are, how we can foster greater collaboration in New Zealand between TCM practitioners and mainstream health care, and how links to China could support all of this. To date, there has been some animosity and rivalry between some of the professional groups and it is hoped that the meeting with SATCM officials will help to bring all of the groups together. Dr St George will chair the meeting.

Other relevant issues

18. The Chinese delegation will arrive in Auckland on Saturday 11 June and spend the weekend there, at an Oceania Chinese Medicine Forum hosted by the New Zealand Chinese Medicine and Acupuncture Society. They will then travel to Wellington on Monday 13 June.
19. Dr St George has previously met three of the six delegates (Dr Wang Guoqiang, Dr Wang Xiaoping and Ms Ma Ninghui) and has been in regular email correspondence with Ms Ma Ninghui.

Minister's feedback

| | Very poor | Poor | Neutral | Good | Very Good |
|-----------------------------|-----------|------|---------|------|-----------|
| Quality of advice | 1 | 2 | 3 | 4 | 5 |
| Writing style | 1 | 2 | 3 | 4 | 5 |
| Quality of analysis | 1 | 2 | 3 | 4 | 5 |
| Completeness of information | 1 | 2 | 3 | 4 | 5 |

Comments:

ENDS

RELEASSED UNDER THE OFFICIAL INFORMATION ACT

Appendix 1: List of attendees

From China:

1. Dr Wang Guoqiang, Vice Minister of Health, Commissioner of SATCM
2. Dr Wang Xiaoping, Director General, Department of International Cooperation, SATCM
3. Dr Jiang Jian, Deputy Director General, Department of Medical Administration, SATCM
4. Mr Chen Junfeng, Secretary to Vice Minister of Health, SATCM
5. Ms Ma Ninghui, Programme Officer, Department of International Cooperation, SATCM
6. Dr Liu Weizhong, Director General, Health Bureau of Gansu Province

From the Ministry of Health

7. Dr David St George, Chief Advisor-Integrative Care

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Appendix 2: Talking points

- Welcome Dr Wang to his first visit to New Zealand. Express honour that someone in his position in China wishes to visit New Zealand to discuss bilateral cooperation over TCM development.
- China is very important to New Zealand. China is now New Zealand's second biggest trading partner in terms of both exports and imports. The Free Trade Agreement is a vital part of the relationship between the two countries.
- However, there is more to cooperation between us than exchanging goods. There are many features of the two cultures that we can each learn from.
- Chinese medicine is an example of this. It is a very important area of health care development in New Zealand. There are already over 600 practitioners, and TCM is one of the largest of the traditional or complementary medical professions here.
- The importance of TCM to the growing Chinese community in New Zealand is acknowledged, but more and more New Zealanders of all cultures are choosing to consult traditional acupuncturists and Chinese medical herbalists.
- Chinese medicine has been an unregulated market in New Zealand, so there is diversity and variable standards within the profession. One step towards addressing this has recently been taken with the TCM profession applying to come under statutory regulation. The Ministry is processing this application and we hope to have an outcome later in the year.
- Another important step to take is to expand research activities in New Zealand, which will increase the evidence base for TCM and help support collaboration with New Zealand's health care system. We have been engaging the University of Auckland in discussions about this. They are very keen to set up a research programme and are currently considering which university in China to form a partnership with them.

END.

RELEASABLE INFORMATION
OFFICIAL INFORMATION

Chief Advisor, Integrated Care

Are you looking for a challenge? The Ministry of Health needs you! We are looking for the right person to provide professional leadership, direction and advice on complementary and alternative medicine (CAM), and on the integration of CAM with conventional healthcare, particularly in the area of primary care and chronic care conditions.


If you are a registered health professional with extensive experience and have a post-graduate qualification then this could be the challenge you are looking for.

We need a professional leader who is an excellent communicator and who has the skills, knowledge and experience to work with Ministry of Health staff, District Health Boards, academic research institutions, CAM professional groups, health providers, representative groups and other agencies to provide advice, develop and implement strategies that maximise the effectiveness of services and the benefits to individuals.

This is a full time permanent position located in Wellington.

The Ministry of Health has a commitment to Equal Employment opportunities.

For further information on this position please contact Sheila Swan on 04 496 2244 or email sheila_swan@moh.govt.nz.

Position Profile 

Application Form 

Email your Application form and CV to recruitment@moh.govt.nz.

Applications must be received by 5pm, Friday 14 September 2007.

Vacancy No : 07/KP73

Position Description



MANATŪ HAUORA

| | | | |
|----------------------------|--|-----------------------|----------------|
| Position Title | Chief Advisor | | |
| Business unit | Clinical Leadership, Protection and Regulation | Team | Chief Advisors |
| Location | | Job Band | 21 |
| Reports to | Chief Medical Officer | Direct reports | Nil |
| Delegated Authority | HR Level 3 | Finance | Level 3 |

The Ministry of Health is the Government's principal advisor on health and disability policy. Our job is to protect the health of New Zealanders and, through leadership of the health and disability system, we help New Zealanders to live longer, healthier and more independent lives. We work with health and disability providers and manage a programme of work that supports the Government's priorities and builds on the integral strengths and assets of communities and whanau.

To find out more about the Ministry business units go to: <http://www.health.govt.nz/about-ministry/business-units>

Position purpose and responsibilities

The key responsibility for this role is to take a leadership role in ensuring there is appropriate clinical input and advice for the group's programme of work and to provide strategic professional advice to support the work of the business unit. The Chief Advisor is a national and international leader in their respective professional field. The Chief Advisor is responsible for developing and giving future focussed and innovative advice on the implementation of the allocated programmes to the Chief Medical Officer, Director General, and the Minister. The role includes being spokesperson for the Ministry in their professional field. Information and advice is evidence based and communicated clearly, and in a manner that will inspire staff and external stakeholders. The work is carried out in collaboration with other staff, particularly clinical leads in other business units, and external stakeholders. The Chief Advisor will mentor other staff in the Ministry.

This position will be assigned to one area of interest but may be allocated as Chief Advisor to other programmes and initiatives as business unit priorities change.

Key responsibilities and expectations include but are not limited to:

| Key responsibilities | Performance expectations |
|-------------------------------|---|
| Strategic professional advice | <ul style="list-style-type: none"> Give clinical advice that is evidence based, future focussed and supports the delivery of the Ministry's and government's objectives, particularly in leading the area of complementary and alternative medicine. Take a one ministry and whole of government view of the clinical systems and processes that comprise the programmes across the business unit Identify future strategic and innovative implementation opportunities in the health and wider social sector and recommend actions for improvement Identify best implementation practice nationally and internationally and use this information to inform advice as appropriate Identify linkages, overlaps and synergies with other work programmes in the Ministry, the sector and other government agencies and communicate as appropriate Identify longer term and strategic risks to the successful implementation of national programmes and escalate as appropriate Scope and identify well considered risk mitigation strategies |

| Key responsibilities | Performance expectations |
|---|---|
| Thought leadership | <ul style="list-style-type: none"> • Lead exploration and discussion of own and others' creative ideas to generate options to improve service implementation and system integration in the health sector • Take joint responsibility with management for leading the thinking about the best possible ways of meeting government policy goals through implementation of the work programme • Use well established international and national networks to lead discussions on how to support change and system integration in the health sector • Mentor staff to think broadly and creatively to produce breakthrough strategies to improve implementation and integration in the health sector • Share personal technical skills, knowledge and expertise with staff to build ongoing capability in the business unit |
| National leadership | <ul style="list-style-type: none"> • Represent the Ministry and the Government at national and international professional forums • Develop and maintain strategic national networks to enable successful business unit and Ministry work programme implementation • Represent the Ministry as media spokesperson as requested • Communicate strategic and complex information and advice clearly, succinctly and appropriately for audience |
| Ministry, business unit and team | <ul style="list-style-type: none"> • Provide professional input into Cabinet papers, ministerials, parliamentary questions, briefings and other requests for information • Provide support, input, feedback and peer review to the work of the business unit and the wider Ministry • Mentor members of the work programme teams in areas of expertise |
| Relationship management | <ul style="list-style-type: none"> • Initiate, develop and maintain effective strategic relationships with senior staff in other government and sector agencies responsible for programmes that impact on the delivery of the Ministry programme(s) • Initiate, develop and maintain effective strategic relationships with key external stakeholders including national and international professional networks, DHBs and governance groups • Initiate, develop and maintain effective strategic relationships with key internal stakeholders including Chief Advisors and Clinical Leaders in other business units • Develop collaborative and positive relationships with the Minister and staff in the Minister's office |
| Membership of the strategic leadership and management teams | <ul style="list-style-type: none"> • Participate positively and effectively in formal and informal leadership and management meetings • Develop and maintain effective working relationships with managers and clinical leads across the business unit programmes • Take a whole of business unit and one Ministry approach to the clinical work supporting the programmes • Actively develop and improve the business unit and wider Ministry culture including leading by example |

| Key responsibilities | Performance expectations |
|--------------------------------------|---|
| Specific work programme deliverables | <ul style="list-style-type: none"> • Provide strategic advice on the development of the complementary and alternative medicine (CAM) professions. This includes liaising with CAM professional groups, helping them strengthen their voluntary regulatory processes and assisting with the processing of applications from them to be regulated under the Health Practitioners Competency Assurance Act 2003. • Develop strategies with the appropriate bodies to raise awareness of CAM among mainstream health professionals at undergraduate and postgraduate levels. • Promote the extension of the evidence base for CAM by encouraging research funding bodies and research institutions to facilitate further research in this field; and by facilitating links between CAM practitioners and health researchers. • Provide advice on the integration of CAM practitioners with mainstream healthcare. This includes: <ul style="list-style-type: none"> ○ Working with DHBs, PHOs, health practitioners and academic research institutions to develop and evaluate experimental models of integration in primary care. ○ Facilitating developments in selected areas of secondary and tertiary care where there is good evidence of the efficacy of selected CAM modalities with regard to the management of specific health conditions. ○ Identifying any barriers to integration and developing strategies for overcoming them. • Provide advice on how CAM can improve outcomes in the Government's priority areas. • Work across the Business Units in the Ministry of Health, assisting in identifying the potential role of CAM within all areas of the health sector. • Lead international negotiations and collaboration over the development of integrative care. |
| Health and Safety | <ul style="list-style-type: none"> • Take responsibility for meeting the Ministry's obligations in workplace health and safety. • Lead and promote required health and safety initiatives by acting as a role model. |

Core Ministry competencies

| | |
|----------------------------|--|
| Integrity and trust | Demonstrates public service professionalism and adheres to the Standards of Integrity and Conduct. Provides accurate and impartial advice. Acknowledges mistakes and learns from them. |
| Drive for results | Can be counted on to achieve results. Sets high standards and pushes self and others to perform. |
| Customer focus | Establishes and maintains effective internal and external relationships. Is dedicated to listening to understanding and recognising the needs of others. Acts with the customer in mind. |
| Priority setting | Supports the Ministry's shared purpose and vision. Uses logic to determine what is important and ensures their time and the time of others is spent on this. |
| Problem solving | Explores all sources of information. Sees hidden problems and completes honest analysis. Looks beyond the obvious and doesn't stop at first answers. |

Role specific competencies (total role specific competencies should not exceed six)

Technical and behavioural competencies specific for this role:

| | |
|------------------------------------|--|
| Interpersonal savvy | Relates well to all kinds of people – up, down, and sideways, inside and outside the organisation. Builds appropriate rapport and constructive and effective relationships. Use diplomacy and tact and defuses even high tension situations comfortably. |
| Managing vision and purpose | Leads by communicating a compelling and inspired vision and sense of purpose. Talks optimistically about future possibilities. Makes the vision sharable by everyone. Inspires and motivates groups and units. |
| Intellectual horsepower | Deals comfortably with concepts and complexity. Is intellectually sharp, capable and agile. Is bright and intelligent. |
| Strategic agility | Anticipates future consequences and trends accurately. Has a broad knowledge and perspective and is future oriented. Articulately paints credible pictures and visions of possibilities and likelihoods. Creates breakthrough strategies and plans. |
| Innovation management | Is good at facilitating effective brainstorming and bringing people's creative ideas together. Can predict how potential ideas may play out in the sector and has good judgment about which creative ideas and suggestions will work. |

RELEASED UNDER THE
OFFICIAL INFORMATION ACT



Position Details

| | |
|----------------------------------|--------------------------------|
| Position Title: | Chief Advisor, Integrated Care |
| Work Role Grouping: | Professional Leaders |
| Directorate: | Population Health Directorate |
| Section: | Primary Health Care |
| Location: | Wellington |
| Financial Responsibility: | None |
| Position Status: | Fixed Term |

Organisational Context

Achieving the goal of healthy New Zealanders requires a fair and functional health system as well as making good lifestyle choices and supportive policies in other areas of Government. The Minister of health has overall responsibility for the health and disability support system. District Health Boards (DHBs) play a pivotal role in blending national and local priorities to achieve gains in health outcomes.

The Ministry's role is to lead and manage the sector, working within the legislative underpinning and the Government's high-level strategies. The Ministry of Health is the principal advisor to the Government on health policy and acts as the Minister's agent in managing the formal relationship with DHBs and as an intermediary between the Minister and representatives in the sector. The Ministry's core functions are:

- Strategy, policy and system performance – providing policy advice on improving health outcomes, reducing inequalities and increasing participation, nationwide planning, facilitating collaboration and coordination within and across sectors;
- Servicing Ministers and ministerial advisory committees;
- Monitoring and improving the performance of Crown health entities including District Health Boards (DHBs);
- Funding and purchasing of health and disability services on behalf of the Crown, including maintenance of service agreements, particularly for public health, disability support services and other services that are retained centrally;
- Administration of legislation and regulations and meeting legislative requirements;
- Information services; and
- Payment services.

Position Purpose and Responsibilities

The Chief Advisor, Integrated Care works across the Ministry and the health and disability sector to provide leadership, direction and advice on complementary and alternative medicine (CAM), and on the integration of CAM with conventional healthcare, particularly in the area of primary care and chronic care conditions. In so doing, the position holder will work with the Ministry of Health, District Health Boards, providers, representative groups and other agencies to develop and implement strategies that maximise the effectiveness of services and the benefits to individuals. The Chief Advisor will also provide professional advice on CAM to the Ministry and Minister of Health.

This position is up to full-time although consideration will be given to a part-time appointment and possible secondment arrangement with a District Health Board.

Responsibilities include:

- Providing strategic advice on the development of the CAM professions. This includes liaising with CAM professional groups and helping to consider applications from them to be regulated under the Health Practitioners Competency Assurance Act.
- Developing strategies with the appropriate bodies to raise awareness of CAM among mainstream health professionals at undergraduate and postgraduate levels.
- Providing advice on strategies for meeting consumer information needs about complementary and alternative therapies.
- Promoting the extension of the evidence base for CAM by encouraging research funding bodies and educational institutions to facilitate further research in this field.
- Providing strategic advice on the integration of CAM practitioners with mainstream healthcare. This includes:
 - Working with DHBs, PHOs and academic research institutions to develop and evaluate experimental models of integration in primary care.
 - Facilitating developments in selected areas of secondary and tertiary care where there is good evidence of the efficacy of selected CAM modalities with regard to the management of specific health conditions.
 - Identifying any barriers to integration and developing strategies for overcoming them.
- Providing advice on how CAM can improve outcomes in the priority areas within the New Zealand Health Strategy.
- Working across the Directorates in the Ministry of Health, assisting in identifying the potential role of CAM within all areas of the health sector.
- Working alongside, and in support of, the Ministry's other chief advisors.

Key Relationships

All Ministry employees have a responsibility for managing relationships in some or all of the key sectors we work with. In this role, the key relationships to be developed are as follows:

| | |
|----------------------------------|--|
| Reports to: | Deputy Director-General, Population Health Directorate |
| Nos of employees (FTE): | 1.0 FTE policy analyst |
| Internal Ministry relationships: | Director-General of Health, Deputy Director-General, Population Health; other Deputy Director-Generals; Professional Advisory Group, Medsafe |
| Government and Parliament: | Minister of Health, Minister's private secretary and other office staff, Associate Ministers of Health. Other Government Departments including ACC, Social Development, Education. |
| Health and Disability Sector: | District Health Boards, DHBNZ, Professional organisations, Health sector organisations, Non-government organisations |
| Communities and the Public: | Maori health staff and agencies, Pacific health staff and agencies, Universities, NGOs. |

Key Objectives in the First Year

The successful applicant is responsible for the following key objectives and tasks:

- Interrogate of the New Zealand Health Survey data to find out more about CAM users
- Liaise with all of the key CAM professional groups to determine the strength of their regulation processes and to identify areas where they should be further strengthened
- Build relationships and networks with the National Rongoa body (Nga Ringa Whakahaere o Te Iwi Maori) and Rongoa providers with the Chief Advisory Maori Health and Contracting Manager, Sector Capability and Innovation
- Building an understanding of traditional healing substances
- Facilitate the development of research programmes within the major CAM professional groups, as part of their continuing professional development
- Identify key health conditions or patient groups within mainstream healthcare where the literature indicates that further research on the role of CAM in the management of these conditions would be of benefit. Facilitate the establishment of research projects in these areas.
- Develop a strategy for encouraging the inclusion of CAM awareness education and training in the curricula of all health professions.
- Identify key DHBs and academic institutions who would be prepared to establish pilot studies to identify the practicalities, costs, benefits and health outcomes of models of integration, at primary, secondary and tertiary levels of care.

Note that these objectives will form part of the position holder's performance agreement with the Ministry of Health. Detailed deliverables/key result areas will be developed to support these objectives. New objectives and deliverables/key result areas will be agreed for subsequent years.

Key Selection Criteria

To be considered for this role, the ideal person will have:

- a health professional background, with postgraduate qualifications
- extensive experience at a senior level in the health sector, with sound knowledge of health service management and organisation at all levels
- in-depth knowledge and understanding of the CAM sector, with the ability to provide sound professional advice on CAM
- understanding of the key research issues in the field of CAM, including the need for 'paradigm-sensitive' research methods
- political sensitivity and an understanding of the need for partnership across the various professional groups
- ability to foster good stakeholder relationships through consultation and involvement
- well developed leadership skills
- excellent interpersonal and relationship skills;
- excellent written and presentation skills;
- highly developed strategic and analytical skills
- an understanding of policy development and data analysis;
- the confidence and ability to represent the Ministry and to provide leadership in both mainstream healthcare and the CAM sector

Essential Competencies:

- *Knowledge management.* The ability to transform intellectual assets/information into capability for effective action.
- *Risk management.* The ability to apply risk management principles to work in the Ministry.
- *Presentation.* The ability to deliver messages accurately and appropriately to various audiences.
- *Personal leadership.* The ability to inspire others and increase workplace effectiveness.
- *Stakeholder management.* The ability to manage stakeholder expectations through quality relationships.
- *Applied intellect.* The ability to apply intellectual thinking to get high-quality results.

Expectations of Employees

Corporate Citizenship

All employees are expected to contribute to the development and maintenance of the Ministry of Health as an organisation. This means:

- Using resources responsibly and supporting Ministry conservation measures
- Maintaining standards of ethical behaviour and practice
- Meeting the Ministry's performance standards
- Participating in corporate development initiatives
- Helping to develop and maintain Māori capability in the Ministry, including developing our understanding of the Treaty of Waitangi and ways in which it applies in our work.
- Raising and addressing issues of concern promptly.

The Employer and Employee Relationship

We have shared responsibility for maintaining good employer/employee relationships. This means:

- Acting to ensure a safe and healthy working environment at all times
- Focusing our best efforts on achieving the Ministry's objectives

A performance agreement will be reached between a staff member and their manager containing specific expectations annually or other timeframe as appropriate.

Client and Stakeholder Commitment

All employees are responsible for striving to continuously improve service quality. This means:

- Taking the initiative to meet the needs of the client/stakeholder
- Addressing our obligations under the Treaty of Waitangi
- Involving the client/stakeholder in defining expectations around the nature of the services to be delivered and the timeframe
- Keeping the client/stakeholder informed of progress
- Following through on actions and queries
- Following up with the client/stakeholder on their satisfaction with the services.

Professional Development

As the business of the Ministry and Health and Disability sectors develops, the responsibilities and functions of positions will change. All staff are expected to contribute and adapt to change by:

- Undertaking professional development
- Maintaining currency of professional expertise in order to maintain credibility
- Applying skills to a number of long and short term projects across different parts of the organisation
- Participating in rotation throughout all areas of the organisation
- Undertaking such other duties as the Ministry may reasonably require.

Ministry Competencies

The Ministry has a competency framework in place to support the development of both the organisation and its staff. Refer to Key Selection Criteria for competencies critical to being effective in this position.

Our competency framework includes:

Core Competencies

Core competencies which apply to all people working in the Ministry as they reflect the organisation's core values:

- *Knowledge.* The ability to make realistic/relevant connections between one's own work, the work of the Ministry and broader contexts.
- *Relationship management.* The ability to support the work of the Ministry through high quality working relationships.
- *Professionalism.* The ability to demonstrate commitment to the Ministry's objectives and core values.
- *Self-management.* The ability to develop and maintain personal health and work/life balance systems.
- *Communication.* The ability to communicate in a way that shows sensitivity to other people and achieves desirable outcomes.
- *Problem solving and achievement.* The ability to give shape and direction to issues, ideas and information and deliver high quality work on time.

Māori Awareness

It is essential that a Ministry of Health person has an understanding of Māori issues. This includes an awareness of traditional and contemporary Māori and Iwi structures, key Māori concepts, an awareness of legislation, Treaty of Waitangi issues and policy affecting the key areas of work.

Management and Leadership Competencies

In addition, positions with a management and/or leadership focus have the following set of competencies:

- *Personal leadership.* The ability to inspire others and increase workplace effectiveness.
- *Stakeholder management.* The ability to manage stakeholder expectations through quality relationships.
- *People management.* The ability to promote co-operation and collaboration, and to develop staff in order to ensure the Ministry's ongoing achievement.
- *Applied intellect.* The ability to apply intellectual thinking to get high-quality results.
- *Strategic management.* The ability to focus the activities of the Ministry on building a leadership presence in the health sector to allow all New Zealanders to experience: better health; improved participation in

communities by people with disabilities; reduced health inequalities among population groups.

- *Resource management.* The ability to manage physical and financial resources.

There are also foundation and specialist competencies, which may apply to specific roles in the Ministry and reflect the technical aspects of these roles.

Foundation Competencies

- *Knowledge management.* The ability to transform intellectual assets/information into capability for effective action.
- *Risk management.* The ability to apply risk management principles to work in the Ministry.
- *Legislation and regulation.* The ability to interpret and apply legislation and regulation in work of the Ministry.
- *Presentation.* The ability to deliver messages accurately and appropriately to various audiences.
- *Sectoral leadership and partnership.* The ability to build commitment and give effect to government policy objectives throughout the Health and Disability sector.
- *Critical thinking.* The ability to bring analysis and evaluation skills to work in the Ministry.

Specialist Competencies – Policy Analysis

- *Formulating Policy Advice.* The ability to understand the Health Sector / Public Sector policy environment, apply objective analytical skills to policy issues, and provide advice that reflects the Ministry's position.
- *Understanding and Working in the Political Context.* The ability to understand the political context, including the relationship between the Crown and Government formed by the Treaty of Waitangi, and to use this knowledge to uphold the interests of the Ministry of Health.
- *Stakeholder Consultation & Partnership.* The ability to sustain the interests of the Minister(s) and the Ministry through developing and maintaining effective and cooperative relationships with stakeholders.

Key Selection Criteria

To be considered for this role, the ideal person will need to demonstrate:

Essential experience, skills and qualities

- Sustained success in a professional leadership position
- Experience working with community groups in the health sector
- Proven ability to write and talk about complex clinical and technical issues clearly and concisely
- Proven ability to tailor complex messages to a range of audiences including clinical, government, senior management and the public.
- Ability to coach and mentor staff
- Proven ability to lead the thinking of professional colleagues, both individuals and groups
- Proven ability to analyse complex information to give future oriented advice
- Proven ability to engage other people in finding solutions by inspiring and motivating them
- A mature and composed reaction to stress
- Post graduate level professional qualification
- An appropriate medical qualification

Desirable experience, skills and qualities

- Understanding of the machinery of government
- Experience in the core government sector
- Experience in a health or other social service organisation

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Sent by: David St
George/MOH

To: Mary-Louise Hannah/MOH,
cc:
bcc:

29/04/2011 11:26 a.m.

Subject: Western Acupuncture Groups

Mary-Louise,

Attached is contact information re the Western Acupuncture groups in NZ (for consultation).

Regards,

David



Western Acupuncture Groups.doc

Dr David St George
Chief Advisor - Integrative Care
Clinical Leadership, Protection & Regulation
Ministry of Health
Wellington
New Zealand

DDI: 04 496 2592
Mobile: 021 222 0804
Fax: 04 496 2191

<http://www.moh.govt.nz>
mailto:David_StGeorge@moh.govt.nz

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Western Acupuncture Groups

| | | | |
|--|------------------------------|--|--|
| Physiotherapy Acupuncture Association of NZ | Kirsty Speedy Susan Kohut | kspeedy@vodafone.co.nz Kohut@xtra.co.nz | Kirsty Speedy 28B Howard Road Northcote North Shore Ph/fax 09 4800648 Susan Kohut 44A Sharon Road Waiake North Shore 0630 Ph 09 475 5055 Fax 094755044 |
| Medical Acupuncture Society of NZ (Doctors) | Grant Johnston | springlands@xtra.co.nz | Dr Grant Johnston Springlands Health Ltd 139 Middle Renwick Road Springlands Blenheim Ph-03 578 0979 Fax03 578 5696 |
| AUT | Peter Larmer | peter.larmer@aut.ac.nz | Dr Peter Larmer DHSc, MPH (Hons), MNZSP, Dip MT, Dip Acup. Auckland University of Technology Private Bag 92006 Auckland 1020 New Zealand Ph (09) 921-9999 ext 7322 Fax (09) 921 -9620 |
| Otago University | Gill Johnson | gill.johnson@otago.ac.nz | Dr Gill Johnson School of Physiotherapy University of Otago New Zealand Fax 64 3479 8414 Phone 64 3 479 5424 |
| Osteopaths | Stiofan Mac Suibhne | stiofan@mac.com | Stiofan Mac Suibhne Osteopathic Council PO Box 10-140, Wellington 6143 New Zealand |
| Chiropractors | Nigel Peek | nigelpEEK@orcon.net.nz | 16 D Huron St, Takapuna, NTC 3022. TEL: 021 1489915 Work: 09 - 3763176 |

Sent by: David St
George/MOH

To: Luz Baguioro/MOH@MOH,
cc:
bcc:

07/07/2011 04:25 p.m.

Subject: summary of talk on TCM

Luz,

Attached is the proposed item for the NZ School of Acupuncture and TCM newsletter. I have also attached the two latest versions of the newsletter. The July 2011 newsletter mentions (at the end) the Chinese government visit and meeting with Jonathan Coleman.

Regards,

David



Tony-DavidStGeorge-Draft3.doc Newsletter Jun 2011.pdf Newsletter jul 2011.pdf

Dr David St George
Chief Advisor - Integrative Care
Clinical Leadership, Protection & Regulation
Ministry of Health
Wellington
New Zealand

DDI: 04 496 2592
Mobile: 021 222 0804
Fax: 04 496 2191

<http://www.moh.govt.nz>
mailto:David_StGeorge@moh.govt.nz

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Traditional Chinese Medicine (TCM) professionals in New Zealand are at the brink of new opportunities to move from their current marginal role in the voluntary-regulated private health care to stronger roles within mainstream public health care. But it won't be handed to them on a plate, says Ministry of Health (MoH) adviser, Dr David St George.

“Whether this shift takes place depends largely on the TCM profession itself wanting such a role and taking the lead to make this happen,” adds the Ministry's Chief Adviser Integrative Care Clinical leadership, Protection & Regulation. Two separate trends are opening these opportunities - regulatory trends and bilateral collaboration to develop TCM through education, research and clinical practice.

In September last year, the TCM profession applied for statutory regulation under the Health Practitioners Competence Assurance Act 2003 (HPCAA). The application broadens the voluntary regulation of the profession from its narrow and exclusive focus on traditional acupuncture to include TCM's three branches: acupuncture, Chinese herbal medicine and tuina (Chinese traditional massage).

“This is an important shift and helps redefine the profession in New Zealand in a similar way to other countries like Australia which intends to bring TCM under statutory regulation next year. It also provides the possibility of developing a system similar to China's where ‘Chinese medicine doctors’ work alongside ‘Western medicine doctors’ as equals within an integrative health system,” says Dr St George.

The MoH is expected to make a decision later this year on whether to include TCM under HPCAA in New Zealand. If it's given the green light, the Minister will appoint a regulatory authority for TCM. This could be a separate new body but, Dr St George thinks, it's likely one of the existing 16 health practitioner regulatory authorities would be changed into a multi-professional body to facilitate the purpose.

This TCM authority will determine minimum levels of competence, standards of practice and qualifications for practitioners. Over time, Dr St George believes, this could lead to a consideration of what competencies and scopes of practices will be required for TCM practitioners working in the public health system including hospitals – something, he says, hardly happens at the moment. “Coming under statutory regulation is thus an important step towards becoming integrated into mainstream health care. But it isn't sufficient in itself,” says Dr St George. He points out that the chiropractic profession was still not part of the public health care system despite being under statutory regulation since the 1960s.

Others things need to happen if the TCM profession is to become mainstream, he says, explaining the second exciting development opening opportunities for TCM professionals. Over the past year, communication has been growing between China's State Administration of Traditional Chinese Medicine (SATCM) and New Zealand's Ministry of Health, on the possibility of bilateral cooperation over the development of TCM in New Zealand. The exchanges were initiated by China under the 2008 New Zealand China Free Trade Agreement. A meeting with a SATCM delegation was held in May 2010 at Wellington's Ministry of Foreign Affairs & Trade. It included officials from MoH.

One of the appendices to the trade agreement included the ability of Chinese nationals with special cultural skills to gain temporary entry and stay in New Zealand. This included a new provision for up to 200 TCM practitioners to be employed at any one time for a maximum of three years each. However, the 2010 meeting realised there was little advantage in this clause as Chinese nationals who were TCM practitioners could already enter as skilled migrants with the possibility of gaining residency.

“The meeting turned to discussing the possibility of laying down a new framework for bilateral collaboration which could support the development of TCM emphasizing areas of mutual benefit such as postgraduate education and research,” says Dr St George. As MoH’s Chief Advisor for Integrative Care, Dr St George went to China in November 2010 to look at postgraduate education and training of TCM practitioners in China. He also looked at integration of TCM and western practitioners into Chinese hospitals.

“It became clear that SATCM and New Zealand’s MoH could provide a high-level framework for bilateral collaboration, but the real work will have to be done ‘on the ground’ by educational, research and clinical institutions in China and New Zealand establishing partnerships for mutual benefit,” says Dr St George.

Early this year, SATCM contacted the MoH and suggested that a high-level official SATCM delegation should come to Wellington to meet with MoH and begin the process of establishing formal relationships between the two government departments. In mid-June a six-member SATCM delegation arrived led by Vice Minister of Health and CEO, Dr Wang Guoqiang. Representatives of the two governments agreed that a formal mechanism should be put in place for bilateral communication and cooperation, and they will now move towards signing an MOU to bring this about. “This would facilitate bilateral exchanges between New Zealand and Chinese institutions that could focus on research and post-graduate education,” adds Dr St George.

Following this meeting, the SATCM delegation and Ministry officials met with local TCM organisations and training schools. It included NZ School of Acupuncture and TCM’s director Karuna Olatunji, CEO Tony Gan and senior tutor Debra Betts.

The two series of events are helping draw attention to the possible eventual role of highly qualified TCM practitioners within the public health system but Dr St George says to make it happen there is a need to overcome barriers. “There are no laws stopping DHBs from introducing TCM as part of their health care services right now. However, DHBs have other funding priorities and they also claim there is insufficient evidence of efficacy to enable them to consider TCM practitioners for public health care provision.”

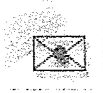
“What we need, therefore, are demonstration models which will establish and evaluate the role of TCM practitioners in a variety of clinical setting, from primary care through hospital acute care to end-of-life care. For example, in the hospital setting we need to identify key specialties, key medical conditions, and develop integrative care projects in collaboration with sister hospitals in China. These projects should be carefully and

objectively evaluated, to establish the role and effectiveness of TCM practitioners in such settings,” adds Dr St George.

NZSATCM tutor, Debra Betts is providing acupuncture as part of maternity care at the Hutt Valley DHB. Dr St George says this is an important start but at present it relied on the goodwill of the school and the use of undergraduate acupuncture students. “If the evaluation of this service demonstrates clinical effectiveness, then the next stage would be to establish a demonstration model for an on-going clinical service. This would be provided primarily by experienced TCM practitioners, but could involve undergraduate teaching, and would be publicly funded,” Dr St George says.

Given the unfolding opportunities Dr St George says it is time for TCM practitioners to take a big step forward. “It is time to leave behind past disputes and differences between rival groups as to what the minimum requirements are for entry into the profession and focus on the ‘leading edge’ of the profession - practitioners who can break new ground in health care provision. Experienced practitioners with well-recognised clinical mastery should be given the opportunity of demonstrating the contribution that high quality TCM can make to public health care,” says Dr St George.

RELEASED UNDER THE
OFFICIAL INFORMATION ACT



Sent by: Luz
Baguioro/MOH

11/07/2011 11:55 a.m.

To: Martyn.Watterson@parliament.govt.nz,
Gabrielle.Roberts@parliament.govt.nz,
cc: David St George/MOH@MOH,
bcc:

Subject: FYI: Draft article on traditional Chinese medicine quoting Ministry
spokesperson Dr David St George

Hi Martyn and Gabe,

FYI, the attached draft article is based on a talk that Dr David St George (Chief Advisor, Integrative care) gave two weeks ago to the NZ Registrar of Acupuncturists. The article is intended to be published in the August issue of the NZ School of Acupuncture's newsletter.

Cheers,
Luz



Tony-DavidStGeorge-Draft3.doc

Luz Baguioro
Media Advisor
Media Relations
Communications & HR
Corporate Services
Ministry of Health
DDI: 04 496 2349
Mobile: 021 802 622

<http://www.moh.govt.nz>
mailto:Luz_Baguioro@moh.govt.nz

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Traditional Chinese Medicine (TCM) professionals in New Zealand are at the brink of new opportunities to move from their current marginal role in the voluntary-regulated private health care to stronger roles within mainstream public health care. But it won't be handed to them on a plate, says Ministry of Health (MoH) adviser, Dr David St George.

"Whether this shift takes place depends largely on the TCM profession itself wanting such a role and taking the lead to make this happen," adds the Ministry's Chief Adviser Integrative Care Clinical leadership, Protection & Regulation. Two separate trends are opening these opportunities - regulatory trends and bilateral collaboration to develop TCM through education, research and clinical practice.

In September last year, the TCM profession applied for statutory regulation under the Health Practitioners Competence Assurance Act 2003 (HPCAA). The application broadens the voluntary regulation of the profession from its narrow and exclusive focus on traditional acupuncture to include TCM's three branches: acupuncture, Chinese herbal medicine and tuina (Chinese traditional massage).

"This is an important shift and helps redefine the profession in New Zealand in a similar way to other countries like Australia which intends to bring TCM under statutory regulation next year. It also provides the possibility of developing a system similar to China's where 'Chinese medicine doctors' work alongside 'Western medicine doctors' as equals within an integrative health system," says Dr St George.

The MoH is expected to make a decision later this year on whether to include TCM under HPCAA in New Zealand. If it's given the green light, the Minister will appoint a regulatory authority for TCM. This could be a separate new body but, Dr St George thinks, it's likely one of the existing 16 health practitioner regulatory authorities would be changed into a multi-professional body to facilitate the purpose.

This TCM authority will determine minimum levels of competence, standards of practice and qualifications for practitioners. Over time, Dr St George believes, this could lead to a consideration of what competencies and scopes of practices will be required for TCM practitioners working in the public health system including hospitals - something, he says, hardly happens at the moment. "Coming under statutory regulation is thus an important step towards becoming integrated into mainstream health care. But it isn't sufficient in itself," says Dr St George. He points out that the chiropractic profession was still not part of the public health care system despite being under statutory regulation since the 1960s.

Other things need to happen if the TCM profession is to become mainstream, he says, explaining the second exciting development opening opportunities for TCM professionals. Over the past year, communication has been growing between China's State Administration of Traditional Chinese Medicine (SATCM) and New Zealand's Ministry of Health, on the possibility of bilateral cooperation over the development of TCM in New Zealand. The exchanges were initiated by China under the 2008 New Zealand China Free Trade Agreement. A meeting with a SATCM delegation was held in May 2010 at Wellington's Ministry of Foreign Affairs & Trade. It included officials from MoH.

One of the appendices to the trade agreement included the ability of Chinese nationals with special cultural skills to gain temporary entry and stay in New Zealand. This included a new provision for up to 200 TCM practitioners to be employed at any one time for a maximum of three years each. However, the 2010 meeting realised there was little advantage in this clause as Chinese nationals who were TCM practitioners could already enter as skilled migrants with the possibility of gaining residency.

“The meeting turned to discussing the possibility of laying down a new framework for bilateral collaboration which could support the development of TCM emphasizing areas of mutual benefit such as postgraduate education and research,” says Dr St George. As MoH’s Chief Advisor for Integrative Care, Dr St George went to China in November 2010 to look at postgraduate education and training of TCM practitioners in China. He also looked at integration of TCM and western practitioners into Chinese hospitals.

“It became clear that SATCM and New Zealand’s MoH could provide a high-level framework for bilateral collaboration, but the real work will have to be done ‘on the ground’ by educational, research and clinical institutions in China and New Zealand establishing partnerships for mutual benefit,” says Dr St George.

Early this year, SATCM contacted the MoH and suggested that a high-level official SATCM delegation should come to Wellington to meet with MoH and begin the process of establishing formal relationships between the two government departments. In mid-June a six-member SATCM delegation arrived led by Vice Minister of Health and CEO, Dr Wang Guoqiang. Representatives of the two governments agreed that a formal mechanism should be put in place for bilateral communication and cooperation, and they will now move towards signing an MOU to bring this about. “This would facilitate bilateral exchanges between New Zealand and Chinese institutions that could focus on research and post-graduate education,” adds Dr St George.

Following this meeting, the SATCM delegation and Ministry officials met with local TCM organisations and training schools. It included NZ School of Acupuncture and TCM’s director Karuna Olatunji, CEO Tony Gan and senior tutor Debra Betts.

The two series of events are helping draw attention to the possible eventual role of highly qualified TCM practitioners within the public health system but Dr St George says to make it happen there is a need to overcome barriers. “There are no laws stopping DHBs from introducing TCM as part of their health care services right now. However, DHBs have other funding priorities and they also claim there is insufficient evidence of efficacy to enable them to consider TCM practitioners for public health care provision.”

“What we need, therefore, are demonstration models which will establish and evaluate the role of TCM practitioners in a variety of clinical setting, from primary care through hospital acute care to end-of-life care. For example, in the hospital setting we need to identify key specialties, key medical conditions, and develop integrative care projects in collaboration with sister hospitals in China. These projects should be carefully and

objectively evaluated, to establish the role and effectiveness of TCM practitioners in such settings,” adds Dr St George.

NZSATCM tutor, Debra Betts is providing acupuncture as part of maternity care at the Hutt Valley DHB. Dr St George says this is an important start but at present it relied on the goodwill of the school and the use of undergraduate acupuncture students. “If the evaluation of this service demonstrates clinical effectiveness, then the next stage would be to establish a demonstration model for an on-going clinical service. This would be provided primarily by experienced TCM practitioners, but could involve undergraduate teaching, and would be publicly funded,” Dr St George says.

Given the unfolding opportunities Dr St George says it is time for TCM practitioners to take a big step forward. “It is time to leave behind past disputes and differences between rival groups as to what the minimum requirements are for entry into the profession and focus on the ‘leading edge’ of the profession - practitioners who can break new ground in health care provision. Experienced practitioners with well-recognised clinical mastery should be given the opportunity of demonstrating the contribution that high quality TCM can make to public health care,” says Dr St George.

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Ministerial Ref. 113046
H Number: H2011001221
Govt Relations contact: Nicole Hine
Phone: 04 496 2027 (ext. 2027)
Received by Ministry: 03.05.2011
Due date Minister's office: 30.05.2011
New due date if extended:

George Darroch
george.darroch@gmail.com

Peer reviewer's name:
Date of review if by email: 2011

.....
for the Director-General of Health / date

Dear Mr Darroch

Thank you for your email of 21 April 2011 about funding for doctors who prescribe homeopathic medicines.

Doctors practicing in New Zealand must be registered with the Medical Council of New Zealand and must comply with medical standards. Doctors are able to use complementary and alternative medicines as long as they do so while providing effective treatments based on the best available evidence. The medical community relies on evidence-based assessment of quality, safety, and efficacy when determining how best to treat a patient.

I support individual patient choice about their health care, including choosing natural and complementary therapies when these are safe, particularly when patients fund these therapies themselves. However, there needs to be sufficient evidence of efficacy before these can be considered for public funding. Generally, complementary or alternative remedies (which include homeopathic remedies) have not been approved under the Medicines Act 1981 for the treatment of serious conditions, because the information required is either not available or is insufficient to demonstrate that such a product is effective and reliable.

If scientific investigation establishes the safety and effectiveness of an alternative remedy, a sponsor may apply for the remedy to be approved as a medicine. On approval, the remedy becomes mainstream medicine and is no longer 'alternative'. Therefore, it may become widely adopted by conventional practitioners.

Yours sincerely

Hon Dr Jonathan Coleman
Associate Minister of Health

Sent by: David St
George/MOH

15/02/2011 10:29 a.m.

To: Jessica Pettersen/MOH@MOH,
cc:
bcc:

Subject: Re: Fw: Practicing acupuncture in New Zealand

Hi Jessica,

I'm the right person.

The sorts of things to say about acupuncture;

- Acupuncture is currently under voluntary regulation in New Zealand. The New Zealand Register of Acupuncturists is the largest and longest standing voluntary regulatory authority (see <http://www.acupuncture.org.nz/>)
- There are around 600 traditional acupuncturists in New Zealand, mainly in self-employed private practice.
- The profession has recently (September 2010) applied for statutory regulation - as Traditional Chinese Medicine, with the branches of acupuncture, Chinese herbal medicine and tuina. This application is currently being processed.
- There is an unknown number of doctors, physiotherapists, chiropractors and osteopaths who use Western acupuncture as an adjunct to their practice. Western acupuncture will not be included as part of TCM statutory regulation (if this is approved). It is up to the various regulatory authorities (i.e., Medical Council, Physiotherapy Board, Chiropractic Board, Osteopathic Council) to take responsibility for Western acupuncture practiced by their practitioner members.
- There is very little State funding of acupuncture and very little employment by others in clinics. The main niche for acupuncturists at present is in self-employed private practice.
- What little State funding there is for acupuncturists doesn't come from the health sector as such, but from the Accident Compensation Corporation (ACC), which is a State insurance company under the Department of Labour. ACC funds some acupuncture, osteopathy and chiropractic treatment of injuries in primary care.

Please get back to me if you need any further help.

Regards,

David

Dr David St George
Chief Advisor - Integrative Care
Population Health Directorate
Ministry of Health
DDI: 04 496 2592
Mobile: 021 222 0804
Fax: 04 496 2191

<http://www.moh.govt.nz>
mailto:David_StGeorge@moh.govt.nz

Jessica Pettersen/MOH



Jessica Pettersen/MOH

14/02/2011 05:57 p.m.

To: David St George/MOH@MOH

cc:

Subject: Fw: Practicing acupuncture in New Zealand

Hi David

I'm sorry if you are the wrong person to approach about this, but I thought you might be able to give me a steer. Would you know what sort of advice we could give to someone looking to practice acupuncture in New Zealand?

Many thanks

Jessica Pettersen
HR Administrator
HR Services
Communications & HR
Corporate Services Directorate
Ministry of Health
DDI: (04) 816 2216

mailto:Jessica_Pettersen@moh.govt.nz

----- Forwarded by Jessica Pettersen/MOH on 14/02/2011 17:55 -----



[REDACTED]
>
11/02/2011 04:46

To recruitment@moh.govt.nz
cc
Subject Practicing acupuncture in New Zealand

Hi,

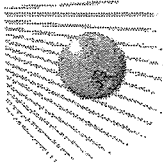
My name is [REDACTED] and I am an acupuncturist with a clinic in [REDACTED]. The thought of practicing acupuncture in New Zealand has been a bit of a dream of mine over the past few years. I was wondering what the possibility (and practicality) would be of setting up or becoming absorbed by a clinic in New Zealand where I am most needed. I am licensed and insured.

Thank you,

[REDACTED]



www.shacu.com [REDACTED]



Robyn Fitzgerald /MOH
13/12/2007 07:29

To Andrew Silver/MOH@MOH
cc
bcc

Subject Fw: Announcement - Chief Advisor Integrative Care

History: This message has been replied to.

Please place announcement on David's P/F.

Thank you

Robyn Fitzgerald
Senior Advisor, Systems
Office of the Deputy Director General of Health
Population Health Directorate
Ministry of Health
DDI: 04 496 2251
Mobile: +64 21 564 933
Fax: 04 496 2206

<http://www.moh.govt.nz>
mailto:robyn_fitzgerald@moh.govt.nz

----- Forwarded by Robyn Fitzgerald/MOH on 13/12/07 07:28 am -----

Janice Wilson /MOH

Sent by: Megan Tahapeehi

To Population Health Directorate

12/12/07 04:09 pm

cc Executive Leadership Team, Peter Abernethy/MOH@MOH

Subject Announcement - Chief Advisor Integrative Care

I am pleased to announce that Dr David St George will be providing professional leadership, direction and advice on complementary and alternative medicine (CAM), and on the integration of CAM with conventional healthcare, particularly in the area of primary care and chronic care conditions, in the new role of Chief Advisor Integrative Care.

"He has perspectives on both complementary medicine and conventional medicine, which is unique."

The new Chief Advisor position was created as part of an ongoing strategy to improve the development of health policy advice on the thriving CAM sector. The position will be part of Population Health Directorate, and will have a prime relationship with the Primary Health Policy Team

David has a degree in medicine from Auckland Medical School, and a degree in epidemiology from McGill University in Montreal, Canada.

After completing medical specialty training in public health medicine, he worked for a decade in the Royal Free Hospital in London as a consultant clinical epidemiologist

specialising in hospital quality assurance. He later took up the position of Director of Research and Clinical Effectiveness at Southampton University Hospital.

While working in the NHS in the United Kingdom, David became increasingly involved in the CAM sector there. He helped set up the Prince of Wales' Foundation for Integrated Health and was their first Director of Research. He also helped a number of CAM organisations in the UK develop their research strategies.

As a visiting academic, David helped Middlesex University set up an undergraduate degree in traditional Chinese medicine. He was research committee chairman of the Scottish School of Herbal medicine for a decade, and has been a visiting professor on complementary medicine at the University of Central Lancashire since 2004. He was also a member of the British Acupuncture Accreditation Board.

David joined the Ministry in June 2006 as Senior Advisor for Quality. Previously, he was Group Manager for Quality at Auckland District Health Board. We welcome him into this new role, which he takes up in January 2008.

Regards

Janice Wilson (Dr)
Deputy Director General
Population Health Directorate

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Approval to Recruit

1. Request Details

| | | | |
|-------------------|--|------------|------|
| Reporting Manager | Dr Don Mackie | | |
| Business Unit | Clinical Leadership, Protection and Regulation | | |
| Email | Don_Mackie@moh.govt.nz | Ext or DDI | 2074 |

2. Position Details (to be completed by Reporting Manager)

| | | | |
|----------------|---|----------|--------|
| Position Title | Chief Advisor Integrative Care | Pos. No. | |
| Business Unit | Clinical Leadership, Protection and Regulation | | |
| Group | | | |
| Section | | | |
| Team | | | |
| Location | Level 1, No.1 The Terrace | | |
| Cost Centre | 450024 | | |
| Appointee Type | <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Fixed-Term <input type="checkbox"/> Casual | | |
| If Fixed-Term | Start Date | Years | Months |
| | End Date | | |
| | Reason for fixed-term employment | | |
| Working Hours | <input checked="" type="checkbox"/> Full-Time hrs per week <input type="checkbox"/> Part-Time hrs per week | | |

3. Rational for Recruitment

| | |
|--|------------------|
| Please provide rationale for recruitment (justification why position must be filled) | |
| | |
| Name of current or most recent incumbent or new position | Brian Strickland |

4. Recruitment Details (All vacancies must be advertised internally for a minimum of 5 days on the MOH Portal)

| | | | |
|---|---|--|--|
| Recruitment Method | <input type="checkbox"/> MOH <input type="checkbox"/> Agency | Name of Agency | |
| Advertising | <input type="checkbox"/> Internal only | <input type="checkbox"/> Internal and external (see below) | |
| External Advertising <small>All external advertisements are also placed on the MOH website and NZ Government Jobs website. Requests for external print media advertising must be approved by the Director-General or Deputy CE.</small> | <input type="checkbox"/> SEEK <input type="checkbox"/> Trade Me Jobs <input type="checkbox"/> Herald Jobs Online | | |
| | <input type="checkbox"/> Hauora-com <input type="checkbox"/> Community Net <input type="checkbox"/> NZ Health Pages | | |
| | <input type="checkbox"/> PHA <input type="checkbox"/> Mahi <input type="checkbox"/> Other (specify below) | | |
| Agency applications will be accepted | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Approval to Recruit



5. Establishment Details (to be completed by Manager with assistance from HR Assist)

| | | | |
|--|--|----------|----|
| Organisation Unit Code | | | |
| Job Size | | Job Band | |
| Remuneration Range | \$ | | \$ |
| Position is within agreed business unit FTE establishment | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If No, please ensure that approval is obtained from the Director-General or Deputy Chief Executive | | | |
| HR Advisor endorsement | | | |

6. Budget Details (to be completed by Manager with assistance of Management Accountant if required)

| | |
|---|--|
| Budgeted funds are available for the position | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, what amount is budgeted for this position? | |
| If No or considering offer position at more than budgeted, please advise how employee cost budget will be balanced? | |
| | |
| Management Accountant endorsement | |

7. Sign-Off and Approvals (to be completed only after endorsement from HR Advisor and Management Accountant)

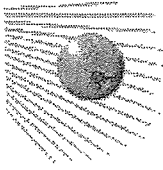
| | Name | Signature | Date |
|---|---------------------|-----------|------|
| Reporting Manager | Dr Don Mackie (CMO) | | |
| Group Manager/Director (if different from above) | | | |
| Deputy Director-General/National Director | Dr Don Mackie (CMO) | | |
| Director-General or Deputy Chief Executive ¹ | | | |

¹ Only required if position is above approved FTE establishment or if position in Director-General's Office or if external print media advertising is being requested.

Please return this form, the Job Description and Advertisement to HR Assist when all necessary sign offs are completed. Please also forward an electronic copy of the Job Description and Advertisement to HR Assist

HR Use Only

| | | | | | |
|-------------|--|-----------------|--|-----------------|--|
| Vacancy no. | | Date advertised | | Advertised by | |
| Start date | | Closing date | | Manager advised | |



Robyn Fitzgerald /MOH
13/12/2007 07:29

To Andrew Silver/MOH@MOH
cc
bcc
Subject Fw: Announcement - Chief Advisor Integrative Care

History: This message has been replied to.

Please place announcement on David's P/F.

Thank you

Robyn Fitzgerald
Senior Advisor, Systems
Office of the Deputy Director General of Health
Population Health Directorate
Ministry of Health
DDI: 04 496 2251
Mobile: +64 21 564 933
Fax: 04 496 2206

<http://www.moh.govt.nz>
mailto:robyn_fitzgerald@moh.govt.nz

----- Forwarded by Robyn Fitzgerald/MOH on 13/12/07 07:28 am -----

Janice Wilson /MOH

Sent by: Megan Tahapeehi

To Population Health Directorate

12/12/07 04:09 pm

cc Executive Leadership Team, Peter Abernethy/MOH@MOH

Subject Announcement - Chief Advisor Integrative Care

I am pleased to announce that Dr David St George will be providing professional leadership, direction and advice on complementary and alternative medicine (CAM), and on the integration of CAM with conventional healthcare, particularly in the area of primary care and chronic care conditions, in the new role of Chief Advisor Integrative Care.

"He has perspectives on both complementary medicine and conventional medicine, which is unique."

The new Chief Advisor position was created as part of an ongoing strategy to improve the development of health policy advice on the thriving CAM sector. The position will be part of Population Health Directorate, and will have a prime relationship with the Primary Health Policy Team

David has a degree in medicine from Auckland Medical School, and a degree in epidemiology from McGill University in Montreal, Canada.

After completing medical specialty training in public health medicine, he worked for a decade in the Royal Free Hospital in London as a consultant clinical epidemiologist

specialising in hospital quality assurance. He later took up the position of Director of Research and Clinical Effectiveness at Southampton University Hospital.

While working in the NHS in the United Kingdom, David became increasingly involved in the CAM sector there. He helped set up the Prince of Wales' Foundation for Integrated Health and was their first Director of Research. He also helped a number of CAM organisations in the UK develop their research strategies.

As a visiting academic, David helped Middlesex University set up an undergraduate degree in traditional Chinese medicine. He was research committee chairman of the Scottish School of Herbal medicine for a decade, and has been a visiting professor on complementary medicine at the University of Central Lancashire since 2004. He was also a member of the British Acupuncture Accreditation Board.

David joined the Ministry in June 2006 as Senior Advisor for Quality. Previously, he was Group Manager for Quality at Auckland District Health Board. We welcome him into this new role, which he takes up in January 2008.

Regards

Janice Wilson (Dr)
Deputy Director General
Population Health Directorate

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Hi David

I'm sorry if you are the wrong person to approach about this, but I thought you might be able to give me a steer. Would you know what sort of advice we could give to someone looking to practice acupuncture in New Zealand?

Many thanks

Jessica Pettersen
HR Administrator
HR Services
Communications & HR
Corporate Services Directorate
Ministry of Health
DDI: (04) 816 2216

mailto:Jessica_Pettersen@moh.govt.nz

----- Forwarded by Jessica Pettersen/MOH on 14/02/2011 17:55 -----



[REDACTED]
>
11/02/2011 04:46

To recruitment@moh.govt.nz
cc
Subject Practicing acupuncture in New Zealand

Hi,

My name is [REDACTED] and I am an acupuncturist with a clinic in [REDACTED]. The thought of practicing acupuncture in New Zealand has been a bit of a dream of mine over the past few years. I was wondering what the possibility (and practicality) would be of setting up or becoming absorbed by a clinic in New Zealand where I am most needed. I am licensed and insured.

Thank you,

[REDACTED]



www.shacu.com [REDACTED]

Sent by: David St
George/MOH
15/02/2011 10:29 a.m.

To: Jessica Pettersen/MOH@MOH,
cc:
bcc:
Subject: Re: Fw: Practicing acupuncture in New Zealand

Hi Jessica,

I'm the right person.

The sorts of things to say about acupuncture;

- Acupuncture is currently under voluntary regulation in New Zealand. The New Zealand Register of Acupuncturists is the largest and longest standing voluntary regulatory authority (see <http://www.acupuncture.org.nz/>)
- There are around 600 traditional acupuncturists in New Zealand, mainly in self-employed private practice.
- The profession has recently (September 2010) applied for statutory regulation - as Traditional Chinese Medicine, with the branches of acupuncture, Chinese herbal medicine and tuina. This application is currently being processed.
- There is an unknown number of doctors, physiotherapists, chiropractors and osteopaths who use Western acupuncture as an adjunct to their practice. Western acupuncture will not be included as part of TCM statutory regulation (if this is approved). It is up to the various regulatory authorities (i.e., Medical Council, Physiotherapy Board, Chiropractic Board, Osteopathic Council) to take responsibility for Western acupuncture practiced by their practitioner members.
- There is very little State funding of acupuncture and very little employment by others in clinics. The main niche for acupuncturists at present is in self-employed private practice.
- What little State funding there is for acupuncturists doesn't come from the health sector as such, but from the Accident Compensation Corporation (ACC), which is a State insurance company under the Department of Labour. ACC funds some acupuncture, osteopathy and chiropractic treatment of injuries in primary care.

Please get back to me if you need any further help

Regards,

David

Dr David St George
Chief Advisor - Integrative Care
Population Health Directorate
Ministry of Health
DDI: 04 496 2592
Mobile: 021 222 0804
Fax: 04 496 2191

<http://www.moh.govt.nz>
mailto:David_StGeorge@moh.govt.nz

Jessica Pettersen/MOH



Jessica Pettersen/MOH
14/02/2011 05:57 p.m.

To: David St George/MOH@MOH
cc:
Subject: Fw: Practicing acupuncture in New Zealand

Open Employee (Key):

Enter the search definition

Company: [Dropdown] Pay Group: [Dropdown]

Search Field: Find
 Surname: H George Status: Any

| Emp No | Surname | Forename | Status |
|---------|-----------|----------|--------|
| XP15302 | St George | David P. | ATFP |

12740HGS - Recruitment Register

Vacancy Number: 12740HGS

Advertisements | Offer | Acceptance | Additional Info and Closure

Is Vacancy On Hold: [No]

Date ATF Request Received: 23/02/2012

Date ATF Signed Off: 27/12/2011

ATF Sign Off By: [In Don Mackie]

Vacancy Position: 3122 CHIEF ADVISOR INTEGRATIVE CARE

Position Name:

Org Unit:

Estimated FTE: 1.00

Advertisement Domain: [Internal]

Date Advertisement Start: 23/02/2012

Date Advertisement Finish: 31/03/2012

Advert Fwd Manager: [Yes]

Hiring Manager: [In Don Mackie]

Reports to (if not hiring mgr):

Reason of Vacant: [Resignation]

Vacancy Type: [Permanent]

Status: [Closed - Complete and filled]

| Vacancy No. | Status | Advertisement Domain |
|-------------|------------------------------|----------------------|
| 10A10934 | Pending - Queue | |
| 10A10938 | Pending - Queue | |
| 10A10977 | With Manager | |
| 10A1104 | Pending - Queue | |
| 10A1102 | With Manager | |
| 10A1110 | With Manager | |
| 10A1111 | With Manager | |
| 10AP13 | Pending - Queue | Both |
| 10UP127 | Closed - Complete and filled | |
| 10UP125 | With Manager | |
| 10UP142 | Closed - Complete and filled | |
| 10UP146 | Closed - Complete and filled | |

RELEASED UNDER THE OFFICIAL INFORMATION ACT