



Chinese Medicine Industry Council of Australia Ltd

澳大利亞中藥行業聯合會

ABN 83 140 585 342

Suite 604, 309 Pitt Street, Sydney, NSW 2000 www.cmic-aus.org.au

OFFICIAL SUBMISSION

Recommendations for Implementing the Traditional Chinese Medicine (TCM) –Related Provisions of the China–Australia Free Trade Agreement (ChAFTA)

I. Background and Shared Understanding

1. Traditional Chinese Medicine as a Distinct Medical System

Traditional Chinese Medicine (TCM) is an original and comprehensive medical system developed in China, with a long history of clinical application. It's holistic, preventive, and individualised approach represents a significant contribution to global health and wellbeing.

2. Regulatory Recognition in Both Jurisdictions

While China and Australia classify and regulate TCM differently, both jurisdictions recognise its legitimacy and importance:

- In China, TCM and Western medicine are afforded equal status and are frequently integrated within the healthcare system.
- In Australia, Chinese medicine practitioner and herbal medicine are regulated within the broader complementary healthcare framework, subject to statutory oversight.

3. Alignment with Public Health Priorities

As governments increasingly prioritise chronic disease management, preventive healthcare, and cost-effective service delivery, TCM offers complementary and evidence-informed approaches that can contribute positively to national health objectives.

4. Need for TCM-Specific Regulatory Approaches

Given its theoretical foundations, diagnostic frameworks, and clinical practices, TCM should not be regulated solely through Western medicine concept or generic complementary medicine models. Consideration of dedicated, TCM-specific regulatory mechanisms would support appropriate governance and sustainable sector development.

5. Benefits of Mutual Recognition and Standards Alignment

Mutual recognition of practitioner qualifications and regulatory alignment for Chinese herbal medicines would reduce technical trade barriers, improve regulatory certainty, and foster stable, high-quality industry growth to the benefit of both countries.

6. Importance of Transparency and Scientific Collaboration

Modern regulatory systems emphasise transparency, risk-based oversight, and data-driven decision-making. Establishing structured mechanisms for bilateral information exchange and



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scientific cooperation is essential to safeguarding public health while supporting innovation and growth.

II. Priority Implementation Measures

1. Establishment of a China–Australia Joint TCM Regulatory Working Committee

Purpose

To give practical effect to Article 8.25 of ChAFTA by establishing a standing, cross-agency committee for regulatory cooperation and coordination in relation to TCM.

Co-Conveners (As specified in ChAFTA)

- **Australia:** Therapeutic Goods Administration (TGA)
- **China:** National Administration of Traditional Chinese Medicine (NATCM)

Recommended Members

- Regulatory authorities, including the Chinese Medicine Board of Australia and the National Medical Products Administration (China)
- Industry bodies, including CMIC and the China Chamber of Commerce for Import & Export of Medicines & Health Products
- Research institutions, including NICM Health Research Institute and the China Academy of Chinese Medical Sciences
- Educational institutions, including Western Sydney University / Sydney Institute of Chinese Medicine and Beijing University of Chinese Medicine

Key Responsibilities and Deliverables

- Play as a role of independent and TCM professional oversight body for the implementation of TCM provisions of the ChAFTA.
- Identify gaps, barriers or issues that prevent the proper implementation of the TCM provisions in the ChAFTA and provide appropriate proposals for both countries to adopt.
- Development of a **TCM Mutual Recognition Roadmap**, addressing:
 - ChP (Chinese Pharmacopoeia) (Volume I for herbs)



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- Practitioner qualification mutual recognition
- Mutual recognition of Good Manufacturing Practice (GMP) inspections and licensing.

2. Unified Framework for Quality and Safety of Chinese Medicines (Standards Alignment)

Purpose

To harmonise regulatory standards for Chinese medicinal materials, dual-use medicinal–food substances, finished herbal products, and health supplements, thereby reducing compliance costs, supply disruptions, and regulatory inconsistencies, while maintaining robust safety and transparency standards.

Specific Recommendations

- Undertake evidence-based reviews of TCM-related substances currently listed under Australia’s Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP), incorporating traditional Chinese medicinal herbal substances and administration methods to meet TCM professional and clinical usage in S1 or S7 where appropriate.
- Recognise and include ChP endorsed suitable TCM ingredients on Australia’s permissible ingredients lists, supported by committee’s consensus and or documented traditional use.
- Explore alternative, compliant regulatory pathways for TCM products that cannot currently be eligible listed due to ingredient restrictions.
- Align regulation of dual-use medicinal–food substances with Food Standards Australia New Zealand (FSANZ) requirements and, where appropriate, jointly support the development of supplementary FSANZ provisions.
- Implement a targeted **Standards Alignment Program** focusing on:
 - GMP requirements and sampling protocols.
 - Limits for heavy metals, pesticide residues, and microbiological contaminants.
 - Analytical and identification methodologies, including Limit of Detection and active constituent assays.

3. Pilot Programs for Practitioner Mobility and Mutual Recognition

(ChAFTA Annex 10-A)

Purpose

To operationalise and classify the ChAFTA annual quota of 1,800 personnel—including TCM

practitioners—by establishing a dedicated category that directly addresses industry demand and service delivery needs.

Specific Recommendations

- **Establish a “Senior TCM Practitioner Visa Stream”:**
 - Allocate up to 50 places per year for TCM group practice clinics, Chinese-invested enterprises, Australian TCM research and development organisations, and TCM educational institutions where requested and applications lodged.
 - Permit senior practitioners aged 60 years and above to engage in clinical practice, teaching, and mentoring activities; and
 - Apply English-language exemptions consistent with arrangements contemplated during the 2014 ChAFTA negotiations, supported by then grandfathering provisions
 - Provide targeted federal incentives to support TCM clinical and herbal services in regions with limited GP availability or pharmacy access.
- **Develop a TCM Practitioner Qualification Recognition Pathway:**
 - Apply fit-for-purpose assessment criteria covering academic qualifications, professional experience, and language proficiency or exemptions.
- **Strategic Deployment:**
 - Prioritise practitioner placement in areas experiencing workforce shortages and in alignment with national health priorities, including geriatrics, chronic disease management, cancer rehabilitation, and pain management.

III. Structural Issues Affecting the TCM Sector in Australia

Purpose

Despite Chinese medicine practitioners becoming a nationally registered profession in Australia in 2012, several structural policy gaps continue to constrain its contribution to the health system.

Key Issues

1. Allied Health Recognition

Chinese medicine was recognised as an Allied Health profession when the National registration and accreditation commenced 1 July 2012. However, TCM is the only profession under the Ahpra that has been EXCLUDED in the Medicare Benefit Schedule for Chronic Disease Management (CDM/EPC) rebates, limiting equitable access to preventive and integrative care.



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2. Limited Integration into Hospital Systems

TCM services are largely excluded from public and private hospital settings. Hospital inpatients generally cannot access acupuncture or other TCM modalities, notwithstanding substantial international evidence supporting their clinical effectiveness and cost-efficiency within integrative care models.

3. Alignment with International Classification Systems

The World Health Organization's ICD-11 includes a dedicated Chapter 26 for Traditional Medicine, enabling standardised coding of TCM patterns, diagnoses, and interventions. This development supports international comparability, research, and data integration, and provides a strong foundation for broader system-level recognition and integration.

Conclusion

The recommendations outlined in this submission are intended to:

- Translate ChAFTA's high-level commitments into actionable and institutionalised cooperation mechanisms
- Strengthen bilateral trust across regulatory, scientific, and industry domains
- Promote the safe, evidence-based, and sustainable integration of Traditional Chinese Medicine within Australia's health system
- Deliver mutually beneficial outcomes for governments, industry stakeholders, and public health

CMIC respectfully submits these recommendations for consideration and stands ready to engage constructively with relevant authorities in both countries to support their implementation.

Best regards

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Dated 23 Feb 2026