

**DETAILED RESPONSES TO THE KEY FEEDBACK ON THE TCMP  
(AMENDMENT) BILL**

(i) Concerns on the challenges to fulfilling CPE requirements

1. MOH has proposed the implementation of compulsory CPE for TCMPs, to raise the standards of the TCM profession. To be consistent with the requirements during the voluntary phase, and to be broadly aligned with the other healthcare professions in Singapore and with overseas jurisdictions, all registered TCMPs are to attain 50 CPE points within a two-year period, tied to the renewal of practicing certificates.

2. While the majority was supportive of this initiative, there were concerns on the availability and cost of the CPE courses. Some called for the government to consider measures to mitigate course fees, or even fully subsidize the CPE courses, delay CPE implementation or give concessions to certain groups of TCMPs, e.g. TCMPs above a certain age group to be exempted or be allowed to fulfil fewer CPE points. There were also suggestions to fine-tune the CPE points assessment framework to include online TCM educational and learning mobile apps, one-on-one mentoring and/or coaching sessions, etc. for CPE accreditation

3. MOH and the TCMP Board will take these suggestions into consideration when developing the CPE points assessment framework. The proposed compulsory CPE is aligned with the intent to raise standards of for all TCMPs who wish to engage in TCM practice, regardless of age or years of experience. Setting the CPE requirement of 50 points over a two-year period would give greater flexibility for individuals to plan their learning.

4. We agree that a higher cap could be allowed for self-directed learning, and that speakers or instructors of CPE events could be awarded more points to recognize their deeper involvement. Online learning and mentoring programmes will cater to the different learning needs of TCMPs and not restrict learning to classrooms settings.

5. On the issue of affordability, there are various funding support available e.g. Skillsfuture, e2i and the \$5 million TCM Development Grant (TCMDG), to help defray the cost of organising and participating in CPE courses. The \$200 support provided to individual TCMPs through the TCMDG annually could be reviewed following the implementation of compulsory CPE. Funding support is also available through the TCMDG for accredited CPE course providers to defray cost of organising more and better quality courses.

(ii) Increase maximum financial penalty for errant TCMPs from \$10,000 to \$50,000

6. Some stakeholders expressed concerns on the proposed increase in the maximum financial penalty given that the majority of the TCMPs were practicing part-time at TCM Voluntary Welfare Organisation (VWO) clinics. Some had the misconception that the increase in the maximum financial penalty for errant TCMPs was to align with the Medical Registration Act (MRA) and the increase in penalty would

be disproportionate to the lower salaries of the TCMPs when compared to that of doctors.

7. Others pointed out the increased penalties instilled fear and encouraged TCMPs to practice “defensive medicine”, hampering professional development. There were suggestions that recognition should be given to TCMPs, such as the recognition of MCs issued by TCMPs, and the provision of subsidies for TCM treatment under CHAS and the PG Package, in tandem with the increasing penalties.

8. MOH would like to reiterate that the objective of raising the maximum penalty is to provide sufficient deterrence and punishment for misconduct so as to protect the safety and interests of the public. The increase also brought about better alignment with the other healthcare professional Acts and to provide greater assurance and confidence to the public that errant TCMPs will be dealt with appropriately vis-à-vis other healthcare practitioners.

9. Penalties imposed on errant healthcare practitioners are not related to their earning potential nor correlated to grants and subvention provided. The maximum penalty for errant medical practitioners under the Medical Registration Act is \$100,000 commensurate with the greater risk of potential harm to patients compared to other healthcare professionals.

(iii) Greater representation from the TCM profession on the TCMP Board

10. It was highlighted by stakeholders that majority of the current nine TCMP Board members were non-registered TCMPs. As non-TCMPs lack knowledge in TCM to adequately represent the community in the TCMP Board, there were suggestions that TCMP Board should comprise a majority of highly respected senior TCMPs with at least 10 years’ experience, including the Board Chairman and Registrar.

11. Taking the feedback into consideration, MOH intends to increase the maximum number of TCMP Board members from the current 9 to 11 for greater flexibility and proper functioning of the TCMP Board, as part of the TCMPA amendment exercise.

(iv) Illegal practice of TCM

12. While supportive of the proposed increase in the maximum financial penalty for errant TCMPs, some suggested that the maximum penalties for unlawful engagement in TCM practice by unregistered persons should also be increased. A few also proposed the registration of other TCM allied healthcare personnel like Chinese Materia Medica Dispensers (CMMDs), or herbal dispensers working in Chinese medicinal halls, and *tuina* practitioners. There were concerns that people seeking TCM as an alternative treatment could be misled by non-practitioners to inappropriately self-medicate and aggravate their conditions.

13. MOH agrees that it is appropriate for penalties imposed on persons who are not registered to practice TCM to be higher than that imposed on registered practitioners. The punishment for illegal practice of TCM by unregistered persons includes possible imprisonment for a term not exceeding 6 months and 12 months for first time and subsequent offenders respectively.

14. MOH noted there are establishments whose core businesses are the provision of spa and massage services for general wellness and relaxation, but legitimize their therapies and claims based on theories of traditional Chinese medicine. These establishments may employ TCMPs on their team, either to provide TCM treatment or as wellness consultants. The coexistence of TCM services and other non-TCM services is discouraged as such arrangements could mislead the public into thinking that all services offered at these establishments are TCM treatments provided by the registered TCMPs.

15. In this regard, the TCMP Board had worked with the Singapore Police Force (SPF) to send circulars to TCMPs, informing them that under the Massage Establishment Act (MEA), TCM clinics and therapists must register and apply for the necessary licenses with SPF if they wished to provide manipulative therapies not performed by registered TCMPs.

16. MOH also noted a decreasing use of Chinese herbs, mainly available from Chinese medical halls, compared to the use for Chinese medicines in their prepared forms or Chinese Proprietary Medicines (CPMs), due to the latter's convenience and ease of use. Moreover, MOH assessed the current practice of herbal dispensing does not pose a public health risk hence there is no compelling reason, at this point in time, to register the Chinese herbal dispensers under the TCMPA.

(v) Option for complaints to be referred for mediation

17. Some suggested that minor cases could be referred for mediation by TCM associations, instead of going through the TCMP Board's disciplinary inquiry process, to avoid or reduce potential legal fees.

18. MOH will make the necessary amendments in the TCMPA to provide the TCMP Board with the flexibility to refer suitable complaints, i.e. complaints not involving professional issues or ethical code of conduct of TCMPs for mediation.