

In case of Reply the
number and date of this
letter should be quoted



ATTORNEY-GENERAL'S
DEPARTMENT
P. O. BOX MB. 60
MINISTRIES
ACCRA

19th November, 2010

My Ref No. L 15/2006

Your Ref No.

REPUBLIC OF GHANA

Fax No: 667609 / 666625

**APPROVAL FOR REGULATION OF ALTERNATIVE
HEALTH PRACTICES IN GHANA**

Please refer to your letter No. MOH/TMPC/VRM/01/10 dated 19th October, 2010 on the above subject matter addressed to the Chairman of the Traditional Medicine Practice Council and copied to this Office.

I am directed to inform you that the Traditional Medicine Practice Act, 2000 (Act 575) does not regulate the practice of alternative medicine. As a result of this defect, Cabinet gave approval on the 3rd of June, 2010 for a new Bill on traditional and alternative medicine practice to be laid in Parliament.

The new Bill which is the Traditional and Alternative Medicine Bill provides for the establishment of a Traditional and Alternative Medicine Council to promote, control and regulate the practice and practitioners of traditional and alternative medicine.

The passage of the Bill by Parliament will create a regulatory structure for non-orthodox healthcare practice in Ghana including alternative medicine practice.

M. V. A. Amoa

MAVIS V.A. AMOA
CHIEF STATE ATTORNEY
for: ATTORNEY-GENERAL AND
MINISTER FOR JUSTICE

THE AG. CHIEF DIRECTOR
MINISTRY OF HEALTH
ACCRA

(Attn: Sylvester Anemana)



Republic of Ghana

The Secretariat
Traditional Medicine Practice Council
P. O. Box M44
Accra.

Tel: 021-684270/684212/684253/684241/
028-9551047



In case of reply the number
and date of this letter should
be quoted

My Ref: TMPC/GAMPA.2011/S.01

25TH JULY, 2011.

**THE PRESIDENT,
GHANA ALTERNATIVE MEDICINE PRACTITIONERS
ASSOCIATION,
ACCRA.**

**c/o TRADITIONAL AND ALTERNATIVE
MEDICINE DIRECTORATE (TAMD),
MINISTRY OF HEALTH,
ACCRA.**

**RE: APPLICATION FORM FOR ACCREDITATION OF ALTERNATIVE
MEDICINE PRACTITIONERS**

Reference is hereby made to the Minister's letter No. TAMD/EJ/06/11
dated 29th June, 2011.

2. Accordingly, we hereby forward, herewith, a modified copy of the particular Form for your information, and necessary action.
3. We also, on the basis of these letters, invite your colleague members to access the accreditation regime. Please contact our personnel in Rooms 49 and 53 of the Ministry of Health (MOH) HQ block.
4. For obvious reasons the agency would wish to have an idea about the requirements or conditions for admission of persons into your association or membership. The objective is to, among others, ensure confidence in and co-ownership of the procedures as conducted at the association level.
5. As directed in the letter under reference, you are required to furnish the Secretariat, TMPC, with names of two (2) nominees, specifically of the above mentioned association, to serve on relevant statutory committee(s) of the Council as the governing body may deem appropriate.
6. Further, the two (2) nominees shall help handle applications for registration and licensing that are clearly problematic and will involve a more investigative approach.



REPUBLIC OF GHANA

Your Ref. No.
TEL: 0302 - 673208, 0302 - 681557

20th JUNE, 2011

The Registrar.
Traditional Medicine Practice Council
P. O. Box MB 44
Accra

**RE: APPLICATION FORMS FOR ACCREDITATION OF ALTERNATIVE
MEDICINE PRACTITIONERS.**

The request of the Ghana Alternative Medicine Practitioners Association has been discussed and reviewed against the comments from you and various other stakeholders.

It is our view that "FORM B" for the registration of Practitioners would be appropriate for registering Alternative Medicine Practitioners if the following can be amended to suit their particular needs:

- a. **Section VII:**
Should be amended to include;

Subsection A:

Type of Alternative Health Practice;

- | | |
|---|----------------------|
| a. Homeopathy | <input type="text"/> |
| b. Chiropractic | <input type="text"/> |
| c. Naturopathy | <input type="text"/> |
| d. Osteopathy | <input type="text"/> |
| e. Therapeutic Massage | <input type="text"/> |
| f. Acupuncture | <input type="text"/> |
| g. Chinese Traditional Medicine | <input type="text"/> |
| h. Others (Eg. Hydrotherapy, Reflexology) | <input type="text"/> |