

## **Loughran, Tony D AVED:EX**

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**From:** Tru Freeman <Tru.Freeman@kpu.ca>  
**Sent:** Wednesday, May 6, 2015 7:12 AM  
**To:** Loughran, Tony D AVED:EX; Stewart, Katherine AVED:EX  
**Subject:** TCM info  
**Attachments:** CTCMA Recognition Guidelines.pdf; APPENDIX I-Program Structure.May.2015.docx; 60 credits courses and description.docx; Structure with course description.docx

Wednesday, May 06, 2015

Hi Tony and Katherine,

Here is the information that I hope you need to get you going with the flow chart; sorry for the delay... just took a bit of time and bodies to pull this together.

1. **CTCMA Recognition Guidelines:** which outlines what CTCMA requires for an educational program in the province
2. **Appendix I is our Program Structure:** provides you with the semester outline but it doesn't give any "description" of courses
3. **60 credit courses:** This is the list of 60 credits<sup>s.13,s.17</sup>  
s.13,s.17 Essentially, these were our suggested courses, but students need to come in with 60 post-secondary credits (of any variety). On the bottom of page 9 is the table from the CTCMA that describes the requirement (under the Education tab – and then Student FAQs)
4. **Structure with Course Descriptions:** this is all of the courses with the draft course description.

Hopefully this will give you a bit of a start. Let me know if you still need additional info.

Thanks, Tru



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**Tru Freeman, PhD**  
Dean, Faculty of Health  
Kwantlen Polytechnic University  
t 604.599.2263 f 604.599.3130 e [tru.freeman@kpu.ca](mailto:tru.freeman@kpu.ca)  
[www.kpu.ca](http://www.kpu.ca)  
**Assistant: Davinder Cheema 604.599.2102**

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## Schedule E

### Recognition Guidelines for Education/Training Program

Students who complete training in British Columbia will only receive recognition for programs offered by training institutions that are currently registered or accredited with the Private Career Training Institutions Agency ( "PCTIA" ). As of March 31, 2012, recognition will only be given for completion of programs offered by training institution programs in British Columbia that are accredited by PCTIA.

Traditional Chinese Medicine (TCM) and Acupuncture educational programs are evaluated based on institutional processes, content and length of program and outcomes. Indicators are used to determine if educational programs meet the criteria. Five areas of an educational program are reviewed:

- I. Institutional Processes  
The Institutional philosophy and program philosophy, content and length enable graduates to meet the College's standards of practice.
- II. Curriculum  
The curriculum provides learning experiences necessary for students to achieve the College's professional practice requirements.
- III. Students and graduates  
Students, during their participation in the education program, demonstrate progression towards achieving the College's professional practice requirements. Graduates have been and are successful in achieving professional practice requirements.
- IV. Resources  
The institution has the resources and infrastructure necessary to develop, deliver and evaluate a program that provides learning experiences necessary for students to achieve the College's professional practice requirements.
- V. Program content  
The educational program has met the minimal requirements listed in the following sections of this schedule.

### Minimum educational program requirements

- “Academic year” is used throughout this schedule. 1 academic year consists of 8 months, or 2 semesters, or 3 quarters, or 2 trimesters of study.
  - It is expected that 50% of the minimum hours listed under each clinical instruction shall be in a clinic owned and operated by the education or training program. Where appropriate, it shall include:
    - Practice observation : supervised observation of the clinical practice with case presentations and discussions;
    - Diagnosis and evaluation : the application of TCM diagnostic procedures in evaluating patients;
    - Supervised practice : the clinical treatment of patients
  - All programs shall include :
    1. A minimum of 360 hours of BASIC TCM FOUNDATION BLOCK in
      - History of TCM and Acupuncture
      - Basic TCM theory
      - TCM diagnostic process
      - Treatment principles and method/Zhi Ze and Zhi Fa
      - Communication skills
      - Ethics, medical, legal issues and practice management
    2. A minimum of 250 hours in the introduction of relevant biological and clinical sciences; western diagnosis and diagnostic tests.
  - A. **Acupuncture program** : (Totaling 1900 hours minimum in 3 academic years, which included 450 hours minimum of clinical instruction).
- In addition to 1 and 2 listed above, a minimum of 550 hours in :
- Pointology/Shu Xue
  - Treatment of diseases
  - Treatment techniques
  - Equipment safety and clean needle techniques, AND

a minimum of 450 hours of clinical instruction in acupuncture. During the initial 200 hours, the supervisor shall be physically present at all times during the diagnosis and treatment of patient. For the remaining 250 hours, the supervisor may be in close proximity to the location at which the patient is being treated during other clinical instruction. The student shall consult with the supervision before and after each treatment.

**B. Herbology program (Totaling 1900 hours minimum in 3 academic years, which included 450 hours minimum of clinical instruction).**

In addition to 1 and 2 listed above, a minimum of 550 hours in :

- Clinical herbology
- Treatment of diseases
- Introduction to TCM classics, AND

a minimum of 450 clinical instruction in herbology. During the initial 200 hours, the supervisor shall be physically present at all times during the diagnosis and treatment of patient. For the remaining 250 hours, the supervisor may be in close proximity to the location at which the patient is being treated during other clinical instruction. The student shall consult with the supervision before and after each treatment.

**C. TCM practitioner program (Totaling 2600 hours minimum in 4 academic years, which included 650 hours minimum of clinical instruction).**

The program will be a combination of the acupuncture program (A), the herbology program (B) listed above, and courses in Tui Na, Shi Liao, and Chinese rehabilitation exercises such as Tai Ji Quan and Qi Gong.

**D. Dr.TCM program (Totaling 3250 hours minimum in 5 academic years, which included 1050 hours minimum of clinical instruction).**

In addition to the TCM practitioner program listed in (C), the program shall consist of a minimum of 450 hours in

- Modern clinical research in TCM
- TCM classics
- Western diagnostic information
- Other TCM treatment modalities

- TCM gerontology
  - TCM psychology
  - Advanced studies in acupuncture
  - Herbal pharmacology, AND
- a minimum of 150 hours of clinical instruction.

Page 006 to/à Page 018

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s.13;s.17

## Student Frequently Asked Questions

### 1. What is the two-years of liberal arts or sciences study requirement?

The two-years of liberal arts or sciences study requirement is set out under section 48(1)(a.1) of the CTCMA bylaws.

	YES	NO
<b>two (2) years of liberal arts or sciences study (comprised of at least 60 credits)</b>	Academic courses normally contained in the first two year study towards a general bachelor's degree	Vocational courses  Block transfer to a special purpose diploma/degree
<b>In an accredited college or chartered/approved university</b>	Accredited/authorized by jurisdiction's regulatory authority	Non-accredited
<b>acceptable to the registration committee</b>	College or university with authority to confer bachelor's degrees	
<b>applicants who completed education outside Canada. Credential Evaluation Report (ICES)</b>	Academic courses in liberal arts or sciences study which are "considered generally comparable to the completion of the first two years of undergraduate study"	Applied or trade or non-academic courses which are "considered generally comparable to the completion of the first two years of post-secondary study (two-year advanced diploma)"

<http://www.ctcma.bc.ca/index.php?id=79> (under Education tab – Student FAQ's)

Page 020 to/à Page 029

Withheld pursuant to/removed as

s.13;s.17



## **Loughran, Tony D AVED:EX**

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**From:** Davinder Cheema <Davinder.Cheema@kpu.ca>  
**Sent:** Friday, May 8, 2015 12:38 PM  
**Cc:** Davinder Cheema  
**Subject:** TIME SENSITIVE: Meeting with Minister Wilkinson, Ministry of Advanced Education

Friday, May 08, 2015  
Hi TCM \_ PAC member,

Minister Andrew Wilkinson, from the Ministry of Advanced Education (AVED) would like to meet with the KPU Program Advisory Committee (PAC) for Traditional Chinese Medicine (TCM). He has some questions about TCM that he would like to address directly with the PAC; he would appreciate a dialogue in person if that is possible. I have included a link for Minister Wilkinson's bio, in case you would like to review:  
<https://www.leg.bc.ca/mla/40thparl/wilkinson-Andrew.htm>

Minister Wilkinson, Parliamentary Secretary Richard Lee and Tony Loughran (AVED) will also be in attendance. Minister Wilkinson has given us two options for dates that fit his schedule:

**Tuesday, May 19th, 2015 or  
Wednesday, May 20th, 2015**

The timing for the meeting would commence at 1700 -1830 hours. The meeting would occur at the KPU-Richmond Campus, exact room to be confirmed. Could you please let [Davinder.Cheema@kpu.ca](mailto:Davinder.Cheema@kpu.ca) know by Monday morning, May 11th, your availability for the May 19<sup>th</sup> and 20<sup>th</sup> dates as we need to get back to AVED as soon as possible so that Minister Wilkinson can organize his calendar. We will then choose the date with the highest attendance/availability.

I would like to thank you in advance for considering this request and look forward to your response.

Thanks, Tru



**Davinder Cheema**  
Dean's Assistant, Faculty of Health  
Kwantlen Polytechnic University  
t 604.599.2102 f 604.599.3130 e [davinder.cheema@kpu.ca](mailto:davinder.cheema@kpu.ca)  
[www.kpu.ca](http://www.kpu.ca)

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**Perrault, Kevin AVED:EX**

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**From:** Tru Freeman <Tru.Freeman@kpu.ca>  
**Sent:** Wednesday, May 13, 2015 1:23 PM  
**To:** Perrault, Kevin AVED:EX  
**Subject:** RE: TCM

s.13,s.17

but initially in 2016, not sure we'll get that.

Tru



**Tru Freeman, PhD**  
Dean, Faculty of Health  
Kwantlen Polytechnic University  
t 604.599.2263 f 604.599.3130 e tru.freeman@kpu.ca  
www.kpu.ca  
Assistant: Davinder Cheema 604.599.2102

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**From:** Perrault, Kevin AVED:EX [mailto:Kevin.Perrault@gov.bc.ca]  
**Sent:** May-13-15 12:02 PM  
**To:** Tru Freeman  
**Subject:** RE: TCM

Thanks Tru. Are you planning for <sup>s.13,s.17</sup>  
regarding faculty? (full time/sessional/clinical/academic)?

Also, ideas yet

*Kevin*

Director, Health Programs  
Ministry of Advanced Education,  
Province of British Columbia

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**From:** Tru Freeman [mailto:Tru.Freeman@kpu.ca]  
**Sent:** Wednesday, May 13, 2015 11:39 AM  
**To:** Perrault, Kevin AVED:EX  
**Subject:** TCM

Wednesday, May-13-15  
Hi Kevin,

Hopefully this helps. Let me know.

Tru



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**Tru Freeman, PhD**  
Dean, Faculty of Health  
Kwantlen Polytechnic University  
t 604.599.2263 f 604.599.3130 e [tru.freeman@kpu.ca](mailto:tru.freeman@kpu.ca)  
[www.kpu.ca](http://www.kpu.ca)  
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Faculty of Health

# TCM - Program Advisory Committee

March-April 2015



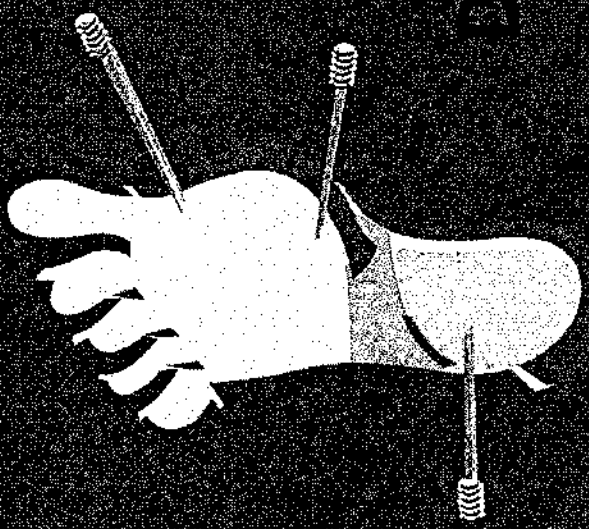
KWANTLEN  
POLYTECHNIC  
UNIVERSITY

# AGENDA March 31<sup>st</sup> 2015

	Approval of Agenda	<i>handout</i>
	Approval of Minutes (November 24, 2014)	<i>handout</i>
1.	Welcome & Introductions	
2.	Program Advisory Committee ( <i>policy</i> )	<i>handout</i>
3.	KPU/FoH updates	
4.	Fundraising	<i>handout</i>
5.	TCM update	
6.	• TCM timeline	<i>handout</i>
7.	BUCM	
	Student recruitment	
8.	WFAS 2014 & 2015 conference	
9.	OTHER	
	Adjourn: <i>next meeting date(s)</i>	
	• Tuesday, Sept. 29 <sup>th</sup> , 2015	
	• Tuesday, March 29, 2016 / Tuesday, Sept. 27, 2016	

# TCM Update

Dr. Jean Nicholson-Church



## HEALTH FOUNDATIONS (HF)

- **begins September, 2015**
- **core year for BSN and BPN**
- **other programs will also use some of the HF programming**
- **courses such as English, communications, Biology (X 2), Psychology + Introduction to health and health professions**

- 
- developed a Concept Paper (CP) and Full Program Proposal (FPP) for submission to S2C2 in March which included the HF year

s.13,s.17

s.13,s.17

- revising the documents and new timelines



Page 038 to/à Page 039

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BUCM

Dr. John Yang

- BUCM currently reviewing outline of KPU curriculum
- currently developing: 1) contract re: education
- determine costs of faculty/accommodation (*KPU → BUCM; BUCM → KPU*)
- determine course credits/hours completed at both KPU and BUCM
- depending on outcome of education contract will develop contract for 2) clinic & 3) research

# Student Recruitment

Dr. John Yang



## TCM – Student Recruitment

- **students with transfer credits/PLA, which includes the following core courses, will be coming into TCM first year in September, 2016**
  - **Biology 1160 and 1260**
  - **English 1100**
  - **Mandarin 1100 and 1101**
- **no advertising as yet, so not in calendar**
- **will appear in 2015/16 calendar**
- **individual calls to students who are interested**
- **info. sessions X 2**
- **Other ideas??**

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**Loughran, Tony D AVED:EX**

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**From:** Tru Freeman <Tru.Freeman@kpu.ca>  
**Sent:** Thursday, May 14, 2015 8:06 PM  
**To:** Perrault, Kevin AVED:EX; Loughran, Tony D AVED:EX  
**Subject:** Student numbers

Thursday, May 14, 2015

Hi Kevin and Tony,

When looking at student numbers again, realistically for the first couple of years,<sup>s.13,s.17</sup> We  
are looking at how numbers have gone for other programs that have just started and we find that new  
programs usually need a bit of marketing and advertising to get that boost of numbers.

We predict we will start with<sup>s.13,s.17</sup> Once the  
program gets more well known, we believe that<sup>s.13,s.17</sup>

Thanks, Tru

## Loughran, Tony D AVED:EX

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**From:** VINCENT YU<sup>s.22</sup>  
**Sent:** Tuesday, May 19, 2015 7:26 PM  
**To:** Michele La Vie  
**Cc:** AHenley@cityu.edu; Fei Che; Jeffrev Liu; Jennv Hu; John Stan<sup>s.22</sup>  
Klepsch, Kadagn LASS:EX;<sup>s.22</sup> Achadinha, Margaret AVED:EX; Michael  
Chung; Lee.MLA, Richard LASS:EX; Loughran, Tony D AVED:EX; Weidong Yu;  
youandme@doctoryu.ca  
**Subject:** Re: Faculty of Health TCM PAC meeting

Dear PAC members :

I felt we had a very good meeting with minister Andrew even I didnot give one word . I found he always gave the key points which I concern too. Specially on relationship with private clinic and clinic designing in our future college ,even how to get support from community . I think That few points is really important that I talked in our last PAC meeting. Hope our college can have a good design on that part which can make our education quality different with other private school.

Vincent  
Dr. Yu

> 在 Mar 30, 2015, 9:24 AM, "Michele La Vie" <[Michele.LaVie@kpu.ca](mailto:Michele.LaVie@kpu.ca)> 写道 :

>

> <ATT91470 1.jpg>

> <TCM-PAC Nov 2014 Draft Minutes.docx>

> <Policy\_B\_3\_Advisory\_Committees[1].pdf>

> <meeting.ics>

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**Loughran, Tony D AVED:EX**

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**From:** Tru Freeman <Tru.Freeman@kpu.ca>  
**Sent:** Wednesday, May 20, 2015 10:20 AM  
**To:** AHenlev@citvu.edu; William Hardman; Jeffrey Liu; Jenny Hu<sup>s.22</sup> John Stan<sup>s.22</sup> Mason Loh; youandme@doctoryu.ca; Lee.MLA, Richard LASS:EX  
**Cc:** Jean Nicolson-Church; John Yang; Loughran, Tony D AVED:EX; Davinder Cheema  
**Subject:** TCM - PAC meeting with Minister Wilkinson

Wednesday, May-20-15  
Hi TCM – PAC members,

On behalf of KPU and the Faculty of Health, I want to thank all of you who were able to attend the meeting last night with Minister Wilkinson, either in person or on the phone. I appreciate the time taken out of your busy schedules to do this, but I felt it was especially important that we understand the perspectives of the Ministry of Advanced Education around TCM.

Your support in helping to articulate our TCM program and the CTCMA requirements, I believe, went a long way in providing further clarity for the government.

Once again  
Thanks, Tru



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**Tru Freeman, PhD**  
Dean, Faculty of Health  
Kwantlen Polytechnic University  
t 604.599.2263 f 604.599.3130 e [tru.freeman@kpu.ca](mailto:tru.freeman@kpu.ca)  
[www.kpu.ca](http://www.kpu.ca)  
**Assistant: Davinder Cheema 604.599.2102**

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**Loughran, Tony D AVED:EX**

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**From:** Tru Freeman <Tru.Freeman@kpu.ca>  
**Sent:** Tuesday, June 2, 2015 1:15 PM  
**To:** Loughran, Tony D AVED:EX  
**Subject:** FW: s.13,s.17

Oops... sorry forgot to send this!



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**Tru Freeman, PhD**  
Dean, Faculty of Health  
Kwantlen Polytechnic University  
t 604.599.2263 f 604.599.3130 e tru.freeman@kpu.ca  
www.kpu.ca  
**Assistant: Davinder Cheema 604.599.2102**

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**From:** Alan Davis  
**Sent:** May 28, 2015 4:31 PM  
**To:** Plecas, Bobbi AVED:EX  
**Subject:** s.13,s.17

Bobbi,

Not to belabor the point, but the info we have from the CTCMA is that we will still need a clinic to offer even that part of the program:

Schedule E has always required that 50% of the minimum hours must take place in a clinic owned and operated by the program.

If there are <sup>s.13,s.17</sup> in the province that send their students out for more than 50% of the clinical training, I would certainly like to know about it because the hours taken beyond 50% would not be recognized by CTCMA.

Let me know if you have any questions.

Kindest regards

Mary

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**Mary Watterson**  
Dr. TCM, Registrar  
**College of Traditional Chinese Medicine**  
**Practitioners and Acupuncturists of British Columbia**  
1664 West 8th Ave.  
Vancouver, BC V6J 1V4  
Tel: 604-738-7100  
Fax: 604-738-7171  
Email: [registrar@ctcma.bc.ca](mailto:registrar@ctcma.bc.ca)  
Website: [www.ctcma.bc.ca](http://www.ctcma.bc.ca)

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**Loughran, Tony D AVED:EX**

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**From:** Tru Freeman <Tru.Freeman@kpu.ca>  
**Sent:** Thursday, June 4, 2015 1:32 PM  
**To:** Loughran, Tony D AVED:EX  
**Cc:** Jean Nicolson-Church; John Yang; Alan Davis; Salvador Ferreras  
**Subject:** Thoughts on TCM

Thursday, June 4, 2015

Hi Tony,

I've been thinking a lot about this <sup>s.13,s.17</sup>

s.13,s.17

s.13,s.17

These are just some of my initial thoughts for consideration as we move towards Monday? Your thoughts?

Tru

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**Loughran, Tony D AVED:EX**

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**From:** Tru Freeman <Tru.Freeman@kpu.ca>  
**Sent:** Monday, June 8, 2015 9:11 AM  
**To:** Loughran, Tony D AVED:EX  
**Subject:** FW: Clinic requirements

Full-email I sent to Mary Watterson.

Tru



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**Tru Freeman, PhD**  
Dean, Faculty of Health  
Kwantlen Polytechnic University  
t 604.599.2263 f 604.599.3130 e [tru.freeman@kpu.ca](mailto:tru.freeman@kpu.ca)  
[www.kpu.ca](http://www.kpu.ca)  
**Assistant: Davinder Cheema 604.599.2102**

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**From:** Tru Freeman  
**Sent:** May-28-15 10:16 AM  
**To:** Mary Watterson ([registrar@ctema.bc.ca](mailto:registrar@ctema.bc.ca))  
**Subject:** Clinic requirements

Thursday, May-28-15  
Hi Mary,

Can I ask you a question please? I understand that both an acupuncture program and a TCM program that is recognized by the CTCMA, requires a "*clinic owned and operated by the education or training program*" (as per Schedule E below). Is that true for both?

We have heard that there are acupuncture programs in the province that so not have their own clinic, but send their students elsewhere ( i.e. to clinics owned by other institutions and/or by private practitioners). Is that true? And can that be done? It would certainly provide some resource relief if this was a possibility?

Thanks, Tru

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**Schedule E (pg. 60)**  
**Recognition Guidelines for Education/Training Program**

Students who complete training in British Columbia will only receive recognition for programs

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offered by training institutions that are currently registered or accredited with the Private Career Training Institutions Agency (PCTIA)

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The Institutional philosophy and program philosophy, content and length enable graduates to meet the Colleges standards of practice.

**II. Curriculum**

The curriculum provides learning experiences necessary for students to achieve the College's professional practice requirements.

**III. Students and graduates**

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**IV. Resources**

The institution has the resources and infrastructure necessary to develop, deliver and evaluate a program that provides learning experiences necessary for students to achieve the College's professional practice requirements.

**V. Program content**

The educational program has met the minimal requirements listed in the following sections of this schedule.

**Minimum educational program requirements**

Academic year is used throughout this schedule. 1 academic year consists of 8 months, or 2 semesters, or 3 quarters, or 2 trimesters of study.

It is expected that 50% of the minimum hours listed under each clinical instruction shall be in a clinic owned and operated by the education or training program.

Where appropriate, it shall include:

- Practice observation : supervised observation of the clinical practice with case presentations and discussions;
- Diagnosis and evaluation : the application of TCM diagnostic procedures in evaluating patients;
- Supervised practice : the clinical treatment of patients a minimum of 450 hours of clinical instruction in acupuncture. During the initial 200 hours, the supervisor shall be physically present at all times during the diagnosis and treatment of patient. For the remaining 250 hours, the supervisor may be in close proximity to the location at which the patient is being treated during other clinical instruction. The student shall consult with the supervision before and after each treatment.

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**Loughran, Tony D AVED:EX**

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**From:** Tru Freeman <Tru.Freeman@kpu.ca>  
**Sent:** Tuesday, June 9, 2015 9:16 AM  
**To:** XT:HLTH registrar@ctcma.bc.ca  
**Cc:** Loughran, Tony D AVED:EX; Davinder Cheema  
**Subject:** RE: HPA - re: herbology

Tuesday, June 9, 2015

Hi Mary,

I just wanted to give you a heads-up that you will be receiving a calendar invite from my assistant, Davinder Cheema re: a teleconference that I would like to organize with you and Tony Loughran, Executive Director at AVED. Tony and I have been working closely on the TCM program.

AVED would like clarification around the Schedule E requirements re: It is expected that 50% of the minimum hours listed under each clinical instruction shall be in a clinic owned and operated by the education or training program. AVED has asked me whether the 50% for KPU can be done via simulation and other "non-patient" clinical practice, with the remaining 50% being done at outside clinics either owned by private practitioners or other PSE institutions. I reiterated that from what I understood from you and the Schedule E requirements, I believe KPU has to have a clinic where our students worked with TCM practitioners and live clients, but I think it would be worthwhile for you to clarify that to both of us on the phone.

I think a 30 minute conversation (or less) should help... and we will both walk away having heard the same message from you. I would like to thank you in advance for taking the time to speak with us. I have included your contact information below so Davinder can contact you via phone if need be.

Thanks again, Tru

**Mary Watterson**  
Dr. TCM, Registrar  
**College of Traditional Chinese Medicine**  
**Practitioners and Acupuncturists of British Columbia**  
1664 West 8th Ave.  
Vancouver, BC V6J 1V4  
Tel: 604-738-7100  
Fax: 604-738-7171  
Email: registrar@ctcma.bc.ca  
Website: www.ctcma.bc.ca



**Tru Freeman, PhD**  
Dean, Faculty of Health  
Kwantlen Polytechnic University  
t 604.599.2263 f 604.599.3130 e tru.freeman@kpu.ca  
www.kpu.ca  
**Assistant: Davinder Cheema 604.599.2102**

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**Loughran, Tony D AVED:EX**

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**From:** Mary Watterson <registrar@ctcma.bc.ca>  
**Sent:** Tuesday, June 9, 2015 3:59 PM  
**To:** Tru Freeman  
**Cc:** Loughran, Tony D AVED:EX; Davinder Cheema  
**Subject:** RE: HPA - re: herbology

Hi Tru

In advance of the Friday teleconference, the following are notes relevant to Schedule E amendments requested by the CTCMA board and currently under review – please note that the Ministry has not had an opportunity to conduct a fulsome review before the College posts the requested amendments, but here it is for your information, albeit in an early form.

Meanwhile the current Schedule E is in force.

With thanks

Mary

Where the requirements below specify a minimum number of hours of clinical instruction, 50% of the minimum hours must take place in a clinic owned and operated by the program. For the initial 200 hours of supervised practice, the supervisor shall be physically present at all times during the diagnosis and treatment of the patient. For the remaining hours, the supervisor may be in close proximity to the location at which the patient is being treated.

"Clinical Instruction" includes:

- Practice observation: supervised observation of clinical practice;
- Diagnosis and evaluation: the application of TCM diagnostic procedures in evaluating patients;
- Supervised practice: the clinical treatment of patients. "EOCPIA Blueprint" means the Entry-Level Occupational Competencies, Performance Indicators and Assessment Blueprint, which is approved by the Board from time to time and published on the College's website.

Clinical training hours required

A&H 450 with at least 225 in supervised practice

P 650 with at least 425 in supervised practice

D 1,050 with at least 825 in supervised practice

The clinical hours must align with learning outcomes consistent with the indicators identified as "Clinical" for the Assessment Requirements in Education Program in the EOCPIA Blueprint for TCM Practitioners and Acupuncturists.

---

**From:** Tru Freeman [<mailto:Tru.Freeman@kpu.ca>]

**Sent:** June-09-15 9:16 AM

**To:** Mary Watterson

**Cc:** Tony Loughran; Davinder Cheema

**Subject:** RE: HPA - re: herbology

Tuesday, June 9, 2015

Hi Mary,

I just wanted to give you a heads-up that you will be receiving a calendar invite from my assistant, Davinder Cheema re: a teleconference that I would like to organize with you and Tony Loughran, Executive Director at AVED. Tony and I have been working closely on the TCM program.

AVED would like clarification around the Schedule E requirements re: It is expected that 50% of the minimum hours listed under each clinical instruction shall be in a clinic owned and operated by the education or training program. AVED has asked me whether the 50% for KPU can be done via simulation and other "non-patient" clinical practice, with the remaining 50% being done at outside clinics either owned by private practitioners or other PSE institutions. I reiterated that from what I understood from you and the Schedule E requirements, I believe KPU has to have a clinic where our students worked with TCM practitioners and live clients, but I think it would be worthwhile for you to clarify that to both of us on the phone.

I think a 30 minute conversation (or less) should help... and we will both walk away having heard the same message from you. I would like to thank you in advance for taking the time to speak with us. I have included your contact information below so Davinder can contact you via phone if need be.

Thanks again, Tru

**Mary Watterson**  
Dr. TCM, Registrar  
**College of Traditional Chinese Medicine**  
**Practitioners and Acupuncturists of British Columbia**  
1664 West 8th Ave.  
Vancouver, BC V6J 1V4  
Tel: 604-738-7100  
Fax: 604-738-7171  
Email: [registrar@ctcma.bc.ca](mailto:registrar@ctcma.bc.ca)  
Website: [www.ctcma.bc.ca](http://www.ctcma.bc.ca)



**Tru Freeman, PhD**  
Dean, Faculty of Health  
Kwantlen Polytechnic University  
t 604.599.2263 f 604.599.3130 e [tru.freeman@kpu.ca](mailto:tru.freeman@kpu.ca)  
[www.kpu.ca](http://www.kpu.ca)  
**Assistant: Davinder Cheema 604.599.2102**

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## Loughran, Tony D AVED:EX

---

**From:** Tru Freeman <Tru.Freeman@kpu.ca>  
**Sent:** Monday, June 15, 2015 8:25 AM  
**To:** Marlyn Graziano; Alan Davis  
**Cc:** Salvador Ferreras; Loughran, Tony D AVED:EX  
**Subject:** Communication<sup>s.13,s.17</sup>

Monday, June-15-15  
Hi Marlyn and Alan,

Just wondering who is writing the communication document<sup>s.13,s.17</sup> I talked with Tony Loughran on Friday (on a teleconference with the CTCMA). Following that discussion Tony and I talked and he suggested that the communication would not come from AVED, it would need to come from KPU (likely vetted by AVED before it goes out).

I'm just wondering about the timing, given the call that Alan, Sal and I had with the ADM and Tony a week+ ago. We were hoping to have this out by the end of the month and if I work backwards from there, I will need to set up a conference call with the TCM-PAC so they hear it from me first.

If you can let me know the timeline, it would be helpful so that Davinder can start organizing the conference call with the PAC.

Thanks, Tru



---

**Tru Freeman, PhD**  
Dean, Faculty of Health  
Kwantlen Polytechnic University  
t 604.599.2263 f 604.599.3130 e tru.freeman@kpu.ca  
www.kpu.ca  
**Assistant: Davinder Cheema 604.599.2102**

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## Loughran, Tony D AVED:EX

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**From:** Tru Freeman <Tru.Freeman@kpu.ca>  
**Sent:** Tuesday, June 16, 2015 6:09 AM  
**To:** Loughran, Tony D AVED:EX  
**Cc:** Salvador Ferreras; Alan Davis; Marlyn Graziano  
**Subject:** RE: Communication re<sup>s.13,s.17</sup>

Tuesday, June-16-15

Hi Tony,

Thanks for the summary; this is helpful and probably useful to have after each conference call so we all walk away on the same page. I didn't come away with quite the same understanding.

I thought you would be meeting with the Minister after our conversation with the CTCMA last week to advise him about the clinic component and we would be moving on from there with a communication<sup>s.13,s.17</sup>

Thanks for the clarification.

Tru



---

**Tru Freeman, PhD**  
Dean, Faculty of Health  
Kwantlen Polytechnic University  
t 604.599.2263 f 604.599.3130 e [tru.freeman@kpu.ca](mailto:tru.freeman@kpu.ca)  
[www.kpu.ca](http://www.kpu.ca)  
**Assistant: Davinder Cheema 604.599.2102**

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**From:** Loughran, Tony D AVED:EX [<mailto:Tony.Loughran@gov.bc.ca>]  
**Sent:** June-15-15 5:17 PM  
**To:** Tru Freeman  
**Cc:** Salvador Ferreras; Alan Davis; Marlyn Graziano  
**Subject:** RE: Communication re: <sup>s.13,s.17</sup>

Hi Tru,

I wonder if we're perhaps mixing up the deliverable that came out of the June 8 conference call? It was my impression there was general agreement on the benefit of holding off on any outward facing communications, including any discussion with the PAC, until key outstanding issues have been resolved and the Minister has been briefed – including seeking his direction on any sticking points<sup>s.13,s.17</sup>

in terms of the end of June, I think we were hoping to see something that Alan has asked for on the call -  
s.13,s.17

s.13,s.17 didn't think we had discussed writing a communications document, or issuing any communication by month's end, and that wasn't Bobbi's recollection either?

it certainly was a very useful meeting with the Registrar this past Friday to better understand the expectations around the clinic, s.13,s.17

s.13,s.17

Tony

---

**From:** Alan Davis [<mailto:Alan.Davis@kpu.ca>]  
**Sent:** Monday, June 15, 2015 8:57 AM  
**To:** Tru Freeman; Marlyn Graziano  
**Cc:** Salvador Ferreras; Loughran, Tony D AVED:EX  
**Subject:** Re: Communication re: s.13,s.17

Well, I started drafting something. I'll send it on tomorrow.

Sent from my BlackBerry 10 smartphone on the Rogers network.

---

**From:** Tru Freeman  
**Sent:** Monday, June 15, 2015 11:24 AM  
**To:** Marlyn Graziano; Alan Davis  
**Cc:** Salvador Ferreras; Tony Loughran  
**Subject:** Communication re s.13,s.17

Monday, June-15-15  
 Hi Marlyn and Alan,

Just wondering who is writing the communication document re s.13,s.17 I talked with Tony Loughran on Friday (on a teleconference with the CTCMA). Following that discussion Tony and I talked and he suggested that the communication would not come from AVED, it would need to come from KPU (likely vetted by AVED before it goes out).

I'm just wondering about the timing, given the call that Alan, Sal and I had with the ADM and Tony a week+ ago. We were hoping to have this out by the end of the month and if I work backwards from there, I will need to set up a conference call with the TCM-PAC so they hear it from me first.

If you can let me know the timeline, it would be helpful so that Davinder can start organizing the conference call with the PAC.

Thanks, Tru



**Tru Freeman, PhD**  
 Dean, Faculty of Health  
 Kwantlen Polytechnic University  
 t 604.599.2263 f 604.599.3130 e [tru.freeman@kpu.ca](mailto:tru.freeman@kpu.ca)

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## Loughran, Tony D AVED:EX

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**From:** Alan Davis <Alan.Davis@kpu.ca>  
**Sent:** Thursday, June 18, 2015 7:40 AM  
**To:** Plecas, Bobbi PREM:EX; Loughran, Tony D AVED:EX  
**Cc:** Tru Freeman; Salvador Ferreras  
**Subject:** Memo re TCM

Bobbi and Tony,

Have a look at this.

s.13,s.17

s.13,s.17

we are working on the curriculum, and we are starting on the new business plan and new BUCM collaboration, but that will all have to go through due processes here and at AVED and Health anyway.

Alan

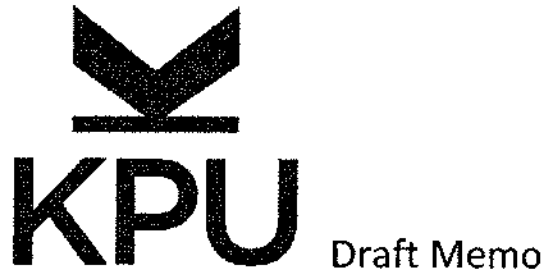


---

**Alan Davis, PhD**  
President and Vice Chancellor  
Kwantlen Polytechnic University  
t 604.599.2078 f 604.599.2235 e [alan.davis@kpu.ca](mailto:alan.davis@kpu.ca)  
[www.kpu.ca](http://www.kpu.ca)

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To: Bobbi Plecas, ADM, Institutions and programs, Ministry of Advanced Education

From: Alan Davis, President and Vice Chancellor, KPU

Date: June 18th, 2015

Re: Amendment to our EOI for a School of Traditional Chinese Medicine, dated 2013-09-13

This letter is submitted as a proposed change to the expression of interest (attached) submitted in September 2013 response to a call by AVED (also attached) to establish a School of Traditional Chinese Medicine (TCM) at KPU.

s.13,s.17



KPU and AVED continue to be committed to establishing a public school of Traditional Chinese Medicine that is accredited and recognized for its excellence.

CC: Tony Loughran, AVED; Dr. Sal Ferreras, Dr. Tru Freeman, KPU

# School of Traditional Chinese Medicine (TCM) Expressions of Interest (EOI)

**SUBMITTED BY:** Kwantlen Polytechnic University

**SUBMITTED TO:** Lori MacKenzie

Director

Executive Summ

Lower Mainland Branch

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Ministry of Advanced Education

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## Executive Summary

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The February 12<sup>th</sup>, 2013 Government of British Columbia Speech from the Throne (pg. 21-22) commits that *“government will begin work to create the environment for a school of Traditional Chinese Medicine (TCM) at a British Columbian post-secondary institution.”* ([http://www.leg.bc.ca/39th5th/Throne\\_Speech\\_2013.pdf](http://www.leg.bc.ca/39th5th/Throne_Speech_2013.pdf))

For approximately one year, Kwantlen Polytechnic University (KPU) has been exploring the opportunity of developing a TCM program in the Faculty of Community and Health Studies (CAHS). As a polytechnic university with a mandate for diverse educational initiatives that apply theory and experiential learning, KPU feels a TCM program is a very appropriate fit for the institution and the local community it serves.

TCM is viewed as both alternative medicine which is built upon complete systems of theory and practice and as complementary medicine to that practiced side-by-side Western medicine in many of China's hospitals and clinics. Furthermore, KPU sees this as an opportunity to develop a Holistic Centre to alternative or complementary medicine that includes not only a School of TCM, but the potential of including others, such as an educational stream that deals with Ayurvedic Medicine used widely by the South Asian population. Additionally, the KPU Faculty of Science and Horticulture offers a unique internal opportunity for collaboration and interprofessional practice with potential link/growth of herbs for the herbology component of both TCM and Ayurvedic Medicine.

With approximately 1,500 TCM practitioners and 300 student registrants with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA, 2010), the Faculty of CAHS feels there is a future pool of students interested in a quality TCM education program that would be provincially recognized. There is also a large group of current TCM practitioners that would likely return for a TCM *degree* completion program.

As a revenue generating program, KPU would be preparing to have one year of core *pre-health* education ready by September, 2014. This core year would meet half of the two (2) years of liberal arts or sciences study (30 of 60 credits) required by the CTCMA ([http://www.ctcma.bc.ca/documents/two\\_year\\_university\\_requirement.pdf](http://www.ctcma.bc.ca/documents/two_year_university_requirement.pdf)). This core *pre-health* year could be incorporated into other programs in the Faculty of CAHS and would be developed using new/existing KPU courses in order to make the best use of available resources.

The 2013-14 up-front investment for start-up of a School of TCM is \$2,438,600, due in large part to the initial capital costs. We are suggesting matching start-up funds from both KPU and AVED, where each would pay \$1,219,300. KPU would agree to pay their half of the funding in 2013-14 and AVED could pay their half in 2014-15.

This EOI was presented to the KPU Board Finance & Audit Committee on Wednesday, September 4, 2013. A motion was passed in principal to support this initiative stating: *"THAT the Board Finance & Audit Committee recommends to the Board of Governors that it approve submission of the Expression of Interest regarding a School of Traditional Chinese Medicine to the Ministry of Advanced Education, Innovation & Technology"*. This EOI will also be presented to the Board of Governors on Wednesday, September 18, 2013.

With an active Office of International Students and Scholars to help connect us with global partners and subject matter experts, an Office of Advancement that has strong connections to the Chinese community for potential fundraising opportunities, a supportive Office of Research and Scholarship, a Faculty of CAHS that is keen to welcome another discipline into its health family and preliminary Board Finance & Audit support, KPU is extremely excited, interested and up to the challenge of developing the first public School of TCM in British Columbia.

### Summary Fact Sheet

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If the Ministry of Advanced Education (AVED) announces that KPU is the institute of choice for development of a School of Traditional Chinese Medicine (TCM), the following is a summary of assumptions we would currently be working under:

- the EOI was presented to the KPU Board Finance & Audit Committee on Wednesday, September 4, 2013. A motion was passed in principal to support this initiative stating: *"THAT the Board Finance & Audit Committee recommends to the Board of Governors that it approve submission of the Expression of Interest regarding a School of Traditional Chinese Medicine to the Ministry of Advanced Education, Innovation & Technology"*.
- the EOI will also be presented to the Board of Governors on Wednesday, September 18, 2013.
- startup year is 2013/14: this would include development of a Concept Paper then full Proposal
- 2013-14 up-front investment for start-up is \$2,438,600, due in large part to the initial capital costs.
- KPU is suggesting matching start-up funds from both KPU and AVED, where each would pay \$1,219,300. KPU would agree to pay their half of the funding in 2013-14 and AVED could pay their half in 2014-15
- TCM program would be located in Richmond (*at either the Richmond campus, or potentially a separate facility in the area*). A separate building would require substantial investment from the external community
- KPU plans to partner with Beijing University of Chinese Medicine (BUCM) to deliver this program. BUCM is the only institution in China delivering TCM programming that is supported by their gov't

- College of Traditional Chinese Medicine and Acupuncturists (CTCMA) requires "successful completion of not less than two (2) years of liberal arts or sciences study (comprised of at least 60 credits) in an accredited college or chartered/approved university acceptable to the registration committee" ([http://www.ctcma.bc.ca/assets/files/pdf\\_resources/About/2013Jun25-CTCMABylaws-WithSchedule.pdf](http://www.ctcma.bc.ca/assets/files/pdf_resources/About/2013Jun25-CTCMABylaws-WithSchedule.pdf), Pg. 21). Students:
  - could come into the program with 60 existing credits (TABLE VI: KPU-TCM Preliminary Semester Schedule; pg. 13)
  - without existing credits could take a KPU pre-health year (30 credits); this pre-health year would be developed from existing KPU courses and potentially new courses that would need to be created. The remaining 30 credits would be taken within remaining portion of the program
- CTCMA - TCM practitioner diploma program (totaling 2600 hours minimum in 4 academic years, which included 650 hours minimum of clinical instruction). The program will be a combination of the acupuncture program (A), the herbology program (B) and courses in Tui Na, Shi Liao, and Chinese rehabilitation exercises such as Tai Ji Quan and Qi Gong". ([http://www.ctcma.bc.ca/assets/files/pdf\\_resources/About/2013Jun25-CTCMABylaws-WithSchedule.pdf](http://www.ctcma.bc.ca/assets/files/pdf_resources/About/2013Jun25-CTCMABylaws-WithSchedule.pdf), Pg. 11)
- a patient clinic is a compulsory part of a TCM program and will be a self-sustaining operation
- approximately 12 faculty positions will be required for this program. Faculty will come from BUCM and the local Vancouver TCM community to teach into this program
- no attrition has been factored into the projected student numbers
- potential "RISKS" to KPU if we successfully attain a TCM program are listed below:

#	TCM – Potential Risk	Risk Challenge	Risk Mitigation
1.	Absence of government funding (start-up/ongoing)	- KPU would have a large up-front investment of funds (>\$2,000,000)	- budget schedule suggests that the program will generate revenue in 2016/17 and by >\$400,000 by 2019/20
2.	Availability of KPU funding for start-up	- no KPU funding = no TCM program	- given AVED has announced this in the Throne Speech challenge gov't to provide at least half of the start-up funding
3.	Space challenges (where will program reside?)	- AVED has mentioned that it would take issue with a TCM program that required a new building to be built	- renovate space at KPU Richmond - work with KPU Office of Advancement to develop donor relationship with Chinese community
4.	Lack of subject matter experts (SME) re: TCM	- inability to find enough appropriate faculty to teach in the TCM program - inability to use international SME's (i.e. Beijing)	- build relationship with BUCM for SME's - build relationships with local TCM practitioners who could provide theory/clinical instruction
5.	Potential challenge to attract/retain students	- already several private institutions in Vancouver that provide TCM programs - these programs have lower	- appropriate marketing - public sector PSE has a reputation of high quality ed. - building in a degree completion

		tuition rates	will entice students
6.	Program sustainability	<ul style="list-style-type: none"> <li>- long-term will this continue to be a viable program</li> </ul>	<ul style="list-style-type: none"> <li>- need to do a more fulsome investigation in <i>Concept Paper</i></li> <li>- <i>pre-health</i> year can be used by other CAHS programs</li> <li>- integration of Ayurvedic Medicine could provide &gt; sustainability re: complimentary medicine</li> </ul>
7.	Current TCM programs already in Vancouver	<ul style="list-style-type: none"> <li>- potential upset from programs that already exist in Vancouver due to competition</li> </ul>	<ul style="list-style-type: none"> <li>- work with Chinese community to try and encourage <i>friendly</i> relationships with private institutions</li> <li>- seek advice from CTCMA</li> </ul>
8.	Safety	<ul style="list-style-type: none"> <li>- patient clinic provides additional risks for KPU</li> <li>- delivery of herbal medication</li> </ul>	<ul style="list-style-type: none"> <li>- affiliation agreements</li> <li>- requirement for liability insurance</li> </ul>

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## School of Traditional Chinese Medicine

### Request for Expressions of Interest (EOI)

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#### 1. Introduction:

For almost six months prior to the BC *Speech from the Throne* announcing a School of Traditional Chinese Medicine (TCM), Kwantlen Polytechnic University (KPU) has been exploring the opportunity of developing a TCM program in the Faculty of Community and Health Studies (CAHS). While there are several private schools in Vancouver and the province that offer TCM programming (**Appendix A**), there is not a TCM program in a British Columbia public post-secondary institution. Commencing in September, 2012, numerous consultations/meetings have occurred with key stakeholders in the TCM community, government, and other international post-secondary institutions that deliver TCM programs (**Appendix B**), to better understand the discipline and the opportunities and risks associated with TCM education. As a polytechnic university with a mandate for diverse educational initiatives that apply theory and experiential learning, KPU feels a TCM program is a very appropriate fit for their institution and Strategic Plan (**Appendix C**).

KPU has four campuses located in: 1) Cloverdale, 2) Langley, 3) Richmond and 4) Surrey (*main campus*). If KPU is the successful post-secondary institute to develop a School of TCM, it would be located in or near the Richmond campus. With convenient access to public transportation (*i.e. Canada line*) and Chinese reported as the highest ethnic population in Richmond (91,885 or 48.5%), KPU Richmond is ideally situated to offer an educational program to address the needs of its local community (**Appendix D**).

TCM originated in ancient China and has evolved over thousands of years with recorded instances dating as far back as two thousand years BC (<http://cim.ucdavis.edu/clubs/comsia/whatiscom.pdf> <http://www.acupuncturetoday.com/abc/>). Traditional Chinese Medicine consists of several disciplines – the more popular being acupuncture, tuina (*a type of therapeutic massage*) and herbology (*refer to Appendix E for definitions*). Previously unregulated, acupuncture was designated as a health profession under the Health Professions Act in April 1996.<sup>1</sup> About five years later, TCM was designated as a health profession under the Health Professions Act in December 2000. TCM professions are regulated by the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA).<sup>2</sup>

The data indicates that there were nearly 1,500 TCM practitioners in 2010 and approximately 300 student registrants with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA, 2010). Over the years, the use of acupuncture has

---

<sup>1</sup> In April 2008, British Columbia became the first Canadian province to offer acupuncture treatments as a supplementary benefit for its Medical Services Plan (MSP) premium assistance recipients.

<sup>2</sup> Ontario was the second province in Canada to regulate TCM practitioners in April 2013.



increased in British Columbia. A 2006 study shows that over two in 10 (22%) BC residents are estimated to have used acupuncture at least once in their lifetime, an increase of eight percentage points from the 1997 study results (*Fraser Institute, 2006*). The estimated proportion of the population who have accessed acupuncture services at least once in their lifetime in BC is higher than the Canadian average (17% in 2006) (*Fraser Institute, 2006*). Of those in BC who have accessed acupuncture services at least once in their lifetime, 25% had an acupuncture treatment 12 months prior to when the 2006 research fieldwork was conducted. Canadians who have used acupuncture typically start in their late-thirties (*average age of 38*). British Columbians who have used acupuncture treatments for the first time are on average 39 years old (*Fraser Institute, 2006*).

KPU's Faculty of CAHS would be delivering a TCM Practitioner "*diploma*" program as the entry to practice. The Practitioner designation is a combination of the acupuncture and herbology. KPU would develop this program as a *diploma exit* and continue to develop future education that would include a *degree completion* program for a Bachelor of Traditional Chinese Medicine. Both of these programs will be revenue generating.

The Faculty of CAHS is excited to consider this new diploma offering, as we look to expand our innovative and creative programming and meet the provincial needs of the population as outlined by the government. If KPU is the successful institution that is awarded the ability to provide a TCM diploma, there would be a much more fulsome and in-depth discovery conducted as we develop the *Concept Paper* and full *Proposal* for KPU's own internal Senate processes.

---

## 2. Institution Contact(s):

Dr. Tru Freeman

Dr. Jean Nicolson-Church

Dean

Associate Dean

Faculty of Community and Health Studies (CAHS)

Faculty of CAHS

Kwantlen Polytechnic University (KPU)

KPU

12666 – 72 Avenue

12666 – 72 Avenue

Surrey, BC

Surrey, BC

V3W 2M8

V3W 2M8

Phone: 604-599-2263 (office)  
s.22

Phone: 604-599-2266 (office)

Email: [tru.freeman@kpu.ca](mailto:tru.freeman@kpu.ca)

Email: [jean.nicolson-church@kpu.ca](mailto:jean.nicolson-church@kpu.ca)

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### 3. Opportunities and Risks:

#### a) Program alignment with the mandate and expertise of the institution:

##### i) **Mandate:**

**Appendix B** outlines “KPU’s Strategic Plan: Vision 2018”. The development of a TCM program at KPU, fulfills KPU’s *Mission* of “offering all learners opportunities to achieve success in a diverse range of programs” and supports KPU values that include the scholarship of discovery, creativity, integration, application, and teaching; rich learner experiences; and excellence and innovation.

KPU’s Strategic Plan outlines goals and strategies in three categories: 1) Quality, 2) Reputation and 3) Relevance. The specific goals that relate to the alignment of a TCM program with the mandate and expertise of KPU are:

##### **Quality:**

- Ensure that programming builds on KPU’s tradition of laddering to allow students recognition for previous learning and flexible options.

##### **Relevance:**

- Implement a coordinated approach to document, expand, measure, and celebrate effective partnerships with KPU’s communities.
- Undertake research to understand the needs of learners in the diverse communities KPU serves.
- Expand the distinctiveness and scope of KPU’s program offerings to realize its polytechnic university mandate.
- Ensure every KPU program of study includes experiential learning that connects theory to its application.
- Support and coordinate opportunities for experiential learning, applied research, and community engagement.

##### **Reputation:**

- 
- Expand initiatives to improve KPU's recognition and reputation in the community.-
- 

**ii) Expertise of the Institution:**

The Faculty of CAHS currently has nine (9) health programs that offer degrees, certificates or a citation, one (1) community school program\*, a host of Professional Studies (PS)/Continuing Education (CE) courses offered to industry and house the British Columbia International Nurses Assessment (IEN) Centre on a year-to-year contract that is renegotiated annually.

1. Bachelor of Psychiatric Nursing (BPN) degree
2. Bachelor of Science in Nursing (BSN) degree
3. BSN – Post-Baccalaureate (BSN) degree
4. Critical Care (CC) certificate
5. Graduate Nurse Internationally Educated Re-entry (GNIE) certificate
6. Graduate Nurse Qualifying (GNQU) (*Peds, Mental Health, Obstetric*) citation
7. Graduate Nurse re-entry (GNUR) certificate
8. Health Unit Coordinator (HAUC) certificate
9. Health Care Assistant Program (HCAP) certificate
10. Special Education Teaching Assistant (SETA) certificate\*
11. PS/CE
12. BC- IEN Centre

The continued success of these programs demonstrates an expertise with the various teaching modes and partnerships required for a successful TCM program. CAHS enjoys a lengthy history of practice placement partnerships, lab development and implementation at all levels of simulation, and a philosophical base focused on cultural diversity. CAHS at KPU is also known for excellence in working with Internationally-Educated Nurses, integration of Aboriginal content and pedagogy into all nursing programs, teaching/learning technology, and high fidelity simulation.

External to the Faculty of CAHS, KPU has a number of Faculties that can provide curriculum courses that are already developed in the Faculty of Horticulture and Science, the Faculty of Business, and the Faculty of Arts. This will help to reduce the costs of development and provide an interdisciplinary approach to education. KPU also sees this as an opportunity to develop a Holistic Centre to alternative or complementary medicine that includes not only a School of TCM, but the potential of including an educational stream that deals with Ayurvedic Medicine used widely by the South Asian population in the Surrey community. The Faculty of Horticulture and Science, especially, is seen as a key component for the herbology portion of the TCM program.

**b) Capacity to establish a School of TCM:** (i.e. physical space, financial resources, faculty, etc...)

The Faculty of CAHS envision developing a *pre-health* year for students coming into the program without any post-secondary credits. The Faculty of CAHS plans to start with 24 or hopefully 36 students in 2014/15 and then increase the size of the cohort over the next two years. We have stipulated 40 for the highest enrollment due to ease of cohort size. We would likely ramp up from 24/36 → 40 because faculty FTE numbers are the same for both the 36 and 40 cohort size. The increase to 40 would also provide a cushion for potential attrition. KPU would begin the TCM *diploma exit* year in 2015/16 with 24/36 students; we also anticipate starting a *degree completion* program in 2015/16.

The teaching requirements of the TCM program are stipulated by the College of Traditional Chinese Medicine and Acupuncturists (CTCMA). *Table I* outlines the program hours and basic programming that is required for a TCM Practitioner program.

Table I suggests that approximately 12 faculty positions will be required for this program.

**Table I:**

TCM Faculty FTE requirements related to cohort numbers						
Cohort Size	Mode	Hours/ Mode	Class Size	FTE	Sections Required	Total FTE
24	16	1710	40	3.5625	1	3.5625
	20	200	6	.3333	4	1.3333
	24	240	20	.3333	2	.6666
	32	450	20	.46875	2	.9375
<b>24</b>	<b>Total for Cohort = 6.4999</b>					
36	16	1710	40	3.5625	1	3.5625
	20	200	6	.3333	6	1.9999
	24	240	20	.3333	2	.6666
	32	450	20	.46875	2	.9375
<b>36</b>	<b>Total for Cohort = 7.1665</b>					
48	16	1710	40	3.5625	2	7.125
	20	200	6	.3333	8	2.6666
	24	240	20	.3333	3	.9999
	32	450	20	.46875	3	1.40625
<b>48</b>	<b>Total for Cohort = 12.1977</b>					

- CTCMA requires an additional 60 credits of post-secondary course work
- CAHS at KPU intends to implement 2 pre-requisite semesters to provide 30 of these credits (an addition of 1.25 faculty FTE)
- The remaining 30 credits will be integrated into the TCM diploma with another additional 1.25 faculty FTE requirement

Initial 2013-14 funding for start-up is \$2,438,600, due in large part to the initial capital costs as indicated in *Table II*.

**Table II:**

<b>TCM Program Costing</b>	
<b>Expenses</b>	<b>Cost</b>
Program Coordinator (.25 release)	21,000
Curriculum Coordinator (.25 release)	21,000
<b>Capital Costs</b>	
• Computer lab	45,000
• E-classroom	17,000
• Simulation lab (software, computer)	144,000
• Network/Server infrastructure	30,000
• WiFi set-up	5,000
• Simulator + 12 beds	55,200
• Renovations	2,100,000
<b>TOTAL:</b>	<b>\$2,438,600</b>
Matching funds: KPU 2013/14	\$1,219,300
Matching funds: AVED 2014/15	\$1,219,300

We are suggesting matching start-up funds from KPU and AVED where each would pay \$1,219,300. KPU would agree to pay their half of the funding in 2013-14 and AVED could pay their half in 2014-15. AVED funds could be paid in 2014/15 year because the initial year is slated to be a *pre-health* year. None-the-less, the costs for starting a School of TCM are quite high, due to the technology and health equipment required to deliver a quality program that meets the competencies and standards.

#### **c) Addressing the needs of the institution's local community:**

KPU has four campuses located in Cloverdale, Langley, Richmond and the main campus in Surrey. The majority of registered TCM practitioners are located in the following five cities (*CTCMA database*), indicating that easy access to KPU's Richmond campus via public transportation would be an appropriate place to situate a TCM program:

- Vancouver (27% of registered practitioners)
- Richmond (12%)
- Victoria (13%)
- Burnaby (10%)
- Surrey (6%)

The 2011 National Household Survey (NHS) estimated that 133,320 individuals in Richmond belonged to a visible minority group, accounting for 70.4% of its total population. In comparison,

visible minorities comprised 27.3% of British Columbia's population. The largest visible minority groups living in Richmond were Chinese and South Asian. The three most frequently reported ethnic origins in Richmond, for people reporting either one or multiple ethnic origins, were Chinese, English and Canadian. This again bodes well for KPU as the university of choice for a TCM program.

**d) Consultation to be undertaken with stakeholders:**

*Appendix B* outlines the consultations to date that KPU has undertaken regarding the development of a TCM program.

The Deputy Minister, Ministry of Advanced Education (*AVED*) and the host public post-secondary institution will establish a Program Advisory Committee (*PAC*) to guide the development and implementation of the School. In consultation with *AVED*, KPU would consider inviting individuals to a *PAC* as per recommendations from the TCM community (*Appendix F*). We have also visited the Royal Melbourne Institute of Technology (*RMIT*) (*May, 2013*) and Beijing University of Chinese Medicine (*BUCM*) (*May, 2013*) (*Appendix G*). In addition, we have contacted other schools in the lower mainland to ascertain as much about costs as possible. If we are the institute of choice to deliver a TCM program, we will be working with *BUCM* to help deliver this program. We will likely use their curriculum as a framework for the KPU program, recognizing that we must closely meet the competencies and practice standards of the CTMCA.

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**e) Potential partnerships:**

KPU sees a number of potential partnerships that will be introduced in the School of TCM:

- Beijing University of Chinese Medicine (*BUCM*) – using an outline of their curriculum; their faculty as visiting scholars and our students/faculty for practicum
- KPU
  - Faculty of Science and Horticulture, Arts, and Business; there would be existing courses from these Faculties woven into the program. We also see the Faculty of Science and Horticulture potentially having a substantial role working with the “herbology” portion of the TCM program
  - Facilities
  - Library
  - IET
  - Teaching & Learning

- 
- TCM Community (*i.e. teaching and learning, clinical preceptorships*)
  - other post-secondary (*i.e. research re: complementary/alternative medicine*)
  - Dr. Arun Garg, Fraser Health (*i.e. complementary/alternative medicine – Ayurvedic Medicine*))

f) **SWOT Analysis:**

**Table III** describes the Strengths, Weaknesses, Opportunities and Threats of implementing a TCM program in KPU's Faculty of CAHS:

**Table III:**

<b>FACULTY of CAHS SWOT ANALYSIS re: TCM</b>	
<b>STRENGTHS</b>	<b>WEAKNESSES</b>
<ul style="list-style-type: none"> <li>• TCM community looking for a public PSI to deliver program</li> <li>• preparation of highly skilled graduates</li> <li>• high quality instruction</li> <li>• applied hands-on learning experience</li> <li>• strong <i>simulation</i> practice for risk free learning</li> <li>• health programming exists in the Faculty of CAHS</li> <li>• Richmond campus – easy public transport</li> <li>• Richmond campus close to large Chinese population</li> <li>• collaboration with other CAHS/KPU programs/Faculties</li> </ul>	<ul style="list-style-type: none"> <li>• lack of government funding (<i>start-up/ongoing</i>)</li> <li>• availability of KPU funding for start-up</li> <li>• space challenges (<i>where will program reside?</i>)</li> <li>• lack of subject matter experts re: TCM</li> </ul>
<b>OPPORTUNITIES</b>	<b>THREATS</b>
<ul style="list-style-type: none"> <li>• fulfill polytechnic mandate</li> <li>• fulfills KPU mission, mandate &amp; values</li> <li>• responds to AVEDs throne speech</li> <li>• builds partnerships (<i>i.e. other PSI's; Chinese community</i>)</li> <li>• strengthen local, provincial, national reputation</li> <li>• seek alternative funding sources</li> </ul>	<ul style="list-style-type: none"> <li>• potential challenge to attract/retain students</li> <li>• program sustainability</li> <li>• current TCM programs already in Vancouver</li> <li>• funding challenges</li> <li>• hiring faculty with TCM expertise</li> <li>• safety (<i>would need to minimize the risk through Affiliation agreements, requirement for liability insurance etc..</i>)</li> </ul>
<ul style="list-style-type: none"> <li>• fundraising opportunities (<i>i.e. Foundation</i>)</li> <li>• promotes research</li> <li>• develop new programs</li> <li>• attract new students (<i>local, provincial, national, international</i>)</li> <li>• continues to promote Faculty of CAHS expertise/reputation with simulation</li> <li>• request half of the start-up funding from AVED for 2014/15</li> </ul>	



The weaknesses and threats described in the *SWOT* analysis have been referred to as potential *Risks* in **Table IV**:

**Table IV:**

Potential <i>RISKS</i> to KPU re: TCM			
#	TCM – Potential Risk	Risk Challenge	Risk Mitigation
1.	Absence of government funding ( <i>start-up/ongoing</i> )	- KPU will have a large <i>up-front</i> investment of funds (>\$2,000,000)	- budget schedule suggests that the program will generate revenue in 2016/17 and by >\$400,000 by 2019/20
2.	Availability of KPU funding for start-up	- no KPU funding = no TCM program	- given AVED has announced this in the <i>Throne Speech</i> challenge gov't to provide at least half of the start-up funding
3.	Space challenges ( <i>where will program reside?</i> )	- AVED has mentioned that it would take issue with a TCM program that required a new building to be built	- renovate space at KPU Richmond - work with KPU <i>Office of Advancement</i> to develop donor relationship with Chinese community
4.	Lack of subject matter experts (SME) re: TCM	- inability to find enough appropriate faculty to teach in the TCM program - inability to use international SME's ( <i>i.e. Beijing</i> )	- build relationship with BUCM for SME's - build relationships with local TCM practitioners who could provide theory/clinical instruction
5.	Potential challenge to attract/retain students	- already several private institutions in Vancouver that provide TCM programs - these programs have lower tuition rates	- appropriate marketing - public sector PSE has a reputation of high quality education - building in a degree completion will entice students
6.	Program sustainability	- long-term will this continue to be a viable program	- need to do a more fulsome investigation in <i>Concept</i> paper - <i>pre-health</i> year can be used by other CAHS programs - integration of Ayurvedic Medicine, could provide > sustainability re: complimentary medicine
7.	Current TCM programs already in Vancouver	- potential upset from programs that already exist in Vancouver due to competition	- work with Chinese community to try and encourage <i>friendly</i> relationships with private institutions - seek advice from CTCMA
8.	Safety	- patient clinic provides additional risks for KPU - delivery of herbal medication	- affiliation agreements - requirement for liability insurance

#### 4. Curriculum and Program Delivery:

The TCM program would be delivered in a format that allows for a pre-health year of core courses (30 credits). CTCMA Bylaw Section 48(1)(a.1) effective December 28, 2009 outlines that

*“successful completion of not less than two (2) years of liberal arts or sciences study (comprised of at least 60 credits) in an accredited college or chartered/approved university acceptable to the registration committee”.* ([http://www.ctcma.bc.ca/documents/two\\_year\\_university\\_requirement.pdf](http://www.ctcma.bc.ca/documents/two_year_university_requirement.pdf)). The remaining 30 credits of the liberal arts/science study will be delivered in the TCM semesters that encompass the diploma portion of the program. **Table V** offers a preliminary schedule of how the diploma portion of the program would be delivered. KPU also intends to offer a degree completion for these students and grandfather current TCM practitioners who want to attain a Bachelor of TCM designation. This would likely be achieved through a combination of Prior Learning Assessment (PLA), grandfathering of practice hours and the potential of having to complete some course work to achieve a degree designation.

**Table V:**

KPU – TCM Preliminary semester schedule			
2015	2016	2017	2018
Pre Year	TCM semesters		
Pre-semester 1 September (15 –credits)	Pre-semester 2 January (15 –credits)	TCM -Semester 3 - January	TCM -Semester - 6 January
	TCM -Semester 1 May	TCM -Semester - 4 May	TCM -Semester - 7 May
	TCM -Semester 2 Sept	TCM -Semester - 5 September	TCM -Semester - 8 September

**Table VI** indicates the program teaching requirements as prescribed by the CTCMA. Clinical practicum hours will be achieved through preceptorship/internship with current TCM practitioners. This would include a 12 bed patient clinic at KPU and an international practice placement in Beijing in semester 6 or 7. A KPU simulation laboratory and virtual simulation will also be used as an adjunct to clinical practice.

**Table VI:**

TCM Program Teaching Requirements			
CTCMA Hours	Description	KPU Mode	Class Size
610	Base Theory	16	40

550	Acupuncture Theory	16	40
550	Herb Theory	16	40
<b>1710 = Total theory hours</b>			
240	Rehabilitation Exercises and Labs	24	20
<b>240 = Total simulation hours</b>			
200	Clinical - Direct Supervision	20	6
<b>200 = Total clinical with instructor hours</b>			
450	Clinical - Practicum	32	20
<b>450 = Total clinical practicum hours</b>			
<b>2,600 = TOTAL INSTRUCTIONAL HOURS</b>			

- international semester in Beijing in Semester 6 or 7
- 30 credits of Chinese culture, Mandarin language, as well as a Business course dispersed throughout TCM Semesters 1-8
- the specific terminal/semester outcomes, curriculum, and courses for this program will be developed in consultation with our stakeholders and TCM Advisory Committee in accordance with the KPU Senate and Ministry approval processes for program development and review.

## APPENDIX A

### Institutions Offering TCM programs in/out of the Lower Mainland

#### INSTITUTIONS OFFERING PROGRAMS IN TRADITIONAL CHINESE MEDICINE

In the Lower Mainland, Burnaby-based PCU College of Holistic Medicine, the Vancouver's International College of Traditional Chinese Medicine, and Richmond-based Vancouver-Beijing College of Chinese Medicine offer comprehensive selection of TCM programs. See *exhibit 3* for additional details.

#### Programs Offered by Postsecondary Institutions in the Lower Mainland

PROGRAM	LENGTH	PRACTICUM/INTERNSHIPS
<b><i>PCU College of Holistic Medicine (Burnaby)</i></b>		
Tuina/Anmo	44 weeks	Practicum placements
Acupuncture	96 weeks	Supervised clinical internships
TCM Herbalist	132 weeks	Supervised clinical internships
TCM Practitioner	132 weeks	Supervised clinical internships
Doctor of TCM	44 weeks (following the TCM Practitioner program)	Supervised clinical internships
<b><i>International College of Traditional Medicine of Vancouver</i></b>		
Chinese Tuī Na (certificate)	12 weeks	Practicum
Herbalist	3 years	Not specified
Acupuncturist	3 years	Not specified
Practitioner	4 years	Not specified
Doctor of TCM	5 years	Not specified
<b><i>Vancouver-Beijing College of Chinese Medicine (Richmond)</i></b>		
Not specified	Not specified	Not specified

Source: Institutional websites (accessed August 2013) and PICTIA website (accessed August 2013).

Notes: 1. All institutions listed in this exhibit are accredited by PICTIA (as of August 2013). 2. Shang Hai TCM College has a website that lists BC-based TCM programs, but the institution is not listed as being accredited on the PICTIA website.

Outside of the Lower Mainland, other PCTIA-accredited BC postsecondary institutions offering TCM programs include:

- Academy of Classical Oriental Sciences (Nelson, BC)
- Oshio College Of Acupuncture and Herbology (Victoria, BC)
- Pacific Rim College (Victoria, BC)

### Programs Offered by Postsecondary Institutions outside of the Lower Mainland

PROGRAM	LENGTH	PRACTICUM/INTERNSHIPS
<b><i>Academy of Classical Oriental Sciences</i></b>		
Acupuncture	3 years	Not specified
TCM Herbalist	3 years	Not specified
TCM Practitioner	4 years	Not specified
Doctor of TCM	5 years	Not specified
<b><i>Oshio College of Acupuncture and Herbology</i></b>		
Chinese Tui Na	Not specified	Not specified
Acupuncturist	3 years	Not specified
Practitioner	4 years	Not specified
<b><i>Pacific Rim College (School of Acupuncture &amp; Oriental Medicine)</i></b>		
Diploma of Acupuncture	3 years	Clinical observation/practice
Diploma of Acupuncture and Oriental Medicine	4 years	Clinical observation/practice
Doctor of TCM	5 years	Clinical observation/practice
Dual Diplomas of Acupuncture and Phytotherapy	5 years	Clinical practice
Dual Diplomas of Acupuncture and Holistic Nutrition	5 years	Clinical practice

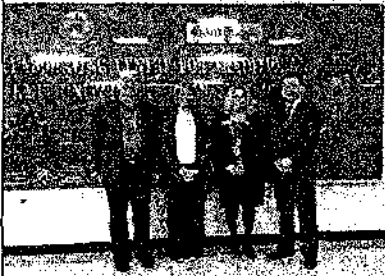
Source: Institutional websites (accessed August 2013) and PCTIA website (accessed August 2013).

Notes: 1. All institutions listed in this exhibit are accredited by PCTIA (as of August 2013). 2. Pacific Rim College also offers Japanese Acupuncture Certificate program.

## APPENDIX B

### KPU's - TCM Consultations

DATE	INDIVIDUALS INVOLVED	CONTEXT OF MEETING
Wednesday September 26, 2012	<ul style="list-style-type: none"> <li>Dr. Arden Henley, Ed.D, R.C.C. Professor and Principal, Canadian Programs CityU of Seattle Phone: 604.689.2489 Fax: 604.689.0440 E-mail: ahenley@CityU.edu www.CityU.edu</li> <li>Dr. Tru Freeman, Dean, Faculty of CAHS, KPU</li> </ul>	<ul style="list-style-type: none"> <li>initial discussion re: KPU's interest in developing a TCM program</li> <li>Dr. Henley was the prior President /Registrar of the College of TCM (CTCM)</li> </ul>
Tuesday November 20, 2012	<ul style="list-style-type: none"> <li>Dr. Arden Henley (CityU)</li> <li>Gordon Lee, KPU Interim Provost/Vice-President, Academic</li> <li>Dr. Tru Freeman (KPU)</li> </ul>	<ul style="list-style-type: none"> <li>discussions at the higher levels of KPU re: interest in TCM</li> </ul>
Thursday January 24, 2013	<ul style="list-style-type: none"> <li>Dr. Tru Freeman (KPU)</li> </ul>	<ul style="list-style-type: none"> <li>TCM programming documented in the Faculty of CAHS DRAFT Academic Plan (version1) re: <i>"Possible long-term growth strategies"</i></li> </ul>
Friday February 15, 2013	<ul style="list-style-type: none"> <li>Lori MacKenzie Director, Lower Mainland Branch Ministry of Adv. Ed, Innovation and Technology Phone: 250-356-0054 E-mail: <a href="mailto:Lori.MacKenzie@gov.bc.ca">Lori.MacKenzie@gov.bc.ca</a></li> </ul>	<ul style="list-style-type: none"> <li>E-mail asking about the explicit reference to TCM in the BC Speech from the throne, September 12, 2013 (pg. 21-22)</li> <li><i>"An innovative health-care system must respond to the changing needs of its citizens and embrace practices beyond traditional western medicine. In the months ahead, your government will begin work to create the environment for a school of traditional Chinese medicine at a British Columbian post-secondary institution."</i></li> </ul>
Sunday March 24, 2013	<ul style="list-style-type: none"> <li>Dr. Boxu (Andy) Zhou President, BC Qualified Acupuncturists and TCM Practitioner Association (QATCMA)</li> <li>Dr. Weidong Yu Past-President, QATCMA Phone: 604-</li> <li>Dr. Tru Freeman (KPU)</li> </ul>	<ul style="list-style-type: none"> <li>attended the QATCMA - AGM</li> </ul>
Tuesday May 07, 2013	<ul style="list-style-type: none"> <li>Dr. John Blazevic Chair, Board of College of Traditional Chinese Medicine (CTMC) Phone: 604-224-6692 E-mail: <a href="mailto:john@littlemountainclinic.com">john@littlemountainclinic.com</a></li> </ul>	<ul style="list-style-type: none"> <li>Lunch to discuss provincial TCM perspective</li> </ul>

	<ul style="list-style-type: none"> <li>• Dr. Tru Freeman (KPU)</li> <li>• Dr. Jean Nicolson-Church, Associate Dean (AD), Faculty of CAHS</li> </ul>	
DATE	INDIVIDUALS INVOLVED	CONTEXT OF MEETING
Tuesday May 07, 2013	<ul style="list-style-type: none"> <li>• Dr. Shawn Poppi Sabhaney President Traditional Chinese Medicine Association of BC (TCMABC)</li> <li>• Dr. Shannon Larson Vice-President, (TCMABC) Phone: 778-233-0074 E-mail: shannon@vancouvertcm.com www.vancouvertcm.com</li> <li>• Dr. Philippe Souestre Phone: 604-736-3963 (X 104) Cell: s.22 Email: pas@neurokinetics.com</li> <li>• Dr. Tru Freeman (KPU)</li> <li>• Dr. Jean Nicolson-Church (KPU)</li> </ul>	<ul style="list-style-type: none"> <li>• discussion re: provincial TCM perspective</li> </ul>
May, 2013	<ul style="list-style-type: none"> <li>• Dr. Alan Davis President/CEO KPU</li> <li>• Stuart McIlmoyle Associate Vice-President KPU International</li> </ul>	<ul style="list-style-type: none"> <li>• visited the Beijing University of Chinese Medicine (BUCM)</li> <li>• BUCM interested in a partnership with KPU</li> <li>• BUCM currently has programming in Middlesex, UK</li> </ul>
Thursday May 16, 2013	<ul style="list-style-type: none"> <li>• Dr. Tony Zhang Discipline Head, Chinese Medicine School of Health Sciences Bundoora campus Building: 202. Level: 4. Room: 56. Plenty Road PO Box 71, Bundoora VIC 3083 Australia Phone: +(61-3) 9925 7758 Fax: +(61-3) 9925 7503 Email: <a href="mailto:tony.zhang@rmit.edu.au">tony.zhang@rmit.edu.au</a></li> <li>• Dr. Chi Jing Liu JP - Executive Member of the Presidium of WFCMS - President of Pulse Manifestation of WFCMS - Secretary-General of Federation of Chinese Medicine/Acupuncture Societies of Australia Ltd P. O. BOX 526, Glen Waverley Vic. 3150 Australia Phone: (61-3) 9887 9738. FAX: 61-3-98879748. Cell: s.22 E-mail: <a href="http://www.fcma.org.au">www.fcma.org.au</a></li> <li>• Dr. Tru Freeman (KPU)</li> <li>• Dr. Jean Nicolson-Church (KPU)</li> </ul>	<ul style="list-style-type: none"> <li>• visited the Royal Melbourne Institute of Technology (RMIT), Australia to review their Chinese Medicine program, which has been in existence for approximately 20 years</li> </ul> 
Saturday June 8, 2013	<ul style="list-style-type: none"> <li>• Dr. Shawn Poppi Sabhaney, President, TCMABC</li> <li>• Dr. Boxu (Andy) Zhou, President, QATCMA</li> <li>• Dr. Tru Freeman and Dr. Jean Nicolson-Church attend the signing at the Dr. Sun Yat-Sen</li> </ul>	<ul style="list-style-type: none"> <li>• two major TCM Associations merge into the Association of Traditional Chinese Medicine and Acupuncture (ATCMA)</li> </ul>

	Gardens, 578 Carral Street, Vancouver, BC	<ul style="list-style-type: none"> <li>the regulatory body - College of TCM and Acupuncture (CTCMA) and regulatory body of TCM in BC endorses the merger</li> </ul>
DATE	INDIVIDUALS INVOLVED	CONTEXT OF MEETING
Thursday June 27, 2013	<ul style="list-style-type: none"> <li>Lori MacKenzie (AVED)</li> <li>Tony Loughran, Executive Director Lower Mainland Branch Ministry of Advanced Education Phone: 250 387-8871 Email: <a href="mailto:Tony.Loughran@gov.bc.ca">Tony.Loughran@gov.bc.ca</a></li> <li>Gordon Lee (KPU)</li> <li>Dr. Tru Freeman (KPU)</li> </ul>	<ul style="list-style-type: none"> <li>discussion at AVED offices (Victoria) re: TCM as outlined in the BC Speech to the Throne and letter of welcome to new Deputy Minister, AVED</li> </ul>
Monday July 22, 2013	<ul style="list-style-type: none"> <li>Honorable Alice Wong, PC, MP 360-5951 No. 3 Road Richmond, BC V6X 2E3 Phone: 604-775-5790 E-mail: <a href="mailto:alice.wong.c1@parl.gc.ca">alice.wong.c1@parl.gc.ca</a></li> <li>Dr. Alan Davis President/CEO (KPU)</li> <li>Stuart McIlmoyle (KPU)</li> <li>Jeff Norris, Vice-President, Office of Advancement (KPU)</li> <li>Gordon Lee (KPU)</li> <li>Dr. Tru Freeman (KPU)</li> </ul>	<ul style="list-style-type: none"> <li>dinner to discuss potential support if KPU was given the go-ahead to provide TCM programming</li> </ul>
Tuesday July 23, 2013	<ul style="list-style-type: none"> <li>Xue Huanbai Consul Consulate General of the PRC of Vancouver 2215 Eddington Drive Vancouver, BC, V6L 2E6 Phone: 604-739-8711 E-mail: <a href="mailto:huanbai@chinaeduvan.org">huanbai@chinaeduvan.org</a> <ul style="list-style-type: none"> <li>Du Jian Vice-Consul Consulate General of PRC of Vancouver Phone: 604-732-6723 E-mail: <a href="mailto:dujian@chinaeduvan.org">dujian@chinaeduvan.org</a></li> </ul> </li> <li>Stuart McIlmoyle (KPU)</li> <li>Dr. Diane Salter Menzo Associate Vice- President Teaching &amp; Learning (KPU)</li> <li>Dr. Tru Freeman (KPU)</li> </ul>	<ul style="list-style-type: none"> <li>lunch to discuss support of TCM program at KPU</li> </ul>
Friday August 23, 2013	<ul style="list-style-type: none"> <li>Dr. Mary Watterson President/Registrar College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC 1664 West 8th Ave Vancouver BC V6J 1V4 Phone: 604-738-7100 E-mail: <a href="mailto:registrar@ctcma.bc.ca">registrar@ctcma.bc.ca</a></li> </ul>	<ul style="list-style-type: none"> <li>meeting to discuss the competencies required for a TCM diploma</li> <li>initial discuss re: a DRAFT high level description of a TCM program structure and delivery method, including how clinical education would be undertaken</li> </ul>



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	<ul style="list-style-type: none"><li>• Dr. Arden Henley (<i>CityU</i>)</li><li>• Dr. Jean Nicolson-Church (<i>KPU</i>)</li><li>• Dr. Tru Freeman (<i>KPU</i>)</li></ul>	
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## **APPENDIX C**

### **KPU Strategic Plan: Vision 2018**

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<http://www.kwantlen.ca/president/strategicplanning.html>

#### **Mission:**

KPU offers all learners opportunities to achieve success in a diverse range of programs that blend the theory and practice, critical understanding, and social and ethical awareness necessary for good citizenship and rewarding careers.

#### **Vision 2018:**

In 2018, KPU is Canada's leading polytechnic university, with inspiring educators, all learners engaging in campus and community life, open and creative learning environments, relevant scholarship and research, and authentic external and internal relationships.

#### **KPU Values:**

- Synergistic community relationships
- Supportive and collaborative learning and working environments
- Scholarship of discovery, creativity, integration, application, and teaching
- Rich learner experiences and a vibrant campus life
- Responsible stewardship of resources
- Multiple ways of knowing
- Excellence and innovation
- Diversity and inclusion
- Continuous personal and professional enrichment
- Access and flexibility
- Academic freedom

#### **Goals and Strategies:**

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## **QUALITY**

### **1. All KPU graduates are prepared for global citizenship and rewarding careers.**

- a) Embed learning outcomes that prepare students for global citizenship and rewarding careers within the University's Academic Plan.
- b) Enhance internationalization at KPU to allow learners and educators to develop a better understanding of the global challenges facing society.
- c) Integrate sustainability into the core curriculum across disciplines.

### **2. KPU is a well-managed, integrated, and transparent organization that supports learning.**

- a) Implement an integrated system that aligns institutional plans, allows for strategic allocation of resources, and facilitates the articulation of, and reporting on, annual goals and priorities.
- b) Institutionalize effective quality assurance processes that allow for regular review of all areas of the University.
- c) Review and adjust KPU's procedures to ensure efficiency and effectiveness.
- d) Broaden the modes and increase the frequency of communication within the university community in order to enhance transparency, decision-making, collaboration, and relationship building among departments.
- e) Implement initiatives that will attract, support, engage, and retain KPU's people and create an environment where all employees see themselves as contributing to student learning.
- f) Continue to enhance environmental sustainability efforts on campus.
- g) Create an inclusive and safe learning environment for everyone at KPU.

### **3. Learner engagement and retention at KPU show continuous improvement.**

- a) Assess, select, implement, and celebrate learning methodologies and educational delivery options that provide learners with the support within and beyond the classroom to succeed academically, personally, socially, and professionally.

- b) Develop and implement retention strategies that identify groups of students at risk, set retention targets, and enhance student success.
- c) Ensure that KPU's physical and virtual learning spaces and other infrastructure are able to accommodate curricular innovation and changing educational practices, and create vibrant campuses.
- d) Improve the student experience in first year and beyond based on the recommendations arising from the 2011/12 internal study (Foundations of Excellence).
- e) Ensure that programming builds on KPU's tradition of laddering to allow students recognition for previous learning and flexible options.

## **RELEVANCE**

### **1. The impact of KPU's community engagement has doubled by 2018.**

- a) Implement a coordinated approach to document, expand, measure, and celebrate effective partnerships with KPU's communities.
- b) Establish KPU as a place where the community gathers for informed discussions on relevant topics.
- c) Establish KPU as a key partner in regional economic development.
- d) Create distinct campus identities within the unifying institutional vision.
- e) Cultivate KPU's relationship with its alumni in order to celebrate their accomplishments, respond to their life long educational needs, and support their role as KPU ambassadors in the community.
- f) Partner with Aboriginal communities to develop appropriate educational pathways and programs to facilitate Aboriginal learner success.

### **2. KPU's operations support purposeful and supportable learner FTE growth of at least 5% annually to meet the educational needs of its region's diverse population.**

- a) Expand initiatives to increase operating and capital funding from government and other external sources.
- b) Undertake research to understand the needs of learners in the diverse communities KPU serves.

- 
- c) Create financially viable professional development, degree completion, post-baccalaureate, and graduate programs.
  - d) Expand the distinctiveness and scope of KPU's program offerings to realize its polytechnic university mandate.
  - e) Develop a comprehensive strategic enrolment management plan directed towards traditional and non-traditional, domestic and international learners to support strategic growth.
- 3. Experiential learning is integrated into every KPU program, connecting theory to application and the classroom to the community.**
- a) Ensure every KPU program of study includes experiential learning that connects theory to its application.
  - b) Support and coordinate opportunities for experiential learning, applied research, and community engagement.

## **REPUTATION**

- 1. KPU is widely recognized for its teaching and its scholarship.**
- a) Develop and implement a plan for teaching and learning, including the role of instructional technologies that will extend and enrich the learning environment within and across disciplines.
  - b) Develop and implement a comprehensive plan that engages KPU in research and scholarship.
  - c) Promulgate and celebrate KPU's achievements in teaching, learning and scholarship.
- 2. KPU's unique identity is clearly articulated and well understood across the University and beyond.**
- a) Ensure that KPU's unique role in higher education, pride in its important endeavors, and the success of its students are all reflected in its publications and communications, internal and external.
  - b) Expand initiatives to improve KPU's recognition and reputation in the community.
- 3. KPU is the foremost provider of continuing and professional education in its region.**

- 
- a) Establish the necessary infrastructure to effectively expand continuing and professional education in response to the changing needs of business, industry and individual adults in KPU's region.

\* *Areas highlighted indicate strategies that align a TCM program with KPU's strategic vision*

## APPENDIX D

### Immigration and Ethnocultural Diversity

<http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/foqs-spa/Pages/FQG.cfm?lang=E&level=3&GeoCode=933>

**Table 1: Immigrants by non-official languages spoken most often at home, Richmond (City)**

	Richmond (City)			British Columbia		
	Count	%	Rank	Count	%	Rank
Cantonese	26,620	23.6	1	101,495	8.5	2
Mandarin	17,105	15.2	2	74,110	6.2	3
Chinese	16,865	14.9	3	73,380	6.2	4

**Table 2: Most frequently reported ethnic origins, Richmond (City)**

	Richmond (City)			British Columbia		
	Count	%	Rank	Count	%	Rank
Chinese	91,885	48.5	1	464,805	10.7	6
English	20,790	11.0	2	1,199,955	27.7	1
Canadian	15,060	8.0	3	826,340	19.1	3

## APPENDIX E


### Definitions

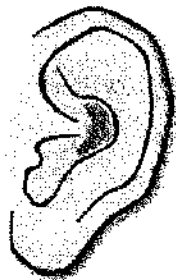
These definitions were quoted directly from *Acupuncture Today: The Acupuncture and Oriental Medicine News Series*.  
<http://www.acupuncturetoday.com/abc/>

#	TERMINOLOGY	DEFINITION
1.	<b>Acupressure</b>	<p>Acupressure is an ancient art of healing believed by some people to be even older than acupuncture. It involves the use of the fingers (and in some cases, the toes) to press key points on the surface of the skin to stimulate the body's natural ability to heal itself. Pressing on these points relieves muscle tension, which promotes the circulation of blood and <i>qi</i> to aid in the healing process.</p> <p><a href="http://www.acupuncturetoday.com/abc/acupressure.php">http://www.acupuncturetoday.com/abc/acupressure.php</a></p>
2.	<b>Acupuncture</b>	<p>Several theories have been presented as to exactly how acupuncture works. One theory suggests that pain impulses are blocked from reaching the spinal cord or brain at various "gates" to these areas. Another theory suggests that acupuncture stimulates the body to produce narcotic-like substances called endorphins, which reduce pain.</p> <p>TCM hold that there are as many as 2,000 acupuncture points on the human body, which are connected by 20 pathways (12 main, 8 secondary) called meridians. These meridians conduct energy, or <i>qi</i> (pronounced "chi"), between the surface of the body and its internal organs. Each point has a different effect on the <i>qi</i> that passes through it</p> <p><a href="http://www.acupuncturetoday.com/abc/acupuncture.php">http://www.acupuncturetoday.com/abc/acupuncture.php</a></p>
3.	<b>Alternative Medicine</b>	<p>Used in place of conventional medicine. An example of an alternative therapy is using a special diet to treat cancer instead of undergoing surgery, radiation, or chemotherapy that has been recommended by a conventional doctor.</p> <p>Alternative medical systems are built upon complete systems of theory and practice. Often, these systems have evolved apart from and earlier than the conventional medical approach. Examples of alternative medical systems that have developed in Western cultures include homeopathic medicine and naturopathic medicine. Examples of systems that have developed in non-Western cultures include traditional Chinese medicine and Ayurveda.</p> <p><a href="http://cim.ucdavis.edu/clubs/comslg/whatiscom.pdf">http://cim.ucdavis.edu/clubs/comslg/whatiscom.pdf</a></p>
4.	<b>Asian Bodywork Therapy</b>	<p>Asian bodywork therapy (ABT) is a term used to describe a wide range of manual (and sometimes mechanical) treatments to the human body. As with most forms of Asian healing, Asian bodywork therapy treats not just the body, but a person's mind and spirit, and helps one achieve optimal health on a variety of levels.</p> <p>All forms of ABT involve touching to some degree. Some forms are more comprehensive than others. Some therapies involve only light touching on various pressure points or regions of the body; others may involve specific motions along specific parts of the body at specific times, and may include the use of herbs, applications of cold and heat, and stretching.</p> <p><a href="http://www.acupuncturetoday.com/abc/abt.php">http://www.acupuncturetoday.com/abc/abt.php</a></p>
5.	<b>Ayurveda/ Ayurvedic Medicine</b>	<p>A alternative medical system that has been practiced primarily in the Indian subcontinent for 5,000 years. Ayurveda includes diet and herbal remedies and emphasizes the use of body, mind, and spirit in disease prevention and treatment.</p>



		<a href="http://cim.ucdavis.edu/clubs/camsig/whatiscam.pdf">http://cim.ucdavis.edu/clubs/camsig/whatiscam.pdf</a>
6.	<b>Chi gong</b> (qigong)	A practice of aligning breath, movement, and awareness for exercise, healing, and meditation. With roots in Chinese medicine, martial arts, and philosophy, qigong is traditionally viewed as a practice to cultivate and balance qi ( <i>chi</i> ) or what has been translated as "intrinsic life energy". Typically a qigong practice involves rhythmic breathing coordinated with slow stylized repetition of fluid movement, a calm mindful state, and visualization of guiding qi through the body. Qigong is now practiced throughout China and worldwide, and is considered by some to be exercise, and by others to be a type of alternative medicine or meditative practice. From a philosophical perspective qigong is believed to help develop human potential, allow access to higher realms of awareness, and awaken one's <i>true nature</i> .  <a href="http://en.wikipedia.org/wiki/Qigong">http://en.wikipedia.org/wiki/Qigong</a>
7.	<b>Complementary Medicine</b>	Used together with conventional medicine. An example of a complementary therapy is using aromatherapy to help lessen a patient's discomfort following surgery.  <a href="http://cim.ucdavis.edu/clubs/camsig/whatiscam.pdf">http://cim.ucdavis.edu/clubs/camsig/whatiscam.pdf</a>
8.	<b>Complementary and Alternative Medicine (CAM)</b>	A large and diverse set of systems of diagnosis, treatment, and prevention based on philosophies and techniques other than those used in conventional Western medicine, often derived from traditions of medical practice used in other (non-Western) cultures. Such practices may be described as alternative or complementary, that is, used in addition to conventional Western practice. CAM is characterized by its focus on the whole person as a unique individual, on the energy of the body and its influence on health and disease, on the healing power of nature and the mobilization of the body's own resources to heal itself, and on the treatment of the underlying causes, rather than symptoms, of disease. Many of the techniques used are the subject of controversy and have not been validated by controlled studies.  <a href="http://medical-dictionary.thefreedictionary.com/complementary+and+alternative+medicine">http://medical-dictionary.thefreedictionary.com/complementary+and+alternative+medicine</a>
9.	<b>Cupping</b>	Cupping is one of the oldest methods of TCM. Glass cups are warmed using a cotton ball or other flammable substance, which is soaked in alcohol, let, then placed inside the cup. Burning a substance inside the cup removes all the oxygen, which creates a vacuum.  As the substance burns, the cup is turned upside-down so that the practitioner can place the cup over a specific area. The vacuum created by the lack of oxygen anchors the cup to the skin and pulls it upward on the inside of the glass as the air inside the jar cools. Drawing up the skin is believed to open up the skin's pores, which helps to stimulate the flow of blood, balances and realigns the flow of <i>qi</i> , breaks up obstructions, and creates an avenue for toxins to be drawn out of the body. Depending on the condition being treated, the cups will be left in place from 5 to 10 minutes. Several cups may be placed on a patient's body at the same time.  <a href="http://www.acupuncturetoday.com/abc/cupping.php">http://www.acupuncturetoday.com/abc/cupping.php</a>
10.	<b>Electro-acupuncture</b>	Electroacupuncture is an acupuncture technique that, comparatively speaking, has only recently come into use. Some scholars believe electroacupuncture was first used by physicians in France and Italy as far back as the early 1800s. Others attribute its discovery to Japanese scientists in the 1940s who were interested in making bone fractures heal more quickly. Still others claim that electroacupuncture wasn't really developed until 1958, when acupuncturists in China began experimenting with it as a form of pain relief. Whatever the case, electroacupuncture is an increasingly popular form of treatment, and is used by practitioners of TCM for a wide array of conditions.  <a href="http://www.acupuncturetoday.com/abc/electroacupuncture.php">http://www.acupuncturetoday.com/abc/electroacupuncture.php</a>
11.	<b>Five Element Theory</b>	Five Element theory is one of the major systems of thought within TCM. Also referred to as the "five phase" theory by some practitioners, Five Element theory has been used for more than 2,000 years as a method of diagnosis and treatment. The Five Elements are:

		<p>1) wood, 2) fire, 3) earth, 4) metal and 5) water. While it is an important component of TCM, today Five Element theory is not used by every acupuncturist and doctor of Oriental medicine; rather, it is employed to a certain degree, depending on the practitioner's training and education, and the style of acupuncture that he or she practices.</p> <p>Essentially, Five Element theory is used to help explain the cause of particular diseases, and to associate signs or symptoms to particular organs and afflictions. In the context of "phases," Five Element theory helps to explain the processes that are occurring the body throughout various stages of disease and healing. This is particularly useful in explaining the processes that take place during the generating and controlling cycles mentioned in Five Element theory.</p> <p><a href="http://www.acupuncturetoday.com/abc/fiveelementtheory.php">http://www.acupuncturetoday.com/abc/fiveelementtheory.php</a></p>
12	<b>Herbology/ Herbologist</b>	<p>This instructional program class comprises any program that prepares individuals for the independent professional practice of Chinese herbal medicine, a system based on the use of nutrition, natural products, and prescribed medical formulae to treat imbalances in the state of bodily health. These programs include courses in the basic Western medical sciences, history and theory of Chinese medicine, Chinese medical anatomy and physiology, Chinese herbology, herbal prescription preparation, herbal patent medicine, herbal pharmacology, Chinese internal medicine and gynecology, febrile diseases, food therapy, practice management, and professional standards and ethics.</p> <p><a href="http://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVDDetail&amp;db=imdb&amp;dis=2&amp;adm=8&amp;TVD=139116&amp;CVD=139119&amp;CPV=51.3302&amp;CST=01012011&amp;MLV=4&amp;CLV=3&amp;CHVD=139120">http://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVDDetail&amp;db=imdb&amp;dis=2&amp;adm=8&amp;TVD=139116&amp;CVD=139119&amp;CPV=51.3302&amp;CST=01012011&amp;MLV=4&amp;CLV=3&amp;CHVD=139120</a></p>
13.	<b>Moxibustion</b>	<p>Moxibustion is a TCM technique that involves the burning of mugwort, a small, spongy herb, to facilitate healing. Moxibustion has been used throughout Asia for thousands of years; in fact, the actual Chinese character for acupuncture, translated literally, means "acupuncture-moxibustion." The purpose of moxibustion, as with most forms of traditional Chinese medicine, is to strengthen the blood, stimulate the flow of <i>qi</i>, and maintain general health.</p> <p>There are two types of moxibustion: direct and indirect. In direct moxibustion, a small, cone-shaped amount of moxa is placed on top of an acupuncture point and burned. This type of moxibustion is further categorized into two types: scarring and non-scarring. With scarring moxibustion, the moxa is placed on a point, ignited, and allowed to remain onto the point until it burns out completely. This may lead to localized scarring, blisters and scarring after healing. With non-scarring moxibustion, the moxa is placed on the point and lit, but is extinguished or removed before it burns the skin. The patient will experience a pleasant heating sensation that penetrates deep into the skin, but should not experience any pain, blistering or scarring unless the moxa is left in place for too long.</p> <p>Indirect moxibustion is currently the more popular form of care because there is a much lower risk of pain or burning. In indirect moxibustion, a practitioner lights one end of a moxa stick, roughly the shape and size of a cigar, and holds it close to the area being treated for several minutes until the area turns red. Another form of indirect moxibustion uses both acupuncture needles and moxa. A needle is inserted into an acupoint and retained. The tip of the needle is then wrapped in moxa and ignited, generating heat to the point and the surrounding area. After the desired effect is achieved, the moxa is extinguished and the needle(s) removed</p>  <p><a href="http://www.acupuncturetoday.com/abc/moxibustion.php">http://www.acupuncturetoday.com/abc/moxibustion.php</a></p>
14.	<b>NADA Protocol</b>	NADA – which is Spanish for "nothing" – is also the acronym for the National

		<p>Acupuncture Detoxification Association. NADA was founded in 1985 by Dr. Smith and others who were interested in promoting the integration of the protocol in the treatment of addiction. Dr. Smith, a medical doctor at Lincoln Hospital in the South Bronx area of New York, modified an existing system of auricular acupuncture into a simple technique for the treatment of many common drug addictions as an alternative to methadone.</p> <p>The original NADA protocol consisted of electrical stimulation on the Lung point of a patient's ear. It was soon discovered, however, that manual needling of the same point produced a more prolonged effect than that produced by electric stimulation. Gradually, the protocol was expanded by adding <i>Shen Men</i>, a well-known ear point that produces a sensation of relaxation. Over the next few years, other points were added based on pain resistance, sensitivity, and other clinical factors. The NADA protocol as it exists today consists of the insertion of small, stainless-steel, disposable acupuncture needles into five points on the outer surface of a person's ear. The points used in the NADA protocol are Sympathetic, <i>Shen Men</i>, Kidney, Liver, and Lung.</p> <p><a href="http://www.acupuncturetoday.com/abc/nadaprotocol.php">http://www.acupuncturetoday.com/abc/nadaprotocol.php</a></p>	
15.	<b>Pulse Diagnosis</b>	<p>Along with inspecting (conducting a general observation of the patient), auscultation and olfaction (i.e., listening and smelling), and questioning (obtaining information about a patient's medical history and symptoms), pulse diagnosis is considered an essential part of the practice of TCM. It has been practiced in both China and Japan for centuries, and while it is difficult to master and considered somewhat subjective by physicians in the West, it remains an important diagnostic tool by both TCM practitioners and patients.</p> <p>In TCM, pulse diagnosis is used to check a variety of functions. Primary among these are the condition of the patient's blood and <i>qi</i>, an invisible type of life force or energy that travels through the body's acupuncture meridians. Using pulse diagnosis, an acupuncturist can determine areas of the body that may have disruptions or blockages of <i>qi</i>, and may also be able to determine the condition of certain internal organs. Over time, a variety of locations have been used in the process of pulse diagnosis. Originally, pulses were felt at nine locations, three on the head, three on the hands, and three on the legs. Some practitioners still examine the pulse at these locations, along with other pressure points along the body.</p> <p>In modern times, however, the majority of practitioners perform a simplified version of pulse diagnosis. This simplified version focuses on the radial artery above the wrist, examining three finger positions (<i>cun</i>, <i>guan</i> and <i>chi</i>), and felt at three depths (superficial, intermediate and deep). Both wrists are palpated, one wrist at a time. The results of these readings are used to categorize a patient's pulse.</p> <p><a href="http://www.acupuncturetoday.com/abc/pulsediagnosis.php">http://www.acupuncturetoday.com/abc/pulsediagnosis.php</a></p>	
16.	<b>Qi, Jing and Shen</b>	<p>TCM holds that the body is an interconnected system of channels and pathways, a self-contained system that relies on various factors to maintain a state of balance and harmony. Among these factors are the Vital Substances, which travel through the body's pathways to help the body maintain its health state.</p> <p>The Vital Substances are:</p> <p><b>Qi.</b> Pronounced "<i>chi</i>," this substance is a vital force or energy believed to control the workings of the human mind and body. As such, it plays an important role in TCM. It warms the body and protects it from illness.</p> <p><i>Qi</i> is derived from two main sources: the air we breathe and the food we eat. <i>Qi</i> is believed to flow through the body via channels, or meridians, that correspond to</p>	

		<p>particular organs or organ systems. Each organ, in turn, has its own characteristic <i>qi</i> (e.g., liver <i>qi</i>, kidney <i>qi</i>, and so on).</p> <p>Occasionally, <i>qi</i> may become imbalanced due to depletion or obstruction. When this occurs, the function of organs or organ systems may be adversely affected, because of the body's inability to transport or produce the <i>qi</i> necessary to fight illness or infection.</p> <p><b>Body Fluids.</b> Also known as <i>jin ye</i>, body fluids are the liquids that protect, nourish and lubricate the body. These fluids include sweat, tears, saliva, stomach acid, mucus, semen, breast milk, and other bodily secretions. In TCM theory, the <i>jin</i> are the lighter, purer fluids, which moisten and nourish the skin and muscles. The <i>ye</i>, on the other hand, are the darker, denser fluids; they nourish the internal organs, brain, bones and body orifices.</p> <p>The body fluids and blood are closely aligned. They have the same source, replenish and nourish each other. The body fluids are also closely connected with <i>qi</i>. A loss of body fluids may result in a <i>qi</i> deficiency, while a depletion of <i>qi</i> may cause an unwanted dispersal of body fluids.</p> <p><b>Blood.</b> Blood, or <i>xue</i> (pronounced "shway"), is perhaps the most important liquid in the body. TCM principles hold that blood is the foundational element for the formation of bones, nerves, skin, muscles and organs. It nourishes the body, moistens body tissues and ensures that they do not dry out. Blood also contains the <i>Shen</i>, or spirit, which balances the psyche. Blood and <i>qi</i> perform many of the same functions, yet are interdependent.</p> <p><b>Jing.</b> <i>Jing</i>, or essence, is the substance responsible for reproduction and regeneration. It is believed to be derived from two sources: the energy inherited from one's parents and the energy a person acquires in his or her daily life (chiefly from air, food and water). <i>Jing</i> regulates the body's growth and development, and works with <i>qi</i> to help protect the body from harmful external factors.</p> <p><i>Jing</i> and <i>qi</i> have a close relationship. In TCM, they are believed to form the foundation for the <i>shen</i>, or spirit.</p> <p><a href="http://www.acupuncturetoday.com/abc/qijingshen.php">http://www.acupuncturetoday.com/abc/qijingshen.php</a></p>
17.	<b>Qigong</b>	<p>The word "<i>qi</i>" in Chinese means "energy." According to traditional Chinese philosophy, <i>qi</i> is a form of fundamental life energy that is found throughout the universe and is responsible for health and vitality. "<i>Gong</i>," meanwhile, means "skill." <i>Qigong</i> (the skill of attracting energy) is an ancient system of healing that combines postures, exercises (also known as "movements"), breathing techniques and meditation to improve and enhance the body's supply of <i>qi</i>, and to increase one's sense of well-being.</p> <p><a href="http://www.acupuncturetoday.com/abc/qigong.php">http://www.acupuncturetoday.com/abc/qigong.php</a></p>
18.	<b>Reiki</b>	<p>Reiki is an ancient Japanese form of healing using light touch and hand positions. The word <i>reiki</i> comes from two Japanese words - <i>rei</i>, meaning higher power or universal force, and <i>ki</i>, meaning life energy. Loosely translated, <i>reiki</i> means universal or spiritually-guided life-force energy.</p> <p><a href="http://www.acupuncturetoday.com/abc/reiki.php">http://www.acupuncturetoday.com/abc/reiki.php</a></p>
19.	<b>Shiatsu</b>	<p>Shiatsu is a Japanese form of massage therapy quite similar to acupressure; in fact, the word <i>shiatsu</i> literally means "finger pressure." As with acupressure, the concepts of <i>shiatsu</i> hold that it can promote health and facilitate healing by correcting energy imbalances in the body. These imbalances are corrected by applying pressure to specific points along channels in the body known as meridians.</p> <p>Shiatsu is usually delivered with the thumbs. However, some practitioners will use their fingers, palms, elbows — and even feet — to achieve the desired effect. Typically, a <i>shiatsu</i> practitioner will apply pressure not just to a few points on the body. The goal</p>

		<p>here is twofold: to release energy (<i>qi</i> in Chinese, <i>ki</i> in Japanese) in areas where it may be blocked or stagnating, and to bring energy back to areas that are depleted. In addition to applying pressure, shiatsu practitioners may manipulate the soft tissue over and around meridians, and perform passive and active stretching exercises as part of treatment.</p> <p><a href="http://www.acupuncturetoday.com/abc/shiatsu.php">http://www.acupuncturetoday.com/abc/shiatsu.php</a></p>
20.	<b>Tai Chi</b>	<p><i>Tai chi</i> is arguably the most popular form of exercise in the world. It is actually an ancient martial art that combines breathing techniques, meditation and body movements, performed in slow-motion. Although first taught as a form of self-defense, <i>tai chi</i> is now practiced by tens of millions of people daily as a means of reducing stress, promoting balance and flexibility, and enhancing well-being.</p> <p><a href="http://www.acupuncturetoday.com/abc/taichi.php">http://www.acupuncturetoday.com/abc/taichi.php</a></p>
21.	<b>Tuina</b>	<p><i>Tuina</i> (pronounced "twee nah") is a form of Oriental bodywork that has been used in China for centuries. A combination of massage, acupressure and other forms of body manipulation, <i>tuina</i> works by applying pressure to acupoints, meridians and groups of muscles or nerves to remove blockages that prevent the free flow of <i>qi</i>. Removing these blockages restores the balance of <i>qi</i> in the body, leading to improved health and vitality.</p> <p><a href="http://www.acupuncturetoday.com/abc/tuina.php">http://www.acupuncturetoday.com/abc/tuina.php</a></p>
22.	<b>Yin and Yang Theory</b>	<p>The theory of yin and yang is the most fundamental concept of TCM. One of the major beliefs of TCM is that all things in the universe are either yin or yang. However, there are no absolutes: nothing is ever all yin or all yang, but a balance between the two forces. For example, when day changes into night, it is an example of a yang object changing into a yin object; when winter turns into spring; it is considered a changing from yin to yang.</p> <p>These forces are opposite and yet complementary, and share an interdependent relationship without yin, there would be no yang, and without yang, no yin.</p> <p>Yang is generally associated with items or concepts that are bright, warm, and in motion. Yin is generally associated with objects or ideas that are dark, still and cold. Any given frame of reference can be divided into opposite factors, i.e. a yin side and a yang side. For instance, a human body can be divided into exterior and interior sections; the temperature can be divided into hot or cold; time can be divided into day or night; animals can divided into hot-blooded or cold-blooded, and so on.</p> <p><a href="http://www.acupuncturetoday.com/abc/yinyang.php">http://www.acupuncturetoday.com/abc/yinyang.php</a></p>

These definitions were "cut and pasted" from several internet sources as indicated.

## APPENDIX F

### Potential TCM Program Advisory Committee Representatives

TCM Program Advisory Committee Representatives		
#	Contact	E-mail
1.	Dr. Vincent Yu	s.22
2.	Dr. Fei Che	
3.	Dr. Lorn Brown	
4.	Dr. John Stan	
5.	Dr. Michael Chong	
6.	Dr. Weijia Tan	
7.	Dr. Xiaochuan Pan, "Dr. Pan"	
8.	Dr. Jeffrey Liu	
9.	Joyce Murray	
10.	Richard Lee	
11.	Bill Hardman	
12.	Mason Loh	
13.	Dr. Weidong Yu	
14.	Dr. Mary Watterson	
15.	Jenny Hu	
16.	Jeffrey Xiaoning Liu	
17.	Dr. Brad Matthews	
18.	Lingzhen Jane Hua	
19.	Hannah Shen	
20.	Weijia Tan	

s.22

21.	Dr. Arden Henley
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## APPENDIX G

### Review of Other TCM Programs

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#### 1. Royal Melbourne Institute of Technology (RMIT):

1. *Student numbers:* 40-50 students/year; changes based on the government funding model (they have a government election this Sept.)
2. *Tuition:* depends on the funding sources students receive
  - local students  $\approx$  \$8,000 per year
  - international students  $\approx$  \$28,000 per year
1. *Clinic:* 40 rooms that 3 disciplines share; currently building another clinic
  - $\approx 3 \times 4 = 12$  square meters each room
  - A \$30 plus cost of herbs. RMIT uses the income projection to calculate funding etc. I can't estimate the actual details
2. *Simulation:* not used in their current curriculum but will be in the future
3. *Class ratios:*
  - 1:6 ratio for clinical supervised class and 1:8 for general practical class
  - size of theory class is for the whole class
  - No. of clinical hours will need to follow the relevant registration/course accreditation

#### 2. PCU College of Holistic Medicine: (information included in PCU proposal for degree)

1. *Student body/year:*
  - a. 1 = 41
  - b. 2 = 82
  - c. 3 = 120
  - d. 4 = 156
2. *College space:* is located on the 2<sup>nd</sup> and 3<sup>rd</sup> floors of the PCU building
3. 11,330 sq. ft. consisting of a reception, admissions area, administrative offices (6), classrooms (12), computer lab (1), library, herbal dispensary, student and faculty lounges, teaching clinic and additional ancillary space
4. *Clinic space:* includes 14 treatment rooms, a locker area, waiting room, herb dispensary and a consultation area for the students and faculty to discuss patient treatment
5. *Simulation:* planning to use extensively



### 3. Beijing University of Chinese Medicine (BUCM):

1. *Student numbers:* 40-50 students/year; class size
2. *Tuition:* 35,000 Chinese Yuan for international students (\$6,000 CAD)
3. *Clinic:*
  - BUCM has more than 30 teaching hospitals, which include three affiliated hospitals with 1,735 beds. Most of the students finish their intern-training in the affiliated hospitals.
  - currently only students from BUCM have the opportunities to intern in the affiliated hospitals
  - the charge for each visit depends on the service the patients get and some of the revenue go back into supporting the program
4. *Simulation:* currently in the middle of optimizing the simulation system
5. *Class ratios:*
  - 1:3 to 5 ratio for instructor to students
  - the students need to finish 8 weeks of clinical observation and 40 weeks clinical internship

### Schools contacted in BC

Name	Address	Phone	Email	Cost
PCU College of Holistic Medicine -TCM Practitioner - TCM Herbalist - Doctor of TCM	5021 Kingsway, Burnaby, BC V5H 4A5	604-433-1299 1-800-603-9127	admin@eminata.com	Would not give any information
International College of Traditional Chinese Medicine of Vancouver (ICTCM)		604-731-2926	drlu@tcmcollege.com	\$200 per credit Dr. TCM \$48,735 TCM Practitioner \$38,229 Herbalist \$27,629
Pacific Rim College	229-560 Johnson Rd, Victoria, BC V8W 3C6	250-483-2119 1-866-890-6082	admissions@pacificrimcollege.ca	\$210 per credit Dr. TCM \$45,780
Academy of Classical Oriental Sciences (ACOS)	303 Vernon St, Nelson, BC V1L 4E3	1-888-333-8868	registrar@acos.org	\$223 per credit Dr. TCM \$50,175
Vancouver Beijing College of Chinese Medicine	3135-8888 Odlin Crescent, Richmond, BC V6A 3Z8	604-207-9389	vbcocm@yahoo.ca	Would not give any information
JCE International College of Holistic Medicine - TCM Herbalist - TCM Chinese Medicine - Dr of TCM	309-333 Terminal Ave, Vancouver, BC V6A 4C1	604-568-8815	info@jcecollege.ca	?

## School of Traditional Chinese Medicine

### Request for Expressions of Interest (EOI)

#### Background

The February 2013 Speech from the Throne commits that "government will begin work to create the environment for a school of Traditional Chinese Medicine (TCM) at a British Columbian post-secondary institution." A School of TCM with international partnerships has the potential to benefit British Columbians by expanding access to preventative, holistic health services and by providing global learning opportunities.

The school of TCM (the School) is to be established at a public post-secondary institution.

- TCM and Acupuncture are designated health professions in British Columbia (under the Health Professions Act and regulated by the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia [CTCMA]).<sup>3</sup>;
- A valid registration (professional licence) issued by CTCMA is required in order to practise TCM and acupuncture in British Columbia (registration requires passing the CTCMA examination, 2 years of university and a specified number of hours of clinical and practicum hours;
- The current credential for entry-to-practice in British Columbia for TCM and/or acupuncture is a diploma;

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<sup>3</sup> Definitions are set out in the Health Professions Act (bylaws are bylaws of the CTCMA): "**acupuncturist**" means a registrant authorized under the bylaws to practise acupuncture; "**doctor of traditional Chinese medicine**" means a traditional Chinese medicine practitioner who is authorized under the bylaws to use the title "doctor of traditional Chinese medicine"; "**traditional Chinese medicine practitioner**" means a registrant authorized under the bylaws to practise traditional Chinese medicine.

- 
- The *Entry-level Occupational Competencies for the Practice of TCM in Canada 2010* ("the Competencies") were developed by the Canadian Alliance of Regulatory Bodies for Traditional Chinese Medicine Practitioners and Acupuncturists.

#### **A School of Traditional Chinese Medicine**

- Expressions of Interest are now being requested from public post-secondary institutions to establish a School of TCM.
- The School will establish a diploma program.
- There is no additional funding available from government for start-up of the School and diploma program delivery.
- The Deputy Minister, Ministry of Advanced Education and the host public post-secondary institution will establish a Program Advisory Committee to guide the development and implementation of the School.

#### **Process**

Institutions are invited to submit expressions of interest (EOIs) to establish a School of Traditional Chinese Medicine. The EOI can be in the form of a letter that includes the following information:

#### **Institution Contact**

Include contact name, telephone number and email address.

#### **Opportunities and Risks**

Describe anticipated opportunities and risks associated with the development and implementation of a School of Traditional Chinese Medicine at your institution, including the following considerations:

- Describe how this program is aligned with the mandate and expertise of your institution.
- Describe how your institution has the capacity to establish a School of TCM (in terms of physical space, financial resources, faculty, etc).
- Describe how this program would help address the needs of your institution's local community.

- Describe the consultation to be undertaken with stakeholders.
- Identify potential partnerships.

### Curriculum and Program Delivery

Provide a high level description of the program structure and delivery method, including how clinical education would be undertaken.

**Please submit the EOI to Lori MacKenzie, Director, Lower Mainland Branch at [Lori.MacKenzie@gov.bc.ca](mailto:Lori.MacKenzie@gov.bc.ca) by Friday, September 13, 2013.**

### **Contacts**

For further information regarding this request:

Lori MacKenzie, Director

Lower Mainland Branch

Ministry of Advanced Education

Tel: 250-356-0054

Email: [Lori.MacKenzie@gov.bc.ca](mailto:Lori.MacKenzie@gov.bc.ca)

Tony Loughran, Executive Director

Lower Mainland Branch

Ministry of Advanced Education

Tel: 250 387-8871

Email: [Tony.Loughran@gov.bc.ca](mailto:Tony.Loughran@gov.bc.ca)

## **Loughran, Tony D AVED:EX**

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**From:** Tru Freeman <Tru.Freeman@kpu.ca>  
**Sent:** Friday, July 10, 2015 6:17 AM  
**To:** Loughran, Tony D AVED:EX  
**Cc:** Salvador Ferreras  
**Subject:** Acupuncture program

Friday, July 10, 2015  
Hi Tony

I thought it might be helpful to bring you up to speed as to KPU's process s.13,s.17  
s.13,s.17

1. We have found someone who is really interested and keen to do the business case s.13,s.17  
s.13,s.17 On Monday, I have sent this individual a lot of the back ground information and history on Monday, s.13,s.17 We talked on Wednesday again and this individual is developing what they consider to be the format for this business case and their associated costing. I hope to receive this information by early next week at the latest and will follow-up. We believe this business case can be completed by early September/15 and I will work to assist setting up meetings with individuals at KPU and externally etc...in order to develop a fulsome business case
2. KPU - Faculty of Health (FoH) are currently redeveloping the concept paper and FPP s.13,s.17
3. I have removed any marketing or website information related to TCM from both our FoH and KPU internet sites. We continue to get inquiries from prospective students and I have asked John Yang to let them know that we are currently "reframing" our processes and will get back to them as soon as we have the process refined.

s.13,s.17

s.13,s.17

Hope this is helpful; good news is that we are making steady progress

Tony, do you have a sense of when you will be able to provide your written follow-up and questions to our teleconference on June 22nd? I am eager to confirm that KPU and AVED are aligned in their thought processes.

Thanks, Tru

## **Loughran, Tony D AVED:EX**

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**From:** Loughran, Tony D AVED:EX  
**Sent:** Friday, July 24, 2015 11:26 AM  
**To:** 'Tru.Freeman@kpu.ca'  
**Cc:** Perrault, Kevin AVED:EX  
**Subject:** NEXT STEPS<sup>s.13,s.17</sup>  
**Attachments:** CIP 51 policy doc.docx

Hello Tru,

I'm writing in follow-up to our June 30 teleconference during which time we reviewed requirements for seeking ministry approval<sup>s.13,s.17</sup> and discussed a number of the questions you had raised in your June 22, 2015 email. I've attached your email to this note for ease of reference.

To ensure we have a common understanding of the various steps associated with government approval of this new program, I thought it might be useful to summarize some key elements including:

- (1) the CIP 51 approval process;
- (2) additional information KPU is requested to provide as part of its revised business case; and
- (3) the PSIPS requirements for new program proposals.

In addition, I had hoped to touch on some of the points raised in your June 22 email to provide greater clarification.

### **Stage 1:CIP 51 – Health Program Review**

The Ministry of Advanced Education works collaboratively with the Ministry of Health to ensure BC post-secondary institutions graduate health professionals with the right skills, in the right communities, at the right time to help address BC's's health human resource needs.

To ensure health programs at public post-secondary institutions address provincial priorities, the Ministry has established a health education program review process. Institutions are required to consult with the Ministry prior to developing new or implementing substantial changes to existing health education programs. It is important to note that the health education program review process is separate from existing program review processes for degree and non-degree programs (see item 3 below). Further information regarding the health program review process and how KPU can seek Ministry review and approval of the<sup>s.13,s.17</sup> is detailed in the CIP 51 Policy document attached to this email.

s.13,s.17

### **Stage 2:Business Case and Program Proposal Requirements**

In order to provide the Minister with a more complete understanding of the full cost implications<sup>s.13,s.17</sup>, some additional financial and program specific information is necessary. It is anticipated that much, hopefully all, of the information being requested should already form part of the submission that would normally be prepared for consideration by KPU's Board and Senate.

KPU is requested to submit a revised business case with a detailed breakdown of costs in the following areas:

**I.Costs:**

- Faculty and staff salaries
- Clinic supplies and equipment
- Classroom equipment
- Renovation and construction costs
- Marketing and student recruitment
- Insurance – has KPU identified a potential insurer to provide indemnity insurance?

**II.Revenue:**

•Tuition:

oProposed tuition

oProjected enrolment – include description of target market and enrolment strategy •Clinic fees – is it possible for a clinic at a public post-secondary institution to operate at a profit? If so, are there potential faculty association issues regarding faculty working at a for-profit clinic •Fundraising – goal and amount raised to date

KPU is also requested to provide a program proposal to AVED, including an outline of the planned curriculum and program delivery schedule. The program proposal should also address the following questions:

III.Program and clinic location – will the program be delivered at the Richmond campus?

IV.Public safety concerns – has KPU contacted CTCMA regarding what measures are required to address potential public safety concerns about non-invasive medical procedures performed at the clinic?

V.How will KPU prevent minors from seeking treatment at the clinic?

VI.Who provides ongoing monitoring of the clinic facilities?

VII.How will KPU ensure privacy of patient records? Additional safeguards should be considered, due to the clinic's location in a publicly funded institution.

VIII.Are there conditions that would disqualify patients from treatment at the clinic?

s.13,s.17

X.Has the faculty association flagged any potential issues with BUCM involvement?

XI.What consultations has KPU had with sector stakeholders, including CTCMA, BUCM and other post-secondary institutions with regard to program design and requirements?

XII.Has KPU explored potential partnerships with public post-secondary institutions in B.C.?

s.13,s.17

XIII.Has there been any consultation with the other public post-secondary institutions in Canada (Grant MacEwan University and Collège Rosemont)?

### Stage 3:Post-secondary Institution Proposal System (PSIPS)

In 2002, the Ministry introduced a new process for reviewing new non-degree programs offered at British Columbia public institutions. Under this process, the institution's Board of Governors decides whether they wish to implement a new non-degree proposal. All public institutions are then required to participate in an online peer review process through PSIPS. Non-degree program review criteria and guidelines are available here:  
<http://www.aved.gov.bc.ca/degree-authorization/psips/docs/ndgGuidelines.pdf>.

Prior to engaging in the above review processes, all health program proposals must be reviewed and receive approval from the Ministry (this requirement is a reference to the CIP 51 policy outlined above as Stage 1).

Some key aspects of PSIPS:



- The Ministry of Advanced Education's online Post-secondary Institution Proposal System (PSIPS) allows for peer review of all non-degree program proposals by B.C. public post-secondary institutions.

- All B.C. public institutions must submit proposals for new non-degree credit programs through PSIPS, except for certificate programs that do not "ladder" into diploma programs. Eligible programs include:

- oNew fields of study

- oNew credentials, including post-baccalaureate and post graduate certificates and diplomas
- oOptions developed in existing programs and to be recognized on student's transcripts
- oMajor program revisions that warrant an internal review or institutional approval
- oPrograms originally established as credentials offered outside the province, but are later offered within the province by a British Columbia institution.

- oOptions developed in existing programs and to be recognized on student's transcripts
- oMajor program revisions that warrant an internal review or institutional approval
- oPrograms originally established as credentials offered outside the province, but are later offered within the province by a British Columbia institution.

- Before a program proposal is posted on PSIPS, the program proposal must be reviewed by the proponent institution's Education Council or equivalent.

- After the program has been reviewed by the Education Council or equivalent, the proponent institution submits the proposal for a 30-day peer review on PSIPS.

- Once the proposal has been peer reviewed and peer comments have been addressed, the institution records the implementation date and attaches the proposal they intend to implement.

- The ultimate decision with respect to the implementation of new non-degree program proposals rests with the institution's Board of Governors.

During our June 30 teleconference we also discussed several points arising from your June 22 email. I wanted to conclude by quickly touching upon a few important points of clarification:

- AVED concurs with the two scenarios outlined in the June 22 email. s.13,s.17

- Confirmation that AVED has provided the CTCMA Registrar with proposed language to include in Schedule E of the CTCMA's bylaws, setting out the legislative authority for KPU to establish and grant TCM programs.

s.13,s.17

s.13,s.17

Please feel free to raise any additional questions as they might arise Tru. I fully appreciate this is an involved process and the more we stay closely in the touch with one another the greater the chance of success.

I will be away on vacation until August 4. If anything comes up in the meantime, please feel free to contact Kevin Perrault, Director of Health Programs. Kevin can be reached at (250) 356-8257.

Regards,

Tony Loughran  
Executive Director  
Ministry of Advanced Education

-----Original Message-----

From: Tru Freeman [mailto:Tru.Freeman@kpu.ca]  
Sent: Monday, June 22, 2015 8:44 AM  
To: Loughran, Tony D AVED:EX  
Subject: NEXT STEPS s.13,s.17

Monday, June-22-15

Hi Tony,

I think a phone call between AVED and KPU would be great; it will help us all understand next steps as this is getting very tricky. I would like to lay out my understanding of what AVED believes KPU is supposed to be doing so that I don't mis-step again. Can you please verify that I'm on the right track and, from AVED's perspective, that I can proceed as planned.

1. Over the summer, KPU will develop a business case that looks at:

s.13,s.17

If you could respond to this Email and provide your thoughts whether I'm on the right track or if I've misinterpreted anything.

Would you like me to have Davinder set up a time with you and me to talk this week? Should Bobbi (and anyone else) be involved? Let me know if you would prefer to set this up.

Thanks, Tru

Tru Freeman, PhD  
Dean, Faculty of Health  
Kwantlen Polytechnic University  
t 604.599.2263 f 604.599.3130 e tru.freeman@kpu.ca www.kpu.ca

## **Ministry of Advanced Education**

### **Health Education Program (CIP 51) Review Policy**

The Ministry of Advanced Education (AVED) works collaboratively with the Ministry of Health (HLTH) to ensure that health education program delivery aligns with and supports provincial health human resource needs and priorities. AVED works closely with sector partners to ensure health education programs, whether target funded or funded through base operating grants, are sustainable, provide students with credible and recognized knowledge and skills training, and are designed to address provincial and/or local labour market need.

AVED is seeking continued cooperation from all public post-secondary institutions with respect to the provincial health human resource and education program planning process by requesting that institutions consult with AVED health program staff when any of the following changes in health education program delivery are being considered:

1. Development and implementation of a new degree and/or non-degree health program;
2. A change in the number of graduates and/or FTE's delivered at the program level (e.g. expansion, contraction, suspension, termination);
3. A change in student cohort or funding type (e.g. addition of an international student stream, etc);
4. A change in program duration;
5. A change in the credential awarded.

For the purposes of the health education program review process, a health education program is defined as any program coded in the Classification of Instructional Program (CIP) Canada 2011 series, Category 51. – Health Professions and Related Programs.

Please note that the review process applies to all health education programs regardless of whether they are domestic, include international students, are offered through continuing/professional studies, cost-recovery and/or funded by the Ministry.

To initiate the review process, the Ministry requests that institutions provide a formal proposal that describes the program in detail while also providing evidence that the program will have sufficient institutional capacity, student demand, clinical placement capacity and will be meeting provincial or local health human resource need.

Clinical placement capacity and labour market demand can be established partially by including letters of support from health authority Chief Nursing Officers, confirming student clinical placement availability and describing the need for and type of employment opportunities for graduates of the program.

If a proposal includes a request for funding, a detailed program budget will need to be included.

AVED will consult with HLTH for all reviews and will respect HLTH recommendations.

## **Loughran, Tony D AVED:EX**

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**From:** Tru Freeman <Tru.Freeman@kpu.ca>  
**Sent:** Monday, August 17, 2015 6:33 PM  
**To:** Loughran, Tony D AVED:EX  
**Subject:** TCM - interesting discussion with BUCM

Monday, August 17, 2015

Hi Tony,

I had a really interesting discussion with BUCM tonight <sup>s.13,s.17</sup>  
<sub>s.13,s.17</sub>

Tony, what do you think? Would this be an acceptable strategy for AVED? I believe KPU does not overstep the bounds of what Minister Wilkinson expects <sup>s.13,s.17</sup>

I'm excited at the possibility!

## **Loughran, Tony D AVED:EX**

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**From:** Tru Freeman <Tru.Freeman@kpu.ca>  
**Sent:** Friday, August 21, 2015 7:12 AM  
**To:** Loughran, Tony D AVED:EX  
**Subject:** Timeline for KPU  
**Attachments:** s.13,s.17 Timeline.docx

Friday, August-21-15  
Hi Tony,

Here is a DRAFT timeline that we've put together <sup>s.13,s.17</sup> As you are aware, we are still working towards a September, 2016 start date (if we can), realizing that if the process gets delayed, we can opt for the January/17. So I'm not sure how you want to present that to the Minister, as I don't want to get ourselves in a pickle if the wheels fall off with some of our process timelines and we end up not being able to meet Sept.

Some of the Senate processes that we're looking at are predicated on getting a nod from the Minister in late October or early November. As you are probably aware, our KPU Curriculum and Senate meets on specific dates that we can't change.

**Question:** The other thing we are investigating is <sup>s.13,s.17</sup>  
<sub>s.13,s.17</sub>

You will see in the timeline that we have suggested moving our current PAC from October 6<sup>th</sup> likely to sometime in November. Haven't made any changes as yet, but it probably makes more sense, given that it would likely be better to meet with the PAC after the Minister hopefully gives his "nod" that this program can go through as we have suggested.

**Another question:** With the business case that Val is doing <sup>s.13,s.17</sup>  
<sub>s.13,s.17</sub>

**Last question:** were you able to find the link to the Tuition policy?

If you need to talk to me, please feel free to call<sup>s.22</sup>  
time for us too if that works better.

(cell) or 604-599-2263 (work). Davinder can find some

Thanks, Tru



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**Tru Freeman, PhD**

Dean, Faculty of Health

Kwantlen Polytechnic University

t 604.599.2263 f 604.599.3130 e [tru.freeman@kpu.ca](mailto:tru.freeman@kpu.ca)

[www.kpu.ca](http://www.kpu.ca)

**Assistant: Davinder Cheema 604.599.2102**

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## Timeline for KPU

Activities	Comments	Status
<b>Fall 2015</b>		
<ul style="list-style-type: none"> <li>Business Case<sup>s.13,s.17</sup> to AVED</li> <li>Curriculum development, Concept, FPP and course outlines (31 courses)</li> </ul>	<ul style="list-style-type: none"> <li>September / early October 2015</li> <li>September to December</li> </ul>	
<ul style="list-style-type: none"> <li>CIP 51 report to MoH</li> </ul>	<ul style="list-style-type: none"> <li>Mid / late October 2015</li> </ul>	
<ul style="list-style-type: none"> <li>Approval of Business Case from AVED Minister .</li> <li>Concept Paper and FPP to FoH CurrCom, AP&amp;P and Faculty Council</li> </ul>	<ul style="list-style-type: none"> <li>Late October / early November</li> </ul>	
<ul style="list-style-type: none"> <li>Concept Paper to S2C2</li> <li>Course outlines to FoH CurrCom, AP&amp;P and Faculty Council</li> </ul>	<ul style="list-style-type: none"> <li>November 12, 2015 (pending AVED approval)</li> <li>15 in November (Semesters 1,2, &amp; 3)</li> <li>16 in December (Semesters 4,5, &amp; 6)</li> </ul>	
<ul style="list-style-type: none"> <li>TCM-PAC</li> </ul>	<ul style="list-style-type: none"> <li>November (pending AVED approval)</li> </ul>	
<ul style="list-style-type: none"> <li>FPP and course outlines to S2C2</li> </ul>	<ul style="list-style-type: none"> <li>December 30, 2015</li> </ul>	
<ul style="list-style-type: none"> <li>Clinic Development plan completed</li> <li>Commence clinic development</li> </ul>	<ul style="list-style-type: none"> <li>November/December</li> </ul>	
<b>Spring 2016</b>		
<ul style="list-style-type: none"> <li>Course outlines to SCC</li> </ul>	<ul style="list-style-type: none"> <li>January 6, 2016</li> </ul>	
<ul style="list-style-type: none"> <li>Concept, FPP and course outlines to Senate</li> <li>Posting on AVED website following</li> </ul>	<ul style="list-style-type: none"> <li>February 12, 2016</li> </ul>	
<ul style="list-style-type: none"> <li>Concept to Board Meeting</li> <li>Issues from AVED posting addressed</li> </ul>	<ul style="list-style-type: none"> <li>March 30, 2016</li> </ul>	
<ul style="list-style-type: none"> <li>AVED approval</li> <li>Calendar submission</li> </ul>	<ul style="list-style-type: none"> <li>April 2016</li> <li>April 2016</li> </ul>	
<ul style="list-style-type: none"> <li>CTCMA Report</li> </ul>	<ul style="list-style-type: none"> <li>April 2016 (pending Senate and AVED approval)</li> </ul>	



### Timeline for KPU

• Marketing Commences	• April 2016 (pending Senate and AVED approval)	
• Office of Advancement	• April 2016 (pending Senate and AVED approval)	
• Faculty Recruitment	• April 2016 (pending Senate and AVED approval) • Formation of Search Committee	
• Applications Open	• April 2016 (pending Senate and AVED approval)	
<b>Summer 2016</b>		
• PAC	• Focus on Clinic, Faculty Recruitment and Placement Requirements • May 2016 (pending Senate and AVED approval)	
• Calendar published	• End of May, 2016	
• Faculty Recruitment and Hiring	• Ongoing	
• Clinic and Program hiring and preparation	• July/August	
• Clinic Opens	• August, 2016	
<b>Fall 2016</b>		
• Semester 1 implemented	•	
<b>Spring 2017</b>		
• Semester 2 implemented	•	
• Additional CTCMA Report as required	•	
<b>Summer 2017</b>		
• Semester 3 implemented	•	
<b>Fall 2017</b>		
• Semester 4 implemented	•	

### Timeline for KPU

• Semester 1 for second cohort	•	
<b>Spring 2018</b>		
• Semester 5 implemented	•	
• Semester 2 for second cohort	•	
<b>Summer 2018</b>		
• Semester 6 implemented	• First cohort graduates	
• Semester 3 for second cohort	•	
<b>Fall 2018</b>		
• Semester 4 for second cohort	•	
• Semester 1 for third cohort	•	

## Loughran, Tony D AVED:EX

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**From:** Tru Freeman <Tru.Freeman@kpu.ca>  
**Sent:** Tuesday, September 1, 2015 7:40 AM  
**To:** Loughran, Tony D AVED:EX  
**Subject:** Can we talk?

Tuesday, September 1, 2015  
Hi Tony

The timelines for the business case report that KPU is doing is going to need to be "tweaked" in order to have it vetted by (in this order) 1) our President's University Executive (PUE); 2) our Board Finance and Audit and 3) our Board of Governors (BoG) before it goes to Minister Wilkinson. Davinder is finding out specific dates for a few of them:

- what i do know is that the next KPU Board of Governors meeting is Sept. 23 and Nov. 18th
- given Sept. 23 is too close, I think we need to probably work backwards from the November 18th BoG (or the next date will be January 27, 2016)
- I believe there is a PUE on Sept. 28th (but Davinder will confirm); I'm just not sure if they meet once a month or every 2 weeks. So perhaps it's that date for the business case to go to PUE, then Board Finance (which I know falls sometime before the BoG) likely in late October before the Nov. 18th BoG.
- this means that Minister Wilkinson will not see the report until late November at the earliest.

s.13,s.17

I could talk today after 1300 hours and my Wednesday and Thursday look good. Can you let me know what works for you and perhaps we can set aside 15 minutes or so?

Many thanks, Tru



---

**Tru Freeman, PhD**

Dean, Faculty of Health

Kwantlen Polytechnic University

t 604.599.2263 f 604.599.3130 e tru.freeman@kpu.ca

www.kpu.ca

**Assistant: Davinder Cheema 604.599.2102**

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