

Minister Meeting Action Notes

Meeting Title: Minister Briefing w PS Kang: TCM

Date: 2018.11.08

Meeting Purpose:	Attendees:
Discuss PS Kang mandate letter related to TCM and potential recommendations for the Minister.	Minister Dix Parliamentary Secretary, Anne Kang David Byres

Action items:	Assigned to:	Due Date:
1. Teleconference with Minister Dix, PS Kang and David Byres (as Minister unexpectedly delayed for this discussion)	Minister's office.	Week of Nov 12.
2. Confirm if any one time funding has been provided to KPU for the TCM program and / or clinical placements.	David Byres to confirm with Jeff Vasey, ADM, AEST.	Week of Nov 12.
3. s.13,s.17	David Byres to request Mark Armitage review.	Week of Nov 12 or as soon as is possible.
4. What is required to expand the TCM program to include herbology at KPU. Is there enough interest / volume to support a second program?	David Byres to discuss with Jeff Vasey, ADM, AEST. Proposal has been requested from KPU and AEST is awaiting a submission.	Week of Nov 12
5. Confirm if we have utilization data on TCM that would identify areas in the province of high utilization	David Byres to request of Teri Collins	

Minister Meeting Action Notes

--	--	--

Follow-up briefing required: Y

Date: Week of Nov 12 (MO to arrange a call).

Key Documents Referenced

Purpose: This table provides a comparison overview of the financial outcomes based on regular faculty members to non regular contract faculty, based on the current collective agreement pay scales for KPU/KFA. Tier 2.a.6 represents the \$300 tuition per credit as per KPU Bylaw #4. Assumption notes provided are also factors for consideration and included below.

Costs & Revenues

TCM Acupuncture - Program Costing - Tuition Revenues					
10-May-18					
Cohort Domestic (24 students)					
	2016	2017	2018	2019	2020
Tuition Revenues - 2.a.6 (Reg/NR 1 faculty)	\$ (106,395)	\$ (97,002)	\$ (103,953)	\$ 66,058	\$ 224,588

ASSUMPTIONS - NOTES:

Cohort intakes, financials are projected at 12 students for 2018; 2017 are actuals of 9 students and 2016 for 4 student cohort. Student enrollments are domestic.

AD Program credits are 41 in the first year, not including the 3 required credits for ENGL. Year two, this has a total of 41 credits.

AD Practice courses in year one equals + 1 credit; for year two = 11 credits. These credits are included in Revenues of \$300 per credit

Operations Include : IT, Facilities, Student Services, Library, International, Printing, Business operations, etc.

Program revenues based on current program structure of 86 credits for a 2 year program.

Faculty FTEs: calculated based on .63 reg FTE time release + .37 teaching; and NR 1 contract rates based on instructional modes x course hrs.

NR Type 1 faculty contract costs per course/semester includes the additional 11% premium

Faculty compensation rates increased by 2% for 2017, 2018 and 2019 fiscal periods (assuming ESM + negotiated increases)

2% annual increase assumed for non Instructional staff costs s.22

2% annual increase has been calculated to overall tuition commencing 2016 onwards (Domestic)

1.5% increase assumed for non-salary expenditure increases

Regular faculty releases assumed at top of scale + benefits

Dean's Office - % allocation salaries + benefits is included in KPU's 40% overhead



Proposal for On-Campus Student Practice Clinic
Traditional Chinese Medicine - Acupuncture Diploma
Program

Presented by:

Faculty of Health
Kwantlen Polytechnic University

Presented to:

Ministry of Advanced Education, Skills & Training

Executive Summary

KPU's Traditional Chinese Medicine Acupuncture Diploma (TCM-AD) program launched in September 2016. This is a three academic year program that is delivered over 6 consecutive semesters, in 2 calendar years. It requires students to complete 480 hours of clinical practice in order to graduate. The program uses a distributed clinical model to provide students with their clinical practice hours by placing them with local private practitioners.

The distributed clinical model as it is currently implemented at KPU is unsustainable: students are having difficulty achieving the learning outcomes they need from their clinical practice hours, and the regulatory body for BC's TCM educational programs¹ is withholding its recognition of KPU's program. Unless the model for delivering the clinical practice hours is changed, KPU cannot continue offering the TCM-AD program past August 2019.

To remediate this urgent problem, KPU proposes to open a student practice clinic using existing facilities at its Richmond campus. The facility has capacity to accommodate KPU's TCM-AD students for their clinical practice hours in the 2018/19 academic year. The CTCMA has already conducted an initial site visit to the facility, and provided positive informal feedback on its suitability for a student practice clinic. If this proposal is approved, KPU will complete the CTCMA's formal Educational Program Review to have the program recognized with the on-campus clinic. KPU is confident that the facility will meet or exceed CTCMA's standards.

The capital and start-up costs to open the proposed clinic are modest, and will be covered by KPU using funds carried forward from their 2017/18 operating budget provided by the Ministry. The first year of operating costs will be covered by KPU from their 2018/19 Ministry funding. Additional faculty or staff will not be required to run the clinic – KPU faculty who meet the CTCMA's requirements to teach TCM will provide student supervision in the clinic, and administrative services will be provided by existing KPU staff. Patients will not be charged for attending the clinic. BC's Government Chief Risk Office has provided guidance for KPU's risk management in running a student practice clinic, and KPU has appropriate risk management plans either already in place, or that will be implemented upon Ministry approval of this proposal.

KPU requests approval from the Ministry of Advanced Education, Skills and Training, for the establishment of a student practice clinic for its TCM-AD program starting in September 2018 or earlier. No additional funds beyond those already committed by the Ministry to operate the TCM-AD program in 2018/19 are requested. KPU will evaluate and report on the efficacy and sustainability of the student practice clinic at the end of its first year of operation and determine the long-term viability of the model.

¹ The College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC, CTCMA, is the body that governs TCM practices in the province.

Table of Contents

Executive Summary	ii
1. KPU's TCM-AD Program	1
2. CTCMA's Role	1
3. Distributed Clinical Education Model	1
3.1. Distributed Clinical Education in Other Health Professions	2
4. Delivery Barriers Encountered	2
5. Current State	4
6. Proposed Solution: KPU Student Practice Clinic	4
6.1. Facility	5
6.2. CTCMA Review	5
6.3. Clinic Operations	5
6.4. Capital, Start-up and Operational Costs	5
6.5. Clients, Marketing and Fees	5
6.6. Risk Assessment	5
6.7. Evaluation	6
Appendices and Supporting Documents	7
Appendices	7
Supporting Documents	7

1. KPU's TCM-AD Program

In December 2015, Kwantlen Polytechnic University (KPU) presented a business case to the Ministry of Advanced Education (the Ministry) entitled 'Presentation of Program Development Option, Traditional Chinese Medicine - Acupuncture Diploma Program'². Subsequent to the Ministry's approval of the business case, KPU launched its Traditional Chinese Medicine-Acupuncture Diploma (TCM-AD) program in September 2016.

The TCM-AD program is a three academic year curriculum that is delivered over 24 consecutive months. The program consists of three educational modalities: theory, laboratory, and clinical instruction. The theory and laboratory portions of the curriculum are delivered in traditional formats in classroom and laboratory facilities at KPU's Richmond campus. The clinical instruction modality was originally delivered using a distributed clinical education model, but is now in transition to a centralized, KPU-operated model. The clinical instruction model for KPU's TCM-AD program is the focus of this proposal.

2. CTCMA's Role

The College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC (CTCMA) is the regulatory body for traditional Chinese medicine practitioners and acupuncturists in BC. The CTCMA sets the requirements for program length, structure and learning outcomes for TCM training in BC. The CTCMA conducts Educational Program Reviews to recognize the TCM education programs offered in BC. As part of the Educational Program Review, the CTCMA conducts site visits to the facility/facilities where the clinical instruction modality is delivered.

The CTCMA requires that students complete a minimum of 450 hours of clinical instruction as part of their acupuncture diploma program. The clinical instruction includes practice observation³, diagnosis and evaluation⁴, and supervised practice⁵.

3. Distributed Clinical Education Model

KPU's December 2015 business case proposed a distributed clinical education model, where KPU would partner with private TCM practitioners across the province to deliver clinical instruction, and compensate those private practitioners with non-monetary forms of recognition.

Clinical instruction in TCM Acupuncture education programs has historically been taught in clinics owned and operated by the educational institution. **In BC, KPU was the first to propose a distributed clinical education model, and remains the only school that does not own and operate its own student practice clinic.**

² Supporting Document: "Presentation of Program Development Option, Traditional Chinese Medicine – Acupuncture Diploma Program", Faculty of Health, Kwantlen Polytechnic University, December 2015.

³ Practice observation involves students observing clinical practice by a CTCMA-registered practitioner.

⁴ Diagnosis and evaluation involves the application of TCM diagnostic procedures in evaluating patients.

⁵ Supervised practice involves clinical treatment of patients under direct supervision.

In January 2016, KPU embarked on design for the distributed clinical education model for the TCM-AD program. The design was guided by a steering committee including representatives from the Ministry of Advanced Education, KPU, the University of British Columbia's Faculty of Medicine, and AMBiT Consulting Inc⁶.

The steering committee's report on the distributed clinical model for the TCM-AD program was delivered in August 2016⁷. The report suggests that, once it reaches steady state, KPU's TCM-AD program should have up to 136 private practitioners in their active pool of clinical preceptors.

3.1. Distributed Clinical Education in Other Health Professions

While KPU's TCM-AD program is the only one in BC to explore distributed clinical education, this model has long been used in other health profession education programs. For example, all of the UBC Faculty of Medicine's health education programs⁸ include distributed clinical education components.

When it was first proposed, key differences were recognized between distributed clinical education in BC's other health profession education programs, and KPU's TCM-AD program:

1. In the other health professions' education programs, the clinical education sites are public institutions providing publicly funded and regulated health care and, in some cases such as teaching hospitals, have the mandate to provide clinical education, and
2. In some of the other health professions programs⁹, clinicians who take students receive monetary compensation, for example in the case of UBC, either directly from the Faculty of Medicine or through their Health Authority contracts.

Both of these factors have contributed to a strong infrastructure for, and culture of, clinical instruction within BC's Health Authority clinical sites and practices.

By contrast, KPU's distributed clinical education model: a) relies on partnership with private practitioners who are not funded or regulated by the public health care system except for Ministry of Health representation on the CTCMA, nor do they have the mandate to take students, and b) provides only non-monetary compensation to the practitioners for clinical instruction¹⁰.

4. Delivery Barriers Encountered

The first KPU TCM-AD students were placed in private practice clinical sites in May 2017. Since then, the distributed clinical education model has encountered numerous barriers. Two of those barriers, outlined below, threaten the viability of the model.

⁶ Supporting document: "Terms of Reference: KPU TCM-AD Program Clinical Supervision Design Steering Committee", February 22, 2016.

⁷ Supporting document: "KPU TCM-AD Distributed Clinical Model (DCM)", August 29, 2016.

⁸ Those programs include: Medicine, Physical Therapy, Occupational Therapy, Midwifery, Speech Language Pathology, and Audiology.

⁹ UBC's Undergraduate and graduate medical education programs provide monetary compensation to clinical instructors.

¹⁰ Supporting document: "KPU TCM-AD Clinical Instructor Recruitment Approach, Recognition Framework, and Development Strategy", June 27, 2016.

Based on these barriers KPU has concluded that, while distributed clinical education works well for public institutions that partner with other public institutions, **it does not work under KPU's current model for a public institution partnering with private sector organizations.**

Key Barrier 1: CTCMA Assessment

In June and July of 2017, the CTCMA conducted site visits to clinics where KPU students had been placed for clinical practice. In their summary findings¹¹ of those visits, the CTCMA stated: "The Education Committee determined that the three clinical training clinics are delivering a substandard clinical training program. The clinics (...) failed to meet the CTCMA Practice Standards including, but not limited to:

- Safety practices and procedures
- Patient record keeping
- Consent to Treatment documentation
- Draping procedures"¹².

The CTCMA further directed that "KPU correct all the deficiencies... on or before October 31, 2017. In the event that the deficiencies are not remedied by that time, the clinical training hours completed by KPU students to date may not be recognized by the CTCMA (...)."

A second clinic visit by the CTCMA will be conducted before Summer 2018 to ensure that the deficiencies previously reported from the Fall 2017 site visit have been rectified, so that both the clinical instruction hours to date as well as future student placements at these clinics will be recognized.

The CTCMA's assessment of the first three clinics to deliver clinical instruction to KPU TCM-AD students poses challenges to the long-term viability of the distributed model. If the three clinics are representative of what the CTCMA will find at other private practices, then KPU will essentially need to partner with a substantial number of the BC Lower Mainland's private acupuncture practices to ensure they meet the CTCMA standards. This would consume significant KPU time and resources.

A further risk is that, since private practitioners are not being paid by KPU to provide clinical instruction, they may not be willing or motivated to modify their practices to meet CTCMA standards, even if KPU bears the associated costs.

Key Barrier 2: Lack of patient consent

In the clinical practice hours that KPU students performed between May and December 2017, a majority of the acupuncture clients at the private practices did not consent to have students perform invasive procedures such as needle insertion. The feedback was that the clients are paying premium rates to receive professional acupuncture treatment, and are not willing to have students practice on them.

If this initial experience is representative of the general client population in private practice, students will be unable to achieve their required learning outcomes for the program.

¹¹ Appendix A: Letter from CTCMA to Mr. Steve Chan, dated October 3, 2017.

Based on these two barriers, KPU concludes that the distributed clinical education model as it is currently defined is not a viable solution for delivering the clinical instruction modality of the TCM-AD program.

KPU has encountered two additional issues with the distributed clinical education model:

- The private practitioners expect monetary compensation for taking students, while KPU provides only non-monetary recognition. This creates conflict between KPU and the practitioners, and carries the risk of degrading the student experience as well as risk that the practitioner will stop taking students.
- KPU is bearing the incremental costs for the TCM-AD private practice partners to carry appropriate professional malpractice and general liability insurance for the students. This additional overhead for KPU impacts the program's profitability.

5. Current State

Following the CTCMA's report on their June/July 2017 clinical site visits, KPU took immediate corrective action by moving away from placing their students with private practitioners for clinical instruction. They worked with one of their private practice partners to address the deficiencies noted by the CTCMA at that location, and are operating it as a KPU-run student practice clinic.

All KPU TCM-AD students since September 2017 are receiving their clinical instruction at this facility, under the direct supervision of a KPU faculty member who meets the CTCMA's requirements to teach TCM Acupuncture. Patients who attend the student practice clinic at this location pay a nominal fee, which KPU passes through to the private practice as revenue.

While the current state has allowed KPU to continue offering the TCM-AD program without interruption, it is not a viable long-term solution for several reasons:

1. The instructor must travel between KPU's Richmond campus to the private practice clinic, creating timetable scheduling difficulties.
2. Although the private practice clinic was the closest to meeting the CTCMA's standards for clinical instruction, there were still concerns regarding patient privacy due to sound transmission between adjacent treatment rooms¹³.
3. The clinic owner has expressed concern that the current arrangement is negatively impacting the clinic's normal operations, and that it is not a viable long-term option for them.

6. Proposed Solution: KPU Student Practice Clinic

KPU urgently needs to develop a sustainable model to deliver the clinical practice modality for their TCM-AD program. As a step towards achieving this, KPU proposes to operate its own student practice clinic at their Richmond campus starting in September 2018 or earlier pending Ministry approval.

¹³ The CTCMA conducted a second site visit to this clinic on December 1, 2017. A site visit report is pending.

6.1. Facility

The KPU student practice clinic will operate in existing facilities on the Richmond campus, consisting of three private rooms and a 10-bed clinic/laboratory. The private rooms will accommodate patients who need to be draped, and cases that require confidentiality, while the clinic/laboratory setting can be used, pending patient consent, for cases that do not require a higher degree of privacy.

The clinic/laboratory space is already fully equipped to be used as a practice clinic, and the private rooms require modest modifications and equipment to make them suitable.

6.2. CTCMA Review

KPU's believes that its Richmond campus student practice clinic will meet or exceed the CTCMA's standards. During their Educational Program Review visit to the Richmond campus, the CTCMA gave informal feedback that the proposed facilities would be an excellent environment for a student practice clinic.

KPU intends, within its first quarter of operation, to invite the CTCMA to review the Richmond campus student practice clinic.

6.3. Clinic Operations

Student supervision will be provided by current KPU faculty members who meet the CTCMA's requirement for providing TCM education. Administrative support for the clinic will be provided by existing resources from the Faculty of Health.

6.4. Capital, Start-up and Operational Costs

The capital and start-up costs to open the proposed clinic are modest, and will be covered by KPU using funds carried forward from their 2017/18 operating budget provided by the Ministry¹⁴. The first year of operating costs will be covered by KPU from their 2018/19 Ministry funding.

6.5. Clients, Marketing and Fees

KPU has strong prospects for its initial clients in the student practice clinic; KPU's TMC-AD program faculty who operate their own private practice will market the clinic to their own clients.

In addition, marketing to new prospective clients will be provided by KPU's Faculty of Health working together with the KPU Marketing department. The service will be clearly marketed as a student clinic, so that prospective clients (both general public and other KPU students who wish to access treatment) are fully aware that they will be seen by students.

Finally, in order to attract and build a client base, patients will not be charged a fee in the first year.

6.6. Risk Assessment

KPU's Risk Management department has received guidance from the Ministry of Finance's Risk Management Branch and Government Security Office regarding its obligations and liability for

¹⁴ KPU will, under separate cover from this proposal, be seeking Ministry approval for this use of the carry-forward.

operating a student practice clinic at the Richmond campus¹⁵. The table below details each point of guidance, and provides KPU's plans to address it.

BC Risk Management Branch Guidance (see Appendix B)	KPU Response
1. The clinic must be clearly advertised as a student clinic, where clients will be treated by KPU students.	See Section 6.5 above.
2. All clients, both general public and other KPU students who wish to access treatment, must provide informed consent, and the consent will be specific to the treatment and associated risks.	Appendix C provides KPU's current patient consent agreement. This agreement will be modified for use in the on-site student practice clinic, including additional consent specific to the treatment and associated risks if necessary.
3. Professional liability coverage is provided under the UCIPP general liability policy.	See Appendix D for confirmation from KPU's Manager, Organizational Risk Management.
4. General liability coverage is in place but only with respect to liability arising from activities approved by KPU. Students are not afforded coverage under UCIPP unless they cause a third party covered loss while directly supervised and instructed in activities which form part of the applicable curriculum of studies.	Noted.

6.7. Evaluation

KPU will conduct a full evaluation of their Richmond campus student practice clinic after the first year of operation. The evaluation will focus on student outcomes, faculty and staff resource requirements, patient volume and variety of cases, and long-term viability of the student practice clinic to fulfill the TCM-AD program requirements. The outcomes of this evaluation will be presented to the Ministry together with a proposal for ongoing delivery of the clinical instruction portion of KPU's TCM-AD program.

¹⁵ Appendix B: Email dated February 22, 2018 from K. Kenny (FIN) to A. Jaffer (KPU).

Appendices and Supporting Documents

Appendices

Appendix A	Letter from CTCMA to Mr. Steve Chan, dated October 3, 2017.
Appendix B	Email dated February 22, 2018 from K. Kenny (FIN) to A. Jaffer (KPU).
Appendix C	KPU's current patient consent agreement.
Appendix D	Memorandum dated March 12, 2018 from Adam Jaffer, Manager, KPU Organizational Risk Management, to David Florkowski, Dean, Faculty of Health.

Supporting Documents

1. "Presentation of Program Development Option, Traditional Chinese Medicine – Acupuncture Diploma Program", Faculty of Health, Kwantlen Polytechnic University, December 2015.
2. "Terms of Reference: KPU TCM-AD Program Clinical Supervision Design Steering Committee, AMBiT Consulting Inc., February 22, 2016.
3. "KPU TCM-AD Distributed Clinical Model (DCM)", AMBiT Consulting Inc., August 29, 2016.
4. "KPU TCM-AD Clinical Instructor Recruitment Approach, Recognition Framework, and Development Strategy", AMBiT Consulting Inc., June 27, 2016.

KPU TCM-AD PATIENT CONSENT FOR STUDENT OBSERVATION/CARE AND RELEASE OF INFORMATION

I understand that Kwantlen Polytechnic University (KPU) Traditional Chinese Medicine Acupuncture Diploma (TCM-AD) students use A & T Pain Solutions Acupuncture Centre clinic as an experiential learning component of their educational program.

I hereby consent to have a KPU TCM-AD student observe/provide care under the supervision of a faculty member of KPU's TCM-AD who is an individual TCM Acupuncturist registered and in good standing with the College of TCM Practitioners and Acupuncturists of British Columbia (CTCMA)." I also consent to the release of information concerning my Acupuncture care experiences related to student learning, as required to the university and the CTCMA.

Patient Name (please print)

Patient Signature

Date

KPU TCM-AD Student Signature and Student Number

Page 15 to/à Page 22

Withheld pursuant to/removed as

s.13;s.17

October 3, 2017

Attention: Mr. Steve Chan, Clinical Facilitator, KPU

Dear Mr. Chan:

Re: KPU Clinical Site-Visits

I write further to the Education Program Review (the 'EPR') clinical site-visits which took place at the following designated KPU training clinics:

- | | |
|---------|------|
| 1. s.22 | 2017 |
| 2. | 2017 |
| 3. | 2017 |

A summary report was prepared by the Site-Visit Team and submitted to the Education Committee for review. A copy of the summary is attached.

The Education Committee determined that the three clinical training clinics are delivering a substandard clinical training program. The clinics failed to meet all the requirements listed in the EPR Self-Study 'Form C' document and failed to meet the CTCMA Practice Standards, including, but not limited to:

- Safety practices and procedures
- Patient record keeping
- Consent to Treatment documentation
- Draping procedures

The Education Committee has directed that:

- KPU correct all the deficiencies identified in the reports on or before October 31, 2017. In the event that the deficiencies are not remedied by that time, the clinical training hours completed by KPU students to date may not be recognized by the CTCMA for the purposes of examination eligibility and registration;
- a second clinical site-visit be conducted when KPU advises CTCMA that the deficiencies have been rectified; and
- an accurate and updated 'Form C' has been submitted.

The Committee also revisited the following documents submitted to the CTCMA in April, 2016 and January, 2017:

- Information regarding KPU's Traditional Chinese medicine Acupuncture Diploma (TCM-AD) program (April 27, 2016); and
- KPU's TCM Acupuncture Diploma Program Clinical Education Program Review Partnership Proposal (January 10, 2017).

The Committee is unable to consider the proposal of January 10, 2017 until such time as all clinical training facilities contracted by KPU-AD satisfy the EPR requirements. In addition, the Committee has concerns regarding the accuracy of the assurances listed in KPU's information document dated April 27, 2016.

We look forward to your response together with a detailed remedial plan of action.

Sincerely:



Mary Watterson, Dr.TCM
Registrar

Attachments:

- KPU Clinic Summary
- KPU proposal (January 10, 2017)
- KPU information document (April 27, 2016)

Cc: Dr. David Florkowski, Dean, Faculty of Health, KPU
Dr. Jean Nicolson-Church, Associate Dean, Faculty of Health, KPU
Mr. Marc Guay, Divisional Business Manager, Faculty of Health, KPU
Dr. John Yang, TCM Program Coordinator, Faculty of Health, KPU
Ms. Davinder Cheema, Dean's Assistant, Faculty of Health, KPU



Terms of Reference: KPU TCM-AD Program Clinical Supervision Design Steering Committee

Purpose

The purpose of the Kwantlen Polytechnic University (KPU) Traditional Chinese Medicine Acupuncture Diploma (TCM-AD) Program Clinical Supervision Design Steering Committee ("the Steering Committee") is to develop the design for the clinical supervision approach to be used in the practicum component of the KPU TCM-AD program.

Authority

The Steering Committee is granted authority by the KPU Provost and Vice President, Academic (Dr. Salvador Ferreras) and the Assistant Deputy Minister, Institutions and Programs, BC Ministry of Advanced Education (Fazil Mihar) to make decisions as required to design the clinical supervision approach in the practicum component of the program.

Membership

Ex Officio Members (Decision Makers)

- BC Ministry of Advanced Education (AVED) representatives:
 - Assistant Deputy Minister, Institutions and Programs (1)
 - Executive Director, Research Universities and Health Programs Branch (1)
 - Director, Health Programs, Research Universities and Health Programs Branch (1)
- Kwantlen Polytechnic University (KPU) representatives:
 - Provost and Vice President, Academic (1)
 - Management consultant to KPU (1)
 - KPU TCM-AD program clinical coordinator (1)

Ex Officio Members (Advisors)

- University of British Columbia Faculty of Medicine (UBC FoM) representatives:
 - Executive Associate Dean, Education (1)
 - Executive Associate Dean, Clinical Partnerships and Professionalism (1)
 - Associate Dean, Health Professions Education (1)
 - Special Advisor to the Dean, Government Relations (1)
- AMBiT Consulting Inc.
 - Assignment Lead (1)
 - Assignment Analyst (1)

Appointment Process and Term

This temporary Steering Committee was created to design the clinical supervision approach to be used in the practicum component of the KPU TCM-AD program. The TCM-AD program will start with its first intake of students in September 2016. The first clinical supervision requirement is in the first practicum course (semester 3), which will be offered for the first time starting in May 2017. The first student cohort will graduate in August 2018.

This Steering Committee will be dissolved by mutual agreement between KPU and AVED once the design of the clinical supervision approach in the practicum component of the program is complete, as defined by the project scope. This is scheduled to occur in the summer of 2016. The Steering Committee, or a variation thereof, may continue beyond the design if needed to complete new scope with the same or different members.

Each member of the Steering Committee is nominated by his/her respective organization and appointed by the Chair. Members are asked to participate as long as the Steering Committee exists, and while they hold their respective positions.

Chair

This Steering Committee is chaired by the AVED Assistant Deputy Minister, Institutions and Programs, who may delegate the chairing responsibilities to the AVED Executive Director, Research Universities and Health Programs Branch, as needed.

Responsibilities

The responsibilities of the Steering Committee are as follows:

- Consider and discuss documents, presentations, and other material relating to the design of the clinical supervision approach in the practicum component of the KPU TCM-AD program;
- Make informed decisions about the design of the clinical supervision approach for the KPU TCM-AD program;
- Give input and guidance to the AMBiT Assignment Lead and Analyst as required;
- Fulfill the above responsibilities within the required timelines.

Meetings and Materials

This Steering Committee will meet approximately once every three weeks for one to two hours each time. The Steering Committee may agree to change meeting frequency and/or duration, if needed.

Documents and other materials that are to be discussed in the meeting will be circulated in advance of the meeting. Members will review materials in advance of meetings, and if they cannot attend, will

submit comments and questions in advance of the meeting so that they can be included in the discussion during the meeting.

Minutes and Deliverables

The AMBiT Assignment Lead or Analyst will record high-level minutes including decisions and action items for each Steering Committee meeting. Meeting minutes will be distributed via email to all Steering Committee members, whether or not they attended the meeting.

Deliverables, such as presentations and briefing notes, developed by the Steering Committee will be finalized at the end of the review period. During the review period, all members will review the draft deliverable, provide comments and edits, and reach consensus on the major components. Finalized deliverables will be made available to all Steering Committee members.

Quorum and Decision Making

Decisions are made through consensus between KPU and AVED, considering input from UBC FoM. When a decision is required, quorum consists of at least one committee member from each of KPU and AVED.

Once a decision has been made by the Steering Committee, it will not be re-visited unless significant new information is presented that would likely impact the decision.

Accountability and Communication

This Steering Committee is jointly accountable to the KPU Provost and VP Academic, and to the AVED Assistant Deputy Minister, Institutions and Programs. Both positions are members of this Steering Committee. All Steering Committee representatives will bring updates, questions, and issues to the Steering Committee meetings for feedback, discussion, and consideration.

Between Steering Committee meetings, some members may consult with each other and external parties. Members will bring summarized results of these consultations back to the Steering Committee.

Confidentiality

Each member of the Steering Committee will sign a Non-Disclosure Agreement (NDA). By doing so, members acknowledge and agree that all information and material related to the KPU TCM-AD program is confidential and not to be disclosed to anyone who has not signed the NDA. The signed NDAs will be held on file by AVED.

Other parties with whom members may consult will also be asked to sign the NDA before the consultation takes place.

From: Kenny, Kira FIN:EX [<mailto:Kira.Kenny@gov.bc.ca>] **Sent:** Thursday, February 22, 2018 5:32 PM
To: Risk <Risk@kpu.ca> **Subject:** RE: TCM Program - On-site Model - SRQ 015544

Hi Adam,

s.13

Thank Adam and please give me a call should you wish to discuss.

Regards,

Kira Kenny, CIP, CRM

Senior Risk Management Consultant – Education Programs
Risk Management Branch and Government Security Office
PO Box 9405 Stn Prov Govt | Victoria BC V8W 9V1
Telephone: 778-698-5740 | Facsimile: 250-356-6222
Email: Kira.Kenny@gov.bc.ca



**RMB Conference | May 3 &
www.rmbconference2018**

From: Risk [<mailto:Risk@kpu.ca>]
Sent: Thursday, February 15, 2018 5:07 PM
To: Kenny, Kira FIN:EX

Cc: Risk

Subject: TCM Program - On-site Model

Hello Kira,

s.13

Many thanks,
Adam.



KPU TCM-AD Distributed Clinical Model (DCM)

1 Context

Kwantlen Polytechnic University (KPU) is launching a new, three academic year¹ (24 consecutive month; six semester) Traditional Chinese Medicine-Acupuncture Diploma (TCM-AD) program in September, 2016.

This program consists of three educational modalities:

1. **Theory:** TCM history and philosophical underpinnings, acupuncture foundations (meridians and acupoints theory) and acupuncture therapeutics, and a broadly-based foundation in Western biomedical sciences.
2. **Laboratory:** Progressive simulated practice with instructor demonstrations and student hands-on practice performing skills such as acupoints, moxibustion, cupping, and specialized needling techniques.
3. **Clinical Practice:** Application of theory to practice through a series of clinical training pathways from introduction to the clinical practice clinics, practice observation², patient assessments, diagnosis and evaluation³, supervised practice⁴, and independent practice.

The clinical practice modality will be delivered using a Distributed Clinical Model (DCM) that was approved by the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA) in June, 2016.

2 Distributed Clinical Model (DCM) Definition

During the clinical practice element, made up of four practicum courses, students will disperse into the community to observe and practice alongside selected practicing TCM Acupuncturists in their own clinics, primarily within the Lower Mainland of BC.

While this model has been used for over 50 years in other health professions education programs (i.e. Medicine, Physical Therapy, Occupational Therapy, Midwifery, Speech Language Pathology and Audiology), it is a new model for TCM Acupuncture education.

The clinical practice element of TCM Acupuncture education programs has historically been taught primarily in clinics owned and operated by the educational institution. Leveraging the DCM for KPU's TCM-AD program involves creating a new paradigm for TCM Acupuncture clinical education in BC⁵.

¹ Academic year means eight months, or two semesters, or three quarters, or two trimesters of study. This program is designed such that all three academic years occur back-to-back, making it two calendar years, or 24 months in duration.

² Practice observation involves students observing clinical practice by CPs.

³ Diagnosis and evaluation involves the application of TCM diagnostic procedures in evaluating patients.

⁴ Supervised practice involves clinical treatment of patients under direct supervision.

⁵ In order to make this possible, the CTCMA posted a bylaw amendment to Schedule E – Recognition Requirements for Education programs <http://www.ctcma.bc.ca/media/1248/schedule-e-bylaw-amendment-june-24-2016.pdf>

3 Clinical Education Structure, Roles, and Responsibilities

There are three primary roles focused on delivering the clinical education portion of the program through the four practicum courses:

Role	Organizational Context	Responsible for
Clinical Facilitator	<ul style="list-style-type: none"> Contract employee at KPU Reports to the Dean, Faculty of Health and works closely with the TCM-AD Program Coordinator 	<ul style="list-style-type: none"> Recruiting and maintaining relationships with Clinic Practitioners (CPs) Visiting CPs' clinic facilities to ensure they meet requirements Developing and delivering the CP development program Developing and implementing the CP recognition framework Developing and implementing the CP evaluation approach Evaluating student clinical practice experiences Developing resource materials and tools related to clinical practice experiences Developing and maintaining documentation systems related to clinical practice experiences as per CTCMA requirements Providing oversight to ensure that the students have an excellent educational experience while protecting patient safety
Clinical Faculty Member	<ul style="list-style-type: none"> KPU faculty members Collaborates with the TCM-AD Program Coordinator and works in partnership with students and CPs 	<ul style="list-style-type: none"> Overseeing students' clinical education Working with students and CPs to support students learning able to fulfill the required learning outcomes Coaching/mentoring CPs and students as needed Completing the student assessment/evaluation process Developing practicum course presentations Ensuring that KPU and agency policies and procedures (e.g.: the appeal policy) are followed and CTCMA competencies met
Clinic Practitioners (CP)	<ul style="list-style-type: none"> Individual TCM Acupuncture practitioner (either R.Ac, R.TCM.P, or Dr.TCM) Meets the eligibility requirements Works in a clinic that meets the facility requirements Agrees to accept a student or students into their clinic to learn and practice under their guidance 	<ul style="list-style-type: none"> Collaborating with the Clinical Faculty Member and working closely with students Maintaining a collaborative relationship with Clinical Facilitator Ensuring the safety of patients who seek their care as a practitioner Supervising, teaching, and coaching students in their practice Providing the Clinical Faculty Member with feedback to assess student performance Meeting the CTCMA documentation requirements

4 Quality Assurance in a DCM

The DCM brings several advantages for clinical education including:

- Allowing students to learn in an environment that most closely matches the environment in which they will practice upon graduation and registration;
- Producing graduates who are flexible and understand their scope of practice possibilities from their experience learning with multiple CPs, each of whom has an individual style and unique patient population;
- Building a pool of CPs creates longer-term capacity and allows CPs to rotate in and out of teaching;
- Allowing for lower CP/ student ratios; and
- Creating connections between CPs and public university providing opportunities for engagement and to share best practices, research, and information.

The DCM also means that the educational institution cannot have as much direct control over the clinical practice element as compared with delivering it in a clinic that is owned and operated by the institution. Therefore, the following quality assurance measures will be in place to ensure educational quality, student success, and patient safety. The Clinical Facilitator will create, implement, and manage these measures.

1. CP eligibility requirements (follow this link to section of the document below);
2. Clinic facility requirements (follow this link to section of the document below);
3. CP development requirements (follow this link to section of the document below);
4. Clinical Faculty oversight (see roles and responsibilities above);
5. Clinical Facilitator oversight (see roles and responsibilities above);
6. Affiliation Agreement between each CP agency and KPU (needs to be developed; samples available from Marc);
7. Student membership with CTCMA prior to starting practicum courses (see page 7 of <http://www.ctcma.bc.ca/media/1147/education-program-review.pdf>);
8. CTCMA documentation requirements (see page 8 of <http://www.ctcma.bc.ca/media/1147/education-program-review.pdf>); and
9. CTCMA Educational Program Review process⁶ (see page 3 of <http://www.ctcma.bc.ca/media/1147/education-program-review.pdf>).

The following section outlines the activities to be completed by the Clinical Facilitator in order to fully develop and implement the DCM.

5 Steps to Develop and Implement the DCM

The KPU TCM-AD has a high-level design prepared for the DCM. The Clinical Facilitator is responsible for fully developing and implementing the DCM so that there will be sufficient clinical placements available

⁶ KPU will follow the CTCMA Educational Program Review process as defined and will collaborate with the CTCMA to determine the best approach to include DCM site visits in the review. The Clinical Facilitator will partner with a CTCMA representative to visit the clinics where clinical practice takes place.

for the first cohort of students to begin their first practicum course in the third semester (May, 2017), for their subsequent practicum courses, and for students in subsequent cohorts.

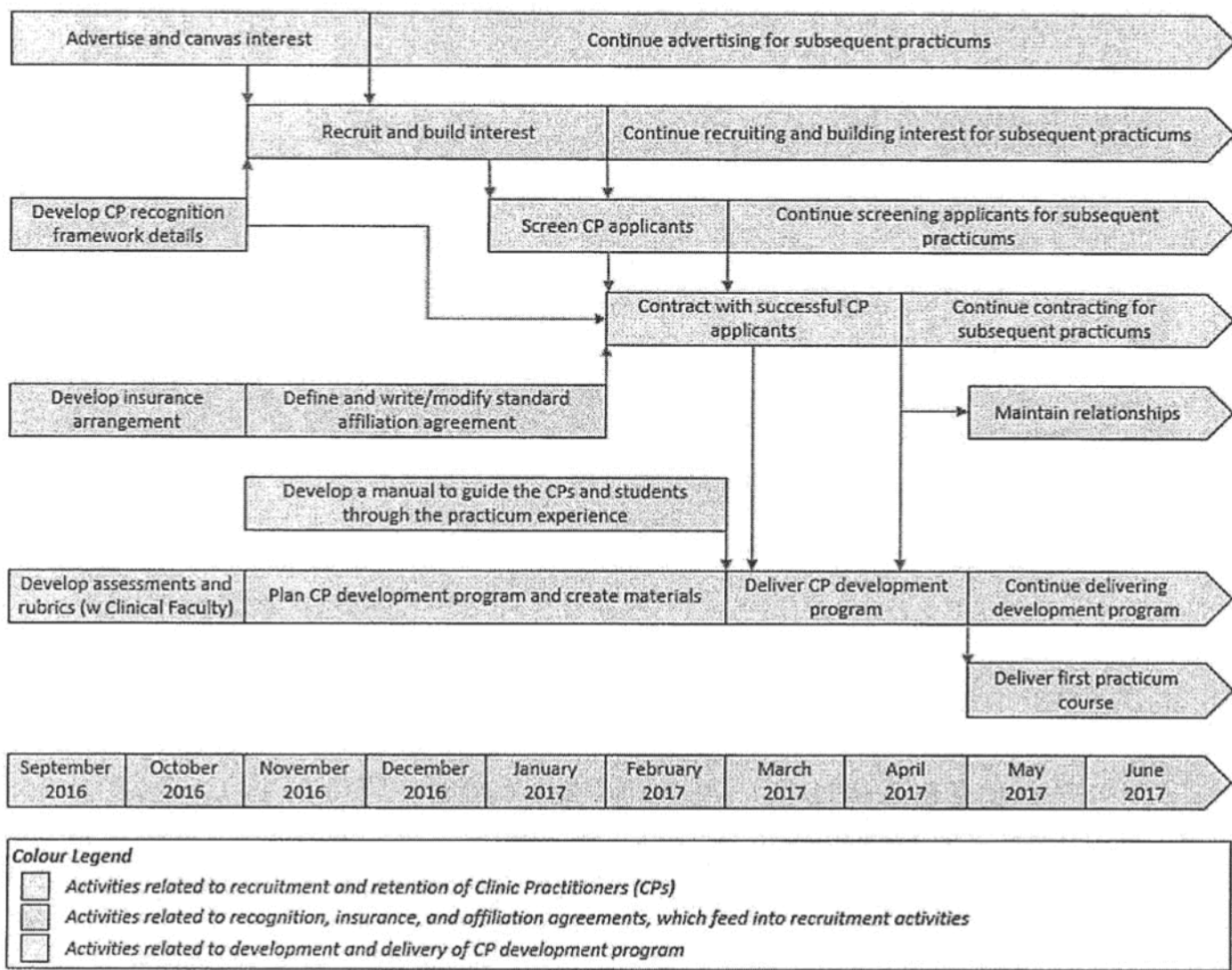
In order to achieve this, the Clinical Facilitator is responsible for the following. (The next section places these activities on a high-level timeline that shows the relationships between them).

1. Recruit sufficient CPs.
 - a. Approach (follow this link to section of the document below):
 - i. Advertise and canvas interest
 - ii. Recruit and build interest
 - iii. Screen applicants
 - iv. Offer and contract with applicants
 - v. Maintain relationships with CPs
 - b. Numbers (follow this link to section of the document below):
 - i. The target max ratio of students to CPs is 2:1. Target enrollment is 12 students or fewer for the first cohort (Class of 2018), 16 for the second cohort (Class of 2019), and 24 for the third cohort (Class of 2020) and beyond.
 - ii. At least six CPs (depending on cohort number) each willing to take two students, are needed starting in May, 2017. To achieve a student cohort of *at least* 24 in May, 2020, based on experience of other health professions programs, it is recommended that the Clinical Facilitator recruit and contract a pool of approximately **136 CPs by 2020**. This will allow them to take students for only one semester per year, for some to take only one student, and for some to take a year off periodically.
2. Develop a standard agreement to be signed by KPU and each CP leveraging the Affiliation Agreements used in the Nursing program as an example (needs to be developed; samples available from Marc).
 - a. The agreement formalizes the relationship between KPU and the CP. It should be signed once at the beginning of the engagement. Verbal agreement is sufficient for a CP to take a specific student or students for a specific practicum course.
3. Define the approach to covering additional insurance costs to enable CPs to take students.
 - a. Most CPs will need additional insurance coverage in order to take on a student or students. KPU has agreed, in principle, to cover these costs. The details of this need to be defined. This should be included in the agreement between KPU and each CP.
4. Develop the detailed CP recognition framework (follow this link to section of the document below).
 - a. Although monetary payment is not available for CPs as part of the recognition framework, several non-monetary elements are available.
5. Develop the CP development program and materials based on the strategy (follow this link to section of the document below).
 - a. The purpose of this development program is to ensure that CPs are fully prepared to fulfil their responsibilities as it relates to their students and the program.
6. Collaborate with Clinical Faculty Members to develop the clinical practicum assessments.
 - a. The Clinical Faculty Member is responsible for defining how students will be assessed during each practicum course, along with the assessment rubrics.

- b. Information about the role of the CP as it relates to informing these assessments and expectations for student performance at each level will be included in the CP development program materials.
7. Develop a manual to guide the CPs and students through the practicum experience, based on existing manuals from other programs.
8. Deliver CP development program to CPs, as they are recruited and contracted.
 - a. Once the CPs have been identified and engaged, they must participate in the CP development program. The Clinical Facilitator will deliver it to them.

Although all of these steps must happen in order to launch the first practicum course in May, 2017, Many of these steps are ongoing and will need to continue into the future.

Please see the following image showing the high-level timeline, the sequence of these activities, and the relationships between them.



KPU TCM-AD Program Clinic Practitioner Requirements and Eligibility

May 24, 2016 – Final-rev1¹

Context

Kwantlen Polytechnic University (KPU) is launching a 2-year (24 consecutive months) Traditional Chinese Medicine Acupuncture Diploma (TCM-AD) Program in September 2016.

As part of the program, there are four practicum courses during which students observe and experience clinical practice. These practicum courses require Clinic Practitioners (CPs) to supervise students.

Clinic Practitioner Requirements

Timing

The four practicum courses are each four months long. Practicum 1 is May to August, Practicum 2 is September to December, Practicum 3 is January to April, and Practicum 4 is May to August (overlapping with the subsequent cohort in Practicum 1). See Figure 1 below.

With the program launching in September 2016, the first practicum course will be offered for the first time starting in May 2017.

Figure 1: Practicum timing by month and program year

	September - December	January - April	May - August
Program Year 1			Practicum 1 Observation 40 hours per student
Program Year 2	Practicum 2 Supervised Practice 1 100 hours per student	Practicum 3 Supervised Practice 2 160 hours per student	Practicum 4 Independent Practice 160 hours per student

¹ August 29, 2016 revision to replace "Clinical Instructor" title with "Clinic Practitioner"

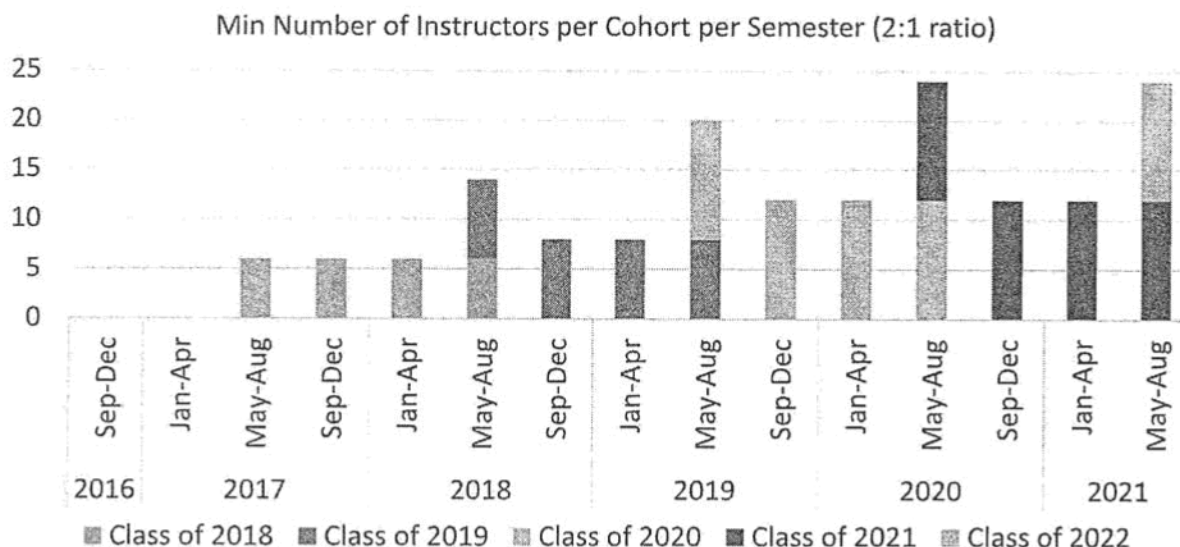
Numbers

Target enrollment in the program is 12 students for the first cohort (class of 2018), 16 for the second cohort (class of 2019), and 24 for the third cohort (class of 2020) and beyond.

The maximum desired student to CP ratio is 2:1. Therefore, in the first offering of the first practicum course in May-August 2017, at least 6 CPs are needed. This ramps up to at least 24 CPs for the May-August semester in 2020, as shown in Figure 2 below.

Experience from other health professions education programs suggests that most CPs will only take student(s) for one semester per year. Therefore, the 6 CPs needed for May-August 2017 are likely to be different individuals than the 6 CPs needed for September-December 2017, for example.

Figure 2: Minimum number of CPs required per cohort, per semester assuming 2 students per CP



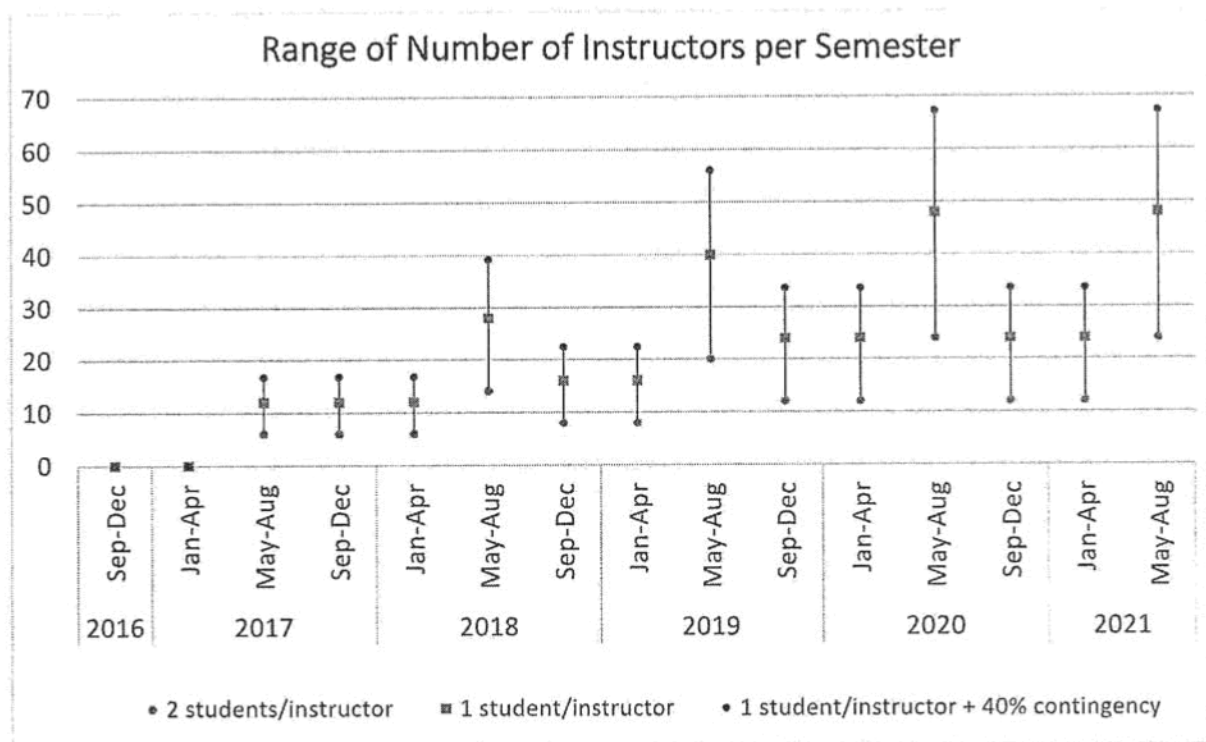
Based on the experience of other health professions education programs, some CPs may find the 2:1 ratio unmanageable. Also, some clinics may not be large enough to accommodate more than one student at a time. Therefore, there may be a need for some CPs to only take one student, which increases the number of CPs that need to be recruited.

In addition, other programs find that they need to recruit approximately 40% more CPs than are actually needed for a given semester in order to ensure sufficient supply.

Figure 3 below shows the range of number of CPs that may be needed for each semester. The low end assumes the 2:1 ratio, the mid-point assumes a 1:1 ratio, and the high end adds the 40% contingency to the 1:1 ratio.

It is recommended that KPU target the upper end of the range for recruitment purposes for each semester. This would allow for some CPs to take only one student and would also provide a buffer in case of CP attrition.

Figure 3: Range of CP numbers required per semester and recruitment targets per semester



The graph above shows the range of number of CPs that may be needed for each semester. When the program is functioning at steady state, KPU should target having an active pool of approximately 136 CPs (34 for each of the September-December and January-April semesters plus 68 for the May-August semester).

This will allow for CPs to take student(s) for one semester per year, for some CPs to take only one student, and for KPU to have a supply contingency in case of CP attrition.

Experience from other programs suggests that it takes much more effort to get a new CP on board and trained than it does to keep an existing CP engaged. Therefore, KPU will need to focus significant time and energy in building this pool of approximately 136 CPs over the next 3-5 years, while also focusing on

retention strategies to ensure CPs remain engaged. This topic is addressed further in the Clinic Practitioner Recruitment and Recognition Framework document.

Hours

Each CP must be available to be with the student(s) for the hours required by the practicum course that takes place in that semester, as shown in Table 1 below.

Table 1: Supervision hours required per practicum course per CP

Practicum	Hours in semester	Approximate frequency	Degree of supervision
1	40	2 sessions per wk 4 hrs per session 10 wk duration	CP practices while student(s) observe
2	100	2 sessions per wk 4-6 hrs per session 14 wk duration	CP supervises student(s) evaluating patients, developing tentative diagnoses, and proposing and performing treatment
3	160	2 sessions per wk 4-6 hrs per session 14 wk duration	CP supervises student(s) evaluating and diagnosing patients, and proposing and performing treatment
4	160	2 sessions per wk full day per session 14 wk duration	Student treats patients in a clinical setting and reports to the CP who is in close proximity

If a CP is part of a shared practice, it would be acceptable for multiple CPs to take responsibility for a student (or two students). This would allow the CPs to share the hours for a given semester, if desired. In this case, the group of CPs who are part of the shared practice is effectively one CP.

During these hours, the student must consult with the CP before and after each treatment. Each consultation must be recorded in the program's clinical records, including the date and signature of both the student and supervisor.

In addition, student clinical performance must be assessed in a manner consistent with the definition of entry-level proficiency and the assessment requirements contained in the Introduction to the Entry-level Occupational Competencies, Performance Indicators, and Assessment (EOCPIA) Blueprint. CPs will be provided with this material and assessment instructions through the CP development process.

Clinic Practitioner Eligibility

In order for someone to be eligible to be a CP in the program, she or he must:

KPU TCM-AD Program Clinic Practitioner Requirements and Eligibility

- Be registered with the College of Traditional Chinese Medicine Practitioners and Acupuncturists (CTCMA) of British Columbia as an Acupuncturist (R.Ac), a TCM Practitioner (R.TCM.P), or a Doctor of TCM (Dr.TCM);
- Be willing and able to devote the time required to supervise, teach, and assess students as directed in the CP development program;
- Be willing and able to participate in the CP development program;
- Practice acupuncture in BC's Lower Mainland (between West Vancouver and Chilliwack);
- Have a sufficient volume of patients and variety of patient presentations to enable students to achieve experiences required for the practicum course in question;
- Have access to a clinical practice space that is big enough for the student(s) to participate, and that meets the CTCMA requirements including having an interview room, a treatment room, and a reception area with locked cabinets for patient files;
- Be physically present at all times during diagnosis and treatment of the patient during Practicums 1, 2, and 3, and be in close proximity to the location in which the patient is being treated during Practicum 4;
- Sign an affiliation agreement with KPU that outlines the agreement and demonstrates insurance coverage for the practitioner and the student²; and
- Be functionally fluent in spoken and written English, as demonstrated through the application, interview, and CP development processes.

In addition, it is desirable, but not necessary, for CPs to:

- Have 3 or more years of experience practicing general acupuncture;
- Have some level of Mandarin and/or Cantonese language competency; and
- Be registered as another health professional (e.g.: physical therapist, medical doctor, etc.).

Information Sources

This document is based on information from the following sources:

- Consultations with representatives from the KPU Faculty of Health, the UBC Faculty of Medicine Health Professions Programs, and the Humber College School of Health Sciences;
- Decisions by the KPU TCM-AD Clinical Supervision Design Steering Committee meetings; and
- CTCMA documentation.

For additional information, please see the KPU TCM-AD Clinical Supervision Needs presentation deck delivered February 22, 2016.

² KPU may cover the cost of additional insurance in order for the students to be covered up to \$5M in liability.

Approval

The contents of this document were approved by the KPU TCM-AD Clinical Supervision Design Steering Committee on March 30, 2016.

Page 41 to/à Page 48

Withheld pursuant to/removed as

s.13;s.17

Kwantlen Polytechnic University
Reconciliation and Forecast of AEST OTO funds for TCM
Prepared Feb 27, 2018

1st \$500,000 Funding Allocation

Ministry Ref #102000 - Skills Development Employment Benefit Funding	
Distributed Clinical Model (DCM)	Budget Allocation
* 1 CTMA Program Application Fees	\$ 2,400
2 Recruitment - Human Resources	205,000
3 Program Coordination - PLA/Admission/Progression	25,000
4 Timelines, Resources & Task Identification	82,600
* 5 CTCMA/ATCMA Membership Fees	20,000
6 CTCMA Site Review (Clinical)	55,000
* 7 Marketing/Recruitment - Clinical Practitioners	50,000
8 Acupuncturists Community Engagement Events & Conferences	50,000
* 9 Contingency	10,000
KPU Clinic Operations	
a Human Resources	
b Specialized IT - EMR	
c Clinic operating costs - Non-Salary	
d Non-recurring costs	
Total Funding & Expenditures	\$ 500,000
Initial funding contribution, opening	
Initial funding contribution, closing	

[Note 1] * While specific figures related to categories 1, 5, 7, and 9 are not presented in the table above, incurred in future years.

2nd \$500,000 Allocation

Ministry Ref #104244-	
Ongoing Operating Costs, New Health Education	Budget Allocation
Salaries & Benefits	
Supplies	
Fees and Services	
Total ongoing operating costs	
New health education funding contribution, opening	500,000
New health education funding contribution, closing	\$ 500,000

[Note 2] * For the purposes of this analysis, actual expenses incurred in the 2016-17 fiscal year are not p



Actual 2016-17	Actuals YTD 2017-18	Forecasted Remainder of 2017/18	Forecast 2018-19	Forecast 2019-20
\$ 2,330				
34,430	\$ 37,791	\$ -		
25,000				
23,895	34,220	7,106		
	3,793	1,125		
44,780	-	-		
7,971	2,820	-		
189				
			\$ 92,900	\$ 94,758
			18,000	18,000
			4,000	4,060
			13,150	
\$ 138,595	\$ 78,624	\$ 8,231	\$ 128,050	\$ 116,818
500,000	361,405	282,781	282,781	154,731
\$ 361,405	\$ 282,781	\$ 274,550	\$ 154,731	\$ 37,913

expenses relating to these categories have been incurred in the 2016-17 fiscal year and expect to continue to be

Actuals 2016-17 *	Actuals YTD 2017-18	Forecasted Remainder of 2017/18	Forecast 2018-19	Forecast 2019-20
	\$ 240,112	\$ 40,092	\$ 285,808	\$ 291,524
	1,155	872	2,068	2,109
	30,195	-	30,195	30,799
	\$ 271,462	\$ 40,964	\$ 318,071	\$ 324,432
	500,000	228,538	228,538	(89,533)
	\$ 228,538	\$ 187,574	\$ (89,533)	\$ (413,965)

resented above, as the funding letter specifies that the funds are to be used for the 2017-18 fiscal year.

Forecast 2020-21	Forecast 2021-22
\$ 96,653	\$ 98,586
18,500	19,000
4,121	4,183
\$ 119,274	\$ 121,769
37,913	(81,361)
\$ (81,361)	\$ (203,130)

Forecast 2020-21	Forecast 2021-22
\$ 297,355	\$ 303,302
2,151	2,194
31,415	32,043
\$ 330,921	\$ 337,539
(413,965)	(744,885)
\$ (744,885)	\$ (1,082,424)



OFFICE OF THE PROVOST

September 29, 2016

Mr. Tony Loughran, Executive Director
Research Universities and Health Programs Branch
Ministry of Advanced Education
PO Box 9884 Stn Prov Govt
Victoria BC V8W 9T6

RE: Ministry Ref #102000
Skills Development Employment Benefit funding - \$500,000

In response to the one-time funding received from the Ministry for KPU's current health programming activities with the University of British Columbia, the following is an overview of scheduled activities, either that have transpired or projected, in the establishment of a Distributed Clinical Model (DCM).

1. CTCMA Program application = \$2,400

The application for program recognition was forwarded to the Canadian Traditional Chinese Medicine and Acupuncturists of BC (CTCMA) on June 20, 2016.

2. Recruitment – Human Resources = \$205,000

To support the establishment and operational needs for the DCM, human resource needs were identified as follows and include extensive orientation and training:

- Administrative Staff Support = \$45,000
- Clinical Placement Facilitator (CPF) = \$110,000
- Practitioners accepting KPU students for practice opportunities (orientation, recruitment and training) = \$50,000

The recruitment and selection for the CPF concluded over the Summer months and commenced on September 1, 2016 to August 31, 2017. The recruitment and selection of the Administrative Staff Support will conclude by the first week of October 2016. The recruitment of clinicians to support KPU students also commenced in September.

3. Program Coordination- PLA/Admission/Progression = \$25,000

The first offering of the program commenced in the Fall 2016 term. Applications of interested applicants includes those with Prior Learning Assessment. It is anticipated that additional students will be joining the Fall 2016 cohort in the Spring 2017 term.



4. Timelines, Resources & Tasks Identification = \$82,600
A series of meetings have been established with the Clinical Placement Facilitator, Dean's Office personnel, and the Program Coordinator for the Acupuncture program. A listing of resources required for the various clinical sites and reference materials for practitioners were identified. Timelines have been identified as to when activities need to occur, dependencies and an approximate cost relating to such activities, as appropriate.
5. CTCMA/ATCMA Membership fees = \$20,000
The terms and conditions of employment of faculty members in the Acupuncture program require individuals to possess an active practicing license from the CTCMA. As per the CTCMA's Bylaw 90, additional liability insurance of \$25/per student will be applied to the distributed clinics.
6. CTCMA - Site Review (Clinical) = \$55,000
A projection of a 50% faculty release will be required in preparation for required documentation and a site review by the Education Program Review (EPR) committee of the CTCMA.
7. Marketing/Recruitment of Clinic Practitioners = \$50,000
Includes representatives and exhibits at local and national/international events and conferences.
8. Acupuncturists Community Engagement Events and Conferences = \$50,000
Acupuncture community engagement and related activities.
9. Contingency \$10,000. (at 2% of total allocation)

As planned discussions and activities continue to unfold during this first offering of the Acupuncture Diploma in the coming months readjusted line items will be detailed in future reporting to the Ministry.

Respectfully,

Dr. Salvador Ferreras
Provost and Vice President, Academic

SF/nw

TCM Licensure Education Requirements in BC

The purpose of the document is twofold:

- (1) To summarize licensure education requirements for TCM programs in BC
- (2) Identify (if any) TCM degree-level training currently offered in Canadian Public Post-Secondary Institutions

Table 1: CTCMA's licensure requirements for TCM Education Programs in BC

CTCMA licence type*	Title	CTCMA Education Requirements**
Registered Acupuncturists	R. Ac	<p>"...minimum of 1,900 hours of study over 3 academic years, including a minimum of 450 hours of clinical instruction of which at least 225 hours must be in supervised practice.</p> <p>"...learning outcomes identified as "Common" and "Acupuncture" in the EOCPIA Blueprint for TCM Practitioners and Acupuncturists and include a minimum of 450 hours of clinical instruction in acupuncture that provides for 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."¹</p>
Registered Traditional Chinese Medicine Herbalist	R.TCM.H.	<p>"...minimum of 1,900 hours of study over 3 academic years, including a minimum of 450 hours of clinical instruction of which at least 225 hours must be in supervised practice.</p> <p>"...learning outcomes identified as "Common" and "Herbology" in the EOCPIA Blueprint for TCM Practitioners and Acupuncturists and include a minimum of 450 hours of clinical instruction in herbology that provides for 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."²</p>
Doctor of Traditional Chinese Medicine	Dr. TCM	<p>"...minimum of 3,250 hours of study over 5 academic years, including a minimum of 1,050 hours of clinical instruction of which at least 825 hours must be in supervised practice.</p> <p>"...learning outcomes listed in the EOCPIA Blueprint for the Doctor of Traditional Chinese Medicine and include a minimum of 1,050 hours of clinical instruction that provides for learning outcomes consistent with the indicators identified as "Clinical" for the Assessment Requirements in Education Program in the EOCPIA Blueprint for the Doctor of Traditional Chinese Medicine."³</p>
Registered Traditional Chinese Medicine Practitioner	R.TCM.P.	<p>"...minimum of 2,600 hours of study over 4 academic years, including a minimum of 650 hours of clinical instruction of which at least 425 hours must be in supervised practice.</p> <p>"...learning outcomes identified as "Common", "Acupuncture" and "Herbology" in the EOCPIA Blueprint for TCM Practitioners and Acupuncturists and include a minimum of 650 hours of clinical instruction in acupuncture and herbology that provides for 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."⁴</p>

* Requirements for registrant types such as "limited", "student," "non-practising," "temporary" and "grandparented" were not included

** "All registration applicants are required to complete 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."

¹ CTCMA bylaws. Accessed on April 13, 2016. http://ctcma.bc.ca/media/1049/ctcma_bylaws_with_schedules.pdf

² ibid

³ ibid

⁴ ibid

TCM degree-level training currently offered in Canadian public Post-Secondary Institutions

Key message: No degree-level programs were found in Canadian public Post-Secondary Institutions

Scan: combinations of terms listed below were used to conduct the internet search

"Canadian," "Public," "Post-Secondary," "Institutions," "TCM," "Traditional Chinese Medicine," "Practitioner," "Herbology," "Registered," "Acupuncture," "Degree," "Diploma," "Certificate."

TCM programs currently offered at Canadian Public Post-Secondary Institutions (most likely not an exhaustive list)

1. Acupuncture

MacEwan University, Alberta

Diploma

Additional info on this program from a document on P drive:

- Grant MacEwan is developing a "Bachelor of TCM/Acupuncture", to begin in 2018. Program will need to go through degree approval process.
- Part of rationale for degree program is student desire for degree level studies – will be only slightly longer than current diploma program.
- Hoping degree program will lead to some government funding.
- Clinic has 13 beds, separated by curtains.
- Clinic is on-campus. All clinical training takes place in clinic, although students also participate in some outreach clinics for underserved populations etc.

2. Traditional Chinese Medicine Practitioner

Humber College, Ontario

Advanced Diploma

3. Acupuncture

Georgian College, Ontario

Advanced Diploma

TCM Programs at Canadian Public Post-Secondary Institutions offered in the past

Medical acupuncture certificate

University of Alberta, Alberta

Other highlights unveiled by the search

- Associate of Arts Degree For Entry to Traditional Chinese Medicine
Selkirk College (not a public institution), British Columbia
Degree Program

- Canadian Institute of Traditional Chinese Medicine (not a public institution) offers an option for a degree-level program in TCM "...by completing a ten month internship at the university hospital in the Shandong province of China. The Bachelor degree is appointed by the Shandong University of Traditional Chinese Medicine."

Creating a School of Traditional Chinese Medicine (TCM) at a Public Post-secondary Institution

Options Paper

Current Framework for TCM Education in British Columbia:

- 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]).¹;
- 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. See Attachment 1 for specific requirements);
- There are six Private Career Training Institutions Agency accredited private training institutions in British Columbia that offer TCM programs recognized by CTCMA. Public institutions do not currently offer programs leading to a Doctor of Chinese Medicine or a Practitioner of Chinese Medicine;
- The current educational standard for entry to practice in British Columbia for TCM and/or acupuncture is a diploma (diplomas vary in length from 2 to 5 years, depending on the designation sought);
- 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;
- The Ministry of Health does not have robust labour market information for Doctors of TCM, although Doctors of TCM are primarily self-employed;
- Kwantlen Polytechnic University (KPU) has recently written to the Ministry to indicate their interest in developing programs in TCM and assuming the lead role for the province in this field.
- TCM related research already occurs at the University of British Columbia (UBC) and Simon Fraser University (SFU).

Project Scope

The following activities are out-of-scope for this project but may be considered in future:

¹ 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.

1. **A baccalaureate degree for entry-to-practice.** The entry-to-practice credential for TCM is a diploma. Ministry of Health is responsible for establishing entry-to-practice credentials in consultation with regulatory colleges. There is no interest at this time in increasing the entry-to-practice credential due to implications for health care costs, labour mobility, cost for students, increasing expectations of other diploma-prepared health professionals, etc.
2. **Research model/activities without a TCM program:** Funding required would be substantial and would likely not satisfy the commitment to create a School of TCM.
3. **Development of Masters and/or PhD-level TCM programs**

Options for a public school of TCM

(See Attachment 2 for a summary assessment of the three options):

s.13

Page 62 to/à Page 65

Withheld pursuant to/removed as

s.13

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia <http://www.ctcma.bc.ca/>

“The College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia is the regulatory body for Traditional Chinese Medicine and Acupuncture in British Columbia and is responsible for registering Traditional Chinese Medicine Practitioners and Acupuncturist throughout the province. The College protects the public by establishing and endorsing high standards of practice by registered Traditional Chinese Medicine Practitioners and Acupuncturists.”

Effective April 12, 2003, a valid registration (professional licence) issued by CTCMA is required in order to practise TCM and acupuncture in British Columbia.

Competency Examinations Requirements for TCM Practitioners and Acupuncurists

R.Ac. (Registered Acupuncturist)

- Acupuncture Written and Clinical Examination
- Two-Year University Requirement, AND
- 1,900 hrs including 450 hrs of practicum completed in a minimum of 3 academic years

R.TCM.H. (Registered Traditional Chinese Medicine Herbalist)

- Herbology Written and Clinical Examination
- Two-Year University Requirement, AND
- 1,900 hrs including 450 hrs of practicum completed in a minimum of 3 academic years

R.TCM.P. (Registered Traditional Chinese Medicine Practitioner)

- Practitioners Written and Clinical Examination, OR
- Acupuncture Written and Clinical Examination, AND Herbology Written and Clinical Examination
- Two-Year University Requirement, AND
- 2,600 hrs including 650 hrs of practicum completed in a minimum of 4 academic years

Dr.TCM. (Doctor of Traditional Chinese Medicine)

- Dr.TCM Written and Clinical Examination
- Two-Year University Requirement, AND
- 3,250 hrs including 1,050 hrs of practicum completed in a minimum of 5 academic years
- Applicants applying to write this examination must already be registered as R.TCM.P or be eligible to apply for R.TCM.P title.

Page 67

Withheld pursuant to/removed as

s.13



MEMORANDUM

TO: David Florkowski, Dean – Faculty of Health

FROM: Adam Jaffer

DATE: March 12, 2018

SUBJECT: TCM Program – Professional Liability Insurance

Dear colleagues,

The purpose of this memo is to confirm that the following are extended Additional Interest status under the Professional Liability coverage in the UCIPP general liability policy, but only to the extent described here:

- *any employee of the KPU while acting within the scope of his or her duties on behalf of the KPU;*
- *any student while performing activities related to the applicable syllabus of education or pursuant to their engagement in an occupational, vocational or similar training program operated by or on behalf of KPU;*

If you have any questions or concerns, please feel free to contact me directly.

Sincerely,

Adam Jaffer D. Tech, BBA, CRM, CAIB

Manager, Organizational Risk Management

Kwantlen Polytechnic University

cell: s.22

email: adam.jaffer@kpu.ca

www.kpu.ca