Jodouin, Laurianne HLTH:EX

From: Frances Picherack <fpicherack@shaw.ca>
Sent: Tuesday, December 1, 2009 12:31 PM
To: Beckett, Daryl K HLTH:EX
Subject: CTCMA
Attachments: CTCMA Notes Mtg Beckett Nov30 draft.docx; ATT101895.htm

Importance: High

Hello Daryl

It was a pleasure to meet you and Christine yesterday.

Thank you again for the very fruitful and constructive discussion with Mary and I.

Because of the upcoming educational forum and annual meeting, (this weekend) and as I draft the White Paper, Mary and I would very much appreciate your quick review of the notes I have prepared from the meeting. While this will not be for public circulation per se, we will certainly be guided by the advice and very practical suggestions you have offered. Angy is in a hearing in Vancouver today so I will forward them to her tomorrow, or after I have heard back from you. We will be proceeding with her advice, and she may be in contact with you directly.

Please feel free to make any corrections or suggestions in the above notes, so that we are all on the same page going forward.

Thank you also for allowing us to share a draft of the White Paper before circulation. I will be completing that draft by week's end.

Should you wish to discuss the attached by telephone, I can be reached at s.22

Frances Picherack
Petrine Consulting Inc.
fpicherack@shaw.ca

CTCMA Notes from Meeting of November 30, 2009 DRAFT Dec.1

Ministry of Health Services s.15 Victoria, 1000 to 1150

Present: Daryl Beckett, Director, Professional Regulation
Christine Massey, Executive Director
Mary Watterson, Registrar, CTCMA
Frances Picherack, Petrine Consulting Inc.

Topic: Point Injection Therapy/Technique (PIT)

The following notes are intended to capture items discussed, key observations, themes in the dialogue, and key messages/suggestions for the go forward. In keeping with the intent and nature of the meeting, they are deliberately not minutes, and not intended to be a personal "he said, she said" but rather a sense of how we can work together to fill the regulatory gap with respect to PIT.

Overall Observations

- All present had reviewed the briefing memo sent in advance.
- The meeting was focused and engaged. The sense of urgency that had been imparted was taken up by DB, who also invited direct follow up regarding the pending CTCMA White Paper and the go forward.
- At the end of the meeting another matter (Request for Bylaw changes) was raised and discussed directly between MW and DB.

Items Discussed

1. **History and Current Status of TCM Practitioners and Acupuncturists Regulation (herein referred to as the Regulation) with respect to HPA.**

- Question of why PIT not discussed on original round of reserved acts in original regulation
- s.13

- Note that this profession had not been part of Safe Choices Report and not reviewed by Health Professions Council in new model.
- Two areas where the Regulation is not reconciled with the current model; a) the orientation/language in Section 5 (from "only an xx can" to express authorization without exclusivity. This shift reflects the current and clarified intent of restricted activities to take an activity out of the public domain, not to express exclusivity for a particular profession. b) the herbal schedule, which the province has been awaiting, and which is long overdue.
- Summary: the Regulation needs to be retrofitted to the new model.

2. Resolution of September 12 regarding Current Restricted activities Authorizations, which is now on CTCMA Website

- s.13

- Good news is CTCMA did not say they were not part of scope
- s.13
- If CTCMA's intent is to allow these activities, need authorization in regulation
- s.13
-

3. Response from Members to Resolution

- Confirmed resolution is on website
- In response to question, MW indicated practitioners are concerned because it affects their malpractice insurance in that if CTCMA has not authorized, insurance will not cover it.
- Re those authorized by another profession, discussed numbers very small
- Assumed other professions to only include MDs and NDs; not chiropractors

4. Response of Other Professions

- FP reported overall themes from meetings with CPSBC, CDSBC, CRNBC, CNPBC, and CPBC to be (distributed briefing sheet used in consultations)
- need to get authorization for relevant restricted activities in new model
- need to develop standards, limits, and conditions
- may need to consider certification or advanced practice status
- other colleges will regulate only their members; will not interfere with regulation of CTCMA members, but will guide their own members with respect to implications of CTCMA authorizations for their registrants
- overall spirit of collaboration and openness to specific collaborative arrangements if necessary
- discussed drug schedules of substances injected for PIT
- s.13

- Message of need to retrofit the Regulation repeated

5. Advanced Practice Status for Practitioners Performing PIT

- Must specify educational requirements for this Advanced Practice
- s.13
- Specify safety requirements, standards, limits, conditions
- Thorough QA approach, including continuing competence
- Identify which practitioners can qualify for PIT Advanced Practice

6. CTCMA List of Approved Schools and PCTIA

- Must work with PCTIA to identify programs for Schedule E Bylaws
- Discussed importance of colleges knowing limits and relevant timing (i.e. registration v. accreditation of the school) of their role with PCTIA as regulators not of PCTIA; but for the purposes of approving programs for entry-level practice.
- Schools must notify CTCMA of changes to programs
- Role of CTCMA entrance exams
- Problems with PCTIA discussed, DB will explore options for meeting

7. Changes Needed to Current Authorizations/Language for Retrofit (not an exhaustive discussion at this time)

- Discussed indications for PIT; pain (prevalence of acute and chronic pain), nutritional therapy (vitamins and amino acids) stimulating healing process (sclerosing agents, e.g. dextrose)
- s.13
-
-
-
-

8. Format for Schedule of Herbs Being Developed by CTCMA

- s.13
-
-
-
-
-

Summary and Next Steps for C

i) Draft PIT White Paper in context of overall regulation retrofit

ii) s.13,s.14

iii) Share draft of White Paper regarding PIT with DB

iv) Set out restricted activities authorizations required today (to include those for PIT) in new integrated scope/restricted activities model

v) Establish list of approved programs for Schedule E
vi) Draft Schedule for Herbs

Jodouin, Laurianne HLTH:EX

From:	Frances Picherack <fpicherack@shaw.ca>
Sent:	Wednesday, January 27, 2010 3:20 PM
To:	Beckett, Daryl K HLTH:EX
Cc:	XT:HLTH registrar@ctcma.bc.ca
Subject:	Fwd: CTCMA policy paper draft
Attachments:	CTCMA-PIT_PolicyImpl_Draft03-Dec21.docx; ATT446546.htm
Importance:	High

Hello Daryl

Happy New Year to you. s.22

I am following up on the draft, "Point Injection Technique: Policy Implications for CTCMA", which Mary Watterson had seen before I sent it to you December 21, 2009.

We thought we would not contact you your first week back, but wondered if by now I could respectfully ask if you have had a chance to review it, given your offer and suggestion to do so.

CTCMA is anxious to proceed, but wishes to do so knowing you do not have any major concerns with the recommendations so far. Pending your feedback to me, I will revise the final submission from me to CTCMA, not quoting you, but integrating your feedback.

Mary will inform you of the Board's decisions for the go forward once they review the final submission. s.13
s.13

As already discussed , we will be working in close consultation with you as we proceed, and as well guided by you regarding any specific requirements and timelines for submission.

Thanking you in advance

Frances Picherack

Begin forwarded message:

From: Frances Picherack <fpicherack@shaw.ca>
Date: December 21, 2009 3:07:21 PM PST (CA)
To: Daryl.Beckett@gov.bc.ca
Subject: CTCMA policy paper draft

Hello Daryl

Thank you for the very helpful discussion with Mary Watterson of CTCMA and myself on November 30.

We very much appreciated your invitation to me to send a draft of the policy backdrop I was preparing to inform and assist CTCMA regarding the regulation of Point Injection Therapy/Technique for TCM Practitioners and Acupuncturists in British Columbia.

I am attaching draft 3, which has been reviewed by Arden Henley (President), Mary Watterson and Angela Westmacott.

I would be pleased to receive your comments by email, or by telephone, as suits you.

Thank you in advance for your assistance in this matter.

Happy holiday wishes to you.

Draft 3

POINT INJECTION TECHNIQUE: POLICY IMPLICATIONS FOR CTCMA

Confidential: Restricted Circulation

Petrine Consulting Inc.

December 2009

INTRODUCTION AND SUMMARY

The purpose of this policy backgrounder is to provide the College of Traditional Chinese Medicine (CTCMA) (the College) and its Standards of Education Committee (SEC) with recommendations for developing policy regarding the regulation of Point Injection Technique (PIT), arising out of the Point Injection Task Force Report of April 15, 2009 and a follow up September 2009 Board Resolution. To this end, it also serves as a report of a systematic analysis to inform policy options available to CTCMA regarding the regulation of PIT as part of the practice of TCM Practitioners and Acupuncturists and the processes the College would need to put in place to regulate such practice in the keeping with the current Health Professions Act.

Also referred to as Acupoint Injection Technique (APIT), PIT involves "injecting various medications into acupuncture points or the area of pathological changes." (Wan Qi Cai, 2009). This *therapeutic injection technique* involves, "subcutaneous, intramuscular, intra-articular, and intravenous injections " (CTCMA, 2009). According to practitioners and regulators in Canada, a profile of substances currently used in PIT includes but may not be limited to Vitamins B1, B6, B12, C, Folic Acid, Lysine, Saline, Dextrose, local anesthetics (usually Procaine), Plasma (autoimmune) and TCM herbs. Single use disposable syringes and needles are used.

The current TCM Practitioners and Acupuncturists Regulation (the Regulation) does not expressly authorize such activity, especially with respect to restricted activities. CTCMA members have been informed of this situation through a Board Resolution dated September 12, 2009, which is introduced below. Furthermore, the Regulation is not reconciled in substance or language with the integrated scope of practice/ restricted activities model in the reformed Health Professions Act.

Before considering policy options, SEC must describe its working definition for PIT. Appraisal criteria for reviewing policy options must be developed. As a baseline, three policy options emerge from the report of the process and findings that follow.

1. CTCMA does not recognize PIT as appropriate service provision for any or all categories of its registrants, will not be seeking authorization for registrants to perform PIT, and will immediately inform registrants of same.
2. CTCMA recognizes PIT as appropriate service provision for all registrants and will seek the necessary authorization in regulation to govern same.
3. CTCMA recognizes PIT as appropriate service provision for registrants who have successfully completed advanced practice requirements recognized by CTCMA, which may or may not require certification by the College, and will seek authorization in regulation to govern same.

The critical question at this time is whether CTCMA considers policy options based on the current Regulation; or in the context of a proposed regulation that reconciles the existing definitions, scope of practice and restricted activities with the new legislation. This is clearly the "first order" policy decision for the go forward.

APPROACH TO POLICY ANALYSIS

In addition to review of the PIT Task Force Report and related background documents, this backgrounder is informed by data collection that included:

- Review of select literature, official (e.g. education curricula) and policy documents in other jurisdictions where PIT is practiced and/or regulated
- Key informant interviews with TCM or Acupuncture regulators in other Canadian provinces, and select leaders in TCM and acupuncture policy development, education, and professional development in Canada
- Key informant interviews regarding the potential use and supply of drugs or TCM herbs to TCM Practitioners and Acupuncturists for use in PIT, with a view to federal and provincial policy and law interface in Canada and BC
- Interviews with TCM Practitioners or Acupuncturists in BC previously using PIT or involved with continuing education programs for PIT
- Stakeholder consultation with other health professions colleges in BC, who's members may perform similar therapies (e.g. prolotherapy, mesotherapy, immunotherapy) or with whom collaboration may be required in the practice and regulation, namely CPSBC, CDSBC, CPBC, CNPBC, and CRNBC.

Key informant and stakeholder consultation meetings and interviews were all conducted using standard interview schedules, attached as appendices A, B, and C.

A list of participants in the various categories is also attached as Appendix D.

A summary of key observations and major themes arising from the above processes is included in the findings that follow.

FINDINGS and POLICY DEVELOPMENT INPUT

A. PIT Practice and Regulation in 2009

CTCMA currently regulates approximately 1400 practising members. As a result of a member survey conducted by the College in 2008, it is estimated that about ten percent of registrants may have been performing PIT. Key informant interviews with regulators of TCM or Acupuncture in Alberta, Ontario, Quebec and Newfoundland confirmed the practice as described above is occurring in their respective provinces. A 2008 survey of regulated Acupuncturists in Alberta indicated approximately 28% of respondents to be using PIT. (D. Chu, Oct 20).

PIT is not authorized in legislation for TCM Practitioners or Acupuncturists in any other Canadian province. However, it is recognized and regulated for these practitioners in China, Asia, India, Sri Lanka and parts of Eastern and Western Europe, as well as Arkansas, Colorado, Florida, Washington State, Virginia and New Mexico in the US, where express regulation of PIT is still evolving. PIT is often not expressly regulated outside of the TCM and Acupuncture scope of practice where it is historically considered part of usual basic entry requirements e.g. China, Europe.

On September 12, 2009, the CTCMA Board approved the following resolution.

> *"That the 'Restricted activities' as listed in the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation does not currently include intra-articular injection including synovial fluid replacement therapy/viscosupplementation, epidural injection, facet joint injection, or any other type of intra-articular injection; nor does it include regenerative injection therapy/prolotherapy; mesotherapy/injection lipolysis; or intravenous therapy including intravenous injection, infusion; or nerve blocks of any type. A CTCMA registrant may practice such procedures only if the registrant holds current dual registration with a second College whose Regulations do include such 'Restricted activities'."*

While the College took the above position in the public interest, practitioners are expressing significant concern and urgency regarding resolution of this matter. Their concern reportedly comes from the ongoing need to respond to patients who are requesting continuation of treatment; especially regarding both acute and chronic injury or conditions and the associated pain, impaired mobility, and effect on work, physical activity or hobbies that contribute to their health and well-being.

B. Expanded Policy Backdrop Regarding PIT Use

Assumptions and observations discussed in the literature and reinforced by key informants advance an understanding of the increased provision of and attention to PIT by TCM Practitioners and Acupuncturists in response to public demand and historical practice in Canada that supports policy consideration at this time.

i) PIT is generally considered to be part of the scope of practice of TCM Practitioners, TCM based Acupuncturists, and other health professionals using acupuncture, which may include physicians, registered nurses, naturopathic doctors or dentists. Several experts in musculoskeletal pain strongly assert the "dry needling" used by physical therapists, often for trigger point therapy, is not PIT. (Chan Gunn, 2002, p. 156; Filner, 2008, p. 31; Collet, 2009; Yun-Tao, 2009).

ii) Indications for PIT as practiced by TCM Practitioners and Acupuncturist include

- to treat pain largely related to musculoskeletal injuries, conditions, or disorders, including Myofascial Pain Syndrome (MPS), where contracted muscles contain trigger points (Simons et al, 1999)
- to promote healing from acute and repetitive injury or strain through tissue and ligament regeneration
- to stimulate healing and support in nervous system injury or deterioration
- to harmonize overall energy and resolve imbalances that prevent or interrupt healing; especially associated with neuropathic pain, chronic illness, side effects of chemotherapy or radiation, and stress or grief

- to support and enhance immune or nutritional status, and
- to improve mobility, prevent further disability, and speed recovery, especially for return to work, professional sport or general fitness activity
- According to key informants, in Canada, musculoskeletal pain is the main indication for PIT.

iii) For individual patients, PIT can be the sole, principal or an adjunct treatment in a team approach where patients may be receiving other related services from a range of professionals such as Western medical or naturopathic physicians, dentists, registered nurses, nurse practitioners, chiropractors, or physical therapists.

iv) At a systems level, PIT is increasingly seen by providers, patients and regulators as effective and efficient for the above purposes, less invasive than elective surgery for similar indications, having fewer side effects and significantly fewer adverse effects than some pharmaceutical regimes, having preventive and enhanced healing effects for conditions associated with inactivity or disability, and as influencing energy balance and wellness, a benefit not usually associated with other therapies.

v) Musculoskeletal disorders are the main cause of disability in the working-age population and are among the leading causes of disability in other age groups, consuming significant amounts of health service in surgery, pharmaceuticals, and associated rehabilitation services. Wait times for these services are predictably much longer that that for PIT, often delaying return to work, professional sport or physical activity and providing little relief from side effects of other treatments that progress over time and use.

vi) At a population health level, pain from musculoskeletal injury and conditions is the most prevalent form of acute or chronic pain. According to Alvarez and Rockwell, "About 23 million persons, or 10 percent of the U.S. population, have one or more chronic disorders of the musculoskeletal system" (2002, p. 653). The National Institute of Occupational Health and Safety in the US had affirmed these figures in past reporting (NIOSH, 1997).

vii) According to Bevan et. al., in the September 2009 report, *Fit for work? Musculoskeletal disorders in the European workforce*; across "25 European countries, 100 million Europeans suffer from musculoskeletal disorders, accounting for 49% of workplace absence and 60% of permanent work incapacity in the EU, and musculoskeletal pain costs European economies up to 240 Euros annually" (Bevan, et. al., 2009; UK Work Foundation, 2009).

viii) Current Health Canada Environmental Scan in the Workplace reports 74% of disabilities affecting absenteeism and productivity loss in the workplace are due to pain, and 56% are related to immobility or loss of agility. (Health Canada, 2009a).

ix) Closer to home, Worksafe BC 2008 Stats report 58% of all claims to be related to musculoskeletal pain. Between 2004-2008, the total cost of the 8, 292, 900 million

days lost due to musculoskeletal pain amounted to $1, 417, 211, 000. These costs include short-term disability, long-term disability and survivor benefits, and alarmingly exclude rehabilitation and health care costs. (Worksafe BC, 2008)

x) Given that PIT is mainly used for pain and most frequently musculoskeletal pain in Canada, the use and statistics reflected above support a more thorough look at its wider application in Canada and BC; and in that regard, are a timely consideration of the impact of the regulation of the practice by CTCMA.

C. Observations and Major Themes Arising from Key Informant Interviews

- PIT is historically part of 20th century (modern) TCM scope of practice although not expressly mentioned or tagged, especially in other parts of the world. In Canada, PIT is not deliberately practiced "secretly", but has continued "without issue" in that it has not been the subject of complaints or public inquiries involving TCM Practitioners or Acupuncturists.
- In some jurisdictions PIT is part of basic education, which has included Western based anatomy, physiology and pharmacology.
- In Canada, PIT should not be considered part of basic entry to practice. Should be considered advanced practice, and require certification depending on regulatory framework in province. This consensus of opinion among Canadian TCM and Acupuncture regulators was reflected in their 2008 decision to exclude PIT from basic entry competencies.
- PIT should be referred to as Acupuncture PIT, or Acupoint Technique in order to distinguish it from dry needling or trigger point therapy performed by physical therapists, or mesotherapy or prolotherapy performed by other Western medical providers for their practice purposes. This would also abate the philosophical concern regarding the "creeping Westernization" of TCM, expressed by some respondents, which is debated in the literature especially for legitimization and research purposes. (Fruehauf, 1999, Shea, 2006).
- The question of effectiveness and efficacy of PIT with respect to Evidence-based Medicine (EBM) is somewhat slowed and affected by the larger debate regarding the application of EBM to research regarding TCM, which is increasingly informed by resources such as the Chinese Cochrane Centre established in 2000 in the City of Chengdu, one of 13 research centers world wide compromising the international Cochrane Collaboration for meta-analyses in EBM. (Shea, 2006. p 260).
- Much of the literature supporting PIT effectiveness and efficacy in China, where it is largely used in an integrated East/West model, is in Chinese.
- The regulation of PIT may also require collaboration with other colleges
- Malpractice insurance for practitioners is predictably affected by the regulator's position on the safety and risks associated with PIT
- The umbrella legislation/restricted activities approach, such as the Health Professions Act in BC, obviates and exacerbates the need for express authorization to perform PIT and other activities that fall within the

legislated restricted activities in the respective province.

- A CTCMA decision to seek authorization for the range of restricted activities PIT involves must be informed by a proposed level of educational requirements, practice standards, conditions and limits, that reflects and would regularize rigorous public protection considering the above.

C. 1 Substances Used in Point Injection Technique

- TCM Practitioners and Acupuncturists in Canada obtain pharmacological, medical and TCM herbal supplies from pharmacists, and TCM or Western medical supply companies. Some Western medical physicians refer patients to TCM Practitioners or Acupuncturists for PIT. Such referrals may currently influence pharmacists in the dispensing of drugs of supplies for PIT
- The risks associated with PIT arise from the substances and equipment used in the technique as well as the diagnostic and technical competency of the practitioner, e.g. unintended intravascular or intrathecal injection or unintended nerve blocks, which are serious but rare (Filner, 2008, p. 31). Post treatment pain and discomfort at the site are normal side effects that usually disperse. Adverse effects may include allergic reaction, lingering tissue trauma, side effects that may be contraindicated with patients medical condition (e.g. cardiac effect of local anesthetics in susceptible patients (Collet, 2009), adverse events requiring reversal or emergency response, and infection, among others.
- With respect to the safety of local anesthetics, "trigger point injection appears to be a safe intervention if conducted properly', with nonserious adverse events occurring in about 20 to 30% of patients. (Collet, p.9).
- The clinical activities involved in PIT, including prescription and administration, compounding and dispensing of drugs correspond to controlled acts or restricted activities that require express authorization in most Canadian provinces, e.g. Ontario, Alberta, and British Columbia.
- As products, the substances used for PIT involve regulatory requirements outside the authority of CTCMA, including the regulation of drugs, herbs and natural health products at the federal level, and related provincial legislation.
- "Natural health product (or NHP) is a term used in Canada to refer to a range of health products including: vitamin and mineral supplements, herbal and plant-based remedies, traditional medicines (such as Traditional Chinese Medicines), homeopathic medicines, omega and essential fatty acids and probiotics, " (Health Canada, 2009b), some of which are used in PIT.
- In, *Pharmacists and natural health products: A systematic analysis of professional responsibilities in Canada*, Farrell et. al. (2008) concluded, "Explicit policies or guidelines with respect to natural health products currently exist in the majority of Canadian jurisdictions. For example. British Columbia's Standards of Practice document states: "[a]s experts on prescription and non-prescription medications, today's pharmacists are an integral part of our patients' health care teams" (p. 33). Non-prescription

pharmaceutical products are defined as nonprescription medications, nutrition supplements, health care devices, home care products and complementary and alternative medicines.

- Pharmacy regulators and pharmacists provincially and across Canada are currently duly influenced by authorized scope of practice/restricted activities, and legally recognized "practitioner" status when dispensing Schedule I and Schedule II drugs. With respect to natural health products, those products with a Natural Product Number (NPN) the evolution of the tag "ethical" may also influence pharmacists' dispensing decisions regarding Natural Health Products in future.
- With respect to authorization for drug related restricted activities, there were strong suggestions to limit authority to prescribing and administration for both drugs and TCM herbs (which are to be set out in the proposed Schedule I) and not seek authorization for compounding or dispensing.

D. Key Observations and Major Themes in BC Stakeholder Consultation

- Generally not aware that PIT historically part of existing TCM or Acupuncture Scope of Practice, or that it is being performed in BC
- Based on Proposed Restricted Activities in BC, consistent observation that TCM Practitioners and Acupuncturists do not currently have necessary restricted activities authorization to perform PIT in BC
- TCM and Acupuncture definitions, scopes of practice, and restricted activities reflected in current regulation need to be reconciled with integrated Scope of Practice/Restricted Activities Model, in substance and language
- Same risk factors as cited above, needing public protection through advanced training, standards, limits, conditions, mandatory continuing competence
- PIT seen as advanced practice requiring certification; with attendant standards, limits, conditions, continuing competence requirements, monitoring and enforcement processes in place by regulator
- Strong concern about use of some substances, especially plasma and TCM herbs which may be very risky (suggestion to stay away from blood, plasma) not be sterile, or where ingredients are not reliably known
- Concerns about doing allergy testing or proceeding without allergy testing for some substances
- Implications for members of other colleges will be directly handled by them
- CTCMA advised to move cautiously based on risk
- Other colleges willing to collaborate but can't speak to how until see CTCMA's proposal for regulation and bylaw changes
- CTCMA encouraged to work directly with Professional Regulation at MOH

E. Key Observations and Themes Among Practitioners

- Concern about losing opportunity to provide PIT as many patients growing impatient and suffering in pain, while waiting for services to resume

- In good faith, and in keeping with experience in other jurisdictions, many of those practising PIT have taken a number of continuing education and special training courses for PIT
- Sense of unfairness or lack of opportunity to bring forth PIT as part of scope and restricted activities because not reviewed in new integrated model
- Appreciate clarification from CTCMA in September 12, Board Resolution. However, seen as holding pattern until current "grey area" or confusion about PIT is resolved, hoping CTCMA moves swiftly to regulate PIT
- Understand will need to meeting training requirements, standards, conditions, limits, and some substances or parts of the technique may not be allowed until a later date
- Question whether certification will be required and a grandfathering mechanism will be use for those who have already taken PIT training
- Willing to assist as requested with respect to information provision, education or expertise regarding PIT
- Use Naturopathic Physicians Regulation as a recent and relevant point of reference when discussing restricted activities associated with PIT

DISCUSSION

Policy and Legislative Blueprint for Seeking Authorization for PIT

As recently acknowledged in discussions with the Professional Regulation Branch of the Ministry of Health and immediately observed by other regulators participating in the stakeholder consultation reported above, having not been part of the Safe Choices Review, both in substance and language, the current TCM Practitioners and Acupuncturists Regulation needs to be reconciled with integrated scope of practice/restricted activities model in the reformed Health Professions Act.

More specifically, the background review and consultation process reported above have revealed to CTCMA the following regarding the substance and language of the current TCM Practitioners and Acupuncturists Regulation

- The definitions, scope of practice and restricted activities are deficient and confusing to the public and other colleges, and do not adequately reflect the fullness of both practices historically or currently in Canada and BC.

- The revealed gaps in the definition, scope of practice and restricted activities in the Regulation have interrupted the continuation of activities that historically and currently are established practices for these professions.

- The definition, scope of practice and restricted activities in the Regulation impede the intended collaboration in section 16 (2)(k) of the Health Professions Act, which has enabled other colleges to engage in recent examples resulting in improved service access to the public such as

immunization by pharmacists, the ordering of laboratory test and other diagnostics by nurse practitioners, and the significantly broadened services, including Western and TCM services, authorized for naturopathic physicians.

Other BC colleges and the Ministry of Health have firmly suggested that reconciliation of the current TCM Practitioners and Acupuncturists Regulation with the *Proposed Restricted Activities Under the Health Professions Act* is the path through which to confirm authorization for inclusion of PIT in the practice of TCM Practitioners and Acupuncturists. CTCMA can be further guided in this exercise by the government document *Health Professions Regulatory Reform in BC*, 2009. Other colleges have also offered collaboration in the process, as have key informants.

CTCMA has also been reminded that two outstanding matters with respect to the legislative reconciliation are the Herbal Schedule and the List of Approved Programs for Entry to Practice, which must be worked out with PCTIA.

SUMMARY AND NEXT STEPS

In consideration of the Report of the PIT Task Force and arising from the review process and findings above, three basic policy options are presented as a starting point for policy options appraisal. The writer assumes a final list of policy options will be generated by the SEC, and appraised according to criteria also generated by the SEC, in the usual custom of policy discernment.

A critical and first order decision must precede the above policy discussions. In short, CTCMA must decide whether to consider its policy options and future actions regarding PIT relative to the current TCM Practitioners and Acupuncturists Regulation, or to seek reconciliation with the Proposed Restricted Activities for the Health Professions Act. As the findings have compellingly suggested, reconciliation with the current Health Professions Act is in order and highly recommended.

The following next steps are recommended, assuming ongoing legal advice.

1. CTCMA review and consider the recommendations arising from this policy backdrop, and decide whether or not to seek reconciliation with the current Health Professions Act
2. Based on the decision in Step 1, meet to consider options for regulating PIT in the decided framework, and using agreed policy appraisal criteria.
3. Meet with government and agree steps and timelines for proceeding.
4. Inform members of the process that will be used to decide regulation of PIT.
5. Outline and detail the critical path for PIT regulation, pending legislative framework decided in Step 1; including substantive deliverables to government, ongoing consultation with other colleges, and the initiation of any collaborative approaches that may be required for implementation.

Appendix A Point Injection Technique (PIT): Other Jurisdictions

Definitions /Boundaries

Point Injection Therapy /Technique as Performed by TCM Doctors, Practitioners, Acupuncturists (definition/scope of it)

Main indications/applications

Other names used

Different when applied by medical (Western trained) acupuncturists?

How important is link to TCM?

Other professions using similar or related techniques?

Important distinctions or contrast to draw?

Benefits, Risks, Potential Complications

Examples of the above

Level/ availability of research, evidence?

Effectiveness/Efficacy Issues?

Popularity/Public Uptake?

Public concerns or safety issues/ Public Confidence?

Regulatory Approach

Model

Importance of Authorization, required in regulation?

Part of Regular Scope of Practice or Practice Definition?

Controlled/Reserved/Restricted Activities Involved?

Available to all registrants?

Specialization or Extra Certification Required?

Education/Competency Preparation

Who should **approve** preparation?
Who should **provide** education/competency development?
Examples of current education/competency development courses for PIT
Continuing competency component?

Issues for the Regulator?

Issues for Practitioners?

Anticipated Stakeholder Concerns

Key stakeholders? Main concerns?

Anticipated Government Response

Currently authorized/regulated in your jurisdiction?

Specific restricted activities involved?

Issues for Regulator if Authorized?

Thoughts on Regulatory Approach if Authorized

Policy Framework?
Legislative Authority?
- HPA, Regulation, Bylaws, Certification?

Specific Pathways?
- Scope of Practice
- Title
- Restricted Activities
- Other?

Regulation Processes, Tools?
- Policies
- Registration (specific categories?)
- Standards
- Continuing Competence
- Accreditation/Inspection
- Internal Structures/Administration

Costs and funding? Kinds of costs, quanta, who pays?

Other comments?

Appendix B Briefing Sheet for Meetings with Other BC Regulators

Point Injection Therapy (PIT) An overarching definition that reflects that of Professor Wang Qi Cai Chi, namely, "Acupoint injection technique deals with injecting various medications into acupuncture point or the area of pathological changes."

A profile of substances currently used in practice in Canada, includes, but may not be limited to

- Vitamins B1, B6, B12, C
- Lysine
- Saline
- Dextrose
- Local anesthetics (usually procaine)
- Plasma (autoimmune)
- TCM herbs

Sometimes associated with mesotherapy or prolotherapy; especially when used by other professionals such as physicians, naturopathic physicians, registered nurses, dentists, and as recently authorized, immunization by pharmacists.

Main indications in TCM: pain, acute or chronic, tissue injury or damage, (e.g. trigger point therapy) enhancing acupuncture or TCM herbal effect. Stimulates healing.

PART OF TCM FRAMEWORK

- Regularly practiced in China, other parts of Asia, (India, Sri Lanka) Europe
- Reportedly occurring in US and Canada
- Authorized and regulated in some states, (Arkansas, Colorado, Florida, Washington State, Virginia, New Mexico)
- Definitely occurring in BC, CTCMA wishes to define and regulate it in BC
- CTCMA will regulate in public interest based on safety, effectiveness and efficacy (see attached Sept 12 Board Resolution). Will make sure all other necessary regulatory mechanisms are in place, e.g. policy, restricted activities, standards, competencies, registration, monitoring, continuing competence, etc.

>TCM and Acupuncture Scope of Practice in BC (in scope)
>Additional Restricted Activities Authorizations Required
>Education and Competency Requirements will be developed
>Standards, Limits and Conditions will be developed
>Collaboration with other Colleges will be initiated

Appendix C Point Injection Technique (PIT) Practitioners

Definitions /Boundaries

Point Injection Therapy /Technique as Performed by TCM Doctors, Practitioners, Acupuncturists (definition/scope of it)

Main indications/applications

Other names used

Different when applied by medical (Western trained) acupuncturists?

How important is link to TCM?

Other professions using similar or related techniques?

Important distinctions or contrast to draw?

Benefits, Risks, Potential Complications

Examples of the above

Level/ availability of research, evidence?

Effectiveness/Efficacy Issues?

Popularity/Public Uptake?

Public concerns or safety issues/ Public Confidence?

Regulatory Approach

Model

Importance of Authorization, required in regulation?

Part of Regular Scope of Practice or Practice Definition?

Controlled/Reserved/Restricted Activities Involved?

Available to all registrants?

Specialization or Extra Certification Required?

Education/Competency Preparation

Who should **approve** preparation?
Who should **provide** education/competency development?
Examples of current education/competency development courses for PIT
Continuing competency component?

Issues for the Regulator?

Issues for Practitioners?

Anticipated Stakeholder Concerns

Key stakeholders? Main concerns?

Anticipated Government Response

Currently authorized/regulated in your jurisdiction?

Specific restricted activities involved?

Issues for Regulator if Authorized?

Thoughts on Regulatory Approach if Authorized

Policy Framework?
Legislative Authority?

- HPA, Regulation, Bylaws, Certification?

Specific Pathways?

- Scope of Practice
- Title
- Restricted Activities
- Other?

Regulation Processes, Tools?

- Policies
- Registration (specific categories?)
- Standards
- Continuing Competence
- Accreditation/Inspection

- Internal Structures/Administration

Costs and funding? Kinds of costs, quanta, who pays?

Other comments?

Appendix D Participants in Data and Information Collection

Key Informants: Other Jurisdictions

The following participated in telephone interviews based on an interview schedule (Appendix A) sent in advance. Some followed up by email with further information.

Date	Organization	Participants
Oct.7	Ordre des Acupuncteurs de Quebec	>Raymond Bourret, President >Francois Houle, Director General et Conseiller Juridique
Oct. 13	Transitional Council. College TCM Practitioners and Acupuncturists Ontario	>Emily Cheung, Registrar >Joanne Pritchard-Sobhani, Board Member and Practitioner >Dr. Cedric Cheung, Board Chair, Practitioner
Oct. 19 Oct. 20	Alberta Ministry of Health and Wellness	>Heather Cameron, Registrar > Dr. David Chu, Practitioner, and Member, Alberta Acupuncture Ctte.
Oct. 20	Chinese Medicine and Acupuncture Assoc., Nfld. and Labrador	> Ethne Munden, President
Oct 28	Acupuncture Foundation of Canada institute	>Dr. Linda Rapson, MD, CAFCI, President President, Ontario Society for Physicians of Complementary Medicine OMA Complementary Medicine Section

Other Key Informants:

Dec. 1	Dr. John Stan, President	Eastern Currents (TCM Supplies)
Dec. 3	Dr. John O'Neil	Dean, Faculty of Health Sciences

		Simon Fraser University
Dec. 15	Carole Bouchard, B.Pharm	National Association of Pharmacy Regulatory Authorities (pending)

Stakeholder Consultation: Other BC HPA Colleges

Date	Organization	Onsite Participants
Oct. 1	CNPBC	Mr. Howard Greenstein, Registrar
Nov.4	CPSBC	Dr. Heidi Oetter, Registrar, CPSBC Dr. Bob Vroom, Deputy Registrar
Nov.9	CDSBC	Ms. Heather MacKay, Registrar
Nov. 10	CPBC	Mr. Marshall Moleschi, Registrar Ms. Doreen Leong, Director Registration, Special Projects
Nov. 13	CRNBC	Ms. Mary Shaw, Senior Policy Advisor

Stakeholder Consultation: CTCMA Registrants

Date	Practitioner	Practice Location
Sept 29	Dr. Andrew Taylor, Dr.TCM	Coquitlam
Nov. 17	Laura Formaggia, RAc	Salt Spring Island
Oct. 28	Dr. Philippe Souvestre, RAc	Vancouver
Nov. 29	Dr. Chris Vallee, Dr.TCM	Coquitlam

BC Government

Nov. 30	Ministry of Health Services (with Mary Watterson)	Daryl Beckett, Director Professional Regulation Christine Massey, Executive Director

Appendix E **References**

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Jodouin, Laurianne HLTH:EX

From: Mary Watterson <registrar@ctcma.bc.ca>
Sent: Friday, March 12, 2010 2:18 PM
To: Beckett, Daryl K HLTH:EX
Subject: RE: Message from Government

Thanks very much Daryl.

I hope that you are able to have some serious R&R over the weekend.

Kindest regards, Mary

From: Beckett, Daryl K HLTH:EX [mailto:Daryl.Beckett@gov.bc.ca]
Sent: March 12, 2010 9:39 AM
To: Mary Watterson
Subject: RE: Message from Government

Hi Mary. This looks OK except last para – s.13
s.13
s.13 The
Ministry would like to be assured that the profession has had a full opportunity to review what the college is submitting to govt and that the college submission reflects or accommodates the profession's concerns where possible/appropriate but if that's not possible based on the college's assessment of what is in the public interest, so be it, and the profession can take up the unresolved matters directly with the Ministry in a separate submission.

Daryl Beckett
Director, Professional Regulation
BC Ministry of Health Services
250-952-2303

From: Mary Watterson [mailto:registrar@ctcma.bc.ca]
Sent: Thursday, March 11, 2010 5:20 PM
To: Beckett, Daryl K HLTH:EX
Subject: Message from Government

Hi Daryl

Thank you for your time, wisdom and kind guidance – below is the "paragraph" re taking a message to the associations

s.13

With many thanks, Mary

Mary Watterson
Dr. TCM, Registrar
CTCMA
1664 West 8th Avenue
Vancouver, BC V6J 1V4
Tel: 604-738-7100
Fax: 604-738-7171
Email: registrar@ctcma.bc.ca
Website: www.ctcma.bc.ca

Mary Watterson
Dr. TCM, Registrar
CTCMA
1664 West 8th Avenue
Vancouver, BC V6J 1V4
Tel: 604-738-7100
Fax: 604-738-7171
Email: registrar@ctcma.bc.ca
Website: www.ctcma.bc.ca

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Jodouin, Laurianne HLTH:EX

From:	Mary Watterson <registrar@ctcma.bc.ca>
Sent:	Thursday, October 6, 2011 8:45 AM
To:	Beckett, Daryl K HLTH:EX
Cc:	Frances Picherack
Subject:	Re: CTCMA Regulation Amendment Proposal: Update/Backgrounder
Attachments:	CTCMA Regulation Amendment Backgrounder Updated Oct 5 2011.pdf

Dear Daryl

For the purposes of our upcoming meeting, please see an updated Regulation Amendment Proposal Backgrounder which goes beyond the Interim Working Group (IWG) Summary Report to the Board. Further enriched by a recent round of consultation with other relevant HROs regarding our next steps, it outlines our commitment to continued collaboration in the Shared Scope of Practice Model with other HROs; as we describe the standards, limits and conditions associated with the restricted activities we are seeking authorization for, in the proposed amendment.

As this document largely incorporates the contribution of the IWG, I hope it will suffice as a summative updater for your purposes at this time.

I look forward to our pending meeting in the near future. Please let me know if you are available October 18, 19, or 20.

Kindest regards

Mary

Mary Watterson
Dr. TCM, Registrar

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

CTCMA Regulation Amendment Backgrounder, October 5, 2011

A. INTRODUCTION AND BACKGROUND

In 2009, as a result of verification that certain unauthorized practices were being increasingly commonly performed by a number of registrants, CTCMA (the College) notified government of the need to review the *Traditional Chinese Medicine Practitioners and Acupuncturists Regulation (the Regulation)* with respect to scope of practice, restricted activities, standards, limits and conditions, and definitions. While Point Injection Technique (PIT) was the major catalyst for policy analysis and recommendations, the Board's background and literature reviews, stakeholder consultation and dialogue with government also included two Bylaw matters that are outstanding as Schedules to the Regulations, namely,

- Schedule "H", regarding approved education providers for Registration purposes, which is currently in trial implementation, and
- Schedule "I", TCM herbs that only designated registrants would be authorized to use in their practice as CTCMA registrants.

On March 6, 2010, the CTCMA Board approved the following resolution.

"That CTCMA seek a new regulation with respect to restricted activities and/or amendments to ss. 1 and 4 – 6 of the Traditional Chinese medicine Practitioners and Acupuncturists Regulation (the Regulation) pursuant to section 55(2) of the Health Professionals Act (HPA) with respect to restricted activities and necessary amendments to the CTCMA Bylaws under section 19 of the HPA with respect to restricted activities and changes to the Schedules."

Policy Imperatives for the Significance and Timing of Regulation Proposal

1. CTCMA registrants who had been performing unauthorized restricted activities included in the September 12, 2009 Board Resolution regarding unauthorized practice are very concerned (as are their patients) with **the potential impact on health and therapeutic outcomes for their patients of the lack of access due to discontinuation of these services,** pending further notification from the College.

2. The College has experienced a number of concerns regarding the quality of educational preparation for registrants in British Columbia, which have manifested a need for more active scrutiny of educational providers for public protection purposes. Through a process of attestation, inspection, and compliance monitoring, Schedule H will enable the College to transparently monitor and intervene regarding safety & quality issues with education providers, and thereby reduce a host of challenges in the registration process as a result.

3. A variety of concerns have also been raised, primarily through the complaints process, regarding the safe use of Traditional Chinese Medicine (TCM) herbs. A list of TCM herbs that only certain registrants can prescribe or administer Schedule I) in conjunction with standards, limits, and conditions set out in regulation will enable the College to regulate in this high-risk area.

The current Traditional Chinese Medicine Practitioners and Acupuncturists Regulation, was not included in the review and report, "Safe Choices: A new Model for Regulating Health Professions in British Columbia." As pointed out by key stakeholders and government, the Regulation needs to be retrofitted to the current Health Professions Act and Regulation.

B. STANDARDS, LIMITS, CONDITIONS FOR CTCMA RESTRICTED ACTIVITIES

IN 2010, As a result of meetings with government and further consultation with relevant Health Regulatory Organizations (HROs) that had been involved in the CTCMA consultation process to date; the need to develop standards, limits and conditions for some of the restricted activities for which authorization was being sought was identified. Observing the experience of other colleges who had met these requirements and on the advice of government, in October of 2010 CTCMA established an Interim Working Group (IWG) to address this next level of regulation development. Comprised of practicing members of select colleges and CTCMA practitioners, the IWG was to design and recommend standards, limits and conditions for the practice of specific restricted activities generally or in specific practice areas, and in particular those associated with Point Injection Therapy.

The Terms of Reference (Appendix A) and Membership of the IWG (Appendix B) are attached. The IWG met three times between November 2010 and March 2011. Members provided extensive input and advice from relevant practice or regulatory experience of colleges whose regulations have come into force under the Health Professions Act (HPA).

C. IWG REVIEW PROCESS AND FINDINGS

CTCMA Regulation Proposal Restricted Activities Template (Appendix C)

Appendix C presents the draft proposed restricted activities authorizations for the CTCMA Regulation Amendment based on the March 19, 2010 Consultation Draft of the Health Professions General Regulation Restricted Activities. Based on their experience, IWG members reviewed, revised and confirmed content in each of the columns and rows of the table. This lead to generation of what was needed and might be suitable in the last column, based on the experience of other colleges and endorsement by government of approaches to standards, limits and conditions.

CTCMA Restricted Activities and Risk Clusters

The IWG recognized that all restricted activities by definition involve risk and the potential for harm. The necessary and beneficial impact of effective regulation in reducing or managing both was also assumed by the IWG. With a view to the above, practice related risk clusters derived from the nature of the proposed restricted activities were identified to include:

Invasive Procedures (IP)

Infection Prevention and Control (IPC)

Drugs and Substances (D and S)

Ultrasound, Laser, X-ray (ULX)

Drugs, Substances and TCM Herbs (D, S and TCM Herbs)

Basic or Advanced Cardiac Life Saving (BCLS, or ACLS)

Review of Approaches to Standards, Limits and Conditions by Other HROs

Having considered the need for standards, limits and conditions to be in place for the risk clusters set out above for CTCMA restricted activities, the IWG explored and reviewed the approach of other HROs that had authorized a similar set of restricted activities.

IWG provided written input, HRO documents and valuable discussion on standards, limits and conditions associated with restricted activities established by

- College of Physicians and Surgeons of BC: CPSBC
- College of Registered Nurses of BC: CRNBC
- College of Pharmacists of BC: CPBC
- College of Naturopathic Physicians of BC: CNPBC

The regulations of each of these colleges under the HPA are available online, as are the associated documents that set out requirements, guidance, and ongoing communications and supports for members for monitoring purposes.

The regulatory approach to standards, limits and conditions related to the restricted activities in each profession's Regulation were summarized by the IWG and included in a summary report of the IWG to the CTCMA Board in June and September of 2011.

The IWG Report observed that different HROs have different approaches to how they identify and structure standards, limits and conditions for restricted activities. Factors influencing the different approaches appear to be:

- the scope of practice of the profession and categories of registrants
- the nature and range of restricted activities authorized
- the classifications of practice roles or settings (e.g. community pharmacy), and
- the category of registrants (e.g. registered nurses and nurse practitioners)

Some restricted activities have only associated standards, some have standards, and limits, and some have standards, limits and conditions.

Some colleges have associated schedules attached to the regulation. Some have them set out in Bylaws.

D CTCMA APPROACHES TO STANDARDS, LIMITS AND CONDITIONS

Having considered experience of other HROs and the nature of risks in the draft CTCMA Restricted Activities, the IWG identified the practice related categories for standards, limits and conditions associated with each restricted activity, adding Advanced Cardiac Life Saving (ACLS) where required (see column 5 in Appendix C.)

Appendix C was expanded to identify which risk cluster each restricted activity is associated with, in Column 5. For its regulatory purposes, CTCMA also realizes not all restricted activities will require that express standards, limits or conditions be established, also reflected in Column 5 of Appendix C.

As with other Health Regulatory Organizations, (HROs), standards, limits and conditions associated with specific restricted activities will be developed by the College in keeping with the regulation amendment approved by government, CTCMA also recognizes at this time that not all

practice categories will be able to perform all restricted activities. It also acknowledges that further education or training, and in some cases Board certification may be necessary for the performance of certain restricted activities. In support of collaborative practice, CTCMA will continue to consult with other HROs in developing these regulatory parameters as needed, through the network established with the IWG; establishing formal structures where appropriate.

E. SUMMARY AND NEXT STEPS

With the guidance and support of the IWG, CTCMA has identified the restricted activities it will seek authorization for, through an amendment to the *Traditional Chinese Medicine Practitioners and Acupuncturists Regulation.* As recommended by the IWG, CTCMA will continue to pay close attention to the approaches of CPSBC, CRNBC, CPBC, and CNPBC as it develops the standards, limits and conditions and any associated training and education requirements, including Board certification as necessary; for this purpose.

In the spirit and interest of the shared scope of practice model and collaborative practice it will also actively collaborate with specific HROs along the way. In preparation for further discussions with government at this time regarding the Regulation Amendment Proposal, next steps for CTCMA include:

- Identify the policy structure and regulatory components (bylaws, associated schedules, , committees, programs and operational tools best suited to CTCMA based on a shared scope of practice model, proposed restricted activities authorizations, and standards, limits and conditions (including Board certification where necessary) for the pending Regulation amendment proposal.

- Consult with registrants on key elements of the Regulation Amendment Proposal.

- Continue to investigate continuing education and training courses already developed for possible use by CTCMA in the regulation of the proposed Shared Scope of Practice, Restricted Activities and standards, limits and conditions; in the Regulation Amendment Proposal.

- Continue to collaborate with other HROS and in particular CPSBC, CRNBC, CPBC, and CNPBC in the spirit of the Shared Scope of Practice model, and collaborative regulation to support collaborative practice; toward the provision of safe, ethical and effective services by CTCMA registrants in an increasingly integrated BC health system.

Jodouin, Laurianne HLTH:EX

From: Mary Watterson <registrar@ctcma.bc.ca>
Sent: Wednesday, July 2, 2014 5:20 PM
To: Beckett, Daryl K HLTH:EX
Cc: Frances Picherack (fpicherack@gmail.com); Jonathan Ho
Subject: Meeting July 7, 2014 at 2:00 pm CTCMA Offices
Attachments: CTCMA MoH Strategic Policy Context 2014-rev2.pdf

Hi Daryl

The following is a list of items sent as an informal agenda for our meeting July 7th – you may wish to add items as well:

Draft Proposed Regulation Amendment

1. Process Update
2. Ministry's Direction
3. Draft Proposal May 2014 draft?
4. Next Steps

Attached are in-house *Notes on the Ministry of Health Strategic Policy Context* for reference to agenda item #2 above.

As mentioned previously, CTCMA attendees are Frances Picherack (Consultant) and Jonathan Ho (Staff Coordinator) and myself. We look forward to meeting with you.

With thanks and kindest regards

Mary

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

CTCMA: Notes on Ministry of Health Strategic Policy Context: June 30, 2014

The following notes were produced to capture for CTCMA a current working understanding of the relevance of the strategic framework and priorities that are shaping the policy context for current discussions with Ministry of Health (MoH) staff, in advance of official submission of the Proposed TCMPA Regulation Amendment to government.

There are three foci in the notes for CTCMA purposes at this time:

A. Relevance to professional regulation
B. Relevance to submission of draft Proposed TCMPA Regulation Amendment
C. Relevance to process CTCMA should use in newly formed Professional Regulation and Oversight Branch for official submission.

The notes are derived from 3 sources:

1. Email from Ted Patterson (TP), A/Assistant Deputy Minister, Health Sector Workforce Division (HSWD) dated May 6, 2014, to the HROs (now HPRBC) reminding that, "The Ministry of Health has recently confirmed a revised set of strategic priorities in its document, "Setting Priorities for the BC Health System -A Health System Planning Guide" February 2014. He also states that, **"Effective health human resources is a key driver for the creation of the Health Sector Workforce Division"** for which he is responsible. He also introduces Mark McKinnon as Executive Director of the newly named Professional Regulation and Oversight Branch within that division.
2. Minister of Health's Mandate Letter, Accountability Statement and Setting Priorities: Planning Guide February 2014, mentioned above.
3. Power Point Presentation by Ted Patterson to HPRBC Meeting, June 19, 2014, entitled "Setting Priorities for the BC Health System."

Background

CTCMA is now in its final stage of consultation regarding the proposed TCMPA Regulation Amendment. On June 9, the CTCMA Board resolved that, *"The revised draft proposed Regulation Amendment be used as the version for any remaining consultation before final approval by the Board, in advance of official submission to government".*

This final stage of consultation involves two major stakeholders, namely; HPRBC and select individual colleges whose members likely collaborate in practice regularly with CTCMA registrants; and government, namely, the Ministry of Health. Both of these are major stakeholders with significant potential influence on what the official submission of the proposed Regulation Amendment will look like. Given that only government makes legislation, the Ministry of Health and legislative counsel will be primary in their influence. Individual HROs will also have the opportunity to respond to government once the draft Regulation Amendment is posted for stakeholder consultation on the government website.

The Ministry website has provided clear guidance with respect to the model and structure for regulations under the HPA. Ministry staff also work under a mandate, policy directions and priorities set by the current government, which must also be understood. For that

purpose understanding the context the three sources above create is vital to the College's understanding of how government's current policy interests could affect our submission.

Policy Overview Relevant to Professional Regulation and Oversight

Reviewing the above three sources, key features of the current policy thrust in the Ministry of Health are:

a. According to the Minister of Health in his Accountability Statement, "Government is committed to ensuring that British Columbians both now and in the future have access to quality health services – services that are **effective, appropriate, safe, accessible and acceptable.**" This includes a shared, cross-sector commitment to providing patient-centered care, in which care is about the patient and responsive to their individual needs and **values.**" In the Executive Summary of the February 2014 Planning Guide, the Minister also states, "The Ministry of Health has positioned itself to deliver on its mandate and contribute to our government's vision of a strong economy and secure tomorrow.

b. Setting **priorities** for the BC Health System, February 2014: pp. 12
1. Patient –centered Care: shift the culture of health care from disease-centered and provider-focused to being patient-centered
2 Targeted and effective primary prevention and health promotion through a coordinated delivery system, based on the Healthy Families BC Strategy
3. Provincial system of primary and community care built around inter-professional teams and functions with a strong focus on those with high health support needs
4. Strengthen the interface between primary and specialist care and treatment
5. Provide timely access to quality diagnostics
6. Continue to drive evidence-informed access to clinically effective and cost-effective pharmaceuticals
7. Examine the role and functioning of the acute care system focused on driving inter-professional teams and functions with better linkages to community health care
8. Increase access to an appropriate continuum of residential care services that is responsive to individual and changing health care needs.

c. The priorities require a shared understanding of several key concepts, P. 9-12

- Who are populations and patients? **CTCMA registrants deal with all groups**
- What makes up the range of health services within the B.C. health system? **CTCMA registrants provide all these services**
- What does quality refer to? Quality is defined as same values Minister gave in Accountability Statement: **effective, appropriate, safe, accessible and acceptable.** P. 12. Definition of safety highly relevant to professional regulation: **"Avoiding harm resulting from care."**
- Why is sustainability an issue? Demand and challenges with respect to resources
- How understanding the link between operations, continuous improvement, strategy, innovation, enablers and constraints is fundamental to successful strategic execution. Outlined in June 19, 2014 presentation to HPRBC; collaborative culture and stakeholder engagement with the Ministry. **Regulators not mentioned here.**

d. Populations and services most in need of attention: Low numbers but high users: People receiving cancer treatment; The frail senior population living in residential care;

People with medium or highly complex chronic conditions; and patients with severe mental illness and/or substance use; disability. **CTCMA registrants serve all these populations.**

e. In his letter of May 6, 2014 to the HPRBC, Ted Patterson also states:
"One of my priorities over the coming months will be to take a fresh look at our approach to regulation and oversight of health professions, and I would like to engage you in this process. I see some significant opportunities in terms of the role of regulation and oversight in supporting the patient-centered, continuous improvement approach set out in the *Planning Guide*, and as such I will be adding some additional resources in the months ahead to strengthen the regulation and oversight policy function within the Ministry. As a first step, I have appointed Mark MacKinnon as the Executive Director to lead what will be a refocused Professional Regulation and Oversight Branch."

A. Relevance to Professional Regulation and Oversight

- Branch name now includes Oversight
- More effective approach to Health Human Resources a major priority
- TP will be taking a fresh look at approach to professional regulation and oversight of health professions, and wishes to engage HPRBC
- Division and Branch will now be embracing Ministry's priorities, as set out above from Priorities and Planning Guide, 2014, and engaging HPRBC

B. Relevance to Submission of draft Proposed TCMPA Regulation Amendment

- Collaborative regulation: nonexclusive scope/shared restricted activities model stands, and is in alignment with Ministry Priorities and Strategies
- Patient-centered, not provider-centered
- About accountability, not provider rights
- Collaboration among sectors and across professions expected
- Safety is defined as "preventing harm associated with care": reinforces restricted activity model, and acknowledges risk and potential harm associated with care. Also emphasizes key role of standards, limits and conditions in ensuring safety, i.e. prevention of harm associated with care.

C. Relevance to Communication/Consultation with "refocused" professional Regulation and Oversight Branch, with new Executive Director

1. What was the rationale for adding "Oversight" to the name of the Branch? What was the intent and how will it manifest? What does this mean for the colleges?

2. Given the new branch, what would the process be in this stage of final consultation and official submission of the TCMPA Regulation amendment proposal to the Ministry?

Jodouin, Laurianne HLTH:EX

From: Mary Watterson <registrar@ctcma.bc.ca>
Sent: Wednesday, August 20, 2014 4:29 PM
To: Beckett, Daryl K HLTH:EX
Subject: Proposal for Regulation amendment
Attachments: RATF Regulation Amendment-v26.docx

Hi Daryl

Thank you again for meeting with us last month.

It was very helpful, and in follow up, attached is a revised draft of the proposal. Any comments/suggestions would be greatly appreciated.

We will begin drafting the narrative once we have a revised proposal to work from.

With many thanks as always,

Mary

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

Backgrounder: Rationale/Key Drivers for TCMPA Regulation Amendment

The College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA, the College) was established in 1999 through an expansion of the College of Acupuncturists of British Columbia, which had been established in 1996 based on the November 1993 Health Professions Council Recommendation on the Designation of Acupuncture. The CTCMA board performs its governance and regulatory duties under the Health Professions Act (HPA), the Traditional Chinese Medicine Practitioners and Acupuncturists (TCMPA) Regulation, and the CTCMA Bylaws. Registration with CTCMA has been mandatory for all TCM Practitioners and Acupuncturists since April 12, 2003. It currently regulates 1620 registrants under the reserved titles of acupuncturist, traditional Chinese medicine practitioners, traditional Chinese medicine herbalists, and doctor of traditional Chinese medicine.

Need for a Proposed Regulation Amendment of the Traditional Chinese Medicine and Acupuncturists (TCMPA) Regulation

Three key factors have served as necessary drivers for the proposed regulation amendment of the current TCMPA Regulation currently being contemplated by CTCMA.

1. In 2008-09, a Task Force established by the College on the frequency and distribution of the use of Point Injection Technique (PIT) by registrants of the College demonstrated that approximately ten percent collectively of TCM doctors, TCM practitioners and acupuncturists were performing services that involved the use of restricted activities that were part of the current scope of practice of traditional Chinese medicine, but not recognized in the TCMPA regulation at the time.

2. The profession of traditional Chinese medicine practitioners and acupuncturists was not included in the 2001 *Safe Choices Review* by the Ministry of Health in 2001, and to date the scope of practice of this profession has not been reviewed with respect to the Shared Scope of Practice/Restricted Activities model in the new Health Professions Act when the CTCMA PIT Task Force reported to the Board in 2009.

3. In its *Recommendation on the Designation of Traditional Chinese Medicine* to the Minister of Health in 1998, the Health Professions Council observed that, "Some of the substances used in TCM formulas may be toxic in certain combinations and could thus cause adverse effects in patients. The Council observed that, "The precise determination of these substances needed to be finalized," and further recommended that, "a list of substances used in TCM formulas which carry a high potential for adverse consequences" be established. The council further recommended that, "The reserved act of prescription according to TCM principles of TCM formulas that include those substances be included as a reserved act on the Council's list of reserved acts, and that this reserved act be recommended for members of a college of TCM.''

Gregg, Andrea HLTH:EX

From: XT:HLTH registrar@ctcma.bc.ca
Sent: Tuesday, October 7, 2014 2:05 PM
To: MacKinnon, Mark HLTH:EX
Cc: Frances Picherack (fpicherack@gmail.com); Jonathan Ho
Subject: Meeting Request
Attachments: TCMPA Regulation Amendment Backgrounder-2014-10.pdf; 2014-10-07ChronologyRegAmendGeneral-rtg.pdf

Dear Mark.

Congratulations on your newly appointed position as Executive Director, Professional Regulation and Oversight, Health Sector Workforce Division.

We have met at the Health Profession Regulators meeting recently, albeit informally . As Registrar/CEO of the College of Traditional Chinese Medicine Practitioners and Acupuncturists (CTCMA) please allow me to introduce myself.

I am a traditional Chinese medicine doctor. I have been involved with the regulation of traditional Chinese medicine and acupuncture in BC, federally, and internationally for thirty years. I have been registrar/CEO of CTCMA for eight years.

For the past six years, CTCMA has been working on retrofitting our Regulation to the Shared Scope of Practice/Restricted Activities Model in the HPA. During this time, we have had a number of meetings with the Professional Regulation Branch, primarily with Daryl Beckett. The College has been working on a regulation amendment in close consultation with government, especially with respect to substantive stakeholder consultation and the examples of other professional regulations that have come into force under the HPA.

The purpose of this email is to arrange a meeting to discuss our regulation amendment process and in particular the key drivers for change that make the amendment both significant and increasingly urgent for public protection and collaborative regulation purposes with other regulators, about services performed by our registrants that are already in our scope of practice, but not authorized in the current TCMPA regulation.

The attached one page backgrounder summarizes the key factors and drivers that make the proposed CTCMA regulation amendment significant and urgent for public protection and collaborative regulatory purposes.

In my current capacity, I have watched with interest the renewed attention to professional regulation and indeed oversight as part of the Ministry's focus on health human resources, in keeping with the Minister's Mandate Letter, the BC health System Planning Guide and Ted Patterson's presentation on Setting Priorities for the B.C Health System, presented to HPRBC in June.

You will also note in the attached Chronology of processes and events associated with the development of the regulation amendment proposal that we are in the final stages of consultation with government and select HROs, in anticipation of submission to government this fall. Hence, the very timely nature of our meeting at this time.

I look forward to meeting with you at your earliest convenience either in Vancouver or Victoria to ensure CTCMA benefits from your feedback, advice and any other assistance you may provide to advance this

important safety priority for patients using the services of traditional Chinese medicine practitioners and acupuncturists in BC.

Thank you in advance for your attention and anticipated response to the above request.

Kindest regards

Mary

Mary Watterson
Dr. TCM, Registrar

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TCMP REGULATION AMENDMENT PROCESS CHRONOLOGY 2008 - 2014

Task Force: Point Injection Therapy (PIT) 2008 – 2009

- to report on the current state of point injection therapy practice and regulation in other jurisdictions, including Asia, Europe, the US and Canada (including other provinces)
- 2008 CTCMA survey reported almost 10% of registrants are using point injection
- Report: *Acupuncture Point Injection Techniques, Current Practice & Regulation Status* April 15, 2009

CTCMA Commissioned Research Paper

- *Efficacy and Safety of Local Anesthetic Trigger Point Injection for Myofascial Pain* by Dr. Jean Paul Collette, Professor and Assoc. Head Research, Department of Pediatrics, UBC.

Board Resolution September 2009

"That the 'Restricted activities' as listed in the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation does not currently include intra-articular injection including synovial fluid replacement therapy/viscosupplementation, epidural injection, facet joint injection, or any other type of intra-articular injection; nor does it include regenerative injection therapy/prolotherapy; mesotherapy/injection lipolysis; or intravenous therapy including intravenous injection, infusion; or nerve blocks of any type.

A CTCMA registrant may practice such procedures only if the registrant holds current dual registration with a second College whose Regulations do include such 'Restricted activities'."

CTCMA Commissioned Report *Point injection Technique and Policy Implications for CTCMA 2010*

- Consultant: Petrine Consulting
- key informant interviews with Registrars and Board members across Canada where TCM and acupuncture are regulated
- stakeholder interviews conducted with the Registrars and/or designates for the BC colleges of physicians and surgeons, pharmacists, nurses and nurse practitioners , dentists, and naturopathic doctors
- stakeholders advised the College that CTCMA should be seeking changes to the current Traditional Chinese Medicine Practitioners and Acupuncturists Regulation, beyond just PIT to get any necessary authorization in the current integrated scope/restricted activities model and should develop the necessary standards, limits or conditions for regulating authorized restricted activities being sought

Meeting with Ministry of Health – Director, Professional Regulation - November 2009

Agenda: Regulatory Reform; Regulation Amendments; Outstanding Schedules for bylaw purposes: Schedule "H" approved education providers for Registration purposes, and Schedule" I", TCM prescription herbs On March 6, 2010, the CTCMA Board approved the following resolution

Board Resolution March 2010

"That CTCMA seek a new regulation with respect to restricted activities and/ or amendments to ss. 1 and 4 – 6 of the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation (the Regulation) pursuant to section 55(2) of the Health Professions Act (HPA) with respect to restricted activities and necessary amendments to the CTCMA Bylaws under section 19 of the HPA with respect to restricted activities and changes to the Schedules."

Board Resolution May 2010

"CTCMA recognize PIT as appropriate service provision for registrants who have successfully completed advanced practice requirements approved by the College, which may or may not require certification by the College, and that CTCMA seek the regulatory authority to effect same in the new regulation and other amendments referenced in the Resolution."

Meetings with Ministry of Health – Director, Professional Regulation - September and November 2010

Agenda: Recommendations/considerations: HRO Consultation and working groups; approaches to standards, limits, conditions; drafting proposals to Regulation amendment; review of work to date

Interim Working Group (IWG) November 2010 – June 2011

- Members: CTCMA registrants with participating registrants from registered nurses, pharmacists, naturopaths and medical doctors.
- Comprised of practicing members of select colleges and CTCMA practitioners, the IWG was mandated to design and recommend standards, limits and conditions for the practice of specific restricted activities generally or in specific practice areas, and in particular those associated with Point Injection Therapy.
- Meetings: November 2010, January 2011, March
- Report: Submitted to Board June 2011

Board Resolution October 2011

> *That the Board directs the Quality Assurance Committee and the Standards of Education Committee to form a task force of members of their choosing and to include a majority of registrant members to undertake the following mandate:*
> *Identify the policy structure and regulatory components (bylaws, associated schedules, committees, programs and operational tools) best suited to CTCMA based on a shared scope of practice model, proposed restricted activities authorizations, and standards, limits and conditions (including Board certification where necessary) for the pending Regulation amendment proposal.*
> *Assess the best methods to obtain feedback in consulting with registrants on key elements of the Regulation Amendment Proposal.*

Regulation Amendment Task Force (RATF) meetings November 2011-August 2012

- Meetings: November, December 2011, August 8, 2012
- Mandate focus: to develop strategies and procedures to facilitate communication and feedback from CTCMA registrants
- Recommendation: That CTCMA members of the IWG reconvene in order to develop more detailed information on the Proposed Regulation Amendments, including recommendations on optional approaches to developing standards, limits and conditions

Interim Working Group 2 (IWG 2) April – August 2012

- Meetings: March, April, May 2012
- Report to RATF: July 13, 2012

Ministry of Health – Communication Updates: Director, Professional Regulation 2012- present

Regulation Amendment Task Force Activities and Consultation Process: September 2012- October 2014

- Continuation of RATF meetings: August, September, October, November and December 2012
- Board resolution January 7, 2013: *That the Board approve the Consultation Draft and Summary of Key Changes recommended by the RATF Members. On approval the RATF will submit a Communications plan and budget for the Consultation Phase of the Project.*
- Meetings continued: February, April, September, October, November 2013; March 20 and May 12, 2014
- Communications Plan: Community leaders introduction; Registrant On-line Consultation Survey; Registrant Focus Group; redrafting proposed Regulation Amendment based on feedback and analysis
- Board resolution June 9, 2014: *That the revised draft proposed Regulation Amendment be used as the version for any remaining consultation before final approval by Board in advance of official submission to government.*
- Next Steps: Meet with Ministry of Health Executive Director of Professional Regulation and Oversight to update and discuss process and substance of assumed regulation amendment proposal; to undertake final phase of consultation with other health regulatory colleges; final revisions and Board approval for submission to Government

Gregg, Andrea HLTH:EX

From: XT:HLTH registrar@ctcma.bc.ca
Sent: Wednesday, October 15, 2014 5:12 PM
To: MacKinnon, Mark HLTH:EX
Cc: Frances Picherack (fpicherack@gmail.com); Jonathan Ho
Subject: RE: Meeting Request

Hi Mark

Yes, I think an hour would be sufficient. Neela can call me at 604-738-7100 ext 102 tomorrow any time after 8 am.

We look forward to meeting with you.

Many thanks

Mary

From: MacKinnon, Mark HLTH:EX [mailto:Mark.MacKinnon@gov.bc.ca]
Sent: October-15-14 5:03 PM
To: Mary Watterson
Cc: Frances Picherack (fpicherack@gmail.com); Jonathan Ho; Jodouin, Laurianne HLTH:EX; Murdock, Melissa HLTH:EX; Sall, Neela HLTH:EX; MacKinnon, Mark HLTH:EX
Subject: RE: Meeting Request

Hi Mary,

Thank you for your note, and for the follow-up. My apologies for not getting back to you sooner. I would be happy to get together to discuss your proposed amendments. By copy, I will ask Neela to connect with your office to set up a time for us to get together.

Meeting in Victoria would be ideal if you're able to make the trip over. How much time would you suggest – an hour?

Thanks,

Mark

Mark MacKinnon
Executive Director, Professional Regulation and Oversight
Health Sector Workforce Division
Ministry of Health
3rd Flr, 1515 Blanshard Street
PO Box 9649 STN PROV GOVT
Victoria, BC V8W 9P4
Office: 250-952-2864
Mobile: 250-588-9172

From: Mary Watterson [mailto:registrar@ctcma.bc.ca]
Sent: October-15-14 4:55 PM
To: MacKinnon, Mark HLTH:EX
Cc: Frances Picherack (fpicherack@gmail.com); Jonathan Ho
Subject: RE: Meeting Request
Importance: High

Dear Mark

I know that you are very busy these days, but in the interest of moving forward with this Regulation amendment I am hoping that you will be able to have a meeting arranged shortly. The meeting could be either in Victoria or Vancouver.

Kindest regards

Mary

From: Mary Watterson
Sent: October-07-14 2:05 PM
To: Mark MacKinnon (Mark.MacKinnon@gov.bc.ca)
Cc: Frances Picherack (fpicherack@gmail.com); Jonathan Ho
Subject: Meeting Request

Dear Mark.

Congratulations on your newly appointed position as Executive Director, Professional Regulation and Oversight, Health Sector Workforce Division.

We have met at the Health Profession Regulators meeting recently, albeit informally . As Registrar/CEO of the College of Traditional Chinese Medicine Practitioners and Acupuncturists (CTCMA) please allow me to introduce myself.

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Thank you in advance for your attention and anticipated response to the above request.

Kindest regards

Mary

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Dr. TCM, Registrar

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1. **Is this one of the remaining colleges to be brought into the shared scope of practice, restricted activities model?**

- Current TCM regs have not yet been updated.
- The current regs were deposited in 2008 and they do include sections on both scope of practice and restricted activities.
- The tables below outline current scope of practice and restricted activities, and proposed changes. I will provide you a hard copy of the most up to date proposed reg changes from the College.

Scope of Practice	
Current	**Proposed**
1) An acupuncturist may practice acupuncture including: a) The use of traditional Chinese medicine diagnostic techniques, and b) The recommendation of dietary guidelines for therapeutic exercise 2) A traditional Chinese medicine practitioner may practice traditional Chinese medicine	s.13

Restricted Activities	
Current	**Proposed**
No person other than a a) Traditional Chinese medicine practitioner, acupuncturist, or herbalist may make a traditional Chinese medicine diagnosis identifying a disease, disorder, or condition as the cause of signs or symptoms b) Traditional Chinese medicine practitioner or herbalist may prescribe those Chinese herbal formulae listed in a schedule to the bylaws of the College, and c) Traditional Chinese medicine practitioner or acupuncturist may insert acupuncture needles under the skin for the purposes of practising acupuncture	s.13

s.13

2. **Background/Previous work with Daryl**

- Daryl's notes indicate that there are several associations for TCM, and there seems to be some conflicting opinions among them.
- Notes provided to the Ministry in June 2014 indicate that they are in the final stages of consultation regarding the proposed TCMPA regulation. This stage is to include consultation with HPRBC and other colleges, and the Ministry of Health.
- It appears that they have been working with Daryl to develop a submission to government for some time (since 2010). Daryl made a note that he was trying not to act as an advocate

Key Issues

A) Scope of Practice/Restricted Activities

- s.13
-
-
-
-

B) Education

- s.13
-
-
-
-

3. <u>Next Steps</u>

- The proposed regulation amendments have been informed by consultation and recommendations from a task force on PIT, as well as research that was commissioned by the College.
- My understanding is that the Ministry is now responsible to work with the College to determine what changes are required for the regulations. Once everyone is happy, PRO sends drafting instructions to Legislative Council.

Gregg, Andrea HLTH:EX

From: Finerty, Jessica HLTH:EX
Sent: Thursday, October 23, 2014 10:40 AM
To: MacKinnon, Mark HLTH:EX
Cc: Jodouin, Laurianne HLTH:EX
Subject: RE: Meeting Request
Attachments: CTCMA Backgrounder - October 2014.docx

Hi Mark,

Attached is the electronic version of the document I shared with you this morning. The draft regulations I only have in hard copy, but would be happy to make additional copies if you need.

Jessica

From: MacKinnon, Mark HLTH:EX
Sent: Thursday, October 23, 2014 7:23 AM
To: Finerty, Jessica HLTH:EX
Cc: Jodouin, Laurianne HLTH:EX; MacKinnon, Mark HLTH:EX
Subject: FW: Meeting Request

Hi Jessica,

Laurianne and I are meeting with folks from the CTCMA later this morning (10:30), and I just wanted to make sure that I'm up to speed on a couple of things.

- Is this one of the remaining colleges to be brought into the shared scope of practice, restricted activities model?
- Do we have any background information related to Daryl's work/thoughts on this? It sounds like he had been working with them.
- What is our typical process for considering proposals for reg changes?

Thanks for anything you may be able to help out with on this. Also happy to chat about it further.

M

From: Mary Watterson [mailto:registrar@ctcma.bc.ca]
Sent: October-07-14 2:05 PM
To: MacKinnon, Mark HLTH:EX
Cc: Frances Picherack (fpicherack@gmail.com); Jonathan Ho
Subject: Meeting Request

Dear Mark.

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I look forward to meeting with you at your earliest convenience either in Vancouver or Victoria to ensure CTCMA benefits from your feedback, advice and any other assistance you may provide to advance this important safety priority for patients using the services of traditional Chinese medicine practitioners and acupuncturists in BC.

Thank you in advance for your attention and anticipated response to the above request.

Kindest regards

Mary

Mary Watterson
Dr. TCM, Registrar

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Email: registrar@ctcma.bc.ca
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FACT SHEET APPENDIX

IMPLEMENTATION OF SHARED SCOPE OF PRACTICE/RESTRICTED ACTIVITIES REGULATORY MODEL

A. Incomplete

	Profession	Regulator	Status
1	acupuncture	College of Traditional Chinese Medicine Practitioners and Acupuncturists	s.13
2	dental hygiene	College of Dental Hygienists	
3	dental technology	College of Dental Technicians	
4	denturism	College of Denturists	
5	dietetics	College of Dietitians	
6	emergency medical assisting	Emergency Medical Assistants Licensing Board	Only regulated profession not under *Health Professions Act*. *Emergency Health Services Act* amended Spring 2013 to add same Ministerial regulation-making powers re: scope of practice and restricted activities as under HPA. Regulation amendments to be developed in 2014/15 to support introduction of community paramedicine.
7	massage therapy	College of Massage Therapists	Proposed amendments to regulation being prepared. Anticipate

			posting for public comments June 2014.
8	nursing (licensed practical)	College of Licensed Practical Nurses	Proposed new regulation posted for public comment October 2012. Anticipate revised draft to be re-posted June 2014.
9	nursing (registered psychiatric)	College of Registered Psychiatric Nurses	Proposed new regulation posted for public comment October 2012. Anticipate revised draft to be re-posted June 2014.
10	occupational therapy	College of Occupational Therapists	s.13
11	physical therapy	College of Physical Therapists	
12	psychology	College of Psychologists	Regulation amendments to be developed in 2014/15.
13	traditional Chinese medicine	College of Traditional Chinese Medicine Practitioners and Acupuncturists	s.13

B. Complete

	Profession	Regulator	Status
1	audiology	College of Speech and Hearing Health Professionals	Complete April 2010
2	chiropractic	College of Chiropractors	Complete March 2009
3	dentistry	College of Dental Surgeons	Complete April 2009
4	hearing instrument dispensing	College of Speech and Hearing Health Professionals	Complete April 2010
5	medicine	College of Physicians and Surgeons	Complete June 2009
6	midwifery	College of Midwives	Complete April 2009
7	naturopathic medicine	College of Naturopathic Physicians	Complete April 2009
8	opticianry	College of Opticians	Complete May 2010
9	optometry	College of Optometrists	Complete May 2010
10	pharmacy	College of Pharmacists	Complete April 2009
11	podiatric medicine	College of Podiatric Surgeons	Complete February 2011
12	nursing (registered)	College of Registered Nurses	Complete August 2005
13	speech-language pathologists	College of Speech and Hearing Health Professionals	Complete April 2010

Gregg, Andrea HLTH:EX

From: Westgate, Brian A HLTH:EX
Sent: Thursday, February 12, 2015 1:40 PM
To: Finerty, Jessica HLTH:EX
Subject: RE: Regulation priorization

Awesome I will take a look

Brian Westgate
Director of Regulatory Initiatives, Professional Regulation and Oversight
Health Sector Workforce Division
Ministry of Health | 1515 Blanshard Street | PO Box 9649 STN PROV GOVT
Victoria BC V8W 9P4

Phone: 250-952-1204
Mobile: 250-507-7423
Brian.westgate@gov.bc.ca

From: Finerty, Jessica HLTH:EX
Sent: Thursday, February 12, 2015 1:10 PM
To: Westgate, Brian A HLTH:EX
Subject: Regulation priorization

Hi Brian,

Attached is the completed "scoring" for the regulation prioritization. It unfolded like this:

s.13

I have put OT in phase two, and all the dental professions in phase three, because in terms of subject matter it makes most sense to group them that way.

I have also attached some communication material regarding the reg backlog process. Can you review, and let me know if/what changes you think are necessary. Once complete, we can present to Mark. My intention is not to share the excel document at all. It is only there should there be any questions surrounding the rigor and rationale behind the prioritization process.

Senior Policy Analyst | Professional Regulation and Oversight
Health Sector Workforce Division
Ministry of Health | 1515 Blanshard Street | PO Box 9649 STN PROV GOVT
Victoria BC V8W 9P4

Gregg, Andrea HLTH:EX

From: Westgate, Brian A HLTH:EX
Sent: Friday, September 18, 2015 1:30 PM
To: Thorneloe, Meghan HLTH:EX; Sekhon, Ranique HLTH:EX
Subject: FW: CTCMA Regulation Amendment

fyi

Brian Westgate
Director of Regulatory Initiatives, Professional Regulation and Oversight
Health Sector Workforce Division
Ministry of Health | 1515 Blanshard Street | PO Box 9649 STN PROV GOVT
Victoria BC V8W 9P4

Phone: 250-952-1204
Mobile: 250-507-7423
Brian.westgate@gov.bc.ca

From: Mary Watterson [mailto:registrar@ctcma.bc.ca]
Sent: Friday, September 18, 2015 12:50 PM
To: Westgate, Brian A HLTH:EX
Subject: CTCMA Regulation Amendment

Hi Brian

In follow up to your comments regarding the reserved title acupuncturist and the practice of acupuncture, the HPC addressed the issue in the HPC Physical Therapists Scope of Practice Review (Page 5 - HPC - Physical Therapists Scope of Practice Review (Post-Hearing Update), http://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/health/safe-choices-a-new-model-for-regulating-health-professions-in-british-columbia.pdf)

The Council has carefully considered the comments of the traditional Chinese medicine and acupuncture practitioners and associations as well as those of representatives of the College of Acupuncturists of B.C. ***The Council believes it is inappropriate to refer to the term "acupuncture" when used in a Western medical context by a practitioner who has not been fully trained in the use of acupuncture in a traditional Chinese medicine context.*** *The College acknowledges that the use of needles for pain control is the primary purpose, but that physical therapists may also utilize needles for specific neuromusculoskeletal conditions. In order to avoid any confusion or public misconception about education and training for "acupuncture" as well as to better describe physiotherapy practice, the Council has recommended the following reserved act for members of the College*

> *The Health Professions Council recommends the following reserved act for physical therapists: 2(a) Performing the physically invasive or physically manipulative act of inserting needles below the dermis for the purpose of pain management and normalization of physiological functioning of the neuromusculoskeletal system.*

I know that you are not currently working on the relevant Regulation amendments, but thought this might be helpful when you do.

Kindest regards

Mary

Mary Watterson
Dr. TCM, Registrar

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REGULATION AMENDMENT PROPOSAL
July 10, 2015

Executive Summary

The College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA, the College) was established in 1999 under the *Health Professions Act* (HPA) upon recommendation to Ministry of Health by the Health Professions Council (HPC). It currently regulates 1620 traditional Chinese medicine (TCM) practitioners under the reserved titles of acupuncturist, doctor of traditional Chinese medicine, traditional Chinese medicine herbalist and traditional Chinese medicine practitioner.

Although the profession of traditional Chinese medicine is subject to the HPA and regulated by the College under the HPA since 1999, it was not included in the Ministry of Health's 2001 Safe Choices Review for ten health professions which resulted in revisions of the governing regulations for those professions to conform to the Shared Scope of Practice/Restricted Activities Model under the HPA (the HPA Model).

The Traditional Chinese Medicine Practitioners and Acupuncturists Regulation (the TCMPA Regulation) is in urgent need of revisions to bring it into conformity with the HPA Model and to ensure that the CTCMA can continue to effectively regulate the practice of TCM practitioners consistent with today's legislative framework.

CTCMA proposes that the TCMPA Regulation be amended as follows:

1. Revise the definition of "Traditional Chinese Medicine" so that it accurately reflects current practice and the requirements of the HPA;

2. Add the proposed Schedule of Traditional Chinese Medicine Prescription Herbs and Medicinals to legally authorize and enable the College to regulate the safe prescription of these potentially toxic Natural Health Products, which is currently part of the scope of practice of traditional Chinese medicine, and was recommended by the HPC in 1998;

3. Authorize registrants to perform restricted activities under the HPA Model consistent with the Health Professions General Regulation Restricted Activities Consultation Draft, March 19, 2010;

4. Rename the College to the "College of Traditional Chinese Medicine Practitioners of British Columbia"; and

5. Rename the regulation to the "Traditional Chinese Medicine Practitioners Regulation".

The primary goal of the proposed Regulation amendment is to ensure that the CTCMA continues to be able to effectively regulate TCM practitioners with respect to public protection while preserving and enhancing public confidence in the provision of TCM services in British Columbia. It is also intended to ensure continued access for patients to services currently being provided by TCM practitioners, which the public assumes to be adequately regulated.

In light of the increasingly robust focus on public protection and collaborative practice in the evolution of professional regulation, adoption of the scope of practice and restricted activities approach contained in the HPA Model is necessary to ensure that the regulation of TCM practitioners is fully consistent with that of other health professions in British Columbia.

Background and Introduction

CTCMA is the regulatory body for TCM practitioners in British Columbia. It registers and regulates TCM practitioners throughout the province, in the public interest.

CTCMA was established in 1999 by expanding the College of Acupuncturists of British Columbia (established in 1996) to include TCM. The CTCMA performs its governance and regulatory duties under the HPA, the TCMPA Regulation, and the CTCMA Bylaws. Registration with CTCMA is mandatory for all TCM practitioners.

Need for Regulation Amendment of the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation (TCMPA Regulation)

There are three reasons why an amendment of the current TCMPA Regulation is essential:

1. The profession of TCM practitioners was not included in the Ministry of Health's 2001 Safe Choice Review under the HPA (*Safe Choices: A New Model for Regulating Health Professions in British Columbia, 2001*) so the TCMPA Regulation is not consistent with the HPA Model.

2. In its 1998, *Recommendation on the Designation of Traditional Chinese Medicine*, the HPC stated "Some of the substances used in TCM formulas may be toxic in certain combinations and could thus cause adverse effects or serious harm if prescribed in dosages or combinations which are inappropriate or for patients who are not appropriately diagnosed according to TCM diagnostic principles." Based on its own review of the risk of harm in the practice of TCM herbology, the HPC suggested that, "The precise determination of these substances needed to be finalized," and in Recommended 4 stated that, "A list of substances used in TCM formulas which carry a high potential for adverse consequences be established." Recommendation 4 from the HPC further recommended that, "Upon finalizing the list of substances, prescription according to TCM principles of TCM formulas that include those substances, be included as a reserved act on the Council's list of reserved acts, and that this reserved act be recommended for members of a college of TCM."

3. A 2008 study of CTCMA registrants indicated that approximately 10% of TCM registrants perform services that involve the use of Point Injection Therapy (PIT), which involves a number of restricted activities that are within the current scope of practice of traditional Chinese medicine, but which are not authorized in the TCMPA Regulation.

History of the Proposed Amendments

CTCMA and the Safe Choices Review by the Health Professions Council

The CTCMA was established as a result of the HPC's 1998 recommendation to the Minister of Health to regulate the profession of TCM under one college. As also noted above, this profession was not part of the Safe Choices Review, which considered the suitability of selected health professions for regulation under the HPA and enquired:

> *"What amendments, if any, are required to the current statute, rules, regulations and bylaws for each of the professions to provide adequately for the regulation of the profession in the public interest and to ensure that the current statute contains the core principles of professional regulation reflected in the Health Professions Act and discussed in Schedule B to the Terms of Reference."*

As a result of not being included in the Safe Choices Review, the profession of TCM practitioners has not been through a legislative review by government to bring it into conformity with respect to the HPA Model. In 2010, in anticipation of retrofitting the TCMPA Regulation to the HPA model, CTCMA began exploring the very question above that the Safe Choices Review had explored with other professions, with a view to proposing appropriate amendments to the TCMPA Regulation.

CTCMA Review of Practice and Regulation in 2008-09

As a result of a member survey conducted by CTCMA in 2008, it was estimated that about ten percent of its 1373 registrants at the time were performing point injection therapy (PIT). Key informant interviews with regulators and professional associations of TCM or Acupuncture in Alberta, Ontario, Quebec and Newfoundland at the time confirmed that PIT services were also performed in their respective provinces. For example, Dr. David Chu TCM doctor and Chair of the Government of Alberta Acupuncture Transition Committee under the *Health Disciplines Act* stated that a 2008 survey of regulated Acupuncturists in Alberta indicated that approximately 28% of respondents were using PIT. The procedure is historically considered part of the practice of TCM in many jurisdictions around the globe.

PIT involves "injecting various medications into acupuncture points or the area of pathological changes." (Wan Qi Cai, 2009). The main indications for its use in TCM are: acute or chronic pain, tissue injury or damage, trigger point therapy, and enhancing acupuncture needling or TCM herbal effect. The overall effect is stimulation of healing, which involves reducing any or all of the symptoms of pain or injury.

In the absence of a Safe Choices review, and with assistance and encouragement from Ministry of Health Professional Regulation staff, the CTCMA Board established a PIT Task Force in 2008 to examine the alignment of PIT with the HPA, and in particular with the HPA Model.

Based on the CTCMA 2009 Task Force Report, the CTCMA Board concluded that the TCMPA Regulation did not authorize some current PIT practices, which appeared to be restricted activities under the HPA model, and approved the following statement for release to the membership.

> *"That the 'Restricted Activities' listed in the current Traditional Chinese Medicine Practitioners and Acupuncturists Regulation does not currently include intra-articular injection including synovial fluid replacement therapy/viscosupplementation, epidural injection, facet joint injection, or any other type of intra-articular injection; nor does it include regenerative injection therapy/prolotherapy; mesotherapy/injection lipolysis; or intravenous therapy including intravenous injection, infusion; or nerve blocks of any type. A CTCMA registrant may practice such procedures only if the registrant holds current dual registration with a second College whose Regulations do include such 'Restricted activities'."*

CTCMA Board Decision and Process to Seek Amendment to the TCMPA Regulation

After consultation with Ministry of Health personnel, the CTCMA Board authorized the work necessary to propose amendments to the TCMPA Regulation by resolution dated March 6, 2010:

> *"That CTCMA seek a new regulation with respect to restricted activities and/or amendments to ss. 1 and 4-6 of the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation (the Regulation) pursuant to section 55(2) of the Health Professions Act with respect to restricted activities and necessary amendments to the CTCMA Bylaws under section 19 of the HPA with respect to restricted activities and* changes *to the Schedules".*

Appendix A (Chronology) summarizes the consultation processes and events leading to the amendments CTCMA proposes to the TCMPA Regulation, including:

- Meetings with government and key stakeholders;
- The establishment of working groups, task forces, process documents and tools;
- Consultation with select Health Professions Regulators;
- The establishment of the Regulation Amendment Task Force (RATF);
- Development and Implementation of a Communication Plan for Consultation with Registrants and Community Leaders in the Profession;
- Administration of an online registrant survey about a proposed regulation amendment, and a follow up focus group;
- Summary consultation with select BC Health Regulators on the emerging Regulation Amendment Proposal in preparation for final revisions and submission to government; and
- A Registrant Survey on changes to the College name and reserved titles.

Schedule of Prescription TCM Herbs and Medicinals

After a review of experience in other jurisdictions, consideration of available research and evidence, key informant interviews, and procedural consultation with Ministry of Health staff, as suggested by the HPC in 1998, an expert panel of TCM practitioners and related advisors completed a list of TCM Herbs and Medicinals that CTCMA has confirmed as requiring a prescription, according to TCM principles. CTCMA understands from Ministry of Health staff that the list of Prescription TCM Herbs and Medicinals (see Appendix B to this document) will likely appear as a schedule to the Regulation.

CTCMA is also aware that if the restricted activity "prescribing TCM herbs and Medicinals according to TCM principles listed in a schedule to the TCMPA Regulation" is authorized as a restricted activity in the amended TCMPA regulation, it may also need to be added to the master list of restricted activities in the Health Professions General Regulation Consultation Draft cited above. If so required CTCMA requests that amending the master list of restricted activities in the Health Professions General Regulation be considered part of this proposal.

In consideration of the recognized potential harm and the marked increase in the use by the public of TCM Herbs and Medicinals listed in Appendix B, CTCMA has long been concerned to ensure that adequately authorized regulation of the safe prescription of these substances protects the public. CTCMA has also obtained reporting monographs for the TCM herbs and medicinals listed in Appendix B from a panel of TCM experts and will make them accessible to practitioners and the public through the CTCMA website.

Key Features of the Proposed TCMPA Regulation Amendment

CTCMA respectfully proposes the following amendments to the TCMPA Regulation:

Definitions

As CTCMA is only responsible for regulating one profession, there should be a definition that encompasses all TCM practitioners. CTCMA defines the profession of traditional Chinese medicine as follows:

> "the health profession in which a person provides the services of promotion, maintenance and restoration of health, and prevention, assessment and treatment of a disease, condition, disorder or imbalance, based on traditional Chinese medicine theory or principles, using primary traditional Chinese medicine therapies including
>
> (a) acupuncture (Zhen) through manual, mechanical, thermal or electrical stimulation of acupuncture points with needles, moxibustion (Jiu), suction cup (Ba Guan), laser or magnetic energy,
>
> (b) prescribing, compounding or dispensing traditional Chinese medicine herbs and medicinals (Zhong Yao),
>
> (c) manipulative therapy (Tui Na),and
>
> (d) life therapies including energy control therapy (Qi Gong), Chinese shadow boxing (Tai Ji Quan) and Chinese food cure recipes (Shi Liao);"

College Name

At the time of establishment of CTCMA as the College for the one profession of traditional Chinese medicine and acupuncture subsuming the already established College of Acupuncture, the name of the college established under section 15(1) of the HPA for traditional Chinese medicine was, and remains, the "College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia".

During the multiple consultations cited in the Chronology at Appendix A, members of the Health Professions Regulators, government and third party payers encouraged the College to unbundle and clarify confusion between the name of the college, the names of the categories of registrants and the name of the regulation itself, particularly with respect to the meaning of "traditional Chinese medicine practitioner", which currently exists as both an overarching name for the profession and a specific category of registration and practice.

Given the results of the recent Registrant Survey regarding the College name, the College proposes that the name of the College be changed to the "College of Traditional Chinese Medicine Practitioners of British Columbia". It also proposes a consequential renaming of the revised regulation to the "Traditional Chinese Medicine Practitioners Regulation".

Reserved Titles

Traditional Chinese medicine is practiced by three categories of registrants at the College, namely "acupuncturist", "doctor of traditional Chinese medicine", "traditional Chinese medicine herbalist" and "traditional Chinese medicine practitioner". The respective reserved titles for these categories of practitioners are "acupuncturist", "doctor of traditional Chinese medicine", and "traditional Chinese medicine herbalist". In addition to these three reserved titles related to practice category, all registrants of the College may use the reserved title of "traditional Chinese medicine practitioner". All reserved titles are available for exclusive use by registrants of the College according to their registration category as authorized by the College.

Scope of Practice

Consistent with the descriptions of other health professions under the HPA, CTCMA proposes that the scope of practice statement read, "A registrant may practice traditional Chinese medicine."

Restricted Activities

Based on the current scope of practice and the proposed definition of traditional Chinese medicine, in order to enable the College to regulate the profession in the public interest, CTCMA proposes that the following restricted activities be authorized for performance by traditional Chinese medicine practitioners

> 5 (1) A registrant, in the course of practising traditional Chinese medicine, may perform any of the following:
>
> (a) Make a traditional Chinese medicine diagnosis, identifying a disease, disorder, or condition, as the cause of signs or symptoms of an individual;
>
> (b) Perform a procedure on tissue
> (i) below the dermis,
> (ii) below the surface of a mucous membrane;
>
> (c) Reduce a malalignment of a joint as part of traditional Chinese medicine manipulative therapy for treatment purposes;
>
> (d) Move a joint of the spine beyond the limits the body can voluntarily achieve but within the anatomical range of motion, using a high velocity, low amplitude thrust;
>
> (e) Administer a substance by injection for the purposes of traditional Chinese medicine therapy, including Point Injection Therapy;
>
> (f) Administer a substance by inhalation;
>
> (g) Administer a substance by auditory or nasal irrigation;
>
> (h) Put an instrument, device, or finger into the ear canal up to the eardrum, for diagnostic or treatment purposes;
>
> (i) Put an instrument, device, hand or finger beyond the point in the nasal passages where they normally narrow, for diagnostic or treatment purposes;

(j) Put into the external ear canal up to the eardrum
(i)air that is under pressure, created by the use of an otoscope for diagnostic purposes,
(ii) a substance that is under pressure equal to or less than the pressure created by the use of an ear bulb syringe for diagnostic or treatment purposes;

(k) Apply
(i) ultrasound for traditional Chinese medicine treatment purposes,
(ii) electricity, for electro-acupuncture or use of an AED for defibrillation purposes in the course of emergency cardiac care,
(iii) laser acupuncture, for the purposes of traditional Chinese medicine,

(l) Review x-rays or use x-ray results, for traditional Chinese medicine diagnostic or treatment purposes;

(m) Prescribe a drug listed in Schedule I or II of the Drug Schedules Regulation for the purposes of Point Injection Therapy;

(n) Prescribe a traditional Chinese medicine prescription herb or medicinal listed in a Schedule to this Regulation; (see Appendix B)

(o) Compound a drug listed in Schedule I or II of the Drug Schedules Regulation for the purposes of Point Injection Therapy;

(p) Administer a drug listed in Schedule I or II of the Drug Schedules Regulation orally, subcutaneously or intramuscularly for the purposes of Point Injection Therapy;

(q) Administer a drug listed in Schedule I or II of the Drug Schedules Regulation by any method for the purposes of emergency cardio-respiratory care;

(r) If nutrition is administered by another regulated health professional through enteral instillation, select traditional Chinese medicine herbs or medicinals for a therapeutic diet;

(s) If nutrition is administered by another regulated health professional through enteral instillation, compound traditional Chinese medicine herbs or medicinals for a therapeutic diet;

(t) If nutrition is administered by another regulated health professional through enteral instillation, dispense traditional Chinese medicine herbs or medicinals for a therapeutic diet;

(u) Conduct Challenge Testing using traditional Chinese medicine herbs or medicinals or for point injection therapy treatment purposes
(i) that involves injection, scratch tests, or inhalation, only if the individual being tested has not had a previous anaphylactic reaction, for diagnostic, treatment, or dietary guidance purposes.
(ii) by any method, only if the individual being tested has had a previous anaphylactic reaction.

5 (2) Only a registrant may practice traditional Chinese medicine.

Standards, Limits and Conditions

In order to ensure the safe, competent and ethical practice of individual registrants, the College is committed to and will establish standards, limits and conditions appropriate to restricted activities as follows:

(1) A registrant may perform a restricted activity set out in section 5 (e), (m), (o), (p), (q) and (u) only if
(a) standards, limits and conditions have been established under section 19 (1) (k) or (l) of the Act respecting the prescribing and compounding of drugs, and the administration of drugs and substances by injection, and
(b) the standards, limits and conditions described in paragraph (a) are established on the recommendation of a committee that

(i) is established under section 1 (t) of the Act, and
(ii) has the duty and power to develop, review and recommend those standards, limits and conditions, and

(c) the registrant has successfully completed a certification program established, required and approved under the bylaws to ensure that registrants are qualified and competent to administer drugs and substances by injection, and to prescribe, compound or administer a drug specified in Schedule I or II of the Drug Schedules Regulation.

(2) A registrant may perform a restricted activity set out in section 5 (k) only if
(a) standards, limits and conditions have been established under section 19 (1) (k) or (l) of the Act respecting the application of ultrasound, laser, or x-ray, and
(b) the standards , limits and conditions described in paragraph (a) are established on the recommendation of a committee that
(i) is established under section 1(t) of the Act, and
(ii) has the duty and power to develop, review and recommend those standards, limits and conditions.

Summary: Regulation Amendment Significant and Increasingly Urgent

The amendment of the current TCMPA Regulation is both significant and increasingly urgent to ensure that TCM practitioners are regulated to protect the public in the public interest; consistent with the standards for health profession regulation in the HPA Model.

CTCMA endorses the Health Professions Council's "harms-based" view of professional regulation, which pays attention to "risk of harm associated with care", and was used in the Safe Choices Review. This definition is also used in the Ministry of Health System Planning Guide for Setting Priorities for the British Columbia Health System, arising out of the Minister of Health's current (2014) Mandate Letter. CTCMA commits to providing competent, timely, transparent, fair and accountable regulation of TCM practitioners in British Columbia. CTCMA also commits to working collaboratively with other regulators in the public interest of ensuring safe, effective and ethical health services for British Columbians.

There is a significant gap between the current scope of practice of TCM practitioners and the legal authorization for associated restricted activities under the HPA Model that impedes the CTCMA's legal authority to appropriately regulate its registrants in the public interest. Both CTCMA registrants and the public are increasingly concerned about gaps in authorization under the TCMPA Regulation for services that are important components of current TCM services, PIT services being only one example.

Based on confusion that manifested in consultation, the College is also keen to clarify and support the needed understanding by government, other health professions and other professional colleges, that traditional Chinese medicine practitioners are all part of one profession with three categories of registrants, namely acupuncturist, doctor of traditional Chinese medicine and traditional Chinese medicine herbalist. To that end, it has proposed a name change to the College of Traditional Chinese Medicine Practitioners of British Columbia, and a consequential renaming of the revised regulation to the Traditional Chinese Medicine Practitioners Regulation.

British Columbia was the first province to officially regulate TCM in Canada. However, the TCMPA Regulation is out-dated and requires amendment to ensure that TCM regulation in British Columbia is consistent with the HPA Model and the evolution of health professions regulation.

CTCMA wishes to thank its registrants and all those outside the profession who have contributed to the development of this proposed Regulation Amendment to enable the continued safe and collaborative practice and regulation of traditional Chinese medicine under the HPA Model, in British Columbia. In particular we wish to thank the Government of British Columbia and the other members of the Health Professions Regulators who have provided valuable assistance and support over the seven years that this document has been in development.

Appendix A
TCMPA Regulation Amendment Process Chronology 2008 – 2015

Task Force: Point Injection Therapy (PIT) 2008 – 2009

- Purpose: to report on the current state of point injection therapy practice and regulation in other jurisdictions, including Asia, Europe, the US and Canada (including other provinces)
- 2008 CTCMA survey reported almost 10% of registrants are using point injection
- Report: *Acupuncture Point Injection Techniques, Current Practice & Regulation Status* April 15, 2009

CTCMA Commissioned Research Paper

- *Efficacy and Safety of Local Anesthetic Trigger Point Injection for Myofascial Pain* by Dr. Jean Paul Collette, Professor and Assoc. Head Research, Department of Pediatrics, UBC.

Board Resolution September 2009

"That the 'Restricted activities' as listed in the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation does not currently include intra-articular injection including synovial fluid replacement therapy/viscosupplementation, epidural injection, facet joint injection, or any other type of intra-articular injection; nor does it include regenerative injection therapy/prolotherapy; mesotherapy/injection lipolysis; or intravenous therapy including intravenous injection, infusion; or nerve blocks of any type.

A CTCMA registrant may practice such procedures only if the registrant holds current dual registration with a second College whose Regulations do include such 'Restricted activities'."

CTCMA Commissioned Report *Point injection Technique and Policy Implications for CTCMA 2010*

- Consultant: Petrine Consulting
- key informant interviews with Registrars and Board members across Canada where TCM and acupuncture are regulated
- stakeholder interviews conducted with the Registrars and/or designates for the BC colleges of physicians and surgeons, pharmacists, nurses and nurse practitioners , dentists, and naturopathic doctors
- stakeholders advised the College that CTCMA should be seeking changes to the current Traditional Chinese Medicine Practitioners and Acupuncturists Regulation, beyond just PIT to get any necessary authorization in the current integrated scope/restricted activities model and should develop the necessary standards, limits or conditions for regulating authorized restricted activities being sought

Meeting with Ministry of Health – Director, Professional Regulation - November 2009

Agenda: Regulatory Reform; Regulation Amendments; Outstanding Schedules for bylaw purposes: Schedule "H" approved education providers for Registration purposes, and Schedule "I", TCM prescription herbs On March 6, 2010, the CTCMA Board approved the following resolution

Board Resolution March 2010

"That CTCMA seek a new regulation with respect to restricted activities and/ or amendments to ss. 1 and 4 – 6 of the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation (the Regulation) pursuant to section 55(2) of the Health Professions Act (HPA) with respect to restricted activities and necessary amendments to the CTCMA Bylaws under section 19 of the HPA with respect to restricted activities and changes to the Schedules."

Board Resolution May 2010

"CTCMA recognize PIT as appropriate service provision for registrants who have successfully completed advanced practice requirements approved by the College, which may or may not require certification by the College, and that CTCMA seek the regulatory authority to effect same in the new regulation and other amendments referenced in the Resolution."

Meetings with Ministry of Health – Director, Professional Regulation - September and November 2010

Agenda: Recommendations/considerations: HPRBC Consultation and working groups; approaches to standards, limits, conditions; drafting proposals to Regulation amendment; review of work to date

Interim Working Group (IWG) November 2010 – June 2011

- Members: CTCMA registrants with participating registrants from registered nurses, pharmacists, naturopaths and medical doctors.
- Comprised of practicing members of select colleges and CTCMA practitioners, the IWG was mandated to design and recommend standards, limits and conditions for the practice of specific restricted activities generally or in specific practice areas, and in particular those associated with Point Injection Therapy.
- Meetings: November 2010, January 2011, March
- Report: Submitted to Board June 2011

Board Resolution October 2011

> *That the Board directs the Quality Assurance Committee and the Standards of Education Committee to form a task force of members of their choosing and to include a majority of registrant members to undertake the following mandate:*
> *Identify the policy structure and regulatory components (bylaws, associated schedules, committees, programs and operational tools) best suited to CTCMA based on a shared scope of practice model, proposed restricted activities authorizations, and standards, limits and conditions (including Board certification where necessary) for the pending Regulation amendment proposal.*
> *Assess the best methods to obtain feedback in consulting with registrants on key elements of the Regulation Amendment Proposal.*

Regulation Amendment Task Force (RATF) established by the Board November 2011

- Meetings to date: November, December 2011, August 8, 2012
- Mandate: to develop strategies and procedures to facilitate communication and feedback from CTCMA registrants regarding the proposed amendment for consultation purposes
- Membership: reconvened CTCMA members of the IWG to develop more detailed information on the Proposed Regulation Amendments, including recommendations on optional approaches to developing standards, limits and conditions

Interim Working Group 2 (IWG 2) April – August 2012

- Meetings: March, April, May 2012
- Report: July 13, 2012 report to RATF

Ministry of Health – Communication Updates: Director, Professional Regulation 2012-July 2014

Regulation Amendment Task Force September 2012- 2014

- Continuation of RATF meetings: August, September, October, November and December 2012
- Board resolution January 7, 2013: *That the Board approve the Consultation Draft and Summary of Key Changes recommended by the RATF Members. On approval the RATF will submit a Communications plan and budget for the Consultation Phase of the Project.*
- Meetings continued: February, April, September, October, November 2013; March 20 and May 12, 2014
- Communications Plan: Community leaders introduction; Registrant On-line Consultation Survey; Registrant Focus Group; redrafting proposed Regulation Amendment based on feedback and analysis
- Board resolution June 9, 2014: *That the revised draft proposed Regulation Amendment be used as the version for any remaining consultation before final approval by Board in advance of official submission to government.*
- Meeting with Ministry of Health, Director of Professional Regulation regarding update on regulation amendment process, July 2014

Meeting with Ministry of Health – Executive Director and staff, Professional Regulation and Oversight Branch – October 2014

- Discussion on draft regulation amendment proposal

Consultation meetings with other BC Health Regulators Fall 2014 and Spring 2015

- November 26, 2014: Nursing Policy Consultant (RN), Nursing Policy Consultant (NP), College of Registered Nurses of British Columbia
- December 4, 2014: Registrar and Quality Assurance Committee Chair, College of Naturopathic Physicians of British Columbia
- December 12, 2014: Director of Hospital Pharmacy Practice and Technology, College of Pharmacists of British Columbia
- February 11, 2015: Executive Director/Registrar, College of Licensed Practical Nurses of British Columbia
- March 10, 2015: Registrar and Senior Deputy Registrar, College of Physicians and Surgeons of British Columbia
- March 12, 2015 (Teleconference): Registrar and Deputy Registrar, College of Dietitians of British Columbia

Registrant Survey on College Name Change and Reserved Titles

- May 8, 2015: All 1606 registrants invited to particulate in the survey
- May 21, 2015: Survey Results of 47% rate of return with 69.3 of respondents agreeing with proposed name change of the College and 59.7% agreeing that the four reserved titles of “traditional Chinese medicine doctor”, “acupuncturist”, “traditional Chinese medicine practitioner” and “traditional Chinese medicine herbalist” be available for exclusive use by registrants.
- May 2, 2015: Given the results of the recent Registrant Survey regarding the College name, the RATF recommends that the Board also consider renaming the regulation to the “Traditional Chinese Medicine Practitioners Regulation.”
- June 20, 2015: CTCMA Board directed that necessary updates be made to the proposed Regulation Amendment and subsequently circulated for final approval before submission to the Ministry of Health.

Appendix B
Schedule of Prescription TCM Herbs and Medicinals

Herbal Re #	Pin Yin Name	Pharmaceutical Name	Name (Chinese)	Class of NHP / Part use
1383	Bai Fan	Aluminum potassium sulfate	白礬 / 白矾	Mineral
4730	Ban Mao	Mylabris	班　蝥	Animal
5692	Chan Su	Venenum Bufonis	蟾　酥	Animal product
276	Da Cha Yao Gen	Herba Gelsemii Elegantis	大茶藥根/大茶药根	Plant/root
196	Da Feng Zi	Semen Hydnocarpi	大楓子 / 大枫子	Plant/seed
2033	Hong Niang Zi	Huechys	紅娘子 / 红娘子	Animal
1018	Huo Yang Le	Caulis Euphorbiae Antiquori	火秧竻	Plant/stem
460	Ji Ji	Radix Chloranthi Serrati	及己	Plant
1746	Jia Zhu Tao	Folium Nerii Indici	夾竹桃 / 夹竹桃	Plant/Leaf or Bark
5150U	Lei Gong Teng	Radix et Rhizoma Tripterygii Wilfordii	雷公藤	Plant/root and rhizome
1260	Liu Huang	Sulfur/Processed Sulfur	生硫黃,制硫黃 / 生硫黄，制硫黄	Mineral
4621	Ma Liu Ye	Folium Pterocaryae Stenopterae	麻柳葉 / 麻柳叶	Plant/Leaves
881	Mao Gen	Herba Ranunculi Japonici	毛茛	Plant
3011	Nao Yang Hua	Flos Rhododendri Mollis	鬧羊花 / 闹羊花	Plant/flower
3359	Pi Shi	Arsenolite	砒石	Mineral
3360	Pi Shuang	Arsenic trioxide	砒霜	Mineral product
2513	Qing Niang Zi	Cantharis Sinica, Cantheris	青娘子	Animal
3384	Qing Fen	Mercurous Chloride	輕粉 / 轻粉	Mineral product
1918	Sheng Guan Bai Fu	UnprocessedRadix Aconiti Coreani	生關白附 / 生关白附	Plant
1550U	Sheng Ban Xia	Unprocessed Rhizoma Pinelliae	生半夏	Plant/root
3287U	Sheng Cao Wu Tou	Unprocessed Radix Aconiti Kusnezoffii	生草烏頭 / 生草乌头	Plant/root
0456U	Sheng Chuan Wu Tou	Unprocessed Radix Aconiti	生川烏頭 / 生川乌头	Plant/root
2414U	Sheng Fu Zi	Unprocessed Radix Aconiti Lateralis	生附子	Plant/root
1188U	Sheng Gan Sui	Unprocessed Radix Kansui	生甘遂	Plant/root
3907U	Sheng Lang Du	Unprocessed Radix Euphorbiae Fischerianae;Stellerae	生狼毒	Plant/root
600	Sheng/Zhi Ma Qian Zi	Unprocessed/Processed Semen Strychni	生/製馬錢子，生/制马钱子	Plant/seed
445	Sheng Qian Jin Zi	Unprocessed Semen Euphorbiae	生千金子	Plant/seed

Herbal Re #	Pin Yin Name	Pharmaceutical Name	Name (Chinese)	Class of NHP / Part use
5655U	Sheng Teng Huang	Unprocessed Resina Garciniae Morellae	生藤黃	Plant/resin
O656U	Sheng Tian Nan Xing	Unprocessed Rhizoma Arisaematis	生天南星	Plant/tuber
649	Tian Xian Zi	Semen Hyoscyami	天仙子	Plant/seed
911	Sheng Yao	Hydrargyrum Oxydatum Crudum	升藥 / 升药	Mineral product
3482U	Sheng Yu Bai Fu	Unprocessed Rhizoma Typhonii	生禹白附	Plant/tuber
1054	Shui Yin	Cinnabar; Mercury or Quicksilver Hydrargyrum	水銀 / 水银	Mineral
164	Tu Jing Pi	Cortex Pseudolaricis	土荊皮	Plant/bark
3129	Xiang Si Zi	Semen Abri Precatorii	相思子	Plant/seed
4853	Xiong Huang	Realgar	雄黃	Mineral
4291	Xue Shang Yi Zhi Hao	Radix Aconiti Brachypodi; Szechenyiani	雪上一枝蒿	Plant/root
4274	Nao Sha	Sal Ammoniacus	碙砂 / 硇砂	Mineral product
3543	Yang Jin Hua	Flos Daturae Metelis	洋金花	Plant/flower
2991	Yu Teng	Radix seu Caulis Derridis Trifoliatae	鱼藤	Plant
1834	Zhu Sha	Cinnabaris	硃砂 / 朱砂	Mineral
4558	Zhu Ya Zao	Fructus Gleditsiae Abnormalis	豬牙皂 /猪牙皂	Plant/fruit
1028	Ba Dou Shuang	Processed Semen Crotonis	巴豆霜	Plant/seed product
1553	Ban Bian Lian	Herba Lobeliae Chinensis	半邊蓮 / 半边莲	Plant
3485	Gui Jiu	Radix Podophylli emodis; Dysosmatis	鬼臼	Plant/root
4200	Huang Yao Zi	Rhizoma Dioscoreae Bulbiferae	黃藥子 / 黄药子	Plant/tuber
4615	Ma Huang	Herba Ephedrae	麻黃 / 麻黄	Plant/tstem
3365	Qian Niu Zi	Semen Pharbitidis	牽牛子 / 牵牛子	Plant/seed
402	Shan Ci Gu	Pseudobulbus Cremastrae seu Pleiones	山慈菇	Plant/bulb
348	Shan Dou Gen	Radix Sophorae Tonkinensis	山豆根	Plant/root
3082	Xi Xin	Herba Asari	細辛 / 细辛	Plant
3287P	Zhi Cao Wu	Processed Radix Aconiti Kusnezoffii	制草烏 / 制草乌	Plant/root
0456P	Zhi Chuan Wu	Processed Radix Aconiti	制川烏/ 制川乌	Plant/root
2414P	Zhi Fu Zi	Processed Radix Aconiti Lateralis	製附子 / 制附子	Plant/root

CTCMA

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

July 14, 2015

DELIVERED VIA EMAIL

Brian Westgate, Director of Regulatory Initiatives
Professional Regulation and Oversight
Health Sector Workforce Division
Ministry of Health
1515 Blanshard Street
PO Box 9649 STN PROV GOVT
Victoria BC V8W 9P4

Dear Mr. Westgate:

Re: Proposal to Amend the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation

On behalf of the Board of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA), I respectfully submit the attached *Regulation Amendment Proposal to the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation,* for consideration by the Ministry of Health (the Ministry).

For the past seven years, the College has been working on a proposal to retrofit the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation to the Shared Scope of Practice/Restricted Activities Model in the *Health Professions Act* (the Act). During this time, we have had a number of meetings with the Professional Regulation and Oversight Branch, previously with Mr. Daryl Beckett and staff, and more recently with Mr. Mark MacKinnon and his team. In addition to monitoring the experience in other provinces and jurisdictions, the College has been working on the Regulation Amendment Proposal in close consultation with the Ministry, CTCMA registrants and members of the Health Professions Regulators of British Columbia (HPRBC), especially with respect to substantive stakeholder consultation and the examples of other health professions regulations that have come into force under the Act.

The primary goal of the Regulation Amendment Proposal is to ensure that the College continues to be able to effectively regulate traditional Chinese medicine (TCM) practitioners with respect to public protection, while preserving and enhancing public confidence in the provision of TCM services in British Columbia. It is also intended to ensure continued access for patients to services currently being provided by TCM practitioners, while assuring the public that such services are being adequately regulated.

I look forward to your timely review of the Regulation Amendment Proposal to advance this significant and urgent safety priority for patients using the services of TCM practitioners in the province. Please do not hesitate to contact me should you require further information or clarification for this purpose.

Thank you in advance for your anticipated attention to and support of our submission.

Yours truly,
COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF BRITISH COLUMBIA

Mary S. Watterson, Dr.TCM
Registrar/CEO

1664 West 8th Avenue,
Vancouver, BC, Canada. V6J 1V4

Tel: (604)738-7100 | Fax: (604)738-7171
WWW.CTCMA.BC.CA

Gregg, Andrea HLTH:EX

From: Westgate, Brian A HLTH:EX
Sent: Monday, March 14, 2016 2:17 PM
To: Gregg, Andrea HLTH:EX
Subject: FW: CTCMA Regulation Amendment Proposal
Attachments: 2015-07-13 - Regulation Amendment Proposal Cover Letter - Signed.pdf; 2015-07-10 - CTCMA Regulation Amendment Proposal - Final.pdf

Here is the proposal from the TCM college
Brian Westgate
Director of Regulatory Initiatives, Professional Regulation and Oversight
Health Sector Workforce Division
Ministry of Health | 1515 Blanshard Street | PO Box 9649 STN PROV GOVT
Victoria BC V8W 9P4
Phone: 250-952-3145
Mobile: 250-507-7423
Brian.westgate@gov.bc.ca

From: Mary Watterson [mailto:registrar@ctcma.bc.ca]
Sent: Tuesday, July 14, 2015 11:16 AM
To: Westgate, Brian A HLTH:EX
Subject: CTCMA Regulation Amendment Proposal

Hi Brian

After 8 years of research, reviews, consultations, more reviews and more consultations, and many drafts -- I am pleased to be sending you the final draft of the CTCMA Regulation Amendment Proposal. On July 10, 2015 the CTCMA board approved the document for submission to the Ministry. The first attachment is a covering letter to the Proposal.

Contents of the Regulation Amendment Proposal:

- Executive Summary
- Background and Introduction
- History of Proposed Amendments
- Key Features of the Proposal
- Summary: Regulation Amendment Significant and Increasingly Urgent

Appendix A Chronology
Appendix B Schedule of Prescription TCM Herbs and Medicinals

I look forward to hearing from you. Please let me know if you have any questions or would like further information.

As always, with thanks and kindest regards

Mary

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

Gregg, Andrea HLTH:EX

From: Jodouin, Laurianne HLTH:EX
Sent: Monday, March 14, 2016 1:37 PM
To: Gregg, Andrea HLTH:EX
Subject: FW: CTCMA - Jurisdictional Issue
Attachments: 2014-10-23Memo-MacKinnonM-BylawHPAuthority.docx

Andrea – FYI, meeting with the TCM college was in October 2014.

From: MacKinnon, Mark HLTH:EX
Sent: Friday, October 24, 2014 6:49 AM
To: Biagioni, Karla HLTH:EX; Finerty, Jessica HLTH:EX; Jodouin, Laurianne HLTH:EX
Subject: FW: CTCMA - Jurisdictional Issue

FYI

From: Mary Watterson [mailto:registrar@ctcma.bc.ca]
Sent: October-23-14 7:26 PM
To: MacKinnon, Mark HLTH:EX
Cc: Jonathan Ho
Subject: CTCMA - Jurisdictional Issue

Hi Mark

Thank you again for meeting with us today and thank you too for having Laurianne, Karla and Jessica participate. It was good to meet members of your team and we look forward to working with you.

As discussed, attached is a summary of the jurisdictional issue arising from a Health Profession Review Board case. I will keep you updated.

Call me anytime if you have questions (604-738-7100 ext 102).

Kindest regards

Mary

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

Gregg, Andrea HLTH:EX

From: Andrea Gregg <s.22 >
Sent: Tuesday, March 22, 2016 6:57 PM
To: Gregg, Andrea HLTH:EX
Subject: Fwd: Natural Health Products Advisory Committee on Traditional Chinese

Sent from my iPhone

Begin forwarded message:

From: "Cairns, Leann HLTH:EX" <Leann.Cairns@gov.bc.ca>
Date: March 22, 2016 at 3:20:43 PM PDT
To: "'Andrea Gregg'" <s.22 >
Subject: Natural Health Products Advisory Committee on Traditional Chinese

Hi there. This is all we could find in our records. This email was from Health Canada in January 2012. I wonder if the committee actually got off the ground. Since it was a federal announcement, it is possible that it was stalled.
L. ☺
(French to follow)

Hi all, I wanted to give you a heads-up that today, the Minister of Health Canada is announcing the establishment of the Natural Health Products Advisory Committee on Traditional Chinese Medicines (TCMs). TCMs are a type of natural health product regulated by Health Canada. More than 1,400 of them are available for sale in Canada.

The establishment of this Advisory Committee follows recent discussions with the TCM community. In the fall of 2011, our Minister held roundtables in Vancouver and Toronto to hear the community's views on the regulation of TCMs in Canada.

As an outcome of those discussions, Minister Aglukkaq called for the establishment of an Advisory Committee to provide Health Canada with advice on current and emerging issues related to TCMs including: the importation, sale, and use of TCMs in Canada; the practice of TCM in Canada, recognizing this is subject to provincial jurisdiction; and novel TCMs. The practice of TCM is included in the mandate in so far as it relates to the regulation of the products; the focus is not provincial and territorial regulation of the practice of TCM. That said, if jurisdictions would like to use this Committee as a vehicle for discussions on practitioner regulation or other provincial/territorial issues, this can be arranged.

Committee membership will be comprised of stakeholder representatives from industry, consumer, patient, health care professional, academic and government organizations and groups.

We will keep you apprised of the progress on the establishment of the Committee. We would also be happy to invite a representative from our Health Products and Food Branch to join us for an HSC call in the future to answer any questions you may have.

Jo

Jo Voisin
Director, Federal-Provincial-Territorial Relations Division/
Directrice, Division des relations fédérales-provinciales-territoriales
Health Canada / Santé Canada
613-946-0345
jocelyne.voisin@hc-sc.gc.ca

Page 078 to/à Page 082

Withheld pursuant to/removed as

s.13

Project Plan
Traditional Chinese Medicine and Acupuncturists Regulation full transition under the Health Professions Act

Project Purpose

s.13

Project Approach

s.13

Project Status and Urgency

s.13

Project Resources

Executive Sponsor:
Mark MacKinnon, Executive Director, Professional Regulation and Oversight – Policy and technical Lead

Project Director:
Brian Westgate, Director, Legislative Initiatives – Policy and Technical

Project Resources:
Andrea Gregg, Senior Policy Analyst Professional Regulation and Oversight – Policy
Mary Falconer – Solicitor, Ministry of the Attorney General – provides legal advice
TBD[1] – Legal Counsel, Ministry of the Attorney General – drafts regulations

Assumptions:

s.13

Project Plan and Timelines

Deliverable/Task	Responsibility	Estimated Start Date	Estimated Completion Date
Policy Development Phase:			

s.13

[1] Legal counsel will be appointed when drafting instructions are submitted to Solicitor.

Deliverable/Task	Responsibility	Estimated Start Date	Estimated Completion Date

s.13

Regulation Drafting Phase:

s.13

s.13

Deliverable/Task	Responsibility	Estimated Start Date	Estimated Completion Date
s.13			

Approvals Phase:
s.13

Gregg, Andrea HLTH:EX

From: Gregg, Andrea HLTH:EX
Sent: Thursday, April 7, 2016 3:10 PM
To: Westgate, Brian A HLTH:EX
Cc: Gregg, Andrea HLTH:EX
Subject: DRAFT CTCMA Project Plan_04-07-2016
Attachments: DRAFT CTCMA Project Plan_04-07-2016.docx

Attached is the revised draft of the project plan for updating the TCMA regulations. Thank you for the feedback and let me know if you want any additional changes or require any additional information from me ☺

Andrea

Gregg, Andrea HLTH:EX

From: Gregg, Andrea HLTH:EX
Sent: Friday, April 22, 2016 1:05 PM
To: Westgate, Brian A HLTH:EX
Cc: Gregg, Andrea HLTH:EX
Subject: FW: TCMA regulations - meeting request

I was going to go with May 3rd, your calendar looks free right now. We could do a 10am-noon meeting?

From: Mary Watterson [mailto:registrar@ctcma.bc.ca]
Sent: Friday, April 22, 2016 1:02 PM
To: Gregg, Andrea HLTH:EX
Cc: Frances Picherack (fpicherack@gmail.com); Jonathan Ho
Subject: RE: TCMA regulations - meeting request

Hi Andrea

We are available to meet in Victoria on either Friday, April 29th or Tuesday May 3rd. The latter would be preferable, but either will work. Please advise if either of these dates work for you.

With thanks and kindest regards

Mary

From: Gregg, Andrea HLTH:EX [mailto:andrea.gregg@gov.bc.ca]
Sent: April-21-16 5:49 PM
To: Mary Watterson
Cc: Frances Picherack (fpicherack@gmail.com); Jonathan Ho
Subject: RE: TCMA regulations - meeting request

Great! Thank you Mary ☺

From: Mary Watterson [mailto:registrar@ctcma.bc.ca]
Sent: Thursday, April 21, 2016 5:47 PM
To: Gregg, Andrea HLTH:EX
Cc: Frances Picherack (fpicherack@gmail.com); Jonathan Ho
Subject: RE: TCMA regulations - meeting request

Hi Andrea

We would be pleased to meet you in Victoria, unless you and Brian are scheduled in Vancouver in the next while. There will be three of us – Frances Picherack (consultant), Jonathan Ho (Deputy Registrar) and myself – the same three that met with Mark in October 2014.

I will get back to you asap with possible dates.

With thanks and kindest regards

Mary

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

From: Gregg, Andrea HLTH:EX [mailto:andrea.gregg@gov.bc.ca]
Sent: April-21-16 2:37 PM
To: Mary Watterson
Cc: Gregg, Andrea HLTH:EX
Subject: TCMA regulations - meeting request

Hi Mary,
My name is Andrea Gregg, we "met" on a phone call a couple of weeks ago regarding Acupuncture education programs and clinic requirements.

I was wondering if you had any time to meet in the next week or two to discuss with me and Brian the information provided to the Ministry regarding TCMA regulation amendments (dated July 2015)? I think it would be best to meet in person and thinking we will probably need about 2 hours for the meeting. Also, let me know if it is possible for you to travel to Victoria for the meeting or if it is best for us to travel to Vancouver.

Please let me know what works for you and I can set this up for us ☺

I look forward to meeting you in person.

Andrea

Andrea Gregg, MA
Senior Policy Analyst
Professional Regulation & Oversight Branch | Health Sector Workforce Division
Ministry of Health
☎ 250-952-1652
andrea.gregg@gov.bc.ca

Three column document – CTCMA proposed regulation amendment dated July 10, 2015

Created: March 29, 2016

Discussed at meeting with CTCMA on May 4, 2016

Updated May 9, 2016

Name of Regulation

Current	*Proposed*	*Rationale*
TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS REGULATION	s.13	

	s.13	
Discussion from May 4, 2016		
s.13		

s.13

Definitions

Current	*Proposed*	*Rationale*
"Act" means the Health Professions Act;	s.13	
"active serious medical condition" means a disease, disorder or dysfunction which has disabling or life-threatening effects and which will not improve without immediate or surgical intervention;		
"acupuncture" means an act of stimulation, by means of needles, of specific sites on the skin, mucous membranes or subcutaneous tissues of the human body to promote, maintain, restore or improve health, to prevent a disorder, imbalance or disease or to alleviate pain and includes (a) the administration of manual, mechanical, thermal and electrical stimulation of acupuncture needles, (b) the use of laser acupuncture, magnetic therapy or acupressure, and (c) moxibustion (Jiu) and suction cup (Ba Guan);		
"acupuncturist" means a registrant authorized under the bylaws to practise acupuncture;		
"dentist" means a person authorized under		

the Dentists Act to practise dentistry;	s.13
"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";	
"herbalist" means a registrant authorized under the bylaws to prescribe, compound or dispense Chinese herbal formulae (Zhong Yao Chu Fang) and Chinese food cure recipes (Shi Liao);	
"naturopath" means a person authorized under the Act to practise naturopathic medicine;	
"prescribe" means to give directions, either orally or in writing, for the preparation and	

administration of a traditional Chinese medicine remedy to be used in the treatment of a disorder or an imbalance;	s.13
"traditional Chinese medicine" means the promotion, maintenance and restoration of health and prevention of a disorder, imbalance or disease based on traditional Chinese medicine theory by utilization of the primary therapies of (a) Chinese acupuncture (Zhen), moxibustion (Jiu) and suction cup (Ba Guan), (b) Chinese manipulative therapy (Tui Na), (c) Chinese energy control therapy (Qi Gong), (d) Chinese rehabilitation exercises such as Chinese shadow boxing (Tai Ji Quan), and (e) prescribing, compounding or dispensing Chinese herbal formulae (Zhong Yao Chu Fang) and Chinese food cure recipes (Shi Liao);	

	s.13
"traditional Chinese medicine practitioner" means a registrant authorized under the bylaws to practise traditional Chinese medicine.	

College Name

Current	*Proposed*	*Rationale*
2. The name "College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia" is the name of the college established under section 15 (1) of the Act for traditional Chinese medicine and acupuncture.	s.13	

Reserved titles

Current	*Proposed*	*Rationale*
3. (1) The title "acupuncturist" is reserved for exclusive use by acupuncturists.	s.13	
(2) The title "traditional Chinese medicine practitioner" is reserved for exclusive use		

by traditional Chinese medicine practitioners.	s.13
(3) The title "traditional Chinese medicine herbalist" is reserved for exclusive use by herbalists.	
(4) The titles "doctor of traditional Chinese	

medicine" and "doctor" are reserved for exclusive use by doctors of traditional Chinese medicine.	s.13	
(5) This section does not prevent a person from using (a) the title "doctor" in a manner authorized by another enactment that regulates a health profession, or (b) an academic or educational designation that the person is entitled to use.		

Scope of practice

Current	*Proposed*	*Rationale*
4. (1) An acupuncturist may practise acupuncture, including (a) the use of traditional Chinese medicine diagnostic techniques, and (b) the recommendation of dietary guidelines or therapeutic exercise.	s.13	
(2) A traditional Chinese medicine practitioner may practise traditional Chinese medicine.		

Restricted activities

Current	*Proposed*	*Rationale*
5. No person other than a (a) traditional Chinese medicine practitioner, acupuncturist or herbalist may make a traditional Chinese medicine diagnosis identifying a disease, disorder or condition as the cause of signs or symptoms,	s.13	
(b) traditional Chinese medicine practitioner or a herbalist may prescribe those Chinese herbal formulae listed in a schedule to the bylaws of the College, and		
(c) traditional Chinese medicine practitioner or an acupuncturist may insert acupuncture needles under the skin for the purposes of practising acupuncture.		

s.13

	s.13

s.13

	s.13

s.13

	s.13	

Limits or conditions on services

Current	*Proposed*	*Rationale*
6. (1) No acupuncturist or herbalist may treat an active serious medical condition unless the client has consulted with a medical practitioner, naturopath, dentist or doctor of traditional Chinese medicine, as appropriate.	s.13	

	s.13
(2) A traditional Chinese medicine practitioner or an acupuncturist may administer acupuncture as a surgical anaesthetic only if a medical practitioner or a dentist is physically present and observing the procedure.	
(3) An acupuncturist or herbalist must advise the client to consult a medical practitioner, naturopath, dentist or doctor of traditional Chinese medicine if there is no improvement in the condition for which the client is being treated within 2 months of receiving treatment.	
(4) In the event a client does not consult with a medical practitioner, naturopath, dentist or doctor of traditional Chinese medicine, an acupuncturist or herbalist must discontinue treatment if (a) there is no improvement in the condition	

for which the client is being treated after 4 months from the date treatment commenced, (b) the condition for which the client is being treated worsens, or (c) new symptoms develop.	s.13
(5) An acupuncturist or herbalist must not use traditional Chinese medicine diagnostic techniques except as authorized in the bylaws.	

Patient relations

Current	*Proposed*	*Rationale*
7. The college is designated for the purposes of section 16 (2) (f) of the Act.	s.13	

s.13

Telephone Meeting on TCMA regulation amendments (Mary Watterson and Andrea Gregg)

Date May 10, 2016 @ 3:00pm-4:30pm

Discussion points:

Reviewed and confirmed direction and action items resulting from Wednesday, May 4, 2016 meeting with CTCMA and Pro Reg staff on TCMA regulation amendments. Held in Vancouver.

Confirmed understanding of overall direction to be taken on TCMA regulation amendment s.13

s.13

Scope of Practice/Limits or conditions on services

s.13

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s.13

Action Items Resulting from Telephone Meeting on TCMA regulation amendments

Attendees: Mary Watterson and Andrea Gregg

Action Items:

Action Item	Lead	Status
s.13	MW	
	AG	
	AG	
	MW	**COMPLETED**
	MW	
	AG	
	MW	
	MW	
Set up meeting for May 30, 2016 at 3pm to discuss progress on regulation amendments	AG	**COMPLETED**

Project Plan
Traditional Chinese Medicine and Acupuncturists Regulation full transition under the Health Professions Act

Project Purpose

s.13

Project Approach

s.13

Project Status and Urgency

s.13

Project Resources

Executive Sponsor:
Mark MacKinnon, Executive Director, Professional Regulation and Oversight – Policy and technical Lead

Project Director:
Brian Westgate, Director, Legislative Initiatives – Policy and Technical

Project Resources:
Andrea Gregg, Senior Policy Analyst Professional Regulation and Oversight – Policy
Mary Falconer – Solicitor, Ministry of the Attorney General – provides legal advice
TBD[1] – Legal Counsel, Ministry of the Attorney General – drafts regulations

Assumptions:

s.13

Project Plan and Timelines

Deliverable/Task	Responsibility	Estimated Start Date	Estimated Completion Date
Policy Development Phase:			

s.13

s.13

Deliverable/Task	Responsibility	Estimated Start Date	Estimated Completion Date
s.13			
Regulation Drafting Phase:			
s.13			

s.13

Deliverable/Task	Responsibility	Estimated Start Date	Estimated Completion Date
s.13			
Approvals Phase:			
s.13			

Deliverable/Task	Responsibility	Estimated Start Date	Estimated Completion Date
s.13			

Action Items Resulting from May 30, 2016 Telephone Meeting on TCMA regulation amendments

Attendees: Mary Watterson and Andrea Gregg

Action Items:

Action Item	Lead	Status
s.13	MW	*In progress*
	AG	
	AG	s.13
	MW	**COMPLETED**
	MW	***In progress***
	AG	***To also provide input – to consult with Cam Egli; Daryl Beckett***
	MW	***To do by Frances Picherack***
	MW	**COMPLETED**
Set up meeting for May 30, 2016 at 3pm to discuss progress on regulation amendments	AG	**COMPLETED**
s.13	MW	***In progress***
	MW	**COMPLETED**
Memo to Daryl Beckett, Director, Legislation and Professional Regulation (2009)	MW	**COMPLETED**
s.13	MW	**Check with Mary on progress**
Reports on consultation with other regulators (ie. Letter from Heidi Oetter, CPSBC)	MW	***In Progress***
s.13	MW	***In progress by Frances Picherack***

s.13

Efficacy and Safety of Local Anesthetic Trigger Point Injection for Myfascial Pain

A Systematic Review

Dr. Jean Paul Collet
Professor and Associate Head Research, Department of Pediatrics, UBC
Associate Director, Partnership Development, CFRI

April 16, 2009

Report to College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

Efficacy and Safety of Local Anesthetic Trigger Point Injection for Myofascial Pain

A Systematic Review

1.0 Introduction

Myofascial Trigger point (TrP) is a common problem that was first described by Simons (1995, 1999) as self-sustaining hyperirritable foci located in skeletal muscle or its associated fascia with palpable taut band of tenderness. Palpation of TrP provokes radiating and aching type of pain into localized referred area (Wheeler 2004). When needle or mechanical stimuli is applied on TrP, it often elicits a local twitch response (LTR) that creates a strong patients' reaction or "jump sign" (Wheeler 2001). Myofascial pain syndrome (MPS) is a musculoskeletal disorder which is characterized by muscles in a contracted state with increased tone and stiffness, and that contain trigger points (Simons et al 1999).

The prevalence of myofascial pain associated with TrP is a frequent cause of non articular musculo-skeletal pain. A study by Skootsky et al (1989) showed that of 54 patients with regional pain complaints, 30% of them were diagnosed as MPS. More recently a study by Gerwin (1995) showed that 74% of 96 patients with musculoskeletal pain seen by a neurologist in a community pain medical center presented MPS while another study (Lin et al 1997) found that 94.5% of 109 patients with musculoskeletal disorders were MPS. Fishbain et al. (1986) showed that among 283 patients admitted to a pain cente,r 85% had myofascial pain with TrP.

Major causes of MPS are direct or indirect trauma, exposure to cumulative and repetitive strain, and postural dysfunction (Wheeler 2001). When MPS is due to these mechanical causes it is called "primary MPS" (Gerwin 2001). Other non-mechanical causes such as chronic infection, visceral diseases, peripheral neuropathy and vitamin deficiency are responsible for the development of "secondary MPS" because MPS occurs in conjunction with another medical condition (Backonja et al 1998, Gerwin 2001). Head, face, neck, shoulder, arm, lower back, leg, knee and ankle are common areas that expose to MPS with TrP (Gunn 1977, Baldry 2001). Melzack (1977) showed that a 71% correspondence between acupuncture points and Travell and Simon's MTrP in term of special location and referral patterns (reference in Sha,

Diagnosis of MTrP is difficult because there is no objective assessment. TrP identification relies exclusively on the quality of patients' examination . Patients with TrP present clinical symptoms including localized or regional deep aching sensations, hypersensitivity, allodynia (pain evoked by a non-painul stimulus), palpable nodules or taut bands, with local tenderness at TrP, muscle weakness and decreased range of motion at sites of TrP (Borg-Stein et al 2002, Gerwin 2001, Harden et al 2000, Hong et al 1998, Simons et al 1999). Apart from abnormal sensation,

palpation and motor limitations, it is possible to find signs of autonomic dysfunction with increased sympathetic activity, including: abnormal sweating, change in skin temperature, local skin oedema (Baldry 2001, Borg-Stein et al 2002, Gunn, 2007, Shah JP 2008).

MTrP are difficult to treat. General oral pharmacological treatment for MPS includes non-steroid anti-inflammatory drugs (NSAIDs), tramadol, antidepressants, anticonvulsants, botulinum toxin (Wheeler 2004, Borg-Stein et al 2002). Alternative treatments such as deep dry needling, acupuncture, massage, electrical stimulation and ultrasound are also widely used to treat MPS patients (Baldry 2002, Borg-Stein et al 2002). Therapeutic soft-tissue injections have also been used empirically in MPS patients. Therapeutic injections are directed at TrP within the target muscle to block or inhibit afferent and efferent neural pathways to induce muscular elongation, and thus reduce the pain (Wheeler 2004). Common TrP injections include local anesthetic, corticosteroid, NSAIDs and botulinum toxin (Baldry 2002, Borg-Stein et al 2002, Wheeler 2004). In this review, we focus on TrP injection of local anesthetic.

Common local anesthetics used for TrP injection include bupivacaine, lidocaine, mepivacaine, procaine and etidocaine (Wheeler 2004). Local anesthetics are compound that, when applied to nerve tissue, produce a reversible loss of sensation. They interfere with the conduction process of nervous tissue by preventing the voltage dependent increase in sodium conductance and thus, block the initiation and propagation of action potentials (Catterall 1987). They are usually applied to specific areas or sites for pharmacological actions.

Regarding safety, local anesthetics from the **cain* family are used to control certain types of arrhythmia – therefore it is possible hat these drugs have a cardiac effect in susceptible patients. Other risks such as allergy or dizziness have been reported. However the information is not very precise.

- Given the increased practice of trigger point local anesthetic injections by acupuncturists worldwide and in British Columbia (BC)
- Given that trigger point injection of local anesthetics has been regulated in several US states (New Mexico, Florida and others) and the wish of the College of Traditional Chinese Medicine and Acupuncture (CTCMA) British Columbia to expand the scope of TCM practice with having local anesthetic injection regulated in BC
- Given the absence of synthetic information regarding the efficacy and safety of trigger point local anesthetic injections,

CTCMA decided to conduct of systematic review of the literature to better document efficacy and safety of trigger point local anesthetic injections.

2.0 OBJECTIVE

General objective:

The objective of this review is to document clinical evidence of effectiveness and safety of local anesthetic trigger point injection in alleviating myofascial pain.

Specific objectives;

- To determine whether trigger point injection of local anesthetics is better than (a) injection of placebo, (b) injection of other substances (such as non steroidal inflammatory drugs or botulinum toxin), and (c) dry needling.
- To determine the long term efficacy of trigger point injection of local anesthetics.
- To determine the safety of trigger point injection of local anesthetics.

3.0 METHODS

3.1 Literature search to identify relevant articles

Electronic literature search was performed using keywords and MeSH term (if applicable) in electronic databases including Medline (1950 - Dec 2008), Embase (1980 - Dec 2008), Cochrane Database of Systematic Reviews (until 4th Quarter, 2008) and Cochrane Central Register of Controlled Trials (until 4th Quarter, 2008). All possible terms were included and combined in a similar search strategy in every database. Search terms were *trigger point, Myofascial Pain Syndrome* or *myofascial* and *injections* or *injec$* and *Local anesthetics, bupivacaine, etidocaine, mepivacaine, lidocaine* or *procaine*. References given in relevant identified publications and reviews were screened and checked to identify other studies. We did not limit the search to the types of study being conducted.

3.2 Inclusion and Exclusion Criteria of Articles

To evaluate the efficacy of local anesthetic trigger point injections, we included all randomized controlled trials (RCTs) involving local anesthetic injection at trigger point. We did not have restriction on comparator interventions. We selected studies that included patients suffering from localized pain with TrP (clear definition). We excluded studies on fibromyalgia and tender points which often refer to a huge area of muscle tenderness, not localized pain. Patients with pain caused by internal skeletal or spinal disorder were also excluded. Finally, we excluded intra-articular injection and any nerve block anesthetics.

To evaluate the safety of local anesthetic trigger point injections, similar criteria were implemented but we did not restrict the search to randomized controlled trials only. We also included non-randomized controlled trials and non-comparative studies such as case reports or case series.

3.3 Data Extraction

For efficacy, data were extracted from each trial using a standard extraction form. The following information was abstracted:

1. General article information: Journal, title, authors, year
2. Participants: inclusion and exclusion criteria
3. Trial design with sample size, allocation, blinding, attrition
4. Intervention: types of local anesthetics, comparator intervention, duration of intervention
5. Outcome and results: pain outcome assessment, timing of assessment, adverse events, statistical analyses
6. Author's conclusion

For safety, we only extracted the type of adverse events reported from the different studies without computing rates. The objective was mainly descriptive and qualitative in nature to get an idea of the type an frequency of adverse events.

3.4 Methodological Quality Assessment

Quality of trials was accessed according to the possibility of selection bias, performance bias, detection bias, attrition bias (Juin et al 2001). Quality of studies was assessed using the Jadad scale (Jadad et al 1996). A score of 4 or 5 was considered to be high quality, 3 was moderate quality and 2 or lower was considered to be low quality.

4.0 RESULTS

4.1 Description of Studies

After screening all the references from the search (n=1920), 24 randomized clinical trials were kept. We further eliminated 10 studies that did not meet our inclusion and exclusion criteria:

- Intra-articular injections: 2
- Nerve block anesthetic injection: 2
- Not all patients have trigger points: 1
- Not involving trigger point injection: 1
- Not comparing local anesthetic injection to other treatment: 2
- Not comparing treatment efficacy, only comparing injection points difference: 2.

A total of 14 trials were kept in the analysis:

- Three studies compared "Local anesthetic *versus* Injection of Placebo".
- Six studies compared "Local anesthetic *versus* Dry Needling".
- Two trials compared "Local anesthetic *versus* Botulinum toxin injection".
- One study compared "Local anesthetic *versus* Non steroidal anti-inflammatory drugs

(NSAID)".

- Two studies compared the effect of different dilution of local anesthetics.

Trial summaries can be found in Appendix A.

4.2 Quality of Studies

Most of the included studies were medium to high quality. Among the fourteen trials:

- Eight studies were considered as high quality (Hameroff et al 1981,Graboski et al 2005, Iwama et al 2001, Iwama et al 2000, McMillan et al 1997, Tschopp et al 1996, Frost et al 1980, Garvey et al 1989).
- Four studies were considered moderate quality (Ga et al 2007, Ga et al 2007, Kamanli et al 2005, Frost 1986).
- A study by Hong (1994) and a study by Esenyel et al (2007) were considered as low quality trials.

4.3 Evidence for the Efficacy of Local Anesthetics Injection

4.3.1 Local Anesthetics versus Placebo Injection (Appendix A; p1-3)

Three high methodological quality studies (Hameroff et al 1981, Tschopp et al 1996, Frost et al 1980) compared the effect of local anesthetics versus saline (placebo) trigger point injections in treating myofascial pain syndrome (MPS).

- The study by Hameroff (1981) was a small trial (n=15) showing that trigger point injection with bupivacaine 0.5% or etidocaine 1% was statistically more effective in relieving pain than placebo injections, 7 days after injection.
- Contradictory results were found in 2 other studies:
  - ✓ Tschopp (1996) in a study of 107 patients showed that there was no significant difference among groups receiving bupivacaine 0.25%, lignocaine 1% or saline 0.9% with respect to reduction of pain after 1-week follow-up.
  - ✓ Similarly, in a 4-day trial of 53 patients, Frost (1980) showed that mepivacaine 0.5% injection did not provide any benefit over saline injection in reducing pain.

4.3.2 Local Anesthetic Injection versus Dry Needling (Appendix A; p4-9)

All together there were six studies comparing the effect of local anesthetic versus dry needling. Of which two studies were high quality trials (McMillan et al 1997, Garvey et al 1989), three studies were considered as moderate quality (Ga et al 2007, Ga et al 2007, Kamanli et al 2005) and one study was a low quality trial (Hong 1994).

- In a trial (n=30), McMillan (1997) showed that pain intensity and unpleasantness scores decreased significantly at the end of treatment in all groups (I: procaine + simulated dry needling; II: dry needling + simulated local anesthetic; III: simulated local anesthetic + simulated dry needling), however, there were no statistically significant between-group differences in pain pressure thresholds and pain scores after 24 hours of treatment.
- Garvey (1989) found in a trial (n=63) comparing 4 groups (I: lidocaine 1%; II: lidocaine 1% + corticosteroid; III: dry needling; IV: acupressure + vapour coolant spray), there was no significant pain relief difference among the groups at 2-weeks follow-up.

  Both high quality trials showed that dry needling and local anesthetic injections had comparable effects in reducing pain in MPS. Similar results were found in two moderate quality studies.
- Ga et al (2007) showed that intramuscular stimulation (a kind of dry needling technique) was equivalent in reducing pain intensity to lidocaine 0.5% injection at 1-month follow-up (n=43).
- Ga et al (2007) carried out another study which also showed that acupuncture had comparable effects than 0.5% lidocaine injection at 1-month follow-up in elderly MPS patients (n=39).
- A different result was found in a moderate quality trial (n=29): Kamanli (2005) showed that 0.5% lidocaine or botulinum toxin A were more effective in reducing pain than dry needling.
- Finally, one low quality trial (Hong 1994) showed that lidocaine 0.5% injection had a greater pain relief at 2 weeks after treatment when compared to dry needling (n=58).

4.3.3 Local Anesthetics versus Botulinum Toxin Injection (Appendix A; p10-11)

Two studies were identified. One high quality small trial (n=18) showed that botulinum toxin A and bupivacaine 0.5% had equivalent effect in reducing pain in MPS (Graboski et al 2005). A low quality study (Esenyel et al 2007) also showed that botulinum toxin A and lidocaine 0.5% were comparable in treating MPS at 1 month follow-up (n=90).

4.3.4 Local Anesthetics versus NSAID Injection (Appendix A; p12)

A moderate quality study (Frost 1986) compared lidocaine 1% and diclofenac 5 hours after injection and found that diclofenac had significant improvement in reducing pain intensity compared to lidocaine 1% (n=24).

4.3.5 Different Dilution of Local Anesthetics Injection (Appendix A; p13-14)

Two high quality studies by Iwama (2000, 2001) were included. Iwama (2001) showed that

lidocaine 0.2% and lidocaine 0.25% had similar effects in reducing pain (n=21) while another study (Iwama et al 2000) showed that lidocaine 0.25% was more effective in reducing pain than lidocaine 1% (n=20).

4.4 Evidence for the Safety of Local Anesthetics Injection

4.4.1 Adverse Events Reported in the Included Trials

Of the fourteen studies, only eight studies reported adverse events (Esenyel et al 2007, Frost 1986, Ga et al 2007, Ga et al 2007, Graboski et al 2005, Hameroff et al 1981, Kamanli et al 2005, Tschopp et al 1996). Ga et al (2007) reported 38% of patients receiving 0.5% lidocaine injection suffered from soreness while approximately 5% of the patients suffered from haemorrhage and dizziness respectively. Another study (Kamanli et al 2005) found that 30% of patients receiving 0.5% lidocaine injection had regional coldness and burning sensation while another 30% of the patients had paresthesia after treatment. Graboski et al (2005) reported 22% and 11% patients had regional weakness and dizziness respectively after 0.5% bupivacaine injection. Tschopp et al (1996) reported that no allergic reactions, toxic symptoms or local infections were found in the study. However, a few cases (8%) of transitory facial palsy were found in patients receiving local anesthetics injections. The other three studies reported no adverse events identified after local anesthetics injection (Esenyel et al 2007, Frost 1986, Hameroff et al 1981).

4.4.2 Adverse Events Reported in Other Identified Studies

Local anesthetics are known to have potential toxic effects depending on dosage, pharmacological characteristics of drugs, site of injection and specific patients' characteristics (Naguib et al 1998). Systemic toxicity includes central nervous system toxicity, cardiovascular toxicity, haematological toxicity and respiratory arrest. This usually occurs during accidental intravascular injection (Aldrete et al 1978, Nau 1985, Zink et al 2008). Local tissue toxicity includes neurotoxicity and muscle myotoxicity (Zink et al 2008). Peripheral nerve damage is also possible with subsequent development of numbness, tingling or burning sensations; development of cauda equine syndrome has also been described. However, permanent neurological injury after regional local anesthetic injection is very rare (Naguib et al 1998). Myotoxic effect of local anesthetics has been documented in animal models because of the damage and breakdown of muscle fibres (Andrew et al 1980, Muguruma T et al 2006). However, it is not a common adverse event and in most cases, myoblasts, basal laminae and connective tissue elements permit rapid muscular regeneration (Zink Wer al 2004, Zink et al 2008). Other adverse events reported include nausea, vomiting, hypotension and allergy (Naguib et al 1998). One systematic review (Tremont-Lukats IW, 2005) assessing the effect of local anesthetics administration to relieve neuropathic pain reported that the most common adverse effects of lidocain were drowsiness, fatigue, nausea

and dizziness – no serious adverse events were reported in lidocain clinical trials. A few case reports were identified regarding the adverse events followed by local anesthetics trigger point injection. These included muscle atrophy (Parris et al 1989), cervical epidural abscess (Elias et al 1994), respiratory depression and hemiplegia after accidental intrathecal injection (Nelson et al 1998).

5.0 DISCUSSION

5.1 Effectiveness of Local Anesthetics Injection of trigger points

The literature regarding local anesthetics injection of trigger point is not important with 14 clinical trials, many of them with small sample size (less than 50 patients).

Apart from three studies (1 low, 1 moderate and 1 high quality) suggesting that local anesthetic injection is associated with better relief of pain than saline injection and dry needling respectively, overall, all other studies show that local anesthetics trigger point injection is not better (no statistical difference) than dry needling, botulinum toxin and saline injections, in alleviating pain.

Considering these results, it may be possible that direct needling of trigger points represents the key element to reduce pain regardless the type of needles, the use of injection (dry or "wet" needling) and the nature of injected substance. The hypothesis of a direct needling effect of trigger point injections is supported by several interesting studies well summarized by Sha (2008). Such an effect of direct needling would explain why all patients show a significant pain reduction, whatever the type intervention – with or without injection and whatever the injection.

However, the present review does not address the question of a possible "placebo effect" of direct needling. One systematic review (Cummings, 2001) addressing the question of needling therapy in the management of myofascial trigger points concludes: *"Direct needling of myofascial trigger points appears to be an effective treatment, but the hypothesis that needling therapies have efficacy beyond placebo is neither supporter nor refuted by the evidence from clinical trials."*

Finally, one moderate quality study suggesting diclofenac injection was more effective in reducing pain than that of local anesthetics, more studies have to be conducted to verify this result.

5.2 Safety of Local Anesthetics Injection

Local anesthetics trigger point injection appears to be a safe intervention if conducted properly. The number of adverse events reported in the included randomized controlled trials varies from one study to the other but all events were non serious. From a broader systematic review of local anesthetic injections most frequent adverse events reported include dizziness and haemorrhage;

local side effects included soreness, paresthesia, regional weakness, coldness, burning sensation and transitory facial palsy. These non serious adverse events occur in 20 to 30% of patients. The possible development of cardiac arrhythmia is a legitimate concern given the pharmacologic properties of local anesthetic drugs; however, the dose injected locally does not seem able to produce such an effect. On a theoretical basis, an accident might happen if local anesthetics were injected in a blood vessel instead of the muscle. Overall, considering the large daily practice of local anesthetic injections in emergency medicine or dentistry and the extremely low report of serious adverse events, it is reasonable to consider local anesthetic injections a safe procedure.

6.0 CONCLUSION

From this review the following conclusions:

6.1 Regarding efficacy of local anesthetics trigger point injections

a. Local anesthetics trigger point injection does not appear to be more effective than dry needling, botulinum toxin and saline injection in reducing myofascial pain.

b. Fourteen randomized clinical trials have been conducted to address this question but most of them were small and only 8 were "high quality". The efficacy of local anesthetics trigger point injection requires more high quality large studies.

c. The common therapeutic mechanism of these interventions may be the needle itself independently from the injection. Such a hypothesis would explain why direct needling of trigger points (with either dry or "wet" needles) has an effect in all studies. This hypothesis deserves careful consideration and more studies.

d. Considering a "needling effect" independently from the substances injected raises the question of a possible placebo effect that needs to be addressed in different studies.

6.2 Regarding safety of local anesthetics trigger point injections

If practiced correctly, trigger point injection of local anesthetics is a safe procedure.

Overall, direct trigger points needling is likely having an effect to reduce pain but more studies against placebo need to be conducted. The injection of substances such as local anesthetic products is unlikely to improve pain control on the top of the needling effect, passed the time of the local anesthetic effect (one to two hours).

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November 18, 2009

To: Daryl Beckett, Director
Legislation and Professional Regulation
Ministry of Health Services

Cc: Mary Watterson, Registrar
CTCMA

From: Frances Picherack, Regulatory Policy Consultant

Re: Point Injection Therapy (PIT): Implications for Regulatory Authority with Respect to Combined Scope of Practice/Restricted Activities Model

A. Description and Current Situation

Point Injection Technique (PIT) involves "injecting various medications into acupuncture points or the area of pathological changes." The injection of substances is done with single use disposable needles and syringes.

One immediately notes that the current TCM Practitioners and Acupuncturists Regulation do not authorize such activity. Estimates are that up to 10% of current CCTCMA members may have been using PIT until recent intervention by CTCMA.

A profile of substances currently used in PIT practice in Canada, includes, but may not be limited to

- Vitamins B1, B6, B12
- Saline
- Dextrose
- Local anesthetics (usually procaine)
- Plasma (autoimmune)
- TCM herbs

Sometimes associated with or referred to as mesotherapy or prolotherapy

Main indications in TCM: pain, acute or chronic, tissue injury or damage, (trigger point enhancing acupuncture needling or TCM herbal effect. Stimulates healing.

Also practiced by other professions, e.g. MDs, NDs, Dentists, Chiropractors

Generally Considered Part Of TCM Framework/Scope

- Regularly practiced in China, other parts of Asia, Europe
- Reportedly occurring in US and Canada

- Authorized in some states, (Arkansas, Colorado, Florida, Washington State, Virginia, New Mexico)

- All Canadian regulators reported practice is going on in their jurisdiction, **but is not regulated, even with controlled acts (restricted activities) models.**

- Definitely occurring in BC, CTCMA wishes to define and regulate it in BC

- CTCMA will regulate in public interest based on safety, effectiveness and efficacy. Will make sure all other necessary regulatory mechanisms are in place, e.g. policy, restricted activities authorization, standards, competencies, registration, monitoring, continuing competence, etc

B. CTCMA Approach to Date

- In 2008 CTCMA struck a task force that reported on the current state of PIT practice and regulation in a number of jurisdictions, including Asia, Europe, the US and Canada. The task force reported in the spring of 2009.

- CTCMA also commissioned a review of the Efficacy and Safety of Local Anesthetic Trigger Point Injection for Myofascial Pain by Dr. Jean Paul Collette, Professor and Assoc. Head Research, Department of Pediatrics, UBC.

- On September 12, 2009, subsequent to a review of the above two documents, the CTCMA Board approved the following resolution from the Task Force Report, which is now posted on the CTCMA website.

  "That the 'Restricted activities' as listed in the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation does not currently include intra-articular injection including synovial fluid replacement therapy/viscosupplementation, epidural injection, facet joint injection, or any other type of intra-articular injection; nor does it include regenerative injection therapy/prolotherapy; mesotherapy/injection lipolysis; or intravenous therapy including intravenous injection, infusion; or nerve blocks of any type.

  A CTCMA registrant may practice such procedures only if the registrant holds current dual registration with a second College whose Regulations do include such 'Restricted activities'."

- While the College took the above position in the public interest, practitioners are expressing significant concern and urgency regarding resolution of this matter. Their concern reportedly comes from the ongoing need to respond to patients who are requesting continuation of treatment, especially regarding both acute and chronic injury, conditions, and pain.

- In October of 2009, I completed key informant interviews with Registrars and Board members across Canada where TCM and acupuncture are regulated, using an extensive semi-structured interview schedule.

- In October and November of 2009, on behalf of CTCMA, I conducted stakeholder interviews with the Registrars and/or designates for the BC colleges of physicians and surgeons, pharmacy, nursing, dentistry, and naturopathic doctors, using the expanded information below.

- All stakeholders have agreed with CTCMA that now is the time to do a preliminary frame of this matter with you before proceeding with the key steps of seeking the required scope/restricted activities authorizations, and collaboratively developing standards, conditions and limits, given the practice and regulatory model this will require.

- The above process to date has also exposed a number of questions and issues, which highlight additional steps which may need to be taken in relation to the regulations and bylaws of other professions, notably pharmacy and medicine.

C. Priorities for the Go Forward

Meet with government regarding the following:

> TCM and Acupuncture Scope of Practice in BC (in scope)

>Additional Restricted Activities Authorizations Required

>Standards, Limits and Conditions will be developed

>Collaborative Processes to be developed with other regulators

> Other

CTCMA to Andrea Gregg May 30, 2016
In follow up to teleconference

Practice of Tuina in British Columbia

Introduction

Tuina (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, *tuina* works by applying pressure to acupoints, meridians and groups of muscles or nerves to remove blockages that prevent the free flow of *qi*. Removing these blockages restores the balance of *qi* in the body, leading to improved health and vitality.

Tuina History

The details of *tuina*'s techniques and uses were originally documented in *The Yellow Emperor's Classics of Internal Medicine*, which was written about 2,500 years ago. Its popularity and recognition grew steadily to the point that by the sixth century, many traditional Chinese medical schools had incorporated *tuina* into their programs as a separate department. In China, *tuina* is currently taught as a separate but equal field of study, with practitioners receiving the same level of training (and enjoying the same professional respect) as acupuncturists and herbalists. It is also taught as part of the curriculum at every CTCMA recognized training programs in British Columbia and every ACAOM-accredited school in the United States.

What to Expect on Your First Visit

In a typical *tuina* session, the client remains clothed but wears loose clothing, and sits on a chair or couch. The practitioner will ask the patient a series of questions, then begin treatment based on the answers to those questions.

Tuina practitioners may employ a variety of methods to achieve their goal. Commonly used techniques include soft tissue massage; acupressure and manipulation. Practitioners may sometimes use herbal compresses, liniments, ointments and heat to enhance these techniques.

How does it work?

Tui Na works in accordance with the complex theory of TCM. Fundamental to this theory is the life powering energy that the Chinese call Qi (pronounced 'chee'). Every aspect of bodily function depends upon Qi and its flow through the tissues.

The Chinese recognise a network of 12 paired meridians - one member of each pair on the right side of the body and the other on the left. There are also two unpaired meridians that encircle the trunk and the head in the mid-line.

These meridians are not like vessels, they have no anatomical structure but they are pathways along which the main flow of Qi occurs. It is best to visualise them as precise currents of Qi, just like currents of water in the oceans.

Interestingly, Western scientific methods have been used to plot the courses of these meridians, and they confirm the accuracy of detailed maps produced around the time of The Yellow Emperor's Classics of Internal Medicine.

At irregular intervals along the meridians there are specific Qi points (the acu-points of acupuncture) where pressure, needles or heat can affect the way Qi flows through the meridian. This effect can manifest itself on some part of the meridian quite distant from where the stimulus is applied.

When Qi flow is disturbed anywhere in the body, Qi imbalance that results can cause pain, stiffness, sickness - even emotional pain.

The Chinese believe that health and vitality depend on Qi balance in the body. Tui Na is one of the best ways of achieving this and it uses an array of techniques to do it.

A Casual observer watching a session sees what appears to be a thorough workout for the soft tissues and joints, but the practitioner aims to do more than this. Attention is focused on meridians and selected Qi points. They are massaged in different ways to remove all blockages to the flow of Qi.

In China, Tui Na is used for conditions that, in the West, would be treated by osteopaths, chiropractors and physiotherapists or with drugs. With the aging population and increased physical activity, there is an increasing demand for Tui Na.

Zheng Gu

A direct English translation of the Chinese words zheng gu tui na is "to correct the bone by pushing hand".

Zheng Gu, which means "correct bone', refers to the inclusion of Tui Na's unique mobilization techniques which often quickly restore normal functioning and structurally re-integrate the body. The implication is a hand massage technique where the bones are placed back into the right physical alignment. The theories of zheng gu tui na concentrates on relaxing superficial and deep tissues, which includes ligaments, tendons and muscles. In some special cases, bursas or cartilages are gently massaged to encourage tissue regeneration.

Sometimes mild discomforts or illnesses will manifest in one area but stems from another. A practitioner will address the whole body rather than concentrating only on affected areas. Centuries of past martial artists and practitioners figured the best use of body-to-body contact, finding the right application and manipulating tissues back into place. Zheng gu tui na is just part of Chinese medical therapy. It is based on the simple principle of Yin and Yang. This principle implies for every being there is an opposite. In this way, treating the exterior, one can address the interior.

The practitioner usually start any treatment by releasing and relaxing muscles and stretching stiff joints, using gentle massage techniques, rhythmic joint movements and muscle release techniques. The practitioner may also carry out manipulation using short, quick movements to spinal joints. Other techniques may also be used depending on your problem.

Conditions and Contraindications

Tuina is best suited for rectifying chronic pain, musculoskeletal conditions and stress-related disorders that affect the digestive and/or respiratory systems. Among the ailments *tuina* treats best are neck pain, shoulder pain, back pain, sciatica and tennis elbow. However, because *tuina* is designed to improve and restore the flow of *qi*, treatment often results in improvements to the whole body, not just a specific area.

Because it tends to be more specific and intense than other types of bodywork, *tuina* may not necessarily be used to sedate or relax a patient. The type of massage delivered by a *tuina* practitioner can be quite vigorous; in fact, some people may feel sore after their first session.

As with all forms of care, there are certain instances in which *tuina* should not be performed. Patients with osteoporosis or conditions involving fractures, for instance, should not receive *tuina*. Neither should patients with infectious diseases, skin problems or open wounds.

Source: *Acupuncture Today*, http://www.acupuncturetoday.com/abc/tuina.php
Body Harmonics Centre, http://www.bodyharmonics.co.uk/press-releases/review-what-is-tuina.htm
Chinese Remedy Online, http://www.chineseremediesonline.co.uk/zheng-gu-tui-na/

Gregg, Andrea HLTH:EX

From: Mary Watterson <registrar@ctcma.bc.ca>
Sent: Monday, May 30, 2016 6:10 PM
To: Gregg, Andrea HLTH:EX
Cc: Frances Picherack (fpicherack@gmail.com); Jonathan Ho
Subject: CTCMA Regulation Amendment
Attachments: Tuina.pdf; COLLETT Efficacy and Safety of Local Anesthetic Trigger Point Injection for Myfascial Pain-2.pdf; CTCMA Memo Daryl Beckett Nov18-2009.pdf

Hi Andrea

Thank you for the teleconference today – it was good to chat and follow the action list.

Attached are:

- CTCMA Commissioned research paper 2009: *Efficacy and Safety of Local Anesthetic Trigger Point Injection got Myofascial Pain* (J.P. Collette)
- Practice of Tuina in British Columbia
- Memo to Daryl Beckett, Director, Legislation and Professional Regulation (2009)

Please let me know if you have any questions.

With thanks and kindest regards

Mary

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

College of Physicians and Surgeons of British Columbia
300-669 Howe Street
Vancouver BC V6C 0B4
www.cpsbc.ca
Telephone: 604-733-7758
Toll Free: 1-800-461-3008 (in BC)
Fax: 604-733-3503

March 11, 2015

Dr. Mary Watterson
Registrar
College of Traditional Chinese Medicine
1664 West 8th Ave.
Vancouver, BC
V6J 1V4

Dear Mary,

Re: Draft regulations for the practice of traditional Chinese medicine and acupuncture

Thank you for meeting at our offices with Dr. Vroom and me to review you proposed draft regulations for the practice of traditional Chinese medicine and acupuncture. As we understand it, you are revising your regulations to reflect what is currently the practice of traditional Chinese medicine (TCM) Doctors, TCM Practitioners and Acupuncturists within the restricted activity dictionary that the Ministry has drafted. You provided a working draft of your proposed restricted activities and this College provided its comments for you to consider. As offered at the time of our meeting, I have put into writing the areas for which we had concern, and proposed solutions to those concerns. We look forward to seeing another draft of your proposed regulations as you continue your consultations with the other colleges in BC.

1. Reduce a dislocation: as we understand Tui Na, this is really a manipulation of a joint within its anatomical range of motion, and is really about treating malalignment or misalignment rather than a true dislocation of a joint. We think that there is better wording for Tui Na that makes it clear that this is more akin to what chiropractors do.

2. Use of ultrasound: your registrants use ultrasound as procedural guidance during needling injections or acupuncture. It is not intended to be diagnostic ultrasound as is done by radiologists. We suggested that be clear in your regulations.

3. Defibrillation: your intent is to allow TCM providers to use an AED. As an AED can be used by anyone, we suggest that your remove references to defibrillation in your regulations, so as not to confuse this practice with urgent/emergent cardioversion done by MDs.

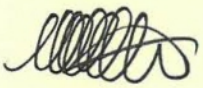
4. Use of x-rays: you clarified that your registrants want to be able to review plain films done on patients who have had an imaging study done by an MD. Your registrants do not want to order x-rays from radiologists nor do they wish to do x-rays themselves.

5. Prescribe Schedule I and II drugs: Your registrants want to be able to prescribe and administer a very narrow range of drugs, such as local anesthetics (used with acupuncture or point injection), vitamins and amino acids. We suggested that the schedule be set out explicitly to set these limits.

6. Conduct Allergy testing: You indicted that the allergy testing contemplated is to test for allergy to herbs, plants, roots and other TCM medications prior to their use in acupuncture or trigger point injection. Your registrants will not be "allergy testing" as it is understood by allergists or other registrants of this College.

In closing, we thank you for the opportunity to discuss your regulations, and look forward to reviewing the next draft of your regulations.

Yours truly,



Heidi M. Oetter, MD
Registrar

HMO/jb

Gregg, Andrea HLTH:EX

From: Mary Watterson <registrar@ctcma.bc.ca>
Sent: Monday, June 6, 2016 6:26 PM
To: Gregg, Andrea HLTH:EX
Subject: CTCMA Regulation Amendment
Attachments: 2015-Mar-10 CPS Meeting.pdf

Hi Andrea

In follow up to our previous discussion and in preparation for tomorrow's teleconference, attached is the CP&S letter regarding Draft regulations for the practice of traditional Chinese medicine and acupuncture.

Regarding the monographs for the Schedule of TCM Prescription Herbs, these have been uploaded to a dropbox with the link https://www.dropbox.com/sh/d9bm4vku6liahv6/AAAZDILh0GN_ZdrODMNPF_Cva?dl=0
There may be some revisions to the Schedule as the College is currently undertaking a review in light of the recent work done in Australia.

With thanks and kindest regards

Mary

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

Three column document – CTCMA proposed regulation amendment dated July 10, 2015

Created: March 29, 2016

Discussed at meeting with CTCMA on May 4, 2016 and June 7, 2016

Updated June 7, 2016

Name of Regulation

Current	*Proposed*	*Rationale*
TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS REGULATION	s.13	

s.13

Discussion from May 4, 2016		

s.13

s.13

Definitions

Current	*Proposed*	*Rationale*
"Act" means the Health Professions Act;	s.13	
"active serious medical condition" means a disease, disorder or dysfunction which has disabling or life-threatening effects and which will not improve without immediate or surgical intervention;		
"acupuncture" means an act of stimulation, by means of needles, of specific sites on the skin, mucous membranes or subcutaneous tissues of the human body to promote, maintain, restore or improve health, to prevent a disorder, imbalance or disease or to alleviate pain and includes (a) the administration of manual, mechanical, thermal and electrical stimulation of acupuncture needles, (b) the use of laser acupuncture, magnetic therapy or acupressure, and (c) moxibustion (Jiu) and suction cup (Ba Guan);		
"acupuncturist" means a registrant authorized under the bylaws to practise acupuncture;		
"dentist" means a person authorized under		

the Dentists Act to practise dentistry;	s.13
"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";	
"herbalist" means a registrant authorized under the bylaws to prescribe, compound or dispense Chinese herbal formulae (Zhong Yao Chu Fang) and Chinese food cure recipes (Shi Liao);	
"naturopath" means a person authorized under the Act to practise naturopathic medicine;	
"prescribe" means to give directions, either	

orally or in writing, for the preparation and administration of a traditional Chinese medicine remedy to be used in the treatment of a disorder or an imbalance;	s.13
"traditional Chinese medicine" means the promotion, maintenance and restoration of health and prevention of a disorder, imbalance or disease based on traditional Chinese medicine theory by utilization of the primary therapies of (a) Chinese acupuncture (Zhen), moxibustion (Jiu) and suction cup (Ba Guan), (b) Chinese manipulative therapy (Tui Na), (c) Chinese energy control therapy (Qi Gong), (d) Chinese rehabilitation exercises such as Chinese shadow boxing (Tai Ji Quan), and (e) prescribing, compounding or dispensing Chinese herbal formulae (Zhong Yao Chu Fang) and Chinese food cure recipes (Shi Liao);	

	s.13	
"traditional Chinese medicine practitioner" means a registrant authorized under the bylaws to practise traditional Chinese medicine.		

College Name

Current	*Proposed*	*Rationale*
2. The name "College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia" is the name of the college established under section 15 (1) of the Act for traditional Chinese medicine and acupuncture.	s.13	

Reserved titles

Current	*Proposed*	*Rationale*
3. (1) The title "acupuncturist" is reserved for exclusive use by acupuncturists.	s.13	
(2) The title "traditional Chinese medicine		

practitioner" is reserved for exclusive use by traditional Chinese medicine practitioners.	s.13
(3) The title "traditional Chinese medicine herbalist" is reserved for exclusive use by herbalists.	

(4) The titles "doctor of traditional Chinese medicine" and "doctor" are reserved for exclusive use by doctors of traditional Chinese medicine.	s.13	
(5) This section does not prevent a person from using (a) the title "doctor" in a manner authorized by another enactment that regulates a health profession, or (b) an academic or educational designation that the person is entitled to use.		

Scope of practice

Current	*Proposed*	*Rationale*
4. (1) An acupuncturist may practise acupuncture, including (a) the use of traditional Chinese medicine diagnostic techniques, and (b) the recommendation of dietary guidelines or therapeutic exercise.	s.13	
(2) A traditional Chinese medicine practitioner may practise traditional Chinese medicine.		

Restricted activities

Current	*Proposed*	*Rationale*
5. No person other than a (a) traditional Chinese medicine practitioner, acupuncturist or herbalist may make a traditional Chinese medicine diagnosis identifying a disease, disorder or condition as the cause of signs or symptoms,	s.13	
(b) traditional Chinese medicine practitioner or a herbalist may prescribe those Chinese herbal formulae listed in a schedule to the bylaws of the College, and		
(c) traditional Chinese medicine practitioner or an acupuncturist may insert acupuncture needles under the skin for the purposes of practising acupuncture.		

s.13

s.13

	s.13

	s.13	

Limits or conditions on services

Current	*Proposed*	*Rationale*
6. (1) No acupuncturist or herbalist may treat an active serious medical condition unless the client has consulted with a medical practitioner, naturopath, dentist or doctor of traditional Chinese medicine, as appropriate.	s.13	
(2) A traditional Chinese medicine practitioner or an acupuncturist may administer acupuncture as a surgical anaesthetic only if a		

medical practitioner or a dentist is physically present and observing the procedure.	s.13
(3) An acupuncturist or herbalist must advise the client to consult a medical practitioner, naturopath, dentist or doctor of traditional Chinese medicine if there is no improvement in the condition for which the client is being treated within 2 months of receiving treatment.	
(4) In the event a client does not consult with a medical practitioner, naturopath, dentist or doctor of traditional Chinese medicine, an acupuncturist or herbalist must discontinue treatment if (a) there is no improvement in the condition for which the client is being treated after 4 months from the date treatment commenced, (b) the condition for which the client is being treated worsens, or (c) new symptoms develop.	
(5) An acupuncturist or herbalist must not use traditional Chinese medicine diagnostic	

techniques except as authorized in the bylaws.		

Patient relations

Current	*Proposed*	*Rationale*
7. The college is designated for the purposes of section 16 (2) (f) of the Act.	s.13	

s.13

Action Items Resulting from June 7, 2016 Telephone Meeting on TCMA regulation amendments

Attendees: Mary Watterson and Andrea Gregg

Action Items:

Action Item	Lead	Status
s.13	MW	*In progress*
	AG	In progress
	AG	s.13
	MW	**COMPLETED**
	MW	***In progress***
	MW	***In progress***
	AG	s.13
	MW	***To do by Frances Picherack***
	AG	**COMPLETED**
	MW	**COMPLETED**
Set up meeting for June 20, 2016 at 3pm to discuss progress on regulation amendments	AG	**COMPLETED**
s.13	MW	***In progress***
	MW	**COMPLETED**
Memo to Daryl Beckett, Director, Legislation and Professional Regulation (2009)	MW	**COMPLETED**
s.13	MW	**COMPLETED**
Reports on consultation with other regulators (ie. Letter from Heidi Oetter, CPSBC)	MW	**COMPLETED**
s.13	MW	***In progress by Frances Picherack***

s.13

s.13	AG	
	MW	**COMPLETED**
	MW	**COMPLETED**

Action Items Resulting from June 7, 2016 Telephone Meeting on TCMA regulation amendments

Attendees: Mary Watterson and Andrea Gregg

Action Items:

Action Item	Lead	Status
s.13	MW	*In progress*
	AG	In progress
	AG	s.13
	MW	**COMPLETED**
	MW	***In progress***
	AG	***To also provide input – to consult with Cam Egli; Daryl Beckett*** s.13
	MW	***To do by Frances Picherack***
	MW	**COMPLETED**
Set up meeting for June 20, 2016 at 3pm to discuss progress on regulation amendments	AG	**COMPLETED**
s.13	MW	***In progress***
	MW	**COMPLETED**
Memo to Daryl Beckett, Director, Legislation and Professional Regulation (2009)	MW	**COMPLETED**
s.13	MW	**COMPLETED**
Reports on consultation with other regulators (ie. Letter from Heidi Oetter, CPSBC)	MW	***In Progress***
s.13	MW	***In progress by Frances Picherack***

s.13

s.13	AG	
	MW	

Gregg, Andrea HLTH:EX

From: Mary Watterson <registrar@ctcma.bc.ca>
Sent: Wednesday, June 8, 2016 4:23 PM
To: Gregg, Andrea HLTH:EX
Subject: CTCMA Regulation Amendment

Hi Andrea

This is sent in follow up to my earlier email with the monographs for the Schedule of TCM prescription herbs.

With respect to our working draft of TCM Prescription herbs and Medicinals, as already mentioned, CTCMA has recently reviewed the Chinese Medicine Board of Australia's (CMBA) *Guideline for Safe Chinese Herbal Medicine Practice,* published in November 2015 (link #1 below).

At this time, CTCMA is also considering the list of Chinese herbal medicines in the companion document, *Cross Referenced Nomenclature List of Commonly Used Chinese Herbal Medicines* (link #2 below), produced by the Australian Health Practitioner Regulatory Agency (AHPRA). The latter document provides valuable information for risk management purposes. The Nomenclature compendium is also designed to clarify the naming conventions for Chinese herbal medicine listed in the Pharmacopoeia of the People's Republic of China, 2010 edition.

For information on the Australian work please refer to the following documents:

Guidelines for safe Chinese herbal medicine practice
http://www.chinesemedicineboard.gov.au/Codes-Guidelines/Guidelines-for-safe-practice.aspx

Nomenclature compendium of commonly used Chinese herbal medicines (you will link to a page and need to scroll down to find the document with exactly word-for-word the same name – it is a large excel document on blue paper with some orange highlights
http://www.ahpra.gov.au/search.aspx?query=nomenclature%20compendium&f.Website%7Cboard=chinese%20medicine%20board&f.Date%7Cd=dgrt21Apr2015lst23Apr2016

Let me know if you have any questions.

With kindest regards

Mary

Mary Watterson
Dr. TCM, Registrar

College of Traditional Chinese Medicine
Practitioners and Acupuncturists of British Columbia
1664 West 8th Ave.
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Tel: 604-738-7100

Fax: 604-738-7171
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Website: www.ctcma.bc.ca

Gregg, Andrea HLTH:EX

From: Mary Watterson <registrar@ctcma.bc.ca>
Sent: Thursday, June 9, 2016 7:47 AM
To: Gregg, Andrea HLTH:EX
Subject: RE: CTCMA Regulation Amendment

Hi again

In follow up to the Australian links, you might find the following helpful when reviewing the Compendium:

Following is the link to the User Guide:
http://www.chinesemedicineboard.gov.au/documents/default.aspx?record=WD15%2f18883&dbid=AP&chksum=nIN1qp1FdDc8w5ktnl21Bw%3d%3d

Let me know if you have any questions.

Thanks! Mary

From: Mary Watterson
Sent: June-08-16 4:23 PM
To: Gregg, Andrea HLTH:EX
Subject: CTCMA Regulation Amendment

Hi Andrea

This is sent in follow up to my earlier email with the monographs for the Schedule of TCM prescription herbs.

With respect to our working draft of TCM Prescription herbs and Medicinals, as already mentioned, CTCMA has recently reviewed the Chinese Medicine Board of Australia's (CMBA) *Guideline for Safe Chinese Herbal Medicine Practice*, published in November 2015 (link #1 below).

At this time, CTCMA is also considering the list of Chinese herbal medicines in the companion document, *Cross Referenced Nomenclature List of Commonly Used Chinese Herbal Medicines* (link #2 below), produced by the Australian Health Practitioner Regulatory Agency (AHPRA). The latter document provides valuable information for risk management purposes. The Nomenclature compendium is also designed to clarify the naming conventions for Chinese herbal medicine listed in the Pharmacopoeia of the People's Republic of China, 2010 edition.

For information on the Australian work please refer to the following documents:

Guidelines for safe Chinese herbal medicine practice
http://www.chinesemedicineboard.gov.au/Codes-Guidelines/Guidelines-for-safe-practice.aspx

Nomenclature compendium of commonly used Chinese herbal medicines (you will link to a page and need to scroll down to find the document with exactly word-for-word the same name – it is a large excel document on blue paper with some orange highlights
http://www.ahpra.gov.au/search.aspx?query=nomenclature%20compendium&f.Website%7Cboard=chinese%20medicine%20board&f.Date%7Cd=dgrt21Apr2015lst23Apr2016

Let me know if you have any questions.

With kindest regards

Mary

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

Gregg, Andrea HLTH:EX

From: Mary Watterson <registrar@ctcma.bc.ca>
Sent: Friday, June 10, 2016 12:14 PM
To: Gregg, Andrea HLTH:EX
Subject: RE: TCM definition

Hi Andrea

Thank you very much for this – you have certainly been researching TCM! I think your ideas make sense and clarify the meaning of TCM. I will send this out to Frances and Jonathan for their review and comment.

Have a great weekend if we don't chat later today!

Kindest regards

Mary

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

From: Gregg, Andrea HLTH:EX [mailto:andrea.gregg@gov.bc.ca]
Sent: June-10-16 11:52 AM
To: Mary Watterson
Cc: Gregg, Andrea HLTH:EX
Subject: TCM definition

Hey Mary,

Below is an example of what I was thinking of adding to the TCM definition that the College proposed. See blue typeface for my suggestions, black is what you put forth. The wording I suggested is to be modified to what the profession would consider most significant about TCM vs. the western approach to medicine. I was just throwing some ideas together based on my very basic understanding of the health care approach of TCM.

I was just looking over the College website (http://www.ctcma.bc.ca/public-protection/what-is-tcm/) and thought maybe you may want to consider adding 5 element theory/zangfu (internal organ) system, I just feel these are important concepts that differentiate the health profession from the Western approach to medicine. Especially when it comes to differentiating the use of acupuncture needles vs. "acupuncture" (a TCM therapy using TCM theory or principles) by various health professionals.

I will give you a call and see if you are around to discuss.

***

"traditional Chinese medicine" means the health profession in which a person provides the services of promotion, maintenance and restoration of health, and prevention, assessment and treatment of a disease, condition, disorder or imbalance, based on traditional Chinese medicine theory or principles, including the holistic concept of harmonizing the individual with their external environment, finding the dynamic balance of yin and yang, and smooth flow of qi, using primary traditional Chinese medicine therapies including

(a) acupuncture (Zhen) through manual, mechanical, thermal or electrical stimulation of acupuncture points with needles, moxibustion (Jiu), suction cup (Ba Guan), laser or magnetic energy,
(b) prescribing, compounding or dispensing traditional Chinese medicine herbs and medicinals (Zhong Yao),
(c) manipulative therapy (Tui Na), and
(d) life therapies including energy control therapy (Qi Gong), Chinese shadow boxing (Tai Ji Quan) and Chinese food cure recipes (Shi Liao).

***

Hope this makes sense. ☺

Andrea

Andrea Gregg, MA
Senior Policy Analyst
Professional Regulation & Oversight Branch | Health Sector Workforce Division
Ministry of Health
' 250-952-1652
andrea.gregg@gov.bc.ca

THREE COLUMN DOCUMENT

Updated: June 7, 2016

Traditional Chinese Medicine Practitioners and Acupuncturists Regulation

Current	Proposed	Reasons
The name of the regulation is Traditional Chinese Medicine Practitioners and Acupuncturists Regulation	s.13	
The definition "active serious medical condition" means a disease, disorder or dysfunction which has disabling or life-threatening effects and which will not improve without immediate or surgical intervention;		

Current	Proposed	Reasons
Definition of "acupuncture" means an act of stimulation, by means of needles, of specific sites on the skin, mucous membranes or subcutaneous tissues of the human body to promote, maintain, restore or improve health, to prevent a disorder, imbalance or disease or to alleviate pain and includes (a) the administration of manual, mechanical, thermal and electrical stimulation of acupuncture needles, (b) the use of laser acupuncture, magnetic therapy or acupressure, and (c) moxibustion (Jiu) and suction cup (Ba Guan);	s.13	
Definition of "acupuncturist" means a registrant authorized under the bylaws to practise acupuncture;		
Definition of "dentist" means a person authorized under the Dentists Act to practise dentistry;		
Definition of "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";		

Current	Proposed	Reasons
Definition of "herbalist" means a registrant authorized under the bylaws to prescribe, compound or dispense Chinese herbal formulae (Zhong Yao Chu Fang) and Chinese food cure recipes (Shi Liao);	s.13	
Definition of "naturopath" means a person authorized under the Act to practise naturopathic medicine;		
Definition of "prescribe" means to give directions, either orally or in writing, for the preparation and administration of a traditional Chinese medicine remedy to be used in the treatment of a disorder or an imbalance;		

Current	Proposed	Reasons
Definition of "traditional Chinese medicine" means the promotion, maintenance and restoration of health and prevention of a disorder, imbalance or disease based on traditional Chinese medicine theory by utilization of the primary therapies of (a) Chinese acupuncture (Zhen), moxibustion (Jiu) and suction cup (Ba Guan), (b) Chinese manipulative therapy (Tui Na), (c) Chinese energy control therapy (Qi Gong), (d) Chinese rehabilitation exercises such as Chinese shadow boxing (Tai Ji Quan), and (e) prescribing, compounding or dispensing Chinese herbal formulae (Zhong Yao Chu Fang) and Chinese food cure recipes (Shi Liao);	s.13	
Definition of "traditional Chinese medicine practitioner" means a registrant authorized under the bylaws to practise traditional Chinese medicine.		

Current	Proposed	Reasons
Section 2 of the regulation refers to the name of the College as the "College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia"	s.13	
Section 3 (1) states who can use the title "acupuncturist"		
Section 3 (2) states that "Traditional Chinese Medicine Practitioner" is for exclusive use by TCM practitioners		
Section 3 (3) states who can use the title "Traditional Chinese Medicine Herbalist"		
Section 3 (5) explains what titles the HPA allows for other HP to use		
Section 4 (1) describes an acupuncturists scope of practice		
Section 4 (2) describes a TCM practitioners scope of practice		

Current	Proposed	Reasons

Page 169

Withheld pursuant to/removed as

s.14

Page 170 to/à Page 171

Withheld pursuant to/removed as

s.14;s.13

Page 172 to/à Page 173

Withheld pursuant to/removed as

s.14

Gregg, Andrea HLTH:EX

From: Mary Watterson <registrar@ctcma.bc.ca>
Sent: Thursday, June 23, 2016 3:49 PM
To: Gregg, Andrea HLTH:EX
Cc: Westgate, Brian A HLTH:EX
Subject: Update to TCMPA Regulation Amendment Proposal
Attachments: 2016-06-23 Update to Regulation Amendment Proposal.pdf; 2015-07-10 - CTCMA Regulation Amendment Proposal - Final.pdf

Hi Andrea

The attached Update is a 2-page executive summary to provide you with the key messages in the proposed amendments. The 6 key points are listed along with the rationale for amendment.

The Proposal submitted to the Ministry in July 2015 is an attachment to the Update and is also attached to this email for easy reference.

With many thanks for your work on this project

Mary

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

Gregg, Andrea HLTH:EX

Subject:	TCM update
Location:	Brian's office
Start:	Tue 2016-06-28 2:00 PM
End:	Tue 2016-06-28 3:00 PM
Show Time As:	Tentative
Recurrence:	(none)
Meeting Status:	Not yet responded
Organizer:	Westgate, Brian A HLTH:EX
Required Attendees:	Gregg, Andrea HLTH:EX

Trying to find some time with you.
Can we chat about the TCM reg changes (bring project tracker)
Any questions you have on Optometrists
Any questions you have on Midwives
Other
This may only take 30 minutes.
Hope this works for you.
Thanks

Bullets for Ted

Traditional Chinese Medicine (TCM) bylaw change

- Bylaw change to remove requirement for 50% of a student's clinical activity to be provided in a clinic owned by the school was approved by the TCM Board at the June 18, 2016 meeting; therefore, Minister's letter that was drafted which would have enforced the bylaw change did not need to be sent to the Board
- The College of TCM posted the bylaw on their website on June 24, 2016. The posting period will be for 90 days.
- Kwantlen Polytechnic University (KPU) will be sending out a media release this week announcing the new TCM acupuncture diploma program starting September 2016

TCM regulations

- Project is underway to bring the current TCM regulations fully under the new Shared Scope of Practice/Restricted Activities model under the *Health Professions Act* (HPA)
- Currently drafting a decision briefing note for ADM approval of policy direction for the amended regulations
- Expect to complete BN end of July

Optometrist's HPA regulation

- The Federal government passed an Act to amend the *Food and Drugs Act* (FDA) to include "non-corrective contact lenses" as a device.
- s.13
-
-

Gregg, Andrea HLTH:EX

From: Westgate, Brian A HLTH:EX
Sent: Tuesday, June 28, 2016 10:58 AM
To: Gregg, Andrea HLTH:EX; Thorneloe, Meghan HLTH:EX; Bennett, Christopher HLTH:EX; Chu, Mary HLTH:EX
Cc: Murdock, Melissa HLTH:EX; Jodouin, Laurianne HLTH:EX; MacKinnon, Mark HLTH:EX
Subject: Please action: Update of Major Deliverables for ADM - Feedback

Follow Up Flag: Follow up
Flag Status: Completed

Hi folks. You will see below that Ted is[s.22] next week and will be looking for an update on all of our high priority projects.
I have cc'd Melissa and Laurianne as we have overlapping projects.
Laurianne is taking the lead on HCA oversight and Nursing consolidation.
I am assuming that Melissa is taking a lead role on BCEHS and D&T.
Could you please draft up a title of your project and 2-4 bullets on where we are with each of the projects (would like to fit the update on 2 pages) and send it to me?
I have made a list below. Please let me know if I am missing anything.
Thanks folks!

Meghan:
MAID
Midwives reg
telepharmacy

Chris:
MMSB
Psychologists reg

Mary:
Dental Surgeons board

Andrea:
TCM (bylaw change on 50% clinical ownership)
TCM regulations
Optometrists regulations

Brian Westgate
Director of Regulatory Initiatives, Professional Regulation and Oversight
Health Sector Workforce Division
Ministry of Health | 1515 Blanshard Street | PO Box 9649 STN PROV GOVT
Victoria BC V8W 9P4

Phone: 250-952-3145
Mobile: 250-507-7423
Brian.westgate@gov.bc.ca

From: MacKinnon, Mark HLTH:EX
Sent: Monday, June 27, 2016 11:26 AM
To: Jodouin, Laurianne HLTH:EX; Murdock, Melissa HLTH:EX; Westgate, Brian A HLTH:EX
Subject: Fwd: Update of Major Deliverables for ADM - Feedback

Please start thinking about your respective bits for this.

Thanks,

M

Sent from my iPhone

Begin forwarded message:

> **From:** "Murray, Heather HLTH:EX" <Heather.Murray@gov.bc.ca>
> **Date:** June 27, 2016 at 11:13:47 AM PDT
> **To:** "MacKinnon, Mark HLTH:EX" <Mark.MacKinnon@gov.bc.ca>, "Frechette, Rod HLTH:EX" <Rod.Frechette@gov.bc.ca>, "Brown, Kevin HLTH:EX" <Kevin.Brown@gov.bc.ca>, "Ty, Marie HLTH:EX" <Marie.Ty@gov.bc.ca>, "South, Nancy HLTH:EX" <Nancy.South@gov.bc.ca>
> **Cc:** "Armitage, Mark W HLTH:EX" <Mark.Armitage@gov.bc.ca>
> **Subject: Update of Major Deliverables for ADM - Feedback**
>
> Hello all,
>
> Ted had requested prior to leaving s.22 that he receive on his return a 2-pager from each of you updating him on the status to the major deliverables under your lead files.
>
> I have drafted up an HSWD summary document of major deliverables (reviewing draft with Mark) which includes information relating to current status, presentations, stakeholder engagement, briefings for the Associate/Minister and will note the status/dashboard if 'on track' or otherwise.
>
> If you think this will suffice as an overall status update for him, I will send to you later today for your input and edits over the next couple of days and have ready for his return on Monday next week. This can serve as a discussion paper for you to review further with him at your next 1:1, along with potentially using into the future for tracking purposes.
>
> Let me know if you are in agreement with this coordinated approach or if you prefer to handle separately.
>
> Thanks, Heather.

Heather Murray--Executive Coordinator~Assistant Deputy Minister's Office
Health Sector Workforce Division--BC Ministry of Health

250-952-2879~BB 250-415-5856~mailto:heather.murray@gov.bc.ca

Gregg, Andrea HLTH:EX

From: Gregg, Andrea HLTH:EX
Sent: Wednesday, June 29, 2016 8:13 AM
To: Westgate, Brian A HLTH:EX
Cc: Gregg, Andrea HLTH:EX
Subject: Bullets for Ted-June 28.2016
Attachments: Bullets for Ted-June 28.2016.docx

Updated version. Please disregard last one. Thanks!

Andrea

Gregg, Andrea HLTH:EX

From: Mary Watterson <registrar@ctcma.bc.ca>
Sent: Wednesday, June 29, 2016 12:39 PM
To: Gregg, Andrea HLTH:EX
Subject: Designation of TCM

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Andrea
In follow up to our discussion this morning, the following is good reference material and is straight from the Ministry's website:

Below is extracted from the HPC 1998 Final Report on the Designation of TCM. Retrieved from the Ministry's website on Page 39 – 40: http://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/traditional_chinese_medicine_final_report_jul_1998.pdf.

> *After careful study of the submissions and the testimony at the public hearing, it is the Council's conclusion that the existence of two colleges governing TCM practitioners would not be in the public interest. TCM is the philosophical tradition from which acupuncture, herbology, and the other primary TCM therapies derive their theoretical bases and standards of practice. The Council believes that it is more appropriate that one college, the College of TCM Practitioners, govern both practitioners of TCM and acupuncture.*

Somehow the actual recommendation from the Health Professions Council was erroneously written into the regulations as being two professions!

With many thanks as always!
Mary

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

Gregg, Andrea HLTH:EX

From: Mary Watterson <registrar@ctcma.bc.ca>
Sent: Wednesday, June 29, 2016 5:21 PM
To: Gregg, Andrea HLTH:EX
Subject: RE: link to The Institute for Functional Medicine

Hi Andrea
Thank you for this. Also in follow up here is the definition for TCM Diagnosis:

"traditional Chinese medicine diagnosis" means a clinical assessment or judgement of an individual's mental or physical condition, identifying a disease, disorder, risk or imbalance; using traditional Chinese medicine theory and principles.

Let me know if you have any questions.
Many thanks
Mary

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

From: Gregg, Andrea HLTH:EX [mailto:andrea.gregg@gov.bc.ca]
Sent: June-29-16 9:59 AM
To: Mary Watterson
Cc: Gregg, Andrea HLTH:EX
Subject: link to The Institute for Functional Medicine

Hey Mary,
Just following up on our phone call, wanted to send you some information on the holistic functional medicine talk I saw last week by Dr. Danièle Behn Smith. Here is a link to the Institute she spoke of that is working on applying traditional medicine practices to Western Medicine. https://www.functionalmedicine.org/

Very interesting and inspiring approach. ☺

Andrea

Andrea Gregg, MA
Senior Policy Analyst
Professional Regulation & Oversight Branch | Health Sector Workforce Division
Ministry of Health
' 250-952-1652
andrea.gregg@gov.bc.ca

Professional Regulation and Oversight – Status Updates, July 15, 2016

Branch	Description of Priority/Task/Deliverable	Summary of Actions to-date	Status/Dashboard and Target Date	Comments
Professional Regulation & Oversight (Mark M.)	Single Nursing College - Amalgamation	• Met with LPN registrar and CLPNBC Board to confirm plan/commitment to single nursing college. • Transition committee meetings are happening regularly including CLPNBC active participation. • Recommending an amendment to the *Health Professions Act* (HPA) to allow for the transition (amalgamation) of the three colleges to move forward. • Working on details of Act changes as well as sequencing of necessary steps to be presented to executive when complete. • Minister briefings may occur over July in Mark's absence		
	College of Diagnostic and Therapeutics	• Clinical validation of assessments of 11 occupations - Complete • Briefing package sent to MO July 08, 2016 • MTL briefings may occur over July in Mark's absence • s.12		
	BC Emergency Health Services (BCEHS) – Regulatory Amendments (various)	• s.13 • s.14 • s.13 • EMA regulation to s.13 s.13 incorporate infant Transfer Team (ITT) service under CCP licence likely to commence in fall 2016		 s.13

	Health Care Assistants Oversight Model	• Intentions paper sent to Minister's office July 8, 2016 – waiting direction on time period for consultation. Meeting with Minister is being scheduled for July. • Post intentions paper for X month consultation period • s.13		HCA and s.13 s.13 HCA Oversight Intentions Paper - Re HEALTH CARE ASSISTANT OVERSIG
	College Board Eligibility's/Conflict of Interest	• Met with Associate DM – June 15/16 re board eligibility • PRO has become aware of several instances where College Boards have reportedly advanced their own professional self-interest rather than upholding the College's public protection mandate. • In recent election materials prior to recent Board elections new Board candidates criticized the current Board for not advancing the interests of the profession. • s.22 • Other instances of note include Colleges taking on an advocacy role in expansion of scope of practice. • PRO has begun to meet with the College Boards to underscore the College's role of public protection. • PRO is also looking at other mechanisms that may be used to help ensure College Boards are focused on their public protection mandate. • s.13		boardcomp-Jun14 2016 (2).doc Role Clarity - Governance June 9 1
	Medical Assistance in Dying (MAiD)	• As of June 6, interim provincial regulations came into force governing medical assistance in dying (MAID), in absence of federal legislation on the matter. Regulatory amendments were made to the Medical Practitioners Regulation to make non-adherence to the College of Physicians and Surgeons Standards on MAID a provincial offence. • Federal legislation on MAID came into force on June 17. MAID is		

		now only available to individuals already approaching the end of their natural life. • With federal legislation in place, further amendments to provincial regulations are needed. • An options paper was presented to the Minister, on July 14 and the option chosen was to use the interim regulation measures for MDs that was done on June 6 and add similar provisions to NPs and Pharmacists.		
	Telepharmacy	• College working with telepharmacies to create a plan for compliance – MoH to monitor • Site specific solutions expected from College in September 2016 • PRO met with the College on June 9, to discuss progress on telepharmacy. • College noted that they will complete their visits with telepharmacies by July 21 s.13 s.13 • •		
	TCM regulation	• Policy work underway to identify policy issues with the goal to develop updated regulations for the TCM profession.		
	Birthing suite	• A midwifery group has contacted the College of Midwives of BC with a proposal to offer midwifery services in a 'stand-alone' home owned by the group and the college has contacted the Ministry. This type of service is not regulated under any existing BC legislation. s.13 s.13		
	Permanent Hire (New Request)	• Senior Policy Analyst (PA SIH 27) – **On hold** given it is a new position and no budget is identified at this time to fund the		

	position. For Ted's review upon his return.		
Counselling Therapists	• FACT BC members have embarked on letter campaign to the Ministry and MLAs. • Various pieces of correspondence being responded to with standard messaging re: current ministry priority is D and T, work on CT not expected to resume until D and T fully solutioned.		
Vancouver Police Department Emergency Response Team Tactical Emergency Medical Services (VPD ERT TEMS)	• Erik Vu, VPD ERT Medical Director, proposed to provide Tactical Combat Casualty Care (TCCC) training and medical oversight for VPD ERT operators so that they can provide medical interventions for self-rescue or injured ERT operators on site where conventional emergency health services are not yet accessible. • Dr. Vu proposed program under HPA medical delegation, meeting with PRO, Vu, and BCEHS confirmed that TCCC falls under EHSA, not HPA • Dr. Vu and William Dick to work together on revised proposal.		
Health Information Management Act	• Met with Mariana A on July 13, 2016 • s.13 •		
Draft Assisted Living Regulation	• Reviewing draft Assisted Living Regulation at request of Robin McMillan, Director Assisted Living Registry for s.13 s.13		
Scope of Practice Tool	• s.13		

	• s.13		
College of Opticians	• s.13,s.14 •		

Status Indicators: On track Impediments Off Track Complete

Project Plan
Traditional Chinese Medicine and Acupuncturists Regulation full transition under the Health Professions Act

Project Purpose

s.13

Project Approach

s.13

Project Status and Urgency

s.13

Project Resources

Executive Sponsor:
Mark MacKinnon, Executive Director, Professional Regulation and Oversight – Policy and technical Lead

Project Director:
Brian Westgate, Director, Legislative Initiatives – Policy and Technical

Project Resources:
Andrea Gregg, Senior Policy Analyst Professional Regulation and Oversight – Policy
Mary Falconer – Solicitor, Ministry of the Attorney General – provides legal advice
TBD[1] – Legal Counsel, Ministry of the Attorney General – drafts regulations

Assumptions:

s.13

Project Plan and Timelines

Deliverable/Task	Responsibility	Estimated Start Date	Estimated Completion Date
Policy Development Phase:			
s.13			

s.13

Deliverable/Task	Responsibility	Estimated Start Date	Estimated Completion Date
s.13			

Regulation Drafting Phase:
s.13

s.13

Deliverable/Task	Responsibility	Estimated Start Date	Estimated Completion Date
s.13			
Approvals Phase:			
s.13			

Gregg, Andrea HLTH:EX

From:	Gregg, Andrea HLTH:EX
Sent:	Tuesday, November 15, 2016 3:16 PM
To:	Westgate, Brian A HLTH:EX
Cc:	Gregg, Andrea HLTH:EX
Subject:	updated CTCMA project plan - regulation amendment
Attachments:	FW: Tradittional Chinese Medicine Scope of Practice ; CTCMA Project Plan_Nov-15-2016.docx

Hey Brian,
Attached is the updated CTCMA regulation amendment project plan. Based on the email Mark sent to the Association (see attached email) I don't believe we will get to the "Regulation Drafting Phase" until May at the earliest (post-election). Filled in the rest of the plan based on that assumption.

Let me know if you have any questions or require any additional information from me.

Thanks,

Andrea

Andrea Gregg, MA
Senior Policy Analyst
Professional Regulation & Oversight Branch | Health Sector Workforce Division
Ministry of Health
☎ 250-952-1652
✉ andrea.gregg@gov.bc.ca

Gregg, Andrea HLTH:EX

From: Westgate, Brian A HLTH:EX
Sent: Monday, November 7, 2016 11:23 AM
To: Gregg, Andrea HLTH:EX
Subject: FW: Tradittional Chinese Medicine Scope of Practice
Attachments: Re: ATCMA - April 20th Meeting Follow Up

Follow Up Flag: Follow up
Flag Status: Flagged

fyi

Brian Westgate
Director of Regulatory Initiatives, Professional Regulation and Oversight
Health Sector Workforce Division
Ministry of Health | 1515 Blanshard Street | PO Box 9649 STN PROV GOVT
Victoria BC V8W 9P4

Phone: 250-952-3145
Mobile: 250-507-7423
Brian.westgate@gov.bc.ca

From: MacKinnon, Mark HLTH:EX
Sent: Monday, November 7, 2016 10:51 AM
To: 'Dr. Chris Vallee'
Cc: Murdock, Melissa HLTH:EX; Westgate, Brian A HLTH:EX; Jason Tutt; MacKinnon, Mark HLTH:EX
Subject: RE: Tradittional Chinese Medicine Scope of Practice

Hi Chris and Jason,

Thanks very much for the follow-up, and my apologies for not responding sooner.

As we anticipated when we spoke in the spring, the summer was, and the fall is proving to be, a particularly busy period. While some work has begun, it is unlikely that we will be in a position to meaningfully engage until after the election.

Thanks again for your ongoing interest, and for following up with us.

Mark

From: Dr. Chris Vallee [mailto:drvallee@telus.net]
Sent: Thursday, October 20, 2016 1:38 PM
To: MacKinnon, Mark HLTH:EX
Cc: Murdock, Melissa HLTH:EX; Westgate, Brian A HLTH:EX; Jason Tutt
Subject: Tradittional Chinese Medicine Scope of Practice

Mr. Mackinnon and colleagues,

Jason Tutt R.Ac sent an email to you two weeks ago giving you an update as to where we currently are in our professionals rolls. As our professional board is based on elections and volunteer positions we thought it would be good to make sure you know that we are still the ones to speak with from the professional side of your work.

We also wanted to ask you if you had any updates you could give us on our Scope of Practice for TCM professionals? We understood through the CTCMA that you had possibly started this process. You shared with us that if we had any questions or wanted to know how things are going we could ask so we thought this would be a good time to check in with you.

Our board is having a meeting at the end of the month and we were hoping to update everyone on the status.

Sincerely,

Dr. Chris Vallee DrTCM
Chair of the Scope of Practice Committee

Gregg, Andrea HLTH:EX

From: Jason Tutt <jason_tutt@hotmail.com>
Sent: Tuesday, October 4, 2016 10:23 AM
To: MacKinnon, Mark HLTH:EX
Cc: Murdock, Melissa HLTH:EX; Westgate, Brian A HLTH:EX
Subject: Re: ATCMA - April 20th Meeting Follow Up

Dear Mr.MacKinnon and colleagues,

Our Scope of Practice committee wanted to check in with you in regards to the TCM/A scope of practice review that we had discussed on April 20, 2016.

We wanted to report that Dr.Andrew Taylor, Dr.TCM and myself both were re-elected to our positions on the board of directors for the British Columbia Association of Traditional Chinese Medicine and Acupuncture Practitioners (ATCMA) and re-appointed to the Scope of Practice committee to continue to be involved in the ongoing process of review for our profession. Also Dr.Andrew Taylor, Dr.TCM and Dr.Chris Vallee, Dr.TCM are still part of the Point Injection Therapy (PIT) expert committee with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA).

We are pleased to share that the College is in full support of the requests that we have made in our presentation in April. We hope to be involved in a trilateral relationship going forward to ensure the best options available for the public, cost savings to the BC government, and the highest quality standards in safety and training.

We look forward to hearing from you and again if there is any way we can be helpful please do not hesitate to reach out to us directly.

Sincerely,
ATCMA Scope of Practice Committee
Jason Tutt, R.Ac - jason_tutt@hotmail.com
Dr.Chris Vallee, Dr.TCM, R.Ac - drvallee@telus.net
Dr.Andrew Taylor, Dr.TCM, R.Ac, RMT - drandrewrt@gmail.com

From: MacKinnon, Mark HLTH:EX
Sent: Thursday, May 19, 2016 1:53 PM
To: 'Jason Tutt'
Cc: Murdock, Melissa HLTH:EX; Westgate, Brian A HLTH:EX
Subject: RE: ATCMA - April 20th Meeting Follow Up

Hi Jason,
Thanks for the follow-up, and for taking the time recently to travel to Victoria to meet with us. We share your hope that this was the start of an ongoing working relationship.
As you note below, we are not presently able to focus on this topic, as we are currently fully occupied with a number of complex, high profile regulatory matters. I expect that this is going to be the case through a particularly busy summer and fall.

We will most certainly reach out to you when we are in a position to actively work on this file. We're also happy to hear from you if you wish to check in with us periodically.
Thanks,
Mark

From: Jason Tutt [mailto:jason_tutt@hotmail.com]
Sent: Tuesday, May 17, 2016 12:08 PM
To: MacKinnon, Mark HLTH:EX
Cc: Murdock, Melissa HLTH:EX; Westgate, Brian A HLTH:EX
Subject: ATCMA - April 20th Meeting Follow Up

Good afternoon Mr.MacKinnon and colleagues,

My name is Jason Tutt, and I am writing you a follow up email to our meeting with your group on April 20th, 2016 in Victoria. Our meeting included myself, Dr.Chris Vallee, Dr.Andrew Taylor, Di Wu and was on behalf of the ATCMA (Acupuncture and TCM Association of BC) speaking for the Acupuncture profession.

A big "take home" for us at this meeting was your emphasis that your committee is currently focusing on current practice. Of course, we hope that we have emphasized enough of our current practice in our previously submitted presentations and at the meeting itself, but we also wanted to clarify how you define current practice, and what sorts of documentation or testimonies might satisfy what your requirements are for defining current practice.

We realize that it may be some time before you are focused on the TCM profession, but we would like to get a head start on preparing any follow up information you may require for defining what truly is current TCM practice in BC and what TCM practice has been since the initial established Regs by the Health Professions Council in 1998.

Our scope of practice committee including myself, Dr.Chris Vallee, Dr.Andrew Taylor and Di Wu hope to have a working relationship with you going forward, and hope you do not hesitate to contact any or all of us so that we may ensure our profession's current practice is properly vetted in the interest of the public and the profession as a whole.

Thank you for your time and hope to hear from you soon.

Sincerely,

ATCMA Scope of Practice Committee
Jason Tutt, R.Ac - jason_tutt@hotmail.com
Dr.Chris Vallee, Dr.TCM, R.Ac - drvallee@telus.net
Dr.Andrew Taylor, Dr.TCM, R.Ac, RMT - drandrewrt@gmail.com
Di Wu, R.TCMP - wu23di@gmail.com

CHINESE MEDICINE WORKING GROUP

PROJECT REPORT

November 16, 2016

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

CHINESE MEDICINE WORKING GROUP

PROJECT REPORT

INTRODUCTION

The purpose of this project was to review the schedule of Chinese medicines listed in Appendix B of the Regulation Amendment Proposal of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia.

In July 2015, the College submitted a Regulation Amendment Proposal to the Ministry of Health of British Columbia to request that the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation be amended to conform to the Shared Scope of Practice/Restricted Activities Model under the *Health Professions Act, R.S.B.C. 1996, c. 183*.

The Regulation Amendment Proposal included a schedule of Chinese medicines (aka restricted Chinese medicines or Schedule I). The Chinese medicines in this schedule are ones that have a high potential for adverse consequences and therefore should require prescription by a qualified and competent health professional. An earlier schedule was originally developed by an Herbal Committee appointed by the Board of the College in 2004 and was subsequently revised in 2009 following consultation with various stakeholders.

In view of advancements in the regulation of Chinese medicines in various jurisdictions around the world, the Chinese Medicine Working Group was formed In July 2016 to review and update the schedule of Chinese medicines. The schedule was reviewed and updated by a group of experienced practitioners working with staff and external resource persons.

CMWG MEMBERS

Dr. Weijia Tan

Dr. Jane Lingzhen Hua

Dr. Kyla D. Drever

STAFF & EXTERNAL RESOURCE

Dr. Mary S. Watterson
Registrar/CEO

Ms. Frances Picherack
Project Consultant,
Petrine Consulting Inc.

Mr. Jonathan Ho
Deputy Registrar

PROCESS AND ACTIVITIES

The primary steps in the review and update were:

1. Review reference material regarding risk factors in Chinese medicines
2. Develop a list of Chinese medicines potentially fitting the criteria for placement on the Schedule
3. Identify level of risk for adverse consequences for Chinese medicines reviewed
4. Establish minimum level of risk for requiring prescription
5. Review and finalize Chinese medicines that require prescription

Review Reference Material

The Chinese Medicine Working Group reviewed references from the following sources:

- Appendix B to the Regulation Amendment Proposal, College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia;
- eHealth Communication tool for use of Chinese herbal medicine, Faculty of Health, University of British Columbia;
- Nomenclature compendium for Chinese herbal medicine, Chinese Medicine Board of Australia (CMBA); and
- Referenced Nomenclature list of commonly used Chinese herbal medicines, Australian Health Practitioner Regulation Agency (AHPRA).

A full list of reference material is available in Appendix A.

Develop a List of Chinese Medicines for Consideration

Based on a review of the reference material, the Chinese Medicine Working Group developed a list of Chinese medicines for consideration by combining:

- Appendix B to the Regulation Amendment Proposal; and
- the Poisons Standard (SUSMP), as applied by the Chinese Medicine Board of Australia (CMBA).

This resulted in a list of 102 Chinese medicines identified for consideration.

Identify Level of Risk for Adverse Consequence

An online survey was used to capture the Chinese Medicine Working Group members' individual judgement regarding the following on the 102 Chinese medicines:

- frequency of use among practitioners;
- likelihood of adverse effects inherent in the Chinese medicine;
- likelihood of adverse reactions with pharmaceuticals or supplements; and
- likelihood of adverse reaction with patients' pre-existing condition or disease.

Additionally, members were asked to identify Chinese medicines not included in the survey for consideration in an expanded review. Members identified 26 additional Chinese medicines for consideration.

A second online survey was then constructed to capture the members' individual judgement regarding the same four criteria on the 26 additional Chinese medicines.

The survey results were tabulated and the Chinese medicines that received responses beyond a threshold level were identified for further review. Members reviewed, discussed and updated where appropriate, their responses on all the Chinese medicines identified for further review.

Establish Minimum Level of Risk for Requiring Prescription

The survey captured the Chinese Medicine Working Group members' responses using a five-point scale for likelihood to produce adverse consequences as follows:

1. Very Unlikely
2. Unlikely
3. Somewhat Likely
4. Likely
5. Very Likely

The members established an initial level of risk at '4 – Likely' for a Chinese medicine to require prescription.

Review and Finalize Chinese Medicines that Require Prescription

The Chinese Medicine Working Group members reviewed each of the Chinese medicines that received an average response lower than '4 – Likely'. The review resulted in a total of 16 adjustments made.

Based on the defined criteria for requiring prescription and the adjustments made by the members, a total of 68 Chinese medicines were identified as requiring prescription. In addition to the defined criteria, members took into consideration the range of severity of risk (e.g. from potential for discomfort to potential to threaten life, limb or function), other reference material (e.g. SUSMP), and other risk potentials not captured by the surveys such as whether a Chinese medicine is identified as being high risk by another regulator.

CHINESE MEDICINES THAT REQUIRE PRESCRIPTION

The Chinese Medicine Working Group identified the following 68 Chinese medicines that should require a prescription:

Ba dou, 巴豆, Croton tiglium

Bai fan, 白矾, Aluminum potassium sulfate

Bai fu zi, 白附子, Typhonium giganteum

Bai guo, 白果, Semen Ginkgo

Ban bian lian, 半边莲, Lobelia chinensis

Ban mao, 斑蝥, Cantharis; Lytta vesicatoria

Ban xia, 半夏, Pinellia ternata

Bei wu jia, 北五加, Cortex Acanthopanacis Radicis

Cang er zi, 苍耳子, Fructus Xanthii

Cao wu, 草乌, Aconitum kusnezoffii

Chai hu, 柴胡, Radix Bupleuri

Chan su, 蟾酥, Bufo bufo; Bufo melanostictus

Chuan wu, 川乌, Radix Aconiti Preparata

Da Cha Yao Gen, 大茶药根, Radix Gelsemii Elegantis

Da Feng Zi, 大风子, Hydnocarpus anthelminthicus

Dan shen, 丹参, Radix Salviae Miltiorrhizae

Dang gui, 当归, Radix Angelicae Sinensis

Dian qie cao, 颠茄草, Atropa belladonna

Fu zi, 附子, Aconitum carmichaelii

Gan sui, 甘遂, Euphorbia Kansui

Guan mu tong, 關木通, Clematis

Gui Jiu, 鬼臼, Radix Angelicae Sinensis

Hong fen, 红粉, Hydrargyri Oxydum Rubrum

Hong Niang Zi, 红娘子, Huechys

Huang Yao Zi, 黄药子, Cannabis sativa

Huo Yang Le, 火秧笋, Euphorbia antiquorum

Ji Ji, 及己, Chloranthus serratus

Jia Zhu Tao, 夹竹桃, Nerium oleander

Ku lian pi, 苦楝皮, Melia azedarach

Ku xing ren, 苦杏仁, Prunus armeniaca; Prunus armeniaca var. ansu; Prunus sibirica

Lang du, 狼毒, Radix Euphorbiae Ebracteolatae

Lei Gong Teng, 雷公藤, Radix Tripterygii Wilfordii

Liu huang, 硫黄, Sulfur

Ma dou ling, 马兜铃, Fructus Aristolochiae

Ma huang, 麻黄, Ephedra intermedia

Ma Liu Ye, 麻柳叶, Pterocarya Stenoptera

Ma qian zi, 马钱子, Strychnos nux-vomica

Mao Gen, 毛茛, Imperata cylindrica

Nao Sha, 硇砂, Sal Ammoniaci

Nao yang hua, 闹羊花, Rhododendron molle

Pi Shi, 砒石, Arsenolite

Pi Shuang, 砒霜, Arsenic sulfide (As2S3)

Qian jin zi, 千金子, Chamaesyce hirta

Qian niu zi, 牵牛子, Ipomoea nil; Ipomoea purpurea

Qing fen, 轻粉, Mercury chloride (Hg2Cl2)

Qing Niang Zi, 青娘子, Lytta Caraganae

Quan xie, 全蝎, Buthus martensii

Ren shen, 人参, Panax ginseng

Shan ci gu , 山慈菇, Cremastra appendiculata; Pleione bulbocodioides; Pleione yunnanensis

Shan dou gen, 山豆根, Sophora tonkinensis

Sheng Yao, 升药, Hydrargyrum Oxydatum Crudum

Shui Yin, 水银, Mercury

Teng Huang, 藤黄, Garcinia Hanburyi

Tian nan xing, 天南星, Arisaema erubescens

Tian xian teng, 天仙藤, Herba Aristolochiae

Tian xian zi, 天仙子, Hyoscyamus niger

Wei ling xian, 威灵仙, Clematis chinensis

Xi xin, 细辛, Asarum sieboldii

Xiang Si Zi, 相思子, Rhizoma Cyperi

Xiong huang, 雄黄, Realgar

Xue Shang Yi Zhi Hao, 雪上一枝蒿, Aconitum brachypodum

Yang jin hua (Man tuo luo), 洋金花 (曼陀罗), Datura metel

Yu Teng, 鱼藤, Derris trifoliata

Zao fan (Lü fan), 皂矾（绿矾）, Melanteritum

Zhi cao wu, 制草乌, Aconitum kusnezoffii

Zhi chuan wu, 制川乌, Aconitum carmichaelii

Zhu sha, 朱砂, Cinnabaris

Zhu ya zao, 猪牙皂, Fructus Gleditsiae Abnormalis

A summary of changes to the schedule of Chinese medicines in the Regulation Amendment Proposal is available in Appendix B.

LIMITATIONS

There are a number of limitations with this review, including the rapidly changing landscape of regulatory models for Chinese medicines across the globe. To the extent possible, attempts were made to include adequate reference material to ensure a reasonable level of reliability in the experienced practitioners' individual and collective judgment of the potential risk of using certain Chinese medicines.

CONCLUSION AND RECOMMENDATION

A scan of regulatory systems for Chinese medicines confirms that regulators recognize some Chinese medicines may carry a potential for adverse consequences and that those Chinese medicines should only be prescribed by adequately trained health professionals.

Emerging research on the correlation of adverse effects of Chinese medicines when combined with pharmaceutical or supplement use is receiving increased attention by such bodies as the World Health Organization (WHO), which has published guidelines in order to define basic criteria for evaluating the quality, safety, and efficacy of herbal medicines aimed at assisting national regulatory authorities, scientific organizations and manufacturers in this particular area. The Canadian regulatory system is consistent with WHO guidelines for the assessment of herbal medicines for safety purposes. The Chinese Medicine Working Group recommends that the College stay abreast of advances in the knowledge and regulation of the safe use of Chinese medicines by traditional Chinese medicine practitioners in British Columbia.

The Chinese Medicine Working Group recommends that the College update Appendix B of the Regulation Amendment Proposal to the list of 68 Chinese medicines requiring prescription, as listed in this report.

APPENDIX A

Reference Documents

- American Dragon, www.americandragon.com
- Complementary and Alternative Healing University, www.alternativehealing.org
- Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES)
- eHealth Communication tool for use of Chinese herbal medicine, October 2015, Faculty of Health, University of British Columbia
- Natural and Non-prescription Health Products Directorate, Health Canada
- Nomenclature compendium for Chinese herbal medicine, October 2015, Chinese Medicine Board of Australia (CMBA)
- Regulation Amendment Proposal, July 2015, College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia
- The Poisons Standard (the SUSMP), Department of Health, Australian Government
- Referenced Nomenclature list of commonly used Chinese herbal medicines, July 2016, Australian Health Practitioner Regulation Agency (AHPRA)
- TCM Wiki, www.tcmwiki.com
- WHO guidelines for assessing quality of herbal medicines with reference to contaminants and residues, 2007, World Health Organization
- 中华临床中药学（上下），1998，人民卫生出版社
- 现代中药学大辞典，2001，人民卫生出版社

APPENDIX B

Changes to Schedule of Chinese Medicines

The names of the following Chinese medicines have been revised in order to bring them into alignment with Health Canada's Natural Health Products Ingredients Database:

Sheng Ban Xia, 生半夏, Unprocessed Rhizoma Pinelliae

Sheng Cao Wu Tou, 生草烏頭 / 生草乌头, Unprocessed Radix Aconiti Kusnezoffii

Sheng Chuan Wu Tou, 生川烏頭 / 生川乌头 , Unprocessed Radix Aconiti

Sheng Fu Zi, 生附子, Unprocessed Radix Aconiti Lateralis

Sheng Gan Sui, 生甘遂, Unprocessed Radix Kansui

Sheng Guan Bai Fu, 生關白附 / 生关白附, UnprocessedRadix Aconiti Coreani

Sheng Lang Du, 生狼毒, Unprocessed Radix Euphorbiae Fischerianae;Stellerae

Sheng Qian Jin Zi, 生千金子, Unprocessed Semen Euphorbiae

Sheng Teng Huang, 生藤黃, Unprocessed Resina Garciniae Morellae

Sheng Tian Nan Xing, 生天南星, Unprocessed Rhizoma Arisaematis

Sheng Yu Bai Fu, 生禹白附, Unprocessed Rhizoma Typhonii

Sheng/Zhi Ma Qian Zi, 生/製馬錢子, 生/ 制马钱子, Unprocessed/Processed Semen Strychni

The following Chinese medicines have been added to the schedule of Chinese medicine:

Bai guo, 白果, Semen Ginkgo

Bei wu jia , 北五加, Cortex Acanthopanacis Radicis

Cang er zi, 苍耳子, Fructus Xanthii

Chai hu, 柴胡, Radix Bupleuri

Dan shen, 丹参, Radix Salviae Miltiorrhizae

Dang gui, 当归, Radix Angelicae Sinensis

Dian qie cao, 颠茄草, Atropa belladonna

Guan mu tong, 關木通, Clematis

Hong fen, 红粉, Hydrargyri Oxydum Rubrum

Ku lian pi, 苦楝皮, Melia azedarach

Ku xing ren, 苦杏仁, Prunus armeniaca; Prunus armeniaca var. ansu; Prunus sibirica

Ma dou ling, 马兜铃, Fructus Aristolochiae

Ma qian zi, 马钱子, Strychnos nux-vomica

Quan xie, 全蝎, Buthus martensii

Ren shen, 人参, Panax ginseng

Tian xian teng, 天仙藤, Herba Aristolochiae

Wei ling xian, 威灵仙, Clematis chinensis

Yang jin hua (Man tuo luo), 洋金花 (曼陀罗), Datura metel

Zao fan (Lü fan), 皂矾（绿矾）, Melanteritum

College of Traditional Chinese Medicine Practitioners
and Acupuncturists of British Columbia

CTCMA Regulation Amendment

Draft List of Prescription Drugs and Substances for the Certified Practice of TCM PIT
For Discussion Purposes Only

Note: If a drug is on the PODSA List, number down the side indicates Drug Schedule

1	Amino acid solutions (for parenteral use)
2	Arginine and its salts
1	Chromium chloride, injectable form
1	Dextrose injection in concentrated solutions
2	Dextrose (sclerosing agent)
1	Epinephrine and its salts (other than in pre-filled syringes intended for emergency administration by injection in the event of anaphylactic reactions to allergens)
2	Epinephrine and its salts (in pre-filled syringes intended for emergency administration by injection in the event of anaphylactic reactions to allergens)
1	Folic acid for parenteral use
2	Heparin and its salts (except for topical use)
2	Hyaluronic acid and its salts (preparations in concentrations of 5% or more)
2	Lidocaine and its salts, for parenteral use
2	Mannitol and its salts, for parenteral use
1	Potassium salts, for parenteral use
2	Procaine and its salts for parenteral use
2	Selenium, for parenteral use
1	Sodium chloride for parenteral use
2	Sodium chloride, single ingredient solutions in concentrations of more than 0.9%)
2	Sodium citrate, for parenteral use
1	Vitamin A, for parenteral use
1	Vitamin B12 with Intrinsic Factor Concentrate, for parenteral use
1	Vitamin D for parenteral use
1	Zinc chloride in injectable form for parenteral use
1	Zinc sulfate in injectable form for parenteral use

CTCMA

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

December 23, 2016

VIA EMAIL

Mark MacKinnon, Executive Director
Professional Regulation and Oversight Branch
Health Sector Workforce Division
Ministry of Health
1515 Blanshard Street
Victoria BC

Dear Mr. MacKinnon:

Re: Regulation Amendment Proposal

Over the past year, the College has proceeded to develop the regulatory policies and instruments through which it will regulate the practitioners under the proposed "one profession" of TCM practitioners.

During the past year the College has established workgroups mandated to recommend regulatory policies and instruments to align with the Regulation Amendment Proposal of July 10, 2015. The groups include:

- TCM PIT Competencies Development Workgroup,
- Scope of Standards Practice Workgroup, and
- Chinese Medicine Workgroup.

The following documents are submitted for updating purposes:

1. Scope of Practice Standards Draft,
2. List of Approved Drugs and Substances for the Certified Practice of TCM Point Injection Therapy (TCM PIT), and
3. Schedule M: Restricted Chinese Medicines, to be established in Schedule M to the Bylaws.

We would be pleased to meet with you to discuss the attached and our readiness to finalize any outstanding requirements for the purposes of expediting our Regulation Amendment Proposal.

Please do not hesitate to contact me should you have any questions.

Yours truly,

Mary Watterson, Dr. TCM
Registrar/CEO

CTCMA SCOPE OF PRACTICE STANDARDS
According to Regulation Amendment Proposal (The Proposal) of July 2015, and Regulation Amendment Update of June 23, 2016

A. INTRODUCTION AND OVERVIEW

A.1 Under s.19 (k) of the *Health Professions Act* (HPA), the Scope of Practice Standards, to be established in bylaw by the College, set out the standards, limits and conditions related to the scope of practice for traditional Chinese medicine (TCM) practitioners under the Traditional Chinese Medicine Practitioners Regulation (the "Regulation"). In this document, they are set out based on specific areas of practice within the TCM scope of practice, as defined in the Regulation; and associated restricted activities authorized in the Regulation.

A.2 As required in s. 16(k) of the HPA, the standards also take into account the College's duty, "to promote and enhance

(i) collaborative relations with other colleges established under the Act
(ii) interprofessional collaborative practice, between its registrants and persons practising another health profession, and
(iii) the ability of its registrants to respond and adapt to changes in practice environments advances in technology, and other emerging issues."

A.3 Under the Regulation, the name of the College is the College of Traditional Chinese Medicine Practitioners of British Columbia (CTCMPBC). For alignment purposes, any reference to "the College" in this document is a reference to the College of Traditional Chinese Medicine Practitioners of BC, i.e. CTCMPBC.

A.4 The Scope of Practice Standards document is the key regulatory tool the CTCMPBC will use to guide and regulate registrants with respect to preventing and mitigating the risk of harm that exists in the provision of services to the public by TCM practitioners.

A.5 As the HPA Shared Scope of Practice Model is risk-based, so are the CTCMPBC Scope of Practice Standards, Limits and Conditions for TCM practitioners. The assumption is that the services associated with restricted activities require this specific attention in regulation in order to provide appropriate safety for public protection purposes, which is commensurate with the risks involved. The Scope of Practice Standards are currently intended to be a, "Right-Touch Regulation" (or risk sensitive) regulatory instrument and practice guide, where standards, limits and conditions are proportionate to the risk associated with the services provided; as authorized in the Regulation. The standards, limits and conditions are the principal tool through which the College and practitioners together "protect the public in the public interest."

A.6 Under the HPA, the Regulation and the College Bylaws, the TCM practitioner is required at all times to practice within the limits of the authorized scope of practice for traditional Chinese medicine as defined in the Regulation, and within their individual practitioner competence, within that scope of practice. In addition to the duty to practice within their scope of practice, all registrants are accountable to perform competently in any specific practice area, and within the limits of their competency in that area of practice; at all times.

A.7 Registrants must also meet the continuing competence and quality assurance requirements set out in College Bylaws. They must monitor completion of their continuing competence and quality assurance requirements as set out by the College, and demonstrate that they are doing so.

A.8 The Scope of Practice Standards assume competence of the TCM practitioner to meet each of the standards listed in the areas they practice in. Registrants must also be compliant with the Standards of Practice set out in Schedule B to the College Bylaws, and with the Code of Ethics, Schedule A to the College Bylaws.
A.9 It is important to note that the standards, limits and conditions that form the Scope of Practice Standards under the Regulation go beyond those in Schedule A and B of the Bylaws, because of the known or understood definition of risk involved in carrying out the authorized restricted activities in the Consultation Draft of Restricted Activities to the Health Professions General Regulation, dated March 19, 2010.

A.10 TCM practitioners on the Certified Practice Register for the Certified Practice of TCM Point Injection Therapy (TCM PIT) must comply with the standards, limits and conditions for the Certified Practice of TCM PIT, also set out in this document, as associated with specific restricted activities.

A. 11 Because of the potential level of risk associated with the Restricted Chinese Medicines, TCM practitioners authorized to prescribe Restricted Chinese Medicines on Schedule M to the Bylaws must take all steps outlined in the standards, limits and conditions associated with that restricted activity.

A.12 **Notice to All Registrants:** Information in this document is subject to change as College policy is revised or legislation is amended. Registrants will be duly notified of all changes.

B. SCOPE OF PRACTICE STANDARDS INFORMED BY WORKING GROUP

B.1 In the Fall of 2015, the College established a Scope of Practice Working Group (SOPWG) to provide practitioner input to the Scope of Practice Standards for TCM under the HPA Shared Scope of Practice Model. After completing a risk assessment of the restricted activities for which the College is seeking authorization under the Regulation, the SOPWG set out to establish standards, limits and conditions based on specific practice areas in the TCM scope of practice, definition, and associated authorized restricted activities, under the Regulation.

B. 2 Standards, limits and conditions have specific meanings in the risk-based Scope of Practice Standards scheme under the HPA. The following definitions established by the College were used by the SOPWG to distinguish these, as required by the Regulation.

Standard: Reflects the minimum acceptable standard or level of practice performance and ethical conduct in a specific practice area or practice episode, expected by the College of all TCM practitioners in British Columbia. Standards also reflect relevant legal requirements and are enforceable under the *Health Professions Act*, RSBC 1996, c.183 (*HPA*) and the College Bylaws, under the HPA.

Limit: Specifies what practitioners are not authorized to do, or a point beyond which the professional must not go or must stop any diagnostic or treatment intervention. For example, TCM practitioners on the TCM PIT Certified Practice Register are not authorized to perform venipuncture, or to use Platelet Rich Plasma (PRP) in TCM PIT.

Condition: Sets out the circumstances under which a practitioner is authorized to carry out a clinical activity, especially with respect to restricted activities. For example, only those authorized by the College may prescribe Restricted Chinese Medicines on Schedule M to the Bylaws.

C. ONGOING REGISTRATION REQUIREMENTS FOR ALL TCM PRACTITIONERS

C.1 TCM practitioners must continue to meet requirements for ongoing registration, including demonstrating continuing competence and meeting quality assurance requirements set out by the College. With respect to advanced practice such as the Certified Practice of TCM PIT, TCM registrants

on the Certified Practice Register must meet competencies required for initial certification through completion of the TCM PIT Certification Program, as well as the continuing competence and quality assurance requirements, in order to continue registration on the TCM PIT Certified Practice Register.

D. EMERGENCY RESPONSE STANDARD FOR ALL TCM PRACTITIONERS

D.1 Under the Regulation, all TCM practitioners must meet the standards established in College Bylaws for responding to emergency situations with respect to patients, staff and visitors in the clinic, office, or any setting where they are practising.

D.2 Emergency response is the assistance given by the TCM practitioner to any person, patient or visitor to the TCM practitioner's clinic who develops sudden illness, a fall, injury, choking or breathing difficulty that may involve severe pain, serious disruption of vital signs, or other urgent threats to life, limb or function. The TCM practitioner responds in order to stabilize the patient, prevent serious damage and indeed death; while awaiting emergency services personnel, which has been called through 9-1-1.

D. 3 Cardiopulmonary Resuscitation (CPR) is an emergency procedure that involves chest compression, often combined with artificial ventilation, and in advanced circumstances automatic electronic defibrillation (AED), in an effort to manually preserve intact brain function until further measures are taken, to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest.

D. 4 Under the College Bylaws, the standard certification requirement for first aid and emergency response intervention by all TCM practitioners is Standard First Aid (SFA) and Cardiopulmonary Resuscitation at Level C (CPR-C).

D. 5 For the Certified Practice of TCM PIT, the standard requirement for emergency care certification is established as part of the TCM PIT Certification Program.

E. THE TRADITIONAL CHINESE MEDICINE PRACTITIONERS REGULATION

E.1 The Regulation sets out the following backdrop for the standards, limits and conditions practitioners must practice according to; which includes:

- College Name;
- Reserved Titles for Traditional Chinese Medicine Practitioners;
- A TCM Scope of Practice Statement;
- An authorized definition of Traditional Chinese Medicine;
- Restricted activities TCM Practitioners are authorized to perform; and
- Standards, Limits and Conditions for TCM practice, based on all of the above.

E.2 **College Name:** College of Traditional Chinese Medicine Practitioners of British Columbia (CTCMPBC)

E.3 **Reserved Titles**

Under the Regulation, registrants use the following reserved titles,

- Acupuncturist;
- Traditional Chinese Medicine Acupuncturist;
- Doctor of traditional Chinese Medicine;

- Traditional Chinese Medicine Doctor;
- Traditional Chinese Medicine Herbalist;
- Traditional Chinese Medicine Practitioner

All registrants may use the reserved title of Traditional Chinese Medicine practitioner

E.4 **Scope of Practice Statement and Definition**

TCM Scope of Practice Statement "A registrant may practice traditional Chinese medicine."

Definition: The Scope of Practice Statement refers to the broad set of clinical activities TCM practitioners are educated and authorized to perform that are established through the legislated definition of traditional Chinese medicine, which reads**:**

> "The health profession in which a person provides the services of promotion, maintenance and restoration of health; prevention, assessment and treatment of a disease, condition, disorder or imbalance; and healing or regenerative interventions and supports based on traditional Chinese medicine theory or principles, using traditional Chinese medicine therapies, including:
> (a) acupuncture (Zhen) through manual, mechanical, thermal or electrical stimulation of acupuncture points with needles, moxibustion (Jiu), suction cup (Ba Guan), laser or magnetic energy,
> (b) prescribing, compounding or dispensing traditional Chinese Medicines (Zhong yao),
> (c) manipulative therapy (Tui Na), and
> (d) life therapies including energy control therapy (Qi Gong), Chinese shadow boxing (Tai Ji Quan) and Chinese food cure recipes (Shi Liao)."

E.5 **Categories of Registrants**

Under the one profession of TCM practitioners, the College regulates four categories of TCM registrants who practice TCM under the TCM Scope of Practice Statement and Definition: TCM doctors, TCM practitioners, TCM acupuncturists, and TCM herbalists.

F. TCM SCOPE OF PRACTICE STANDARDS, LIMITS, AND CONDITIONS

The Scope of Practice Standards, Limits and Conditions for TCM practitioners are set out below according to **specific practice areas in the TCM Scope of Practice, a brief discussion of the practice area if indicated, and any associated authorized restricted activities,** in alignment with the Consultation draft of Restricted Activities in the Health Professions General Regulation.

TCM PRACTICE AREA: TCM DIAGNOSIS

''Traditional Chinese Medicine diagnosis" means a TCM clinical assessment and TCM judgment of an individual's mental or physical health condition, to identify a disease, disorder, condition or imbalance; using traditional Chinese medicine theory and principles.

Restricted Activity (a) The TCM practitioner makes a traditional Chinese medicine diagnosis identifying a disease, disorder or condition as the cause of the presenting signs and symptoms of an individual.

Standards

1.The TCM practitioner competently, safely and ethically uses the specialized body of knowledge of TCM Theory and Principles when interviewing, examining (e.g. tongue, pulse diagnosis, ah-shi points) and assessing the presenting signs, symptoms, conditions, and history of the patient for TCM diagnostic purposes.

2. For safety purposes, the TCM practitioner inquires during the TCM history taking about patient use of other health services, treatments, drugs or substances. Where appropriate or required for safety purposes, and with the patient's consent; the TCM practitioner accesses the patient's health records from other health professionals, including information in diagnostic tests or treatments, and or liaises with such other professionals as necessary, with the consent of the patient.

3. The TCM practitioner explains the TCM diagnosis to the patient and addresses associated questions or concerns of the patient. The practitioner records and continuously updates the patient's TCM diagnosis, based on the patient's response to treatment, updated history, and ongoing signs and symptoms. The TCM practitioner must obtain and keep updated a record of signed informed consent for diagnostic and treatment purposes. All record keeping must be in compliance with the applicable legislation and the CTCMA Clinical Record Keeping Practice Standards, 2015.

Limits and Conditions

1. The TCM practitioner does not go beyond the authorized TCM scope of practice or their individual competence within that scope of practice, when assessing the patient for the purposes of making a TCM diagnosis.

2. The TCM practitioner refers the patient to other members of the health team when indicated in the diagnostic work up or results of TCM diagnosis, or for treatment purposes.

TCM PRACTICE AREA: TCM ACUPUNCTURE

TCM acupuncture, with its associated treatment forms and adjuncts (e.g. moxibustion, electro-acupuncture, and laser) uses acupuncture needles for TCM diagnostic and treatment purposes to assess, balance, and restore the flow of qi, energy, balance and the mental, physical and social health, of the patient.

Restricted Activity (b) The TCM practitioner performs a procedure below the dermis or below the surface of a mucous membrane for TCM acupuncture treatment purposes.

Standards

1. The TCM practitioner must be compliant with the Safety Processes and Procedures in Section 4 of the Safety Program Handbook, December 2012 for this practice area and associated restricted activity. In addition, the following standards apply:

2. The TCM practitioner selects the acupuncture point(s) and site, angle, depth, retention time and technique for acupuncture needle and insertion based on TCM diagnosis, and relevant knowledge of anatomy, physiology, biomedicine, injury, inflammation and healing. The location of internal organs, blood vessels and nerves, as well as risks associated with specific acupuncture points, and the tissue condition in the insertion site are also considered by the TCM practitioner before needle insertion, to ensure safe and effective TCM acupuncture treatment.

3. The TCM practitioner uses appropriate safety precautions to prevent pneumothorax when needling in the chest area, and ensures that misplaced electrical stimulation does not interfere with pacemakers and other patient electrical health devices.

4. The TCM practitioner applies the necessary steps to prevent tissue damage or burns in using acupuncture needling adjuncts such as moxibustion, cupping, and heat from infrared lamps and other sources.

Limits and Conditions

1.The TCM practitioner uses only acupuncture points, sites, techniques and equipment for adjunct acupuncture techniques, e.g. ear acupuncture, scalp acupuncture; for which they have the necessary education, training and competence required by the College.

2. The TCM practitioner observes the Contraindications and Precautions for Acupuncture in section 4.7 of the Safety Program Handbook, for diagnostic and treatment purposes.

3. The TCM practitioner uses only single use disposable acupuncture needles, observes infection prevention and control protocols, including hand washing, before and after needling, and disposes of used needles only in dedicated medical waste containers; in keeping with the college Safety Program Handbook, Dec 2012, as well as the British Columbia Centre for Disease Control (BCCDC) Infection Prevention and Control (IPC) decision support tools.

4. Only TCM doctors and TCM acupuncturists may perform a procedure below the dermis or below the surface of a mucous membrane.

TCM PRACTICE AREA: PRESCRIBING, COMPOUNDING OR DISPENSING CHINESE MEDICINES

This practice area refers to the use of non-prescription Chinese Medicines by TCM practitioners that are not listed as restricted or requiring a prescription, in Schedule M to the Bylaws.

Chinese Medicine is a medicine that can be found in a Chinese Herbal Medicines *materia medica,* and includes medicines of plant, animal and mineral origin.

According to Health Canada, "Traditional medicines, such as traditional Chinese medicines" are natural health products (NHPs), regulated by Health Canada under the Natural Health Products Regulations, which came into effect on January 1, 2004 and are now under review in preparation for a reformed risk-based and oversight approach for public safety and transparency purposes.

Note: The College does not regulate Chinese Medicines as products; however, it does regulate the professional services carried out by registrants under the TCM scope of practice, with respect to the prescribing, compounding or dispensing of Chinese Medicines.

The following standards, limits and conditions established by the College for the purposes of regulating the **prescribing, compounding or dispensing of Chinese Medicines by TCM practitioners, must be met by all registrants practising in this area of the TCM scope of practice.**

Standards

1. The TCM practitioner prescribes, compounds or dispenses Chinese Medicines based on a thorough TCM history, assessment, inspection, and diagnosis of the patient, including allergies; consideration of indications, side effects and possible adverse effects of the herbs or medicinals being used; and with attention to any other Chinese Medicines, substances or drugs the patient is taking; as well as the patient history of past adverse reactions to or adverse events associated with Chinese Medicines, other Natural Health Products, or pharmaceuticals..

2. The TCM practitioner prescribes, compounds or dispenses Chinese Medicines in compliance with Section 5 of the Safety Program Handbook: Herbology, December 2012, pp.84-100.

3. The TCM practitioner discloses the ingredients and toxicity of the Chinese Medicines prescribed, compounded or dispensed to the patient and advises the patient to immediately obtain medical assistance should any adverse effects or allergic reaction occur once they have left the clinic; as well as to report any intolerance, side effects, adverse effects or adverse reactions to the practitioner.

Limits and Conditions

1. The TCM practitioner prescribes, compounds or dispenses Health Canada approved non-prescription Chinese Medicines for oral ingestion or nasal inhalation, or for enteral instillation purposes, when enteral nutrition is administered by another health professional.

2. The TCM practitioner immediately discontinues to prescribe, compound or dispense Chinese Medicines if the patient exhibits allergic or other adverse reactions to the substances involved.

3. With respect to Precautions and Contraindications, the TCM practitioner does not prescribe, compound or dispense Chinese Medicines in the situations outlined in S. 5.2.3, Herbal Remedies Contraindications and Precautions, of the Safety Program Handbook, 2012.

TCM PRACTICE AREA: TUINA (MASSAGE) AND MANIPULATION

As a form of Oriental bodywork that has been used in China for centuries, Tuina is a combination of massage, acupressure and other forms of soft tissue body manipulation, that involves applying pressure to acupuncture points, meridians and groups of muscles or nerves to remove blockages that prevent the free flow of Qi (energy) balance in the body, often resulting in pain, stiffness, immobility, imbalance or chronic illnesses.

Restricted Activity (c) The TCM practitioner reduces a malalignment of a joint as part of traditional Chinese medicine manipulative therapy for treatment purposes

Standards

1. The TCM practitioner assesses for joint malalignment signs and symptoms using TCM diagnostics within the TCM scope of practice and the individual practitioner's level of competence. The TCM practitioner assesses for spinal, joint, muscular, and other soft tissue injury degeneration, pain and stiffness indicating the need for resolution of a joint malalignment, for healing, mobility, or health promotion and lifestyle support purposes using Tuina, and obtains informed written consent from the patient before proceeding with the treatment.

2. The TCM practitioner does a thorough history and etiology assessment of the patient's condition, including contributing factors such as osteoporosis or other chronic musculoskeletal conditions, available diagnostic imaging information, and drugs, substances, prescription or non-prescription Chinese medicines, or other Natural Health Products the patient is taking; in order to assess the safety and risks of reducing a malalignment of a joint using Tuina, for a particular patient.

3. The TCM practitioner explains the importance of following the instructions of the practitioner during Tuina massage and manipulation in order to reduce the potential for side effects and possible adverse effects associated with manipulative therapy.

Limits and Conditions

1. The TCM practitioner performs TCM manipulative therapy using Tuina to resolve a malalignment of a joint only after competency-based training, including appropriate levels of force adapted to patient circumstances; as approved by the College, has been completed,

2. In order to avoid the serious risks associated with unintended Central Nervous System injury, the TCM practitioner does not reduce a malalignment of a joint in the area of the cervical spine.

3. The TCM practitioner uses Tuina manipulation only within the anatomical range of motion of a joint, and is appropriately cautious regarding the level of force used in order to prevent soft tissue injury that may result in tenderness, weakness, instability, or exacerbation of the patient's condition.

4. The TCM practitioner immediately discontinues treatment if adverse symptoms or effects manifest and performs emergency response services as required in keeping with the standard established by the College, including immediately contacting external emergency services, if necessary.

Restricted Activity (d): The TCM practitioner moves a joint of the spine beyond the limits the body can voluntarily achieve but within its anatomical range of motion, using a high velocity, low amplitude thrust for TCM treatment purposes.

Standards

1. The TCM practitioner performs TCM manipulative therapy using Tuina to move a joint of the spine beyond the limits the body can voluntarily achieve but within its anatomical range of motion, using a high velocity, low amplitude thrust; within the TCM scope of practice and the individual competence of the practitioner in this practice area.

2. The TCM practitioner does a thorough history and etiology assessment of the patient's condition; including the contributing factors such as osteopathic or musculoskeletal conditions, available diagnostic imaging information, and drugs, Chinese Medicines or other Natural Health Products the patient is taking; in order to assess the risks and safety of moving a joint of the spine beyond the limits the body can voluntarily achieve, but within its anatomical range of motion, using a high velocity, low amplitude thrust.

3. The TCM practitioner explains to the patient the importance of following the instructions of the practitioner during the movement of a joint of the spine, in order to reduce the potential for side effects and possible injury or adverse effects.

Limits and Conditions

1. The TCM practitioner performs TCM manipulative therapy to move a joint of the spine beyond the limits the body can voluntarily achieve but within its anatomical range of motion, using a high velocity, low amplitude thrust, including appropriate levels of force adapted to patient circumstances, only after training approved by the College has been completed, and only within the TCM scope of practice.

2. For patient safety and risk management purposes, the TCM practitioner may not move a joint of the cervical spine beyond the limits the body can voluntarily achieve but within its anatomical range of motion, using a high velocity, low amplitude thrust.

3. The TCM practitioner immediately discontinues the movement of a joint of the spine beyond the limits the body can voluntarily achieve but within its anatomical range or motion, using a high velocity, low amplitude thrust, if adverse symptoms or effects manifest, or the patient requests cessation. If necessary, the TCM practitioner performs emergency care and services as approved by the College, including obtaining external emergency services.

TCM PRACTICE AREA: LIFE THERAPIES, INCLUDING ENERGY CONTROL THERAPY (QI GONG), CHINESE SHADOW BOXING (TAI JI QUAN) AND CHINESE FOOD CURE RECIPES (SHI LIAO)

Qi Gong and Tai Ji Quan (known as Tai Chi) are classical TCM Therapies increasingly used across all cultures for the purposes of maintaining health and overall balance, and especially with the elderly or patients with chronic health conditions involving breathing or musculoskeletal weakness, stiffness and immobility, or balance disorders.

There are no associated restricted activities in the Regulation regarding this practice area.

However, for regulation of the professional practice of registrants in this area of the TCM scope of practice, the following standards, limits and conditions established by the College must be met by the registrant practicing in this TCM practice area.

Standards

1. When indicated based on TCM assessment and diagnosis, the TCM practitioner demonstrates or recommends Qi Gong exercises or Tai Chi movement exercises to the patient, when the associated movement of Qi and body tissues is deemed to be safe and likely beneficial to the health of the patient; including the elderly, or those with chronic health conditions.

2. The TCM practitioner who recommends a particular instructor, coach, program or class for Qi Gong exercises or Tai Chi movement exercises is accountable for doing so based on a professional awareness and confidence that it will be safe for the patient.

3 .The TCM practitioner who recommends Qi Gong or Tai Chi to the patient monitors the impact of the exercises on the patient, and instructs the patient to cease the exercises should pain, immobility, or imbalance increase.

Chinese Food Cure Recipes involve the selection, preparation, and timing of ingesting certain foods based on TCM Theory and Principles, in alignment with the patient's overall constitution with respect to Qi, Yin /Yang and

energy balance; including the use of seasonal foods and other nutritional foods for health promotion and preventive health purposes.

Standards

1. The TCM practitioner recommends Chinese food cure recipes based on TCM assessment and diagnosis according to TCM principles; for disease, disorders or conditions that food cures could improve or move in the direction of health.

2. The TCM practitioner assesses for possible contraindications or interactive effects of recommended food cure recipes with Chinese Medicines, other substances, or drugs the patient is taking.

Limits and Conditions

1. The TCM practitioner recommends Chinese food cure recipes only within the TCM scope of practice and their individual competence in this practice area.

2. The TCM practitioner must identify the ingredients in recommended Chinese food cure recipes in writing to the patient, in a language the patient understands, and must retain a copy in the patient's clinical record.

3. Before recommending Chinese food cure recipes, the TCM practitioner ensures there are no known allergies to food cure recipes recommended to the patient, advises the patient to cease use of the recommended food cure if adverse effects arise, and to seek medical assistance, including emergency services, if necessary.

TCM PRACTICE AREA: TCM POINT INJECTION THERAPY (TCM PIT)

TCM PIT is a Certified Practice of TCM therapy and technique, involving the injection of substances and drugs approved by the College adapted for non-intravenous injection use; into acupuncture points or areas of pathological changes; usually associated with neuromuscular pain, tenderness and immobility, and often involving joints.

Dating back to earlier times of Hippocrates and thousands of years in China, TCM PIT is today referred to as trigger point therapy, prolotherapy, or regenerative therapy, because of its known capacity to stimulate the body's own tissue-healing process. TCM PIT "Prolotherapy" is recognized in both Eastern and Western medicine today as a highly effective integrated treatment approach to modern day acute and chronic health conditions involving pain, weakness, immobility, or imbalance; that impede functional status.

Registration Requirements for the Certified Practice of TCM PIT

1. All registrants performing TCM PIT must qualify to be placed on the TCM PIT Certified Practice Register.

3. Only those registrants who have completed the College approved TCM PIT Certification Program will qualify to be listed on the TCM PIT Certified Practice Register.

3. For risk-based regulation purposes, the TCM PIT Certified Practice Register will involve three designated levels of certification for the Certified Practice of TCM PIT.

The Three Designated Levels of TCM PIT Certification

1. Level I TCM PIT Certification involves the subcutaneous or intramuscular injection of approved substances and drugs outside of joint spaces; as TCM trigger point therapy; for health promotion, healing or pain management purposes; into extra-articular acupuncture points, or areas of pathology in the patient. Level 1 TCM PIT will not involve injections into the joints or joint spaces.

2. Level 2 TCM PIT Certification, is also known as non-surgical alignment and tendon reconstruction and regeneration joint injection therapy. It involves intra-articular or inter-articular injection of approved drugs and substances into the appendicular skeleton. It does not involve injections into the axial skeleton.

3. Level 3 TCM PIT Certification, also known as non-surgical alignment and tendon reconstruction and regeneration joint injection therapy, involves intra-articular or inter-articular injection of approved drugs and substances into the appendicular skeleton.

4. All levels of TCM PIT Certification exclude venipuncture and the use of Platelet Rich Plasma (PRP).

Standards for Registrants on the TCM PIT Certified Practice Register

1. All TCM PIT injections are performed using single use disposable syringes; approved substances and drugs prepared for parenteral injection; and safe injection technique, as set out in the College Safety Handbook.

2. The TCM PIT Certified Practitioner uses medically approved technological equipment such as ultrasound and x-ray, as approved by the College, to guide TCM PIT treatment.

3. The TCM PIT Certified Practitioner conducts allergy testing for safety purposes, when indicated.

4. The TCM PIT Certified Practitioner provides emergency services as set out by the College, when indicated.

5. The TCM PIT Certified Practitioner practices only in office or clinic settings that meet the TCM PIT modified standards in the Safety Program Handbook, including the associated required emergency measures, for the Certified Practice of TCM PIT.

6. The TCM PIT Certified Practitioner performs all of the above in alignment with their Level of Certification on the TCM PIT Certified Register.

TCM PIT Certified Practice and Restricted Activities

1. Under the proposed Regulation Amendment, registrants on the TCM PIT Certified Practice Register will require authorization by the College to perform the following restricted activities for the purposes of

the Certified Practice of TCM PIT; in accordance with, and limited by, their TCM PIT Level of Certification on the TCM PIT Certified Practice Register.

(e) TCM PIT Associated Restricted Activities (Many of these restricted activities are also part of TCM practice in general).

- make a TCM diagnosis
- perform a procedure
  i) below the dermis, and
  ii) below the surface of a mucous membrane
- administer a substance by injection
- apply ultrasound, electricity
- review x-rays or use x-ray results
- prescribe a Schedule I or II drug
- administer a drug or substance by injection
- administer a drug for emergency purposes
- conduct challenge testing.

TCM PRACTICE AREA: NASAL INHALATION

Restricted Activity (f): The TCM practitioner administers a substance (including air, water or a Chinese Medicine, but excluding a drug) by nasal inhalation, for TCM treatment purposes.

Standards

1. The TCM practitioner administers an authorized substance by nasal inhalation for TCM treatment purposes when indicated as a result of TCM assessment and diagnosis, that includes a focused history and inspection of the nasal and auditory passages; to ensure no physical blockages before proceeding with inhalation therapy using an authorized substance.

2. The TCM practitioner ensures the patient has no known allergies to the substance being administered for inhalation, as part of a history that also includes patient description of any former adverse reactions or events associated with such treatment or the substance being used.

3. The TCM practitioner carries out nasal inhalation ensuring the equipment used is safe and follows the Infection Prevention and Control measures in Section 2 of the Safety Program Handbook, 2012.

4. Before beginning the treatment, the TCM practitioner explains the procedure to the patient, including the sensation of inhalation and how to breathe during the treatment; as well as any signal the patient should give if they want the practitioner to stop the treatment.

Limits and Conditions

1. The TCM practitioner uses only substances authorized by the College for nasal inhalation.

2. The TCM practitioner does not perform nasal inhalation on children under 12 years of age.

3. In the event of adverse reaction or at the request of the patient, the TCM practitioner ceases the inhalation treatment immediately, provides supportive assistance to the patient, and provides emergency services if necessary.

TCM PRACTICE AREA: ADMINISTER A SUBSTANCE BY NASAL IRRIGATION

Restricted Activity (g): The TCM practitioner administers a substance (including air, water or a Chinese Medicine, but excluding a drug) by nasal irrigation, for treatment or healing purposes.

Standards

1. The TCM practitioner administers a substance authorized by the College by nasal irrigation for TCM treatment purposes, when indicated as a result of TCM assessment and diagnosis that includes a focused history and inspection of the nasal and auditory passages to ensure no physical blockages, before proceeding with irrigation therapy using an authorized substance.

2. The TCM practitioner ensures the patient has no known allergies to the substance being administered by nasal irrigation, as part of a history that also includes patient description of any former adverse reactions or events associated with such treatment or the substance being used.

3. The TCM practitioner ensures the equipment being used for nasal irrigation is safe and follows the Infection Prevention and Control measures in Section 2 of the Safety Program Handbook, 2012.

4. The TCM practitioner explains the procedure to the patient, including the sensation and how to breathe during the treatment, as well as any signal the patient should give if they want the practitioner to stop the treatment.

Limits and Conditions

1. The TCM practitioner uses only substances authorized by the College for nasal irrigation.

2. The TCM practitioner does not perform auditory irrigation.

3. The TCM practitioner does not perform nasal irrigation on children under 6 years of age.

4. The TCM practitioner performs nasal irrigation on children between 6 years of age and 12 years of age only after training approved by the College has been completed.

5. In the event of adverse reaction or at the request of the patient, the TCM practitioner ceases the irrigation treatment immediately, provides supportive assistance to the patient, and emergency response if required.

TCM PRACTICE AREA: INSERTING INSTRUMENTS AND DEVICES INTO AUDITORY OR NASAL PASSAGES

Restricted Activity (h): The TCM practitioner puts an instrument, device, or finger into the ear canal up to the eardrum, for diagnostic or treatment purposes

Standards

1. The TCM practitioner puts an instrument, device, hand or finger into the ear canal up to the eardrum for diagnostic or treatment purposes, only if indicated by the patient's presenting symptoms, history and diagnosis.

2. The TCM practitioner proceeds with caution regarding penetration when entering the ear canal with a finger or device for diagnostic or treatment purposes, to prevent injury to the eardrum.

3. The TCM practitioner positions the patient for the procedure, explains the importance of not moving during the procedure and takes active steps to prevent unintended damage to the eardrum.

Limits and Conditions

1. The TCM practitioner uses only medically approved devices (such as an otoscope) for entering the ear canal for diagnostic or treatment purposes, in keeping with Infection Prevention and Control measures in Section 2 of the Safety Program Handbook, 2012.

2. The TCM practitioner removes the finger or device from the ear canal should signs of inflammation or infection appears upon entry into the ear canal.

3. The TCM practitioner does not put a finger or device in the ear canal up to the eardrum for diagnostic or treatment purposes in children under 12 years of age.

4. The TCM practitioner does not irrigate or syringe the ear canal with liquid substances, including water, for diagnostic or treatment purposes.

Restricted Activity: (i) The TCM practitioner puts an instrument, device, hand or finger beyond the point in the nasal passages where they normally narrow, for diagnostic or treatment purposes

Standards

1. The TCM practitioner puts an instrument, device, hand or finger beyond the point in the nasal passages where they normally narrow, for diagnostic or treatment purposes, only if indicated by the patient's presenting symptoms, history and diagnosis.

2. The TCM practitioner proceeds with caution when entering the nasal passages, to avoid trauma or injury to nasal and sinus tissue, for diagnostic or treatment services, including inhalation therapy.

3. The TCM practitioner positions the patient for the procedure, explains the importance of not moving during the procedure and takes active steps to prevent accident or trauma to the patient.

Limits and Conditions

1. The TCM practitioner uses only medically approved devices for entering beyond the point in the nasal passages where they normally narrow for diagnostic or treatment purposes, in keeping with Infection Prevention and Control measures in the Safety Program Handbook, 2012.

2. The TCM practitioner removes the finger or device from the nasal passages should signs of pain, inflammation or infection appears.

3. The TCM practitioner does not put a finger or device in the nasal passages to the point where they normally narrow in children under 12 years of age.

TCM PRACTICE AREA: INSERTION OF AIR OR OTHER SUBTANCES INTO THE EXTERNAL EAR CANAL FOR DIAGNOSTIC OR TREATMENT PURPOSES

Restricted Activity: (j)): The TCM practitioner puts into the external ear canal up to the eardrum air that is under pressure, created by the use of an otoscope for TCM diagnostic purposes

Standards

1. The TCM practitioner inserts a medically approved otoscope with a single use disposable tip into the external ear drum for diagnostic purposes.

2. The TCM practitioner inspects the external ear for diagnostic services in keeping with the Infection Prevention and Control measures in Section 2 of the Safety Program Handbook, 2012.

Limits and Conditions

3. Upon inspection**,** The TCM practitioner removes the otoscope from the external ear drum if signs of pain, inflammation or infection appear, and if necessary, refers the patient accordingly.

TCM PRACTICE AREA: USE OF ADJUNCT FORMS OF ENERGY FOR TCM DIAGNOSITC INFORMATION, OR TREATMENT PURPOSES

Restricted Activity (k)

(k) (i) The TCM practitioner who is adequately trained applies ultrasound for TCM pain treatment purposes

(k)(ii)The TCM practitioner who is adequately trained uses ultrasound to guide site selection and needle insertion using medically approved equipment, for TCM PIT treatment purposes.

(k) (iii) The TCM practitioner uses electricity for electro-acupuncture purposes, as approved by the College

(k) (iv) The TCM practitioner uses an AED for defibrillation purposes in the course of emergency cardiac care, in keeping with the standards set in the required level of emergency certification set by the College

(k) (v) The TCM practitioner uses low level or cold laser acupuncture, for the purposes of traditional Chinese medicine treatment to reduce pain and inflammation, or to improve circulation and tissue rejuvenation.

(k) (vi) The TCM practitioner uses x-ray results provided by an external professional source, for traditional Chinese medicine diagnostic or treatment purposes

Standards

1. The TCM practitioner uses the above adjunct energy applications when indicated for the patient with no contraindications; based on TCM assessment and diagnosis, using College approved energy levels and medically

approved equipment that meets CSA Manufacturer Standards, where applicable.

Limits and Conditions

2. The TCM practitioner uses only medically approved levels of the above energy therapies and Health Canada/CSA approved and properly maintained equipment, for application of the above TCM adjunct energy materials and devices.

3. The TCM practitioner completes the necessary user training for safe and competent application of the above TCM adjunct energy materials.

4. The TCM practitioner observes all occupational health and safety requirements associated with the application of the "hazardous energies" above, for staff, self, other patients and the clinic environment.

TCM PRACTICE AREA: PRESCRIBING SCHEDULED DRUGS OR MEDICALLY APPROVED SUBSTANCES FOR TCM POINT INJECTION THERAPY PURPOSES

The TCM PIT Certified Practitioner on the Certified Practice Register prescribes Schedule I or Schedule 11 drugs or medically approved substances for the purposes of TCM PIT, as set out in the appended List of Approved Drugs and Substances for TCM PIT, commensurate with their designated level of Certification.

Restricted Activity (l) The TCM PIT Certified Practitioner on the Certified Practice Register **prescribes a drug listed in Schedule I or II of the Drug Schedules Regulation for the purposes of Point Injection Therapy,** as set out in the appended List of Approved Drugs and Substances for TCM PIT, commensurate with their designated level of Certification.

Standards

(Adapted with thanks from the Prescribing Standards for Naturopathic Physicians, CNPBC, May 27, 2010)

1. The TCM PIT Certified Practitioner on the TCM PIT Certified Practice Register prescribes Schedule I and Schedule 11drugs approved by the College, within the limits of the TCM PIT Certified Practitioner's designated certification level on the TCM PIT Certified Practice Register.

2. The TCM PIT Certified Practitioner on the TCM PIT Certified Practice Register prescribes drugs approved by the College from provincial Drug Schedules I and II in accordance with the *Pharmacy Operations and Drug Scheduling Act*, the federal *Controlled and Drug Substances Act* and Regulation, the federal *Food and Drugs Act* and Regulation, and the College Prescribing Standards, Limits and Conditions.

3. The TCM PIT Certified Practitioner on the TCM PIT Certified Practice Register prescribes medications in accordance with the ethical, legal and professional standards of drug therapy set out by the College of Pharmacists of British Columbia.

4. The TCM PIT Certified Practitioner on the TCM PIT Certified Practice Register is solely accountable for their prescribing decisions.

5. TCM PIT Certified Practitioner on the TCM PIT Certified Practice Register participates in the Canadian Adverse Drug Reaction Reporting Program.

6. The TCM PIT Certified Practitioner on the TCM PIT Certified Practice Register must complete prescriptions accurately and completely in the English language, and include the following information as set out in Bylaws to the Pharmacists, Pharmacy Operations and Drug Scheduling Act and Regulations):

- Date of issue;
- Name and address (if available) of client;
- Name, strength and dosage form of the drug and the quantity prescribed and quantity to be dispensed;
- Directions for use – refers to the frequency or interval or maximum daily dose, route of administration and the duration of drug therapy;
- Prescriber's name, address, telephone number and signature including unique TCM practitioner identifier/number.

Additional Notes

Note: A prescription may be telephoned to the pharmacist (unless prohibited by legislation) and must include the prescription information outlined above.

Note: A prescription may be transmitted by facsimile (fax) to a pharmacy, provided that the following requirements are met (*Pharmacy Operations and Drug Scheduling Act*):

Limits and Conditions

1**.** The TCM PIT Certified Practitioner on the TCM PIT Certified Practice Register must ensure that the prescription is sent only to the pharmacy of the client's choice, with no intervening person having access to the prescription authorization;

2. The TCM PIT Certified Practitioner on the TCM PIT Certified Practice Register must send the prescription directly from the prescriber's office, directly from a health institution for a patient of that institution, or from another location providing that the pharmacist is confident of the prescription legitimacy;

3. The TCM PIT Certified Practitioner on the TCM PIT Certified Practice Register must ensure the prescription includes all information listed above and in addition must include:

- Time and date of transmission;
- Name and fax number of the pharmacy intended to receive the transmission; and

4. The PIT Certified Practitioner on the TCM PIT Certified Practice Register must document the prescription in English on the patient's clinical record.

5. The TCM PIT Certified Practitioner on the TCM PIT Certified Practice Register practitioners must not include refills in their prescriptions.

TCM PRACTICE AREA: PRESCRIBING, COMPOUNDING AND ADMINISTERING RESTRICTED CHINESE MEDICINES LISTED IN SCHEDULE M TO THE COLLEGE BYLAWS

The Chinese Medicines listed in Schedule M of the College Bylaws (the Schedule M, Chinese Medicines) are restricted because of their known toxicity, a high potential for adverse effects of the herbs themselves; and the risk

of possible adverse interactions with drugs, foods, or Chinese Medicines, the patient is ingesting or absorbing at the time. For safety reasons, these Restricted Chinese Medicines require the same scrutiny in prescribing, documenting, and monitoring, treatment effects and possible adverse reactions, as drugs.

In Canada, like drugs, Chinese Medicines are regulated at the federal level. For safety purposes, the College regulates the prescribing of Restricted Chinese Medicines on Schedule M in the same way that the College regulates the prescription of drugs by TCM PIT Certified Practitioners on the TCM PIT Certified Register.

Restricted Activity (m) The TCM practitioner prescribes a Restricted Chinese Medicine listed in Schedule M in the College Bylaws for TCM diagnostic or treatment purposes.

Standards

1. The TCM practitioner prescribes a Schedule M Restricted Chinese Medicine based on a TCM diagnostic assessment and history of the patient, including the use of any other drugs, food cures, or Chinese Medicines the patient is taking that it may interact with, and risk to the patient of any potential adverse effects, or adverse events given the patient's diagnosis and possible interactive effects with other drugs or substances.

2. The TCM practitioner documents and provides to the patient in writing the prescription for a Schedule M Restricted Chinese Medicine, including the following information:

- Date of Issue;
- Name and address (if available) of patient;
- Name, form and amount of each of the ingredients if prescribed in a formula, and name of formula, if applicable;
- Directions for use, including route (e.g. inhalation, infusion in liquid, sublingual, ingestion by mouth with or without food; instructions for application if topical, frequency or interval and maximum daily dose;
- Warning of any known side or adverse effects, and what to do should any of these arise;
- Instructions regarding refill: TCM practitioners do not indicate refills in prescribing Chinese Medicines
- Prescribing TCM practitioner's name, address, telephone number and signature.

3. The TCM practitioner also instructs the patient with respect to any potential side effects, adverse effects, or adverse events that may occur and what to do if these appear, including where and how to report them.

4. The TCM practitioner encourages the patient to inform other health professionals from whom they are receiving services about the Schedule I Restricted Chinese Medicines they have been prescribed in order to prevent harmful herb-drug or herb-condition reactions.

5. The TCM practitioner must report any known adverse reactions or adverse events associated with Schedule I Restricted Chinese Medicines in accordance with the procedure set in the Safety Program Handbook, 2012.

Limits and Conditions

1. The TCM practitioner prescribes Schedule I Restricted Chinese Medicines within the limits of the TCM scope of practice and individual competence in this practice area.

2. Only TCM doctors and TCM herbalists may prescribe Schedule I Restricted Chinese Medicines.

TCM PRACTICE AREA: ADMINISTERING SCHEDULED DRUGS FOR THE CERTIFIED PRACTICE OF POINT INJECTION THERAPY (TCM PIT)

Restricted Activity (n) The PIT Certified Practitioner on the TCM PIT Certified Practice Register administers a drug listed in Schedule I or II of the Drug Schedules Regulation, subcutaneously or intramuscularly for the purposes of Point Injection Therapy

Standards

1. The TCM PIT Certified Practitioner on the TCM PIT Certified Register administers by injection, medically approved substances and scheduled drugs, into acupuncture points or areas of pathology for the purposes of the Certified Practice of Point Injection Therapy.

2. The TCM PIT Certified Practitioner on the TCM PIT Certified Register administers each scheduled drug or substance approved by the College ensuring it is for the right patient, right drug, right dose, right route, and right time, and right frequency in keeping with the written prescription for the administration, while performing TCM PIT.

3. The TCM PIT Certified Practitioner on the TCM PIT Certified Register TCM practitioner ensures that the patient has no allergies or other contraindications to the drugs being administered for TCM PIT purposes.

4. The TCM PIT Certified Practitioner on the TCM PIT Certified Register monitors the immediate reaction of the patient to the TCM PIT treatment for side effects, adverse effects or drug reactions.

5. The TCM PIT Certified Practitioner on the TCM PIT Certified Register TCM explains the side effects and adverse effects of the drugs and substances being used to the patient, and gives clear instructions regarding what to do should with respect to emergency services, should adverse effects or reactions arise.

6. The TCM PIT Certified Practitioner on the TCM PIT Certified Register monitors the patient's ongoing response to the TCM PIT drug or substance for intended impact on TCM diagnosis, and records same on the patient record.

Limits and Conditions

1. Only a TCM PIT Certified Practitioner on the TCM PIT Certified Register may administer a scheduled drug approved by the College for Point Injection Therapy purposes.

2. THE TCM PIT Certified Practitioner on the TCM PIT Certified Register may practices TCM PIT only administers a Schedule I or Schedule II drug at a level commensurate with their designated Certification Level on the Certified Practice Register.

3. Only a TCM PIT Certified Practitioner on the TCM PIT Certified Practice Register who currently meets the Emergency Response standard for the TCM PIT Certified Practice Program may administer a scheduled drug approved by the College for Point Injection Therapy purposes.

TCM PRACTICE AREA: **ADMINISTERING A DRUG FOR EMERGENCY PURPOSES**

Restricted Activity (o): The TCM practitioner administers a drug listed in Schedule I or II of the Drug Schedules Regulation by any method for the purposes of emergency cardio-respiratory care according to the standards set for Emergency Response Procedures in Bylaws to the College.

Standards

1. The TCM practitioner at all times meets the Standard for First Aid and Emergency Response Services set out in Bylaws to the College.

2. The TCM practitioner monitors and demonstrates on paper to the College that they maintain current standing in First Aid and Emergency Response Services as set by the College in Bylaw.

3. The TCM PIT Certified Practitioner on the TCM PIT Certified Practice Register demonstrates to the College as required that they remain current with the standard for First Aid and Emergency Response Services established in the TCM PIT Certification Program.

Limits and Conditions

1. TCM practitioners may administer Schedule I or II drugs for emergency purposes, only in keeping with the Emergency Response Standard set out by the College.

2. Only those currently certified for First Aid and Emergency Response purposes as required by the College may administer Schedule I and Schedule II for emergency response purposes.

TCM PRACTICE AREA: SELECTION OF TRADITIONAL CHINESE MEDICINES FOR A THERAPEUTIC DIET

This practice involves the TCM practitioner selecting Chinese medicine or food cures to be added to a therapeutic diet based on the TCM assessment and diagnosis of the patient; that is to be administered for a patient by another health professional,

Restricted Activity (p) If nutrition is administered by another regulated health professional through enteral instillation, the TCM practitioner selects Chinese medicines for a therapeutic diet;

Standards

1. The TCM practitioner selects Chinese medicine ingredients for the therapeutic diet of a patient they have assessed and for TCM diagnostic purposes, according to the standards set out above in Restricted Activity (a), above.

2. The TCM Practitioner screens the patient for allergies and other contraindications before confirming selection of Chinese Medicine ingredients for a therapeutic diet.

3. The TCM practitioner collaborates with the regulated health professional administering the nutrition for enteral instillation in the selection of Chinese medicines for the patient.

Limits and Conditions

1. Only TCM doctors or TCM herbalists may select Chinese medicines for a therapeutic diet.

2. The TCM practitioner does not administer the therapeutic diet for enteral instillation.

Restricted Activity (q) If nutrition is administered by another regulated health professional through enteral instillation, the TCM practitioner compounds Chinese medicines for a therapeutic diet.

Standards

1. The TCM practitioner compounds a selection of Chinese medicines for a therapeutic diet of a patient they have assessed, for TCM treatment purposes; according to the standards set out above in Restricted Activity (p), above.

2. The TCM practitioner screens the patient for allergies and other contraindications before compounding Chinese Medicine ingredients for a therapeutic diet.

3. The TCM practitioner collaborates with the regulated health professional administering the nutrition for enteral instillation when compounding Chinese medicines for the patient.

Limits and Conditions

1. Only TCM doctors or TCM herbalists may compound Chinese medicines for a therapeutic diet.

2. The TCM practitioner does not compound the therapeutic diet that is administered by another health professional through enteral instillation.

Gregg, Andrea HLTH:EX

From:	MacKinnon, Mark HLTH:EX
Sent:	Friday, December 23, 2016 10:55 AM
To:	Thorneloe, Meghan HLTH:EX
Subject:	FW: CTCMA Regulation Amendment Proposal and Scope of Practice Standards
Attachments:	2016-12-23 LtrMM-Regulation Amendment Proposal.pdf; 2016-12-23 Scope of Practice Standards (6).docx; Draft Prescription Drugs and Substances List for TCM PIT -rev6 (3).docx; Chinese Medicine Working Group Project Report-rev5.pdf
Follow Up Flag:	Follow up
Flag Status:	Completed

From: Mary Watterson [mailto:registrar@ctcma.bc.ca]
Sent: Friday, December 23, 2016 10:54 AM
To: MacKinnon, Mark HLTH:EX
Cc: Westgate, Brian A HLTH:EX; Murdock, Melissa HLTH:EX
Subject: CTCMA Regulation Amendment Proposal and Scope of Practice Standards

Hi Mark

Over the past year the College has proceeded to develop the regulatory policies and instruments to align with the Regulation Amendment Proposal (RAP) (July 2015) and RAP Update (June 2016).

The following documents are submitted for updating purposes:

1. Scope of Practice Standards Draft,
2. List of Approved Drugs and Substances for the Certified Practice of TCM Point Injection Therapy (TCM PIT), and
3. Schedule M: Restricted Chinese Medicines, to be established in Schedule M to the Bylaws.

We look forward to meeting with you in the new year to discuss the attached and our readiness to expedite the Regulation Amendment Proposal.

With very Best Wishes for the Holiday Season and a most excellent 2017!

Mary

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

MINISTRY OF HEALTH
DECISION BRIEFING NOTE

Cliff # 1077071

PREPARED FOR: Ted Patterson, Assistant Deputy Minister **- FOR DECISION**

TITLE: Proposed Amendment to the Traditional Chinese Medicine Regulation

PURPOSE: To obtain direction on the priority for the proposed amendments to the Traditional Chinese Medicine (TCM) Regulation (the Regulation).

BACKGROUND:

A TCM practitioner is a health professional who provides the services of: promotion, maintenance and restoration of health; prevention, assessment and treatment of a disease, condition, disorder or imbalance; and healing or regenerative interventions and supports based on TCM theory and principals, using TCM diagnosis and therapies.

TCM therapies include such treatment modalities as, acupuncture, moxibustion, suction cup (aka cupping), traditional Chinese herbal medicines, manipulative therapy, exercise (i.e., Qi Gong and Tai Chi), and diet (Chinese food cure recipes).

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MSP does not cover TCM for beneficiaries but only the treatment modality of acupuncture if the beneficiary is on premium assistance. A portion of the acupuncture visit is reimbursed to the beneficiary through supplementary benefits.

What is TCM used to treat – chronic conditions, most research has focused on chronic pain treatment

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DISCUSSION:

s.13

OPTIONS:

s.13

FINANCIAL IMPLICATIONS:

s.13

RECOMMENDATION:
[Put down the option you recommend, nothing else.]

_____ _____

Approved/Not Approved Date Signed
(Enter Name)
(Enter Title)

Program ADM/Division: [enter info in this section unbolded]
Telephone:
Program Contact (for content):
Drafter: Andrea Gregg
Date:
File Name with Path:

NOTES:

Briefing documents are limited to 2 pages; font must be 12 point Times New Roman; left and right margins are to be 1.25".

All briefing documents containing financial and data information must be approved by Finance or Planning & Innovation staff as appropriate. ADM approval must be in place prior to forwarding to Finance and PID.

Briefing documents containing data elements must be sourced in endnote format; the endnotes **must be included as "Appendix A"**, and be the third page of the briefing document.

Briefing documents may contain appendices, making the entire document over 2 pages. Appendices can be used for large tables (usually outlining financial implications if they are complicated), for legislative references (for large sections) or for items like terms of references if you are writing for approval of such terms.

Gregg, Andrea HLTH:EX

From: Gregg, Andrea HLTH:EX
Sent: Wednesday, December 28, 2016 10:01 AM
To: Anderson, Deb L HLTH:EX
Cc: Gregg, Andrea HLTH:EX; Westgate, Brian A HLTH:EX
Subject: cliff number for Decision Briefing Note - TCM regulation amendment

Hi Deb,
As discussed, can you please provide me with a cliff number for a Decision Briefing Note I'm drafting for Ted.

The title of the decision briefing note will be "proposed amendment for the Traditional Chinese Medicine regulation"

I will be the drafter, and it will need Brian and Mark's approval.

Please let me know if you have any questions or require any additional information from me.

Thanks!

Andrea

Andrea Gregg, MA
Senior Policy Analyst
Professional Regulation & Oversight Branch | Health Sector Workforce Division
Ministry of Health
☏ 250-952-1652
✉ andrea.gregg@gov.bc.ca