

## REGULATION AMENDMENT PROPOSAL July 10, 2015 (Updated May 3, 2017)

### 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 the Ministry of Health by the Health Professions Council (HPC). It currently regulates 1770 traditional Chinese medicine (TCM) practitioners and 315 students 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 has been 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.

In developing the TCMPA Regulation amendments, over the past eight years, CTCMA has conducted an extensive consultation process with stakeholders including members of the BC Health Regulators, the Ministry's Professional Regulation staff, and TCM practitioners, educators and academics provincially and nationally. The resulting Regulation Amendment Proposal herein was submitted to the Ministry in July 2015. The following is a summary of the key items in the proposed amendment:

#### 1. Amend s. 2(1)(n) of the Health Professions Designation Regulation to remove "acupuncture"

**Rationale:** One college, one profession will resolve years of confusion and misunderstanding among the public, other health professionals, health authorities and government. The 1999 establishment of CTCMA subsumed the College of Acupuncturists that had been established three years earlier. The designation lists two professions: TCM and acupuncture. In effect, Cabinet made a decision to make one College with 2 professions, but there has only ever been one corporate identity, i.e. CTCMA, as acupuncture and TCM herbology are integral components of TCM.

#### 2. Rename CTCMA to the "College of Traditional Chinese Medicine Practitioners of British Columbia", and Rename the TCMPA Regulation to the "Traditional Chinese Medicine Practitioners Regulation"

**Rationale:** The name change will streamline regulation and provide further clarity to primary stakeholders, especially the public and other health professionals, clarifying that the CTCMA regulates the one profession of TCM. This arrangement will also improve effectiveness and efficiency in CTCMA's regulatory work.

### 3. Revise the definition of TCM so that it accurately reflects practice

**Rationale:** CTCMA proposes that the definition of the TCM profession be clarified to expressly include all TCM practitioners. By doing so, present confusion as to whether the CTCMA regulates one profession or two (TCM and acupuncture) will be dispelled, which will promote greater understanding and expectations for all stakeholders, including members of the public and colleagues in other health professions.

### 4. Add the prescribing authority of the Schedule of Restricted Chinese Medicines (the “Schedule”) to the master list in the Health Professions General Regulation Restricted Activities

**Rationale:** The Schedule is a list of Chinese Medicines that require caution with respect to potential interactive effects with other herbal medicines or drugs and possible adverse effects in patients. The Schedule arose from and is in alignment with the recommendations of the Health Professions Council to the Minister of Health in its 1998, *Recommendation on the Designation of Traditional Chinese Medicine*.

Regulation of prescribing authority for these substances with identified risks will facilitate public access to safe TCM herbal medicine. As a restricted activity, such prescribing will be limited to regulated health professionals without affecting the commercial selling of Chinese medicines. For clarity purposes, the College notes that TCM herbal merchants will not be impacted by this Schedule of Restricted Chinese Medicines and will continue to be free to sell whatever products Health Canada permits.

### 5. Authorize registrants to perform the following restricted activities under the HPA Model consistent with the Health Professions General Regulation Restricted Activities Consultation Draft, March 19, 2010: (2) (a), (b)(i), (b)(ii), (e), (f)(i), (g)(i), (g)(ii), (h)(i), (j)(i)(A), (j)(ii), (l), (m), (n), (o), (u), and (v)

**Rationale:** Alignment of the TCMPA Regulation to the HPA Model will require authorization for TCM practitioners to perform such activities, which are all part of the current scope of practice, and will enable CTCMA to effectively regulate TCM practitioners through standards, limits and conditions established in bylaw to ensure the mitigation of risk.

### 6. Amend section 6 of TCMPA Regulation to repeal

**Rationale:** For over twenty years the profession has been successfully regulated in BC without any regulatory matters involving the 5 subsections of section 6. CTCMA registrants practice in collaboration with other health professionals with respect to these duties, which will be reinforced through the standards, limits and conditions establish by CTCMA for the restricted activities. Additionally, the following restricted activities proposed regarding TCM Point Injection Therapy (PIT) will require advanced practice certification, (2) (f)(i), (l), (m), (n), (o), (u), and (v).

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 TCM Regulation is essential:

1. The profession of TCM practitioners was not included in the Ministry of Health's 2001 Safe Choices Review under the HPA (*Safe Choices: A New Model for Regulating Health Professions in British Columbia, 2001*) so the TCM 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 Recommendation 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 at that time, 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 TCM 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 TCM 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 TCM 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) using drugs, natural health products (NHP) or substances combined with trigger point therapy or advanced acupuncture injection techniques. The main indications for its use in TCM are: acute or chronic pain, tissue injury, damage or inflammation. The overall effect is stimulation of healing, which involves reducing any or all of the symptoms of pain, injury or inflammatory response.

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 TCM 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 TCM Regulation**

After consultation with Ministry of Health personnel, the CTCMA Board authorized the work necessary to propose amendments to the TCM 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 TCM 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 Restricted Chinese Medicines

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 Restricted Chinese Medicines that CTCMA has confirmed as requiring a prescription, according to TCM principles. CTCMA understands from Ministry of Health staff that the list of Restricted Chinese Medicines (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 Restricted Chinese Medicines 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 Restricted Chinese Medicines 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 Chinese Medicines listed in Appendix B reviewed by 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 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);”

### **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” and “traditional Chinese medicine herbalist”. 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) 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;

(d) Administer a substance by injection for the purposes of traditional Chinese medicine therapy, including Point Injection Therapy;

(e) Administer a substance by inhalation;

(f) Administer a substance by auditory or nasal irrigation;

(g) Put an instrument, device, or finger into the ear canal up to the eardrum, for diagnostic or treatment purposes;

(h) Put an instrument, device, hand or finger beyond the point in the nasal passages where they normally narrow, for diagnostic or treatment purposes;

(i) 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;



- (j) 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,
- (k) Review x-rays or use x-ray results, for traditional Chinese medicine diagnostic or treatment purposes;
- (l) Prescribe a drug listed in Schedule I or II of the Drug Schedules Regulation for the purposes of Point Injection Therapy;
- (m) Prescribe a restricted Chinese medicine listed in a Schedule to this Regulation; (see Appendix B)
- (n) Compound a drug listed in Schedule I or II of the Drug Schedules Regulation for the purposes of Point Injection Therapy;
- (o) 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;
- (p) 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;
- (q) If nutrition is administered by another regulated health professional through enteral instillation, select Chinese medicines for a therapeutic diet;
- (r) If nutrition is administered by another regulated health professional through enteral instillation, compound Chinese medicines for a therapeutic diet;
- (s) If nutrition is administered by another regulated health professional through enteral instillation, dispense Chinese medicines for a therapeutic diet;
- (t) Conduct Challenge Testing using Chinese medicines 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 (d), (l), (n), (o), (p) and (t) 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 – 2017

#### 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 2014Regulation 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 participate 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.

Scope of Practice Working Group

- Meetings: Oct, Dec 2015, Feb, Mar, May, Dec 2016
- Mandate: advise and assist the College in drafting the standards, limits and conditions for all TCM practice. This exercise involves the development of mandatory tools the College must put in place for quality assurance and regulatory purposes under the Health Professions Act and Regulation.
- Scope of Practice Standards Draft completed December 2016

Traditional Chinese Medicine Point Injection Therapy (TCM PIT) Competency Working Group

- Meetings: Nov, Dec 2015, Feb, May, Sep, Nov 2016 and Feb 2017
- Mandate: advise and assist the College to develop occupational competencies and performance indicators for the practice of TCM PIT. The competencies and indicators will define TCM PIT as practiced by CTCMA’s registrants, and enable CTCMA to recognize both TCM PIT training programs and practitioner abilities.
- Project Report with a recommendation on the certification process including the practice competencies completed February 2017

Chinese Medicine Working Group

- Meetings: Aug 4, 29 and Oct 24, 2016
- Mandate: review the list of Chinese medicines listed in Schedule I which have been identified as requiring prescription due to toxicity potential, and (a) Identify Schedule I Chinese medicines that are not commonly used and consider removing from the list, and (b) Recommend for inclusion into Schedule I any additional herbs listed in the highlighted sections of the AHPRA document
- Project Report with recommendation to update Schedule of Restricted Chinese Medicines completed Nov 2016



## Appendix B Schedule of Restricted Chinese Medicines

Pin Yin Name	Name (Simplified Chinese)	Name (Traditional Chinese)	Proper Name (NHPID)
Ba dou	巴豆	巴豆	Croton tiglium
Bai fan	白礬	白矾	Aluminum potassium sulfate
Bai fu zi	白附子	白附子	Typhonium giganteum
Bai guo	白果	白果	Semen Ginkgo
Ban bian lian	半邊蓮	半边蓮	Lobelia chinensis
Ban mao	斑蝥	斑蝥	Cantharis; Lytta vesicatoria
Ban xia	半夏	半夏	Pinellia ternata
Bei wu jia	北五加	北五加	Cortex Acanthopanax Radicis
Cang er zi	蒼耳子	苍耳子	Fructus Xanthii
Cao wu	草烏	草乌	Aconitum kusnezoffii
Chai hu	柴胡	柴胡	Radix Bupleuri
Chan su	蟾酥	蟾酥	Bufo bufo; Bufo melanostictus
Chuan wu	川烏	川乌	Radix Aconiti Preparata
Da Cha Yao Gen	大茶藥根	大茶药根	Radix Gelsemii Elegantis
Da Feng Zi	大風子	大风子	Hydnocarpus anthelminthicus
Dan shen	丹參	丹参	Radix Salviae Miltiorrhizae
Dang gui	當歸	当归	Radix Angelicae Sinensis
Dian qie cao	顛茄草	颠茄草	Atropa belladonna
Fu zi	附子	附子	Aconitum carmichaelii
Gan sui	甘遂	甘遂	Euphorbia Kansui
Guan mu tong	關木通	关木通	Clematis
Gui Jiu	鬼臼	鬼臼	Radix Angelicae Sinensis
Hong fen	紅粉	红粉	Hydrargyri Oxydum Rubrum
Hong Niang Zi	紅娘子	红娘子	Huechys
Huang Yao Zi	黃藥子	黄药子	Cannabis sativa
Huo Yang Le	火秧笏	火秧笏	Euphorbia antiquorum
Ji Ji	及己	及己	Chloranthus serratus
Jia Zhu Tao	夾竹桃	夹竹桃	Nerium oleander
Ku lian pi	苦楝皮	苦楝皮	Melia azedarach
Ku xing ren	苦杏仁	苦杏仁	Prunus armeniaca; Prunus armeniaca var. ansu; Prunus sibirica
Lang du	狼毒	狼毒	Radix Euphorbiae Ebracteolatae
Lei Gong Teng	雷公藤	雷公藤	Radix Tripterygii Wilfordii
Liu huang	硫黃	硫黄	Sulfur
Ma dou ling	馬兜鈴	马兜铃	Fructus Aristolochiae
Ma huang	麻黃	麻黄	Ephedra intermedia
Ma Liu Ye	麻柳葉	麻柳叶	Pterocarya Stenoptera
Ma qian zi	馬錢子	马钱子	Strychnos nux-vomica
Mao Gen	毛茛	毛茛	Imperata cylindrica
Nao Sha	礪砂	礪砂	Sal Ammoniaci



<b>Nao yang hua</b>	鬧羊花	闹羊花	Rhododendron molle
<b>Pi Shi</b>	砒石	砒石	Arsenolite
<b>Pi Shuang</b>	砒霜	砒霜	Arsenic sulfide (As <sub>2</sub> S <sub>3</sub> )
<b>Qian jin zi</b>	千金子	千金子	Chamaesyce hirta
<b>Qian niu zi</b>	牽牛子	牽牛子	Ipomoea nil; Ipomoea purpurea
<b>Qing fen</b>	輕粉	轻粉	Mercury chloride (Hg <sub>2</sub> Cl <sub>2</sub> )
<b>Qing Niang Zi</b>	青娘子	青娘子	Lytta Caraganae
<b>Quan xie</b>	全蠍	全蝎	Buthus martensii
<b>Ren shen</b>	人參	人參	Panax ginseng
<b>Shan ci gu</b>	山慈菇	山慈菇	Cremastra appendiculata; Pleione bulbocodioides; Pleione yunnanensis
<b>Shan dou gen</b>	山豆根	山豆根	Sophora tonkinensis
<b>Sheng Yao</b>	升藥	升药	Hydrargyrum Oxydatum Crudum
<b>Shui Yin</b>	水銀	水银	Mercury
<b>Teng Huang</b>	藤黃	藤黄	Garcinia Hanburyi
<b>Tian nan xing</b>	天南星	天南星	Arisaema erubescens
<b>Tian xian teng</b>	天仙藤	天仙藤	Herba Aristolochiae
<b>Tian xian zi</b>	天仙子	天仙子	Hyoscyamus niger
<b>Wei ling xian</b>	威靈仙	威灵仙	Clematis chinensis
<b>Xi xin</b>	細辛	细辛	Asarum sieboldii
<b>Xiang Si Zi</b>	相思子	相思子	Rhizoma Cyperi
<b>Xiong huang</b>	雄黃	雄黄	Realgar
<b>Xue Shang Yi Zhi Hao</b>	雪上一枝蒿	雪上一枝蒿	Aconitum brachypodum
<b>Yang jin hua (Man tuo luo)</b>	洋金花 (曼陀羅)	洋金花 (曼陀罗)	Datura metel
<b>Yu Teng</b>	魚藤	鱼藤	Derris trifoliata
<b>Zao fan (Lü fan)</b>	皂礬 (綠礬)	皂矾 (绿矾)	Melanteritum
<b>Zhi cao wu</b>	制草烏	制草乌	Aconitum kusnezoffii
<b>Zhi chuan wu</b>	制川烏	制川乌	Aconitum carmichaelii
<b>Zhu sha</b>	硃砂	朱砂	Cinnabaris
<b>Zhu ya zao</b>	豬牙皂	猪牙皂	Fructus Gleditsiae Abnormalis

