



Balance

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College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

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Balance and other publications circulated by CTCMA are the primary sources of information for our registrants in British Columbia. Registrants are responsible for reading these publications to ensure they are aware of latest information, current standards, policies and guidelines.

季刊“Balance”及管理局發行的其他出版物為卑詩省註冊成員的重要信息來源。註冊成員有責任閱讀這些出版物以保證了解最新的信息，標準，規定與指引。如您有困難理解相關信息，請務必找人為您翻譯。

CALL FOR NOMINATIONS

Nomination forms for the upcoming 2015 CTCMA Board election will be posted on the website and mailed to registrants in September.

- *Are you interested in making a valuable contribution to your profession?*
- *Do you want to gain experience and insight into professional health regulation issues, including registration, inquiry, discipline, quality assurance, patient relations, legislation and finance?*
- *Are you interested in learning more about the Health Professions Act and the College bylaws and in gaining some insight into the legal process?*

If so, now is the time to consider serving on the College Board.

Registrants are encouraged to accept nominations for the three vacancies on the 2015 Board. There are no longer requirements for category of registrant, and the three positions may be held by any category of registrant (Dr. TCM, R.TCM.P, R.Ac., R.TCM.H). The terms of office are three years for three positions. Please see page 4-5 for further information on the responsibilities and duties of Board members.

管理局理事會選舉提名

管理局理事會2015年選舉的提名表格會在9月份寄出。假如您有興趣為本省中醫監管事業作貢獻；假如您對衛生監管事項有濃厚興趣；假如您想多加了解卑詩省 Health Professions Act 以及管理局的附例，並對有關條例立法過程有興趣的話，現在正是考慮投身管理局理事會的好時機。

由今屆開始，三位中醫業界理事的提名和選舉皆不分職別（Dr. TCM, R.TCM.P, R.Ac., R.TCM.H）。三位被選出的理事任期為三年。請參閱本期季刊第4-5頁有關理事責任的說明。

IMPORTANT ANNOUNCEMENT!!

This is the last paper newsletter you will be receiving. The newsletter will be sent electronically beginning in the Fall.

If you do not have a current email address with the College please provide it through the Member Portal portal.ctcma.bc.ca

MESSAGE FROM CHAIRMAN

TCM Inheritance, Innovation and Globalization

In March I participated in the 7th Taipei Traditional Chinese Medicine International Forum 2015 held in Taiwan. Sixteen hundred and fifty TCM colleagues from thirteen countries attended, including Taiwan, Mainland China, Hong Kong, Japan, South Korea, USA, and Australia. There were seventy-one speakers and thirty-five articles published. The objective of the Forum was to discuss TCM, the relevant applications of state-of-the-art technology, and to provide a platform of communication for our profession. Central to the discussions was improving the health care of the public through promoting excellence in the delivery of TCM health care. At the Forum I introduced Current Status and Future Prospects of legislation and regulation of Acupuncture and Traditional Chinese Medicine in Canada.

A number of presentations reviewed the history of TCM during the last century and projected the future. The challenges were explored and predictions were presented on what is anticipated in the future. The question is how has TCM not only successfully met the challenges, but in fact it is flourishing in today's society. The answer lies in the fact that for centuries generations of sages have contributed to the development of TCM by handing down the philosophy and theory that is applied to clinical practice in today's health care system.

The current generation of TCM practitioners have a duty to carry on the tradition and advance the legacy of the ancient sages. Through the promotion of greater understanding of TCM and its value in health care will be realized. The theme of the Taipei International Forum was Inheritance, Innovation and Globalization.

There are some in today's TCM community who insist that one should go back to embrace only the classics and that TCM is unique and cannot be combined in any way with modern health care. TCM is unique, but it is also a strong comprehensive form of medicine that can well be adapted into today's health care without losing any of its essence. Through clinical practice we can explore TCM in all aspects through evidence based criteria in order to establish its value.

It is our responsibility to explore the challenges faced today. The following are some examples of questions needing answers. How to benefit from the principle of individualized treatment and prevention of modern health problems? How to best focus clinical research on the major diseases affecting health? How to provide scientific evidence of the value of TCM? How to promote and nurture communication, dialogue and collaboration between Chinese and Western medical practitioners? How to promote such collaboration in order to improve diagnosis and treatment for our patients? Of course, currently our main approach is through clinical case studies in order to establish the efficacy of TCM treatment. In the future we look forward to working together with Western medicine to achieve our common goal to improve the health and wellbeing of all.

How to play a complementary role each other (general and local view on epistemology, synthesis and analysis on methodology, experience and experiment on research tools) between the two medicine systems in order to provide more exact diagnosis and efficient treatment to the patients? Of course, at the current stage, our major approach is through clinical case studies, to make the clinical curative effect to benefit the people, and to be gradually convinced by the mainstream medicine, and to work together with the western medicine practitioners to create a more brilliant integrated holistic medicine in twenty-first Century.

主席感言

傳承創新中醫造福全球

三月份我參加了在台灣舉行的第七屆台北國際中醫藥學術論壇，約1400位來自台灣及250位來自中國大陸、香港、日本、韓國、美國、加拿大、澳洲等13個國家的中醫同道參與，共有演講71場，發表論文35篇。此次論壇的目的是析論傳統中醫精微，精進現代科技應用，拓展交流觀摩平台，以使用中醫為民眾醫療健康提供最優質的照護。會上我介紹了中醫針灸在加拿大立法規管現狀及瞻望。

會上亦有論文回顧了近代中醫坎坷發展歷程，及21世紀中醫藥事業願景與面臨的挑戰。中醫之所以能夠歷劫復盛，否極泰來，源自歷代中醫先哲聰明睿智所創立並一脈相承的博大精深的中醫哲學理論體系，完整的中醫基礎理論體系及獨特嚴謹的中醫臨床實踐規範。

然而身處21世紀及西方社會的我們這一代現代中醫，不僅與我們的前輩一樣，肩負著傳承與創新的任務，而且還肩負著推廣中醫使之造福於全人類的艱鉅任務。正如這次台灣國際中醫藥學術論壇主題所示：傳承與創新及全球化。

近來回歸傳統經典中醫的呼聲越來越高，這是對任意胡亂否定傳統經典中醫的撥亂反正。但我們不能因尊古爾泥古。傳承的真諦在於通過我們的實踐，經過反覆多次臨床證實與證偽的研究，以便傳承先賢們的真知灼見，並在此基礎之上加以創新。為此只有通過現代科學技術手段經過反覆多次臨床的與/或實驗室的研究，特別是前者的研究，即只有知其然而又知其所以然，才能達到傳承與創新及造福全球的目的。亦即只有通過無數相對真理的認識才能達到對絕對真理的認識。

為此我們要對所面臨的問題及挑戰進行認真的探討，例如如何拓展傳統經典中醫個體化治療處理與預防現代健康問題，並聚焦於影響人類健康的主要疾病的臨床研究？以及如何為臨床療效提供之所以有效的現代實證基礎？如何讓中西醫師加強交流，對話，發揮兩者(認識論的整體與局部觀，方法論的綜合與分析法，研究手段的臨床經驗與實驗研究)的互補作用，以便更有利於對患者進行精確的診斷與最恰當的治療？當然現階段，我們主要的研究手段還是臨床個案研究，通過確實可靠的臨床療效造福於民眾，並使之被主流醫學逐漸信服認可，進而共同攜手創造更加輝煌的21世紀的統合的整體醫學。

BOARD ELECTION 2015 - Important Dates

CTCMA election of board members must be conducted according to the Bylaws. This newsletter serves as notice to all registrants of the 2015 Election.

13 October 2015:

Deadline for receipt of nominations

10 November 2015:

CTCMA will mail ballots to all registrants on/ before this date

10 December 2015:

- Ballots must be received at CTCMA Office by 12:00 noon
- Ballots counted
- Candidates will be notified of election results

21 December 2015:

Deadline to request a recount if vote is close (5% difference)

It's time to start considering nominations to the Board. In taking on the role of governance, Board members are leaders and decision makers. Clarity of purpose, goals, roles and expectations, as well as trust, mutual respect, honest communications and collaborative relationships are essential to effective board and organizational performance. The following leadership responsibilities have been adopted by the Board for your reference as you consider nominating or being nominated.

Strategic Intent - *Sets and drives the strategic direction for the College*

1. Actively communicates the College vision to registrants.
2. Engages external stakeholders to support the College's strategic direction.
3. Actively contributes personal perspective to important issues.
4. Focuses on governance of the College, not on management of operations.
5. Takes a broad perspective towards emerging opportunities and challenges.
6. Encourages the use of performance measurement to drive improvement.

Personal Effectiveness - *Works to improve personal effectiveness and performance*

1. Clearly demonstrates the CTCMA values (i.e. Honesty and Integrity, Fairness, Transparency, Quality, Confidentiality, Privacy, Accountability, Responsibility, Approachability, Openness, Effective Communication, Engages external stakeholders to support the College's strategic direction).
2. Uses awareness of personal strengths and weaknesses to improve contribution to the College.
3. Delivers on commitments.
4. Makes principled and ethical decisions, even if they are sensitive or controversial.
5. Solicits feedback regarding personal performance.
6. Maintains confidentiality.
7. Demonstrates a sense of humour.

Engaging Others - *Builds and maintains rapport with others to enhance working relations and to improve overall organizational effectiveness*

1. Creates an environment of trust where people feel encouraged to actively communicate and contribute.
2. Welcomes differing perspectives and opinions.
3. Actively seeks input from others.
4. Adapts personal style to match differing needs of registrants.
5. Willingly collaborates with others to achieve desired results.

Communication - *Effectively communicates with a broad range of stakeholders*

1. Actively listens to others' opinions and ideas before providing own advice and counsel.
2. Shares knowledge and expertise to strengthen Board performance.
3. Openly communicates thoughts, wants and feelings.
4. Communicates key issues and concerns in a timely fashion.
5. Uses a communication style and method that is most effective for the situation.
6. Presents information in a coherent, clear and timely manner.

Decision Making - Uses a systematic approach to problem solving and decision making. Bases decisions on best available information

1. Assesses problems based on short and long-term impacts on the College.
2. Evaluates the results of past decisions to guide future decision making.
3. Explores the root causes of the issue or challenge, not just the symptoms.
4. Uses the College's established strategic direction as a framework for decisions.
5. Makes decisions in the best interest of the College.
6. Stands behind Board decisions even if they are not his/her primary choice.

Public Focus - Demonstrates a commitment to serving the public interest

1. Works to understand the needs and requirements of the public in relation to the College.
2. Demonstrates dedication to meeting expectations of the public.
3. Acts with the best interest of the public in mind.
4. Navigates effectively through challenging situations that involve College registrants and the public.
5. Works diligently to gain the trust and support of the public.

理事選舉年

管理局理事必須按照附例進行選舉，本文作為2015年理事選舉的正式通知。

2015年10月13日：提名截止

2015年11月10日：選票寄出

2015年12月10日 (中午12:00時)：

1. 選票送回管理局最後限期；
2. 點票；
3. 通知候選人有關點票結果；

2015年12月21日：重點選票申請截止

(假如候選人票數差額小於5%)

現時正是各位開始考慮參選或提名的時機。理事被賦予領導和決定權的角色。清晰釐定理事的作用、目標、角色、互信、相互尊重、坦誠溝通以及協作關係皆有助於理事會和機構組織的表現。根據理事會一致通過的定案，請各有意參選人及提名人明瞭下述要求：

具備策略性意識 - 為管理局制定和推動策略性方向

1. 積極把管理局願景轉達給註冊成員。
2. 聯繫公眾各界，支援管理局的策略。
3. 奉獻個人強項於重要事項上。
4. 在策略上領導管理局而非參予日常管理工作。
5. 具透徹的洞悉力來應對日新月異的機遇與挑戰。

6. 鼓勵使用表現評估方法來推動改進改善。

高效率 - 具改進個人能力和表現的方法

1. 清楚表現管理局的價值(至誠至善，公平公正，公開透明，嚴謹嚴肅，保密守秘，問責承擔，親和開放，有效溝通，聯繫公眾各界支援管理局的策略)
2. 充分瞭解個人強項和弱點，適當地對管理局作出貢獻。
3. 重承諾。
4. 即使面對敏感性或具爭議性的話題，也要作出原則性和道德上的決定。
5. 注重外界對個人表現的評估。
6. 能保密。
7. 具幽默感。

強大聯繫力 - 建立並維持緊密關係，促進工作關係並改善機構整體效率

1. 創造互信環境，鼓勵積極交流與奉獻。
2. 接受不同見解和意見。
3. 積極尋求不同意見。
4. 採用個人風格，靈活配合註冊成員的各種需要。
5. 樂於團結各界以期達到預期效果。

善於溝通 - 強於和各界溝通

1. 作出建議前，積極聆聽各方意見和想法。

2. 分享知識和專門技能，加強理事會運作。
3. 坦誠公開想法，需求和感受。
4. 及時溝通關鍵問題與顧慮。
5. 運用對形勢有效的溝通風格和方法。
6. 及時，清楚和具連貫性地溝通。

決策力 - 在取得各種有關資訊後，使用有條不紊的方法去解決問題和制定決策

1. 評估問題應基於對管理局的短期和長期的效益和影響。
2. 根據以往決定的效果來導引未來的決策。
3. 探索問題的根源，並非表面徵狀。
4. 利用管理局已確立的策略性方向，作為決策時的依據。

5. 所作出的決定，必須以管理局的最終利益為依歸。
6. 擁護理事會的最後決定，縱使這個決定不是理事們的個人選擇。

以公眾利益為重 - 承諾為公共利益而服務

1. 為理解公眾對管理局的所需和要求而努力工作。
2. 表現出對公眾期許所作出的努力。
3. 以公眾的最大利益為行動綱領。
4. 有效率地應對包括註冊成員和公眾在內的各項挑戰。
5. 勤勉工作，以期獲得公眾的信任和支持。

[中譯本僅供參考，以英文原文為準]

The Members' Portal is Now Available

The College has launched a new Member Portal where registrants can manage their profile and account in the College database. Registrants may now change current addresses for clinics and residences by clicking on "My Account" after signing in. Access to exam applications and results are also available through the portal. To view this portal, please use the link portal.ctcma.bc.ca.

To sign in, please take note of the following reminders:

- Your username is your registration number in numerical digits. If your registration number has 5 digits, add an additional zero to the end of your number (ie. if your registration number is "01234", your username is "012340"). If your registration number has 6 digits, your username is the same as your registration number (ie. if your registration number is "100570", your username is "100570"). We no longer use the prefix for logging in.
- Your default password is your date of birth in MMDDYYYY (ie. if your date of birth is January 15, 1950, then your password will be "01151950"). You can change your password after logging in for the first time through the Change Your Password link.

註冊成員入口網站已可使用

管理局已推出新的入口網站，註冊成員可通過網站進入管理局的資料庫管理個人信息檔案。註冊成員登錄入口網站後，點擊 "My Account" 我的帳戶，接著便可更新個人資料，例如：更改診所與住宅地址等，成員也可通過網站查看考試資格或結果。註冊成員入口網站為：portal.ctcma.bc.ca。登錄入口網站時請注意下列事項：

- 用戶名稱 (username) 是您的牌照編號，全部是數字。如果您的牌照編號是五位數字，請在末尾加個0 (比方說，您的牌照編號是 "01234"，那麼您的用戶名稱便是 "012340")。如果您的牌照編號是六位數字，請直接使用登陸網站 (例如：您的牌照編號是 "100570"，那麼您的用戶名稱便是 "100570")。網站登錄名稱不再使用字母做為字首。
- 您的預設密碼是您的出生年月日，依序為月日年共八位數字 (例如：您的出生年月日是1950年1月15日，那麼密碼便是 "01151950")。

LIABILITY INSURANCE RENEWAL 2015

2015年中醫師醫療責任險續保

Karen McGee, Program & Underwriting Manager, Plus Underwriting Managers Ltd.

We're fast approaching the time of year again where your Professional Malpractice Liability is due for renewal. Shortly you'll be receiving notification from your Broker that it's time to renew your coverage. This is a very important process and you are encouraged not to delay in getting it done. If you fail to renew your insurance you will create a lapse in coverage, not just for claims that arise right now, but also for any claims that might occur in which you have treated a patient in previous months or years past.

The Professional Malpractice Liability insurance is written on a Claims Made policy which means that:

1. The insurance must be in place **at the time the claim is made**; and
2. The insurance must be continuous from the time you start practicing.

When you lapse your insurance, or forget to renew your insurance, you reset the Retroactive Date of your policy. The Retroactive Date sets the clock on how far back the insurance company will provide coverage. For example you start your practice in December 2008, this will become your Retroactive Date, and you continue to purchase insurance coverage until August 2014. In October 2014 you realize you didn't renew the insurance and you purchase coverage starting now. A very critical change occurs in your insurance coverage:

- You have re-set your Retroactive Date to October 2014 and any claim that arises from that date or in the future from treatments or services you provided prior to October 2014 **will not be covered** by your current insurance policy. AND the insurance coverage you had in the past will not respond because that policy has been lapsed and it is not required to respond as it was **not in force at the time the claim was made**.

Maintaining continuous insurance coverage is key to ensuring you are protected. The renewal process is a very important time and we would encourage you to avoid the rush, process your renewal as soon as you receive your reminder. And if you haven't received the renewal notice from your Broker by August 15th, 2015 that you contact them directly to ensure coverage does not lapse.

** This article is provided as information only. Please ensure you contact your Insurance Broker to receive their advice on how your renewal should be processed. **

各位註冊成員的醫療責任險即將到了續保時間，您很快會接到保險經紀的通知。續保手續十分重要，請各位不要拖延，盡快完成醫療責任險續保。如果您不續保，那麼您的投保有效期間便會出現缺口，不只是目前出現的索賠不在理賠範圍內，甚至過去幾個月或幾年前曾經治療過的病人如果提出索賠，也不在理賠範圍內。

專業醫療責任險的承保基礎乃根據「索賠提出的時間」，意思是：

1. **患者提出索賠的當時**，註冊成員必須擁有生效的醫療責任險保單；以及
2. 註冊成員從執業開始便必須投保醫療責任險，中間得持續連貫，不可中斷。

如果您的投保期有所中斷，或是您忘了續保，那麼等於您重新設定了保單的追溯日期。追溯日期決定了保險公司的承保範圍與期間可以追溯到多久之前。舉例來說，假設您從2008年12月開始執業並投保醫療責任險，這就是您的投保追溯日，自這個日期起您一直有續保，直到2014年8月為止。結果在2014年10月時您突然想起來八月保單到期時忘了續保，於是您趕緊繼續投保。這時候您的保險承保範圍產生了很重大的變化：

- 基本上，您的保單出現了新的追溯日期，也就是2014年10月。換句話說，在2014年10月之前您所治療過的病人如果提出索賠，都**不在新保單的承保範圍內**。此外，儘管在這個日期之前您曾經投保醫療責任險，但由於您的投保中間出現中斷，因此過去的保險無須回應索賠，也沒有義務回應，因為**在索賠提出的時間過去的保險已經失效**。

維繫醫療責任險持續連貫才能確保您受到保障。續保手續十分關鍵，中醫針灸管理局提醒您不要等到最後一刻才續保，請收到保險經紀的提醒通知便馬上續保。如果您沒有在8月15日前收到保險經紀的提醒通知，請主動與經紀連繫辦理續保。

本篇文章僅供信息參考。請確定您的保險經紀已經收到如何續保的相關指示信息。

NEWS AND EVENTS

2015 AGM Announcement

The 2015 Annual General Meeting will be held on January 10, 2016 (Sunday) at the Radisson Hotel Vancouver Airport (8181 Cambie Road, Richmond, BC). Detailed information will follow. Please mark January 10, 2016 on your calendar.

Continuing Education credits will be given for both, the Annual General Meeting and the Scientific/Education Seminar.

2015 年年度大會

卑詩省中醫針灸管理局2015年年度大會將於2016年1月10日在列治文市的Radisson酒店舉行 (8181 Cambie Road, Richmond)。

參加年度大會及科學/教育研討會者均可獲得繼續教育學分。

Patient Record Keeping Workshop

Date: Saturday, October 3, 2015 9:00 a.m. to 1:00 p.m.

Cost: \$155.00

Note: Course is taught in English. Mandarin translation is available for an additional \$45+tax. Please request at registration.

This course is recommended by CTCMA for TCM and Acupuncture Practitioners.

Venue: Langara College

100 West 49th Street, Vancouver, BC V5Y 2Z6

Contact: Please phone 604-323-5322 to register

An important course for TCM / Acupuncture Practitioners and their staff. Ensure proper techniques while earning valuable Continuing Education Credits. Join instructor Dr. Kim Graham for this intense 4 hour workshop. Accountable record keeping is essential for a competent practice. Learn how to create, format and manage patient records. Content includes, risk management, informed consent and refusal, patient termination, legalities, and privacy acts. Exercises to create appropriate records for initial and follow-up visits will also be covered, as well as examples of consent, initial intake, referrals, and real-life clinical experience will be shared.

Any registrants directed by the Inquiry Committee of CTCMA must take the TCM/Acupuncture Record Keeping offered by Langara College.

病歷記錄研習會

病歷記錄研習會將於2015年10月3日在 Langara College 舉行，報名請致電 604-323-5322。

New Edition: Where's the Line?

Professional Boundaries in a Therapeutic Relationship

The College is pleased to present an updated edition of the Where's the Line? booklet, featuring new content on how to maintain boundaries in challenging scenarios. Enclosed with this newsletter is a hard copy of the new booklet, with specific information on the following topics: accepting gifts; rural practitioners; treating family, friends, and co-workers; social media; touch in a therapeutic relationship; and personal and professional vulnerabilities.

Congratulations to Online Registration Renewal Draw Winner

We are pleased to announce the winner of the 2015 Registration Renewal draw for an Apple iPad Air 2. The draw was won by Mr. Philipp Krahe. Congratulations to Mr. Krahe and our appreciation to all registrants who chose to renew their registration online!

This is the first year online registration renewal has been available and we are pleased that 76% took advantage of this method. While the process went much more smoothly for the office, we recognize there are improvements to be made through feedback from registrants. Our goal for next year is to enhance the experience for utilizing the online renewal system.

恭喜在線續牌抽獎得主

管理局很高興宣布，2015年在線續牌抽獎得主是 Philipp Krache 先生，他獲得蘋果平板電腦 iPad Air 2。恭喜 Krache 先生，也感謝所有在線上續牌的註冊成員。

這是管理局第一年提供在線續牌的服務，我們欣見76%的註冊成員通過網站續牌。對管理局而言，續牌程序因此變得順暢許多，但根據註冊成員的反饋，在線續牌仍有諸多待改善之處。管理局的目標是明年大幅改善成員使用在線續牌的過程。

CTCMA Audited Financial Statement 卑詩省中醫針灸管理局已經審計之財務報告

The Financial Statements to March 31, 2015 will be posted this month and may be downloaded from the CTCMA website www.ctcma.bc.ca

中醫針灸管理局截至2015年3月31日的財務報告將會在本月放在管理局的網站上供下載：www.ctcma.bc.ca

MSP PAYMENT SCHEDULE: ACUPUNCTURE SERVICES

Preamble to the Payment Schedule

1. This includes as insured services the services of acupuncturists who are registered members in good standing with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia, and licensed under the *Health Professions Act*, when rendered in the Province of British Columbia to insured persons as prescribed in #2 below.
2. Acupuncture services will be an insured benefit only for beneficiaries with Medical Services Plan (MSP) premium assistance status.
3. Payment for acupuncture services insured under MSP can be claimed as follows:
00142 Acupuncture Service.....\$23.00

Notes:

- i) This item is applicable only to patients who have MSP Premium Assistance status.
 - ii) Subject to i) above, acupuncture, chiropractic, massage therapy, naturopathic, non-surgical podiatry, and physical therapy services are benefits up to a combined maximum of 10 visits per patient per calendar year.
 - iii) Only payable if an adequate clinical record has been created and maintained.
4. Extra-billing and Definition of Acupuncture Services:
The service provider must be enrolled with the MSP in order to be paid for these insured services. Those practitioners who are on “opted-out” status with MSP may charge patients more than the rate indicated. For MSP billing purposes, acupuncture treatment requires the insertion of a needle. The insertion of the needle is a restricted activity under the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation. The use of non-restricted activities included in the definition and scope of practice of the acupuncturist do not constitute the ‘Acupuncture Service’ for MSP billing purposes.
 5. Personal Services:
Section 29 of the Medical and Health Care Services Regulation specifies the nature of personal services which are not benefits.

Personal Services

29 (1) *Services are not benefits if they are provided by a health care practitioner to the following members of the health care practitioner’s family*

- (a) a spouse,
- (b) a son or daughter,
- (c) a step-son or step-daughter,
- (d) a parent or step-parent,
- (e) a parent of a spouse,
- (f) a grandparent,
- (g) a grandchild,
- (h) a brother or sister, or
- (i) a spouse of a person referred to in paragraphs (b) to (h).

(2) *Services are not benefits if they are provided by a health care practitioner to a member of the same household as the health care practitioner.*

6. Records:
Section 16 of the Medical and Health Care Services Regulation lists requirements for an “adequate clinical record”. – See Appendix A. For the purposes of Section 16, clinical records must be created and maintained in English.

Appendix A - Medical and Health Care Services Regulation (Part 4)

Services of Health Care Practitioners

Definition

16 In this Part, “**adequate clinical record**” means a record of a health care practitioner, prepared in accordance with the applicable payment schedule, that contains sufficient information to allow another practitioner of the same profession, who is unfamiliar with both the beneficiary and the attending practitioner, to determine from that record, together with the beneficiary’s clinical records from previous encounters, information about the service provided to the beneficiary including:

- (a) the date, time and location of the service;
- (b) the identity of the beneficiary and the attending practitioner;
- (c) if the service resulted from a referral, the identity of the referring practitioner and the instructions and requests of the referring practitioner;
- (d) the presenting complaints, symptoms and signs, including their history;
- (e) the pertinent previous history including family history;
- (f) the positive and negative results of a systematic inquiry relevant to the beneficiary’s problems;
- (g) the identification of the extent of the physical examination and all relevant findings from that examination;
- (h) the results of any investigations carried out during the encounter;
- (i) the differential diagnosis, if appropriate;
- (j) the provisional diagnosis;
- (k) the summation of the beneficiary’s problems and the plan for their management.

Details available online at: <http://www2.gov.bc.ca/gov/topic.page?id=FB12F167231042219EC6A8CCDEC34EE1>

卑詩省醫療保險計畫(MSP)給付費細則：針灸服務部分

概述

1. 納入卑詩省醫療保險計畫給付範圍的針灸治療是指提供治療的針灸師必須是在卑詩省中醫針灸管理局記錄良好的註冊成員，並持有醫療專業法授權的執業牌照。針灸治療必須在本省內提供，接受治療的患者必須符合下列第 2 條所述的資格。
2. 只有享有醫療保險補助的低收入居民才可享用上述針灸治療。
3. 省醫療保險計畫可補貼針灸治療的金額如下：
00142 針灸治療.....\$23.00
說明：
i) 補貼只適用於合格接受省府醫療保險補助的低收入居民
ii) 符合上述條款的患者，每年可以申請針灸、脊骨推拿、按摩治療、自然療法、非手術性足部治療與物理治療，合計不得超過十次。
iii) 合格獲得省府醫療保險補助付款者，必須具有完整臨床病歷記錄。
4. 額外收費及針灸治療的定義
只有在本省醫療保險計畫註冊的執業者所提供的上述針灸治療，才能獲得政府補貼金額。選擇不直接向患者收取政府提供23元津貼的執業者，可以向患者收取高於23元的針灸治療費用。

符合醫療保險補助要求的針灸治療，是指給患者下針灸針，該項活動屬於中醫針灸師法規定義的受

限醫療行為。而中醫針灸師法規中，有關針灸師執業定義與執業範圍所列非受限醫療活動則不能申請省醫療保險補助。

5. 私人服務

醫療照護服務法第29條規定，屬於私人服務性質的醫療行為不能申請省醫療保險補助。

私人服務

醫療照護服務法第29條規定，執業者提供醫療服務給下列親屬時，不能申請省醫療保險補助。

- (a) 配偶
 - (b) 子女
 - (c) 領養子女
 - (d) 父母或繼父母
 - (e) 配偶的父母
 - (f) 祖父母/外祖父母
 - (g) 孫子/孫女
 - (h) 兄弟姊妹
 - (i) 上述(b)至(h)任一人的配偶
- (2) 執業者給住同一幢房子的成員提供醫療服務時，不能申請省醫療保險補助。

6. 病歷

醫療照護服務法第16條規定的”充分的臨床病歷記錄”要求，見附錄A。第16條要求臨床病歷記錄必須以英文建立。

附錄A—醫療照護服務法規(第四部份)

醫療從業人員的服務

定義

醫療照護服務法第16條所述”完整病歷記錄”是指醫療從業人員為適用於省醫療保險給付費計畫，所準備的患者診療記錄。病歷記錄必須包括充分的資訊，以便對該患者與書寫病歷記錄的從業人員不熟悉的，相同專業的其他執業者，能根據病歷瞭解患者過去所有的就診記錄。病歷必須包括以下資訊：

- (a) 就診日期、時間及地點
- (b) 接受醫療服務的患者以及提供服務的醫療人員的身分
- (c) 對轉診來的患者，須載明轉診醫師的身分、轉診指示與轉診目的。
- (d) 患者主訴、症狀、體征與過去病史
- (e) 患者個人史，包括家族病史。
- (f) 針對患者的病情詳細問診所得的正面與負面結果
- (g) 身體檢查過程與相關結果
- (h) 看診過程中發現的病情調查結果
- (i) 鑑別診斷 (如有需要)
- (j) 臨時診斷
- (k) 患者病情概述與治療方案

詳情請瀏覽網站: <http://www2.gov.bc.ca/gov/topic.page?id=FB12F1>

Inquiry & Discipline Report

The following summaries represent Inquiry investigations and actions since last reported in the 'Winter 2014' issue of the Balance newsletter. Tariff costs may be applied to CTCMA registrants pursuant to Inquiry and Discipline activities. The tariffs are established under section 19(1)(v.1) of the *Health Professions Act* (HPA) and the College bylaws. Cases requiring public notification are posted on the website www.ctcma.bc.ca with the publication number noted below.

INQUIRY COMMITTEE

Unauthorized Title Investigations

Investigations were conducted following reports of unauthorized use of title. Two registrants were found to be using unauthorized titles. The cases were resolved by way of consent orders and the imposition of tariff costs.

Undertakings and Consents Under Section 37(1) of the HPA:

Inquiry Investigation #1

Professional Misconduct

Description of Action Taken:

The College received notification from Fraser Health Authority that there was a concern about the risk of transmission of communicable diseases from inadequate infection control at the Registrant's clinic. The Inquiry Committee initiated an investigation under s. 33(4) of the Act and directed an inspector to attend the Registrant's clinic to gather information concerning her acupuncture practice and clinical records. The inspector reported back that the Registrant was using expired needles, acknowledged that she did not have unexpired needles on site, was not properly disposing of used needles or other materials, was not appropriately preparing acupuncture sites prior to needle insertion, was not following appropriate hygiene procedures, was not following the guidelines specific to storage and preparation of herbs, and was not following patient record-keeping guidelines.

On November 12, 2014, the Inquiry Committee convened *ex parte* to consider the need for extraordinary action under s. 35 of the *Health Professions Act* and concluded that a suspension of the Registrant's registration was necessary to protect the public pending completion of remedial steps by the Registrant to address these deficiencies. The Inquiry Committee was concerned that the Registrant's improper use of acupuncture needles and the unsanitary conditions in her clinic posed serious health risks to her patients.

On November 25, 2014, the Inquiry Committee cancelled the interim suspension of the Registrant's registration as it was satisfied that she had fully completed the remedial steps required under the terms of the s. 35 order.

On March 3, 2015, the College received an investigation report from Fraser Health Authority which identified significant concerns for infection prevention and control practices that posed risks for transmission of blood borne infection at the Respondent's clinic. The report indicated that laboratory evidence revealed that the two cases of acute hepatitis B infection had come from a common source with epidemiological evidence of being related to the acupuncture treatment received from the Registrant.

Reasons for Action Taken:

Based on a review of the information gathered during the investigation of the matter, the Inquiry Committee was concerned that: (i) the Registrant failed to comply with the requirements of the Safety Program Handbook in performing acupuncture and handling acupuncture needles and thereby placed patients at risk; (ii) the Registrant failed to maintain a hygienic and safe clinic and thereby placed patients at risk; (iii) there was evidence that the Registrant's treatments may have caused two patients to contract acute hepatitis B; (iv) the Registrant misused the Dr. (doctor) title; (v) the Registrant failed to complete mandatory continuing education courses; and (vi) the Registrant failed to maintain proper clinical records. The Registrant subsequently provided documentation confirming that she successfully completed a course on clinical record keeping.

On March 26, 2015, the Registrant signed a Consent Order under s. 37.1 containing the following terms:

- a) a reprimand in relation to her professional misconduct with respect to: (i) failing to comply with requirements of the Safety Program Handbook and placing patients at risk through improper acupuncture procedures; (ii) misusing the doctor title; and (iii) failing to maintain a hygienic clinic;
- b) suspension of her registration as a registered acupuncturist for a period of three (3) months from the date of the Consent Order;

- c) an undertaking not to repeat the conduct of failing to comply with the directives contained in the Safety Program Handbook;
- d) an undertaking not to repeat the conduct of failing to maintain accurate and complete clinical and billing records;
- e) an undertaking not to repeat the conduct of failing to complete continuing education requirements and a requirement to complete 25 hours of continuing education each year for the next five years;
- f) a requirement to complete a course of professional ethics at her cost within six (6) months of the date of the Consent Order;
- g) a requirement to cooperate with random spot audits by an inspector appointed by the College for a period of five (5) years following the expiration of her suspension and return to practice, to review her clinical records for the purposes of ensuring that she is adhering to proper standards of practice and completing proper clinical and billing documentation. The Registrant acknowledges that the frequency and timing of the audits is at the sole discretion of the Inquiry Committee and that she is responsible for all audit costs;
- h) a consent to pay investigative costs; and
- i) a consent to pay a fine in relation to her professional misconduct.

Inquiry Investigation #2

Professional Misconduct

Reasons for Action Taken:

The College initiated an investigation on September 9, 2014 following receipt of a complaint against a registrant questioning whether the number of acupuncture sessions she received for migraine headaches over a period of 14 months is regarded as normal or excessive, she received 82 acupuncture treatments and 53 herbal prescriptions during her course of treatment. She was also seeking a review of fees that she was charged by the Registrant for those treatments. Following an inspection of the Registrant's clinic and clinical records and based on its review of the material filed by the parties the Inquiry Committee was concerned that the Registrant: (a) engaged in the unauthorized use of the Dr. (doctor) title; (b) failed to comply with appropriate clinical record-keeping practices; (c) failed to obtain and/or record appropriate informed consent at the onset of treatment and failed to update the consent as treatment progressed; (d) failed to comply with the Safety Handbook regarding safe needle disposal; (e) failed to comply with the Safety Handbook regarding hand washing; (f) failed to comply with the Safety Handbook regarding dispensing herbs, either over-the-counter or otherwise; (g) provided B12 injection therapy to a patient in not in the scope of practice for an acupuncturist and did so without appropriate professional liability insurance coverage; (h) failed to put the best interests of his patient first by providing an excessive number of acupuncture treatments and an excessive number of herbal remedies or variations thereof at an excessive cost without clinical records to verify the ongoing need for such treatment.

Action Taken:

On June 8, 2015, the Registrant signed an Undertaking and Consent Order consenting to a reprimand for his professional misconduct; undertaking to complete the online 'Safety Course and Examination' available on the College's website; undertaking not to repeat the conduct of failing to comply with the directives contained in the 'Safety Program Handbook' ; consenting and undertaking to successfully complete courses on professional ethics and clinical record-keeping; undertaking to remove references to the 'Doctor' title, the 'Doctor of Traditional Chinese Medicine' title, the 'Dr. TCM' title or any similar title from his marketing materials; undertaking not to repeat the conduct of failing to maintain accurate and complete clinical records in relation to his practice; undertaking to provide the Inquiry Committee with a 1,500 word essay outlining the responsibilities of Registrants to conduct themselves in an ethical and professional manner; undertaking to provide the Inquiry Committee with a 1,500 word essay outlining the requirements and safety guidelines regarding the safe practice of prescribing and dispensing herbal preparations to their patients; undertaking to partially reimburse the complainant for the excessive costs of treatment and herbs that he charged; and undertaking to pay a fine in relation to his professional misconduct and the tariff of investigative costs.

DISCIPLINE COMMITTEE

There is currently one Discipline Hearing which commenced on January 27, 2015. Results of the Hearing are pending.

調查與懲戒報告

上一次卑詩省中醫針灸管理局發布註冊成員調查與懲戒報告是在2014冬季號通訊刊物，以下報告摘述自上一次以來的調查與行動。管理局可能向遭調查的註冊成員徵收一定費用以涵蓋調查與懲戒行動產生的部份開支，收費於法有據，請見醫療專業法第19條(1)(v.1)以及管理局細則。凡是有必要通知大眾的調查個案都公佈在管理局網站www.ctcma.bc.ca，每宗個案下方均附有發佈號碼。

調查委員會

使用未經授權的頭銜相關調查

管理局接獲投訴有兩名註冊成員使用未經授權的頭銜，於是展開調查。兩起調查最後由同意令解決，管理局並向涉及註冊成員收取調查費用。

醫療專業法第37(1)條有關承諾與同意部分

第一宗調查

專業行為失當

管理局採取的行動

管理局接獲菲沙地區衛生局通知，該註冊成員診所的感染防範工作不夠周全，具有傳播疾病的風險，衛生局對此十分關切。管理局因此根據醫療專業法第33(4)條的規定展開調查，指派一名稽查員到該註冊成員的診所檢查，並收集相關信息以了解這名成員的針灸治療操作與診所內的病歷資料。稽查員回報表示，這名註冊成員使用過期的針，她診所內所有的針灸針都已過期，她使用過的針與其他用品都未經適當棄置處理。此外，她在落針前沒有對患者需要針灸的部位進行適當準備工作，沒有遵循適當的衛生程序，沒有遵循有關草藥儲存與調配的原則，也沒有遵循記錄患者病歷的原則。

管理局調查委員會在2014年11月12日單方開會，考慮是否有必要根據醫療專業法第35條採取非常手段。會中一致決定暫時吊銷這名註冊成員的牌照以保護大眾利益，同時要求該註冊成員必須完成行為修正步驟，改善執業過程中的缺失。調查委員會對於該註冊成員不當使用針灸針十分關切，同時憂慮該成員診所的衛生狀況可能對患者形成嚴重健康威脅。

這名受懲戒的註冊成員在醫療專業法第35條的要求下，完成所有行為修正步驟，因此管理局調查委員會在2014年11月25日恢復該成員的執業牌照。

不過管理局在2015年3月3日接獲菲沙衛生局的調查報告，其中指出該註冊成員的診所未做好感染預防與控制工作，有可能造成患者血源性感染，對此衛生局表示嚴重關切。報告指出，化驗結果顯示，兩名急性B型肝炎患者染病的來源一致，兩人都曾在該註冊成員的診所接受針灸治療。

採取行動的理由

管理局調查委員會仔細評估了調查過程中蒐集的信息，對於以下幾點表示嚴重關切：(i) 該註冊成員未遵守安全手冊中有關進行針灸治療和處理棄針的要求，以致對患者造成健康威脅；(ii) 該註冊成員的診所不符合清潔與安全標準，以致對患者造成威脅；(iii) 證據顯示，該註冊成員的針灸治療造成兩名患者感染急性B型肝炎；(iv) 該註冊成員不當使用高級中醫師頭銜；(v) 該註冊成員沒有完成規定的繼續教育課程；(vi) 該註冊成員沒有保存適當的病歷紀錄。不過事後該註冊成員提供管理局相關文件，證明她已完成有關病歷建檔的課程。

該註冊成員於2015年3月26日簽署醫療專業法第37.1條所訂的同意令，其中包括以下條件：

- 管理局針對該註冊成員下列專業行為失當進行申誡：(i) 未遵守安全手冊中有關針灸治療程序的要求，以致對患者造成威脅；(ii) 不當使用高級中醫師頭銜；(iii) 未保持診所清潔。
- 自同意令簽署日期起，吊銷該成員註冊針灸師的牌照三個月。
- 針對未遵循安全手冊規定的不當行為，該註冊成員承諾未來絕不再犯。
- 針對未保持完整病歷紀錄的不當行為，該註冊成員承諾未來絕不再犯。
- 針對未遵循繼續教育要求的不當行為，該註冊成員承諾未來絕不再犯，並承諾在未來五年，每年都完成25小時的繼續教育課程。

- f) 該註冊成員必須在簽署同意令六個月內，自費完成職業操守課程。
- g) 該註冊成員同意，重新取得執業牌照後五年內充分與管理局合作，接受管理局指派的稽查員隨機抽查。稽查員可檢查該註冊成員的診所資料，以確定她遵循適當的執業標準，建檔適當的病歷紀錄與收費文件。該註冊成員理解稽查頻率與時間完全由管理局調查委員會單方決定，她也必須支付所有稽查開銷。
- h) 該註冊成員同意支付調查開支。
- l) 該註冊成員同意支付專業行為失當罰款。

第二宗調查案

專業行為失當

採取行動的理由

管理局在接獲一起投訴後於2014年9月9日展開調查，投訴患者因偏頭痛前往某註冊成員診所接受治療，在14個月治療期間共接受82次針灸治療與53次草藥劑方，患者懷疑這樣的治療是屬正常或過度？患者同時要求管理局評估該註冊成員收取的治療費用是否合理。管理局調查委員會審閱了患者提出的資料證據，並檢查該註冊成員的診所與相關病歷紀錄，結果發現註冊成員有以下失當行為：(a) 不當使用高級中醫師頭銜；(b) 未遵循適當病歷紀錄要求；(c) 在治療開始之前未取得並記錄患者知情同意，也沒有在治療過程中取得患者對於進一步治療的同意；(d) 未遵循安全手冊中有關處理棄針的規定；(e) 未遵循安全手冊中有關洗手的規定；(f) 未遵循安全手冊中有關漢方開藥的規定，不論是處方藥或非處方藥；(g) 替患者注射B12，這種醫療行為不在針灸師的許可執業範圍內，更何況註冊成員沒有適當的醫療執業保險；(h) 未優先考量患者的利益福祉，反而施行過度的針灸治療與草藥治療，造成患者過度的費用負擔，也未在病歷中註明如此持續治療的必要性。

採取的行動

該名遭投訴的註冊成員於2015年6月8日簽署同意令，接受管理局的申誠；承諾完成管理局網站上的在線“安全課程與測驗”；針對未遵循安全手冊規定的不當行為，承諾未來絕不再犯；同意並承諾將完成執業操守與病歷紀錄建檔相關課程；承諾不再自稱高級中醫師，不在任何宣傳或廣告材料中使用“高級中醫師”或類似頭銜；針對未保持完整病歷紀錄的不當行為，承諾未來絕不再犯；承諾呈交調查委員會一份1500字的報告，陳述註冊成員應有的執業操守與專業責任；承諾呈交調查委員會一份1500字的報告，陳述註冊成員在開立草藥處方或配藥時應遵守的規定與應注意的安全原則；承諾退回部分超收的治療費用與草藥費用給投訴患者；承諾支付專業行為不當罰款與投訴調查費用。

懲戒委員會

懲戒委員會正在聆聽一宗懲戒個案，調查程序自2015年1月27日開始，目前仍在進行中，結果未定。

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