

## 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 TCM 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 TCM 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 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.

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## Appendix B

### Schedule of Prescription TCM Herbs and Medicinals

<b>Herbal Re #</b>	<b>Pin Yin Name</b>	<b>Pharmaceutical Name</b>	<b>Name (Chinese)</b>	<b>Class of NHP / Part use</b>
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	火秧笏	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 / 生硫黃, 制硫黃	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	Unprocessed Radix 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



<b>Herbal Re #</b>	<b>Pin Yin Name</b>	<b>Pharmaceutical Name</b>	<b>Name (Chinese)</b>	<b>Class of NHP / Part use</b>
5655U	Sheng Teng Huang	Unprocessed Resina Garcinia 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; Szechenyani	雪上一枝蒿	Plant/root
4274	Nao Sha	Sal Ammoniacus	礪砂 / 礪砂	Mineral product
3543	Yang Jin Hua	Flos Daturae Metelis	洋金花	Plant/flower
2991	Yu Teng	Radix seu Caulis Derridis Trifoliatae	魚藤	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	鬼白	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

