



# Balance

College of Traditional Chinese Medicine  
Practitioners & Acupuncturists of British Columbia  
加拿大卑詩省中醫針灸管理局

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## Message from the Chairman

## 主席所言

### Crossroads

Dr. Arden Henley, Ed.D., R.C.C. Chair

The French spoken in Quebec more closely resembles the French spoken in France in the 16th. century than it does the Parisian French spoken in France today. The psychotherapy practiced in South Korea more closely resembles the psychotherapy practiced in Vienna, Austria in the late 19<sup>th</sup> century than it does the therapeutic work done in North America today. Whether it is language or professional practice, the relative degrees of cultural isolation or connection in which evolution over time takes place profoundly influences the result.

How this phenomenon of cultural evolution plays out in BC, Canada and North America will affect what Traditional Chinese Medicine looks like 100 years from now. Will Traditional Chinese Medicine in BC preserve its links to China and to Chinese culture? Will its ties to China weaken resulting in the practice of TCM in BC as it was in 20<sup>th</sup> Century in China in the 22<sup>nd</sup> Century? Will a hybrid develop in BC that is a mixture of western medicine, TCM and naturopathy? To what extent will the initial insights and wisdom of the early practitioners and philosophers in China be carried into the future? Will TCM find a way to incorporate the research methodologies of contemporary science in its quest to optimize the good health of people? In an environment of unity and harmony with an emphasis on objectivity and benevolence we need to address these questions together on behalf of the good health of all. ♦

### 十字路口

韓立德博士, Ed.D., R.C.C.

在魁北克省所使用的法語，相近於法國在 16 世紀的法語，但有別於今天巴黎的現代法語；韓國目前的心理療法，相類於奧地利維也納在 19 世紀後期的治療方式，而有別於今天的北美洲治療方式；無論是語言或行醫，不同程度上的文化隔絕或銜接，在演變的過程中，隨著時間的進展，對結果產生了深層次的影響。

這個文化演變現象所衍生的這樣那樣的作用，將影響到中醫藥在加拿大卑詩省乃至於北美未來一百年的樣貌。卑詩省的中醫藥會保持她與中國和中華文化的聯繫嗎？或是說減弱與中國的聯繫，會否導致卑詩省在 22 世紀的中醫藥發展彷彿停滯在 20 世紀的中國中醫藥發展範疇嗎？一種融和了西醫，中醫和自然療法的發展，在卑詩省可行麼？在多大程度上，中國古醫藥跟古哲學先賢，他們的洞察力和睿智對未來的影響有多深？中醫能否尋找到跟現代科研融合之道，提昇世人健康？在一個重視客觀、寬容、合作與和諧的大環境下，為了大眾的健康，我們必須共同面對這些問題。♦

[中譯簡本僅供參考，以英文原文為準]

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## Forum

### Duties to Report under the *Health Professions Act*

#### INTRODUCTION by Mary Watterson, Dr.TCM

All registrants of a college regulated under the Health Professions Act have a professional, ethical and legal responsibility to report any unsafe practice or professional misconduct of any other regulated health practitioner. The Duties to Report article (below) is written by Vancouver lawyers, Lisa Fong and Michael Ng. The article describes the circumstances under which such reporting is required. Further information can be found in the *Health Professions Act (HPA)*, available on the CTCMA website [www.ctcma.bc.ca](http://www.ctcma.bc.ca).

**Professional Responsibility:** The CTCMA Standards of Practice requires registrants to work under the terms of all relevant legislation and to maintain standards determined by College Regulations/Bylaws and the HPA.

**Ethical Responsibility:** The CTCMA Code of Ethics requires registrants to report unsafe practice or professional misconduct to the appropriate authority.

**Legal Responsibility:** The HPA establishes a legal duty for registrants to report a registrant of a regulated health profession, if the reporting registrant has good reason to believe that the continued practice of a designated health profession by the other person might constitute a danger to the public.

#### ARTICLE by Lisa C. Fong and Michael Ng

This briefing note covers questions commonly asked by regulatory bodies relating to the duty of health professionals to report incompetence or incapacity under the HPA.

1. **Registrants' and others' duties to report under the HPA** The HPA imposes a positive duty on various persons to report registrants in three kinds of situation.

#### A DANGEROUS PRACTICE (s. 32.2)

First, the HPA requires every registrant of every College under the HPA to report a registrant of any College whose continuing practice he or she believes, on reasonable and probable grounds, might constitute a *danger to the public* (s. 32.2(1)). Danger may result from incompetence, or from incapacity stemming from an ailment, emotional disturbance or addiction. A single instance of carelessness might not, however, be enough to raise concerns of incompetence.

This duty to report a dangerous practice extends to every partner, business associate, employer or person granting privileges to a registrant who has taken action based on such a belief, e.g., by ending a relationship or suspending privileges (s. 32.2(2)) or who would have taken action, but for the registrant breaking off the relationship first (s.32.2(3)).

#### SEXUAL MISCONDUCT (s. 32.4)

Secondly, the HPA requires every registrant of every College to report another registrant of any College whom he or she believes, on reasonable and probable grounds, has engaged in *sexual misconduct* (s. 32.4(1)). If this belief is based on information from

a patient, the registrant must first obtain the patient's consent (or the consent of the patient's guardian or committee) before making a report (s. 32.4(2)).

#### HOSPITALIZATION FOR CERTAIN CONDITIONS (32.3)

Thirdly, the HPA requires every chief administrative officer of a hospital or private hospital, and every medical practitioner who has the care of a registrant of any College, to report a registrant who is *unable to practice* because of admission to a hospital or private hospital for *psychiatric care or treatment, or for treatment for addiction to alcohol or drugs*.

This duty also requires the medical practitioner to provide, no later than the date of the registrant's discharge, a written report of the diagnosis, the particulars of treatment, prognosis and an opinion as to whether the other person is fit to continue to practice. NB: Effective June 1, 2009, "medical practitioner" is a title reserved to registrants of the College of Physicians and Surgeons under the HPA *Medical Practitioners Regulation* (BC Reg. 416/2008).

Reports must be made to the College of the registrant whose condition or conduct is being reported. The duties to report under the HPA are in addition to the duty of every registrant to comply with any reporting requirements of his or her profession, e.g., under a *Code of Conduct*, and the duty of every person to report any reason to believe a child may be in need of protection under ss. 13 and 14 of the *Child, Family and Community Service Act*, RSBC 1996, ch. 46.

#### 2. Responses to typical questions about duties to report

##### A. What if a person is unsure about a registrant's incompetence, misconduct or inability to practice?

The reporting of a dangerous practice or sexual misconduct is mandatory if a person believes, on "reasonable and probable grounds", that a registrant "has engaged in sexual misconduct", or if continued practice "might constitute a danger to the public".

Mere innuendo or suspicion of a basis for reporting does not trigger the duty. The Act permits and requires a report as long as a person forms an honest belief on grounds on which a reasonable person could also conclude a likelihood of sexual misconduct or possible danger to the public. The HPA does not require certainty.

If a registrant is hospitalized for psychiatric care or treatment, or for treatment for addiction to alcohol or drugs, and is therefore unable to practice, the HPA appears to require a report without an assessment of the registrant's ability to practice (s. 32.3(1)).

##### B. Will the registrant being reported be aware of who reported them?

Yes. Extraordinary circumstances would be required to curtail the duty of procedural fairness owed to a registrant subject to a report.

##### C. Can someone reporting a registrant be sued?

Generally, the answer is "no". Anyone who reports a registrant under the HPA cannot be sued in court for damages as long as

the report is made in good faith (s. 32.5). Furthermore, under the common law, anyone complaining about or reporting a registrant to his or her regulatory body may be protected from a defamation suit under the principle of “absolute privilege” *Schut v. Magee*, 2003 BCCA 417.

**D. Can a registrant reporting another registrant be disciplined?**

A registrant who has demonstrably acted in bad faith may, however, be subject to discipline for professional misconduct or unprofessional conduct.

**E. Should someone reporting a registrant also provide documents?**

Registrants may provide relevant documents, but should not breach duties of confidentiality or commit theft. Colleges have various means of obtaining access to documents, including powers of inspection, powers of search and seizure, a right to make requests under freedom of information laws, and likely rights to have registrants cooperate with investigations.

**3. Common issues for a College relating to the duty to report**

**A. Is a mandatory report a “complaint”?**

Reports of possible danger to the public, or inability to practice due to hospitalization for certain conditions, may be treated as complaints, or addressed immediately through agreements (ss. 32.2(4) and 32.3(3)). Reports of sexual misconduct *must* be treated as complaints (s. 32.4(3)).

**B. Does a matter involve an urgent need for public protection?**

When a report is made, a College should assess if a matter involves an urgent need for public protection that cannot await the completion of an investigation. This may especially be the case where a registrant is declining to agree to suspend his or her practice despite reasonable and probable grounds showing a dangerous practice, sexual misconduct or a medical inability to practice. A College should assess whether to proceed to extraordinary action pursuant to s. 35. Under s. 35, the Inquiry Committee can impose limits or conditions on practice, or suspend registration pending investigation.

Many registrants argue that limits, conditions or suspensions are not necessary because of employer sanctions. While such sanctions may reduce the risk to the public, full registration certifies and represents to the public a level of training and skill, regardless of employment status. Registrants may continue to practice through other employers, or through private practice.

**C. How can a College obtain further information from non-registrants?**

A College may discover that someone not registered with it, such as a registrant of another College, a chief administrative officer of a hospital, or a medical practitioner, has not reported or provided all information required by the HPA. A College may consider the following options for obtaining more information:

- A College may obtain the written consent of its own registrant to obtain access to relevant records from a

non-registrant.

- Records relating to a registrant admitted to a hospital, prepared by a hospital employee or a practitioner, belong to the hospital (*Hospital Act* s. 51(1)). Such records *may* be disclosed by the hospital to a College investigating a registrant under s. 33.2(i)(i) of the *Freedom of Information and Protection of Privacy Act*.
- A College may obtain a court injunction against anyone failing to comply with a reporting requirement under the HPA, to restrain that person from continuing to contravene the Act (s. 52(1)), e.g., if a medical practitioner neglects or otherwise refuses to report the diagnosis, treatment, prognosis or fitness of a registrant under his or her care.
- A College may also apply to the court for an order requiring any person to disclose evidence based on reasonable grounds that evidence may be found that a registrant is not competent to practice his or her profession, or is suffering from an ailment, emotional disturbance or an addiction that impairs the person’s ability to practice (s. 29).

**D. What may a College do in relation to someone who has failed to report as required by the HPA?**

A College may discipline its own registrants, and file complaints against registrants of other Colleges who contravene the HPA. A registrant may be disciplined by his or her own College for contravening the Act (s. 33(4)(a)), for contravening any applicable bylaws or standards of conduct set by his or her College (s. 33(4)(a) and (b)), or for professional misconduct or unprofessional conduct (s. 33(4)(c)).

**\*\* This briefing note only addresses the duty to report generally, and does not constitute legal advice applying to any particular situation.**

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## 在專業衛生法下的舉報責任

前言(華瑪莉 Dr. TCM-註冊總監): 所有在專業衛生法(HPA)管轄下的專業衛生註冊成員, 皆必須以專業、道德操守和法定責任去舉報違規的註冊成員, 不管他們來自那一所監管機構。下文(由溫哥華執業律師 Lisa Fong 和 Michael Ng 執筆)解釋在那一類情況下, 需要舉報。請參閱管理局網站上的專業衛生法(HPA)詳情。

文章作者 Lisa C. Fong and Michael Ng

以下文章扼要回應專業醫療衛生從業員如何根據專業衛生法(Health Professions Act), 舉報不勝任或無執業能力的個案。

### 1. 註冊成員和其他人士的舉報責任

專業衛生法(下稱 HPA)鼓勵各方人士對以下三項情況作出舉報:

#### 危害公眾的行為 (s.32.2)

首先, HPA 要求每一位註冊成員, 當有理由相信, 或有證據指出某一註冊成員(不論來自那一家監管機構)不勝任, 對公眾構成危險性的(s. 32.2 (1))行為, 例如身心不適, 粗心大意等等, 皆可舉報指出該註冊成員是不勝任的。

合夥人, 商業夥伴, 顧主或跟該註冊成員有關的人士, 皆有責任舉報危害公眾的註冊成員(s. 32.2 (2)(3))。

#### 性騷擾行為 (s.32.4)

其次, HPA 要求每位註冊成員人, 當有理由相信, 或有證據指出另一註冊成員(不論來自那一家監管機構)牽涉到性騷擾行為 (s.32.4(1)), 可作出舉報。假如有關資料來自病人的話, 則必須先徵得病人或其監護人的同意, 然後才舉報(s.32.4 (2))。

#### 註冊成員在醫院留醫 (s.32.3)

第三, HPA 要求醫院, 專業監管機構的負責人, 舉報因患精神病而需留院接受治療而未能執業, 或正在接受戒酒或戒毒療程的註冊成員。包括要求主治醫生在該註冊成員離院前, 呈交有關診斷, 治療內容, 以及能否適合繼續執業的報告。

報告必須呈交該註冊成員的所屬監管機構, 除此之外, 呈交報告的註冊成員還需符合其所屬監管機構的要求, 例如根據專業守則和“兒童家庭社區服務”法例(RSBC 1996 ch.46 ss (13)(14))的要求, 建議有關兒童是否需要接受保護。

### 2. 舉報責任的一般問題

- a. 假如對某位註冊成員的失當行為不確定的話, 怎麼辦?  
只要舉報者是基於誠信及表面理由來舉報失當或危害公眾的行為報告, 一般來說, HPA 是會接納的, HPA 並不需要證據確鑿的報告。  
假如某註冊成員因精神病而入院治理, 或入院接受戒酒或戒毒療程時, HPA 則只需要一份報告而無需評估該註冊成員的執業能力(s. 32.3 (1))。

- b. 註冊成員會知道是誰舉報他們麼?  
會的。根據不同的報告, 會作特別的處理。

- c. 舉報人可會面對被起訴嗎?

一般是不會的。只要舉報人是根據 HPA 的要求, 以誠實不偏的態度來舉報(s. 32.5), 是不會被告到法院去的。以普通法來說, 任何人向註冊成員的所屬監管機構作出投訴或舉報, 都不會構成毀謗罪名的。

- d. 舉報其他註冊成員會被紀律處分嗎?

註冊成員以誠實不偏的態度向所屬的監管機構舉報其他註冊成員, 是不會受到紀律處分的。但無理惡意中傷的話, 就有可能被認為行為不當而被紀律處分。

- e. 舉報他人需要提供資料嗎?

舉報人可以提供有關資料, 但不能破壞保密條款或偷竊。監管機構在進行調查時, 會有很多法定權力和方法去取得有關資料, 並有權要求有關人士合作提供資料。

### 3. 舉報責任跟監管機構的考量

- a. 舉報是等同投訴嗎?

因擔憂某些註冊成員會對公眾構成危害, 或因患病而不能執業的舉報, 都被視為投訴(ss 32.2(4) and 32.3(3))。對性騷擾不當行為的舉報, 則必定視作投訴處理(s. W 32.4 (3))。

- b. 遇緊急事故時, 會否馬上啟動保障公眾利益的機制嗎?

當監管機構收到舉報時, 會馬上評估舉報的內容是否對公眾構成即時的危機。當某位被舉報的註冊成員, 其表面證據已構成對公眾的危害, 而他/她又拒絕停業時, 監管機構會考慮是否運用 HPA(s.35)條例。根據該條例, 聆訊委員會(Inquiry Committee)有權對該註冊成員頒布有限制的執業條件, 甚至暫停其牌照, 直至調查完成為止。

- c. 監管機構如何從非註冊成員取得詳細資料?

- 監管機構可從其註冊成員取得書面同意, 向非註冊成員索取有關資料。
- 送往醫院有關註冊成員的記錄, 或由醫院員工所提交的報告, 都屬於醫院(Hospital Act s.51 (1))所有。當監管機構進行調查某一註冊成員時, 醫院是可以根據資訊自由法(FOI s. 33.2(i)(i)), 向監管機構提供有關記錄的。
- 對於那些蓄意不提交診症、治療等記錄的註冊成員, 監管機構根據 HPA(s. 52 (1)) 可以向法院申請命令, 迫令註冊成員合作。
- 監管機構亦可以向法庭申請命令, 要求任何人基於合理原因, 提供某位註冊成員不勝任於執業、患病、情緒不安或受制於其他引至他不能正常執業的因素 (s.29)。

- d. 假如沒有根據 HPA 的要求舉報, 監管機構如何處理?

如果是這樣的話, 監管機構可以紀律處分它的註冊成員。或向其所屬監管機構投訴。根據(s.33(4)(a)(b)(c)), 該註冊成員是有可能被其所屬監管機構處分的。

\*\* 以上的簡介, 只作舉報責任的一般說明, 並不構成任何情況下的法律意見。

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[中譯稿本僅供參考, 以英文原文為準]

## Criminal Record re-check: 2009

If you registered more than 4 years ago AND your last name begins A-J, then you must complete a criminal record check through CTCMA this year.

**\*\* LETTERS WILL ARRIVE IN JUNE\*\***

We will also start rechecking the K-P group this Fall.

**2**008 amendments to the *Criminal Records Review Act* require re-checking registrants cleared more than five years ago. This requirement was phased in starting in 2008. Each registrant must submit a signed authorization form and fee by the deadline – and every five years thereafter.

The CTCMA will notify registrants and send authorization forms when the criminal record check is due. The first group (surnames beginning A to E) was checked in 2008.

Other amendments to the Act added new offences to the list that is screened through the Criminal Record Review Program and increased the CTCMA's responsibility to record and document all criminal record checks.

Last year CTCMA was required to **cancel** the registration of individuals who did not comply with this requirement. Please watch your mailbox for a package and follow the instructions carefully. Main problems encountered in 2008:

1. **mail returned** – CTCMA did not have the current address of the registrant. Please note registrants must submit changes immediately (CTCMA Bylaw 60)
2. **Legal name** – please use your legal name as it appears on your drivers licence and passport. Please also include other names you use (i.e. nickname)
3. Do **not** go to your local police department to get this criminal record check completed. This check must be completed by the Criminal Records Review Program which is part of the BC Ministry of Solicitor General
4. **Sign** the form, write in the **date**, complete ALL entries

For more information on this amended legislation, please visit the website at

[www.pssg.gov.bc.ca/criminal-records-review](http://www.pssg.gov.bc.ca/criminal-records-review)

## 無犯罪紀錄證明

您是否在管理局已經註冊超過四年了？

假如是對的話，而且您的姓氏英文排列在 A 到 J 之間，那就需要在 2009 年透過管理局進行“無犯罪紀錄證明”檢測，您大概會在六月收到有關函件。

姓氏英文排列在 K 到 P 之間的組別，會在 2009 年的秋季收到通知。

**根**據 2008 年修訂的卑詩省犯罪記錄評估法案 (Criminal Records Review Act) 要求，所有已登記 5 年以上的註冊成員，需要從 2008 年起，分階段重新申領無犯罪紀錄證明。每位註冊成員，皆必須在期限以前把授權書和有關費用，送交管理局(CTCMA)處理，以後還需每 5 年重新辦理一次。

管理局(CTCMA)會寄發授權書並通知到期需辦理手續的註冊成員。第一階段(英文姓氏從 A 到 E)已經在 2008 年完成。該修訂的犯罪記錄評估法案加進了一些違法行為，同時加強了管理局在紀錄犯罪記錄方面的責任。

去年管理局取消了個別沒有遵從上述守則人士的註冊。請詳閱郵件上的指示和要求，過往發生的問題多在於：

1. 郵件被退回：管理局沒有註冊成員已更改的新地址。根據附例第 60 條的規定，註冊成員必須盡早提供新地址予管理局；
2. 法定名字：請提供駕駛執照或護照上的法定名字，並且包括你經常使用的其他別名；
3. 無需到你的地區警局辦理。無犯罪紀錄證明是卑詩省法務廳 (Ministry of Solicitor General) 的管轄範圍；
4. 在表格上簽字：必須填寫日期及所有空格；

有關修訂法案的詳情，請查看省政府網頁：

[www.pssg.gov.bc.ca/criminal-records-review](http://www.pssg.gov.bc.ca/criminal-records-review)

[中譯簡本僅供參考，以英文原文為準]

## QUALITY ASSURANCE/CONTINUING COMPETENCY

–Registrants are invited to submit their ideas to the Committee

The CTCMA has the duty to establish and maintain a continuing competency program to promote high practice standards amongst registrants. The Quality Assurance Committee (QAC) will be reviewing current policies establishing standards that are consistent with the highest standards of continuing education (CE). The committee will explore CE hour requirement, types of CE activities, levels of CE activities, availability of CE activities in registrant's communities and the self-reporting of CE hours.

Should you have any thoughts or insights into this area, we would be happy to hear you. Please forward your suggestions or comments to [editor@ctcma.bc.ca](mailto:editor@ctcma.bc.ca) by June 21, 2009.

### 維護質量保證

有賴大家集思廣益

管理局有責任去建立和確保一個質量保證計劃，以促進和提高註冊成員的專業水準。質量保證委員會 (Quality Assurance Committee) 將審定現時制定標準的政策方針，以配合持續教育(CE)的最高標準要求。該委員會將探討持續教育的時數、類型、水準、社區供應量，以及自行匯報持續教育時數的情況等等。

歡迎大家把想法或見解，以電郵方式，於 2009 年 6 月 21 日前，送往 [editor@ctcma.bc.ca](mailto:editor@ctcma.bc.ca)。

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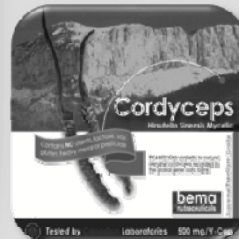


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## 中医绝学真传临床讲座： 脐针疗法及易医理论

主讲人：齐永 教授

加拿大天泉中医技术研究院特邀脐针创始人，国际著名易医大师齐永教授([www.dayizhidao.com](http://www.dayizhidao.com))来加拿大温哥华访问并开授脐针疗法讲座。脐针疗法是齐永教授于2000年发明，经临床几万人次的实践验证，疗效惊人。是中国针灸学在二十一世纪的最新发展。自2003年以来，齐教授开始向国内外传授脐针绝技，迅速得到美国，澳大利亚，意大利，瑞典等国针灸专家们的积极响应与实践。脐针以其“实用，简便，快速，高效”的优势，走向世界，造福人类。今年是齐永教授首次登陆加拿大讲授脐针，希望各位同道，先进，珍惜宝贵机会。

脐针疗法是在脐部扎一针或几针，配合独特手法来治疗人体多种疾病。其理论源于《易经》，以后天八卦布阵诊治疾病，是易经之理，数，象，术在中医临床的实践演绎和生动验证。在这里许多临床疑难病症，如心脏病，高血压，帕金森，截瘫，中风后遗症，失眠，红斑狼疮，闭经，忧郁症，前列腺肥大，过敏性鼻炎，哮喘，耳鸣，减肥，美容，在短期治疗后，均有明显的疗效。对各类痛症，包括偏头痛，颈椎病，肩周炎，带状疱疹，类风湿关节炎，三叉神经痛，坐骨神经痛，常有一针止痛的惊人疗效。近年来齐教授及其学生在应用脐针治疗癌症，艾滋病方面也取得了令人鼓舞的良好开端。其临床效果可谓“惊天地而动鬼神”。既是针灸初学者登堂入室之捷径，又是资深针灸师，中医师返璞归真之道。

齐永教授学贯中西医学，多年来致力于中医传统思维方法的挖掘与发扬，创造了以脐针为起点的易医学学术体系。齐教授医德高尚，诚意将自己的临床技术及经验与海内外的针灸同道分享，以期脐针能广济天下，救人于疾苦。望有缘，有志于提高针灸学术水平的广大同道，先进，踊跃参加，共襄善举。

### 中文讲座：

2009年7月3日 7:00 PM to 9:00 PM 脐针疗法简介

学费：30加元。

2009年7月4日至5日：脐针疗法及易医理论

学费：1200 加元 (1000美元)

4日 星期六：1:00 pm to 6:00 pm

Dinner: 7:00 pm to 10:00 pm

5日 星期天：10:00 am to 1:00 pm

Lunch: 2:00 pm to 6:00 pm 谢师宴：7:00 pm to 9:00 pm

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## Navel acupuncture and I-Ching (Yijing) Prof. Yong Qi

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Since 2003 Prof. Qi has taught workshops in China, United States, Australia, Italy, and Sweden. This is the first workshop ever in Canada. a very rare chance to study direct from a Chinese Master of acupuncture.

July 10, 2009 7:00 PM to 9:00 PM Introduction to Navel acupuncture. Fee: 30 dollars.

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Saturday

July 11 10:00 AM to 1:00PM, 2:00PM to 7:00PM

Sunday

July 12 10:00 AM to 1:00PM, 2:00PM to 7:00 PM,  
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Contact : Dr. Weidong Yu (778)997-3897

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**Official web site : [www.navelacupuncture.com](http://www.navelacupuncture.com)**



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The CTCMA quarterly newsletter "Balance" is accepting advertisements for professional products and Oriental medicine educational seminars, workshops and lectures. The rate for each issue (March, June, September & December) is \$500 for full page, \$250 for half page and \$125 for quarter page. The circulation of each issue is over 2000. If you are interested in placing an advertisement, please email your artwork (b/w, camera-ready JPEG format not less than 300 dpi) to editor@ctcma.bc.ca 30 days before the issuing month. Next deadline : July 31, 2009 for September 2009 Issue. Please note that advertisements are published at the discretion of the Editorial Board.

### 刊登廣告

管理局的季刊"Balance"現正接受有關中醫和東方醫學的培訓課程、講座和商品之廣告。該季度雜誌在每年的3月，6月，9月和12月發行，每期發行超過2000份。刊登費用為全版\$500，半版\$250，1/4版\$125。假如閣下有興趣刊登廣告的話，請把有關稿件(需為黑白，無需修改並以不低於300dpi的JPEG檔案型式儲存)，於當期季刊發行前的一個月(刊於2009年9月份的廣告稿件，需於7月31日截止)以電郵送往editor@ctcma.bc.ca 有關廣告的接納與否，將由編輯委員會作最後決定。

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#### Editorial Board

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Mary Watterson  
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### PUBLIC NOTIFICATION POLICY

The College's website now includes web pages entitled "Public Notification" and includes public notices (or links to such notices) in a form and with content complying with Section 39.3 of the Health Professions Act (HPA).

These notices include directions made under Section 39.3 concerning the following actions under specified circumstances:

1. Actions Pending Resolution
2. Consensual Resolutions
3. Disciplinary Orders

Please check the CTCMA website for a listing of current public notices.



### Exam Schedule for 2009 (考試日期)

CTCMA has established the Examination Schedule for 2009:

- |                                  |   |   |
|----------------------------------|---|---|
| • Acupuncture Written<br>針灸師筆試   | October 02, 2009 (Friday)<br>2009年10月2日(星期五)            | Application Deadline: Aug 14, 2009<br>截止報名日期：2009年8月14日 |
| • Acupuncture Clinical<br>針灸師實習試 | November 21-22, 2009 (Sat/Sun)<br>2009年11月21-22日(星期六/日) |   |
| • Herbology Written<br>草藥師筆試     | September 25, 2008 (Friday)<br>2009年9月25日(星期五)          | Application Deadline: Aug 14, 2009<br>截止報名日期：2009年8月14日 |
| • Herbology Clinical<br>草藥師實習試   | November 14, 2009 (Sat)<br>2009年11月14日(星期六)             |   |

**\* No late application is accepted this year**  
\* 本年度將不接受延期報名

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