



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 2012 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 2012 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 6-7 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2012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。請參閱本期刊第7-8頁有關理事責任的說明。

2012 AGM Announcement

The 2012 Annual General Meeting will be held on January 13, 2013 (Sunday) at the Radisson Hotel Vancouver Airport (8181 Cambie Road, Richmond, BC). The annual community dinner will be held in the evening. Detailed information will follow. Please mark January 13, 2013 on your calendar.

2012年年度大會

卑詩省中醫針灸管理局2012年年度大會將於2013年1月13日在列治文市的Radisson酒店舉行（8181 Cambie Road, Richmond）

Message from the Chairman

John Blažević, R.Ac.

Summer greetings to all registrants. May our hearts be filled with the warm energy of the sun. My message this quarter has to do with the voice of the people, and particularly the voice of the stakeholders. In May I visited Europe for the 43rd TCM Kongress in Rothenburg ob der Tauber, Germany, as well as a vacation in Slovenia. It was wonderful to see the strong interest in TCM in Europe. The fact that this conference had been meeting for the past 43 years is really something to note! That's quite a long time to hold a conference in the same location and this shows the power of this group.

A few days later, in Frankfurt, Germany I happened to be downtown, not knowing it was the afternoon of the "Occupy Frankfurt" protest. It was an unsettling experience, but re-affirmed that people do indeed have a voice and a choice to act. A day later, as I sat in the peaceful nature of Slovenian mountains, I started to think about governance and the voice of the people, and specifically the governing of our profession, being a registrant, and being the chair. No doubt about it, governing is difficult. The challenge of being a board member or the chair is not a small one. We have the decision making responsibility for the CTCMA in the capacity to protect the public and regulate the profession. This is our mission or voyage. We must steer this ship in a certain direction. How much we steer or even change course depends on our map, compass, weather, ship, and our passengers, crew and captain.

In our decision making we consider every possibility based on the knowledge we have, not simply sticking to the status quo or the past, but rather adjusting to the current conditions without compromising our integrity. As with any form of "governing", there are many factors which may affect the decisions – including external pressures from interested parties and stakeholders. As leaders, we must consider not only the opinion of those parties with the loudest voices, but equally we must consider and balance the opinions of those who do not speak as loudly. Of course, the CTCMA board does have some decision-making authority, however part of this decision also belongs to the stakeholders. And although sometimes tough decisions have to be made which may make some of the stakeholders unhappy, the important thing is that the correct and fair process is preserved in reasonable decision-making that fulfills the CTCMA mandate.

As the chair, I follow the rules of board governance, the regulations set out by the government, and the principles of nature, yin and yang – the Dao. Although I live my life in this way, I do not expect others must follow. This brings me to my point about how we should regulate (govern) practice of TCM in BC. In my life I follow classical principles of TCM based on nature (Dao). I do not wish to impose this way of life on others, although I know it is the best way. With acupuncture, I follow classical principles of TCM based on nature (Dao). I do not wish to impose this way of acupuncture on the registrants, although I know it is the best way.

Now, a small % of registrants want to practice point injection. As an R.Ac., I may choose to use or not use the technique of point injection. As CTCMA chair, does this mean I should prevent point injection from entering our scope of practice? No. This is not my decision to make. This is the decision of the stakeholders. However, the CTCMA board and I, the Chair will see to it that the correct process is preserved in decision making. We will see to it that the public is protected. When the time comes for consultation, we welcome the voice of all stakeholders to give us their opinion and position on the matter.

On that note, it is vital for the stakeholders (especially the registrant stakeholders) to let their voice be heard. By attending the consultations and raising your opinions and concerns, your voice is considered. If you don't pay attention to the issues and shy away from the political forum, it is assumed you have nothing to say and don't mind the direction we steer the ship.

In communication with the government, any professional body needs “One Voice” to legitimately communicate their interests, position, and any problems with proposed legislature/governing. I have learned in my small political role that any group cannot get everything their desire. The same goes for the members within a group. This is the nature of democracy, negotiation, and indeed life. There must be some compromise for the greater good. Some people say they don't like politics. The minute you are born, politics begins. It cannot be avoided. Politics is simply people discussing and working together for a best solution for the greatest number – the greater good. If you don't want to join in the politics but want your opinion to be heard, then it is best to join a group who will do it for you. This way, your own concerns will be addressed. And more often than not, you will find that other “individualists” like you, have the same opinions and concerns. Regarding this, I am pleased to hear of the merger talks between BC's two largest TCM associations – the QATCMA and the TCMABC. I wish them (us) good fortune in the unification process. Also, I urge those registrants who do not belong to any association to join one and allow your voice to be heard. Don't leave all the decisions to the politicians! Let us all consider this as we head to a summer break. Thank you and have a great summer.

理事會主席的話

John Blažević, 註冊針灸師

祝各位註冊成員夏日愉快，希望我們的內心都充滿陽光的熱力。這一季的專欄主題是民眾的聲音，尤其是指理事會相關利益者的聲音。我在五月時去了歐洲一趟，先到德國參加第43屆羅騰堡中醫藥學術交流大會，接著再轉往斯洛維尼亞度假。很高興因為此次行程而發現中醫學在歐洲引起人們強烈的興趣，值得注意的是，這場中醫學的年度盛事已有43年的悠久歷史！在同一個地方舉辦會議達如此之久實屬不易，這也展現出這個團體的堅定毅力。

會議結束幾天後，我在德國法蘭克福市中心，碰巧遇到「佔領法蘭克福」的示威抗議。這段經驗雖然令我感到不安，但也再次證明人民有表達意見的權利與採取行動的選擇。第二天，我坐在斯洛維尼亞的寧靜山區中，不禁開始思索治理與民眾的發言權，特別是身為管理局的註冊成員，身為管理局理事會主席，該如何治理我們的專業。無庸置疑地，治理絕非易事。擔任這個理事會的成員或是主席，都面臨十分嚴峻的挑戰。理事會肩負卑詩省中醫針灸管理局的決策權，需負起保護大眾及管理中醫行業的責任。這是我們的任務，說是一趟海上航程也不為過。我們必須將這艘大船駛向特定方向，至於我們能航行的距離或是否改變航程，則端看我們的地圖、羅盤、天候、船況以及船上的乘客、船員和船長。

理事會在做決策時，會依據掌握的資訊，考量所有可能的選擇。理事會不會輕易選擇維持現狀或執著傳統，而是在維護誠信原則的同時，做出符合現有環境需求的決定。任何一種形式的「治理」都會有許多影響決定的因素，包括來自利益團體和相關利益者的外來壓力。身為領導團隊，我們不能因為誰嗓門大，就聽取他們單方面的意見，而是必須平等接納其他少數團體的聲音，將其意見納入考量。當然，管理局理事會有部分的決策權，然而這個決定仍有部分需取決於相關利益者。雖然有時我們可能必須做出一些令相關利益者不快的艱難選擇，但更重要的是，我們遵循管理局的章程，在做出正當合理的決策時維持了正確與公平的程序。

作為主席的我遵守理事會的治理規章、政府法規，以及道家陰陽的自然法則。雖然我個人奉行這樣的生活原則，但我不期望他人也能如此。同樣的理念也可印證在我們該如何監管（治理）卑詩省的傳統中醫專業上。在生活中，我遵循以自然（道家）為基礎的傳統中醫原則，雖然我知道這是最好的方式，但我並不會強迫他人也必須遵守。在進行針灸治療時，我遵循以自然（道家）為基礎的傳統中醫原則，儘管我知道這是最好的方式，但我並不會強迫其他註冊針灸師也必須遵守。

如今，有少數註冊針灸師想進行穴位注射療法。身為註冊針灸師，我可以選擇是否使用穴位注射。身為管理局理事會主席，是否意味我應該阻止在執業範圍中增加穴位注射？不是，我無權作此決定，這是管理局相關利益者的抉擇。然而，理事會與身為主席的我，會確保在決策過程中一切程序皆正確無誤，也會確保大眾權益不受損害。當需要進行公共協商時，也歡迎所有的相關利益者與我們分享對此事的意見與立場。

在此同時，讓所有相關利益者（尤其是具備註冊針灸師身分者）的意見都能充分表達是極為重要的。通過參加協商會議，提出您的意見與疑慮，讓我們聽見您的心聲。如果您忽視這些議題，並迴避參與公開討論會，就代表您對此事沒有意見，也不介意這艘大船航向何方。

在與政府溝通時，任何的專業組織都需要以「一致的聲音」向有關單位合法傳達其興趣、立場與意見。在我小小的政治角色中，我體會到任何團體的期望都無法完全得到滿足，團體個別成員的期望也亦然。這是民主與協商的常理，甚至也是人生的道理。為了造就眾人的幸福，妥協是必然的。有些人說他們不喜歡政治，其實從我們出生那一刻起，政治就無法避免地與我們的生命同在。其實政治不過是一群人一起討論，設法想出對最多人有利、最好的解決方案，也就是以眾人的幸福為目的。如果您不想涉入政治，但希望有人聽到您的意見，最好的方式是加入一個能幫您達成此目的的團體，如此一來，您個人的顧慮就能獲得解決。大多數的時候，您會發現其他人，像您一樣，有同樣的意見和顧慮。關於此事，我很高興最近聽聞卑詩省最大的兩個傳統中醫藥協會－卑詩省中醫師公會（QATCMA）與卑詩省中醫協會（TCMABC）正在討論合併的可能。我衷心希望他們（也包含我們在內）在整合的過程中一切順利。此外，我也力勸尚未加入任何協會的註冊中醫師加快腳步，找到自己發聲的渠道。別將所有的決定都交給參與政治的人！讓我們在迎接暑假的同時，也好好思考這個問題。謝謝各位，祝您有個美好的夏季。

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, 2012 are posted and may be downloaded from the CTCMA website www.ctcma.bc.ca

中醫針灸管理局截至2012年3月31日的財務報告已放在管理局的網站上供下載：
www.ctcma.bc.ca

Continuing Competency Program Update & Clarification of Program Requirements and a new Activity Log

Program Requirements

Advances in technology have enabled the delivery of educational programs that are equal to or superior than face-to-face personal continuing education seminars. The Requirements can now be satisfied fully within the 2-year reporting period through Category A. Category A includes continuing education offered electronically when three conditions are met:

- attendance is taken and monitored,
- there is real time interaction between presenter and participant, and
- there is an assessment tool for the course

In the 2-year reporting period a minimum of 6 out of 50 hours have to be in person (face-to-face) and maybe through categories A and/or C.

Continuing Competency Activities Log

The Log has been revised to provide a more user-friendly format. The Log can be downloaded from the website and placed in your personal filing system for recording CE activities.

Reporting Cycle

Registrants are required to complete 50 hours of continuing education activities during each 2-year reporting cycle.

For further information please refer to the CTCMA website at www.ctcma.bc.ca.

If you have not signed up for paperless newsletter and would like to help keep our planet green and reduce administrative costs, please reply to this email with **your name and registration number**. Future CTCMA newsletters will be emailed to you in PDF format.

如果您還沒有登記管理局電子季刊，但有意保護環境減少管理局開支，請將您的名字，電郵地址和註冊號碼發送至 info@ctcma.bc.ca。未來管理局季刊將以PDF格式通過電子郵件發送給您。

Moving?

Important notice if you are moving, changing your name and/or address
這是關於搬遷及更改姓名、地址的重要通告

A registrant must immediately notify the Registrar of any change of address, name or any other registration information previously provided to the Registrar. The address change form is available on the CTCMA website.

The signed form can be returned by fax, email or postal service.

BOARD ELECTION 2012 - Important Dates

CTCMA election of board members must be conducted according to the Bylaws. This newsletter serves as notice to all registrants of the 2012 Election.

10 October 2012

Deadline for receipt of nominations

08 November 2012

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

07 December 2012

- Ballots must be received at CTCMA Office by 12:00 noon

- Ballots counted

- Candidates will be notified of election results

17 December 2012

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 abroad 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2012年理事選舉的正式通知。

2012年10月10日：提名截止

2012年11月8日：選票寄出

2012年12月7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；

2012年12月17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项挑戰。
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]

MSP - Adequate Medical Record

A Message from the MSP Billing Integrity Program, Ministry of Health Services, BC

Background

When the Billing Integrity Program audits a Health Care Practitioner, including acupuncturists, the medical inspector looks at the clinical records. The Medical Inspector, who is a qualified and registered acupuncturist, determines if the clinical record is adequate to support the claim for a service billed to the Medical Services Plan.

What is an Adequate Medical Record?

From a practical perspective a clinical record is an “adequate clinical record” if it contains sufficient information that a practitioner of the same speciality, who is unfamiliar with both the attending practitioner and the beneficiary, could take over the patient’s care. This is sometimes referred to as the “Drop Dead Rule”: if the health care practitioner were unfortunate enough to be hit by a bus this afternoon are the clinical records adequate to allow another practitioner to come in and take over the care of the patient?

Part 4, paragraph 16 of the **Medical and Health Care Services Regulation of the Medicare Protection Act** outlines the specific information that needs to be included in the clinical record:

- (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.

What if the Clinical Record is not Adequate?

When the Billing Integrity Program audits a health care practitioner the claims paid by MSP are matched with the clinical records that support these claims. Quite simply, if the clinical records are not adequate then the claim is not supported and this will become an error which can result in money being recovered from the health care practitioner. In other words: **No adequate record = No money from MSP.**

完整的病歷紀錄

本信息來自省政府衛生廳醫療保健MSP誠信收費小組。

背景資料

衛生廳誠信收費小組在稽查包括針灸師在內的醫療執業人員時，主要是派遣醫療審查人員檢視註冊成員的診所紀錄。醫療審查人員具有合格註冊針灸師身分，有能力判斷病歷是否足以證明註冊成員向衛生廳申報費用的醫療服務。

何謂完整的病歷紀錄？

具體而言，如果病歷紀錄的內容可以讓另一名同科執業醫師，即使在不熟識原醫療執業人員與病患的情況下，仍可接手診療該名病患，就可算是「完整的病歷紀錄」。這個判斷原則有時又稱為「意外死亡原則」：換句話說，如果這位醫療執業人員今天突然遭逢交通意外身故，他留下的病歷紀錄是否能提供充分資訊，讓另一名醫生接手提供病患日後的醫療服務？

醫療保健保護法中的醫療衛生服務法規第4章第16節中明文規定病歷紀錄中應包含的特定資訊：

- (a) 診療的日期、時間與地點
- (b) 病患與診療醫師的姓名
- (c) 如果病患自他處轉診，則需附上建議轉診的醫師姓名及其相關指示與診療要求
- (d) 病患主訴症狀，包括其過往病史
- (e) 其他相關過往病史，包括其家族病史
- (f) 針對患者的主訴進行一系列的問診所取得的正負兩面結論
- (g) 確認健康檢查的範圍及其結果和相關數據資料
- (h) 該次看診時的任何診斷發現
- (i) 鑑別診斷（如有需要）
- (j) 臨時診斷
- (k) 病患症狀總結與治療規劃

如果病歷紀錄不完整該怎麼辦？

誠信收費小組稽查醫療執業人員時，會將MSP支付的費用與佐證這些費用的病歷紀錄互相核對。簡單來說，如果這些病歷紀錄不足以用來作為證明，則表示MSP不應當支付申報的費用，那麼該醫療執業人員就必需退回這些不當申報的費用。換言之：**沒有完整的病歷紀錄就無法獲得MSP支付治療費用。**

MSP - Billing for Yourself or Your Family

A Message from the MSP Billing Integrity Program, Ministry of Health Services, BC

The Billing Integrity Program routinely checks for Health Care Practitioners, including acupuncturists, billing MSP for services provided to themselves or their families.

What is Family?

Section 29 (1) of the **Medical and Health Services Regulation, Medicare Protection Act** outlines just what is considered family in the context of billing MSP:

- “1. Services are not benefits of MSP 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 mother-in-law or a father-in-law,
 - f) a grandparent,
 - g) a grandchild,
 - h) a brother or sister, or
 - i) a spouse of a person referred to in paragraph (b) to (h).
2. Services are not benefits of MSP if they are provided by a health care practitioner to a member of the same household as the health care practitioner.”

Why is this regulation in place?

While it is recognized that different fields of health care have different perspectives on what is ethical, there is a strong tradition within medicine of refraining from treating your family except for very minor issues or in an emergency. For example the Canadian Medical Association Code of Ethics gives physicians clear guidance on treating and billing for family: *“Limit treatment of yourself or members of your family to minor or emergency services and only when another physician is not readily available; there should be no fee for such treatment”*.

The other very practical reason for this regulation is that it is far too tempting for a health care practitioner to increase their personal income by billing for their family members who are a readily available and compliant source of patients.

What happens if you bill for Family?

All health care practitioners who are found to have billed for services provided to themselves or their family are sent a letter advising them of the error. HIBC is also copied on the letter so that recovery of the funds can be made.

If the billing for family is of a significant volume or dollar value then a review of the practitioner’s billing practices will be done by the Billing Integrity Program. This can result in referral of the health care practitioner to the Health Care Practitioner Special Committee with a recommendation that an onsite audit be done.

It is now the practice of the Billing Integrity Program to also inform the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC of the most serious cases of family billing by their registrants.

以自己或家人名義申報MSP費用

本信息來自省政府衛生廳醫療保健MSP誠信收費小組。

誠信收費小組定期稽查包含針灸師在內的醫療執業人員，是否以自己或家人名義不當申報MSP。

家人的定義為何？

醫療保護法中的醫療與衛生服務法規第29條第1款已規定在申報MSP費用時的家人定義。

- “1. 如果醫療執業人員提供服務予具有下列親屬關係者，則不得申請MSP費用：
- a) 配偶
 - b) 子女
 - c) 繼子女
 - d) 父母或繼父母
 - e) 配偶之父母
 - f) (外)祖父母
 - g) (外)孫子女
 - h) 兄弟姊妹
 - i) 上述(b)至(h)之配偶
2. 如果醫療執業人員提供服務予居住在同一家戶者，則不得申請MSP費用。”

為何制定這項規定？

雖然大家都同意，不同的醫療領域對道德守則有不同的看法，但在醫學界的傳統，除非是病症輕微或緊急情況，否則醫療執業人員應迴避診療自

己的家人。例如：加拿大醫療協會的道德守則對於醫師診療家人與以其名義申報費用做出了明確的規範：

“對自己與家庭成員的診療應僅限於輕微或緊急狀況，而且當時無其他醫師可立即提供服務；此外，這類醫療行為不應收取費用。”

制定此項規定另一個非常實際的理由是，如此可避免醫療執業人員受到利益誘惑，通過此非法途徑，以自己或家人名義不當申報MSP費用，輕易增加個人收入。

以家人名義申報MSP費用的後果？

所有以自己或家人名義申報MSP費用的醫療執業人員都會接獲信函，告知其申報有誤。卑詩省健康保險局也會接獲此信函之副本，以利後續退費作用。

若以家人名義申報的MSP費用數量或金額龐大，則誠信收費小組會稽查該醫療執業人員的MSP申報行為。該醫療執業人員有可能轉由醫療執業人員特別委員會接手調查，後者可能建議該醫療執業人員接受第三方審計單位稽核。

即日起凡是嚴重違規替自己或家人申報MSP治療費用，誠信收費小組都將發函通知卑詩省中醫針灸管理局。

Upcoming Event

PATIENT RECORD KEEPING WORKSHOP

Date: September 22, 2012

Venue: Langara College Campus

Check CTCMA website in August for updates and details.

病歷記錄研習會將於2012年9月22日在 Langara College Campus 舉行。
請在8月份到我們的官方網站查閱更多詳情。

Malpractice Liability Insurance

The newsletter *Balance* will be running a series of articles from Plus Underwriting Managers Ltd., the managing general agent for Trisura Guarantee Insurance Company. Both University Insurance Brokers and John Ross Insurance Service Ltd. are brokers for Plus Underwriting Managers Ltd.

Section 90 of the CTCMA bylaws requires that all registrants must have current professional liability insurance. The professional liability insurance is underwritten on a “claims made” basis, which means that if a claim is made against the Registrant, then the Registrant must have a current policy in force. Any claims brought against the Registrant after the expiry of the policy period will NOT be covered.

Qa1

It is also important to note that the insurance coverage must be continuous and there cannot be any breaks in coverage. A retroactive date is issued on each policy at inception of cover and when a policy is lapsed or cancelled their coverage ends. If the Registrant decides to reactivate his/her cover, then the new policy will have a new retroactive date and any claim that arises from the previous policy would not be covered under the new policy.

An example is a practicing Registrant who retires and cancels insurance – that Registrant will not be covered for any occurrence during the time they were practising.

The retired Registrant does not have to continue with full active policy renewals, they can purchase an Extended Period Endorsement which will extend them protection during the years they are retired. Insurance companies recommend that the retired Registrant continue to carry this policy for multiple years especially if their practice had included a number of minor children as patients.

**** this article is provided for information only and is not to be considered legal advice****

中醫師醫療責任保險

本會刊即將刊載一系列由Plus核保經理人公司提供的文章。Plus為Trisura保證保險公司下屬保險代理商，University保險代理公司與John Ross保險服務公司都屬於Plus的經紀商。

卑詩省中醫針灸師管理局規章第90條規定，所有註冊成員都必須投保專業責任保險。此種保險的承保基礎在於「索賠確立」，意思是如果患者因醫療糾紛向註冊成員提出索賠，則該成員此時必須已購買生效的專業責任保險。任何在保險過期後才提出的索賠，都不在保險公司的理賠範圍內。

此外也必須注意，投保期間必須持續連貫，不可中斷。每張保單生效時都會註明該保單最早追溯日期，而在該保單失效或註銷時，保險範圍也同時停止。如果註冊成員恢復投保，則新保單會衍生新的追訴日期。而在前一投保期間發生的任何索賠，皆不在新保單的承保範圍內。

舉例來說，一名執業的註冊成員決定退休並註銷原有保險，如果他退休後有患者針對他過去執業期間的治療提出索賠，這時註冊成員因已取消保險便無法獲得任何保障。

其實這名退休註冊成員無須繼續投保全險，只須購買一份延長期限保單，將投保期限延長至退休年間。保險公司建議，該註冊成員在退休後的幾年內都應持續投保，特別是如果過去的病患包括未成年兒童，更應這麼做。

****本篇文章僅供信息參考，不應視為法律建議。****

Your Malpractice Liability Insurance

Written by Karen McGee, Underwriting Manager Plus Underwriting Managers Ltd.

Professional Liability is also known as Errors' and Omissions' Liability and more commonly known as Malpractice Liability. As practitioners providing medical services, this is key coverage to protecting yourself from claims or allegations made by patients against the treatments or services you have provided to them but also treatments that you fail to provide to a patient.

Malpractice insurance is designed to provide protection to the CTCMA Registrant in the event of a claim. And claims can come in many forms. Any written or verbal request for compensation by your patient that is unhappy or not satisfied with the progress of their treatment, or has suffered an injury as a result of treatment is considered a claim. If this happens you should immediately report it to your Insurance Broker. Your Broker will collect key information from you about the claim and report it to the Insurance Company. The next step is an adjuster who is also a Lawyer, will contact you and assist you with settling the situation.

It is very important that you do not admit liability to doing something wrong. And do not provide financial compensation to the patient for their loss. By doing either of those things you could potentially void your insurance policy and then there will be no coverage available to you. You can, apologize that the patient is unhappy or unsatisfied. And you can reimburse the patient for the fees they have provided to you – but not a penny more. However, it would be our recommendation that you report the loss to your Insurance Broker before taking any action. The Broker and the Insurance Company are both available to assist in protecting you.

One step that can help you protect yourself is to have detailed patient files that are well documented. Ensure that you are taking a full medical history of your patient, make notes after every visit, record when the patient hasn't followed instructions, or missed a scheduled treatment. We would also recommend making notes on the patients' demeanor and attitude while they were being treated. These details can help protect you in the event of a loss.

Our last piece of advice for this column would be to remember that claims do happen. Sometimes without doing anything wrong, a patient will make a claim feeling as though you have. It is important to not panic, don't ignore the allegation – report it immediately to your insurance broker and be sure to let them help you through the process.

**** This article is provided as information only. ****

這是關於所有註冊成員的重要通告。如果你未能完全明白所有內容，請找人幫你翻譯。

Insurance Trends

The following information is provided in order to assist registrants with their risk management considerations

The College has received information regarding common trends in reported claims. In particular, a recent increase has been noted in alleged pneumothorax claims. Several of these claims may have taken place as a result of patients changing position when the practitioner left the room. In several cases, cell phones or the presence of other individuals appear to have played a factor in the patient movement.

保險趨勢

謹提供下列信息協助管理局註冊成員考量其風險管理

管理局近期接獲保險理賠申請趨勢之相關信息，尤其是病患者聲稱治療造成氣胸進而申請理賠的個案有增加現象。其中有多種個案可能肇因於病患者在中醫師離開診間時變換姿勢所致，另外數種個案顯示，病患的肢體動作和使用手機或與診間其他人士互動有關聯。

Inquiry & Discipline Report

The following summaries represent Inquiry investigations and actions since last reported in the Spring 2012 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.

Unauthorized Title Investigations

A number of investigations were conducted following reports of unauthorized use of title. Four registrants were found to be using unauthorized titles. The cases were resolved by way of consent orders under s.36 of the HPA which contained undertakings to refrain from the unauthorized use of title and the imposition of tariff costs under s.19 (1)(v.1) of the HPA and College bylaws.

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

Providing TCM treatment in an illegal bawdy house, practicing without a business licence, clinical records, random spot audits

(Website publication #10)

In June, 2011, the CTCMA initiated an investigation under s.33 of the *Health Professions Act*, R.S.B.C. 1996, c. 183 (the "Act") in response to information received from Canadian Television (CTV) regarding a hidden camera investigation conducted at KK Acupuncture Clinic (the "Clinic") in Richmond, B.C. in which the Registrant provided acupuncture treatments. CTV alleged the Clinic engaged in online advertising for adult services and facilitating improper insurance claims. The CTV investigator was advised by the Clinic manager that he would receive a prostate massage or a "happy-ending" for \$80 to \$100. The CTV report also showed the Clinic manager offering to provide the undercover investigator with a receipt for acupuncture services that could be provided for reimbursement from the Medical Services Plan (MSP) or other health insurance plans. The investigator was told that the cost for services with a receipt was \$100 while the cost for services without a receipt was \$80. On June 9, 2011, the College obtained information that the Registrant was advertising the opening of a second clinic next door to the Clinic in the adult classified section of the Georgia Straight newspaper. Following the investigation, the Inquiry Committee determined under s.33(6)(c) of the Act to seek a consent order under s.36 of the Act on terms that would ensure that the Registrant did not repeat the conduct.

The Inquiry Committee was concerned that: (a) the Registrant knew or ought to have known that the Clinic located at unit 155 - 8151 Anderson Road, Richmond, B.C. was operating as an illegal bawdy house offering sexual services to its clients; (b) the Registrant provided acupuncture treatment at the Clinic notwithstanding that it was not licenced for the provision of acupuncture services; (c) the Registrant left clinical records for safekeeping with a non-registrant of the College and was unable to locate or produce the clinical records for the College's investigation; and (d) the Registrant failed to maintain complete clinical records including a TCM diagnosis (including tongue and pulse), complete medical history (including medications), documented informed consent and detailed visitation progress notes.

The Inquiry Committee requested, and the Registrant agreed to provide, an undertaking and consent order on terms which require the Registrant to: (a) refrain from repeating the conduct of providing treatment to patients at a location used as an illegal bawdy house; (b) refrain from repeating the conduct of providing treatment to patients in a location that is not properly licenced for the provision of such services; (c) refrain from repeating the conduct of failing to properly document and maintain clinical records for patients; (d) receive a reprimand for professional misconduct with respect to the involvement in providing acupuncture services at an illegal bawdy house, failure to ensure a business licence was in place at the location at which the services was provided, failure to ensure safekeeping of clinical records, and failure to maintain proper clinical records; (e) receive a suspension of practice for 45 consecutive days;

(f) pay a fine of \$5,000 to the College; (g) attend and successfully complete a course on professional responsibility and clinical record-keeping; (h) cooperate with random spot audits by an inspector appointed by the Inquiry Committee at any time during the next two year period, at the Registrant's cost, for the purposes of ensuring that proper clinical records are completed and maintained and proper standards of practice are met, and to carry out such further remedial work and/or training that the Inquiry Committee directs within the next three year period, at the Registrant's cost, in the event that any areas of deficiency are identified; and (i) pay a tariff of costs established under s.19(1)(v.1) of the Act.

Misuse of Dr. title and other titles, clinical records, clean needle technique (inappropriate hand-washing), random spot audits, various practice standards

(Website Publication # 11)

On September 29, 2011, the CTCMA initiated an investigation under s.33 of the *Health Professions Act*, R.S.B.C. 1996, c. 183 (the "Act") in response to a complaint received by a member of the public. Following the investigation, the Inquiry Committee determined under s.33(6)(c) of the Act to seek a consent order under s.36 of the Act with terms that would ensure that the Registrant did not repeat the conduct. The Inquiry Committee was concerned that the Registrant: (a) had practiced without mandatory professional liability insurance for almost six months, from August 31, 2011 to February 22, 2012; (b) used the Doctor (Dr.) title without authority to do so; (c) did not produce evidence supporting the claim of being a medical doctor in China; (d) is not entitled to include Ph.D CA KIN (Canada) on business cards, brochures and other advertising materials; (e) had failed to follow the "Clean Needle Technique" protocol as it pertains to hand-washing; (f) had failed to ensure that sharp objects were disposed of prior to exceeding the over-fill line; (g) had failed to maintain a complete clinical record for the Complainant, including informed consent to treatment, patient history, medications and a TCM diagnosis; and (h) did not include informed consent to treatment, patient history, medications and a TCM diagnosis in patient records.

The Inquiry Committee requested, and the Registrant agreed to provide, an undertaking and consent to (a) ensure that current professional liability insurance is maintained while practicing as an acupuncturist; (b) refrain from using the "Doctor" title or any abbreviation of that title in relation to the practice; (c) refrain from using the MD (China) title in relation to the practice; (d) refrain from using the designation Ph.D. CA Kin in relation to the practice; (e) maintain properly documented clinical records for patients; (f) refrain from continuing to use over-filled sharps disposal units; (g) not repeat the conduct of failing to document informed consent following a full explanation of a proposed treatment to a patient prior to administering the treatment; (h) a reprimand in relation to professional misconduct in failing to maintain proper clinical records; (i) a reprimand for failing to follow proper hand-washing techniques as referenced in the "Clean Needle Technique" manual; (j) a reprimand for using restricted title designations that was not authorized; (k) a suspension of practice for 30 days commencing the date of the Order; (l) pay a fine of \$2,000.00 within 30 days of the date of the Order; (m) attend a course on professional responsibility and clinical record-keeping within 6 months of the date of the Order; (n) successfully complete the "Clean Needle Technique" course; (o) cooperate with random spot audits by an inspector, at the Registrant's cost, at any time during the next two years to review clinical and billing records; (p) carry out remedial work and/or training that the Inquiry Committee directs in the event that any areas of deficiency are identified by the inspector during the random spot audits; and (q) pay \$1,861.95 towards the College's investigation costs in accordance with the tariff.

Provision of an acupuncture treatment at a facility which did not meet the Code of Ethics standards, failing to complete an acupuncture treatment, clinical records, obstructing an Inquiry investigation

(Website Publication # 12)

On June 1, 2011, the CTCMA initiated an investigation under s.33 of the *Health Professions Act*, R.S.B.C. 1996, c. 183 (the "Act") in response to information alleging medical receipts were being issued for acupuncture treatments that were not being provided at a clinic located on Anderson Road in Richmond, B.C. A College Inspector attended the clinic posing as a patient for a pre-arranged acupuncture treatment. He was informed by a female at the clinic that no one was available to provide an acupuncture treatment but

she could provide him with a massage, which the Inspector declined. He scheduled an acupuncture treatment for the following day. The next day, the Inspector received an acupuncture treatment from the Registrant. During the treatment, the Registrant checked in on the Inspector twice. A female then removed the needles explaining that the Registrant had left the premises. During a subsequent interview with the College, the Registrant initially denied providing treatment to patients at the Anderson Road clinic but later confirmed that the Registrant did provide treatment to patients at that clinic on an 'on-call' basis. When the Registrar requested the clinic records for patients treated the previous week, the Registrant denied providing any treatments the previous week. The Registrar advised the Registrant that the Inquiry Committee had received a report from the Inspector stating that he had received an acupuncture treatment from the Registrant. Shortly thereafter, the Registrant presented the Registrar with the Inspector's clinical record. When the Registrar asked if the Inspector's clinical record was the original or if it was generated at the time of the inspection, the Registrant initially stated it was the original record but confirmed, after further questioning, that it was generated during the inspection. The clinical record indicated that the Registrant provided treatment to the Inspector on June 20, 2011 when in fact the Inspector had received treatment on June 21, 2012. Following the investigation, the Inquiry Committee determined under s.33(6)(c) of the Act to seek a consent order under s.36 of the Act on terms that would ensure that the Registrant did not repeat the conduct.

The Inquiry Committee was concerned that: (a) the Registrant ought to have established that the requirements listed in s.6(c)(i) of the CTCMA Code of Ethics were met by the clinic before acupuncture services were provided there; (b) the Registrant failed to complete the acupuncture treatment for the Inspector, leaving the clinic before the needles were removed and leaving a non-registrant to remove the needles without supervision; (c) the Registrant failed to maintain a complete clinical record including documented informed consent; and (d) the Registrant attempted to obstruct the Inquiry Committee's investigation by providing conflicting and false information to the Registrar and fabricating a clinical record. The Inquiry Committee requested, and the Registrant agreed to provide, an Undertaking and Consent Order with terms which require the Registrant to undertake and consent: (a) not to repeat the conduct of providing treatment to patients at a location where the Registrant is unable to ensure that the health care environments are conducive to safe, competent, ethical practice and to the health and well being of clients and others in the setting; (b) not to repeat the conduct of failing to complete acupuncture treatment and leaving a patient in the care of an unsupervised individual to complete a treatment; (c) not to repeat the conduct of failing to maintain proper documented clinical records for patients; (d) to a reprimand in relation to the professional misconduct with respect to involvement in providing services at a location where the Registrant was unable to establish that the requirements listed in s.6(c)(i) of the CTCMA Code of Ethics were met, obstruction of the Inquiry Committee's investigation by providing false information, and failure to maintain proper clinical records; (e) to a fine of \$1,000.00 payable within 30 days of the Consent Order; (f) to attend and successfully complete a course on professional responsibility and clinical record-keeping, such course to be approved in advance by the Inquiry Committee, at the Registrant's own cost, within six (6) months of the date of the Consent Order; and (g) to pay the sum of \$967.54 towards the College's costs of the investigation as calculated in accordance with the tariff of costs established under s.19(1)(v.1) of the Act within 30 days of the date of the Consent Order.

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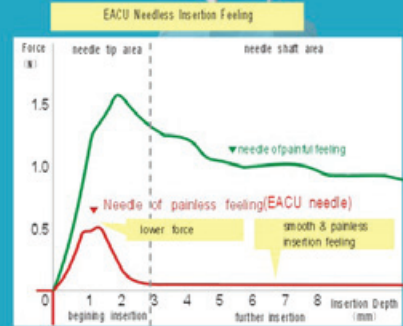
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