



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。

BOARD OF DIRECTORS UPDATE

On February 18, 2012 the Board appointed John Blažević as Chair and Bar-Chya Lee as Vice-Chair.

The Board is pleased to announce the appointments of four new Board members. Ben Baoqi Cao and Tan Shen were appointed on January 9, 2012 and Agnes Yuk-Kwai Ling and Weijia Tan were appointed on February 18, 2012.

The Board appointments were made following the resignations of Michael Chung and Sonia Huang in January and Liu Fang and Ann Yuan in late 2011. The Board regrets the resignations of the four members and extends their deep appreciation for the dedication and commitment to the profession of the former members.

Message from the Chairman

John Blažević, R.Ac.

At the time of writing this report, the sun is shining and the earth is warming up, showing us the signs of spring. Springtime has much significance whatever your background, belief system, or culture. One thing that is common is that spring signifies a new beginning and re-birth. This is especially important to us in Traditional Chinese Medicine, as our whole system is based on nature and its principles. Even our CTCMA board is new. We have had major changes with new members and friends coming in and our old friends leaving us. I extend warm wishes to all. Slowly, bit by bit, our College and professional regulating body are maturing. Over the past 15 years or so, TCM has gained a measure of acceptance by becoming a regulated health care profession. Although we strive to change and become better, we always have some difficulties to overcome. This is the nature of professional regulation. However, I can see on the horizon, the winter is over and a new spring day will renew our vitality.

Naturally, our next step would be to gain the acceptance of other health care professionals and be respected on equal ground. Although the promotion of our profession falls under the duty of the professional TCM association, it is still worthwhile to mention here due to fundamental differences in health care and medical practices.

Because we are a very unique profession for at least two distinct reasons, I believe we need to fulfill our mandate of protecting the public in a suitably unique way. What are the two reasons? First, we are the only health care profession that really focuses on the health of the patient, rather than the disease. All other health professions focus on the disease (virus, bacteria, trauma, etc), whereas in TCM, we know that disease can only occur when there is a deficiency *plus* a pathogenic factor. Think about it. This is a big idea. Without deficiency, disease does not occur.

Interestingly enough, a recent editorial in the Vancouver Sun claimed there is not really any evidence that acupuncture treats any diseases. At first, I was surprised...but then I agreed. Acupuncture does not treat disease. Acupuncture treats a person who has a disease, and by making that person healthier, the person heals the self from the disease. These are clearly two different approaches. Treating the disease is the speciality of Western Medicine and its associated therapies. Treating the person is the speciality of TCM. Due to this fundamental difference, we can see that TCM and Western Medicine will certainly work together and complement each other. What could be more powerful than that?

This brings me to the second difference. TCM is the only BC regulated health profession not based on Western scientific methods—it is based on Traditional Chinese Medical principles. So by making the other Colleges aware of our approach and our differences, a better understanding can be reached and the public health will benefit.

As you can clearly see, the philosophy, diagnosis, and treatments methods of TCM and WM are very different, almost opposite approaches in fact. My point here is that we must consider the future direction of our profession in BC. To what degree should we “Westernize” the practice of TCM in BC? As a unique profession shall we stick to what we do best? What is the best way to protect the public?—by practicing TCM according to TCM principles or Western Medical principles? All registrants and stakeholders must carefully consider this question and our future.

理事會主席的話

John Blažević 註冊針灸師

本文成稿時，室外陽光和煦，氣溫回升，春意盎然。不論您來自什麼背景、什麼信仰、什麼文化，春天的到來都有十足的象徵意義。春天代表新的開始與重生，這對於傳統中醫行業而言尤其重要，因為中醫的根本就是以自然為基礎。卑詩省中醫針灸管理局理事會也是充滿新意，過去這段時間，理事會理事成員新舊交替，經歷了明顯變化，僅此向所有理事會的老朋友與新面孔致意。卑詩省中醫針灸管理局這個中醫行業監管機構緩慢穩定地發展成熟，過去十五年來，中醫行業成為受正式監管的醫療行業，顯示社會對這個專業的接受與尊重。儘管理事會致力改變，努力做的更好，但仍然有些困難需要克服，這本身就是受監管專業的性質。不過，展望未來，我個人很有信心，冬天已經過去，新到來的春天將為中醫業注入新的活力。

很顯然，接下來中醫業者的工作是爭取其他醫療專業人員的認可，在平等的基礎上受到尊重。儘管推廣中醫業是各中醫行業協會的職責，但是站在管理局理事會的角度仍然值得在此一提，畢竟中醫業與其他醫療行業在醫療方式上存在根本差異。

基於兩個原因，中醫是個十分特殊的專業，我個人認為中醫師必須以適當並特殊的方式來履行身為醫療人員保護民眾的使命。是哪兩個原因？首先，在所有的醫療專業中，中醫是唯一真正側重患者健康而非疾病本身的醫療專業。其他的醫療專業都將重點放在疾病上（例如：病毒、細菌、創傷等），反觀中醫，我們都知道，身體有病唯一的原因就是虛，加上某個病因。仔細想想，這是個很關鍵的概念：站在中醫的觀點，疾病永遠都是趁「虛」而入。

有趣的是，最近溫哥華太陽報的一篇社論指出，沒有任何實質的證據顯示針灸可以治病。乍讀之下，我十分驚訝，繼之一想，我同意這說法。的確，針灸本來就不是治病；針灸治的是有病的人，針灸讓患者變得健康，之後患者的身體自己便痊癒。這是與西醫迥然不同的方式，西醫擅長的是治療疾病本身，中醫治的是患者本身。正因為中西醫的根本差異，也因此我們認為傳統中醫與西方醫學絕對可以互補合作，還有什麼比這更有力的醫療方式？

中醫是個特殊的醫療專業還有第二個原因。在卑詩省所有受監管的醫療專業裡，中醫是唯一不以西方科學理論為根據的專業，中醫的根據是傳統中醫原則。我們必須先讓其他的醫療管理局了解中醫的論據和中西醫的根本差異，如此才能增進互相的理解，民眾健康才能受惠。

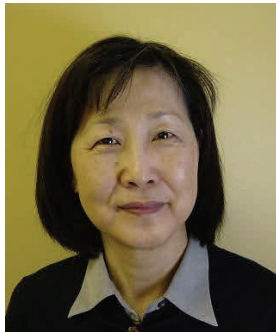
如前所述，傳統中醫和西醫在理念、診斷和治療方式上十分不同，甚至可說是南轅北轍。身為理事會主席的我想要強調的是：我們必須考慮中醫業在卑詩省的未來，我們應該「西化」到什麼程度？既然中醫是個特殊的專業，我們是否該堅持中醫師最擅長的？維護民眾健康最好的方式是什麼？是根據傳統中醫的原則來執業或是根據西醫的原則來行醫？所有中醫針灸管理局的註冊成員與相關利益者都應該仔細思索這個問題以及中醫業的未來。

BOARD OF DIRECTORS UPDATE



CAO, Ben

Dr. Ben Baoqi Cao is a Registered Doctor of TCM. Dr. Cao obtained his Medical Doctor degree from the Medical School of Beijing University in China. Since then, Dr. Cao has been a practicing physician and medical researcher for more than 40 years. Dr. Cao was one of the first practitioners to integrate TCM with western medicine, particularly in the area of acupuncture anesthesia. Dr. Cao was an attending physician at the Department of Cardiology in China-Japan Friendship Hospital in Beijing, China. He was a research scholar (Cardiologist) in Japan and the United States. Since coming to Canada in 1993, Dr. Cao has dedicated vast amount of his time to the practice and promotion of TCM in British Columbia. His past experiences include: instructor for Western Canadian Institute of TCM Practitioners; member of education and academy committee of Canadian Chinese Society of BC; supervisor of TCM Practitioner and Acupuncturist Society; bylaws advisory committee member of the College of Acupuncturists of BC (1997); keynote speaker at Hearing with Respect to the Designation of Traditional Chinese Medicine Pursuant to the Health Professional Act in 1997; frequent speaker at Heart Health Talks of Heart and Stroke Foundation of B.C. & Yukon and Health Fair of S.U.C.C.E.S.S and Canadian Cancer Society, BC & Yukon; one of the organizer of the First Traditional Chinese Medicine on Cancer Symposium sponsored by Canadian Cancer Society, BC & Yukon and CTCMA and was a keynote speaker in 2003; keynote speaker at the First Traditional Chinese Medicine on Cancer Symposium, sponsored by Canadian Cancer Society, BC, Yukon and CTCMA; participated in the development of safety course for Registered Acupuncturists in British Columbia.



LING, Agnes

Agnes Yuk-Kwai Ling is a Registered TCM Practitioner and since receiving her registration as a R.Ac. in 2007 and R.TCM.P. in 2008, has practiced in Vancouver. She undertook her training at the International College of TCM of Vancouver, graduating from the Doctor of TCM Diploma Program in 2008. Ms. Ling completed a summer internship in China at Affiliated Acupuncture Hospital of Anhui University of Traditional Chinese Medicine. She is currently based out of Sunset Physiotherapy Clinic, and has been providing locum coverage for other practitioners since 2007 expanding her knowledge in clinical cases. Previously she practiced at the Oriental Heritage Healing Centre in TCM (2009-2011) and at Crossroads Wellness Centre (2008-2009) in synergy with chiropractors. In 2009, she worked as a volunteer at Inspired Health, an Integrated Cancer Care Centre partly interacting with patients undergoing or in the aftermath of their various cancer treatment. She now volunteers at Friends for Life, providing acupuncture treatment for members with life-threatening illnesses. Ms. Ling gained abundant life and work experiences in the 20+ years of prior financial career as a certified professional accountant (CGA 1987), performing in financial and operational management capacities, leading to positions as Business Controller with multiple corporations - Midas Canada Inc. (10 years) and Sony of Canada Ltd. (4 years). She exited the field in 2003 as Chief Financial Officer of one of the US divisions of Fujitsu Consulting Inc. to pursue her personal interest in the health related field.



SHEN, Tan

Dr. Tan Shen graduated with Bachelor and Masters of Medicine at the Beijing University of Chinese Medicine in 1986. Since then, she has been teaching and practising in Beijing (China), London (UK), and Vancouver (Canada). She taught at the International College of TCM of Vancouver between 1998 and 2011. In the past, Dr. Shen has undertaken various research projects, including screen of anti-cancer drugs in Institute of Materia Medica, Chinese Academy of Medicine Sciences & Peking Union Medical College. She has also published a number of articles in the Chinese professional journals. Dr. Shen has been involved in editing core competencies of Acupuncture and Herbology and Herbal Formula under CTCMA where she also served on the Standards of Education Committee. Dr. Shen is a registered Doctor of Traditional Chinese Medicine (Dr.TCM) in British Columbia. She currently practices at Burrard Acupuncture Clinic in Downtown Vancouver.



TAN, Weijia

Dr. Tan is a TCM physician (Dr.TCM) and instructor possessing excellent knowledge and vast experience in Chinese Acupuncture and Herbal Medicine.

Dr. Tan began practicing acupuncture in 1975 in China's countryside as a bare-foot Doctor. In 1983, she qualified as a TCM physician at Nanjing University of T.C.M., one of the top universities in the field, and undertook a one-year residency training program for Chinese acupuncture at the Suzhou Hospital of T.C.M. Before coming to Canada, she worked as an assistant professor and TCM physician in the Departments of Acupuncture at the Nanjing University of T.C.M. and the Jiangsu Provincial Hospital of T.C.M. She has published a dozen papers relating to TCM.

Dr. Tan has been teaching TCM in Canada since 1989, and teaching in Vancouver since 1994 in a private TCM college (International College of Traditional Chinese Medicine). Over the years, she has taught Acupuncture Meridians & Points theory, Therapeutic Acupuncture, TCM Herbology, TCM Formulas, TCM Internal Medicine, TCM Gynecology, TCM Dermatology, TCM Classics, and TCM Research. She has also been a director and supervisor of the student clinic.

Dr. Tan has been in private TCM practice in Canada since 1989, and is currently practicing out of her own clinic. She is currently registered as a Dr. TCM & R. Ac. with the CTCMA (College of TCM Practitioners and Acupuncturists of BC).

Dr. Tan worked as a volunteer for the Canadian Cancer society, participated in the development of schedule E for the CTCMA and is currently serving on a committee for the CTCMA.

MSP BILLING

- MSP requires that you keep your clinical records in English. Section 16 of *The Medical and Health Care Services Regulation* lists the requirements for an adequate clinical record.
- For MSP billing purposes, acupuncture treatment requires the insertion of an acupuncture needle. The insertion of the needle is a restricted activity under the TCMPA Regulation. The use of non-restricted activities included in the definition and scope of practice of the acupuncturist do not constitute the treatment of “acupuncture” for MSP billing purposes.
- A registrant is responsible for protecting their CTCMA registration certificate, and the MSP payment and practitioner numbers. If you are no longer working at a clinic, MSP needs to know that you will no longer be billing from that clinic. You are responsible for billing that is done under your name and practitioner number.
- The Ministry of Health Services, Service Verification Group systematically looks for evidence of health care practitioners billing themselves or family members. Such billing is contrary to the Medicare Protection Act.
- The *Medical and Health Services Regulation, Medicare Protection Act* states that services are not billable to MSP if they are provided by a health care practitioner to members of the health care practitioner’s family. Family members include a spouse, son or daughter, step-son or step-daughter, parent, or step-parent, mother or father-in-law, grandparent, grandchild, brother or sister or a spouse of any of those listed above.

省政府醫療保險MSP費用申報

- 根據省府MSP的規定，醫療執業人員的診所紀錄必須是英文檔案。醫療與衛生服務法規第16條明確列出完整診所紀錄的必要條件。
- 唯有真正的針灸治療才能申請MSP醫療費用補助，所謂真正的針灸治療是指醫師將針灸用針插入患者穴位。而插針是受到傳統中醫保護法規限制的醫療行為，如果針灸師所採用的醫療方式是屬於針灸師醫療行為定義與範疇中的非限制性行為，那麼就不符合MSP醫療費用補助的申請資格。
- 卑詩省中醫針灸管理局註冊成員必須自行負責維持註冊證照，也需保護自己的執業編號與應有的MSP付費。如果您已經不在某家診所服務，您必須通知省府衛生廳MSP項目，讓有關單位知道您不會再從這家診所送出MSP費用申請單。任何通過您的姓名和執業編號送出的MSP費用申請都必須由您負責。
- 省政府衛生廳醫療服務核對組有系統地追蹤醫療執業人員是否以自己或家人的名義申報MSP費用，這樣的申報行為是違反醫療健保保護法的。
- 醫療保健保護法中明文規定，醫療執業人員提供給家人的醫療服務不得向MSP申報費用。所謂的家人包括：配偶、子女、繼子女、父母、繼父母、配偶之父母、祖父母、外祖父母、孫兒女、外孫兒女，兄弟姊妹以及前述任何一人的或配偶。

MSP Requirements for Clinical Records

Acupuncturist services were included among the benefits of the Supplementary Benefits Program effective April 2008. To claim payment for these services under MSP, practitioners must comply with the requirements imposed by the *Medical and Health Care Services Regulation* (the "Regulation"). With regards to clinical records, section 16 of the Regulation provides that an adequate clinical record includes:

- 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; and,
- k) the summation of the beneficiary's problems and the plan for their management.

It is imperative that health care practitioners maintain accurate and detailed clinical records in compliance with the Regulation.

For further information please refer to the website link http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/12_426_97#section46

MSP對於診所紀錄的要求

自2008年四月起，針灸服務也列入醫療費用補助計畫中。針灸師如果想要向MSP申請針灸治療費用，就必須遵守醫療與衛生服務法規的規定。該法規第16條明確指出，完整的診所紀錄應包括以下：

- a) 治療服務的日期、時間與地點；
- b) 患者與醫師的身份信息；
- c) 如果該次治療是因為另一名醫師轉介的結果，那麼必須註明轉介醫師的姓名，並且詳列該醫師轉介要求的細節與指示；
- d) 患者的主訴與症狀，包括主訴病症的歷史；
- e) 與主訴相關的過去病史，包括家族病史；
- f) 針對患者的問題進行一系列的問診所取得的正面和負面的結果；
- g) 對患者進行的檢查及所有相關發現；
- h) 與患者接觸過程中獲得的任何結論；
- i) 所使用的鑑別診斷；
- j) 臨時診斷；
- k) 患者病症的摘要說明以及病症處理方式

醫療執業人員絕對必須依照醫療與衛生服務法規的規定，確保所有的診所紀錄詳盡正確。

如需更多詳情，請參考網址：

http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/12_426_97#section46

REGISTRANT FILE REVIEW

Your registration renewal includes a signed declaration stating that you:

- completed 25 hours of continuing education as required by *CTCMA Bylaws Section 57.1.a*
- completed the minimum level of 200 patient visits as required by *CTCMA Bylaws Section 57.1.b*
- kept a Registration File with documentation supporting this declaration

Every year CTCMA conducts a random review of registrants to ensure proper documentation/proof has been kept by individual registrants.

In 2011, thirty registrants were randomly selected for the Registration File Review. The documentation they submitted was reviewed by the Registration Committee. Twenty-eight registrants were approved and two registrants were required to provide additional documentation. One of the registrants failed to comply and was referred to the Inquiry Committee for investigation.

CTCMA will conduct the random review again in 2012. If you are one of the registrants selected for a Registrant File Review, you will be requested to submit the required documentation before the assigned deadline. Please reply promptly.

The Registrant File contents include:

- Documentation of continuing education courses with an up-to-date Continuing Competency Activities Log and details of the activities, i.e. receipts, certificates, course brochures/descriptions, handouts and notes
- Documentation of minimum practice level
- Liability Insurance
- CTCMA correspondence

註冊成員檔案查核

註冊成員申請續牌時，應附上簽名的聲明書，確認您已經：

- 依照卑詩省中醫針灸管理局第57.1條法規的要求，完成25小時繼續教育。
- 依照卑詩省中醫針灸管理局第57.1條法規的要求，持續看診200次。
- 保存個人註冊檔案以及與上述聲明相關的證明文件。

卑詩省中醫針灸管理局每年都隨機抽驗註冊成員，以確認個別註冊成員妥善保存相關文件與證明。

去年管理局抽驗了30名註冊成員，進行註冊檔案查核。這些成員所送交的檔案文件由管理局的註冊委員會審核，其中28成員順利通過查核，另外兩名成員提供的信息不足，管理局要求補足文件，結果有一名成員未合規，由管理局的調查委員會進行調查。

2012年管理局仍將進行隨機抽查，如果您收到抽查要求信函，請務必在期限前將所需文件送交管理局查核。

註冊成員的檔案應包括以下文件：

- 繼續教育課程文件：詳細最新的繼續教育活動紀錄和相關信息，例如：課程收據、結業證明、課程簡章、課程講義與筆記。
- 最低執業水平文件
- 醫療責任險投保證明
- 卑詩省中醫針灸管理局所發信函

PATIENT RECORD KEEPING WORKSHOP

Date: June 2, 2012 9:00 a.m. to 1:00 p.m.

Instructor: Sandy Chernoff

Cost: \$149.00 plus \$35.00 for translation

Venue: Langara College Campus
100 West 49th Street, Vancouver, BC
Room # C-509

Contact: Please phone 604-323-5322 to register Deadline for Registration: May 30, 2012

Accountable record keeping is essential for competent practice. Specific content, formatting, risk management, informed consent and refusal, patient termination, legalities, and the privacy acts are included in this valuable workshop. Exercises to create appropriate records for initial and follow-up visits, consent forms, and patient contracts will be outlined. Upon completion, students will understand how to create and manage patient records.

病历记录研习会

病历记录研习会将于2012年6月2日在 Langara College举行。报名请致电604-323-5322。报名截止日期为5月30日。

CRIMINAL RECORD RECHECK

The *Criminal Records Review Act* 2008 amendment requires that CTCMA registrants undergo a recheck once every five years.

This requirement has been phased in over the last few years according to a schedule set out by the BC Government. According to the schedule, this year CTCMA will be able to complete the first cycle by ensuring the registrants, who have not been checked in the previous four years, complete a criminal record check in 2012.

The CTCMA will notify those registrants and send out the authorization forms.

Each of those registrants must submit both the signed authorization form and fee by the deadline stated in the notification.

犯罪紀錄重新查核

依據2008年犯罪紀錄查核法修正案的規定，卑詩省中醫針灸師管理局的註冊成員每五年必須重新接受犯罪紀錄查核。

過去幾年，管理局已經根據卑詩省政府訂出的時間表分階段要求註冊成員更新犯罪紀錄查核結果，今年管理局可以完成第一個循環階段，確保過去四年沒有接受過犯罪紀錄查核的註冊成員能在今年底之前達到政府的要求。

管理局會通知今年必須接受查核的註冊成員，並寄出授權同意書，請相關成員在通知單上註明的期限之前，將簽名的授權書連同手續費寄出。

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. There are three positions up for election for the 2013-2016 term.

Wednesday, 10 October 2012	Deadline for receipt of nominations by 12:00 noon
Thursday, 08 November 2012	CTCMA will mail ballots to all registrants on/before this date
Friday, 07 December 2012	Ballots must be received at CTCMA office by 12:00 noon

2012年理事選舉—重要日期

根據卑詩省中醫針灸管理局的法規，管理局需定期舉辦理事會成員選舉，本期會訊正式通知所有註冊成員2012年理事選舉事宜。下一任理事任期為2013-2016年，共有三名理事空缺。

2012年10月10日星期三	人選提名期限，所有提名需在中午12點之前送交管理局。
2012年11月8日星期四	管理局在此日期之前將選票寄出給所有註冊成員
2012年12月7日星期五	投票期限：註冊成員需在中午12點前將選票送交管理局。

Inquiry & Discipline Report

The following summaries represent Inquiry investigations and actions since last reported in the Winter 2011 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

Misuse of Dr. title, clinical records, clean needle technique, various practice standards (Website Publication # 7)

On May 27, 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) continued to use the "Dr." title after being warned by the College in 2009 not to use that title; (b) failed to clearly display the fee schedule in a prominent place in the clinic; (c) failed to maintain complete clinical records including a TCM diagnosis (including tongue and pulse), complete medical history (including medication), documented informed consent and detailed visitation progress notes; (d) failed to follow the "Clean Needle Technique" manual in the disposal of bio hazardous waste and the sterilization of cups after blood-letting; (e) failed to ensure the patient's comfort during treatment; (f) demonstrated questionable competency in relation to 'Sacroiliac Joint Adjustments' and 'Water-fasting'; (g) failed to explain the treatment to the patient prior to proceeding; (h) failed to monitor the Complainant's blood pressure during a 2 ½ hour treatment particularly in view of the patient's age and a history of TIA; and (i) failed to conduct tests to determine the Complainant's strength and mobility in the left hand before providing treatment.

The Inquiry Committee requested, and the Registrant agreed to provide, an undertaking and consent to: (a) maintain properly documented clinical records for patients; (b) refrain from using the "Doctor" title or any abbreviation of that title in relation to the practice; (c) refrain from engaging in the conduct of blood-letting in the practice; (d) a reprimand in relation to the professional misconduct in failing to maintain proper clinical records; (e) a reprimand for continuing to use the "Doctor" title in relation to the practice; (f) a suspension of the practice for 30 days commencing the date of the Order; (g) reimburse the Complainant the sum of \$365.00 towards the cost of the treatment within 30 days of the date of the Order; (h) pay a fine of \$1,000.00 within 30 days of the date of the Order; (i) attend a course on professional responsibility and clinical record-keeping within 6 months of the date of the Order; (j) cooperate with random spot audits by an inspector, at the Registrant's cost, at any time during the next two years to review the clinical and billing records; (k) 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 (l) pay \$1,081.82 towards the College's investigation costs in accordance with the tariff.

MSP Improper Billing (Website Publication # 8)

The Inquiry Committee initiated an investigation in response to notification received by the Audit and Investigations Branch of Medical Services Plan ("MSP") that the Registrant had contravened s.29(1) of the Medical and Health Services Regulation by billing 111 services during the period September 2008 to April 2011 for treatment of family members for a total of \$2,553.00. 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 does not repeat the behavior.

The Inquiry Committee determined there was evidence that the Registrant engaged in improper billing of the MSP for the family members totaling 111 treatments in the amount of \$2,553.00.

The Inquiry Committee passed a motion to seek a consent order under s.36 of the Act. The Registrant agreed to give the undertaking and consent to:

1. refrain from repeating the conduct to which this matter relates;
2. a reprimand for improper billing of MSP;
3. pay a fine in the amount of \$500.00 for the professional misconduct as it relates to engaging in improper billing of MSP;
4. reimburse MSP the sum of \$2,553.00;
5. pay the sum of \$429.46 towards the CTCMA's costs of investigation as calculated in accordance with the tariff of costs established under s.19(1)(v.1) of the Act.

MSP Improper Billing (Website Publication # 9)

The Inquiry Committee initiated an investigation in response to notification received by the Audit and Investigations Branch of Medical Services Plan ("MSP") that the Registrant had contravened s.29(1) of the Medical and Health Services Regulation by billing 47 services during the period September 2009 to March 2011 for treatment of family members for a total of \$1,081.00. 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 does not repeat the behavior.

The Inquiry Committee determined there was evidence that the Registrant engaged in improper billing of the MSP for the family members totaling 47 treatments in the amount of \$1,081.00.

The Inquiry Committee passed a motion to seek a Consent Order under s.36 of the Act. The Registrant agreed to give the undertaking and consent to:

1. refrain from repeating the conduct to which this matter relates;
2. a reprimand for improper billing of MSP;
3. pay a fine in the amount of \$500.00 for the professional misconduct as it relates to engaging in improper billing of MSP;
4. reimburse MSP the sum of \$1,081.00;
5. pay the sum of \$429.46 towards the CTCMA's costs of investigation as calculated in accordance with the tariff of costs established under s.19(1)(v.1) of the Act.

DISCIPLINE HEARINGS:

Date of Action: February 9, 2012 (Website Publication # 3) Zhi Li

Description of action taken:

The Inquiry Committee directed the issuance of a citation under s.33(6)(d) of the *Health Professions Act* against the Registrant regarding allegations of making comments of a sexual nature and sexually touching of a female patient during the course of acupuncture treatments in 2009.

Following a discipline hearing, a panel of the Discipline Committee held that the Registrant had engaged in professional misconduct and contravened the Practice Standards for Sexual Misconduct at s.18.4 of the College Bylaws by making comments of a clearly sexual nature to the patient during the course of ostensibly providing treatment to her, and engaging in touching of a sexual nature of the patient. The panel further found that the Registrant breached the terms of a Revised Consent Order under s.35 of the *Health Professions Act* under which he was permitted to return to practice under specific conditions designed to safeguard the public interest. Those conditions permitted the Registrant to practice only in the presence of a chaperone at all times when treating female patients and required him to display in his office both an English and Chinese version of a notice setting out the conditions on his practice.

Reasons for Decision:**Allegations of Sexual Misconduct:**

The Registrant did not attend the discipline hearing. The Panel accepted the evidence of the female patient and concluded that the Registrant had made comments of a sexual nature and touched the patient in a sexual way in contravention of the Practice Standards for Sexual Misconduct.

Breach of the Revised Consent Order:

The Panel did not accept the Registrant's explanation for the failure to have both notices posted in his clinic. The Panel found that the Registrant breached the Revised Consent Order under s.35 by failing to ensure that the notice was posted in both languages and by failing to ensure that a chaperone was present when he was in a treatment room with a female patient on the day the investigator arrived to check his compliance with the terms of the Revised Consent Order.

Penalty:

The Discipline Committee panel imposed the following penalties:

- a) A reprimand; Cancellation of the Registrant's registration with a condition that he is not eligible to reapply for registration at any time prior to January 31, 2013;
- b) An order for payment of costs to the College in the amount of \$7,410.36 in hearing costs and disbursements.

“Balance” is published by:

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Dr. Wei-Chieh Young 2012 Vancouver Seminar

楊維傑醫師 2012 溫哥華學術講座通知

Dear Colleagues:

Well-known TCM Master, the genuine disciple of Tung's Extra Acupuncture, Dr. Wei-Chieh Young is coming to Vancouver and offer two precious workshops. Dr. Young has more than 40 years of clinical experiences of classical TCM practice. He has followed and inherited great knowledge from three masters: **Master Tung, Ching-Chang** (Tung's Acupuncture System), **Master Liu, Du-zhou** (Shanghan) and **Master Zhu, Bo-Kun** (I-Ching). Having studied diligently from those great masters as well as clinical practice, he compiled and wrote more than 30 books including the most popular textbook of "Tung's Extra Point". Dr. Young's workshop has been always so enjoyable and welcomed by all his students. Dr. Young likes to use classical formulas and always use a few key effective choices of points in his treatment. Although the numbers of points are little, the results are very effective and satisfied.

This year, Dr. Young is offering the "One Needle Therapy for Pain syndrome and Gynecological diseases" for the attendees (English and Mandarin) from May 11th ~ 12th. This will be the very first time that Dr. Young agreed to offer this workshop in foreign countries. It is considered a high-advanced course for practitioners who would like to learn how to combined the use of regular 14 meridians points and the Tung's Extra Points seamlessly. In this workshop you will also learn how to increase the efficacy but with fewer needles.

尊敬的各位醫師同道：

董氏奇穴嫡傳，楊維傑老師臨床近四十年、不僅身兼三位大師之傳承(針灸大師董景昌、傷寒名家劉渡舟、易學名師朱伯昆)、而且治學嚴謹、著作等身。講課時旁徵博引、豐富的臨床驗案信手拈來、如活泉不斷湧出。楊老師喜用經方，處方藥味少而精；擅用針灸，穴位精簡而見效快。今年五月初楊老師即將來溫哥華舉辦兩場難得的學術講座：

講座一：5/05~5/08「傷寒經方應用訣竅」共 28 學時，中文教學

講座二：5/11~5/12「婦科疾病與痛症之一針療法」共 16 學時，中英雙語教學

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with Peter Firebrace - September 15-16, 2012 in Toronto, ON (12 CEUs)
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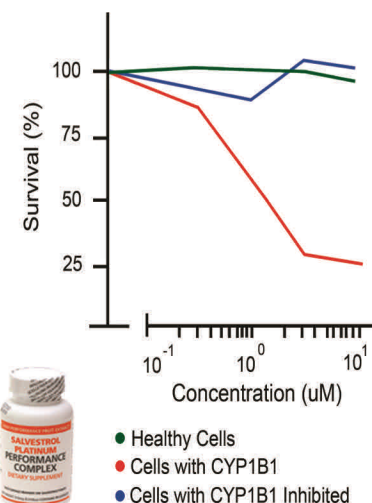


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“Balance” and other publications circulated by CTCMA are the primary sources of information for our registrants in British Columbia. Registrants are responsible for reading these publications to ensure they are aware of latest information, current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

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