

Traditional Chinese Medicine and Acupuncture in Ontario

Report to the Minister of Health and Long-Term Care

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MPP Consultation Group on Traditional Chinese Medicine and Acupuncture

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We are pleased to present our report on the regulation of traditional Chinese medicine and acupuncture. Our consultations were guided by several principles: that the regulation of health care professions is meant to protect the public and serve the public interest; that alternative approaches to health care are valuable components of Ontario's health care system; and that Ontarians who choose to use these services should be confident in their safety.

We would like to express our appreciation to all of the individuals and organizations that participated in the consultation. We heard from practitioners of traditional Chinese medicine and acupuncture and their patients, students, academics, health regulatory colleges, professional associations, and a range of health professionals, including physiotherapists, chiropractors, physicians, and alternative health care practitioners. We received over 300 presentations and submissions from stakeholders providing a wealth of information. Our deliberations were further enriched by information provided by national and international experts in the regulation of traditional Chinese medicine and acupuncture.

We held open and transparent consultations, spoke with Ontarians, and listened to their views. We are pleased to report that they support the government's commitment to enhance the safety in the provision of complementary and alternative health care services.

We thank you for the opportunity to participate in this important project and look forward to working with you on enhancing public protection and confidence in the provision of traditional Chinese medicine and acupuncture services in Ontario.

We also thank you for the assistance the staff of your ministry provided for this endeavour.



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Executive Summary

Over the past decade, there has been a significant increase in public interest in alternative approaches to health care. These alternatives are seen by Ontarians to offer highly complementary approaches and added dimensions to traditional treatments. The government understands the value of these alternative choices to the public and importance of having access to safe, quality services.

One of the alternative approaches that Ontarians have a growing interest in is traditional Chinese medicine or TCM. It is well known that the history of TCM and acupuncture spans thousands of years. Several countries have regulated providers of these services and recognized this modality of care.

In Ontario, the practice of TCM and acupuncture is not regulated. Currently, no standards exist on who may practise TCM or perform acupuncture. There are no statutory public protection mechanisms in place relating to registration qualifications, complaints and discipline processes, and professional standards. Additionally, there is no governing body to which these practitioners are held accountable.

In June of 2004, the Minister of Health and Long-Term Care stated in the Legislature “that the government will move forward to regulate traditional Chinese medicine so that the therapeutic benefits of it can be provided to those Ontarians who wish to take advantage of that opportunity... in a fashion which provides for their safety first.”

Among the objectives of regulating a health profession is to ensure that individuals have access to safe, quality services provided by health professionals of their choice and to ensure public protection from unqualified, incompetent persons.

Through professional regulation, the government provides consumers with an accountability framework for regulated health care practitioners that reassures consumers that they meet high standards and demonstrate continued competency. This framework also provides for a formalized complaints mechanism in the event the consumer is harmed by the health services being provided.

On March 10, 2005, the Minister of Health and Long-Term Care asked four Members of Provincial Parliament (MPP) to undertake, on his behalf, consultations with Ontarians regarding TCM and acupuncture. Tony Wong, MPP Markham, chaired the Consultation Group and was joined by Mike Colle, MPP Eglinton-Lawrence, Peter Fonseca, MPP Mississauga East, and Richard Patten, MPP Ottawa Centre. Ontarians were asked to provide their views on education and training, the use of acupuncture, and the use of Chinese herbal remedies.

The MPP Group heard from almost 100 presenters during the consultation and received over 200 written submissions on TCM and acupuncture. Regulated health care practitioners, representatives of TCM and non-TCM organizations, health regulatory colleges, practitioners, students, and the general public participated in the consultation process. The MPP Group also heard from professionals familiar with the regulation of TCM and acupuncture in other jurisdictions including British Columbia, China, and Australia, and met with representatives of Health Canada’s Natural Health Products Directorate to discuss the federal Natural Health Product Regulations. The MPP Group reviewed literature from the Health Professions Regulatory Advisory Council (HPRAC), the World Health Organization (WHO) as well as literature from national and international jurisdictions.

Participants from the TCM and acupuncture community indicated they possess varying education and training levels. Some were trained in various parts of the world, such as China, Korea, Taiwan, the United States of America, and others were trained in Canada. Participants suggested a wide range of education and training programs should be acceptable for entry to practice and registration with a future regulatory body. While having a diverse opinion on acceptable education and training, most participants agreed that high education and training standards should be set for entry into the profession for both those currently practising TCM and for future practitioners. It was noted that British Columbia among other jurisdictions has established educational standards that Ontario may wish to refer to should the need arise to establish its own.

During the consultations, acupuncture was a key focus of discussion. Participants indicated that there is a need to regulate acupuncture and limit its use to regulated health care practitioners in order to ensure that the public can be confident that the treatment they are receiving is being performed by competent and qualified practitioners who are accountable to a regulatory body.

The discussions pertaining to acupuncture may generally be divided into two distinct areas: acupuncture within the TCM context, and acupuncture within a western context. Significant disagreements between the two areas exist on the use of acupuncture. However, participants were generally in agreement that acupuncture may be harmful when performed by unqualified persons.

On the topic of Chinese herbal remedies, concerns were raised with respect to the potential dangers of their usage, such as improper identification and inferior quality control in the manufacturing or preparation of Chinese herbal remedies by unqualified persons. A common theme was heard that only qualified practitioners with expertise in this area should be able to use Chinese herbal remedies as a treatment modality in the course of their practice.

In providing this report and recommendations, the MPP Group hopes that the province will proceed with regulating the practise of TCM and acupuncture, recognizing its value to many Ontarians who choose to receive these services. By building confidence in, and enhancing protection for Ontarians who use complementary and alternative health care, we will help to achieve the goal of ensuring a healthier Ontario.

List of Recommendations

The MPP Group recommends:

Regulating TCM and Acupuncture in Ontario

1. That the profession of traditional Chinese medicine (TCM), and acupuncture practised within the TCM context be regulated under the *Regulated Health Professions Act, 1991* under a new profession specific Act and that a new regulatory college for TCM be created.
2. That a future standards of practice regulation for treatment modalities used by TCM practitioners be developed by a future regulatory college for TCM and be approved by the government of Ontario.

Current Education and Training for TCM Practitioners

3. That, given TCM practitioners have a diverse range of education and experience in TCM, different classes of practitioners be developed by a future regulatory college for TCM based on the practitioner's level of education, acquired competencies, and experience.
4. That the classes of TCM practitioners include TCM practitioners with general TCM education, acquired competencies, experience, and who focus on one or more TCM treatment modalities; and a Doctor of TCM with advanced TCM education, acquired competencies, experience, and who practise the full range of TCM treatment modalities.
5. That a future regulatory college for TCM consider, among other things, the experience of British Columbia and other jurisdictions that have recently regulated TCM when determining regulatory issues such as, classes of registration, education and the acceptance of individuals currently practising in Ontario (grandparenting).
6. That a future regulatory college for TCM develop and implement an appropriate, fair and transparent grandparenting process for the different classes of registration to facilitate the registration of qualified individuals currently practising TCM in Ontario.

The Performance of Acupuncture

7. That the performance of acupuncture be limited to qualified, regulated practitioners; that non-regulated practitioners should not be permitted to perform acupuncture.
8. That there be a class of TCM practitioners in a future regulatory college designated as acupuncturists practising acupuncture within the TCM context.
9. That regulated health professionals who use acupuncture as an adjunct therapy in the course of their professional practice be authorized to perform it only if they possess the required education and competencies as set by their respective college or board to safely practise acupuncture, and that it is practised only within the scope of practice and standards of practice of their respective profession.

Chinese Herbal Remedies

10. That there be a class of TCM practitioners in a future regulatory college designated as herbalists who use Chinese herbal remedies within the TCM context.

Background

In 2003, the Liberal platform committed to enhance public protection for those that choose to use alternative approaches to health care, beginning with the regulation of traditional Chinese medicine (TCM).

Since the mid-1990's, the province has contemplated the regulation of TCM and acupuncture. In 1996, the Health Professions Regulatory Advisory Council (HPRAC) provided advice to the then Minister of Health and Long-Term Care on the regulation of acupuncture and provided advice in 2001 on TCM and acupuncture jointly. Following these reports, the ministry engaged in a series of consultations, notably in 2003, with stakeholders to build upon a substantial body of knowledge related to the regulation of TCM and acupuncture within the existing *Regulated Health Professions Act, 1991* framework that is used by 23 other regulated health professionals.

On March 10, 2005, the Minister of Health and Long-Term Care requested four Members of Provincial Parliament (MPP) to undertake, on his behalf, consultations to hear from Ontarians their views on the best and safest way to regulate TCM practitioners prior to the development of legislation (see Appendix A for the mandate letter). The MPP Group was asked to provide information on three topics of interest, adding to the advice provided by HPRAC in 2001. The three specific topics of interest were:

- The education and training that TCM and acupuncture practitioners in Ontario have acquired to support their practice;
- The practice of TCM, the performance of acupuncture by TCM practitioners, and performance of acupuncture by regulated health practitioners and others in Ontario; and
- The use of Chinese herbal remedies within the practice of TCM in Ontario.

Individuals and organizations, including the regulatory colleges and professional associations of the 23 regulated health professions, were sent invitations to participate in the consultations. Questions to assist in the preparation of their presentations were sent with the letters of invitation (see Appendix B for a sample letter).

The public consultations took place between March 16 and March 30, 2005 in London (March 16), Ottawa (March 24), and the Greater Toronto Area (March 17, 21 and 30). The sites were chosen in areas of the province that are central to the largest number of TCM practitioners and other interested individuals and organizations.

Over the five consultation days, the MPP Group heard almost 100 presentations from a diverse group of individuals and organizations, including TCM practitioners, physiotherapists, chiropractors, alternative health care practitioners, academics, students, physicians, patients, professional associations, and professional regulatory bodies. The MPP Group recognized that not every individual who wished to participate would be able to do so in person either due to location or scheduling considerations, and encouraged individuals to participate in the process by making written submissions. The MPP Group received over 200 written submissions from a variety of individuals and organizations for a combined total of over 300 oral presentations and written submissions (see Appendix C for further detail).

In addition, the MPP Group met with professionals from jurisdictions that currently regulate TCM and acupuncture, including Australia, China and British Columbia, as well as representatives from Health Canada's Natural Health Products Directorate.

Based on what the MPP Group heard and read from Ontarians and advice from professionals familiar with the regulation of TCM and acupuncture, extensive deliberations took place which resulted in recommendations being made. This report is intended to complement an existing body of knowledge that the Minister of Health and Long-Term Care will use as he considers the regulation of TCM and acupuncture.

Regulating Traditional Chinese Medicine and Acupuncture in Ontario

Ontario has studied the possibility of regulating TCM and acupuncture. Under its statutory authority to advise the Minister of Health and Long-Term Care on regulatory matters, the Health Professions Regulatory Advisory Council (HPRAC) produced two key reports: the first in 1996 regarding acupuncture and an updated report on TCM and acupuncture in 2001. Both reports recommended the regulation of TCM and acupuncture under the *Regulated Health Professions Act, 1991* (RHPA).

Ontario's RHPA and the 21 companion profession-specific Acts for health professionals are the major components of Ontario's regulatory framework for health professions. It is important to note that regulation of health professionals does not confer a duty on the government to pay for their services. Of the current 23 regulated health professions, relatively few professions are funded by OHIP on a fee-for-service basis.

Each profession-specific Act establishes a regulatory college and contains important components of the RHPA regulatory system including, but not limited to:

- A scope of practice statement: a broad statement describing the practice of the regulated health profession. Scopes of practice are non-exclusive and there is considerable overlap among health professions;
- Controlled acts: establishing which, if any, of the 13 restricted acts contained in the RHPA that members of a profession may be authorized to perform;
- Protected titles: reserving specific titles for use exclusively by members of the health professional college.

In addition to legislation and regulations, an important part of the regulatory system includes standards of practice, which may or may not be set out in writing by the regulatory college. The standards of practice set a college's expectations for its members' practice. A college must also develop, establish, and maintain standards of professional ethics for its members.

The RHPA includes two legislative objectives. The first and primary objective is to ensure the public is receiving services from qualified and competent individuals. This is based on the belief that regulated health professionals possess high standards in education and training. The second objective is to ensure that individuals have access to services provided by the health professions of their choice.¹

The MPP Group recognizes the merits of the RHPA and therefore recommends:

1. That the profession of traditional Chinese medicine (TCM), and acupuncture practised within the TCM context be regulated under the Regulated Health Professions Act, 1991 under a new profession specific Act and that a new regulatory college for TCM be created.
2. That a future standards of practice regulation for treatment modalities used by TCM practitioners be developed by a future regulatory college for TCM and be approved by the government of Ontario.

¹Bohnen, Linda S., *Regulated Health Professions Act: A Practical Guide*, Canada Law Book, 1994 (Aurora) pp 1-2.

Current Education and Training for TCM Practitioners

Before the topic of education and training is addressed, the MPP Group notes the importance of differentiating between the Ministry of Training, Colleges and Universities' (MTCU) authority to determine which educational institution may grant certificates, diplomas and degrees and a regulatory college's power to set entry to practice requirements. While linked, the two are separate in their purpose. In Ontario, the ability of an educational institution to grant certificates, diplomas and/or degrees is not within the mandate of a health regulatory college.

MTCU administers several Acts that govern the post-secondary educational system in Ontario. The *Post-secondary Education Choice & Excellence Act, 2000* governs degree-granting activity by institutions that do not have degree granting authority in their own legislation (e.g. private institutions, out-of-province public institutions, and colleges offering applied degrees). The *Ontario Colleges of Applied Arts and Technology Act, 2002* also governs colleges of applied arts and technology (for diplomas and certificates) and the *Private Career Colleges Act* (PCCA) also governs private career colleges (for diplomas and certificates). To date, no private career colleges offering TCM or acupuncture-related programs leading to a certificate or diploma are registered with MTCU under the PCCA. Similarly, no colleges of applied arts and technology have been granted consent to offer an applied degree or are approved by MTCU to offer a diploma/certificate in TCM or acupuncture. There are also no TCM-related programs provided by universities that have been approved for funding by MTCU.

A health regulatory college's power is related to setting entry to practice requirements. The objective of this power is to ensure that applicants meet requirements that will satisfy the college and the public that the applicant is able to practise safely and in accordance with the standards of practice of the profession. These requirements may include, but are not limited to, obtaining the appropriate level of education, successful completion of an entry exam, evidence of recent safe practice, fluency in English or French, and disclosure of misconduct and/or conviction of a criminal offence.

In HPRAC's 2001 report, **Traditional Chinese Medicine and Acupuncture**, education requirements for entry to practice (completion of a post-secondary program by a recognized educational institute) was one of the nine criteria used to assess whether the profession of TCM should be regulated. While HPRAC acknowledged that a distinctive body of knowledge exists, at that time, HPRAC found that the TCM community was divided on the issue of the education requirement, especially the level and the number of hours of education and training for entry to practice.

At the time of HPRAC's review, some schools offered four-year full-time programs with over 3000 hours of instruction leading to a "Doctor of TCM diploma" while others offered two-year part-time programs with 600 hours of instruction leading to a "diploma in TCM". HPRAC noted that it is difficult for students to differentiate between programs in terms of quality and even more difficult for consumers to determine the level of competence of a practitioner.

Based on the presentations and written documents that the MPP Group received, the situation remains much the same in 2005. The MPP Group heard that there is a wide range of education and training programs. For example, some participants indicated that they provide a five-year training program for "Doctors of TCM" along with a shorter 1600-hour program for those that want to only practise acupuncture or herbalism. Other participants indicated that there are TCM programs that have 1350 hours, further demonstrating that there is no consistency with respect to training programs in Ontario.

In addition to differences in length, the MPP Group heard about the diversity that exists in the training curricula, including differences in approach to in-home study, distance learning, in-class theory, and clinical internship.

The MPP Group also heard from participants on what competencies a TCM practitioner should possess in TCM theory, TCM assessment and diagnosis, acupuncture, and herbology, as well as in general western sciences such as anatomy and physiology.

Two universities that offer continuing education courses related to TCM and/or acupuncture also presented to the MPP Group.

The MPP Group heard that other jurisdictions and international bodies have developed standards for TCM and acupuncture programs. The World Health Organization (WHO), for example, released guidelines in 1999 recommending minimum hours of training for acupuncture as well as core syllabi for acupuncture practitioners. The syllabi include high level competencies that practitioners should be familiar with, including TCM theory, knowledge of acupuncture points, TCM diagnosis, and treatment principles and techniques.

International Jurisdictions

The MPP Group notes that in the United States of America, the U.S. Department of Education recognizes the Accreditation Commission for Acupuncture and Oriental Medicine² (ACAOM) as the accrediting agency for acupuncture and TCM programs. This organization was frequently mentioned in presentations to the MPP Group. In reviewing the ACAOM January 2005 handbook, the MPP Group notes that accredited educational institutions must offer a minimum of 1905 hours of training for acupuncturists and 2625 hours for TCM practitioners with additional certificates as appropriate. In addition to length, the training must include a clinical component as well as a method to demonstrate its students have obtained professional competence. Also, distance training is prohibited and entry into TCM programs require applicants to have 900 hours of baccalaureate-level preparatory work at an accredited educational institution as a pre-requisite for entry.

The MPP Group also heard that not all states recognize ACAOM-accredited schools, including those with well-established regulatory systems for TCM and acupuncture. Accreditation of TCM educational institutions in some U.S. states is more stringent than the ACAOM. In particular, California, the state most often mentioned by participants, requires educational institutions to have degree-granting authority and a program of 3000 hours in addition to an entry requirement of 900 hours of baccalaureate-level preparatory work at an accredited educational institution. Successful completion of a written examination of professional competencies, such as patient assessment, provision of acupuncture treatment, herbal treatments, and knowledge of public health and safety, is required prior to licensing. The examination is rigorous, with the most recent examination in January 2005 having a success rate of fewer than 50 per cent³.

The MPP Group heard much about the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), which offers four areas of certification: Oriental medicine, acupuncture, Chinese herbology, and Asian Bodywork Therapy. Many U.S. states have used NCCAOM certification either as a requirement for licensure or as acceptable proof of competency for licensure. Formal education in each area of certification varies in length and in the competencies required for certification. Applicants are required to successfully write an examination consisting of several different modules on competencies in Acupuncture, Chinese herbology, and Foundations in Oriental Medicine, among others.

Canadian jurisdictions

The MPP Group heard that in Canada, only British Columbia (BC) currently regulates TCM in addition to acupuncture⁴. With 20 educational institutions currently operating in BC⁵, the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA) has set qualifying education/training hours its applicants must meet prior to being eligible to write the CTCMA licensing exams. Licensing examinations, both written and practical, exist for each class of registration, including TCM practitioners, acupuncturists, TCM herbalists and Doctors of TCM, and are based on ensuring that applicants possess the core competencies that the CTCMA requires for their respective classes of registration (see Appendix D for competencies in selected jurisdictions).

² The MPP Group is only aware of one education facility, the Michener Institute for Applied Health Sciences, that was an ACAOM candidate school. However, this program ended in 2004.

³ California Board of Acupuncture. Accessed 04/07/05 at <http://www.acupuncture.ca.gov/exams/statistics.htm>

⁴ Alberta and Québec regulate acupuncture only.

⁵ College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C. Accessed 04/13/05 at <http://www.ctcma.bc.ca/>

The MPP Group notes that in Québec, where only acupuncture is regulated, the Collège de Rosemont is the only educational institution offering a program in acupuncture that is accredited by the government of Québec. Graduates of the Collège de Rosemont may write the entrance examination of the L'Ordre des Acupuncteurs du Québec, the profession's governing body⁶. The Collège de Rosemont's three-year program has a program-specific component consisting of 1980 hours of classroom training and contains courses in Acupuncture, Western Sciences, communication and counselling techniques, and the management of a private clinic. Students receive a Diplôme d'études collégiales (DEC) upon successful completion of the program and are required to successfully write entrance examinations before they are permitted to practise acupuncture in Québec.

Acupuncture is also regulated in Alberta. The MPP Group notes that four colleges in Alberta are recognized by the government of Alberta to provide acupuncture training⁷. The graduates of these colleges are eligible to write the entry to practice examination which is mandated by Alberta's Acupuncture Regulation. These institutions offer programs of varying lengths of between 2085 to 2900 hours of training.

While TCM practitioners indicated they had varying education and training levels, the MPP Group heard from participants that high educational standards and other entry to practice criteria must be met in order to practice TCM. It was also clear from the presentations and submissions that standards should be set high for the practice of TCM to ensure that Ontarians can be confident that their services are being provided by competent and qualified individuals. These standards can be drawn, in part, from jurisdictions that currently regulate TCM and acupuncture, as well as from the WHO.

The MPP Group also notes that all provinces and territories with the exception of Nunavut⁸ are parties to the Agreement on Internal Trade (AIT) and have committed to the provisions in the Labour Mobility Chapter. As is the case with other professions, the AIT requires Ontario to ensure that standards for TCM can be reconciled to allow for mobility between the provinces and territories, namely British Columbia for TCM and acupuncture, and Alberta and Québec for acupuncture. A future regulatory college for TCM will need to consider the AIT and the Labour Mobility Chapter and may wish to work with the other regulatory bodies for TCM when developing entry to practice requirements.

Therefore, the MPP Group recommends:

3. That, given TCM practitioners have a diverse range of education and experience in TCM, different classes of practitioners be developed by a future regulatory college for TCM based on the practitioner's level of education, acquired competencies, and experience.
4. That the classes of TCM practitioners include TCM practitioners with general TCM education, acquired competencies, experience, and who focus on one or more TCM treatment modalities; and a Doctor of TCM with advanced TCM education, acquired competencies, experience, and who practise the full range of TCM treatment modalities.
5. That a future regulatory college for TCM consider, among other things, the experience of British Columbia and other jurisdictions that have recently regulated TCM when determining regulatory issues such as, classes of registration, education and the acceptance of individuals currently practising in Ontario (grandparenting).
6. That a future regulatory college for TCM develop and implement an appropriate, fair and transparent grandparenting process for the different classes of registration to facilitate the registration of qualified individuals currently practising TCM in Ontario.

⁶ L'Ordre des Acupuncteurs du Québec. Accessed 04/11/05 at <http://www.ordredesacupuncteurs.qc.ca>

⁷ Alberta Human Resources and Employment: *Acupuncturist Occupational Profile*. Accessed 03/30/05 at <http://www.alis.gov.ab.ca>

⁸ Nunavut did not exist at the time of the AIT.

The Performance of Acupuncture

Throughout the consultations, acupuncture was a key focus of discussion. The MPP Group heard numerous views on acupuncture, including the issue of access to the performance of acupuncture, the training required, and the context in which acupuncture should be used.

The MPP Group notes that the controlled acts scheme in the RHPA is one of the key features that mitigates risk of harm to individuals who seek health services. The 2001 HPRAC Report described and documented the risk associated with acupuncture. HPRAC noted that the real risk of harm from acupuncture is the fundamental action of inserting needles under the dermis (skin) and that acupuncture should be included within the controlled act of performing a procedure on tissue below the dermis, regardless of theoretical basis. The MPP Group heard general agreement from participants that suggested the inherent risk of harm associated with acupuncture is present and that the safety of the patient is dependent on having well trained practitioners.

The discussion on acupuncture can be generally divided into two distinct areas: acupuncture within the TCM context, and acupuncture within a western context. Many TCM practitioners emphasized that acupuncture is one of the main treatment modalities within the practice of TCM while other professions, such as chiropractors, physiotherapists, and massage therapists, noted that the use of acupuncture is an adjunct therapy used with other treatment modalities within the scope of practice of their profession.

A majority of current TCM practitioners were consistent in the view that acupuncture can only be practised within the TCM context. These participants were of the opinion that acupuncture can only be performed within the context of a TCM assessment of disharmonies in body functions and used to influence the flow of Qi (chi) and restore balance within the body. The MPP Group also heard that when acupuncture is used outside the TCM context, it may cause harm by imbalancing the body through the inadvertent changes to the flow of Qi. However, most presentations and submissions by TCM practitioners acknowledge that certain non-TCM practitioners may insert needles within their respective scopes of practice but should refer to it as “needling” and not “acupuncture”.

Presentations and submissions made by physicians, chiropractors, physiotherapists, and other regulated health professions stressed that acupuncture can be practised safely within their scopes of practice based upon western diagnosis or assessment when practitioners are appropriately trained and certified. Their presentations and submissions indicated that acupuncture based on anatomy and physiology is grounded in a western diagnosis and uses a limited number of acupuncture points to achieve symptom relief and pain management. These participants pointed to a number of studies that show therapeutic benefits of acupuncture for western diagnosed conditions such as musculo-skeletal conditions (e.g. arthritis, spinal and joint conditions).

In response to the question regarding the length of training of practitioners who use acupuncture, many presentations and written submissions referred to various international standards. The most common standard is the World Health Organization (WHO) 1999 *Guidelines on Basic Training and Safety in Acupuncture*.

The WHO Guidelines contain recommended hours of training and core syllabi. These guidelines recommend a combined minimum of 2000 hours of theory, clinical, and supervised practice for non-medical practitioners. The syllabi include high level competencies that practitioners should be familiar with, including TCM theory, knowledge of acupuncture points, TCM diagnosis, and treatment principles and techniques.

For physicians, the WHO *Guidelines* indicate a combined minimum of 1500 hours is needed for those wishing to practise acupuncture within the TCM context, or a combined minimum of 200 hours for physicians wishing to use acupuncture as an adjunct treatment method in their practice. For other health care practitioners, the WHO does not recommend a minimum level of education but noted that education varies based on how acupuncture will be applied. All of the educational standards presented to the MPP Group fall within the WHO guidelines, although a number of presentations by non-physician health practitioners have adopted the 200 hour standard for qualified physicians as their own standard.

In addition, substantial discussion on the topic of practice standards arose in the presentations and submissions. Many participants said that standards of practice for the use of acupuncture should remain the responsibility of the regulatory college to which the regulated health professional belongs. The MPP Group notes that in the Australian State of Victoria, some of the professional health Colleges have worked with the Chinese Medicine Registration Board of Victoria to establish these standards. Ontario's health regulatory bodies may also wish to adopt this collaborative model and work with a future TCM regulatory college in developing their guidelines for the use of acupuncture if they feel it is appropriate.

The MPP Group heard from and notes that physicians, dentists, and nurses already have the authority to perform procedures on tissue below the dermis and may currently be practising acupuncture within their respective scopes of practice. The MPP Group recognizes that these professions should continue to use acupuncture if their respective regulatory college considers it to be appropriate.

The MPP Group also heard from participants that those professions that do not have the controlled act of performing a procedure on tissue below the dermis should be authorized to continue using acupuncture. The MPP Group suggests that regulatory bodies may wish to review and, if necessary, update their standards of practice and define competencies for acupuncture that are appropriate for their respective professions' scopes of practice. If standards of practice are amended and the depth and/or breadth of competencies required changes as a result of this review, the MPP Group also suggests that members should be given the opportunity to meet any new standards before they come into effect.

The MPP Group notes that similar concerns were expressed in British Columbia when its Health Professions Council (BCHPC) undertook an extensive review of the regulatory system in 2001⁹. BCHPC noted that acupuncture is one of the primary TCM therapies used by a TCM practitioner following a TCM diagnosis. However, BCHPC noted that the therapeutic benefits of acupuncture have been recognized by western medicine and is utilized following a western diagnosis or assessment. BCHPC also noted that during its consultation, no evidence was presented of a risk of harm in the use of acupuncture in the absence of a TCM diagnosis. The MPP Group notes that the existing regulatory framework in BC, much like Ontario, permits regulated professions to share procedures.

Therefore, the MPP Group recommends:

7. That the performance of acupuncture be limited to regulated and qualified practitioners; that non-regulated practitioners should not be permitted to perform acupuncture.
8. That there be a class of TCM practitioners in a future regulatory college designated as acupuncturists practising acupuncture within a TCM context.
9. That regulated health professionals who use acupuncture as an adjunct therapy in the course of their professional practice be authorized to perform it only if they possess the required core competencies and training as set by their respective college or board to safely practise acupuncture, and that it is practised only within the scope of practice and standards of practice of their profession

⁹ British Columbia Health Professions Council: *Safe Choices: A New Model for Regulating Health Professions in British Columbia*

Chinese Herbal Remedies

The Health Professions Regulatory Advisory Council's (HPRAC) 2001 Report noted that the potential risk inherent in the use of natural health products (NHP) is largely due to improper manufacturing, labeling, or adulteration of the NHP by toxic substances. With the introduction of the *Natural Health Products Regulations* (NHPR) by the federal government, the importing, manufacturing, and labeling of NHPs are now regulated and the risks associated with the production of finished products¹⁰ should be reduced as importers and manufacturers comply with the NHPR. NHPs remain freely available to the public without prescription as over the counter products.

The MPP Group notes that the NHPR covers substances that are set out in Schedule 1 (of the NHPR), a combination of substances in which all the medicinal ingredients are substances set out in Schedule 1, a homeopathic medicine, or a traditional medicine, that is manufactured, sold or represented for use in: (1) the diagnosis, treatment, mitigation or prevention of a disease, disorder or abnormal physical state or its symptoms in humans; (2) restoring or correcting organic functions in humans; or (3) modifying organic functions in humans, such as modifying those functions in a manner that maintains or promotes health (see Appendix E for a copy of Schedule 1).

Also, the MPP Group notes that an NHP does not include a substance set out in Schedule 2 (of the NHPR), any combination of substances that includes a substance set out in Schedule 2, a homeopathic medicine, or a traditional medicine that is or includes a substance set out in Schedule 2 (see Appendix E for a copy of Schedule 2).

Significantly fewer stakeholder presentations and submissions commented on the topic of Chinese herbal remedies. In addition to concerns regarding the manufacturing of finished products, the MPP Group heard of other potential dangers in the use of Chinese herbal remedies, including usage based on incorrect TCM diagnosis and interaction between Chinese herbal remedies and conventional pharmaceuticals.

There was a common theme among participants that only qualified practitioners should use Chinese herbal remedies in the course of their practice, and that when a practitioner is trained in both herbology and patient assessment, the potential for adverse effects is reduced. Much like acupuncture, the MPP Group heard that some individuals choose to concentrate primarily on the use of Chinese herbal remedies.

The MPP Group heard that the added difficulty in controlling Chinese herbal remedies is the interchangeability of the purpose for consuming the substances. Frequently, NHPs may be taken as part of an individual's regular dietary intake (food) or at other times may be used for treatment of an ailment (remedy). Two most commonly known products are ginger and ginseng, both of which can be used as ingredients for food or as a part of a remedy.

Many presentations and submissions noted that if Chinese herbal remedies were available only by prescription, there would be many unintended consequences, including the restriction of over the counter sales of finished products and loose herbs. Also, the MPP Group notes that NHPs, as defined by Health Canada, are considered to be suitable for self-care or over the counter use.

In balancing between public protection and public access, the MPP Group recommends:

10. That there be a class of TCM practitioners in a future regulatory college designated as herbalists who use Chinese herbal remedies within the TCM context.

¹⁰ Finished products are single or combination of NHP products or active agents that have been manufactured into capsules, liquids, or powders.

Conclusion

Throughout the months of March and April 2005, the MPP Group had the opportunity to hear from Ontarians who are interested in TCM and acupuncture. Many spoke of the benefits of TCM and acupuncture and the role it plays in health promotion and wellness. Others spoke of the effectiveness of TCM in treating chronic conditions.

The MPP Group received over two hundred written submissions from individuals and organizations, expressing their thoughts on both the focus topics as well as other topics. From TCM practitioners to regulated health professionals to patients, the MPP Group received a wealth of information to consider.

In providing this report and recommendations, the MPP Group hopes that Ontario continues to move forward to enhance protection for Ontarians who use complementary and alternative health care and to achieve the government's priority of having healthier Ontarians.

Appendix A

Mandate Letter

Ministry of Health and Long-Term Care
Office of the Minister

10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4

Tel 416-327-4300
Fax 416-326-1571
www.health.gov.on.ca

Ministère de la Santé et des Soins de longue durée
Bureau du ministre

10e étage, édifice Hepburn
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Tony C. Wong, M.P.P. Markham
Hearst Block, 8th Flr, 900 Bay St
Toronto ON M7A 2E1

Dear Mr. Wong,

Our government is committed to enhancing protection for Ontarians who use non-traditional medicine. In June 2004, in response to your question on moving forward to regulate traditional Chinese medicine (TCM), I responded in the Legislature that we have the capacity to move forward on this government commitment. I also committed to work with affected parties in bringing forward legislation. I am pleased that you agreed to lead a group of MPPs to consult with stakeholders on topics of interest regarding the regulation of both traditional Chinese medicine and acupuncture.

I am pleased that our colleagues Mike Colle, Peter Fonseca and Richard Patten have also agreed to be members of your group. To assist you, I have asked Ministry staff to support the work that will be undertaken by you and your group.

You will be adding critical information to the advice provided by the Health Professions Regulatory Advisory Council on TCM and acupuncture in 2001. The areas that I would like additional information on are in education and practice, acupuncture and Chinese herbal remedies. I appreciate your efforts in providing me with a report by mid-April.

I look forward to receiving your group's report so that Ontarians who use TCM and acupuncture can have confidence in their therapeutic benefits and safety.

Yours truly,

George Smitherman
Minister

c. Mike Colle, MPP Eglinton-Lawrence
Peter Fonseca, MPP Mississauga East
Richard Patten, MPP Ottawa Centre

Appendix B

Letter to Stakeholders

The Honourable George Smitherman, Minister of Health and Long-Term Care, has asked four Members of Provincial Parliament (MPPs) to consult with interested stakeholders on specific topics regarding both traditional Chinese medicine (TCM) and acupuncture.

I am pleased that the minister has asked me to lead this consultation group. My colleagues, Mike Colle, MPP Eglinton-Lawrence, Peter Fonseca, MPP Mississauga East, Richard Patten, MPP Ottawa Centre, and I would like to hear from you or a member of your organization on three specific areas of interest related to TCM and acupuncture.

We are interested in hearing from you or your organization on your experiences with and/or your practice of TCM and acupuncture in relation to:

1. The practice of TCM, and the use of acupuncture by TCM practitioners, regulated health practitioners and others in Ontario;
2. The education and training that TCM and acupuncture practitioners in Ontario have acquired to support their practice; and
3. The practice of prescribing, compounding, dispensing or selling of Chinese herbal remedies.

Attached are some questions to assist you in your presentation.

We will be holding consultation meetings in London, the Greater Toronto Area and Ottawa. Each individual or organization will be allotted 15 minutes to make a presentation and to respond to any questions that we may have. Information about the dates and venues for these meetings is provided in an attachment to this letter.

Please RSVP your attendance by calling 416-212-7025. You will be contacted to confirm your attendance and the time at which you are scheduled to speak.

We will attempt to make arrangements for everyone interested to make an in-person presentation to us on the day and locations indicated. However, if that cannot be arranged due to the size of the response or if the dates are not convenient, you may send written comments to:

Tony Wong, MPP Markham
Chair, MPP Consultation Group on Traditional Chinese Medicine and Acupuncture
Hearst Block, 8th Floor, 900 Bay St
Toronto ON M7A 2E1
tcwong.mpp@liberal.ola.org

Once the consultations are complete, my colleagues and I will prepare a report for the minister that will assist him in his consideration of the regulation of TCM and acupuncture. Written comments received by April 1, 2005 and the presentations given during the consultation meetings will be considered for the report.

If you are aware of other organizations or individuals that might be interested in providing information to us on these topics, please share this invitation with them. They may indicate their interest by calling the RSVP phone number listed on the previous page.

On behalf of the group, I look forward to hearing your insights on these issues.

Yours truly,



Tony Wong, MPP Markham
Chair, MPP Consultation Group on Traditional Chinese Medicine and Acupuncture

Questions to guide your presentation to MPP Consultation Group on Traditional Chinese Medicine and Acupuncture

Acupuncture

1. How do you use acupuncture in your practice?
2. What is your opinion on allowing only TCM practitioners and regulated health professionals that currently have the controlled act of performing a procedure on tissue under the dermis (skin) (i.e. physicians, nurses, dentists) to use acupuncture?
3. What is your opinion on allowing regulated health professionals that currently do not have the controlled act of performing a procedure on tissue under the dermis (skin) but who currently perform acupuncture under the legislative exemption, (e.g. chiropractors, physiotherapists, midwives, massage therapists) to use acupuncture?
4. What is your opinion on allowing unregulated health professionals who currently perform acupuncture under the legislative exemption to use acupuncture?

Education and Practice

1. If you are a TCM practitioner, what is your education and training? How does that training assist you in your practice?
2. If you perform acupuncture, what is your education and training in acupuncture? How does that training assist you in your practice?
3. If you provide education in TCM or acupuncture what is your school's curriculum?
4. In your view, what are the factors that make for the ideal training and education in TCM and acupuncture?

Chinese Herbal Remedies

1. How would you be affected if the prescription of Chinese herbal remedies were limited to regulated TCM practitioners only?
2. What are some of the adverse effects when taking Chinese herbal remedies?
3. What has been your experience with Chinese herbal remedies?
4. Have you changed your practice or has your care been affected by the federal Natural Health Product Regulations?

Appendix C

Summary of Submissions and Presentations

Summary of Written Submissions*

Physician Community	Chiropractic Community	Physiotherapy Community	TCM Community	Other Regulated Health Profession Community	Patient/Public	Other Associations
13	48	55	44	15	29	8

Total Written Submissions = 212

Summary of Presentations

Physician Community	Chiropractic Community	Physiotherapy Community	TCM Community	Other Regulated Health Profession Community	Patient/Public	Other Associations
3	12	4	62	1	1	12

Total Presentations = 95

Total

Physician Community	Chiropractic Community	Physiotherapy Community	TCM Community	Other Regulated Health Profession Community	Patient/Public	Other Associations
16	60	59	106	16	30	20

Total = 307

*Any submissions signed by multiple parties have been counted only once.

Appendix D

TCM Chart for Selected Jurisdictions

Educational Requirements	British Columbia (1)				Australia (2)		Quebec (3)	California (4)
	A	H	P	Dr.	A	H	A	A
General Acupuncture	✓		✓	✓	✓		✓	✓
General TCM Theories	✓	✓	✓	✓	✓	✓	✓	✓
General TCM Herbology		✓	✓	✓		✓		
General TCM Clinical Therapeutics	✓	✓	✓	✓	✓	✓	✓	✓
General Western Medical Sciences	✓	✓	✓	✓	✓	✓	✓	✓
Advanced Theory including TCM Classics and Western Medical Sciences				✓				
* Advanced Acupuncture and Other TCM Modalities				✓				
* Advanced TCM Herbology and Formulae				✓				
Advanced Clinical Therapeutics				✓				
Entrance Examination	✓	✓	✓	✓	✓	✓	✓	✓

Legend: A - Acupuncture P - Practitioner H - Herbology Dr. - Dr. of TCM TCM - Traditional Chinese Medicine

Note: * Please note Advanced Educational Requirements are only applicable in jurisdictions where Dr. of TCM is available

* Educational Requirements are taken from the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA)

(1) British Columbia Core Competencies Document, Accessed at <http://www.ctcma.bc.ca> March 7, 2005

(2) Chinese Medicine Registration Board of Victoria Course Approval Guidelines, August 2002

(3) Collège de Rosemont Program Course, Accessed at <http://www.agora.crosemont.qc.ca/anglais/cours.htm> April 19, 2005

(4) California Acupuncture Board Examinations and Demonstrations of Competency, Accessed at http://www.acupuncture.ca.gov/law_reg/art4.htm March 7, 2005

Appendix E

Excerpt: Natural Health Products Regulations*

Schedule 1 (Subsection 1(1))

Included Natural Health Product Substances

Item	Substances												
1.	A plant or a plant material, an alga, a bacterium, a fungus or a non-human animal material												
2.	An extract or isolate of a substance described in item 1, the primary molecular structure of which is identical to that which it had prior to its extraction or isolation												
3.	Any of the following vitamins: <table border="0" style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 33%;">biotin</td> <td style="width: 33%;">riboflavin</td> <td style="width: 33%;">vitamin B12</td> </tr> <tr> <td>folate</td> <td>thiamine</td> <td>vitamin C</td> </tr> <tr> <td>niacin</td> <td>vitamin A</td> <td>vitamin D</td> </tr> <tr> <td>pantothenic acid</td> <td>vitamin B6</td> <td>vitamin E</td> </tr> </table>	biotin	riboflavin	vitamin B12	folate	thiamine	vitamin C	niacin	vitamin A	vitamin D	pantothenic acid	vitamin B6	vitamin E
biotin	riboflavin	vitamin B12											
folate	thiamine	vitamin C											
niacin	vitamin A	vitamin D											
pantothenic acid	vitamin B6	vitamin E											
4.	An amino acid												
5.	An essential fatty acid												
6.	A synthetic duplicate of a substance described in any of items 2 to 5												
7.	A mineral												
8.	A probiotic												

Schedule 2 (Subsection 1(1))

Excluded Natural Health Product Substances

Item	Substances
1.	A substance set out in Schedule C to the Act**
2.	A substance set out in Schedule D to the Act**, except for the following: <ul style="list-style-type: none"> (a) a drug that is prepared from any of the following micro-organisms, namely, an alga, a bacterium or a fungus; and (b) any substance set out on Schedule D when it is prepared in accordance with the practices of homeopathic pharmacy
3.	A substance regulated under the <i>Tobacco Act</i>
4.	A substance set out in any of the Schedules I to V of the <i>Controlled Drugs and Substances Act</i>
5.	A substance that is administered by puncturing the dermis
6.	An antibiotic prepared from an alga, a bacterium or a fungus or a synthetic duplicate of that antibiotic

* Source: Health Canada

** *Food and Drug Act*, Canada.

