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## **Official Report of Debates (Hansard)**

**Tuesday 31 October 2006**

## **Journal des débats (Hansard)**

**Mardi 31 octobre 2006**

**Standing committee on  
social policy**

Traditional Chinese  
Medicine Act, 2006

**Comité permanent de  
la politique sociale**

Loi de 2006 sur les praticiennes  
et praticiens en médecine  
traditionnelle chinoise

Chair: Shafiq Qadri  
Clerk: Trevor Day

Président : Shafiq Qadri  
Greffier : Trevor Day

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON  
SOCIAL POLICY**

**COMITÉ PERMANENT DE  
LA POLITIQUE SOCIALE**

Tuesday 31 October 2006

Mardi 31 octobre 2006

*The committee met at 1001 in committee room 1.*

TRADITIONAL CHINESE  
MEDICINE ACT, 2006

LOI DE 2006 SUR LES PRATICIENNES  
ET PRATICIENS EN MÉDECINE  
TRADITIONNELLE CHINOISE

Consideration of Bill 50, An Act respecting the regulation of the profession of traditional Chinese medicine, and making complementary amendments to certain Acts / Projet de loi 50, Loi concernant la réglementation de la profession de praticienne ou de praticien en médecine traditionnelle chinoise et apportant des modifications complémentaires à certaines lois.

**The Chair (Mr. Shafiq Qadri):** Ladies and gentlemen, colleagues, welcome to the Legislature. As you know, this is the standing committee on social policy. We're here to consider Bill 50, An Act respecting the regulation of the profession of traditional Chinese medicine, and making complementary amendments to certain Acts.

If there is no business before the committee, I would invite our first speaker.

**Ms. Shelley Martel (Nickel Belt):** Very briefly, on a point of order, Mr. Chair: I would like to request some additional information from research, please. I'd like to know, and I should know this and I don't, so I apologize, what regulated health professions have access to the controlled act of procedures on tissue below the dermis, and, for those who don't, what is the process their college has to follow in order to try to get that as a controlled act for their members.

One final one, just because it's still not clear to me, around section 18: If you could check with the legal staff for the ministry and ask them again what regulated health professions have acupuncture within the scope of practice of their profession, and where you find that information.

**The Chair:** Thank you, Ms. Martel. Your requests are being processed as we speak by legislative research.

ONTARIO ACUPUNCTURE  
EXAMINATION COMMITTEE

**The Chair:** I now invite our first presenter of the day, Jia Li, the director of the Ontario Acupuncture Examination Committee. Mr. Li, please be seated, and identify

yourself, if you might, for the purposes of the permanent record of Hansard. I remind you that you will have 10 minutes in which to make your presentation, and if there is any time remaining within those 10 minutes, that will be distributed evenly amongst the parties for questions and comments. Please begin now.

**Dr. Jia Li:** Good morning, ladies and gentlemen, honourable members of the provincial Parliament. My name is Dr. Li, the president of the Ontario Acupuncture Examination Committee. Stanley is sitting next to me.

**Mr. Stanley Gwo-Wuu Shyu:** I am a certified acupuncture doctor—TCM doctor.

**Dr. Li:** He will join me in the presentation.

Today I have the privilege here to present our thoughts and our comments on Bill 50. In our belief, Bill 50 is fundamentally flawed. As you will see from what we have put on the top of our presentation, we call Bill 50 the "Traditional Chinese medicine discrimination act." In Bill 50, all traditional Chinese medicine practitioners, mainly Chinese, are subject to stringent licensing and regulation procedures before entering the practice, while existing health care professionals—mainly white-collar Caucasians—will be privileged to practise acupuncture with virtually no training, or weekend crash courses.

I took a look at the agenda today. Quite a few colleges are right behind me going to speak, and our guess is these people all come here to try to get the privilege to do so.

Despite the painful anti-Chinese history such as the head tax and the Chinese Exclusion Act in Canada, Chinese are no longer second-class citizens in this province. The government of Ontario has no excuse to disrespect Chinese culture and to discriminate against traditional Chinese medicine and acupuncture as a second-class health care profession.

Ironically, a government-written statement said, "Among the objectives of regulating a health profession is to ensure that [consumers] have access to safe, quality services provided by health professionals of their choice and to ensure public protection from unqualified, incompetent persons."

Upon the same belief or the same principle, the majority of TCM and acupuncture practitioners will always support one minimum standard for everyone who intends to practise acupuncture in Ontario. The minimum competency for the safe and effective practice of acupuncture must be established and enforced exclusively by the proposed college of TCM and acupuncture practitioners of this province.

I'm not going to read through the whole presentation, because you only allow me 10 minutes. All I said is, delete section 18 to make sure the practice of acupuncture refers to the controlled act of performing a procedure below the dermis. We request eight controlled acts, including communicating a diagnosis, because in Bill 50, you allow us zero.

I'm ready to answer any questions the honourable members have.

**The Chair:** Thank you, Dr. Li. We have quite a few minutes left over for questions, about two minutes or so each. We'll begin with the PC side.

**Mrs. Elizabeth Witmer (Kitchener-Waterloo):** Thank you very much, Dr. Li. You are indicating here that there needs to be one minimum standard for everybody, regardless of whether they're a member of your college or whether they would be a member of the college of chiropractors or physiotherapists. That's what you're saying?

**Dr. Li:** That's correct.

**Mrs. Witmer:** So you're saying they would have to go through the same educational process, the same hours, that everything would be identical?

**Dr. Li:** If anybody wants to practise medicine, they have to go through the college of physicians. They will be evaluated. If they qualify, they may challenge the exam. Then, if they get a licence, they can practise medicine. They cannot say, "I want to practise junk medicine and just take a weekend course." Why should the same standard not apply to acupuncture?

**Mrs. Witmer:** In number 3, you're saying that only a doctor of TCM, a TCM practitioner or an acupuncturist may insert acupuncture needles under the skin.

**Dr. Li:** For the purpose of acupuncture.

**Mrs. Witmer:** That's right. So if the standard is going to be set by the college of TCM and acupuncture, and if everybody had to go through it, then wouldn't everybody be able to do that? You're saying no. There's a bit of a contradiction, I guess, there.

**Dr. Li:** We're saying a minimum standard should be established. I think it is precedented. Any college, any health care profession, must establish a minimum standard, and whoever wants to practise, if the person is qualified, they are welcome on board. If not, they have to take further training.

**Mrs. Witmer:** All right. And I see that you're very concerned about the fact that there is no authorization of any controlled acts.

**Dr. Li:** We have absolutely none. It has been requested and at this time we have no idea why Bill 50 allows us to have nothing.

**Mrs. Witmer:** Have you had discussions with the government at all on this?

**Dr. Li:** Yes, but we are getting very little answer from that.

**The Chair:** Thank you, Mrs. Witmer. I'll offer the floor now to Ms. Martel of the NDP.

**Ms. Martel:** Thank you for your presentation this morning. Let me follow up from where Mrs. Witmer was

with respect to minimum standards. You said you feel there should be a minimum standard for those who wish to practise. I am assuming—and I'm not trying to put words into your mouth—you are meaning members of other regulated health professions?

**Dr. Li:** Correct.

**Ms. Martel:** So a standard there, and there can be a debate about what that minimum is, in terms of qualification. But the college itself is going to have professionals who will have a title of "acupuncturist." There is a distinction to be made there, isn't there? If you have a title of "acupuncturist," there must be a different standard that would have to be applied by the college for you to obtain that title.

**Dr. Li:** My understanding is, looking at the other acts—for example, the Chiropractic Act or the Physiotherapy Act under the RHPA in 1991—they clearly indicate the qualification of the titles. If a person is not licensed by the college of chiropractors or physiotherapists, you cannot use the title of "chiropractor." You cannot practise the specialty of chiropractic anything. You cannot call yourself a physiotherapist and you cannot use physiotherapy at all. You cannot say, "My name is Jia Li. I'm not a physiotherapist but I'm performing physiotherapy." If I do so, I will be prosecuted under provincial law, so the same thing should apply to acupuncture.

**1010**

**Ms. Martel:** What if you have two different definitions? What if you have a definition in the legislation that talks about acupuncture from a TCM perspective and a definition of acupuncture that would make more of a reference to "adjunct?"

**Dr. Li:** Well, in my opinion, there's only one acupuncture. There's no acupuncture beyond the text of traditional Chinese medicine. There are other people calling it intramuscular stimulation or whatever form of stimulation they want to call it, but acupuncture is acupuncture. Look at other jurisdictions in North America: British Columbia, Quebec, Alberta and the United States. All the jurisdictions recognize that acupuncture is a health care profession.

**The Chair:** With respect, Dr. Li, I will offer it now to the government side.

**Mr. Richard Patten (Ottawa Centre):** Welcome this morning, Mr. Li. I appreciate the concern you have. The only distinction I would make, and it builds a little bit on what Ms. Martel was talking about and Mrs. Witmer as well, is, do you agree with the distinction between acupuncture as a medical procedure, with a fully trained acupuncturist, and someone who uses it as an addition to another profession? As you know, right now, anybody can do it, so we're not talking about that. We're talking about trying to control this and trying to provide some standards and to make some sense out of this area. My point is, would you grant that distinction between a regulated profession using this as part of a treatment modality and not as a total procedure in and of itself?

**Dr. Li:** I disagree, because the government of Ontario doesn't recognize acupuncture as a health care profession

in Bill 50 at this time. As I said, when you look at other jurisdictions in Canada and the United States, most of the jurisdictions clearly indicate acupuncture and recognize it as a health profession. It's not a single modality. This is the biggest concern we have. If a medical doctor has got to use needles, that's obviously not our business. But when we're talking about acupuncture, it's not just a needle pricking skin. Acupuncture is a health profession. There must be a single standard, and the public must be protected.

**Mr. Shyu:** Can I also answer this question? Since I am a certified acupuncture doctor, before we insert needles, every treatment needs a diagnosis through a reading of the condition. In other words, we diagnose through a mirroring of the condition. We cannot insert needles—

**The Chair:** With respect, gentlemen, the time has now expired. Thank you very much for your presence and deputation, Dr. Li and colleague.

TORONTO INTERNATIONAL INSTITUTE  
OF TRADITIONAL CHINESE MEDICINE  
AND ACUPUNCTURE

**The Chair:** I'd now invite our next presenters, Mr. Bill Lo and Arthur Lo, principal and vice-principal of the Toronto International Institute of Traditional Chinese Medicine and Acupuncture. They're most welcome to come forward. Please be seated, and please identify yourself for the purposes of our recording. You have 10 minutes in which to make your presentation. I invite you to begin.

**Mr. Arthur Lo:** Ladies and gentlemen, I represent the Toronto International Institute of Traditional Chinese Medicine and Acupuncture. My name is Arthur Lo. My principal is coming, but he's parking, unfortunately, so I will present first.

We have been running the school here since 1999, so today I will put the focus on education. First of all, we are happy about, and also welcome, the regulation of TCM in Toronto. This is very great news, and it's also a great thing for TCM practitioners. But from the education angle, I think we'll put forward some recommendations on certain aspects.

The first one is on acupuncture. I think acupuncture has already been recognized worldwide for a long time. But because we are teachers who also run a school, we emphasize that, in the future, an education in acupuncture cannot be separated from TCM theory. This is the foundation, because acupuncture is not a hand skill. Some techniques are based on theories surrounding those treatments for the patient. These are important also and we emphasize it as a focus on future education.

The second aspect, a great aspect, is practice and future education in Ontario. This I can summarize in four points. The first one is that TCM is an ongoing service. Even though you haven't regulated it until now, the practice and services have already been running for over 100 years here, bringing things from the Chinese, the

Japanese. So the ongoing service was already here and our schools were already here. In the future, I think the TCM education board is supposed to accept or recognize the practice and training of the local schools. They've already provided over 10 years, 20 years here. All those things should be considered a contribution to TCM education and therefore to the Ontario people, because education is not only for now. In the future, the TCM doctor or practitioner will not be imported; they will grow up and develop here through our TCM education board. So the quality and maybe the development should be protected by our own education board.

Also, professionalism: TCM practitioners and acupuncturists already have a long history of practising here, but they have no regulation. Also, they have various conditions or practices. This is not a good thing for consumers. This is not a good thing even for the TCM practitioner, because we have no professionalism. So at this time, under the regulations, we also recommend, from the education angle, to put more effort in standardization, or maybe to put an education standard for the quality TCM in here.

Finally, TCM is not only for now, not only for the past, but also for the future. The next generation will be our future TCM doctors and practitioners, so education, I believe, is a must. This is not absent in Ontario: There are so many schools running similar TCM or acupuncture courses here. Of course, there may be various theories and different backgrounds, so under the new regulation scheme, we emphasize again that you take this opportunity to modernize and also to standardize all those practices. But please, co-operate, and maybe discuss with the societies and also with the local schools. Get some common objectives from all those backgrounds and form a Canadian TCM standard. That is our opinion.

**The Chair:** Thank you, Mr. Lo. We'll have a minute and a half or so per side, beginning with Ms. Martel of the NDP.

**Ms. Martel:** Thank you for your participation today. I'm just going through the brief, and it says that you would like to see local physicians and other health care professionals, such as chiropractors, physiotherapists and massage therapists, performing acupuncture. I agree with that, because there aren't TCM practitioners in my part of the world. These are the folks who are providing acupuncture, and I don't want to see that access cut off. There was some debate yesterday about whether there should be a minimum standard if you do that. That's what I've argued: There should be a minimum standard. During the course of my debate on second reading, I put out the possibility of the World Health Organization guidelines, which apply to—it says to doctors.

**Mr. Lo:** Agreed.

**1020**

**Ms. Martel:** Okay. So what do you think about that in terms of training for those who are not TCM practitioners but those whom I want to see continue to practise because they provide access in my part of the world and many others?

**Mr. Lo:** I think we can learn something from Hong Kong or even from China. Of course they may not be the same as Toronto, because we are a different country, a different culture. But TCM medicines come from Asia. I think what is most important, if possible, is to work with the local schools and some colleges and also some practitioners. Find out the common objectives. The best thing is to work with—

**The Chair:** Thank you, Mr. Lo. With respect, I will have to offer the floor to the government side.

**Mr. Kuldip Kular (Bramalea–Gore–Malton–Springdale):** Thank you, Mr. Lo. You mentioned that some people suggest conducting a qualifying examination and you said you think this examination is more suitable in the future for qualifying those who came from elsewhere and want to practise. I wonder, can you clarify this for me? Are you saying that the people who would be trained in this country shouldn't have any exam, that only people who are coming from outside should have the exam?

**Mr. Lo:** Currently, our country has no education for TCM. I think you understand that this is the reality. So I can say that most, maybe 100%, of TCM practitioners are imported, immigrants. They come from Asia, of course from different backgrounds. They were training in China, in Hong Kong, in Singapore, some of those. But they have their own standards, and some of those standards are very high. Once again I emphasize that we regulate TCM practitioners very well to protect the consumer and also to protect the TCM practitioner. But we need to put more effort into making sure of an education syllabus or maybe the standards, because this is for the future, for the next generation. We are not relying on the existing TCM doctor for another century. This is impossible, because we have our own regulations; we have our own doctors in the future.

**The Chair:** Thank you, Dr. Kular and Mr. Lo. I'll now offer it to the PC side.

**Mrs. Witmer:** Thank you very much for your presentation today. I note in here that you are suggesting that acupuncture would become, in this legislation, one of the items that would be covered by OHIP. Is that right?

**Mr. Lo:** It's a dream in the future. I'm not thinking now; maybe in the next generation, something like that. For this to become part of our health system is a must. You could maybe say it is our goal, not our goal but maybe the dream of all Ontario people, all Canadian people, because they'd be part of the health system. One more point is that if we make TCM part of OHIP, some could maybe say, "Oh, this may be a burden." No. TCM is not just a treatment but is also a method—

**Mrs. Witmer:** It's a choice.

**Mr. Lo:** Yes, how to upgrade your body. You don't need to spend one more penny to take care of your body; you'd take care of it by yourself, by your diet. You'd deduct extra in the future.

**The Chair:** Thank you, Ms. Witmer. Mr. Lo, thank you for your presence and deputation on behalf of the Toronto International Institute of Traditional Chinese Medicine and Acupuncture.

## COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

**The Chair:** I will now proceed directly to invite our next presenters, Ms. Jan Robinson, registrar, and Rod Hamilton, associate registrar, of the College of Physiotherapists of Ontario. Please be seated. As you've seen the protocol, you have 10 minutes in which to make your combined presentation. Mr. Hamilton, please begin.

**Mr. Rod Hamilton:** Thank you, Mr. Chair. My name is Rod Hamilton. I'm the associate registrar of policy at the College of Physiotherapists of Ontario.

The college supports Bill 50's goal of ensuring patient access to acupuncture services that are delivered by physiotherapists and other regulated health professionals, including TCM practitioners, when this bill passes. In particular, the college supports section 18, which will narrow the existing exemption of acupuncture from the RHPA's list of controlled acts.

Section 18 will increase public protection by clarifying that acupuncture can only be provided by regulated health professions when it is within their scope of practice and when it is practised according to the standard of practice of that profession. The RHPA's model of health regulation supports the use of regulated health professions' scope of practice statements to determine which professions are authorized to provide acupuncture. RHPA scope statements describe in general terms the conditions that health professionals treat and the ways they treat them. Scope of practice statements have never listed the actual treatments themselves.

Using scope of practice statements as general descriptors of areas of permitted practice was recommended by the Health Professions Legislative Review in its 1989 report, because scopes of practice that gave some professions an exclusive monopoly over services (1) limited evolution and innovation in the role of health professionals, and (2) restricted patients' access to choose their own health care providers. These conclusions remain as valid today as they were in 1989.

The HPLR's foresight in developing scope statements that describe professional activities rather than prescribe the services that professions offer has been demonstrated time and again. This model has permitted health professionals' services to evolve according to patients' needs and promotes flexibility and innovation in the range of services provided.

By using the general scope statements to authorize which professions can provide acupuncture services, section 18 promotes the spirit of flexibility and innovation in which the RHPA was conceived.

The college also supports compliance with professional standards of practice as the second criterion for determining whether a profession may provide acupuncture. For regulators, standards of practice are broad-based expectations applied to all practices and governing all treatments. An acupuncture standard is only one component of the standard of practice of the profession. For example, the college's current standards of practice

contain nine detailed standards, ranging from infection control to complementary and alternative therapies.

As with all other treatments performed by physiotherapists, acupuncture is governed by all these expectations as well as the professional misconduct and other regulations under the Physiotherapy Act. Professional services are also governed by unwritten standards of practice that are based on what is best for particular patients and clinical best practices. This broad framework of standards applying to section 18 mean that for regulated health professions to provide acupuncture, they must comply with all the standards of their respective professions, all of which are intended to promote public protection.

The college is developing a standard for acupuncture that will update its current professional expectations regarding acupuncture training and practice. It has been approved in principle and will be distributed for feedback in November. Compliance with this and other standards will permit qualified registrants to provide acupuncture service safely and efficaciously.

The expectations defined for education in the standard rest on the pre-existing knowledge base that physiotherapists must demonstrate to enter the profession. Physiotherapists practising in Ontario typically have an undergraduate degree in physical education or kinesiology and a second degree in physiotherapy that provides an additional 2,500 to 3,000 combined classroom education and clinical placement hours. Physiotherapists must have a deep understanding of human anatomy, physiology and biomechanics before they can even begin to consider additional qualification in acupuncture.

Since the RHPA requires colleges to set standards for professional qualification, the college supports Bill 50's recognition of colleges' role in setting qualification standards for acupuncture that recognize existing competencies.

In summary, the college would like to reiterate the following points:

We support Bill 50 as a model of acupuncture regulation that will enhance public protection by limiting the performance of acupuncture to qualified health professionals.

We support the use of the twin criteria of regulated health professions' scopes of practice and standards of practice to authorize the performance of acupuncture.

We support Bill 50's continued recognition of the colleges' commitment to public protection in the way they set and enforce standards of professional practice.

**The Chair:** Thank you, Mr. Hamilton. There's about a minute and a half per side, beginning with the government.

**Mr. Kular:** Thank you very much for your presentation. The question I have is that one of the previous presenters said that TCM treatment is through certain kinds of meridians and acupoints. I'm a physician myself. I know that even "physiotherapist" and "physician" do not mean that they are taught surface anatomy, how to mark points on different parts of the body. Do

you think the anatomy taught to a physiotherapist is different than TCM meridians and acupoints?

**1030**

**Mr. Hamilton:** The approach that many or most physiotherapists use when applying acupuncture is an anatomical one, and it's based on existing muscle and nerve stimulation points, much of which is learned in typical anatomy and physiology classes in Western medicine education. I'm afraid I don't know enough about TCM to actually comment on other aspects of it. I can only speak for physiotherapy education.

**The Chair:** Thank you, Dr. Kular. There are a few seconds left if anyone has a follow-up question.

**Mr. Kular:** I can ask you a follow-up. I am very proud of the physiotherapists who do acupuncture. I have gotten assistance from some of them, and they keep the safety of the patient foremost. I really want to commend all the physiotherapists who are doing acupuncture.

**Mr. Hamilton:** Thank you very much.

**The Chair:** Thank you, Dr. Kular. We'll offer it to the PC side.

**Mrs. Witmer:** Thank you very much for your presentation. Are physiotherapists allowed to bill OHIP for acupuncture?

**Mr. Hamilton:** There have been recent changes to the model, but yes, in certain defined circumstances, physiotherapists who have a certain type of licence for their clinics are entitled to bill OHIP for a defined group of patients.

**Mrs. Witmer:** Now, when you say a special kind of licence, what—

**Mr. Hamilton:** There are a number of facilities that are licensed to provide OHIP-funded physiotherapy. I can't remember the exact number; probably around 90 or 100 across the province.

**Mrs. Witmer:** Okay. And you say "defined patients."

**Mr. Hamilton:** Patients who are under the age of 18 or over the age of 65 and patients who are recently released from chronic care facilities.

**Mrs. Witmer:** Okay, so it's the same as applies for everything else.

You said you have a new standard that you're introducing.

**Mr. Hamilton:** We have a new standard in process, yes.

**Mrs. Witmer:** Can you tell us a little bit about—what are the changing expectations regarding the amount of training and practice that's necessary?

**Mr. Hamilton:** The college has defined a practice-hour amount that is based on the minimum requirement for the Acupuncture Foundation of Canada Institute's basic-level training. That's the entry-level requirement for people who would provide a basic level of acupuncture services.

**Mrs. Witmer:** The hours?

**Mr. Hamilton:** The current proposal is 90 hours, as defined in the AFCI educational program.

**Mrs. Witmer:** And what was it before?

**Mr. Hamilton:** There were no specific hours given. It spoke to the requirement that it be a graduate of a recognized acupuncture program.

**The Chair:** Thank you, Ms. Witmer. Ms. Martel of the NDP.

**Ms. Martel:** Thank you for your presentation here today. I'm the one who's had the concerns about section 18, because as a consumer, if I try to look at the scopes of practice in the legislation, which I did, acupuncture was not listed. I couldn't tell what the key word was in the scope of practice that would tell me which regulated health profession has acupuncture within their scope of practice. You've talked about that very clearly. As a consumer, if I'm trying to decide which regulated health profession should be practising acupuncture, what do I need to be looking for in somebody's scope of practice?

**Mr. Hamilton:** My understanding is that it's the types of conditions that are treatable by acupuncture. There are different types of acupuncture that are amenable to different types of conditions. For example, physiotherapists don't treat smoking cessation, those kinds of things. We treat physical conditions that are amenable to that kind of acupuncture. The actual language? I'm afraid I would have to refer back to the HPLR itself and look at the way the scopes were drafted. But they were drafted in general terms to allow those types of modalities that were offered under those scopes to evolve and change as the patient needs evolved and changed. So I don't think there is a key word, no. I think it's the kinds of conditions and the requirement for colleges to assess what's appropriate within that general understanding of what the scope of practice is.

**Ms. Martel:** So the college makes the final determination about whether or not acupuncture is within their scope of practice.

**Mr. Hamilton:** I think ultimately the college and the Ministry of Health, in consultation, would determine whether or not it would be appropriate.

**The Chair:** Thank you, Ms. Martel, and thank you to you as well, Mr. Hamilton, for your presence and deputation on behalf of the College of Physiotherapists of Ontario.

I would like to remind my colleagues and those listening that this is being broadcast by closed-circuit television. There's more seating in the room next door.

#### COLLEGE OF MASSAGE THERAPISTS OF ONTARIO

**The Chair:** I'd now invite our next presenter, and that's Deborah Worrad, the registrar of the College of Massage Therapists of Ontario. Ms. Worrad, if you've seen the protocol, you have 10 minutes in which to make your presentation. You're most welcome to begin now.

**Ms. Deborah Worrad:** Thank you, Dr. Qadri, and thank you, ladies and gentlemen of the committee. It's a pleasure to be here today and to speak to the College of Massage Therapists' position on Bill 50, specifically to the acupuncture that is part of that. We too support

section 18 as it is presented, believing that our standards of practice and our scope support this process and that only regulated health professions should be permitted to perform acupuncture. It's worrisome at the moment that it's in the public domain. For appropriate public protection, we do believe it should be regulated.

Some health colleges have been around a long time, the group under the Drugless Practitioners Act and the Health Disciplines Act, 80 to 100 years, so we've got a lot of experience in regulating our respective professions. One of the things that came with the change of the legislation is the concept of overlapping scopes of practice. It was never meant with the new regime that we would go back to the old style of territorial scopes and only certain people being allowed to do certain things.

The philosophy under the RHPA has given the public greater access and greater choice in terms of their health care. It permits them to choose which practitioner or which group of practitioners they would like to get their care from, whether that is massage therapy, which can be obtained from a number of professions, or even the acupuncture that we are discussing today.

The college has, over a number of years, had members practising acupuncture. It became obvious to us that we needed to make a decision at council level as to whether or not that was appropriate to be offered within the scope of practice. After much debate, the council did make that decision. At that time, we developed policy to govern our members' conduct in relation to the provision of acupuncture to their patients.

At that point and in conjunction with that, we had to set the educational requirements, and I know this is of concern. So we approached it the way we had for the whole profession, which was to develop a set of competencies describing what a member would have to gain in their education in order to safely practise acupuncture. It was done through consultation with a number of our members who have training from China, Japan and India, with other health practitioners who provided acupuncture in our jurisdiction and a fair amount of research including the World Health Organization competency standards. We developed a list of competencies that our members must meet in order to practise acupuncture.

The college has, subsequent to that, reviewed curricula from a number of different programs in Canada and has approved them, and I have provided that list in the handout for you. We will review from time to time as information is submitted to us by our members. On average, we find that hours of training that we have approved that encompass the competencies are between about 800 and 1,000 hours of training. The only exception is the McMaster University course, which is 120 plus 40 contact hours of clinical training.

We believe that our ability to regulate our members through our scope, our standards and the regulations of the profession, ensures that the acupuncture treatment provided to clients of massage therapists is safe and is in the public interest. The rest is in the presentation, and I'm certainly not going to read it all, but I would be happy to answer any questions.



**The Chair:** Thank you, Ms. Worrad. We have about two minutes per side, beginning with Mrs. Witmer of the PCs.

**Mrs. Witmer:** Thank you very much for your presentation. I do appreciate your being here. Is this an area that many of the massage therapists would be working in, the whole area of acupuncture?

**Ms. Worrad:** Not a very large number of our members. We are at almost 8,000 members; we will be by the end of next week. Of the people who have gone through the process, there are 213 members who offer acupuncture meeting the requirements of the college.

**Mrs. Witmer:** What would be the reason that they would choose to do so?

**Ms. Worrad:** I would say the majority of our members who practise acupuncture are from the Orient, took the training—they have the five-year program—and wished to continue it, especially as they work within their own communities. There is a smaller number of our members who have begun to get the training because they have an interest in finding other ways, greater opportunities to offer care to their clients. Certainly with respect to pain management in soft tissue, acupuncture is of interest.

1040

**Mrs. Witmer:** So you're saying that the minimum competency standards—what were the hours that you had indicated? You mentioned the McMaster program of 110 and 40.

**Ms. Worrad:** Around 800 to 1,000 hours is what we've discovered when we looked at what courses offered those competencies we were seeking. The programs themselves ran from about 800 to 2,500 hours. We couldn't find the full package of competencies in other programs of shorter length.

**Mrs. Witmer:** Thank you very much.

**The Chair:** Thank you, Mrs. Witmer. Ms. Martel of the NDP.

**Ms. Martel:** Can I just clarify? The 800 to 1,000 hours is after you have completed your qualification as a registered massage therapist?

**Ms. Worrad:** Oh yes. The majority of our members come to us already with university degrees, as is common with many of the health professions. They then go to a massage therapy program, which runs from about 2,800 to 3,000 hours. They complete that training, and then once they're registered, acupuncture training for the majority is postgraduate, if they were not already trained in acupuncture before they entered the massage therapy program.

**Ms. Martel:** The standards of practice that I had for your college were from October 7, 2004. Have those been updated since because this legislation was coming?

**Ms. Worrad:** We have a policy that dates from that time. In your package I have included two standards of practice which have undergone a two-year consultation with the membership, were approved by a quality assurance committee last week and will go to council on December 1 for final approval.

I've also included in the package a joint standard developed by a number of colleges, which is a prime example of co-operation in developing a basic standard that all colleges agree to, and that's Infection Control for Regulated Professions. The information concerning sharps control is in that document.

**Ms. Martel:** My final question is around the scope of practice. As I look at the 23 health professions, there are some that jump out at me that would be less likely, as members, to perform acupuncture—maybe psychology or opticianry etc. I don't know what we do if those colleges decide that it is within their scope of practice to provide acupuncture. Do you think there are some professions that are more likely to be performing it, so that we should be restricting those colleges so that we're really covering off those who would more legitimately or more likely be providing acupuncture? I just look at the list, and I say it can't be everybody.

**Ms. Worrad:** I think there certainly would be some instances within the current group of professions that are regulated, and those would be the ones who have absolutely no patient contact.

**The Chair:** With respect, Ms. Martel, I now offer it to the government side.

**Mr. Patten:** I enjoyed your presentation. Thank you. Just along the same lines as Ms. Martel, I read this very carefully, and it said that there was a point at which your college decided, "Yes, we did feel that this would be an addition to our profession," so you worked on this for approval. What many of us are struggling with is the relationship between HPRAC, this piece of legislation and the ministry. It appears, or it could be interpreted, that there's no real approval process, which I believe is part of Ms. Martel's question. I wonder if you might help us with that. In working this through and justifying that within the scope of practice, did you not have some negotiations with the ministry on that?

**Ms. Worrad:** I think the challenge with acupuncture is that it has always been in the public domain, which meant anybody in the province could do it. The colleges have the ability to allow the profession to develop and evolve, to incorporate modalities and adjunct techniques into practice as it becomes evident that they're useful for patient care within the context of that scope of practice. With acupuncture, while in the public domain, there was no real opportunity to have a definitive decision by government to make this change. We are at that point in time now, and this is an appropriate phase in which those kinds of decisions, in consultation with the minister, would be made.

**Mr. Patten:** Thank you.

**The Chair:** Thank you, Mr. Patten, and thank you, Ms. Worrad, for your presence and your deputation today.

#### COLLEGE OF CHIROPRACTORS OF ONTARIO

**The Chair:** I'd now invite our next presenter, Jo-Ann Willson, registrar and general counsel to the College of

Chiropractors of Ontario. Ms. Willson, as you've seen, the protocol is 10 minutes in which to make your presentation. Please be seated. Please identify yourselves as well when you speak, and begin.

**Ms. Jo-Ann Willson:** Thank you very much for the opportunity to speak to you today. My name is Jo-Ann Willson. I'm the registrar and general counsel for the College of Chiropractors. I have with me Dr. James Laws, who is a chiropractor who uses acupuncture in his practice, and Dr. Bruce Walton, who is a consultant to the quality assurance committee and a peer assessor for the quality assurance program at the College of Chiropractors.

CCO is the regulatory body for the profession of chiropractic. Chiropractic has been regulated since 1925. Prior to the RHPA, we were regulating chiropractors under the Drugless Practitioners Act. Our council is composed of both chiropractors and public members appointed by the government, and I mention that because it's important to know that the public members have input into the development of standards of practice both in their involvement on the quality assurance committee and in their involvement on council itself.

Chiropractors are one of six professions authorized to communicate a diagnosis and to use the "doctor" title. It's important that you know that chiropractors receive approximately seven years of postgraduate training before they become registered. So they go to an accredited chiropractic educational institution, following which they do clinical competency exams, which are nationally administered, and they do a legislation and ethics examination, which is provincially administered.

The status quo is that chiropractors currently provide acupuncture services for the benefit of their patients. We have approximately 300 chiropractors who are providing acupuncture services. Chiropractors right now are reimbursed from WSIB and third party payers for providing acupuncture services. Acupuncture is taught at a number of chiropractic educational institutions, as well as in various university programs, including at McMaster.

How is acupuncture regulated currently in the chiropractic profession? We have, as do many of the other colleges, a number of statutory committees. We have a complaints committee and a discipline committee, and we have a quality assurance committee. As I mentioned, we've been regulating since 1925, and in that period of time there has not been a single case involving acupuncture and the discipline of a chiropractor. There have been only two complaints in that period of time that peripherally involved acupuncture, and we get, just so you have a basis of comparison, approximately 125 complaints a year.

In addition to responding to complaints, which is the reactive part of the college's processes, we have a proactive part, which is the development of appropriate standards of practice, and that particular function is done primarily through the quality assurance committee. In addition to developing standards of practice, there is a peer assessment program. Chiropractors like Dr. Walton

and others go into members' practices to make sure they are complying with the standards of practice developed by the college. So that is the proactive part.

I have included in the handout which you have before you the CCO's draft standard of practice on acupuncture. If I can just turn your attention to that, included in the standard of practice is an identification of the risks associated with acupuncture and what the college's expectations are with respect to consent. We have also adopted the WHO guidelines that talk about a minimum of 200 hours. I believe that was mentioned previously.

In terms of looking at chiropractors and whether or not they meet the criteria, what we look at is: Have they taken a course in the core curriculum or continuing education division of an accredited college? Is there an examination certification or other proof of clinical proficiency? What the standard requires is that they have liability insurance for the performance of acupuncture.

That particular draft standard was sent out for consultation. The quality assurance committee will be looking at the feedback on November 9, and the standard goes for approval to council on December 1.

In conclusion, the CCO supports the bill as it relates to allowing chiropractors to continue to provide acupuncture. We express the view that if it becomes a controlled act, members of the CCO should be permitted to perform that controlled act.

There was a question about HPRAC and so on. Part of the thrust of the HPRAC recommendations is collaboration amongst the colleges. We just express that we're certainly happy to collaborate with other regulators in the development of a common standard of practice, but in the interim we have something that we hope will protect the public.

**1050**

**The Chair:** Thank you, Ms. Willson. A minute and a half per side, beginning with Ms. Martel of the NDP.

**Ms. Martel:** I thank you for sending me the draft guidelines, because I used them in my remarks on second reading.

You will know I have expressed concerns about having a minimum standard. As a consumer, whether I go to get acupuncture from a massage therapist, a physiotherapist or a chiropractor, I should know that that individual has met some kind of minimum.

If I heard you correctly, this will probably be passed at council—

**Ms. Willson:** I expect so.

**Ms. Martel:** —and it will exceed the WHO guidelines, which I've referenced.

**Ms. Willson:** Yes, it does.

**Ms. Martel:** You're not opposed to having some kind of minimum standard, then, across the professions?

**Ms. Willson:** Not at all.

**Ms. Martel:** You spoke about a controlled act, because that's probably another way to do this.

**Ms. Willson:** It's an option.

**Ms. Martel:** This is why I asked for information this morning about the process to get access to a controlled

act. Have you previously, as a college, requested a procedure below the dermis as a controlled act from the minister? Do you have to do it that way? How does it work?

**Ms. Willson:** The way you would have to do it is you'd have to get amendments to the Regulated Health Professions Act, because right now, under the regulations, acupuncture is exempted from the controlled-act scheme under the RHPA. So you'd have to get it that way. In every submission—

**The Chair:** Thank you, Ms. Martel. With respect, Ms. Willson, I will have to offer it to the government side.

**Mr. Kular:** Thank you, Ms. Willson, for appearing before the committee. I really want to thank you for supporting Bill 50.

What an acupuncturist does is the insertion of needles. What is laser acupuncture?

**Dr. James Laws:** If I might answer that, laser acupuncture is simply using laser as the contact with the acupuncture point. I think other people have spoken previously about acupuncture being a meridian therapy or in some cases being based more on an anatomical model. It is simply what is being used at the site to stimulate that particular acupuncture point. In some cases it's cold laser that's used as the stimulation of the acupuncture point.

**The Chair:** Thank you. We'll offer it now to Mrs. Witmer of the PC Party.

**Mrs. Witmer:** Thank you very much for your presentation. Is your minimum standard, then, currently based on the WHO's 200 hours?

**Ms. Willson:** Yes, it is.

**Mrs. Witmer:** In the United States, is it 300 hours, their minimum standard?

**Ms. Willson:** That I'm not sure of.

**Mrs. Witmer:** To the doctor, if you were going to use acupuncture, which I understand you do in your practice, would this be something that people would seek you out for, or is it something that you would recommend once you've made your diagnosis and assessment?

**Dr. Laws:** It occurs in both ways. Some people come specifically because they know that acupuncture is provided in my clinic, so they'll come and ask for that. In many cases it's a matter of doing the normal workup that one would do and, following proper consultation and examination, giving advice about what the best modalities for care are in that particular circumstance. In some circumstances, acupuncture is clearly a valuable modality.

In my particular practice, I treat a lot of athletes. Acupuncture has become a very popular treatment amongst athletes for many, many reasons, but one of the reasons is that it doesn't involve taking any kind of medication that would be on the banned list. So there are many things that can be treated using acupuncture that otherwise would be treated using medications, many of which would be on a banned list. This has become a very valuable modality for those practitioners who are involved in treating athletes, particularly of a level where they have to be concerned about—

**The Chair:** Thank you, Ms. Witmer. Thank you to you as well, Ms. Willson, and to your colleagues for your presence and deputation on behalf of the College of Chiropractors of Ontario.

#### TANIA JOVANOVSKA

**The Chair:** I now invite our next presenter to please come forward, Ms. Tania Jovanovska. Welcome, and please be seated. As you've seen, you have 10 minutes in which to make your presentation, beginning now.

**Ms. Tania Jovanovska:** At first, just to present myself, I'm a medical doctor, educated in the Republic of Macedonia, with a master's degree in pediatrics from the Czech Republic. I obtained a degree in acupuncture in China, and last year in August I graduated from the Homeopathic College of Canada.

**The Chair:** Pardon me, Ms. Jovanovska. Would you mind coming just a little closer to the microphone?

**Ms. Jovanovska:** Okay. So it means that I have already 15 years of experience as a medical doctor and 11 years of experience as an acupuncturist. Today I will speak in the name of acupuncture.

Acupuncture is one of the oldest treatments of healing in the world. It has been used for hundreds and hundreds of years in effectively treating and healing patients. Acupuncture is a very complex way of treating patients, and has to be thoroughly studied and used in practice for many years for one to become familiar with its nature. As an acupuncturist who has studied acupuncture for many years, and practised, I can tell you that it is far more complicated to learn than it seems, and it cannot be learned properly in just several weeks or months. I have the best intent in mind for the safety and health of all Canadians. They deserve the best health care possible. I hope this new bill will bring positive results for all Canadians, as intended by the present government.

My suggestions for this bill are as follows. Acupuncture is a profession. Why should acupuncture be accepted as a separate profession from traditional Chinese medicine? Traditional Chinese medicine is interpreted as an integrated medical system. Chinese herbs, tuina Chinese massage, as well as acupuncture are all parts of traditional Chinese medicine, and their use is based on the theories of traditional Chinese medicine. Chinese medicine practitioners mainly treat their patients with Chinese herbs, and acupuncture practitioners apply needles on their patients. These two professions, according to traditional Chinese medicine, are parts of one integrated medical system based on the theories of traditional Chinese medicine, but use different tools, and should be treated as separate and equal professions.

Acupuncture does not only belong to traditional Chinese medicine. There are two other types of acupuncture besides the one based on the theories of traditional Chinese medicine: for example, Tung's acupuncture from Taiwan; or Japanese acupuncture. They have their own unique methods of choosing acupuncture points for treatment. According to my experience, the acupuncturist

can be familiar with any of the acupuncture methods even if they don't follow the theories of traditional Chinese medicine. That is why acupuncture has to be a separate profession.

**Title: doctor of acupuncture.** A doctor of acupuncture is a professional specialist who treats patients using acupuncture needles. There are more than 365 different points on the human body that can be treated with acupuncture needles. Of course, for a treatment, the right points have to be selected. To be able to select the right points, first a diagnosis has to be done. This is stated as "assessment" in Bill 50. That diagnosis can be based on the theories of traditional Chinese medicine and a specific theory for a specific type of acupuncture; for example, Tung's acupuncture.

When we speak for the theories of traditional Chinese medicine, it means the theories of the Zeng and Fu organs, meridians and collaterals, using four diagnosing methods, eight principles to analyze different clinical data of symptoms and signs in order to categorize the cause, pathogenesis and the characteristics of the disease, to determine the location of the disease, if it is located in the Zeng or in the Fu organs; the cause of the disease, whether it is internal or external; the characteristics of the diseases, if it is cold or hot; and the type of syndrome, whether it is a deficient syndrome or an excess syndrome. Then the right meridians and points have to be chosen by the acupuncture practitioner, and then needles or moxibustion or both could be used. Tonification or dispersion therapy can be applied.

#### 1100

In order to meet the above requirements, the acupuncturist has to have the knowledge of human anatomy, physiology, theory of traditional Chinese medicine, diagnostics of traditional Chinese medicine, meridians, collaterals and acupoints, acupuncture technique and moxibustion, sanitation practice in acupuncture etc. It means that medical knowledge and diagnosing based on the theories of traditional Chinese medicine are mandatory in order to treat with acupuncture based on the theories of traditional Chinese medicine.

In order to practise the other type of acupuncture, the acupuncture practitioner has to have the knowledge of human anatomy, physiology, specific diagnostic principles, locations of acupoints, acupuncture technique and moxibustion, sanitation practice in acupuncture etc. It means that medical knowledge and diagnosing based on the theories of specific acupuncture, for example Tung's acupuncture, are mandatory in order to treat with this type of acupuncture.

That is the reason that both titles "doctor of acupuncture" and "doctor of traditional medicine" have to exist as separate and equal.

**Grandfathering policy:** Grandfathering must be included in the original Bill 50. The example of British Columbia is a very good recommendation. We should face and respect the history and reality of acupuncture practitioners and TCM practitioners. Those who have practised for a minimum of two years or more should be

automatically recognized without further examination. In future, legislation will be able to regulate acupuncture and traditional Chinese medicine professionals with a standard professional examination.

**The Chair:** Thank you, Ms. Jovanovska. We have about a minute or so per side, beginning with the government.

**Mr. Kular:** Thank you for the presentation. The question I have is, are you suggesting that there should be a college for acupuncture and a separate college for TCM?

**Ms. Jovanovska:** I just wanted to suggest that acupuncture doesn't belong to traditional Chinese medicine only. When you treat with acupuncture, you can follow traditional Chinese medicine rules, of course, but you can follow the other rules. For example, recently I had a patient with pain in her left hand and she couldn't close her fingers to make a fist. In the beginning I followed the theories of traditional Chinese medicine and had only partial success. After, I continued using the points following Tung's acupuncture, and success was 100%. If somebody follows the other rules, it doesn't mean that that person isn't doing acupuncture. When you compare Chinese acupuncture, that one just follows the rules of 14 meridians, five elements and all the others, but when you compare that one with—

**The Chair:** Thank you, Dr. Kular. With respect, Ms. Jovanovska, I have to offer it to the PC side. Mr. Arnott.

**Mr. Ted Arnott (Waterloo-Wellington):** Thank you very much for your presentation. I'm sorry I missed the start of it, but I just came from our weekly caucus meeting to make sure that our party had a presence here. Certainly you've got an interesting perspective to offer. I just wanted to follow up on Dr. Kular's question. Evidently, there is a technical difference between the way acupuncture is done through the traditional Chinese medicine methodology, if you will, and the other one you described. Could you briefly explain the differences in a way that someone like me might be able to understand, in layman's terms?

**Ms. Jovanovska:** Technical differences don't exist in how you apply the needle but in how you will think, which kinds of points you have to choose. There are big differences. According to Chinese medicine, for one session you can use 10 to 14 points, but if you just follow Tung's acupuncture, in that case you can solve the problem with only one needle or maybe maximum two or three. That's a big difference.

**The Chair:** Thank you, Mr. Arnott. With respect, to Ms. Martel of the NDP.

**Ms. Martel:** Thank you for your presentation. In terms of the grandfathering policy, you gave the example of British Columbia. Is it the case in British Columbia that those who have practised for a minimum of two years are automatically recognized? Is that why you included the minimum of two years there?

**Ms. Jovanovska:** I just mentioned two years. According to that, in that time if somebody practises only acupuncture and does not have any mistreatings, of

course, it means that person is eligible just to work with acupuncture. But I do not know exactly how many years they have in British Columbia.

**Ms. Martel:** I understand that the college will determine it, but it was the reference to British Columbia. I wasn't sure if British Columbia used a minimum of two years or if that was your own suggestion.

**Ms. Jovanovska:** That's my suggestion. I just give this example, that they give this grandparenting policy.

**The Chair:** Thank you, Ms. Jovanovska, for your presence and deputation.

#### DAN MICU

**The Chair:** I would now invite our next presenter, Mr. Dan Micu. Please come forward, Mr. Micu. As you've seen, there's 10 minutes in which to make your presentation. Please be seated, and your time begins now.

**Mr. Dan Micu:** Chairman, members of government, members of Parliament, first of all, I would like to thank you all for the opportunity you give us to have public hearings on Bill 50. I fully support Bill 50, and I'm very sorry that some of my colleagues prefer to oppose the bill instead of proposing specific, objective and positive changes to that. I would think that a more diplomatic approach would move ahead the regulatory process much faster. Also, I'm not so happy, and I'm very surprised, about the approach of some of the other health professionals that do not consider at all the benefits of a traditional Chinese medicine regulatory process.

I would like to thank you all, members of government, honourable members of Parliament, for the mature and responsible manner in analyzing the issues of this bill. I am convinced that Bill 50 will pass, in the benefit of the public. However, I would respectfully suggest taking into consideration, if possible, a few opportunities for improvements and comments.

About myself: I have a bachelor of science in engineering. I graduated with a quality assurance diploma at Seneca College, Toronto; first traditional Chinese medicine studies in Romania between 1991 and 1993 for 500 hours. Also, I graduated with more than 2,400 hours in the acupuncture diploma program at the Toronto School of Traditional Chinese Medicine. I've been a member of the Canadian Society of Traditional Chinese Medicine and Acupuncture since 2003, and a member of the American Society for Quality organization since 1996. I have had a private acupuncture and tuina massage practice in Toronto since 2003.

Opportunity for improvement number 1: In order to clarify the scope of practice and give a more specific definition of traditional Chinese medicine, I would suggest that section 3, scope of practice, be amended as follows:

"The practice of traditional Chinese medicine is the assessment of physical or mental condition of an individual through traditional Chinese medicine techniques and treatment to promote, maintain or restore health using one or more of the four primary therapies"—acupuncture

and moxibustion; traditional Chinese manipulative therapy, tuina, and rehabilitation exercises, lian gong or dao yin; traditional Chinese energy control therapy, qi gong, and tai ji quan; and prescribing traditional Chinese medicinal formulas and Chinese food cure recipes.

I included mental condition above because traditional Chinese medicine has a holistic perspective, and many physical disorders have a mental or emotional root cause and vice versa.

Opportunity for improvement number 2: It would be necessary that a new section be added after section 3 as follows:

"Authorized acts

"In the course of engaging in the practice of traditional Chinese medicine, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following": communicating a diagnosis; performing a procedure on tissue below the dermis; prescribing, dispensing, selling or compounding a traditional Chinese drug or related natural health products. There are five points here.

Opportunity for improvement number 3: An addition to the definition paragraph of section 7, "Restricted titles," would be necessary as follows:

"(i) 'traditional Chinese medicine practitioner' is the title reserved for the exclusive use of registrants of the college.

"(ii) 'acupuncturist' is reserved for those members of the college who are not qualified to use 'traditional Chinese medicine practitioner' as their training is only in acupuncture."

Number (iii), "abbreviation," remains the same.

#### 1110

Comments:

(1) Minimum standard for acupuncture: Practising acupuncture by other health care professions cannot be stopped or restrained. It would be necessary that a minimum standard of practising acupuncture be recommended by the college to the other colleges as they are defined in the Regulated Health Professions Act, schedule 1, as applicable. Responsibility would remain under the other colleges and ministry to adopt such a minimum standard for practising acupuncture by these colleges' members. The public will be aware of that and will proceed consequently.

Ultimately, we should be interested that more and more health professionals use acupuncture at or above the minimum standard. This is the best educational exercise in widely promoting acupuncture and TCM for the benefit of the public. The second step is going to be done by those practitioners who want to improve their knowledge and discover the effectiveness of traditional Chinese medicine.

Ultimately, our aim is to develop sooner or later an integrative medicine, together with other health professionals, for the benefit of the public as well. This is just because most of us TCM practitioners consider that traditional Chinese medicine can be a complementary medicine rather than an alternative one. I have to say

that, although for many acute or chronic disorders, TCM remains as the last resort. However, I am convinced and I strongly believe that TCM can provide the highest, most efficient—I underline “most efficient”—safe and good-quality standard for acupuncture.

(2) The grandfathering issue should be left at the college’s discretion for the transition period.

(3) The most important thing for traditional Chinese medicine’s future in Ontario is that in the college of traditional Chinese medicine be appointed and involved task forces composed of objective individuals with expertise and experience in traditional Chinese medicine, health professions regulation and quality assurance to provide advice and to help in handling specific and difficult issues.

Thank you.

**The Chair:** Thank you, Mr. Micu. About a minute per side, beginning with Mr. Arnott.

**Mr. Arnott:** Thank you very much for your presentation. On the last page, point 2, you said grandfathering should be left to the college’s discretion for the transition period. Would you care to offer the committee your personal opinion as to how that issue should be handled?

**Mr. Micu:** You know, actually, we cannot set aside the fact that a lot of acupuncture and traditional Chinese medicine practitioners do that for many, many years, 10 or 20 years. But the college is supposed to have a body of knowledge, a minimum body of knowledge, so minimum conditions and criteria. Following an interview to decide, and following—actually, according to their credentials and to prove that they did, for example, practise acupuncture for 10 or 20 years; I don’t know how many years is the best figure here, and from case to case to provide the right to—

**The Chair:** Thank you, Mr. Arnott. Ms. Martel?

**Ms. Martel:** Thank you for your presentation today. I want to focus on minimum standards. You’ve talked about a minimum standard being recommended, and I’m assuming recommended by the TCM college to other—

**Mr. Micu:** Yes, by the college.

**Ms. Martel:** Yes, to other colleges. But it would be your view that the other colleges monitor that or regulate that minimum standard, not the TCM college?

**Mr. Micu:** Right.

**Ms. Martel:** You said right at the start, “Practising acupuncture by other health care professions cannot be stopped or restrained.” Do you think that all the 23 regulated health professions should have access to practising acupuncture?

**Mr. Micu:** My personal opinion is not all. For example, a speech therapist: I don’t know how much it can help him or her to practise acupuncture. I would leave this for more thorough analysis to the college.

**Ms. Martel:** The TCM college?

**Mr. Micu:** The TCM college.

**The Chair:** Thank you, Ms. Martel. To the government side. Mr. Fonseca.

**Mr. Peter Fonseca (Mississauga East):** Mr. Micu, thank you very much for your presentation. It was very

refreshing and open the way that you spoke to working in collaboration with others in partnership. This is what we want to see with the other regulated health professions. We’ve heard from the chiropractors, the physiotherapists and others here in terms of how they use acupuncture within their practices.

I’d like to hear from you: As the college is formed, how do you see the college working with the other regulated health professions in partnership towards moving acupuncture forward in Ontario?

**Mr. Micu:** If I would decide that, I would form a consultative committee. In two days here, we heard different opinions. If for six months or for one year, all members of this body would work together, for sure it would come up with something much better than we can decide for now.

**The Chair:** Thank you, Mr. Fonseca. Thank you to you as well, Mr. Micu, for your presence and presentation today.

#### GLOBAL CHINESE MEDICAL AND ACUPUNCTURE COLLEGE

**The Chair:** I will now invite our next presenters: Ms. Wei-Ling Qiu, president, and Zhi Chen of the Global Chinese Medical and Acupuncture College. I would invite those presenters to please come forward and be seated. Ladies, as you’ve seen, you have 10 minutes in which to make your presentation. Please identify yourselves for the purposes of the permanent record, Hansard. Please begin.

**Dr. Wei-Ling Qiu:** [*Remarks in Cantonese.*]

**Dr. Zhi Chen:** My name is Zhi Chen. I’m going to translate Dr. Wei-Ling Qiu’s speech. She’s the president of Global Chinese Medical and Acupuncture College. We support the Bill 50 legislation of TCM.

The patient will have the standard to choose a licensed practitioner to help them to treat their disease. The patient could also access acupuncture more easily and with more confidence after the legislation. The licensed practitioner should also be treated with equal rights and position with other medical professionals.

Acupuncture will also develop faster with the support of the Ontario government.

We also think the grandfathered practitioners who at least have more than three to five years’ practice experience should also be licensed as the college graduate, because the grandfathered acupuncturists will have some specialty heritage from ancient Chinese medicines. Acupuncture is a part of traditional Chinese medicine, so TCM should also be legislated at the same time.

1120

**Dr. Qiu:** [*Remarks in Cantonese.*]

**Dr. Chen:** The grandfathered practitioners should have more than three to five years of experience.

**The Chair:** Thank you very much. We have a generous amount of time per side, about two minutes or so each, beginning with the NDP.

**Ms. Martel:** Thank you for your presentation. My first question is, did you say that acupuncture should be regulated at the same time?

**Dr. Chen:** TCM has different parts. Acupuncture is part of TCM.

**Ms. Martel:** Is your suggestion that it be regulated as a profession as well?

**Dr. Chen:** You mean acupuncture?

**Ms. Martel:** Yes.

**Dr. Chen:** I think that TCM should be regulated. It has different parts, so acupuncture would be inside TCM.

**Ms. Martel:** Would it help if the name of the college included acupuncturists?

**Dr. Chen:** Yes.

**Ms. Martel:** Okay. So we could do an amendment that included not just traditional Chinese medicine practitioners, but also acupuncturists—

*Interjections.*

**Dr. Chen:** Yes.

**Ms. Martel:** You'd be interested in that? Okay.

**Dr. Qiu:** [*Remarks in Cantonese.*]

**Dr. Chen:** We would suggest that acupuncture be regulated at the time TCM is regulated.

**Ms. Martel:** That both be regulated under the same college.

**Dr. Chen:** Yes, that's right.

**The Chair:** Thank you, Ms. Martel. To the government side.

**Mr. Khalil Ramal (London–Fanshawe):** Thank you very much for your presentation. I was listening when you talked about grandfathering all the people who have worked in the profession for five or six years. You don't think there should be an exam to select the people who are practising without any conditions, without any regulations, as they're doing now?

**Dr. Qiu:** [*Remarks in Cantonese.*]

**Dr. Chen:** With the Chinese government, a person practises for at least five years under a master. Then, if the master allows them to go out and practise, they'll be okay.

**Mr. Ramal:** But see, we live in Ontario—

**The Chair:** Thank you, Mr. Ramal. To the PC side.

**Mr. Arnott:** I just want to thank you very much for your presentation. We understand that your organization supports Bill 50 in principle and that you have some additional ideas as to how to implement it, and those will be of great assistance to the committee.

**The Chair:** Thank you, Ms. Qiu and Ms. Chen, for your presence and deputation on behalf of the Global Chinese Medical and Acupuncture College.

#### PAOLO BAUTISTA

**The Chair:** I now invite our next presenter, Mr. Paolo Bautista. Welcome. Mr. Bautista, you have 10 minutes in which to make your presentation. I invite you to begin now.

**Mr. Paolo Bautista:** Good morning. My name is Paolo Bautista. I'm a student of traditional Chinese medi-

cine and acupuncture, a patient of its modalities and, more importantly, a citizen of this community. I'd like to thank you for providing me with this opportunity to help in developing Bill 50 into a bill that will considerably enhance the quality of our province's health care.

Bill 50 is a pivotal bill in this province, as it answers calls that have been voiced strongly over the years. All over the country, emergency room wait times are increasing, the number of doctors is decreasing, family practices in new subdivisions are no longer accepting new patients, and more students than ever are unable to attend medical schools due to rising tuition costs.

Oftentimes, the solution to a problem is not a matter of finding the right answer; it's a matter of asking the right question. In regard to our present dilemma, the answer is not more hospitals, more doctors and more money. The question is, how do we prevent our people from being sick in the first place? How do we stay out of the emergency room?

This is the ultimate precept of traditional Chinese medicine. True healing is not in the disappearance of a symptom, it's the elimination of its existence. To get rid of a headache is not to heal; to never get a headache is true healing. It is my personal goal that Bill 50 exude the true essence of TCM and acupuncture, because only in this way will society experience its true benefits and ultimately help alleviate our current problems, not perpetuate new ones.

As Bill 50 stands, I see certain areas which can potentially lead to new problems. Bill 50 does not make exclusive the practice of TCM and its modalities to traditionally trained practitioners. Bill 50 currently allows acupuncture to be put into the hands of those who aren't properly educated in its ways. To illustrate, acupuncture is merely a branch of a tree that is traditional Chinese medicine philosophy. What allows that branch to grow and essentially heal a patient are the roots of TCM philosophy. Together, the tree flourishes, but separated, the branch dies.

TCM and acupuncture is a unique and effective modality, not only because of its approach but because of its theory and understanding. Unlike other current health modalities, TCM is unique because it does not heal on a physical level; TCM heals on an energetic plane. Chinese medicine believes that a physical condition is merely a reflection of one's energetic state. A misunderstanding or absence of this knowledge of energy can be quite dangerous, if not lethal. Our goal in treatment is to achieve a state of energetic balance, as the body will follow suit. This often involves an increasing and decreasing of energy in certain areas. To increase one's energy is as simple as turning the needle in a certain direction upon insertion; to reduce, turn the other direction upon insertion. These seemingly simple decisions are all deduced from a very complex system of diagnosis from Chinese medicine philosophy and thousands of hours of training. Even the most seasoned of practitioners are capable of making mistakes. A mistake in choice of direction can potentially heal a patient or, conversely,

induce sickness ranging from headaches and migraines to extremes such as strokes and heart attacks.

Even the most precise of surgeons are capable of making mistakes, some small and some deadly. For chiropractors, the reality of adjusting a patient's spine to better their health or potentially cause paralysis is a matter of millimetres. Surgeons are one incision away from causing death. Physicians are one prescription away from over-dosage. As a doctor, one misdiagnosis is the difference between life and death. Doctors continuously walk this very fine line on a day-to-day, patient-by-patient basis. What saves these doctors and, ultimately, their patients is the depth of their knowledge of their craft and the skills they have developed from such dedication to it.

The picture I attempt to illustrate is that philosophy and action are inseparable, and at times one and the same. A surgeon without proper training will make very deadly incisions, physicians will make very lethal prescriptions without their knowledge of the pharmaceutical tree, and chiropractors can paralyze without the knowledge of the human spine. Proper education and a respect for the tradition in these fields garner an understanding of the fragility of human life. Life and death are millimetres away in this field, and what keeps us alive is a respect for philosophy and the actions that it guides. Kept together, we are safe, but separated, we're in danger. Acupuncture is the knowledge of energy. It is what heals people. A misunderstanding of this energy, or, even worse, an absence of this philosophy, is dangerous.

#### 1130

Bill 50 permits this separation. As the bill stands, those who claim to be Chinese medicine doctors and acupuncturists are held to the highest of standards, as are all other doctors in their respective fields. However, Bill 50 does not make exclusive the practice of acupuncture to those trained in TCM. In fact, one can be an acupuncturist without having any knowledge or training in the philosophy that has birthed and guided acupuncture for 1,000 years. An acupuncturist meeting the 200-hour standard that Bill 50 has imposed on those not traditionally trained in TCM is permitted to practise, and for those with less than 200 hours or even any training? They can treat too, just as long as they do not claim to be acupuncturists or hold the title of doctor. This is analogous to a physiotherapist performing surgery, a physician performing chiropractic adjustments or, even worse, your local Domino's Pizza delivery guy prescribing you Prozac, just as long as he doesn't call himself "doctor," of course. This is wrong because this is where philosophy and action have been separated. The philosophy guides the action, the treatment of the patient. This bill permits the separation of TCM theory and acupuncture.

Currently, there have been two main branches of acupuncture: traditional Chinese medicine, which is steeped in 1,000 years of tradition and knowledge, and anatomical acupuncture, also known as adjunct acupuncture. This concept of energy is absent in anatomical acu-

puncture. It uses needle placement based on physical landmarks. In other words, anatomical acupuncture completely ignores the theory that has historically guided acupuncture methods. Anatomical acupuncture attempts to heal on a physical plane—an endeavour that true acupuncture was never meant for—and simply causes more harm than good because of the misuse and absence of its guiding philosophy.

We would not allow a surgeon to perform surgery on our bodies unless we were sure of their expertise in the correct education of their craft. We would not allow a chiropractor to adjust our spine unless they were educated in the principles that have guided chiropractic care, nor would we allow physicians to prescribe drugs without a thorough knowledge in the field of pharmaceuticals. By allowing acupuncturists not steeped in the education of traditional Chinese medicine, we commit these mistakes, we create new problems for our society and do not achieve the original intent of this bill: to provide the best possible health care to Ontarians. Anatomical acupuncture does not include the concept of energy and thus gives rise to many potential health hazards.

In closing, acupuncture heals only through traditional Chinese medicine philosophy. Without its guiding principles, acupuncture will not embody the intent of this bill, what it set out to do: to provide Ontarians with the highest level of health care. I recommend that for the health and safety of all Ontarians, Bill 50 limit the practice of acupuncture only to those trained in traditional Chinese medicine. Thank you.

**The Chair:** Thank you, Mr. Bautista. There's just half a minute each.

**Mr. Patten:** Gee, I got excited about a good part of what you had to say, but I must ask you this. You're suggesting that unless the regulated professions have full training as an acupuncturist, they should not be able to apply that within their scope of practice.

**Mr. Bautista:** Full training in traditional Chinese medicine, sir.

**Mr. Patten:** Yes. What would that mean, at the same standard as whatever the college comes up with in terms of what is required for an acupuncturist?

**Mr. Bautista:** Absolutely.

**Mr. Patten:** At the moment, you know that with this bill a regulated profession would not be able to say, "I'm a chiropractor and an acupuncturist," unless they had the full program. But they can still use acupuncture as an adjunct therapy which—

**The Chair:** Thank you, Mr. Patten. To Mrs. Witmer of the PC Party.

**Mrs. Witmer:** I would just like to say thank you very much for your presentation.

**The Chair:** Ms. Martel?

**Ms. Martel:** Thank you for your presentation. I appreciated your passion. I'm sure you're going to do very well in your studies.

Here's where I'm coming from. I think that the regulated health professions—not all of them; some of them—should be allowed to continue to provide acu-



puncture as adjunct acupuncture to deal with pain. I think we should have a definition for that in the bill, and I think we should have a definition, then, for “acupuncture” as part of traditional Chinese medicine, to make the distinction. What do you think of that option?

**Mr. Bautista:** I think that anybody should be able to do acupuncture as well, just as long as they’re educated in where acupuncture came from. Acupuncture is not just merely the act of putting a needle in. Why you’re putting the needle in and where you’re using it is influenced by the theory and philosophy of TCM. The whole body of that is acupuncture. When you separate just putting the needle in, with a completely different principle of what influence—

**The Chair:** Thank you, Ms. Martel, and thank you to you as well, Mr. Bautista, for your presence and deputiation to this committee.

#### BOARD OF DIRECTORS OF DRUGLESS THERAPY—NATUROPATHY

**The Chair:** I now invite our next presenter, and that is Ms. Angela Moore, the chair of the Board of Directors of Drugless Therapy. Ms. Moore, please be seated. As you’ve seen, you have 10 minutes in which to make your presentation, and I invite you to begin now.

**Ms. Angela Moore:** Thank you, Mr. Chair. I am a naturopathic doctor and the chair of the Board of Directors of Drugless Therapy—Naturopathy. We will be providing a written submission on Bill 50 to the committee as well.

I wanted to give you a little bit of background about the naturopathic profession. Naturopathic doctors are primary care practitioners. We’re members of a self-governing profession that has been regulated in Ontario since 1925. We are the only remaining profession under the Drugless Practitioners Act, which has been referred to a couple of times before. Three successive HPRAC reports, in 1996, 2002 and most recently in 2006, have recommended that naturopathic medicine be included under the RHPA because the Drugless Practitioners Act is an antiquated piece of legislation that does not provide the level of protection afforded by the RHPA. We are hopeful that that legislation will move forward very soon.

With respect to Bill 50, the naturopathic profession, I believe, is uniquely positioned to comment on TCM and acupuncture. All of our registrants, all naturopathic doctors in Ontario, are required to complete written and practical examinations in traditional Chinese medicine and acupuncture. The Canadian College of Naturopathic Medicine here in Toronto provides 230 hours of study devoted exclusively to understanding the philosophy of TCM and acupuncture. In addition to those 230 hours, the modality is integrated into many other courses in the curriculum, including botanical medicine, clinical studies, foundations, primary care, and it’s a vital component of the 1,500 hours of supervised clinical practice.

Naturopathic doctors are educated and trained to formulate a classical TCM diagnosis and to implement a

treatment plan accordingly. In addition to the training that all NDs receive prior to regulation in Ontario, many also choose to undergo additional education in North America and/or Asia.

We applaud the move to regulate TCM and acupuncture under the RHPA and also the move to restrict the practice of acupuncture to members of colleges whose statutory scopes will permit its use, to have specific standards of practice for acupuncture in place and members who have demonstrated competence to perform it safely and effectively.

Acupuncture is clearly within the scope of practice for naturopathic doctors. All NDs have demonstrated competency in this modality, and our board has had standards of practice in place for many years.

I just want to make some final comments on the training and education of naturopathic doctors. In order to practise in Ontario and in all regulated jurisdictions in North America, naturopathic doctors require a minimum of seven years’ post-secondary education; three years of pre-med, the standard being a baccalaureate degree; and that’s followed by graduation from a four-year program at a naturopathic college. The curriculum at a naturopathic college is 4,400 hours of clinical sciences, naturopathic modalities, including TCM and acupuncture, and 1,500 hours of supervised practice in a teaching clinic.

In addition to TCM and acupuncture, NDs use the other core modalities: botanical medicine, homeopathy, nutritional medicine, lifestyle modification and counseling, manipulation of the joints and physical therapeutics.

It’s also important to note that the general medical education that’s provided includes a thorough grounding in medical sciences that ensures a comprehensive understanding of the serious risks that can be associated with the practice of TCM and acupuncture.

As I said, we will be making a written submission to the committee as well, and we really appreciate the opportunity to appear before you today. I welcome your questions.

**The Chair:** Thank you, Ms. Moore. We have about a minute and a half per side, beginning with Ms. Witmer.

**Mrs. Witmer:** You’ve indicated you’re going to give us a written submission?

**Ms. Moore:** Yes.

**Mrs. Witmer:** With a similar focus as to what you have conveyed to us just now?

**Ms. Moore:** Yes, and to provide you with our standards of practice.

**Mrs. Witmer:** Okay. Briefly, then, is that what you’ve just spoken to now, the standards of practice, or are you going to go into more detail?

**Ms. Moore:** We’ll provide you with the actual document, and I can certainly go into more detail now if that’s what you’d like.

**1140**

**Mrs. Witmer:** Sure. That would be very helpful.

**Ms. Moore:** The specific standards of practice for acupuncture involve the actual conditions under which an MD should be practising acupuncture, and that involves

proper disposal of needles, having a sterile field, and all of those things related to infection prevention.

Of course, in the education and training, it's really important to have a very good knowledge of anatomy so that you can avoid inserting needles where they shouldn't be inserted and knowing exactly where and how deep to insert those needles.

**Mrs. Witmer:** All right. Thank you very much.

**The Chair:** Thank you, Ms. Witmer. Ms. Martel?

**Ms. Martel:** Thank you very much. I did get a copy of the standards previously from the board. So I appreciate that.

You agree that regulated health care professionals should provide acupuncture if it's in their statutory scope of practice, their standard of practice, and if members have competency in this modality. The dilemma that I'm having is to figure out which members of which colleges have that. I don't know if you have any suggestions to the committee about whether or not you think there should be some restrictions placed on which colleges should be allowed to practise acupuncture.

**Ms. Moore:** I can understand your dilemma, because acupuncture has been in the public domain. Basically, anyone has been able to do it. I think that any standards that are put in place should be done in consultation with the new college of TCM in particular, and it should be a collaborative effort with all of the colleges that are regulated in Ontario. I don't think I can speak to the specifics of that at this point, but definitely having standards of practice in place, having the knowledge of the basic medical sciences so that the risks are minimized, making sure that people have a really thorough education to minimize those risks in practice. I don't think I can answer you any more specifically than that right now. Perhaps in our written submission we can try and do that.

**The Chair:** Thank you, Ms. Martel. To the government side: We have Mr. Patten.

**Mr. Patten:** Thank you very much for being here. I must commend you on your presentation. I look forward to the written details. I must tell you that, when I had cancer, I found naturopathic medicine to be very helpful to me and extremely important and, in fact, more useful than Western medicine was in understanding cancer and various forms of treatment. So I throw that out to you.

I know that your college is pursuing being recognized and you'd like to be part of the regulated group as well. If so, what would be the position of your college vis-à-vis working with the other colleges in terms of arriving at continuing to increase quality related to, particularly, acupuncture?

**Ms. Moore:** We agree definitely that there should be collaboration between all of the colleges that are practising acupuncture and that are wanting to practise it and that the lead should probably come from the college of TCM and acupuncture, the new college. Is that answering your question?

**Mr. Patten:** Yes, in part.

**Ms. Moore:** What part didn't I answer?

**Mr. Patten:** No, it's okay.

If I might use the occasion just to mention to Ms. Martel, because it sounds like there's this cloak of secrecy here, we can provide you with the colleges at the moment that utilize, within their scope of practice, acupuncture. I just used the occasion to share that with her.

Thank you very much.

**The Chair:** Thank you, Mr. Patten, and thank you to you, Ms. Moore, for your deputation and presence on behalf of the Board of Directors of Drugless Therapy.

**Ms. Martel:** Just before we start with the next presentation, I'd appreciate it if Mr. Patten could answer the following questions: In what the ministry gave us, the briefing package, there's a listing of the 23 regulated health professionals. What I'd like to know is, is it the intention of the ministry to allow each of these 23 to practise acupuncture? If it isn't, I would like to know which ones are going to be allowed to practise acupuncture based on scope of practice and their standards. That's what I would really like to get clarification of.

**Mr. Patten:** The only thing I could do is provide you with some information from the ministry. I can't speak for the ministry except to say that there are 23 of them, and most of them do not utilize TCM or acupuncture. We can describe which ones do and how it fits within. What would happen from here on in with the application of this is that it wouldn't mean that any of the others would say, "Well, we're just going to start to operate tomorrow and apply this." That would not happen. The ministry has a role—

**The Chair:** If I may intervene for a moment: Ms. Martel, if it's suitable to you, we'll ask for a formal reply to that in writing from ministry officials.

**Ms. Martel:** Can I just add to that, very briefly? I'd like to know, then: If another college that doesn't normally practise acupuncture right now wants to practise acupuncture, do they have to get the approval of the ministry in order to do that? From another presentation, we heard that the board of the particular regulated health profession decides if it's in the scope of practice of their college, so I want to know if there's going to be a ministerial approval process for those who don't practise acupuncture regularly now.

**The Chair:** Just to expedite this process and to ensure, Ms. Martel, that you receive the information that you're after, might I invite you to submit this question in writing by this afternoon's session, and then we'll communicate that to ministry officials.

#### JASMINE SUFI

**The Chair:** We'll now invite our next presenter, Ms. Jasmine Sufi, to please come forward. As you've seen the protocol, you have 10 minutes in which to make your presentation. Please be seated and please begin.

**Ms. Jasmine Sufi:** My name is Jasmine Sufi. I studied here in Toronto. I'm currently a traditional Chinese medicine and acupuncture practitioner. I own and practise in a private practice here. My education includes a four-year, full-time program at the Michener Institute for

Applied Health Sciences, as well as a four-year honours bachelor of science degree. My clinical practice includes Mount Sinai, the Wasser Pain Management Centre and St. John's Rehabilitation Hospital as well as my private practice.

I do support Bill 50 and I do support the formation of the college of traditional Chinese medicine, including acupuncture. I do feel that the way acupuncture is described in the bill—it's represented as a modality. I believe that acupuncture is a comprehensive medical system based on the theory of traditional Chinese medicine. It is very deeply embedded in traditional Chinese medicine theory and is capable of treating both muscular conditions and internal medical conditions. That's what the word "acupuncture" means to me.

Currently, there are many forms of needling that are being practised by many different professionals. The variety of educational backgrounds range from 20 hours to over 3,600 hours of training. My concern is the lack of educational standards, and I'm hoping that the implementation of a college would establish a standard of education. That's my priority. The implementation of the college will also allow the general public to understand the meaning of acupuncture and be able to rely on it based on the standard that is implemented by the college.

The other section that's of big concern is section 18, where it states that all other regulated health professionals can practise acupuncture within their scope of practice. My concern, which has been stated over and over again by the other speakers as well, is: How will we establish a standard of practice of acupuncture if other regulated health professionals are not regulated by the traditional Chinese medicine college, once formed? If they are not a member of the college and are able to practise acupuncture, how will their own college set a standard? That's my concern. I think there won't be an even playing ground. If all 23 colleges are allowed to set their own standards without the collaboration of the new college of TCM, then we will still continue to have variation in education, ranging from 20 hours to 3,600 hours, and it actually doesn't change anything. The general public will not know the difference and will not have a change in the quality of treatment from acupuncture if that's the case.

**1150**

I do understand that acupuncture is useful in other scopes of practice but truly believe that there needs to be a standard that is set and believe that the standard should be set by the traditional Chinese medicine college. That's the only way to actually have one standard and one disciplinary board to ensure the safety of the public.

The other issue is, if the TCM college is able to set the standards, someone has to be given the responsibility to ensure that there are appropriate disciplinary actions put in place in each college. There are particular standards, again, in each college. I think that will ensure that acupuncture is practised appropriately.

My other question, I guess, is insurance. Because I have my own practice, I do encounter insurance coverage

as well. I guess my concern is: How will insurance companies and the general public decipher between the treatment of another scope, such as physiotherapy, chiropractic, naturopathic, and acupuncture? Currently, all those other professionals are able to claim those services as well as acupuncture. So they're able to double-bill both services, whereas TCM practitioners are at times excluded from insurance companies because there isn't a standard and because the insurance company also is not aware of what acupuncture really is and it's embedded in traditional Chinese medicine. So that's my other concern, I guess. I don't know if you have an answer, but my concern is, would they still be able to double-bill under the name "acupuncture" as well as their own scope of practice?

In conclusion, my thoughts are that all regulated health professionals should in some way either be a member of the traditional Chinese medicine college or have that college set a standard, in collaboration with other colleges, for their scope of practice as well. The next scenario would be, it remains the way it is, except that other professionals not meeting the minimum requirements under the traditional Chinese medicine standards will not be called acupuncturists but would be called another name.

**The Chair:** Thank you, Ms. Sufi. We have about two minutes per side, beginning with the government. Mr. Leal.

**Mr. Jeff Leal (Peterborough):** Thank you so much for your presentation. You spent some time talking about standards, and I think for the public that's a vital need to establish. In your view, how can we make that happen through the college? What would be your views on that?

**Ms. Sufi:** That all members practising acupuncture be under the new college that sets the standards. That would be my solution, because that way there's only one standard.

**Mr. Leal:** When you've had your opportunity to talk to your colleagues, is that a general consensus out there?

**Ms. Sufi:** I practise with two other colleagues and I believe that is their consensus as well. I think that's the only way to actually establish a standard, because that way it's ensured that there's only one standard as opposed to 23 different standards.

**Mr. Leal:** I think it's important to offer choice to the people of Ontario. My colleague Richard described his experience, and more and more you're hearing about people seeking alternatives that have really assisted them in their particular medical condition. To me, that's one of the important aspects of Bill 50.

**The Chair:** Mr. Fonseca?

**Mr. Fonseca:** Jasmine, here in your CV you show that you've worked at Mount Sinai and you did mention St. John's Rehab. Have you encountered or been in an area where you've been with others from other regulated health professions that perform acupuncture?

**Ms. Sufi:** Yes, I have. A lot of my patients also bring me feedback in terms of their experience, if they have

had experience prior to my services, with acupuncture. It's usually with another health professional.

**Mr. Fonseca:** But you personally—have you met with physios or chiros who also do acupuncture? Have you had any discussions with them?

**Ms. Sufi:** Yes, I have, and I think that it's important within their scope of practice—they do view it as an essential service within their scope. But I think their understanding of its abilities is limited, and sometimes, because there is a fine line between—

**The Chair:** Thank you, Mr. Fonseca. With respect to Ms. Sufi, I offer it to the PC side. Ms. Witmer.

**Mrs. Witmer:** I think we have a good appreciation now—thank you very much for coming forward—as to what you believe is necessary and that obviously the minimum standard would be the responsibility of the college of TCM. You're suggesting, then, that anybody from the other colleges who practises acupuncture, instead of using the word “acupuncture,” would use the terminology “intramuscular stimulation.” Is that right?

**Ms. Sufi:** Yes.

**Mrs. Witmer:** That would be regulated by their own college, then, you're suggesting. There would be no connection to TCM if they were to call it something other than acupuncture.

**Ms. Sufi:** That's correct.

**Mrs. Witmer:** All right. Thank you very much.

**The Chair:** Thank you, Mrs. Witmer, and thank you as well, Ms. Sufi, for your deputation and presence at this committee.

#### CAVELL TYRRELL

**The Chair:** I invite now our next presenter, Ms. Cavell Tyrrell, to please come forward. Ms. Tyrrell, as you've seen, you have 10 minutes in which to make your presentation. Please be seated and please begin.

**Ms. Cavell Tyrrell:** Thank you. I've come to this committee to speak about this from the point of view of a retired registered nurse who has been a consumer of traditional Chinese medicine for over 12 years now. Many years ago, I would not have considered using what I would have called alternative medicine, because I was certainly steeped and trained and practised in the traditional medical model; however, it was essential that I get help from somewhere else, and so I did.

Prior to my introduction to TCM, I was a 67-year-old woman who was prone to frequent colds, which usually progressed to pneumonia almost every winter, and had had multiple fractures due to osteoporosis, all this in spite of a reasonably healthy lifestyle. In these subsequent years, I have had fewer broken bones, and those I have had have healed in three weeks instead of the usual six, and that's been very significant. I have not had pneumonia in years.

A year and a half ago, I had a serious heart attack and, to the surprise of the cardiologist, I suffered no permanent damage in spite of its severity. I was also told that given my family history, with my sisters dying and

having bypasses, I myself would normally have had this attack 10 years earlier had my body not been in such healthy condition for a 78-year-old. I feel that my healthy condition has been in no small measure due to my on-going experience of receiving traditional Chinese medicine.

Therefore, I'd like to say why I feel that traditional Chinese medicine needs to be regulated. I guess I should have said earlier that when I was a registered nurse I considered it alternative. I no longer consider TCM alternative; I consider it complementary. It doesn't negate or push out any other modality; it's complementary.

We need it to be regulated to improve the health of Ontario's population. We hear a lot these days about our health care costs. I feel that I myself have been in the lower echelon of people using health care since using TCM. When TCM is part of a person's health care, there is less need to rely on the medical system. I can personally attest to that. Strokes recover faster, fractures heal faster and immune systems are healthier. By the way, there are studies done comparing how well strokes do under TCM versus without TCM.

Also, protecting the safety of the public by ensuring the quality of TCM: As things now stand, anyone with a minimum of training can offer acupuncture and others with additional but still inadequate training can diagnose and prescribe medicine. This can be very dangerous, as a faulty diagnosis and wrong medicine can worsen or severely damage a patient.

The public needs to be able to make an informed choice. Currently, one has no way of knowing how much training the practitioner has. There needs to be a designation for those practising and advertising themselves as an acupuncturist, a tuina massage therapist, and also a doctor of Chinese medicine. In this important category, the thoroughness of training varies widely in this country. Toronto boasts one of the finest schools in Canada, the Toronto School of Traditional Chinese Medicine, which I'm associated with, where candidates complete 5,000 hours and pass exhaustive examinations to qualify.

The public also deserves the assurance of quality TCM care, and I hope this bill will address that. Qualifications and education need to be regulated and a mechanism put in place to ensure this is maintained. The new act must control TCM diagnosis, prescribing and dispensing of Chinese medicine, and also acupuncture and tuina massage, a separate modality of TCM which can be used alone or in combination with other treatments.

In my view, there should be a respect for the integrity and philosophy of traditional Chinese medicine so that it can take its place as complementary and equal to mainstream medicine. Each has its place, and TCM brings to the health care system a long and proven history as a valuable healing modality. Attention should be given to the equality of both medical doctors and doctors of traditional Chinese medicine as health care professionals.

I congratulate the Ontario government for addressing this important and much-needed legislation. Thanks for giving me the opportunity.

**The Chair:** Thank you, Ms. Tyrrell. There are about two minutes per side.

**Mr. Patten:** Thank you very much. I enjoyed your presentation. I agree with you entirely about the completeness of the discipline.

I have a personal question out of curiosity. I've noticed the growth of osteoporosis in our society and I have some of my own theories as to why that's true, particularly related to our diet—drinking too much pop and things of that nature. Did you find, through your treatment, that—did you get bone tests? If you had fewer bone breaks, did that mean your bones were in fact increasing in volume, stayed the same or were stronger?

**Ms. Tyrrell:** Yes, I have. They're not getting any worse, and they had been on a steady decline.

**Mr. Patten:** Right. Was it through herbs, was it dietary or was it through acupuncture?

**Ms. Tyrrell:** Well, it's through all of that.

**Mr. Patten:** Through all of that.

**Ms. Tyrrell:** Yes.

**Mr. Patten:** No secrets, eh? I'm just kidding. I'm curious because, as you know, it's a widespread medical condition that seems to be growing in North America and western Europe.

Dr. Kular, did you have a question?

**Mr. Kular:** Thank you for your presentation. As you know, I'm glad that you have been a registered nurse before. I'm a physician registered with the College of Physicians and Surgeons. I want to thank you for supporting this bill. I agree that this bill will keep the safety of Ontarians at the forefront when bringing traditional Chinese medicine under a college which will set standards and keep Ontarians safe.

**The Chair:** Mrs. Witmer.

**Mrs. Witmer:** Thank you very much for coming here today and telling your personal story of how you've been a beneficiary of TCM. I certainly wish you continued good health.

**Ms. Tyrrell:** Thank you.

**The Chair:** Thank you, Mrs. Witmer, and thank you as well, Ms. Tyrrell, for your deputation and presence at this committee.

If there's no further business, this committee stands recessed till 3:30 today in this room.

*The committee recessed from 1204 to 1530.*

**The Chair:** Ladies and gentlemen, colleagues, I'd like to reconvene the standing committee on social policy. As you know, we're here deliberating our final afternoon of hearings on Bill 50, An Act respecting the regulation of the profession of traditional Chinese medicine etc.

#### ACUPUNCTURE COUNCIL OF ONTARIO

**The Chair:** I would now begin by inviting our first presenter of the afternoon, Mr. Kwong Chiu, representing the Acupuncture Council of Ontario. Please be seated. To you and to all members here, the protocol is 10 minutes in which to make your presentation, and if there's any time remaining within that 10 minutes, it will be

distributed evenly amongst the various parties for questions and comments. Mr. Chiu, I invite you to begin now.

**Dr. Kwong Chiu:** Thank you. My name is Kwong Chiu. I'm the president of the Acupuncture Council of Ontario. This is an association that represents chiropractors who practise acupuncture.

I'm here to speak in support of Bill 50. It's a fair proposal and consistent with the Regulated Health Professions Act in terms of sharing controlled acts. I would like to speak specifically on the matter of acupuncture. Bill 50 makes valuable treatments such as acupuncture accessible to most Ontarians. Regulated health professionals, such as medical doctors, chiropractors and physiotherapists, who currently provide acupuncture and have been doing so for approximately 30 years must be allowed to continue to practise acupuncture as set out in Bill 50.

I have been involved in the process of attempting to regulate acupuncture in Ontario since 1995, and I'm sure that no government intends to open up the practice of acupuncture to all of the 23 regulated health professions of the RHPA. This is a distortion of the facts by opponents of this bill. I agree that Bill 50 must be made more specific to show which professions are included.

Many of our members practise in small communities with no hospitals or rehab facilities and certainly no traditional Chinese medicine practitioners. So by taking acupuncture away from chiropractors, you not only prevent well-utilized primary health providers from continuing to do effective treatment, you also restrict patient access to treatments.

Chiropractors have a long history of providing safe acupuncture treatments in Ontario. Chiropractors were among the first regulated health professionals to practise and introduce acupuncture treatment in North America, to the extent that in some US jurisdictions acupuncture is regulated under acts relating to chiropractors. This fact has been documented in previous HPRAC committee reports.

In 1996, the Canadian Memorial Chiropractic College started to teach acupuncture through its continuing education division to offer chiropractors a clinical acupuncture program that exceeds the World Health Organization standards for physicians.

Many Ontarians prefer to receive their acupuncture treatments in more Western, clinical settings, such as MD, DC and PT offices, thus offering Ontarians freedom of choice of practitioners.

In response to the growing number of chiropractors who practise acupuncture in Ontario, the Ontario Chiropractic Association formed the Acupuncture Council of Ontario to serve as an accrediting body to ensure a minimum standard of training has been met.

The Canadian Chiropractic Protective Association provides qualified members with professional liability insurance for needle acupuncture, thus protecting the patients and the practitioners in the event of an accident.

The College of Chiropractors of Ontario is willing to regulate its members who wish to practise acupuncture

and has already formulated a draft standard of practice in acupuncture for chiropractors. This draft was read in the Ontario Legislature on September 27 by MPP Shelley Martel, the NDP critic for health and long-term care, as an example of a good standard.

These measures show that the chiropractic profession is responsible enough to continue to practise acupuncture as a self-regulated health profession, as outlined in Bill 50.

Thank you for this opportunity to express our opinions and concerns.

**The Chair:** Thank you, Mr. Chiu. We'll have about two minutes per side, beginning with Mr. O'Toole of the PC Party.

**Mr. John O'Toole (Durham):** Thank you very much for your position with respect to the role of the chiropractor administering acupuncture. Indeed, I've had two specific calls to my office with respect to the outcome of this bill and how it would affect their ability to continue to administer acupuncture as well as chiropractic procedures. Could you answer that?

**Dr. Chiu:** I'm not sure of the question.

**Mr. O'Toole:** Can a person who is a chiropractor and also qualified to administer acupuncture, after Bill 150 is passed—because it will pass; they're the government. What will be the status of both of those procedures?

**Dr. Chiu:** I think it would be considered almost a controlled act, or they can be qualified—they can do further studies, comprehensive studies—and be a dual registrant.

**Mr. O'Toole:** But if the bill passes as it is today, would it affect their ability to administer it?

**Dr. Chiu:** I think the bill, if it's passed, will maintain the status quo, because chiropractors are currently practising acupuncture and are unofficially regulated.

**Mr. O'Toole:** I just wanted it on the record from you. That was my understanding. But I wondered if that was being drawn into question in your presentation, whether or not this bill will result in limiting in any way current practices by chiropractors or persons administering acupuncture.

**Dr. Chiu:** No, I see it as just ensuring the status quo.

**Mr. O'Toole:** Good. The other question would be—in fact, I would be on the record as being supportive—that you're aware the current government delisted fee-for-service OHIP coverage for chiropractic care and physiotherapy.

**Dr. Chiu:** I'm aware of that. That's financial as opposed to health care.

**Mr. O'Toole:** Yes. Well, a couple of things: Today, if you read the paper, they're in trouble with their administering of the pharmaceutical bill, Bill 102, which they—

**The Chair:** Mr. O'Toole, with respect, I need to offer the floor now to Ms. Martel of the NDP.

**Ms. Martel:** Thank you for your presentation. I did use the standard of practice for chiropractors in the Legislature, particularly because it recommended the use of the WHO guidelines. I also, though, have raised concerns about section 18, because my read of that particular

section is that the 23 regulated health professions would be able to provide acupuncture. I have tried, on more than one occasion during the course of the hearing, to get clarification of that section to clearly understand if it is the intention of the government to allow all of these professions to practise acupuncture and, if it is not, what restrictions are going to be there. As I look at scope of practice and standard of practice, I find it impossible as a consumer to determine which profession is allowed to practise acupuncture under that section. So we'll continue to try and get a clearer answer from the government on that.

With respect to who continues to practise, I've also argued that there should be some minimum standards across professions for those who are practising acupuncture. I just want to know if you have a sense of whether or not that would be appropriate or whether or not that would make sense.

**Dr. Chiu:** That would be appropriate. Everyone's using the WHO standards for physicians. In terms of non-comprehensively trained acupuncturists, everyone's using the 200 hours of training for regulated health professionals.

**Ms. Martel:** It's clear in your guidelines. It's not so clear in everybody's guidelines.

**Dr. Chiu:** Yes, I said that I think Bill 50 is a good starting place. I know that it has room to be more specific, but it's a good starting place, in my opinion.

**The Chair:** To the government side.

**Mr. Patten:** Thank you for your presentation. The standard that is recommended: Are individual practitioners required to meet that standard in order to practise or can they practise anyway and work at reaching the standard? Which is it?

**Dr. Chiu:** At present, it's in the public domain, as you realize, and anyone can practise acupuncture. That's why this bill is important, because once the bill is passed, the respective college would set the standard and any member of the college would have to acquire that standard before they could practise, or else they would be disciplined by their respective board. That's already outlined in the proposed standard from the CCO.

**Mr. Patten:** What has been the record of your profession in terms of complaints by people on the use or adjunct use of acupuncture therapies?

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**Dr. Chiu:** To my knowledge, no good study has been done to investigate complaints in acupuncture and who they were made by. As far as I know, chiropractors have had a very good record in providing acupuncture.

**The Chair:** Thank you, Mr. Chiu, for your presentation on behalf of the Acupuncture Council of Ontario.

#### INSTITUTE OF ACUPUNCTURE AND TRADITIONAL CHINESE MEDICINE

**The Chair:** I invite our next presenter, Joanne Pritchard-Sobhani, the director of the Institute of

Acupuncture and Traditional Chinese Medicine. Ms. Pritchard-Sobhani, I remind you that you have 10 minutes in which to make your combined presentation. Please begin now.

**Dr. Joanne Pritchard-Sobhani:** Good afternoon, everyone. I am Joanne Pritchard-Sobhani, director of the Institute of Acupuncture and Traditional Chinese Medicine, and I practise as a doctor of TCM in Brockville. I have been involved with regulations since 1994 and was appointed to the TCM advisory council by the previous Minister of Health, with Professor Cedric Cheung and Dr. Rapson. We appreciate the efforts of Minister Smitherman and his staff in their determination and commitment to regulate TCM, and obviously support Bill 50.

The statement that there has not been enough dialogue is actually insulting to those who have worked so hard in the consultation process, which has included everyone. In fact, the TCM minority group, as listed by Elizabeth Witmer—which I'm not upset that Elizabeth had to list, of course—were also involved in the previous meetings and all of the hearings and also sat on the TCM advisory board. Unfortunately, they attempted to disrupt the process then, and have continued to do so. As a matter of public record, the issues have been debated since 1994 in which this particular group has participated, often reorganizing themselves by creating new associations under new and different names. There can be no consensus achieved because it would mean literally compromising the entire legislative process, which cannot offer sole, exclusive rights to our profession by excluding other regulated practitioners. To date, there is no evidence to suggest those regulated professions that have practised acupuncture as an adjunct since the 1970s place the public at risk.

We stand on principle in supporting Bill 50 and would vigorously object to major amendments to the act now that require a referral back to HPRAC. This would mean further delays, and we are really not prepared to risk the opportunity to have this profession regulated.

The statement that says that the bill provides for a multitude of professionals to perform the service, each with different standards that place the public at risk, is misleading to the public and does so in a way that undermines the entire legislative process, the integrity of the individuals involved in creating this bill, and inherently serves to protect the vested interest of those individuals who want to maintain the status quo, which has very little to do with public protection. Let me assure you, it's absolute corruption.

What needs to be stated as a matter of reference is that in China, various professionals, including Western-trained doctors, TCM doctors, TCM-combined Western doctors and nurses, perform acupuncture. I have studied at Shanghai Medical University and had the opportunity to practise at HuaShan and Longhua Hospitals. I witnessed both of these in action, and to witness this incredible integrated approach to health care is what inspired me to fight for regulation in Ontario.

To argue against this bill for the purpose of restricting others from practising does not make sense unless the true underlying issue is a cultural one. Unfortunately, this needs to be addressed because Western medicine failed to give access to these Chinese Western-trained doctors who are not Chinese doctors, and they're frustrated. There is no doubt a residual antagonism exists, which has permeated this entire legislative process from start to finish, as a deliberate, defiant act in not sharing scope of practice. This translates into an inherent right of entitlement to control and own their profession because of this antagonism. It has become clear to me over the years that the particular group feel that they've been discriminated against because they are Chinese. However, the marginalization of the TCM profession has had nothing to do with being Chinese, but rather the fact that the profession was not regulated. This is not about being Chinese, and, as a doctor of TCM myself who is obviously not Chinese, we need to be clear that we're regulating TCM as a coherent, independent, comprehensive medical system and not the Chinese community.

Personally, my patients of over 3,000, my staff and myself, take exception to the fact that TCM and acupuncture is referenced in a way which signals only that the Chinese community wants regulation. This, in fact, reinforces the belief you must be Chinese to practise TCM and acupuncture. There's a much larger community that extends beyond Toronto, like eastern Ontario. The people of Ontario who seek our services need to know that they have the freedom to choose the health care they deserve from competent people and not premised on such obscure beliefs.

Bill 50 offers the TCM profession the respect it deserves and does so by offering title protection. Bill 50 is consistent with shared scope of practice under the RHPA and, that said, it does not mean that anyone will be able to practise acupuncture because the limits, as I understand it, within the existing framework of the profession's specific scope of practice define each of their professions in the same way as our TCM profession will in the future.

If Bill 50 passes, it is assumed that each of those colleges, including chiropractic, if relevant to their current scope of practice now, will have to make application to the ministry to include acupuncture in their scope of practice. Pharmacists, for example, would not have such a provision in their scope of practice because it's not relevant.

The critics opposing Bill 50 have outlined that a minimum standard must be written into the act for regulated professionals. Yes, our institute endorses the belief that regulated practitioners should practise within their scope of practice, and how to safeguard minimum standards is a relevant question. There are two options to consider. The first involves whether minimum standards should be written directly into the act or, secondly, by amendment, which may include that all other regulatory colleges need to develop trans-regulatory agreements with the TCM college that safeguard minimum standards. Our institute

endorses the World Health Organization's recommended basic training of 220 hours for regulated professions, which has been consistently applied around the world.

However, Bill 50 is an act to regulate TCM and not regulated professions. It has been assumed that each respective college, in making application to the minister, would be required to have this provision, and yet such an assumption could have serious consequences if minimum standards were not acknowledged as being necessary.

If the critics legitimately believe that Bill 50 places the public at risk and is not an intent to delay the regulatory process, then this review today will ensure that some of those amendments will be made. Once Bill 50 is passed, then the college of TCM, within its mandate, as stated under the explanatory note, can address the issues identified by some of the TCM profession. This is the appropriate place.

Bill 50 is designed to offer our profession regulation, being general in nature, without major obstacles, so that in a unified, coherent and ethical manner, the best possible legislation would evolve. Wouldn't that be something? A point to understand is that if a legislative framework such as Bill 50 does not explicitly state something, it does not mean that our concern has been overlooked, like grandfathering. These are scare tactics. We're quite tired of it, in fact. Thank God for these hearings today because this has to be disruptive. However, given the concerns of our members, we certainly need and want the ministry to know that this is an important issue and trust that the minister will address it appropriately, either in the legislation or in the regs.

Our institute firmly endorses the belief that acupuncture should be reserved as a controlled act under the RHPA and reserved to those authorized to practise as per HPRAC's recommendation. It is an invasive procedure that, if not recognized as a controlled act and licensed to only those qualified to perform such a procedure—it is possible that these unscrupulous organizations, which we have witnessed, or emerging professions may attempt to boycott and manipulate the professions in order to corrupt the legislation. That said, I make this recommendations with some reservations, though, because the protection of the public is our ultimate priority, not in vested interests, not in millions of dollars under the table.

It should be noted that even if all the amendments are made as suggested by the critics against Bill 50, this standing committee needs to know that some of these individuals will continue to thwart Bill 50 and regulation, simply because it does not endorse a policy of exclusivity, power, control and corruption. In fact, some will boycott membership in the new college, reinventing themselves, as they have in the past, redefining their services to avoid culpability. Historically, this regulatory process has been plagued by this corruption and discrimination endemic to a particular interest group biased in favour of this exclusionary policy. The history of this conflict is a matter of public record at both the provincial and federal levels of government. Bill 50, thank God, finally protects the public and students from

the continued victimization in which this profession will finally be held accountable. Thank you.

**The Chair:** Thank you, Ms. Pritchard-Sobhani. We just have a handful of seconds, colleagues, so to the government side. Mr. Ramal, 20 seconds.

**Mr. Ramal:** Thank you for your presentation. I hear you very well. Many people came before you and spoke about the bill and about exclusion. I agree with you fully. You don't have to be Chinese to practise Chinese medicine. You can study it. There's no doubt about it.

You mentioned the pharmacists many times. This bill mentions the pharmacists. It's not in their scope of practice that they use acupuncture; therefore, they're not going to do it—

**The Chair:** Thank you, Mr. Ramal. With respect, to the PC side, Ms. Witmer.

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**Mrs. Witmer:** Thank you very much for your presentation. I hope that you would appreciate that when any piece of legislation is introduced into the Legislature, we have an obligation, all three parties in the House, to make sure that the voices of everybody in the province of Ontario are heard. That's why we're having these public hearings. At the end of the day, we're able to judge the input that we've received from yesterday and today and written submissions, and then move forward and make our decisions as to whether or not we could support the bill as it's presently written. But this is a very important process, and whether we agree or disagree with people who are coming before us, we do live in a democracy and they do have the opportunity to appear before us—

**The Chair:** Thank you, Ms. Witmer. With respect, to Ms. Martel.

**Ms. Martel:** Thank you for your presentation. I want to focus on minimum standards. You said—two options: (1) write the minimum standards directly into the act, or (2) by amendment with arrangements with the college. What is your preference?

**Dr. Pritchard-Sobhani:** Actually, my preference is probably to have it written into the act. In the United Kingdom, they did write it into the act and the reason for that is because of the conflict. If we had better relationships and good relationships with other regulated practitioners, I believe that would be the best thing to do. But we don't, and we've seen it happen with midwives; we've seen it across these trends. Regulatory agreements happen; it works very well—maybe down the road.

**Ms. Martel:** So write it into the act and use the WHO guidelines? Okay.

**The Chair:** Thank you, Ms. Martel, and thank you, with respect to you as well, Ms. Pritchard-Sobhani, for your deputation and presentation on behalf of the Institute of Acupuncture and Traditional Chinese Medicine.

#### ONTARIO CHIROPRACTIC ASSOCIATION

**The Chair:** We know move directly to our next presenter, Mr. Bob Haig, executive director of the Ontario Chiropractic Association. Mr. Haig, as you've seen, you



have 10 minutes in which to make a presentation. Please begin.

**Dr. Bob Haig:** Thank you very much. Mr. Chair, ladies and gentlemen, the Ontario Chiropractic Association appreciates the opportunity to comment on Bill 50. It's particularly with respect to the regulation of acupuncture that chiropractors and their patients are concerned. There are tens of thousands of patients in Ontario who depend on acupuncture services that they receive from their chiropractor. In some rural and northern communities, the chiropractor is in fact the only person who can provide acupuncture services—the only one there.

Ontario chiropractors receive their acupuncture training postgraduate from a variety of sources. These are primarily through the Canadian Memorial Chiropractic College in conjunction with the Acupuncture Council of Ontario, through the contemporary medicine acupuncture program at McMaster University and through the Acupuncture Foundation of Canada. In all of those circumstances, the training meets the guidelines on basic safety in training in acupuncture established by the World Health Organization. We believe that those World Health Organization guidelines should form the basis for standards of practice for chiropractors and for other professionals in Ontario. There has been reference to the draft standard of practice from the College of Chiropractors of Ontario, and I know that you heard from them this morning.

Ontario chiropractors in the Ontario Chiropractic Association support Bill 50 as it's drafted. We believe that it will appropriately regulate acupuncture by restricting its use to regulated health professions. The bill would restrict the title "acupuncturist" to members of the college of TCM, but would permit the practice of acupuncture by members of other appropriate colleges. We think that's a reasonable resolution to the many diverse points of view that you're hearing about. We've followed the debate in the House, where there has been suggestion that permitting any regulated health profession or all regulated health professions to perform acupuncture is too broad. We believe that the RHPA and the profession-specific acts are an appropriate structure for self-regulation and that the regulatory bodies can and will develop appropriate standards. We believe that you can rely on the colleges to determine if acupuncture might or should be utilized by the members within their scope of practice and, if so, to develop appropriate standards of practice. However, if acupuncture is to be limited to certain professions in legislation rather than by the colleges themselves, then obviously chiropractic must be one of those professions.

Bill 50 essentially provides for acupuncture by exemption from the controlled act. There have been suggestions in the House and at these committee hearings that, rather than being dealt with by exemption, acupuncture should be a controlled act. I don't need to remind you that controlled acts are those procedures which have an inherent risk of harm, and for acupunc-

ture, that risk exists whether it's done by a physician, a TCM practitioner, a chiropractor or somebody else. So if acupuncture is to become a controlled act, then it must be authorized to all those professions who perform acupuncture, and that obviously includes chiropractic. It may be that the authorization of the controlled act could be dependent on the development of appropriate standards of practice. That's something you may want to consider.

There have been suggestions that any controlled act of acupuncture should be limited to TCM practitioners and that the procedure, when performed by another regulated health profession, should be something else other than the controlled act. That's a false distinction and it would mean that the RHPA was not being used as it was intended, to protect the public from harm, but was in fact being used for a turf battle among professions. I think you would want to avoid that at all costs.

I'm going to stop at this point and leave time for questions.

**The Chair:** Thank you, Mr. Haig. A generous amount of time, about two minutes per side, beginning with Ms. Witmer.

**Mrs. Witmer:** Thank you very much, Dr. Haig, for your presentation. I'm really quite impressed with everything that has been done by the college, and certainly, as you've indicated, you support what the college has undertaken in the work they've done in supporting minimum standards. But you mention here—where was it now? Would you just expand on number 6 here, "should be limited to TCM practitioners"?

**Dr. Haig:** I've heard the suggestion, as you have, that acupuncture should be limited to TCM practitioners because it is an inherent part of and can only be part of traditional Chinese medicine. What the World Health Organization guidelines clearly say is that it is an appropriate therapy for people who are not TCM practitioners to incorporate into modern Western medicine. All I'm saying is that if there is a controlled act, it is just as applicable to a practitioner using it as part of Western medicine as it is to a TCM practitioner.

**Mrs. Witmer:** Thank you very much. Certainly, I applaud the chiropractors and the college for the work they've done.

**Ms. Martel:** Thank you for your presentation today. Let me deal with number 4 first, because I have been one of the people who have raised concerns in the Legislature and during the course of the hearings about section 18. It is not clear to me if that is a reference to all colleges or if the government has some intentions to limit which regulated health professions provide acupuncture. So if I read you correctly in number 4, at the bottom, your suggestion to us is that we should rely on the colleges themselves to determine if acupuncture might be utilized by their members.

**Dr. Haig:** I think that is the intent of the RHPA, the way that it's set up, and I think it can work that way, yes.

**Ms. Martel:** This is not a trick question. If you look at the list of currently regulated health professions, do you think that all of them should be practising acupuncture?

**Dr. Haig:** That is a trick question.

**Ms. Martel:** I'm not trying—

**Dr. Haig:** I don't particularly want to go there. I very much suspect that if I had the list in front of me I would see some for which it probably would not make any sense that acupuncture could be considered a part of their scope of practice when you look at the scope-of-practice statement. For some it does, for some it won't make any sense, and I don't want to pick out which ones it would and wouldn't for.

**Ms. Martel:** Okay. Earlier, in another presentation, we were told it would be the board of the college—and I don't think I'm misquoting anyone—that would kind of look at that issue and make that determination, if their members had it in their scope of practice and their standards of practice. I guess I'm thinking, if there is a college out there that you wouldn't think would normally be providing acupuncture that decides, "Our members came forward and we want to do this," how do you control at that point who is doing acupuncture and who isn't, if it's coming from the college? Do you see what I'm saying?

**Dr. Haig:** I understand what you're saying. The college consists of professional members and public members. Their duty is to look at—

**The Chair:** Mr. Haig, with respect—thank you, Ms. Martel—I'll offer it to the government side.

**Mr. Patten:** Thank you for your presentation. We've heard from your profession a few times. I would like to underline under point 6, which I believe was raised over there and I think covers part of Ms. Martel's concern, the statement by the World Health Organization. I need not read it. You didn't read it, but I think it would be worth reading and putting into the record, because it is part of the philosophy and the intent of the bill. If I might ask you to read that quote.

**1600**

**Dr. Haig:** The quote from the World Health Organization is that "making use of acupuncture in modern medical care means taking it out of its traditional context and applying it as a therapeutic technique for a limited number of conditions for which it has been shown to be effective, without having to reconcile the underlying theories of modern and traditional medicine. In this type of situation, lengthy periods of instruction in traditional medicine as a background to acupuncture are neither feasible nor necessary, and shorter training must suffice."

**Mr. Patten:** So it attempts to make a distinction. One of the other papers that came this morning from the college was using the term "adjunct" therapy, which is a descriptive term—adjunct acupuncture. In other words, you're not applying the full range of all of the tremendous training that is required to be recognized as a full acupuncturist, but what you are doing is limiting it to your scope of practice. It's quite well defined, it's within that particular context, and it's in a very limited fashion. It is utilized to enhance and improve and add to the effectiveness of the particular practice of which you are a member. Would you agree with that?

**Dr. Haig:** Yes. There are certain chiropractors who are fully qualified TCM practitioners, but there are also chiropractors who utilize acupuncture as one of a number of types of interventions.

**Mr. Patten:** Thank you very much.

**The Chair:** Thank you, Mr. Patten, and thank you as well, Dr. Haig, for your presentation on behalf of the Ontario Chiropractic Association.

#### ACUPUNCTURE FOUNDATION OF CANADA INSTITUTE

**The Chair:** I now invite Dr. Linda Rapson, executive vice-president of the Acupuncture Foundation of Canada Institute. Dr. Rapson, as you've seen, you have 10 minutes in which to make your presentation. I invite you to begin now.

**Dr. Linda Rapson:** Mr. Chair, honourable members, thank you for the opportunity to speak to this important issue today. My name is Linda Rapson. I'm a medical doctor. I graduated from across the street at U of T back in 1965, so I've been practising for a long time. The Acupuncture Foundation of Canada Institute has been teaching since 1974. I will be describing as I go along a little bit of the philosophy that's involved in that. I've been involved in the attempt to regulate traditional Chinese medicine and acupuncture for a long time, initially with the Ontario Coalition for the Regulation of Acupuncture. We were trying at that point to have acupuncture regulated, thinking that it would make more sense for TCM to come later.

Over the years, the Acupuncture Foundation of Canada Institute has submitted many documents to HPRAC and the Ministry of Health putting forth our position on the regulation of TCM and acupuncture. We remain strongly in favour of the establishment of a self-regulating college of TCM and acupuncture practitioners of Ontario under the umbrella of the RHPA, and congratulate Minister Smitherman for bringing Bill 50 forward.

Unfortunately, at a news conference prior to second reading and repeatedly during debate in the Legislature, questions were raised about the potential harm to which Ontarians would be subjected if the bill passes in its present form. These concerns were raised by a small group of TCM practitioners and widely reported in the media, probably right across the country via the wire services. It is to this issue that I wish to address my remarks today in the few minutes allotted to me.

The history of acupuncture practice in Ontario must surely go back to the arrival of the first Chinese immigrants to Toronto. It would be naive to think that there were not some among them who brought acupuncture to their community, where it was no doubt used for years before Richard Nixon's famous trip to China in the early 1970s that brought this wonderful aspect of TCM to the wider world.

I began my training in acupuncture in 1974, when the Acupuncture Foundation of Canada started its courses for

physicians. At that time, there were very few unregulated practitioners of acupuncture who practised openly. Without going into the details of the history of that early era, suffice it to say that there are medical doctors and dentists in this province who began their acupuncture training and experience that long ago.

In 1982, the foundation began to teach physiotherapists to use acupuncture within their scope of practice, later adding chiropractors in 1996 and baccalaureate nurses, naturopathic doctors and regulated acupuncturists who are licensed in jurisdictions where there is regulation. This would include BC, Alberta, Quebec and the USA. Chiropractors had been learning acupuncture, as you've heard, either abroad or in other courses for many years before AFCI began teaching them.

Needless to say, the widespread exposure of the Canadian populace to acupuncture through the use of adjunctive acupuncture by regulated health practitioners over so many years made the introduction of traditional Chinese medicine into our Canadian culture easier than it might otherwise have been. I strongly believe that those of us who embraced acupuncture so many years ago have been goodwill ambassadors for our TCM colleagues who came to Canada in large numbers, particularly to Ontario, over the past 15 years or so.

The experience in this province of citizens receiving acupuncture treatment from those of us whom some TCM practitioners declare to be dangerous and incompetent is vast, spanning 32 years in my particular case. Our track record in dealing with all sorts of cases, but particularly chronic pains, is excellent, and there is no evidence of harm coming to the population over these many years. If there were evidence that we are a danger to the public, those who state these lies would surely have brought it forth. They have not, because there is no such evidence. In fact, the best-known case of complications from acupuncture in Ontario due to contaminated needles was perpetrated by an acupuncturist who was trained and licensed in the province of Quebec.

On the positive side, and as an example of the safety and effectiveness of what we teach, in-patients with spinal cord injury pain have benefited for the past 14 years from treatment administered to them by physiotherapists trained by AFCI. This has taken place in several spinal cord rehab units in Toronto, London and Ottawa. Those individuals would not have benefited from that treatment at all without the physiotherapists having been the deliverers of the service, since the services of unregulated practitioners could not be incorporated into the hospitals.

At Lyndhurst Centre, the spinal cord rehab hospital to which I am consultant on acupuncture, we have had absolutely no complications since 1992, apart from one person who fainted and recovered without incident. That record includes several thousand treatments, and our success rate is approximately 80% with spinal cord injury pain.

When TCM and acupuncture are regulated, I personally will advocate for the inclusion of TCM in hos-

pital settings where there is the potential to improve outcomes and patient care. The benefits to the public that will accrue are potentially huge. I believe that the health of Ontarians will be improved, and costs reduced by the regulation of TCM and acupuncture. The strength of the system will be many times greater when there is harmony and co-operation among those who deliver the service.

That's what I have to say. What I've provided you with is a little summary of places in the community in Ontario where acupuncture has been used both by regulated and unregulated professionals.

**The Chair:** Thank you, Dr. Rapson. A minute per side, beginning with the NDP.

**Ms. Martel:** In an earlier presentation from the Institute of Acupuncture and Traditional Chinese Medicine, Ms. Pritchard-Sobhani said that she agreed there should be a minimum standard and suggested, and it might not have been picked up on the record, that the WHO guidelines might be the most appropriate as a minimum standard. Do you have a view about that?

**Dr. Rapson:** I think that's reasonable. The problem is that we have no say in terms of forcing our students to complete the whole program, as it were. That's up to the colleges, and that's what they're going to have to do now, once this bill goes through. I'm confident that they'll come up with a standard that's very workable and very reasonable.

**Ms. Martel:** That could be a minimum standard, those guidelines. For those colleges that are going to have members who provide acupuncture, would that be a reasonable standard that they should hold their members to, in terms of what their expectations are if the members are going to provide acupuncture?

**Dr. Rapson:** This is a very complicated issue, particularly because of the way we teach acupuncture. Our students, because they come to us pretrained—

**The Chair:** With respect, Dr. Rapson, I will have to offer it now to the government.

**Mr. Kular:** Dr. Rapson, I really want to congratulate you for appearing before this committee. Thank you for supporting this bill. I agree with you that it's a win-win situation for Ontarians. It's keeping Ontarians' safety at first hand, and definitely this new college, after this bill is passed, will make sure the standards of traditional Chinese medicine and acupuncture are held high.

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**The Chair:** Thank you, Dr. Kular. To the PC side.

**Mrs. Witmer:** Thank you very much, Dr. Rapson. How many students would you train each year at the institute?

**Dr. Rapson:** I don't know the exact number. It's hundreds. Our current paid-up membership is about 1,400 across the whole country. About 600 of them are in Ontario. But our courses range from large to small: Some of them have 100 students; some of them have 20. I'm sorry, I don't have that number in my head.

**Mrs. Witmer:** You indicated that you've been training the doctors and the dentists, the chiropractors and massage therapists.

**Dr. Rapson:** No. We don't train massage therapists.

**Mrs. Witmer:** You don't do them. Okay. Any other—

**Dr. Rapson:** We train nurses with a baccalaureate. One of the main preconditions is the amount of anatomy and physiology that they have, because we literally incorporate acupuncture into a Western diagnosis, and it's very important that they be able to make that diagnosis. We're very strong on anatomy when it comes to safe placement of needles.

**The Chair:** Thank you, Mrs. Witmer. Thanks to you as well, Dr. Rapson, for your deputation on behalf of the Acupuncture Foundation of Canada Institute.

#### CANADIAN MEMORIAL CHIROPRACTIC COLLEGE

**The Chair:** I'll now invite our next presenter, Jean Moss, president of the Canadian Memorial Chiropractic College. Dr. Moss, please be seated. As you've seen, you have 10 minutes, which begin now.

**Dr. Jean Moss:** Thank you. The Canadian Memorial Chiropractic College is also known as CMCC. It is a private, not-for-profit charitable academic institution which has been providing post-secondary professional education to chiropractors since 1945. We're a leader in chiropractic health research and we've partnered with many other academic health sciences institutions in the development of interprofessional care and education. We offer the only English-speaking chiropractic program in Canada and we have educated more than one half of the chiropractors licensed to practise in Canada.

We support Bill 50, the Traditional Chinese Medicine Act, which will make TCM treatments such as acupuncture accessible to most Ontarians under the regulations set forth by the Regulated Health Professions Act, and consistent with regulations for other regulated health care providers who are authorized to perform acupuncture. Chiropractors should be included among the regulated health professions who, with appropriate training, can utilize acupuncture in their care of Ontarians.

Chiropractic is one of the largest primary contact health care professions in North America. In an average year, approximately 4.5 million Canadians are treated by chiropractors for neuromusculoskeletal conditions primarily related to headache, neck pain and back pain. Acupuncture is a recognized method of treatment for neuromusculoskeletal disorders.

Chiropractic is one of the regulated health professions currently permitted to provide acupuncture treatments, along with medical doctors and physiotherapists. These regulated health professions have been competently providing acupuncture treatments for their patients for over 30 years. We are pleased to see that under the proposed act, they will be able to continue to do so. Chiropractors are well educated and were among the first health professionals to recognize the importance of acupuncture and to introduce it to North America.

CMCC has offered a clinical acupuncture program that exceeds the standards set by the World Health

Organization in 1999. We've offered that program through our continuing education division since 1996. The program consists of 288 contact hours. It is designed for fourth-year chiropractic students and regulated health care professionals such as physicians, nurses, physical therapists and obviously chiropractors.

Appropriately trained chiropractors are well placed in communities throughout Ontario. They provide acupuncture treatments to their patients. In many cases, they provide the only access to acupuncture treatments within their communities. Any reduction or removal of acupuncture from the scope of practice of chiropractors will have significant impact on patient access to an effective treatment choice and to their choice of practitioner.

In order to ensure that the general public is protected from harm, regulated health professionals entitled to use the term "doctor" are limited. Under current legislation, only chiropractors, dentists, medical doctors, optometrists and psychologists may use the title. All of these professions require a minimum of seven years of university-level post-secondary education. The depth of education incurred during these years ensures that the graduate has the theoretical and practical knowledge to undertake the diagnosis of conditions, both within their scope and outside of their scope, in order to treat or to make inter-professional referrals in the best interests of patient care.

Consistent with other regulated health professions granted the authority and privilege to use the doctor title, only those members of the proposed College of Traditional Chinese Medicine Practitioners of Ontario who have the equivalent of seven years of university-level post-secondary education in a fully accredited program and who have been educated with a strong basis in biological and clinical sciences—for example, anatomy, physiology, pathology—and are equivalent in the training of other regulated health professions should be allowed to use the title "doctor."

In conclusion, we support the Traditional Chinese Medicine Act, as currently proposed, because in addition to providing a regulatory structure for TCM, it will ensure that regulated health professionals currently providing acupuncture services to their patients will be able to continue to do so, as they have done for over 30 years. Chiropractors, who take advanced training in acupuncture, are well trained to provide this care.

As we have said, it is important that the legislation be clear that the right to use the title "doctor" is a privilege, which must meet the same exacting standards as applied to the other regulated professions with this right. It is imperative that the general public be assured that those who carry this title are appropriately educated.

Thank you for the opportunity to present this afternoon. I am happy to respond to any questions.

**The Chair:** Thank you, Ms. Moss. We have about a minute or so per side, beginning with Dr. Kular of the government.

**Mr. Kular:** Thank you, Ms. Moss, for your presentation and thank you for your support for this bill. As you

have said in your presentation, you fully agree with this bill. The question I have is, would you suggest anything to make any improvements over the present bill?

**Dr. Moss:** Our main objective is to ensure that chiropractors are allowed to continue to use acupuncture; if it's a controlled act, that they have access to that controlled act. With regard to the actual regulation of TCM, I don't really feel that I'm qualified to comment on that.

**The Chair:** Thank you, Dr. Kular. If there are no further questions from the government side, we'll move to the PC side.

**Mrs. Witmer:** Thank you very much, Dr. Moss, for your presentation. It's well done and I think it speaks to all the points that need to be put on the table. You do spend some time taking a look at the privilege of using the "doctor" title. Do you have some concerns that perhaps within the legislation there's a possibility that that might be used by people who maybe don't have equal educational status?

**Dr. Moss:** Certainly, with the status of education within TCM right now, there are enormous variations in the level of education, and this is a concern of ours. We're concerned that the programs be fully accredited and that those who are allowed to use the title be fully educated in order to be able to do that. I think the difficulty is the range of education that currently exists within TCM. It's very early in their development. We'd like to see that that's developed appropriately.

**Mrs. Witmer:** Thank you very much. It's a great presentation.

**The Chair:** Thank you, Mrs. Witmer. To Ms. Martel of the NDP.

**Ms. Martel:** Thank you for your presentation. You said your main concern was, if acupuncture was a controlled act, that chiropractors have access to it. The legislation as it currently stands doesn't use "a controlled act"—

**Dr. Moss:** I realize that.

**Ms. Martel:** There are two ways to do this. You could do it through a controlled act—and I've asked the ministry for some explanation about that—or you can do it the way the ministry has proposed, which is to allow the colleges, on their own, through their scope of practice and standard of practice, to determine if they should do acupuncture and then set the standard for that. Do you have a preference?

**Dr. Moss:** Well, inserting anything below the dermis is a controlled act, so I think you get into a very grey area where that's considered—for example, if you were to withdraw blood or something like that, that's a controlled act. When you're inserting needles, that also inserts a needle below the dermis, and I think you're getting into an area where there is some conflict, with one as a controlled act and one not as a controlled act. Preferably, I think that acupuncture has the potential to harm, and therefore it should be a controlled act.

**The Chair:** Thank you, Ms. Moss, for your deputation on behalf of the Canadian Memorial Chiropractic College.

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### THE WORLD TUNG'S ACUPUNCTURE ASSOCIATION

**The Chair:** I would now invite our next presenter, Mr. Palden Carson, for the World Tung's Acupuncture Association. Mr. Carson, as you've seen, you have 10 minutes, and I invite you to begin now.

**Dr. Palden Carson:** Good afternoon. I'll just present my papers.

Our organization, the World Tung's Acupuncture Association, is the only international acupuncture association that has been established and based in this province of Canada by three medically qualified doctors from different countries. The three also trained with ancient master-disciples traditions before 1973. Our Tung's orthodox acupuncture is a unique style of old Chinese acupuncture, which is lost in the People's Republic of China's mainland.

We, as experts in traditional acupuncture, teach Tung's orthodox acupuncture in Asia, Europe and North America, including the United States, to those trained medical doctors, Chinese medical doctors and licensed acupuncturists. Therefore, Tung's orthodox acupuncture is a more postgraduate kind of advanced acupuncture. In South Korea alone, there are more than 1,000 registered Tung's acupuncture practitioners. In the past, we have advised the last Conservative government, as well as the present one, on the possibility to regulate acupuncture and Chinese herb medicines.

We think that the present government may have made some initial good intentions or promises to its supporters to regulate this unfamiliar Eastern medicine, after some insufficient public hearings conducted by its party's members; plus some misinformation about this existing professional community was given to the government policy-makers. Also, a lack of sufficient communication makes this Bill 50 a most unwelcome regulation.

We all know that a good government will listen to its people. We are the citizens and also highly qualified professionals. We would like to give advice to the government on request in due course. However, not a single word has changed since the proposed Bill 50, from the very beginning until the recent second reading. This arrogant attitude of the government makes us worry, not just for our profession but also for the safety of all patients in Ontario. We feel that this government is making a big mistake by using its majority MPPs to support a pro-chaos, unhealthy and society-divided new bill. Although we are very frustrated, but represent most acupuncture practitioners in this province and those experts overseas, we sincerely hope that some committee delegates could accept the following important points to amend the present Bill 50:

(1) Acupuncture must be a profession. Even our neighbouring country has regulated acupuncture for more than 20 years. A proper "doctor" or "physician" title should be given to acupuncture experts, which is separate from Chinese herb doctors. Since TCM practitioners

mainly treat their patients with Chinese herbs, and acupuncture practitioners largely apply needles on their patients, these two professions should be treated as equal.

(2) Acupuncture should be performed by trained acupuncturists, not by chiropractors, naturopaths, massage therapists, dentists or even medical doctors. This is the most problematic part of the present Bill 50. Both the general public and the government must be fully aware of this illogical and dangerous element.

(3) Bill 50 must comply with our Canadian Constitution to recognize our national languages, English and French. In fact, this bill is fundamentally a health issue, not a cultural issue. Canadian health practitioners must be capable of communicating in either English or French with their patients to safeguard against any misdiagnosis or possible wrong treatment. Only in exceptional situations should we consider accepting the Chinese, Japanese or Korean languages for examination purposes, like our neighbouring country, the United States.

(4) A grandfather clause must be included in the original Bill 50, which should not be decided by the future college. Those who have practised five years or more should be automatically grandfathered without further examinations.

(5) The college directors should be elected through democratic procedures by our peers, not appointed. If council members are to be appointed by the Lieutenant Governor, then such appointments should be like those of appointed judges: based on merit, not politics.

**The Chair:** Thank you. We have about a minute per side, beginning with the PCs. Mr. O'Toole.

**Mr. O'Toole:** Thank you very much for your presentation. It's also important to point out that we've got the essential argument here—the previous presenters and yours—and the differences are clearly spelled out there. You may have heard them.

In your second recommendation, you suggest that acupuncture not be performed by others as a controlled act or any other function of those medical professionals. Is that right?

**Dr. Carson:** Yes.

**Mr. O'Toole:** That's a pretty serious impediment to finding consensus on this bill, because the bill currently does permit that.

**Dr. Carson:** They're just different views. A few months ago, the American Acupuncture Council came to meet our people and the ministries. They actually said that they had been conducting their bill for more than 25 years. They said that regulating TCM is too ambitious, and even acupuncture—

**The Chair:** Thank you. With respect, Mr. Carson, I now offer it to the NDP. Ms. Martel.

**Ms. Martel:** Thank you for your presentation. In (3), you say that the bill must comply with the Constitution and recognize English and French. There have been a number of other presenters who have said that any certification examinations should be in Chinese as well.

**Dr. Carson:** If we allow Chinese, then we should allow Japanese and Korean, because they are all under

the umbrella of Oriental medicine. That's the reason why in American licensed acupuncture exams, you can ask for Korean or Japanese or Chinese.

**Ms. Martel:** So you make a specific request?

**Dr. Carson:** Yes. If they are capable and their qualification is up to the [*inaudible*], that's the reason why we say it's an exceptional case: They have the knowledge, they have the skills, but maybe their language is a little bit inferior.

**The Chair:** To the government side: Dr. Kular.

1630

**Mr. Kular:** Thank you for your presentation. In your presentation, you said: "(2) Acupuncture should be performed by trained acupuncturists, not by chiropractors, naturopaths, massage therapists, dentists or even medical doctors."

I'm a medical doctor turned politician. During my practice, I have gotten assistance from a lot of chiropractors who helped us with doing acupuncture, and our patients, especially those in chronic pain, get helped a lot. So why do you suggest that an MD or a chiropractor should not practise acupuncture? The question I have is, is it the training issues you are worried about, or is it something else which worries you?

**Dr. Carson:** The thing is, we think acupuncture is just the one standard. If you want to regulate something, there's one standard that has been set there; then, if you qualify, I will call you an acupuncturist. If you're not qualified—

**The Chair:** Thank you, Dr. Kular, and thank you, Dr. Carson, for your presentation on behalf of the World Tung's Acupuncture Association.

#### CANADIAN SOCIETY OF CHINESE MEDICINE AND ACUPUNCTURE

**The Chair:** I would now invite our next presenter, S.Y. Mak, the president of the Canadian Society of Chinese Medicine and Acupuncture. Please be seated. As you've seen, you have 10 minutes in which to make your presentation. I invite you to begin now.

**Ms. Helen Zhang:** Thank you, Chairman. My name is Helen Zhang. I'm the vice-president of this association. I really appreciate being here to hear all the opinions. Also, I'm very happy to be here because I usually see your faces and am familiar with your names from the TV and newspaper. Today we are face to face.

On behalf of the Canadian Society of Chinese Medicine and Acupuncture, I would like to take this opportunity to re-emphasize that we are in agreement regarding the legislation of Chinese medicine and acupuncture as an independent health care profession. We always give full support to this legislative movement. We are looking forward to having regulation of TCM and acupuncture to protect Ontarians and the practitioners.

We stand firmly on the following three principles. First, we believe that acupuncture is an imperative and inseparable part of TCM. In China, acupuncture is a respected career; an acupuncturist works at the acupuncture

department in the hospital. There are master's degree- and Ph.D. degree-studies in the medical universities.

Because acupuncture is an effective treatment—simple, cheap, quick and convenient—it is easily accepted by the people in the Third World, and many MDs from there come to China to study acupuncture. Acupuncture has spread quickly in the Third World.

The development of acupuncture in Canada is limited. Acupuncture is not treated as a profession. When acupuncturists do acupuncture on patients, they know they are not considered a doctor by law, no matter whether they are an MD or an MD plus Ph.D. They cannot choose the methods that the patients really need, such as the points on the head, point injections and herbal medicine combinations to improve the treatment effect. Acupuncturists should protect themselves in case patients do not accept or are not happy to have this kind of treatment.

In order to protect the public health of Ontarians, those who intend to practise acupuncture must go through a reasonable, common, standardized qualification process, and only one standardized set of criteria can be used. That is called acupuncturist.

TCM and acupuncture is an integrity medicine: in the macro view, to think about the human body and treat the disease. For the same disease in a different human body and different season or different weather, the treatment is different. That is why we ask for the right of diagnosis. The effective treatment is based on the correct diagnosis.

The philosophy of TCM and acupuncture in treatment is balance and harmony, such as the balance of yin and yang, the harmony of the human body and nature. The theory of TCM and acupuncture is a very advanced, modern science. Honestly, it is not easy to understand and apply this theory only using a yes-or-no philosophy. However, once you know that, even though you are politicians, you will get advantage from it.

Because the theory and philosophy of TCM and acupuncture are very different from western medicine, it is hard to translate and explain to the western world, especially the herbal medicine. That is why most people know more about acupuncture than TCM herbal medicine. If we would say that TCM has two legs, one is the herbal medicine, the other is acupuncture. Sometimes the patient needs both legs to stand up.

Second, in the bill it is best to indicate clearly that grandparenting will be granted during the initial stage of the licensing process in order to ensure that experienced and qualified practitioners have the right to continue their career. Of course, there must be some standards and criteria.

Third, to respect the origin and history of TCM, in the bill it should clearly state that the licensing examination will be available in the Chinese language.

We appreciate the great efforts all of you did for Ontarians, including us, TCM and acupuncture professionals. Once again, we are looking forward to seeing the regulation of TCM and acupuncture to benefit Ontarians and TCM and acupuncture practitioners.

Finally, I would say that I'm here just to deliver the voice of our association. However, I don't think I'm the right person to answer the questions so I represent 1,800 different voices. Our members come from about 15 different countries: Russia, India, Japan, Korea, China, Philippines. It's harder to get one voice, but most definitely we're looking forward to having the legislation regulating Chinese medicine and acupuncture. Thank you so much.

**The Chair:** Thank you, Ms. Zhang. We have just 30 seconds each, beginning with Ms. Martel of the NDP.

**Ms. Martel:** I just want to be clear. You need to get access to the controlled act to make a TCM diagnosis, because right now that's not in the bill.

**Ms. Zhang:** Yes. I'll just say this for myself, not for the 1,800 people. At the beginning, we didn't quite understand about the doctor title. Some of them were so excited. You get the "doctor" title, but, no reason here, we just know you can't use your diagnosis and prescription. So—

**The Chair:** With respect, Ms. Zhang—thank you, Ms. Martel—we'll go to the government side.

1640

**Mr. Kular:** Thank you for appearing before the committee and thank you for supporting this bill. The government's intent is to establish this new college, if this bill passes. That college will definitely set the standards for traditional Chinese medicine and acupuncture.

**The Chair:** Mr. O'Toole.

**Mr. O'Toole:** Thank you very much for your presentation. I would agree with many of the things you say here. On page 2 you say, "TCM and acupuncture are very different from western medicine." I completely agree, as you described it.

Also, I don't understand how you can say two things. This bill will not allow you to practise as you do today, as I understand it, so how can you support the bill? Dr. Kular suggests that you support the bill.

**The Chair:** With respect, I will have to intervene. Thank you, Mr. O'Toole and Ms. Zhang. Time has expired. We thank you for coming forward and for your deputation to this committee. Thank you very much.

CANDACE LAU

**The Chair:** We'd now invite our next presenter, Candace Lau, to come forward. Please be seated. As soon as you are seated, your time will begin. Thank you, Ms. Lau. Please begin.

**Dr. Candace Lau:** Ladies and gentlemen, I'd like to thank the Liberal government for taking the steps and consultations in order to regulate traditional Chinese medicine and acupuncture.

As more and more people undergo acupuncture treatments, acupuncture should become a controlled act that is authorized to those who have the appropriate knowledge, skill and judgment to perform acupuncture. I support the practice of acupuncture as a treatment modality within the scope of practice for symptom control, especially for

pain, by health professionals well trained in acupuncture techniques.

There are a few concerns. I do like the legislation for regulating traditional Chinese medicine and acupuncture, but, in my opinion, we would like good regulation that consists of a lot of different aspects, not only for public safety but also for upholding a high standard of practice. It is only then that I would like to support legislation like that.

Concern number one: Acupuncture and traditional Chinese medicine practitioners, after years of training and passing the licensing requirements, can only do assessments. The question is, when will they be proficient enough to diagnose under the TCM principles to treat? Why is there no provision for them to attain enough knowledge, skill and judgment for a proper TCM diagnosis? This is not present in the bill. I think this is also not good for the public. If we cannot perform a proper diagnosis, how can we perform a proper treatment? So I think there should be a provision in the bill to do this. There are other professions, like chiropractors, not to say medical doctors, that all have the ability to communicate a diagnosis.

Since acupuncture is authorized to those who have the appropriate knowledge and skill to perform acupuncture, the bill only regulates TCM and acupuncturists for the use of acupuncture in treatments. No such regulation is there for other health professions.

There should be amendments to this bill to put in place a system for making sure of a high level of competence for all those who will do acupuncture. The regulatory colleges whose members legally can perform acupuncture in the future may not have the experience and expertise to set standards of practice for their members.

Without such a system, there should be specific guidance on the practice of acupuncture for different health groups, like midwives, pharmacists, etc. The use of acupuncture should be limited only to their scope of practice, like those who are in the practice of pain management for the management of pain, as acupuncture will be helpful as an adjunct in their practice for a drug addiction, for quitting the addiction and the side effects of the addiction, but not the general coverage of health problems as practised by acupuncturists.

I think there should be very specific guidance in this area because, again, it is the level of high standards and training that is required to perform acupuncture in various aspects. It might require less training if one wants to do acupuncture for the management of pain, but if one wants to do acupuncture for many different health problems such as diarrhea, respiratory problems, nausea and women's problems they need substantially more training and more experience. So I think there should be more specific guidance in the bill to account for this aspect.

Also, medical doctors have years of education and years of internship. So if they require only, let's say, 200 hours of training for acupuncture, I would agree, but for other health professionals there are various standards of

education within their scope of practice. For lab technicians they have much less education, and if they were allowed to do acupuncture because there are no specifications on their limitation, then they would require a much bigger scope of training, like pathology, physiology and things like that. In the present bill there is no mention of whatever training they require to do acupuncture and whatever principle is behind it.

You probably know that there are two ways of looking at acupuncture: the TCM way and the anatomical way. These are very different and their results can be different. No doubt the anatomical way of doing acupuncture can deliver good results, as has been witnessed by many, but the TCM way of doing acupuncture has not only as good results or better, but it's also a way of improving the body's health. It's not just for pain management. So it is a much broader scope of practice, but the general public doesn't know. They only know that it is acupuncture. So there should be some clear indication as to what type of acupuncture the public will be getting.

Traditional Chinese practitioners should be able to prescribe, dispense, sell and compound herbs, natural herbal products and also restricted herbal products and herbs. They should have the required education to do dispensing of restricted herbal products.

Thank you very much. I'm ready to answer any questions.

**The Chair:** Thank you, Ms. Lau. We have limited time for each side: about 30 seconds or so. Mr. Patten is to begin.

**Mr. Patten:** Thank you very much for your presentation. I did have three or four questions but I will just point out one where it says, "Acupuncture for different health groups, like midwives, pharmacists. The use of acupuncture should be limited only to their scope of practice"—which is exactly what the bill says; it agrees with you on that—"like who are in the practice of pain management ... as acupuncture will be helpful as adjunct in their practice"—that's the intent—"for drug addiction, for quitting addiction and the side effects of addiction, but not the general coverage of health problems as practised by acupuncturists." That's true, and that's what the bill tries to do.

**The Chair:** Thank you, Mr. Patten. I will now offer it to Mr. O'Toole, the PC side.

1650

**Mr. O'Toole:** Thank you very much for your presentation. It comes down to what you said last: that there are two forms of acupuncture, the TCM method as well as the anatomical method. We've been told today that most of the regulated professions who practise acupuncture are permitted to do so by the college, which has some method of determining appropriate levels of training. Do you agree with the current argument that acupuncture can be performed by a chiropractor, for instance? Do you agree?

**Dr. Lau:** As I just mentioned before, if they have a few hours' training and then do acupuncture, it is mainly for pain management. They have the training—



**The Chair:** With respect, Mr. O'Toole, I will have to offer it to the NDP now. Ms. Martel.

**Dr. Lau:** [*Inaudible*] school of practice. I don't think they have the training for that.

**Ms. Martel:** Very briefly, you mentioned some controlled acts that you should have access to—for communicating a disease, also dispensing drugs. In the 2001 HPRAC report, that was the recommendation. I don't know why we're in a position now where there are no controlled acts that are going to be authorized to TCM practitioners or acupuncturists. We will have to see whether or not the government is open to some amendments so that those controlled acts can be given to college members.

**Dr. Lau:** Yes. Probably it's not very clear when we are looking at the bill. So we would probably have the concession—that this is not presented or allowed to us.

**The Chair:** Thank you, Ms. Martel, and thank you as well, Dr. Lau, for your deputation to this committee.

#### TORONTO INSTITUTE OF CHINESE MEDICINE

**The Chair:** I now invite S.Y. Mak, president of the Toronto Institute of Chinese Medicine. I understand, Ms. Lau, that you will be functioning as translator. Please be seated. As I've mentioned, you have 10 minutes in which to do the combined presentation. Please begin, Mr. Mak.

**Mr. S.Y. Mak:** Because there is not enough time and my English is not very well, I will let Dr. Lau translate for me, okay?

**The Chair:** Please.

**Dr. Lau:** Just one word: Dr. Mak has been one of the first TCM people who advocated for the regulation of traditional Chinese medicine and acupuncture. He is the president of the Canadian Society of Chinese Medicine and Acupuncture. Please note that Zhao Cheng, who spoke on Monday, can only represent himself, because in his presentation he was speaking on behalf of CSCMA, which is not right. Just now Dr. Cheng spoke on its behalf.

"Suggested amendments to legislation for traditional Chinese medicine and acupuncture" from the Toronto Institute of Chinese Medicine.

"After the first reading of Bill 50, the majority of traditional Chinese medicine and acupuncture associations in Ontario and those in this field all welcome the legislation of TCM and acupuncture.

"At the same time there are grave concerns about certain provisions in the bill. There is consideration that these provisions do not safeguard public safety of Ontarians and do not tally the original intention to legislate Chinese medicine and acupuncture as a specialized profession.

"Therefore, the individual associations and colleagues in this field had launched multi-level, multi-channel communication with the provincial government, and strived for reasonable revision to the legislation. The following are our suggestions to the revisions to Bill 50. We hope

that the provincial government will give careful consideration to our suggestions.

"(1) Traditional Chinese medicine has always been a complete medicine discipline with its own collection of diagnosis, treatment and prevention to our body. It has its unique theoretical system. Chinese herbal medicine, acupuncture, tuina massage and the bone-setting treatments all are clinical specialties of traditional Chinese medicine, and definitely are not just some other complementary treatment. The revised legislation must give clear and fair definitions to the traditional Chinese medicine and acupuncture profession. To provide a fair ground, those health professional groups with the diagnostic authority, such as medical doctors, should follow the WHO acupuncture guideline to enter this profession. The remaining health professional groups should work together with the proposed college of traditional Chinese medicine and acupuncture to establish one reasonable standardized set of criteria for anyone who intends to enter this profession.

(2) The revised bill should add the authority to TCM diagnosis to legislated traditional Chinese medicine doctors.

(3) The bill should emphasize that acupuncture is not separable from traditional Chinese medicine. The foundation for acupuncture is governed by traditional Chinese medicine theory. When it is separated from Chinese medicine, it is already no longer the same for acupuncture. Therefore, only traditional Chinese medicine doctors and acupuncturists should be authorized to perform this specialized work of acupuncture, and only acupuncturists can have the qualifications to use the specific name "acupuncture."

(4) The revised bill should add that registered traditional Chinese medicine doctors can perform traditional Chinese massage treatment. Those who want to perform Chinese medical massage—tuina—have to accept guidance from the college of traditional Chinese medicine and acupuncture.

(5) The bill should be revised to allow registered traditional Chinese medicine and acupuncture practitioners to use filiform needles, three-edged needles, laser needles and electric stimulation machines.

(6) The bill should be revised so that only registered traditional Chinese medicine and acupuncture practitioners from the college of traditional Chinese medicine and acupuncture can be authorized to prescribe traditional Chinese medicine formulae, including Chinese medicinal teas, powders, pills, tablets and medicinal creams.

(7) The bill should clearly authorize the college of traditional Chinese medicine and acupuncture in the early licensing stage to apply grandfathering priority in issuing licenses to traditional Chinese medicine and acupuncture practitioners.

(8) The bill should clearly authorize the college of traditional Chinese medicine and acupuncture to use multiple languages, including the right to use Chinese in the professional licensing examination.

**The Chair:** Thank you, Mr. Mak and Ms. Lau. We do have a generous amount of time, I guess about a minute

and a half per side, beginning with Mr. O'Toole of the PCs.

**Mr. O'Toole:** I first of all have to declare that my understanding of what you said is clear, but in how it is a close relative to the medicine as it is practised in North America is quite different. I think it's important that the government is trying to find a way of regulating all of those procedures which traditionally and scientifically have served your community well and make it available in a regulated environment while also respecting where our society is. Do you follow me? How do you regulate something that your culture wants and is probably suspicious of the North American approach to medicine? But there have to be standards, and those standards, to be demonstrated—for instance, some people today would be very upset that you would question whether or not someone else, outside of TCM, could administer acupuncture.

**The Chair:** I'm sorry, Mr. O'Toole, I will have to intervene. To Ms. Martel now.

**Mr. O'Toole:** I thought you said there was a lot of time.

**The Chair:** You used it.

**Ms. Martel:** Thank you for your presentation. One of the changes, then, that you're recommending would be that the title of the college also change so that it's expanded to include "acupuncture," which it does not right now. Am I correct?

1700

**Dr. Lau:** I don't quite understand; I'm sorry.

**Ms. Martel:** The name of the new college right now is the College of Traditional Chinese Medicine Practitioners of Ontario. That's what the bill proposes. You make many references to "college of traditional Chinese medicine and acupuncture" in the brief. So are you suggesting to the committee that "acupuncture" be added to the title of the new college?

*Interjections.*

**Dr. Lau:** Yes, I think he would like to include "acupuncture"—

**The Chair:** With apologies, Ms. Martel, that will have to suffice as an answer to that. To the government side, please. Mr. Patten.

**Mr. Patten:** Thank you. I don't have much time, so I'm going to point out something I think you'll be happy with. If you read the explanatory note to the bill, page 1, it says: "The registrar must notify each member of the college if the minister refers a suggested statutory or regulatory amendment under the new act to the Health Professions Regulatory Advisory Council." Then it goes on:

"(b) prescribing and governing the therapies"—plural—"involving the practice of the profession and prohibiting other therapies."

So it's not limited to simply one area. It's looking at, appreciating and recognizing traditional Chinese medicine as a philosophy of health and a different approach than western medicine, and then saying that, under that, it can deal with a "practitioner," whatever it comes up with.

But it's the college that will deal with this, an acupuncturist. What that will mean is that acupuncturists out of TCM are the only ones who will be able to use that term. If it's a physiotherapist or a chiropractor and they only have what's within their own scope of practice, limited training, they can't use "acupuncturist." They won't be able to use "acupuncturist."

**Dr. Lau:** We understand that. They won't be called acupuncturists.

**Mr. Patten:** That's right. But you have to let this group work out those particular elements.

**The Chair:** Mr. Patten, thank you very much for your question. Thank you, as well, Mr. Mak, and thank you again, Ms. Lau, for translating. We appreciate your deputiation on behalf of the Toronto Institute of Chinese Medicine.

**Dr. Lau:** Mr. Mak wants to express his regret that he has been fighting for the regulation of TCM and acupuncture for a long time, but he thinks that—

**The Chair:** Thank you very much.

#### INTERNATIONAL SCALP ACUPUNCTURE RESEARCH ASSOCIATION OF CANADA

**The Chair:** I now invite our next presenter, Mr. Ken Lau, the president of the International Scalp Acupuncture Research Association of Canada. Mr. Lau, please be seated. Please begin.

**Mr. Ken Lau:** Ten minutes, right?

**The Chair:** Please.

**Mr. Lau:** Okay. I appreciate it. I'll jump right into the topic of the issues and concerns of the regulation of traditional Chinese medicine and acupuncture.

In the scope of practice: The practice of TCM and acupuncture is the assessment of conditions of internal organ systems and the TCM diagnosis, prevention and treatment, primarily by herbal medicine and acupuncture, of disorders arising from the imbalance of yin and yang, chi and blood; and also involving the meridian channels.

The second point, authorized acts: In the course of engaging in the practice of TCM and acupuncture, a member is authorized, subject to the terms and limitations on his or her certificate of registration:

(1) to communicate a TCM diagnosis identifying, as the cause of the person's symptoms, disorders arising from the imbalance of yin and yang, chi and blood of internal organ systems as well as in the meridian channels;

(2) to move the joints of the body beyond a person's usual physiological range of motion using a fast, low-amplitude thrust;

(3) to use tuina as one of the therapeutic procedures in TCM;

(4) to prescribe, dispense, sell and compound herbs and natural herbal products.

Basically, all that I've mentioned here has been practised in China for thousands of years. The effectiveness of them: You can see the Chinese population and know whether it's a good approach or not.

Good regulations should be guided by the highest quality of health care service, protection of public safety,

fairness to all parties concerned and providing enough information to consumers to enable them to make informed choices.

There are valid concerns, like the first one:

(a) Highest quality of health care service in jeopardy. Bill 50 allowed other health care professions to do acupuncture with unspecified training. Not all 23 health professions have the same level of training in biology, chemistry etc. When they are allowed to perform another scope of practice outside their expertise without training guidelines, especially for those professions for which acupuncture is not an adjunct therapy, it is unconvincing that high quality of service can result.

Also, other health care professions can have their acupuncture services governed by their board. My question is, who is best qualified to have the experience and expertise to govern acupuncture, the college of TCM or the governing boards of other health care professions? It's very obvious.

(b) If the governing boards do not have enough professional expertise and they are allowed to govern a procedure below the dermis, public safety is at risk, especially when the government allows them to set their own standards.

(c) Fairness to all parties concerned: We do not object to other health professional groups using acupuncture to help their clients. As a matter of fact, this shows acupuncture works better. We just want the government to ensure that there must be one reasonable, standardized set of criteria for anyone who intends to enter this profession. Our priority is the health and safety of all Ontarians.

(d) As far as consumers are concerned, the bill allows no provision for informing the public of the differences in the principles of acupuncture performed by acupuncturists and those provided by other health care professions.

In conclusion, there must be one reasonable and fair standardized set of criteria for anyone who intends to enter this profession. Also, the government should lift off the mandatory referral and let the acupuncturist perform acupuncture independently.

The following is from some of the cases I performed. I, myself, specialize in brain damage and nerve damage acupuncture. I find now that with supervision I get less results; without supervision I get much more results, the reason being that, with supervision, those being paid by their insurance company always go to a medical doctor looking for advice. They always say there's no medical benefit and that's it, so there are no results. But for those patients who pay from their own pocket, I have a few cases that—if you have time, you can sort of browse through them. It's not three months' time; for the first one, after 80 sessions that autistic boy started to say something and communicate much better. His parents were so amazed that they wrote a letter to express their appreciation and recommended acupuncture.

In another case, the parents were so rich that they had their daughter evaluated before the treatment. Six months

later, they sent their daughter down to the States again to have her evaluated. They found out that their daughter, who is developmentally delayed, had a 570% increase in intelligence. So if it's being covered by the insurance company and then they ask for advice from the other health professions, I can only say to the parents that this—okay, a good chef can cook a good steak, but how can they teach, train, ask the oriental dim sum chef to make dumplings? It's a completely different field.

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So I'm sort of upset. I feel that my patients, especially for most of them—I can see the chance to recover and, all of a sudden, because of “no medical benefit,” that's it; that's the end. This will deplete their right to recover, so I'm feeling bad about that. That's why, for this particular point, I recommend that the government should lift off the mandatory referral and let the patient decide. I always advise my patients, “If you get a benefit, you stay. If you don't get a benefit, save your money and go to somebody else and do something else.” I have a patient who travels all the way from Australia every two months to see me for one whole month and goes back to work again, because of a muscular atrophy problem. But he's gaining size, and no one, so far, can help him to grow.

Am I running out of time?

**The Chair:** There is still some time remaining for questions, briefly. About 30 seconds each, beginning with Ms. Martel of the NDP.

**Ms. Martel:** The section that you just referred to, “the government should lift off the mandatory referral”: Where is that in the bill? I apologize that I—

**Mr. Lau:** They said that when you treat a patient up to a certain period, then you have to give it back to a medical doctor, something like that.

**Ms. Martel:** I'll get some further clarification from the ministry.

**The Chair:** Thank you, Ms. Martel. To the government side, Dr. Kular.

**Mr. Kular:** Thank you, Mr. Lau, for appearing before the committee. The government has the same idea. Our priority in this bill is the safety of Ontarians, and you agree on that one, right?

**Mr. Lau:** Exactly. But when you let the other health professionals set their own standards, this is not the same. Before, there was no standard, and now you propose a multiple standard. The way I interpret this approach is, now you are trying to get some support from those groups, and you're letting them do whatever they want, and trying to restrain the Chinese herbal doctor and acupuncturist from doing the job they're supposed to do.

**The Chair:** With respect, Dr. Lau, I'll offer it now to the PC side: Ms. Witmer.

**Mrs. Witmer:** Thank you very much, Dr. Lau. I just had a chance to scan some of the cases here. There has been phenomenal improvement in some of the individuals you've had an opportunity to treat. It's really quite remarkable.

**Mr. Lau:** I do have a booklet. In case any one of you is interested, you can e-mail me; I can send some more

information. The Guillain-Barre syndrome patients really recover well, while, in Lyndhurst, other patients suffering the same disease still need a crane to lift them up and off the bed. But my patient, after two months, can jog and run.

**Mrs. Witmer:** Excellent. Thank you very much.

**The Chair:** Thank you, Ms. Witmer, and thank you, Dr. Lau, for your deputation for the International Scalp Acupuncture Research Association of Canada.

**Mr. Lau:** Can I just make a comment?

**The Chair:** Your time has now expired, and with respect, I now invite our next presenter.

#### COLLEGE OF NURSES OF ONTARIO

**The Chair:** Our next presenter is Anne Coghlan, executive director of the College of Nurses of Ontario. Ms. Coghlan, please be seated. Please introduce your colleague as well. As you've seen the protocol, you have 10 minutes in which to make your presentation, and I invite you to begin now.

**Ms. Anne Coghlan:** Thank you very much, Mr. Chair, for the opportunity to present to the standing committee on social policy. My name is Anne Coghlan and I'm the executive director of the College of Nurses of Ontario. With me today is Cheri Vigar, manager of policy at the college.

The college of nurses is the regulatory body for nursing in Ontario. I'm here today to reinforce that the college is supportive of nurses being able to continue to use acupuncture in their nursing practice as a complementary therapy. Nurses have historically used the acupuncture technique of needling to stimulate various points on the body to encourage healing, reduce or relieve pain, and improve the function of affected areas of the body. They have focused on acupuncture as a treatment modality within the context of Western medicine.

Many of the nurses performing acupuncture in the province are found in pain management centres or clinics or in addiction counselling centres. They can also be found in any setting where patients are receiving health care services and want to combine a traditional Western medical approach with one of the complementary therapies in order to increase the efficacy and impact of their treatment.

Although nursing data is limited, a research study published in 2003 reported that, out of a sample of 215 nurses registered with the College of Nurses of Ontario, 9.3% reported using acupuncture in nursing practice. These nurses may be found in urban settings or isolated rural locations where access to health care services and providers is severely limited.

My comments will address three specific areas: scope of nursing practice, education, and standards of practice.

In relation to scope of practice, Ontario's scope of practice/controlled acts model for regulated health professionals was designed with public protection in mind. It was also designed to allow for the evolution of professions and for increased patient choice in selecting a

health care provider. As a result, many of the scope of practice statements under the Regulated Health Professions Act are very broad in order to enable the performance of a wide range of activities for which individual practitioners are competent and accountable. This is the case with nursing.

Nursing's broad scope of practice statement states: "The practice of nursing is the promotion of health and the assessment of, the provision of care for and the treatment of health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.

Nurses also have access to three of the controlled acts, one of which is the "performance of a prescribed procedure below the dermis or a mucous membrane." We believe that the performance of acupuncture by nurses is captured under this specific controlled act and that nurses who have gained the in-depth knowledge base and technical skills required for the performance of acupuncture should be able to utilize and perform it as a therapeutic intervention.

With respect to nursing education, the specific knowledge, both theoretical and technical, related to the safe and effective performance of acupuncture is not a part of a nurse's basic educational program. There is only a minor focus on complementary therapies in general, which outlines the need for an assessment process that captures the appropriateness of a complementary approach and its possible interactive effects.

What is a part of the nursing program is a solid foundational knowledge of anatomy and physiology, and the interrelationships among the core body systems. Nurses study the interactions and the impact of therapeutic interventions on the core body systems and on the equilibrium or balance of human processes. They study sociological and psychological theories of human behaviour. This holistic foundational knowledge, when combined with the ability to think critically and to exercise professional judgment, allows the nurse to build upon her or his expertise through a continuous application of knowledge to new situations.

There are many examples of activities that nurses perform in their practice that grow out of their core nursing knowledge. For example, nurses in their educational programs do not learn how to insert nasogastric feeding tubes or intravenous lines, but these become elementary procedures for experienced nurses, depending upon context of practice. These are only two examples, in addition to acupuncture, of the many activities performed by nurses that are not a part of the initial education program. Nurses do acquire the necessary knowledge and skill, however, through continuing education and experiential learning.

Formal education programs are available which enable nurses and other health professionals to gain the core competencies necessary to perform acupuncture safely. One such program is offered at McMaster University and is targeted at nurses, physicians, chiropractors and other regulated health professionals.

With respect to standards of practice, the college has no practice standard specific to the performance of acupuncture, nor does it have a standard specific to any other activity that falls under the controlled act of “prescribed procedures below the dermis.” Our practice standards and guidelines are broad in order to provide guidance and set expectations for nurses that encompass all aspects of nursing practice and to enable nurses to respond appropriately to the changing needs of our health care system.

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Although our standards documents are not specific to acupuncture, the following standards and guideline do provide guidance that is relevant to the performance of acupuncture:

—Our professional standards provide an overall framework for the practice of nursing and include requirements relating to accountability, continuing competence, knowledge and application of knowledge;

—The standard related to decisions about procedures and authority outlines a process to be used by nurses to determine if it is appropriate for them to perform a specific procedure and if they are competent to perform the procedure;

—The infection prevention and control standard describes the responsibilities and accountabilities of every nurse in preventing the transmission of infection; and

—The complementary therapies guideline provides guidance to nurses and helps them determine when it is appropriate to incorporate complementary therapies, including acupuncture, into their nursing practice.

All of our standards documents address the performance of all procedures in terms of the nurse’s competency to perform the act safely, effectively and ethically.

The College of Nurses of Ontario believes strongly in the concept of self-regulation and holds its members accountable for the safe performance of all interventions that they carry out, including acupuncture. We are supportive that acupuncture continue to be authorized for competent, regulated health professionals, as is currently stipulated in Bill 50.

I’d be pleased to answer any questions. Thank you.

**The Chair:** Thank you, Ms. Coghlan. We have about 45 seconds each, beginning with the government side. Mr. Patten.

**Mr. Patten:** Thank you very much for your presentation. It would appear that Bill 50 would put a little bit of pressure on your college, it would seem to me, in terms of utilization of what I would call “adjunct” acupuncture. It doesn’t appear that there are any standards at all, unless I misinterpreted you, in terms of acupuncture?

**Ms. Coghlan:** To the contrary, what we’re saying is that our current standards, which I’ve outlined, would apply to the performance of acupuncture, as they do to the performance of any act that a nurse engages in now.

**Mr. Patten:** What about educational training standards? What’s your bottom line in terms of someone being able to—

**The Chair:** Mr. Patten, with respect, it’s now the floor for the PC side. Ms. Witmer.

**Mrs. Witmer:** Do you know what? I’ll continue along the vein of Mr. Patten, because I had that question too. What educational requirements are there? What minimum standards? We’ve heard from some of the other colleges about the standards that they’ve set for acupuncture.

**Ms. Coghlan:** We don’t have a specific standard in relation to acupuncture. As we indicated in our written submission, if the government were to decide that there should be a common standard for the controlled act of performing a procedure below the dermis, that is something that we would be willing to participate in collaboratively with other colleges. However, each nurse is accountable to ensure that she or he has the necessary knowledge, skill and judgment and is competent to perform any nursing intervention. So the same principle would apply to acupuncture as applies to many other interventions. I think nurses have a track record of pursuing additional education to ensure their competence.

**The Chair:** Thank you, Ms. Witmer. With respect, now to Ms. Martel.

**Ms. Martel:** We’re getting at the crux of the issue in terms of who we think should be able to provide acupuncture and who shouldn’t. The government has taken a route that says, “You’re a member of a college and you have a standard of practice within the scope of practice of the profession.” For me, that causes a lot of confusion because there are a number of professions that don’t have a standard of practice for acupuncture.

I think the better way to do it might be to look at it as a controlled act, because it is through a controlled act that you, more than anything else, actually have the right to perform acupuncture. You have the controlled act that says that you can provide a procedure below the dermis. Wouldn’t it make more sense if we actually said, “These colleges will have this controlled act of a procedure below the dermis, and it’s those ones who have that controlled act that can provide acupuncture”?

**Ms. Coghlan:** That is an option that was considered during the consultation. Certainly, if it is a controlled act, then the same standards that apply to the execution of any of the other controlled acts authorized to nursing would apply.

**The Chair:** Thank you, Ms. Martel, and thanks to you as well, Ms. Coghlan and your colleague, for your deputation and presentation on behalf of the College of Nurses of Ontario.

PERRY HURLEY

**The Chair:** I now move directly to our next presenter, Perry Hurley. Mr. Hurley, as you’ve seen, there are 10 minutes in which to make your presentation. Please begin.

**Mr. Perry Hurley:** Thank you for allowing me to speak. I have a number of issues which concern me about Bill 50. The main one is, how can the government ensure the public’s safety if there isn’t regulated training of acupuncturists?

Recommendation number 9 of Bill 50 allows all other health professionals' groups to practise acupuncture with unspecified training and to set their own standards.

Cost-effectiveness will also be reduced if people aren't properly trained in the procedures of acupuncture and able to properly diagnose and treat the problems that the patients have.

The third issue is that whether it's called acupuncture or adjunct acupuncture really makes no difference to the patients. It's still acupuncture and it will still help us in the long run. We want the government to enforce unified qualification for those who practise acupuncture on us and to use the same qualifications that they use for other medical practitioners such as surgeons or regular doctors.

My main concern is for the safety of the public if a person is only going to have very minimal training, such as 20 hours, different from traditional Chinese medicine, which requires, I believe, 2,000 hours of training, which is far more significant and of far greater benefit to both the practitioner and the patient. I believe that there should be a standard for the training and the diagnosing procedures that they would use on patients.

If there is any difference in the way medical doctors are to perform acupuncture—I speak for most patients, I imagine, because I've been one for four years now and I would really like to be informed if there are any changes to the regulation of the practice of acupuncture on patients in regard to healing. I have received it for four years and have made significant gains in all areas, including mental and physical.

Thank you for allowing me to speak. I would like to answer any questions that you have. If I could, I'd like to have Ken help me answer your questions.

**The Chair:** Thank you, Mr. Hurley. We have about two minutes or so per side. Mrs. Witmer.

**Mrs. Witmer:** You indicated that you've been a patient for about four years. How did you decide that you were going to receive acupuncture treatment?

**Mr. Hurley:** I was receiving traditional treatment provided by an NRS program, which was just normal muscle stimulation by electrolysis. She had extensive training in that area, yet my gains were very limited and stopped very quickly after she started treating me. Then I was introduced to Ken by her, and my arm and mind have continued to improve for the past three or four years now.

**Mrs. Witmer:** Thank you very much for telling your story.

**Ms. Martel:** I appreciate what you have raised here today. I was going to ask the same question that Mrs. Witmer did, in terms of how you came to choose acupuncture, so I don't have any further questions.

**The Chair:** To the government side. Mr. Ramal.

**Mr. Ramal:** Thank you for presenting to us and telling us your personal story. You mentioned many different issues here. You mentioned that you don't care what the name is of the acupuncture; you just want to receive some kind of treatment. I think you agree with us; that's why we're bringing this bill forward, to make sure that safety is being applied in the province of Ontario and

that the people who are receiving the treatment will be in safe hands. What do you think about this?

**Mr. Hurley:** I think it's most important to ensure the safety of the people who are being treated by such a practice as acupuncture. It can be a very dangerous treatment if it's not in properly trained hands.

**Mr. Ramal:** So you are in favour of regulating this profession, not opening it up to everyone. Maybe some people are trained for two weeks versus people who are trained for 10 years. You'll be in favour of setting up standards and regulations to make sure that safety is being applied?

**Mr. Hurley:** Yes, I would.

**The Chair:** Thank you, Mr. Ramal. Thank you, Mr. Hurley, and to your colleague for your deputation and presence today.

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VIRGINIA CHOI

JEFF BRYANT

MARY WU

**The Chair:** We now move directly to our next presenter, Virginia Choi. Ms. Virginia Choi, please do come forward. You may wish to introduce your colleagues as well. I would invite you to begin as soon as you're seated.

**Ms. Virginia Choi:** My name is Virginia Choi. With me are my fellow TCM student Jeff Bryant and my professor, Dr. Mary Wu. I just want to thank you for this opportunity to speak with you about the Bill 50 regulations. I am a first-year student. I'm also a registered nurse and have been working in the ICU for the past 20 years.

I'm not here today to tell you how good TCM is and that it works. I know you know it works and that's why we're here. I'm sure some of you have benefited from TCM and acupuncture. I'm here because I believe that you are the ones who have the power to make this Bill 50 a better bill and to help this profession to be a better profession to protect the public, to protect your health and your family's health. Also, I believe that you hold the key to building a solid foundation for this profession, to set this profession on the right path, to avoid mistakes that we make today and then pay more money for tomorrow.

In order to achieve your vision, first you must separate the titles of TCM practitioners. The public should have the autonomy to choose between a TCM doctor, a TCM acupuncturist, a professional who does adjunct acupuncture and a tuina massage therapist. You are here to make it clear to the public that each category title is different in order for them to make an informed choice.

It takes over 4,000 hours of training to achieve the level of TCM doctor. To become a TCM acupuncturist, it takes over 2,000 hours. On the other hand, for a professional who does adjunct acupuncture it only takes 200 hours. I don't believe they deserve the title. The privilege of this service should only be offered to pro-

professionals such as doctors, dentists and physiotherapists. It takes a tuina massage therapist over 2,000 hours to achieve the level of proficiency. They deserve the title “tuina massage therapist.” By having a separate title, not only can a higher standard of practice be guaranteed; it also ensures that invasive manipulation such as traction and bone-setting cannot be practised by unqualified individuals.

Believe me, TCM regulation needs your leadership and your vision. Thank you for your time.

**The Chair:** Thank you, Ms. Choi.

**Mr. Jeff Bryant:** Recommendations for modifying Bill 50:

(1) Grant the TCM profession access to the controlled acts it uses for its whole scope of practice. Allow these controlled acts to be practised only by those people who are qualified: first, communicating a diagnosis and differentiation in identifying a disease or disorder as the cause of a person’s symptoms according to traditional Chinese medicine; second, performing a procedure on tissues below the dermis, below the surface of a mucus membrane, for the purpose of acupuncture and its related procedures; third, setting or casting a simple fracture of a bone or a dislocation of a joint by qualified TCM specialists under the supervision of an MD; fourth, moving the joints of the spine beyond the person’s usual physiological range of motion using fast, low-amplitude thrusts; fifth, administering a substance by injection or inhalation for the purpose of TCM treatments; sixth, prescribing, dispensing, selling or compounding Chinese medicines and natural health products.

(2) Distinguish between TCM acupuncture and adjunct acupuncture to promote fairness for the public to understand and decide what is most appropriate for their condition.

(3) Recognize the different specialties of TCM and grant them their appropriate titles: doctor of TCM; TCM practitioner; tuina massage therapist; TCM herbalist; and TCM acupuncturist.

(4) Change the name of the college to the College of Traditional Chinese Medicine Practitioners and Acupuncturists.

The following TCM therapies need to be incorporated into the controlled acts, and these acts need to be authorized to members of the TCM profession:

(1) acupuncture authorized to qualified professions only;

(2) TCM diagnosis;

(3) tuina massage therapy;

(4) prescribing, compounding and dispensing Chinese herbal medicine and natural health products.

I’m a student of traditional Chinese medicine in Toronto. I am in a four-year intensive program. Afterwards, I plan on going to China for a couple years to learn from some of the doctors there to improve my skills and learn some new techniques. I haven’t decided if I will come back to practice in Ontario. I ask myself, why should I go to practice in a place where I can’t use everything I’ve learned and where the people don’t know

the difference between a TCM doctor and someone with a weekend course in acupuncture? Why fight a constant uphill battle when it would be so much easier to go and practise somewhere else?

Five years from now, like many other TCM doctors, I’ll be looking for a place to set up a practice. With no controlled acts, our hands are tied. And with hardly any recognition for our education, we’re invisible. If legislation stays the way it is, why would any TCM doctor choose to come to Ontario? With Bill 50 in its current state, it will drive a lot of potential talent away from one of the most recognized medicines in the world for a long time.

I love Ontario, and I love TCM. I would love to have the two agree with each other.

**Dr. Mary Wu:** I’m here in support, just to show you that this is the catalogue that those students are receiving. We have a doctor of traditional Chinese medicine diploma program offered by the Toronto School of Traditional Chinese Medicine. On page 11 you will see all the programs, five-year intensive programs. In this folder, there’s also a list of toxic Chinese herbs and also contraindications of Chinese herbal medicine for pregnancy and so on. Also, there’s a working list from the college of TCM and acupuncture of British Columbia. There’s a picture about bone-setting and also injection therapy with acupuncture treatment.

So I’m here to support all my students, to support Bill 50 in terms of regulation, but we do feel that Bill 50 can be improved in order to protect the public better and to ensure the quality, safety and effectiveness of TCM services for all Ontarians.

**The Chair:** Thank you. We have about 30 seconds or so per side, beginning with the NDP.

**Ms. Martel:** Thanks for the presentation. In 2001, HPRAC recommended that acupuncture be regulated as a controlled act and authorized to a number of health care professionals, but we’re not doing this in the bill. Did you appear before HPRAC that long time ago?

**Dr. Wu:** Yes, I did. Actually, I made 20 pages of comments on HPRAC’s recommendation. I think HPRAC’s recommendation was really pretty good. At the time, most of my recommendation was targeting the “doctor” title. With acupuncture, I feel that it does need to be a controlled act under (2), and also we need to separate the two different types of acupuncture with clear definitions and clear educational requirements and so on.

**The Chair:** Thank you, Ms. Martel. To the government side.

**Mr. Patten:** Thank you very much. I enjoyed your presentation. I would like to just point out one thing to give you some comfort, because this process is very difficult, as I am learning as well. Much has to be referred back to the rights and privileges as put out by HPRAC, that act itself. I refer you, later on, to clause (95)(1)(e), where you’re concerned about identifying specific professions within TCM, for example. It says, “Defining specialties in the profession, providing for certificates relating to those specialties”—

**The Chair:** Mr. Patten, I will have to intervene and offer the floor now to the PC side.

**Mrs. Witmer:** If you want to continue from—you were answering Ms. Martel's question.

**Dr. Wu:** Okay. We do feel that TCM acupuncture and adjunct acupuncture should be clearly defined, and with the definition, the educational requirement competency standard as well as the limitations. I would suggest that you have a task force established to deal with all these issues and to authorize certain professions to practise at this time and to work on the rest later, in the future. In my written submission, I will clarify that in more detail and explain that.

**Mrs. Witmer:** Thank you very much.

**Dr. Wu:** You're welcome.

**The Chair:** Thank you, Dr. Wu, Ms. Choi and Mr. Bryant, for your deputation on behalf of the Toronto School of Traditional Chinese Medicine.

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#### CLEMENT WONG

**The Chair:** I now invite our next presenter, Clement Wong. Mr. Wong, as you've seen, you have 10 minutes in which to make your presentation. Please begin.

**Dr. Clement Wong:** Good afternoon, Mr. Chairman and members of the committee. Thank you for this opportunity to speak. I am Dr. Clement Wong. I am a family physician from Mississauga. I graduated from the University of Toronto faculty of medicine class of 1981, and also the Ontario College of Acupuncture and Chinese Medicine in 1997. I am a member of the Acupuncture Foundation of Canada Institute since 1982. I am a designated medical practitioner for Citizenship and Immigration Canada and for the RCMP.

Today my presentation will focus on the educational requirement for using the title of "doctor." Being a medical doctor, I still remember how much education I went through in order to practise with the title of "doctor". I would like to see Bill 50 set a university degree as the basic standard for TCM practitioners and also to go into a doctor's degree program for further training after their basic degree in TCM so that the patients will benefit from the care of a well-trained professional.

It has been a privilege for me to learn about acupuncture and to help my patients in the past 25 years with both Western medicine and traditional Chinese medicine. A full generation has grown up since my days in medical school.

I have been teaching with the faculty members of the Acupuncture Foundation of Canada Institute since 1995. The faculty consists of Dr. Joseph Wong, who has a fellowship from the Royal College of Physicians and Surgeons of Canada, and that's called Canadian tradition of anatomical acupuncture. There are MDs who teach with the faculty of the Acupuncture Foundation of Canada Institute who are also very knowledgeable in classical acupuncture. The students there are professionals from various medical fields. They do have the

advantage in their basic knowledge. My students come from a variety of different backgrounds, and I instruct them about classical acupuncture issues. On occasion, I am asked to facilitate in anatomical acupuncture classes too.

I became involved with the Ontario College of Acupuncture and Chinese Medicine and began instructing students about risk management in 1997. The Ontario College of Acupuncture is a community-based college. We serve students who are interested, and they are mostly mature adults with various backgrounds. The faculty consists of a retired professor who was the president of Guangzhou University of TCM in China, a teacher with a master's degree in herbal pharmacology, a teacher with a master's degree in Pallis diagnosis, and two MDs who graduated from the University of Toronto.

With those five professionals forming a team, trying to educate a new generation of acupuncturists, we came to realize that it is a lot of responsibility to educate these people who will be caring for patients. So over time we were really concerned about their scientific knowledge. We are concerned about further education for them. So eventually Ryerson University decided to adopt a program and offer this in the community service department. Ryerson University is in the process and almost ready to offer a degree program. It's just waiting upon the decision of Bill 50 and how it finalizes.

Currently, Ryerson University has a program for students in risk management in TCM. In that program, we teach clean needling techniques, infection control, assessment of vital signs and recognition of medical emergencies so that referrals to urgent care would be managed and arranged timely. This I see is what's missing in a lot of other colleges, that they do not have this part of training.

As an instructor at Ryerson, I have the support of various departments which make this happen. The community health program provided me with the lab for practical sessions. There are simulation mannequins to train students for vital signs assessments. Also, there's a whole department of distant education, with staff helping me to design a hybrid course that would offer Internet-based presentation of core material. The contact hours in class would be used to refine their practical skills and problem-solving abilities. Students then have the opportunity to ask questions over the Internet, do discussions, and I would give them feedback and so on. Ryerson also has very good support for the instructors in terms of helping them to develop their teaching skills and become a better educator.

I hope this government will become a strong leader in developing a doctors' program at the university level. What could be better than a university which is willing to serve the needs of the community, a forward-thinking educational institute, such as a university? What could be more suitable than to have education at the university-degree level to support the use of the title of "doctor"?

The knowledge in TCM has helped people for thousands of years and is helping patients in some areas where contemporary treatments have limited success. We



must invest our efforts in educating the new generation of TCM practitioners. We will need their services some day and their care when we get older. Let us not wait for another generation to pass before this happens.

The program at Ryerson is currently at the community service level. However, the development connections are all geared to offer a degree program. A formal submission has been sent by the president of the university.

I'm here to entertain questions, if there's a way I can help.

**The Chair:** Thank you, Dr. Wong. About 40 seconds each, beginning with Mr. Ramal.

**Mr. Ramal:** Thank you for your presentation. I'm going to be quick and fast on that one. We listened to many people who came before you talk about adding a grandfathering clause. I would imagine you're against that, because it doesn't require any study and regulations, since you're talking about something very intensive and are in favour of a degree level or equal-to-M.D. studies at university in order to license people or give them a doctorate. What do you think about this?

**Dr. Wong:** I will not comment on the grandfathering issue. My concern is the education of the new generations of acupuncturists in the future. I respect a lot of our professors who educate us in the college. Grandfathering, for those who are competent to still practise, would be good.

**The Chair:** Thank you, Mr. Ramal. With respect, Dr. Wong, I offer it now to Mrs. Witmer.

**Mrs. Witmer:** I'd just like to express my appreciation to you, Dr. Wong, for appearing here. Thank you very much.

**Dr. Wong:** You're welcome.

**The Chair:** Thank you, Mrs. Witmer. Ms. Martel.

**Ms. Martel:** Thank you for your presentation and for your advice to us to support the program at Ryerson. But I wonder if you can answer this question: You want to support the title "doctor" with educational requirements. Do you think that the bill should also support the "doctor" title by having those doctors of TCM also have some access to different controlled acts?

**Dr. Wong:** That's beyond my ability to answer.

**Ms. Martel:** Okay. Fair enough. Thank you.

**The Chair:** Thank you, Ms. Martel, and thanks to you as well, Dr. Wong, for your deputation and your presence here.

#### SINOCANN MEDICINE AND HEALTH ASSOCIATION

**The Chair:** We now move to our final presenter of the evening, and that is Miro Angelove and colleague, the vice-president of the SinoCann Medicine and Health Association. Gentlemen and ladies, if you might introduce yourselves. As you've seen, you have your combined presentation of 10 minutes. Please begin now.

1750

**Mr. Miro Angelove:** Good evening, Mr. Chair and respectable members of the committee. My name is Miro

Angelove. I am the vice-president of the SinoCann Medicine and Health Association. I have been practising Chinese medicine since 1995 here in Canada. Prior to that, I'd been practising in Europe.

To my left is Mr. Stephen Kwan. He can say some words about himself.

**Mr. Stephen Kwan:** My name is Stephen Kwan, associate with the health care association.

**Mr. Angelove:** To my right is Tsimay Cheung. She's been a practising doctor in Mississauga for a number of years and is a very respected member of our association.

Mr. Chair and ladies and gentlemen of the committee, I would like to start my presentation with one point I want to stress, and that is that acupuncture, throughout these proceedings, stands to be separated from traditional Chinese medicine, and in our view it's inseparable. Acupuncture is a part of traditional Chinese medicine. It's one of the tools of traditional Chinese medicine. Traditional Chinese medicine incorporates the use of Chinese medicinal herbs, the use of acupuncture, the use of massage—in China, that's tuina; in other countries, it's called different names—and other modalities.

The training in acupuncture should be based on the principles of traditional Chinese medicine. It would be dangerous, in my view, from the point of view of protecting the public, to mix the practice of acupuncture from the perspective of traditional Chinese medicine with the practice of acupuncture from different perspectives. Here, I'm referring to the other professions that use acupuncture; however, they don't use it according to the principles of traditional Chinese medicine. If the traditional Chinese medicine principles are not used in the practice of acupuncture, then this term should not be used, as it would be very confusing for the general public. Acupuncture has been established as a term for a number of years, thousands of years, as an expression of one of the modalities of traditional Chinese medicine.

Another point: In terms of the designation of the title of traditional Chinese medicine practitioner, yes, if a person is to become a doctor of traditional Chinese medicine, he has to have the training of the philosophy, the principle and the approaches to treatment according to traditional Chinese medicine. If that doctor wants to specialize later on in practising herbal medicine, then he has to have included in his training specialized training in herbal medicine. If the doctor wants to specialize in practising acupuncture only, then he has to include training in acupuncture within the philosophy of traditional Chinese medicine. If the doctor wants to incorporate both acupuncture and herbal medicine, he should have training in acupuncture and Chinese herbal medicine. Depending on the level of education, other practitioners may not be called doctors; they may be called just practitioners. It all depends on their practice, and I want to stress the practice as a priority in terms of the experience of the traditional Chinese medicine practitioner.

There is a saying that it's easy to study traditional Chinese medicine but difficult to practise, and that it may be difficult to study Western medicine but easier to

practise. Why is that? It's because the practice of Chinese medicine is an art. There is no guideline and no unified treatment. Everybody is unique in the treatment. There is no one treatment for arthritis, according to traditional Chinese medicine, as an example.

**Minimum standards:** The minimum standards should be based on the knowledge and application of the principles of traditional Chinese medicine, and traditional Chinese medicine only. If a practitioner is also a practitioner of another medical modality, that's fine. However, if he wants to practise traditional Chinese medicine, he has to be trained in traditional Chinese medicine. If the practitioner wants to insert a needle under the skin for any other reasons that deviate from the principles of traditional Chinese medicine, then the terminology should be different.

Again, traditional Chinese medicine should not be put under the umbrella of other medical practices or another system of medicine, because it's a stand-alone system of medicine. If the bill wants to regulate it, it has to regulate it as a stand-alone system of medicine.

The different practices of acupuncture—we know and everybody knows that practitioners have different training from different countries. The unifying factor, again, is the application of the principles of traditional Chinese medicine in the practice of acupuncture. No matter if the practitioner comes from Korea, Japan, Singapore, China or India, they all use the basic theory of traditional Chinese medicine and apply it in a different way.

In terms of training, the appointment of a college of traditional Chinese medicine would be very beneficial to supervise training and education. In our view, practitioners who have already practised here in Canada for more than 10 years may be grandfathered. However, there should be ongoing seminars—this is our suggestion—to put together all these practitioners from various trainings and practices and put them at par with the practice that has to be established in Canada.

For the new practitioners, an education of at least 2,000 hours has to be considered before they would be granted the title of doctor of traditional Chinese medicine.

Subject to your questions, this is, in brief, my presentation.

**The Chair:** Thank you, Mr. Angelove. We have about 40 seconds per side, beginning with Mrs. Witmer of the PC Party.

**Mrs. Witmer:** Thank you very much for a very informative presentation and for your recommendations here today. You're recommending that practitioners with 10 or more years should be grandfathered and should be exempt from formal training. Is that right?

**Mr. Angelove:** Yes, that's our recommendation. I stressed earlier the importance of practice. Presumably, those practitioners have been practising diligently throughout that time to be able to call themselves professionals and to be trusted as qualified practitioners.

**The Chair:** Thank you, Mrs. Witmer. Ms. Martel.

**Ms. Martel:** If I could just follow up on that, some might argue that's a significant amount of time for

someone to be grandfathered. How did you arrive at the 10 years?

**Mr. Angelove:** Of course, this is subject to discussion. Just in consulting with my colleagues and the members of the association, that's how we came up with this figure. However, this is what we feel, that 10 years of practice would be enough for grandfathering.

**The Chair:** Thank you, Ms. Martel. Dr. Kular.

**Mr. Kular:** Thank you, Mr. Angelove, for appearing before the committee. You had mentioned in your presentation that the practice of traditional Chinese medicine is an art. Do you think it's hard to set standards in an art?

**Mr. Angelove:** I think so; it will be. However, if we standardize the principles or, rather, in our standardization adhere to the already existing principles of traditional Chinese medicine, it will be safe enough and we'll be sure that the practitioner would be qualified enough to practise the art of Chinese medicine.

**The Chair:** Thank you, Dr. Kular, and thank you as well, Mr. Angelove, and to your colleagues for your deputation on behalf of SinoCann Medicine and Health Association.

If there's no further business, there are just three quick announcements: The deadline for written submissions is Friday, November 3, at 12 noon; the deadline for amendments to be received by the clerk—a soft deadline—is Tuesday, November 7, at 5 p.m.

**Ms. Martel:** On a point of order, Mr Chair: I'd like to make a request for information. I wonder if I can ask Mr. Patten if he might be able to do this for us, and then to get us the information as soon as it's available. I'm assuming that the ministry has some idea of which colleges would be able to perform acupuncture in accordance with the standard of practice and the scope of practice, and I wonder if the ministry can identify which colleges those are and share that with the committee.

**Mr. Patten:** As a matter of fact, we've already asked them and they're in the process of gathering that information for us.

**Ms. Martel:** Great. Thanks.

**Mrs. Witmer:** I'm just wondering, when do you expect that there will be a synopsis of all the recommendations and presentations ready to help us?

**Mr. Philip Kaye:** According to the subcommittee report, that has to be prepared by Monday, November 6.

**Mrs. Witmer:** Right, and we're to have our amendments in by Tuesday.

**Mr. Kaye:** Right.

**Mrs. Witmer:** Will any of that be ready by Friday, perhaps?

**Mr. Kaye:** I can attempt to provide some interim version by Friday.

**Mrs. Witmer:** Okay. Thank you very much, Mr. Kaye.

**The Chair:** Thank you. If there's no further business from the committee, the committee stands adjourned until clause-by-clause hearings on Tuesday, November 14. Thank you.

*The committee adjourned at 1802.*

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Mr. Ted Arnott (Waterloo–Wellington PC)

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Mr. Philip Kaye, research officer

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