

Government of British Columbia  
HEALTH PROFESSIONS COUNCIL

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**RECOMMENDATIONS ON THE DESIGNATION OF ACUPUNCTURE**

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Application by the  
Acupuncture Association of British Columbia,  
Canada Acupuncturists Headquarters Association (B.C. Branch),  
Canadian Chinese Acupuncturists Society of British Columbia,  
United Acupuncturists Association of British Columbia, and  
Vancouver Chinese Acupuncture Association

November 1993

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The Health Professions Council is a three person advisory body appointed by the Government of British Columbia to make recommendations to the Minister of Health and Minister Responsible for Seniors about the regulation of health professions under the Health Professions Act (R.S.B.C. 1979, c.162.7).

## **A.STATEMENT OF ISSUES**

The practice of acupuncture is considered to be part of the practice of medicine which is licensed under the Medical Practitioners Act. Acupuncture is also claimed as part of the scope of practice of other health professions (including dentistry, naturopathy, and physiotherapy) and as such is regulated pursuant to other professional legislation.

This investigation was undertaken because applications were submitted by five acupuncture associations to have acupuncture designated as an autonomous health profession under the Health Professions Act.

The designation of acupuncture was opposed by the College of Physicians and Surgeons of British Columbia and the Traditional Chinese Medicine Association of British Columbia.

The College of Physicians and Surgeons submitted that the practice of acupuncture is a treatment modality and does not warrant regulation as a separate health profession.

The Traditional Chinese Medicine Association submitted that the practice of acupuncture should not be designated as a health profession because it is only one part of the more broadly based practice of traditional Chinese medicine. Traditional Chinese medicine includes Chinese diagnosis, acupuncture, herbology, food cures, and exercises.

The Traditional Chinese Medicine Association has submitted a separate application for the designation of traditional Chinese medicine to the Health Professions Council.

National organizations involved in the delivery of acupuncture services submitted briefs in support of the regulation of acupuncture. These included the Chinese Medicine and Acupuncture Association of Canada, the Acupuncture Foundation of Canada, and the National Commission for the Certification of Acupuncture in the U.S.

The Health Action Network Society (HANS) argued in favour of the regulation of acupuncture on behalf of consumers in this Province.

In addition to the College of Physicians and Surgeons, representatives of several other regulated health professions participated in this investigation and explained how acupuncture is used as a treatment modality in the practice of their professions. Obviously, any scope of practice for the autonomous practice of acupuncture would overlap with those health professions to some extent, although the context in which the acupuncture services are performed is very different (i.e. a traditional oriental medicine framework vs. a western medical framework).

The Council has made its recommendations based on its conclusions with respect to the following three fundamental issues:

- (i) whether acupuncture should be designated as a health profession under the Health Professions Act,
- (ii) if so, what is an appropriate scope of practice for the registrants of a college established under the Act, and
- (iii) should registrants be supervised by any other health care practitioner(s) or be subject to any other practice limitations?

In determining the public interest in the regulation of this profession, the Council was particularly impressed by the demand in this Province for the services of acupuncturists and the desirability of having only skilled and qualified persons delivering such services to consumers.

The Council's investigation did not reveal any particular problems with the way in which acupuncture is practised at the present time.

In Canada, only the Governments of Quebec and Alberta have established mechanisms for the regulation of acupuncture as an autonomous health profession. In most other provinces, the use of acupuncture is within the scope of practice of other regulated health professions. Twenty States in the U.S. license acupuncturists.

## **B.EXECUTIVE SUMMARY**

The Health Professions Council has determined that the designation of acupuncture under the Health Professions Act is in the public interest and recommends that a College of Acupuncturists be established to regulate acupuncture.

The title "acupuncturist" should be reserved for registrants of the College of Acupuncture.

The Council recommends a scope of practice which includes acupuncture diagnosis and treatment, as well as adjunctive therapies and diagnostic techniques based on traditional oriental medical concepts.

Inserting acupuncture needles under the skin should be a reserved act. It is also recommended that there be a continuum of supervision by physicians, naturopaths, and dentists depending upon the condition being treated.

The appointment of practitioners to the first board of the College will require careful consideration.

## **C.RECOMMENDATIONS**

The Health Professions Council recommends to the Minister of Health and Minister Responsible for Seniors that:

- 1.the profession of acupuncture be designated under the Health Professions Act,**
- 2.the college established for the health profession be named the College of Acupuncturists,**
- 3.the title "acupuncturist" be reserved exclusively for registrants of the College of Acupuncturists,**
- 4.the services which may be performed by registrants are the practice of acupuncture, as well as adjunctive therapies and diagnostic techniques, based on traditional oriental medical concepts. Adjunctive therapies within the context of traditional oriental therapy include manual, mechanical, thermal and electrical stimulation of acupuncture needles and the recommendation of dietary guidelines and therapeutic exercise,**
- 5.the following limitations be placed on the performance of services by registrants, namely**
  - for active serious medical conditions (eg. cancer-related pain, angina, renal colic, ulcerative colitis, Parkinson's Disease, multiple sclerosis), treatment may only be provided after the patient has consulted with a physician, naturopath or dentist, as appropriate,**
  - for use as surgical anaesthesia, acupuncture may only be administered under the direct supervision of a physician or dentist, and**
  - for any other condition, if no improvement has occurred within two months of acupuncture treatment, the patient must be advised to consult a physician, naturopath or dentist, as appropriate. In the absence of such consultation, if no improvement has occurred within an additional two months or if the condition worsens or if new symptoms develop, treatment must be discontinued.**



**6.the insertion of acupuncture needles under the skin be a reserved act for registrants of the College of Acupuncturists.**

## D. RATIONALE FOR THE RECOMMENDATIONS

### **Recommendation 1**

**the profession of acupuncture be designated under the Health Professions Act**

Acupuncture fits within the definition of "health profession" set out in the Act because it is a profession in which a person exercises skill or judgement or provides a service related to (a) the preservation or improvement of the health of individuals, or (b) the treatment or care of individuals who are injured, sick, disabled or infirm.

According to traditional oriental medicine, acupuncture can be used not only to treat pain and specific maladies but also as a preventive measure and an aid to general health. The World Health Organization, for example, cites forty-three diseases which are treatable by acupuncture. In addition, holistic acupuncture aims to restore homeostatic balance within the body as well as between the organism and the environment. The analgesic effect of acupuncture on musculoskeletal pain and facial pain is well recognized (see, for example, the literature on clinical trials at pages 16 to 18 of the Report of the Minister's Advisory Committee on Acupuncture, January, 1988).

### **PUBLIC INTEREST CRITERIA**

#### **Health Professions Regulation, section 5(1)**

The Council applied the public interest criteria set out in section 5 of the Health Professions Regulation in order to determine whether designation of acupuncture is in the public interest.

The extent to which the practice of acupuncture may involve a risk of physical, mental or emotional harm to the health, safety or well being of the public was assessed by the Council having regard to the factors specified in section 5(1) of the Regulation.

**(a) the services performed by practitioners of the health profession**

As defined in a January 1988 report by an Advisory Committee on acupuncture to a former Minister of Health, acupuncture is the practice of affecting the function of acupuncture points, their meridians and the pertaining physiological structures and functions in the body by means of needle insertion and manipulation, pressure, electrical stimulation, massage, moxibustion, or the use of any other stimulating appliance (such as laser or ultrasound).

(Report of the Minister's Advisory Committee, page 4)

**(b) the technology, including instruments and materials, used by practitioners**

The instruments and materials used by practitioners include needles, an electrical acupuncture stimulator, a laser acupuncture stimulator, and an autoclave.

**(c) the invasiveness of the procedure or mode of treatment used by practitioners**

The invasiveness of the procedure or mode of treatment used by practitioners is the insertion of needles to pierce the skin or mucous membrane of a person and the stimulation of needles (electrical, manual, moxibustion, etc.).

**(d) the degree to which the health profession is**

**(i) practised under the supervision of another person who, is qualified to practise as a member of a different health profession, or**

**(ii) practised in a currently regulated environment.**

The degree to which the health profession is practised under the supervision of another health profession is negligible. Most acupuncturists practise independently in private offices or clinics.

The degree to which acupuncture is practised in a currently regulated environment is also negligible except, obviously, with respect to those practitioners who use acupuncture as a treatment

modality in the practice of another health profession (eg. medicine, dentistry, naturopathy, and physiotherapy).

The Report of the Minister's Advisory Committee (1988), an Alberta Report on the subject (1983), and the majority of submissions received from respondents during the Council's consultation process all discussed the risk to the public in the practice of acupuncture.

It is clear that some degree of risk is present for a patient who has needles inserted under the skin or who is treated by passage of an electrical current through the body. The risk may range from minor infections to peritonitis and cardiac arrhythmia and transmission of infectious conditions such as hepatitis or AIDS.

(Report of the Minister's Advisory Committee, page 22)

The College of Physicians and Surgeons, the College of Dental Surgeons, the Association of Naturopathic Physicians, and the B.C. Association of Podiatrists also cited risks inherent in the practice of acupuncture.

From this evidence, the Council has concluded that the most significant risks involved in the practice of acupuncture are the following:

- risks associated with the use of needles penetrating the skin -- i.e. the possibility of infection or hemorrhage and the transmission of certain diseases,
- the misdiagnosis or non-diagnosis of disease, and
- the danger of puncturing an internal organ from the improper insertion of needles.

**Health Professions Regulation, section 5(2)**

The Council also applied the facultative criteria in sections 2(a) to (h) of the Health Professions Regulation to the practice of acupuncture.

**(a) the extent to which the health profession has demonstrated that there is a public interest in ensuring the availability of regulated services provided by the health profession**

With respect to the public interest in ensuring the availability of regulated services, the Health Action Network Society (HANS) submitted the following:

With the rapid increase in people of Asian origin into British Columbia, there is a corresponding demand for their traditional forms of health care of which acupuncture is a central component. We do not believe this is a short term trend but that the demand for professional acupuncture services will continue to increase into the foreseeable future.

(Letter from HANS dated October 8, 1992)

The following extract from a letter to the Council from a consumer with multiple sclerosis also speaks to this criterion.

It is surely in the public interest to make this kind of treatment of a chronic disease readily and easily available to others.....

There is no substitute for acupuncture; I cannot find an equivalent in conventional or even other non-traditional medicines.

An effective acupuncturist, in my opinion, is someone with enough medical background to have a thorough understanding of anatomy, and the physiology of diseases, as well as the role played by emotional factors and stress. A good acupuncturist will have good communication skills and a good "bedside manner". Patients cannot be assured of these unless acupuncture is legitimized and regulated.

(Letter dated October 30, 1992)

The College of Physicians and Surgeons, however, questioned the true level of public demand and suggested further research was necessary for an objective assessment.

**(b)the extent to which the services of the health profession provide a recognized and demonstrated benefit to the health, safety or well being of the public**

Although it is beyond the mandate of the Council to assess the efficacy of a health profession, there is no doubt that acupuncture can play an effective role in pain management, albeit a role which may not yet be completely understood.

The College of Physicians and Surgeons of British Columbia gave the following explanation of the efficacy of acupuncture treatment.

There is a solid scientific base of objective research that places acupuncture as a form of treatment that stimulates known neuroendocrine elements of human physiology, causing the release of certain hormones that can have wide ranging influence on human function, and in some cases, disease. In particular, it can cause the release of endorphin and endorphin-like substances from within the body with affects (sic) upon many organs, muscles, emotions, neural systems and pain modulation systems.

(Submission by the College of Physicians and Surgeons, November 16, 1992, page 2)

Most of the existing Western medical literature on acupuncture discusses a placebo effect, the release of endorphins, "gate" theories, and serotonin. In any event, it is generally acknowledged that the way in which acupuncture works cannot yet be fully explained

in western scientific terms. As the Acupuncture Foundation of Canada pointed out at the hearing on October 27, 1992, the way in which many prescription medications work is also not understood, yet they are widely prescribed for certain conditions by physicians. Moreover, those medications have far more serious potential side effects than acupuncture treatment.

Its use in the treatment of other diseases and in holistic health care appears to be well recognized.

**(c)the extent to which there exists a body of knowledge that forms the basis of the standards of practice of the health profession**

It has been demonstrated that a specific body of knowledge related to acupuncture has become highly developed and, particularly since the early 1970's, has become widely disseminated in the Western world. The development of this knowledge has led, in turn, to the establishment of schools of acupuncture throughout North America and elsewhere in the world. Programs are most often of three or four years duration with a mix of basic life sciences training, theoretical training in traditional Chinese acupuncture, and clinical experience in the techniques of acupuncture.

(Report of the Minister's Advisory Committee, page 23)

**(d)whether members of the profession are awarded a certificate or degree from a recognized post-secondary educational institution**

Given the current status of autonomous acupuncture practice in Canada, it is not surprising there are very few recognized post-secondary educational institutions offering a certificate or degree. Rosemount College in Montreal is recognized under Quebec legislation as an accredited program for non-physician acupuncturists. The only training programs in British Columbia are at private institutions, the Canadian College of Acupuncture

and Oriental Medicine and the International College of Traditional Chinese Medicine. Both of these schools are located in Victoria.

Vancouver Community College recently began offering an upgrading course for practising acupuncturists.

**(e)whether it is important that continuing competence of the practitioner be monitored**

In the Council's view, monitoring continuing competence is important in the practice of any profession which involves a risk of harm to the health, safety or well-being of the public from incompetent, unethical or impaired practice.

At the same time, however, it must be acknowledged that with respect to this particular profession there is less need for continuing education than in some others. Because the practice of this profession is based on traditional concepts, it is only minimally affected by technological or scientific advances. The diagnostic techniques and medical concepts have remained largely unchanged for hundreds of years. Some evolution with respect to the instruments and materials used is evident, however. For example, the acupuncture needle itself has progressed from flint or bamboo to stainless steel and disposable needles are now widely used. Electrical stimulation and laser therapy have been incorporated into the practice of acupuncture.

**(f)the extent to which there exists within the health profession recognized leadership which has expressed a commitment to regulate the profession in the public interest**



The applications for the designation of acupuncture were submitted by five different practitioner associations. The majority of these have demonstrated an understanding and commitment to regulate the profession in the public interest. The Acupuncture Association of British Columbia is the largest organization (140 members) and has the most experience in dealing with regulatory issues on behalf of the acupuncture community

**(g)the likelihood that a college established under the Act would be capable of carrying out the duties imposed by the Act, having regard to factors which in the view of the council may affect the viable operation of the college**

The combined membership of the applicant Associations would appear to be sufficient to handle the financial and administrative responsibilities of a college.

The community of acupuncturists currently practising in British Columbia does not work together harmoniously, however, and it will be incumbent upon the Government to ensure there is strong public representation on the board of the new college to mediate between factions and ensure the board is carrying out its responsibilities fairly and with due regard for all registrants.

**(h)whether designation of the health profession is likely to limit the availability of services contrary to the public interest**

Despite its current illegal status, autonomous acupuncture services appear to be widely available in British Columbia, at least in most urban areas.

Designation may, in fact, adversely affect the availability of acupuncture services because some practitioners may not meet the registration requirements of a College of Acupuncturists. It would be an offence under the Health Professions Act for a non-registrant to insert needles under the skin (assuming Recommendation 6 is implemented).

**Recommendation 2**

**the college established for the health profession be named the College of Acupuncturists.**

Consistent with the regulatory bodies for other health professions, the Council recommends that the college name incorporate the name of the practitioners rather than the profession. This name was requested by the applicants and the Council agrees it is appropriate.

*Comment:*

*The Council wishes to add a cautionary note to its recommendations based upon its observations of the current leadership of the applicant associations.*

*The Council is very concerned about the ability and willingness of certain practitioners who were involved in the application process to work together to regulate the profession in the public interest. Serious schisms became evident during the investigation which could only be attributed to longstanding personal animosities amongst individuals and not because of any philosophical differences amongst the associations.*

*It is essential that very careful consideration be given to the appointment of the practitioner-members to the first board of the new college in order for the board to be able to carry out its mandate successfully. In addition, continued strong public representation will be important to the future operations of this college.*

**Recommendation 3**

**the title "acupuncturist" be reserved for the exclusive use of registrants of the College of Acupuncturists.**

The applicants requested the reserved titles of "acupuncturist" or "member of the College of Acupuncturists". In the Council's view, the title "acupuncturist" adequately describes the practitioner and conveys to the public the services which are being provided.

*Comment:*

*As a matter of public policy, the question of whether acupuncturists must have English language competency needs to be addressed.*

*The task of regulating the practice of acupuncture in British Columbia is complicated by the diversity of training and education among practitioners. There may also be a language barrier for many potential registrants if requirements for registration in the College include proficiency in the English language. The new College and the Government will have to decide early on whether unilingual Mandarin- and Cantonese- speaking practitioners should be accommodated by the College (and at whose expense?) or whether it is in the public interest that all members of regulated health professions be able to practise in English.*

*This is a difficult issue because the integration of any practitioner into the health care system of British Columbia presumably requires an ability to communicate not only with patients and a regulatory body, but also with other health care institutions and organizations, other health professionals for consultations and referrals, and the Ministry of Health. At the same time, the multicultural nature of this Province and the fact that many practitioners work only within the Asian community must be acknowledged. For practical purposes, it is arguably unnecessary for some practitioners to be able to communicate in English in their day-to-day practice.*

*This issue of public policy is obviously beyond the mandate of the Council and is merely raised here as a matter which must be addressed if the Council's recommendations are implemented.*

**Recommendation 4**

**the services which may be performed by registrants are the practice of acupuncture, as well as adjunctive therapies and diagnostic techniques, based on traditional oriental medical concepts. Adjunctive therapies within the context of traditional oriental therapy include manual, mechanical, thermal and electrical stimulation of acupuncture needles and the recommendation of dietary guidelines and therapeutic exercise.**

The scope of practice recommended by the Health Professions Council is essentially what was proposed by the applicants in the joint application. The above wording reflects the Council's findings during the investigation as to the current practice of the profession in British Columbia.

As previously mentioned, "acupuncture" was defined by the Minister's Advisory Committee as follows:

The practice of affecting the function of acupuncture points, their meridians and the pertaining physiological structures and functions in the body by means of needle insertion and manipulation, pressure, electrical stimulation, massage, moxibustion, or the use of any other stimulating appliance (such as laser or ultrasound).

(Report, page 4)

The Council's recommendation, however, is based on traditional oriental medical concepts and includes advice on diet and exercise. The Council considers this to be a more appropriate scope of practice for registrants of a College of Acupuncturists.

**Recommendation 5**

**the following limitations be placed on the performance of services by registrants, namely**

- for active serious medical conditions (eg. cancer-related pain, angina, renal colic, ulcerative colitis, Parkinson's Disease, multiple sclerosis), treatment may only be provided after the patient has consulted with a physician, naturopath, or dentist, as appropriate**
- for use as surgical anaesthesia, acupuncture may only be administered under the direct supervision of a physician or dentist, and**
- for any other condition, if no improvement has occurred within two months of acupuncture treatment, the patient must be advised to consult a physician, naturopath, or dentist as appropriate. In the absence of such consultation, if no improvement has occurred within an additional two months or if the condition worsens or if new symptoms develop, treatment must be discontinued.**

The Council has recommended a similar continuum of supervision as was outlined in the Report of the Minister's Advisory Committee on Acupuncture (January, 1988). This appears to the Council to be a level of physician, naturopath or dentist involvement in acupuncture treatment which is appropriate to complementary health care. In effect, practitioners should advise patients who do not respond to acupuncture treatment to consult their physician or naturopath and practitioners should not treat active serious medical conditions unless the patient has consulted with a physician, naturopath, or dentist. These limitations on practice were part of the joint application endorsed by the applicant Associations.

**Recommendation 6**

**the insertion of acupuncture needles under the skin be a reserved act for registrants of the College of Acupuncturists.**

Because of the significant risk of harm involved in the insertion of needles under the skin, the Council recommends that this invasive aspect of the practice of acupuncture be reserved to registrants of the College of Acupuncturists. The insertion of needles under the skin involves a risk of infection or hemorrhage and the transmission of certain diseases. There is also a risk of puncturing an internal organ.

As provided by section 14(a) of the Health Professions Act, this exclusive scope of practice would not prevent other health professionals from practising acupuncture where authorized pursuant to another enactment.

*Comment:*

*In previous reports, the Council has used the terms "controlled act" or "exclusive scope of practice" to refer to specific tasks and services which should only be performed by members of one or more regulated health professions with the necessary training, qualifications, and abilities to perform them safely. The Council has now adopted the term "reserved act" for those tasks and services involving a significant risk of harm which should only be performed by those health professions authorized to perform them under their governing legislation. This terminology is consistent with the "reserved title" which is also recommended and is a better description of the Council's intention.*

## **E.CONCLUDING REMARKS**

A fundamental premise of this Report is that it is ultimately in the public interest to optimize choice of health care services and practitioners. Individuals should have the opportunity to choose from among health care services, for themselves and their dependents, according to their own perceptions, personal preferences and priorities. Consumers want to assume responsibility for their own health and have access to a wide variety of health care services.

Government does have the responsibility to ensure that those services which are accessible are safe and that the regulatory framework for the practice of health professions protects the public from incompetent, impaired, or unethical practitioners. At the same time, this responsibility to regulate should not entrench a paternalistic function for professions or reserve exclusive areas of practice in order to enhance professional status and control. It must be recognized, however, that the risk of harm involved in certain tasks and services requires that health professionals be licensed in the interests of public safety.

This philosophy was adopted in Ontario during the Health Professions Legislation Review, and was one of the four aspects of a regulatory framework which was developed. ("Striking a New Balance: a Blueprint for the Regulation of Ontario's Health Professions", p. 6) A new scope of practice model restricted licensure to thirteen categories of tasks and services for twenty-four regulated health professions. The Ontario model was advocated by the Royal Commission on Health Care and Costs in British Columbia.

... exclusive scopes of practice should be narrowed to focus on preventing harm, as has been initiated recently in Ontario. We believe that more appropriate, cost-effective and timely health care could be provided to more patients if B.C. were to follow the Ontario initiative.

(Closer to Home, Volume 2, 1991, p. D-33)

Restricting professional monopolies (or exclusive scopes of practice) in favour of consumer choice was also recommended in an earlier study, the Foulkes Report (1974), commissioned by the British Columbia Minister of Health. In discussing the conflicts which may arise between the professional college and the public interest, the area of exclusive scopes of practice was raised.

It must be emphasized that any professional legislation which unduly restricts the scope of practice of skilled personnel may be contrary to the public interest in greater supply and accessibility of service through the development of team practice. Therefore, it is urged that: Professional legislation should not contain narrow restrictions or rigid definitions of scope of practice which are excessively exclusive; that measures should be taken (as indicated below) to reduce the area of interprofessional strain and conflict; and that no prosecutions for violations of scope of practice legislation should be undertaken without the prior consent of the appropriate public authority. Insofar as may be possible with due regard for public safety, professional law should not place rigid restrictions on the scope of practice of allied health personnel, and greater flexibility should be encouraged in the allocation of roles between the health disciplines.

(Professor J.T. McLeod, "Public Regulation of the Professions" in Health Security for British Columbians, Special Report: Consumer Participation, Regulation of the Professions, and Decentralization (1974), The Report of Richard D. Foulkes, B.A., M.D., F.A.P.H.A. to the Minister of Health, Province of British Columbia, Tome Three, p. 145)

The 1964 Report of the Royal Commission on Health Services stressed the importance of the individual's responsibility to make appropriate choices.

The individual must assume responsibility for wise and prudent use of health services, for periodic health examinations, including regular dental examinations, for assuring that the mother receives complete pre- and post-natal care, for seeing that children are properly immunized, and at the first sign of symptoms for consulting a physician or dentist. The wise use of available health services cannot be over-stressed.

(Royal Commission on Health Services, Vol. 1, 1964, p. 4)



A regulatory framework of overlapping scopes of practice and narrow exclusive scopes of practice creates a system which offers greater choice and accessibility to health care services and at lower costs. It also imputes a greater responsibility to individuals to inform themselves about the choices available, the implications of those choices, and reduces the paternalism of Government and the professions themselves.

The Council believes that the recommendations in this Report reflect this philosophy and maximize freedom of choice for consumers to the extent possible, given overriding concerns with respect to public safety.

## **F.APPLICATION AND PROCESS OF INVESTIGATION**

Five associations of acupuncturists, representing a total of 236 practitioners, applied to the Health Professions Council during the fall of 1991 for designation of the practice of acupuncture under the Health Professions Act.

Subsequently, the applicants submitted a joint application for designation which indicated they were seeking a common regulatory framework for acupuncture.

The Council's investigation of acupuncture included a consultation process with related professions, consumer groups, and other interested parties as well as research on the practice of acupuncture and its regulation in other jurisdictions. A list of the organizations with which the Council corresponded during this investigation is included at Appendix A.

A synopsis of the positions taken by key stakeholders is found at Appendix B. The Council also received letters, articles and other materials from patients and practitioners informing us of their experiences with acupuncture.

Compilations of state acupuncture laws from the National Commission for the Certification of Acupuncturists in Washington, D.C. and the 1983 report of the Alberta Health Disciplines Board provided particularly useful comparative information. The Council also benefitted from the work of an Advisory Committee struck in 1984 by former Minister of Health for British Columbia, Mr. James A. Neilsen, to inquire into the practice of acupuncture and to make recommendations concerning its regulation. The "Report of the Minister's Advisory Committee on Acupuncture" (1988) served as a useful baseline study for the Health Professions Council in its deliberations.

A public hearing was held in Vancouver on October 27, 1992. This forum proved to be a most interesting opportunity for the Council to hear both proponents and opponents of autonomous acupuncture practice put forward their concerns and respond to the positions of others. The hearing was well attended by practising acupuncturists and it seemed to serve a useful purpose in allowing a public airing of the issues related to the practice of acupuncture in British Columbia.

The Council visited the Canadian College of Acupuncture and Oriental Medicine in Victoria to learn about its curriculum and clinical services.

## **CONSULTATION PROCESS**

### **1.ASSOCIATIONS**

Acupuncture Foundation of Canada  
Acupuncture Society of Alberta  
British Columbia Acupressure Therapists Association  
The Chinese Medicine and Acupuncture Association of Canada  
Traditional Chinese Medicine Association of British Columbia

### **2.CONSUMER ORGANIZATIONS**

Health Action Network Society

### **3.EDUCATIONAL INSTITUTIONS**

School of Traditional Chinese Medicine  
Vancouver Community College

### **4.HEALTH PROFESSIONS**

Association of Naturopathic Physicians of British Columbia  
Association of Physiotherapists and Massage Practitioners of B.C.  
British Columbia Association of Podiatrists  
British Columbia College of Chiropractors  
College of Dental Surgeons of British Columbia  
College of Physicians and Surgeons of British Columbia  
Registered Nurses Association of British Columbia

## **5.OTHER PROVINCES**

### Alberta Health

Alberta Professions and Occupations Bureau

Manitoba Health Services Commission

New Brunswick Dept. of Health and Community Services

Newfoundland Department of Health

Northwest Territories Department of Health

Nova Scotia Department of Health and Fitness

Ontario Ministry of Health

P.E.I. Department of Health and Social Services

Office des Professions du Quebec

Saskatchewan Department of Health

Yukon Department of Health and Human Resources

## **6.U.S. ORGANIZATIONS**

National Commission for the Certification of Acupuncturists

Appendix B

**SYNOPSIS OF SUBMISSIONS FROM KEY STAKEHOLDERS**

**1.ASSOCIATIONS**

**British Columbia Acupressure Therapists Association**

Acupuncturists should not have exclusive reserve of "acupuncture diagnosis and treatment, as well as adjunctive therapies and diagnostic techniques". Acupressurists also use some aspects of this body of knowledge.

**Traditional Chinese Medicine Association**

Basic clinical procedures (eg. clean needle technique) adequate to protect the public from risk of harm. Appropriate scope of practice is application of acupuncture and moxibustion therapy to prevent disease or restore and maintain health. Regulation should not exclude practitioners of traditional Chinese medicine who use Chinese herbology and acupuncture as a complimentary system. Peer regulation is only necessary supervision.

**2.CONSUMER ORGANIZATIONS**

**Health Action Network Society**

Demand for traditional forms of health care by Asian community in B.C. will continue to increase. Members supportive of availability of acupuncture; no complaints re services. Scientific and medical community recognizes benefits of acupuncture. Advisable for practitioners to update their knowledge and skills. Commend Acupuncture Association of B.C. for its dedication and commitment to the profession.

### **3. EDUCATIONAL INSTITUTIONS**

#### **School of Traditional Chinese Medicine**

Risk in possibility of infection and transmission of certain diseases. Since is invasive technique, practitioners must be adequately trained in anatomy and traditional concepts of Chinese medicine. Inappropriate to limit scope to certain diseases; treatment of contagious or communicable disease should be permitted so long as patient is in the care of a medical doctor. No supervision required.

### **4. HEALTH PROFESSIONS**

#### **Association of Naturopathic Physicians of B.C.**

Supports designation; substantial risk of physical or emotional harm in the practice of acupuncture. Acquiesce to "acupuncturist" being reserved title. Satisfied with graduates of School of Traditional Chinese Medicine. Members of profession demonstrate the will and ability to assume self-regulation; practitioners sufficiently interested and numerous. Supervision not necessary or appropriate. Naturopaths should have overlapping scope of practice to practise traditional oriental medicine.

#### **Association of Physiotherapists and Massage Practitioners of B.C.**

Supports designation for the protection of the public; opposed to exclusive scope of practice since acupuncture is within scope of practice of physiotherapists.

#### **B.C. Association of Podiatrists**

Practice should be regulated in the public interest; unregulated discipline presents risk of harm. Minister's Advisory Committee Report recommends appropriate level of supervision.

#### **College of Dental Surgeons of B.C.**

Because of possible complications, practice of acupuncture should be under direct supervision of physician or dentist or in a health care institution where professional assistance is available. No acupuncture should be initiated until clinical diagnosis of condition is made by a physician or dentist.

**College of Physicians and Surgeons of B.C.**

Cannot support designation of acupuncture as a self-governing profession. Is a medical procedure and should only be performed by physicians, or by dentists who have taken appropriate training and are knowledgeable of its use in accepted dental procedures. Acupuncture considered to have a valid role in management of patients with selected pain syndromes but its use requires careful medical evaluation and correct diagnosis.

**Registered Nurses Association of B.C.**

No comment; no indication that scope of practice of acupuncturists will affect nursing.