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Ancient Wisdom - Modern Healthcare



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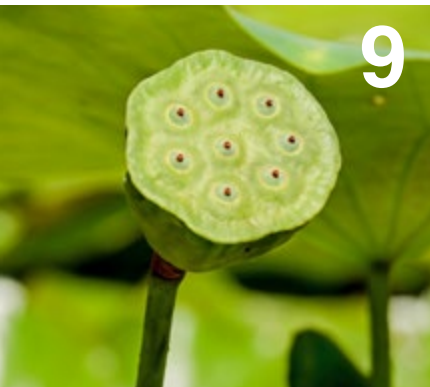


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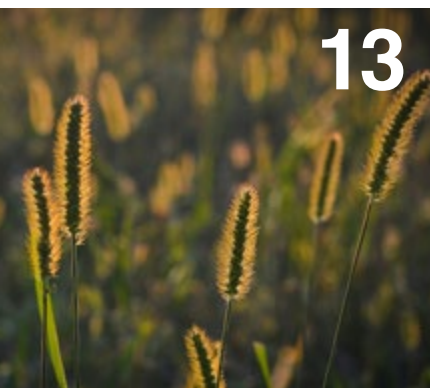


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Ryan Bemis, DOM, RT

Liberation Acupuncture And the Road of Recovery Ahead of Us

PHOTO: Ryan Bemis

In February 2020, on the eve of the Coronavirus outbreak in the Americas, I'm sitting in a circle of volunteers from base Christian community groups, down at the end of a dusty road that cuts off the Pan-American Highway past the rural villages in a place in southern Nicaragua that the people call 'Panama,' finding myself at a remote farm, way out among tens of thousands of coffee trees in Carazo that no longer produce much anymore due to climate change, but where they're experimenting with crops like turmeric, and therapies like acupuncture.

Under a corrugated metal shelter next to a blackboard scribbled with ideas of drought-resistant seeding, the breeze bristles the banana trees to the tune of birdsong and monkey howls, and huddled

into a corner of one of the poorest countries in the hemisphere, we went around the circle to a question:

How does solidarity show up in your world?

One by one the stories pour out of each community worker and acupuncturist, all participants in our Solidarity Immersion Program. Then it comes to Juan Carlos, a young, tall, lanky, timid campesino, or small farmer.

I first met Juan Carlos when he took our NADA ear acupuncture training last summer, and I've since learned that he is much more than just a campesino: he is a revered community leader who teaches

other farmers how to stop slashing and burning and how to quit using chemicals on their crops, but had never practiced healthcare before learning NADA. I remember the intensity of his indelible gaze, unfailingly locked in, eyes peeled and bulging toward whoever is speaking, though he himself rarely speaks up. Then all of a sudden, enclosed among his peers and my peers as the mid-day sun beats all of our shoulders, he opens up.

"I want to tell you something I've never told anyone before in my life," announces Juan Carlos as he perks up from under his curved baby blue brim baseball hat.

"When I was 10, I lost my best friend. My brother was drafted into the civil war. Months later my father passed away. Then my mother left to work in a factory and live in the city, leaving my grandmother to raise me. I saw my mom

every two months. And it took me five years to get the courage to confront her and ask, 'Why did you abandon me? I need you in my life'."

He said this was the first time in his life that he was able to stand up and ask for what he wanted. And she listened, beginning with more regular visits thereafter. At age 15, Juan Carlos knew his calling:

"At that moment I made a decision that I was going to find a way to change the world."

He shared with us that for the past year he's been going from village to village, from one family farm, one church, to another, setting up mini clinics, inviting people into circles, putting a few needles in their ears as they sit in silence together.

Then came March 2020 and Coronavirus. As an acupuncturist living in the United States, it really became far too easy to get caught up in a host of



PHOTO: Ryan Bemis

what I call first world problems: being confined to home, floundering impatiently through the process of applying for small business loans; worrying the possibility of my business dying and sinking into that seductive self-pity spiral. How is this going to impact me?

In early April Juan Carlos calls me up. He says a friend is in the hospital with Coronavirus wanting acupuncture and he wants to know if it's okay to treat him. As hard as it was, I told him I...don't think he should.

"You gotta think about your kids at home, Juan Carlos."

I had shut my clinic down, not having personal protective equipment, and I knew he certainly didn't either. Although he knew some protocols that would have helped alleviate his friend's suffering, the point was much broader than that.

You see, people like Juan Carlos can't just stay at home and watch Netflix and do Zoom calls and live off of savings, waiting for the pandemic to pass.



PHOTO: Ryan Bemis

Like many other places in Latin America, the new epicenter of COVID-19, they simply don't have the luxury to remain socially distant.

What kind of role can acupuncture play as part of the response to this global crisis? The differences between myself and Juan Carlos has me diving into this question more deeply than ever.

You may be thinking "Great! Help me develop a business plan for my clinic!" I honestly have no answers to questions about how to run a business in such an uncertain climate or for the long haul, for that matter, and I have no idea how the future economy can support your acupuncture practice.

Neither do I have anything to arm your arguments for why acupuncture is or isn't essential or how to stand up for your constitutional rights to put needles in people, or how superior acupuncture could be right now.

No, I'm thinking about people like Juan Carlos, out there on the fringes where few doctors and no acupuncturists and everyday people are determined to change the world with whatever resources come to hand. While I have relatively more education and experience in acupuncture than Juan Carlos, in the community that he leads, he is the one to help his people with acupuncture.

How many others are out there that, like him, with a few new skills, the right equipment, and solid training could bring more dignity to life and death? What needs to happen in ourselves, as acupuncturists in the privilege of our North American lives, to become their allies?



PHOTO: Ryan Bemis

When we own up to our own privilege as educated, predominantly white North American acupuncturists, we can more clearly see ways that can truly be of use, and we, of service in these changing times. When we are clear about serving the underserved, we can zero in on models of acupuncture care that are the most accessible to those who need it most.

When we free ourselves from being the saviors of the disadvantaged and the gatekeepers of ancient healing secrets, harnessing the magical enigma of East Asian Medicine, we can reframe our role as agents of social liberation. Then we can look clear-eyed into the unfiltered real-world lens on acupuncture in the Americas: mostly unavailable to underserved communities, the poor, the disenfranchised, and people of color. By taking the blinders off and daring to move beyond hash-tagging #blacklivesmatter, we can look at the truth: that we have, as acupuncturists, failed communities of color. We can take responsibility for the systemic inequities that our profession is a part of. Only then can we see the suffering individual in the context of social and systemic problems. We can then work to get to the root of illness: community disempowerment and a capitalist model of healthcare that leaves more behind than it serves.

Conscious that our private practices, even our community acupuncture clinics, and even our well-

intentioned medical mission relief projects are part of the same crumbling profit-driven model at the root of problems like those in Juan Carlos' community, we can better employ acupuncture as a capacity building tool for community powered health. Going to the root of illness, we can reinforce the strengths of local groups, using needles to help build grassroots resilience.

There are established models within our tradition that exemplify liberation acupuncture, like the barefoot doctor movement, pioneers like Miriam Lee in California and the Young Lords and Black Panthers in New York, the refugees of Guatemala, of Kenya, of Burma, and the needling nuns of Mexico, all rising out of the disasters of their times, turning towards the needs of the people, taking a risk on something new. Their courage offers us possibilities for acupuncture as an agent of social liberation and models that communities of color can use for their own healing.

All it requires from us, as acupuncturists, is that first micro-shift in our souls, a shift that can liberate our hearts from conventional models that have frankly not been enough. Resetting and rethinking our role as acupuncturists is required if we want to aid in the recovery ahead.

Today as I write, news of a friend, an evangelical pastor who died of COVID-19, shocks our NADA Nicaragua community. Through March his church



PHOTO: Mallory Harmon

offered NADA just a few meters off the same highway that transverses the continent and runs through my home in New Mexico. Each week we hear news of more friends in Juan Carlos' corner of Nicaragua passing away from this pandemic.

Each week we hear of violence escalating across the border in Ciudad Juarez, Mexico, where neighbors of our volunteers knock on their doors and ask for help. Each week communities of color continue to stand up for themselves, and ask for what they need, echoing the generations before determined to change the world. Like Juan Carlos' mom, we can listen, we can discern consciously how to be in solidarity with them, as allies, holding space for them to take control of their own healthcare, we can join the struggle and stumble and get back up through this sobering, pivotal, crucial 2020.

- *Ryan Bemis*

Visit crossroadsacupuncture.com to learn more about Crossroads' Barefoot Acupuncture program, supporting acupuncturists in becoming international trainers through webinars, mentorship and immersion programs.



ABOUT THE AUTHOR

Ryan Bemis, DOM, RT

Ryan Bemis is co-founder of Crossroads Acupuncture and serves as Executive Director, teacher and acupuncturist for the non-profit organization. He has over 20 years of experience working in community health and outreach. Ryan learned about acupuncture while working in the addictions recovery field. In 2011, he moved from Portland to start the first ever community acupuncture clinic in Las Cruces. In 2013 he turned Crossroads into a non-profit organization, and donated the clinic to the newly formed Crossroads Community Supported Healthcare.

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Taking a Stab at Telehealth

Katherine Moffat, R.Ac.

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With Covid-19 bringing much of the world to a halt, the acupuncture community has not been immune to the change. With Covid-19 bringing much of the world to a halt, the acupuncture community has not been immune to the change.

With businesses closing down throughout the country, many practitioners were left to cancel patient appointments and close their doors. Various occupations have transitioned online with ease and Zoom-culture has become the norm. There are a number of health professionals for whom this transition has been seemingly smooth, such as Naturopaths and Clinical Counsellors, and the use of TeleHealth has become increasingly common practice. Insurance companies are also jumping on board. But where does this leave acupuncturists, whose bread-and-butter is sticking needles in patients?

A number of TCM practitioners have successfully made the transition from clinic to Telehealth. Dr. Julie Nelson, Dr. TCM is one of them. Dr. Nelson has been practicing for four years, three of which has been spent working full time at Qi Integrated Health in Vancouver. She is also a healing touch practitioner.

When initially presented with the idea of Telehealth sessions, Dr. Nelson was concerned about the ability to provide an effective offering considering that the nature of acupuncture and healing touch treatments involve being with the patient in person in a way that violates the two metre physical distancing mandate. Then the clinic closed. Dr. Nelson reflects on how it felt when the clinic had to suddenly close its doors due to Covid-19.

The hardest part was seeing a full practice schedule, one that I had worked so hard to build up, get cancelled in one day.'

With this in mind, she set herself the goal of using this time to grow her practice and keep the momentum going. In the three months prior to the clinic closing its doors, Dr. Nelson had introduced the use of tiny acupuncture tack needles.

'I use Carbo acupuncture press tacks and advise patients to take them out and dispose of them after a couple of hours. At 1.5 mm they only enter the epidermis layer so there is no risk of bleeding.'

She soon realized that she could work towards her goal of keeping her practice going, supporting her patients and continuing their care by sending them the tacks prior to their appointment. After receiving their tacks, Dr. Nelson could conduct a patient interview through the online Telehealth system and based on what they told her, she could direct them to apply the tacks at distal points which would assist in alleviating their chief complaint.

The scope of what the tacks can treat is limited and Dr. Nelson emphasizes the need to be clear with patients about this. Dr. Nelson explains:

'the tacks are more effective for treatments for anxiety, gut issues, the sympathetic nervous system and period issues. They are not as effective for sciatic or IT band pain, for example.'

However, she has had positive results for neck and shoulder pain.

Going forward, Dr. Nelson has been able to couple the use of tack acupuncture treatments via Telehealth with her experience as a healing touch practitioner and offers remote healing touch treatments to complete her online offering.

However, this transition has not been without its obstacles. Challenges include:

- **Not being able to assess the patient in person.** A large part of TCM diagnosis involves being able to be close to the patient to look at



PHOTO: Annie Spratt for Unsplash.com

the Shen and Spirit. Although this is possible via Telehealth, it is more challenging.

- **The mailing system.** Getting the tacks to patients before the scheduled appointment has proven to be challenging in certain cases.
- **Curbing expectations.** Educating patients on the scope of what can be treated via Telehealth and managing their expectations.
- **Insurance coverage.** In most instances, acupuncture visits via Telehealth are not covered by insurance companies, at the time of writing.

Overall, Dr. Nelson has found that her online offerings have been very well received by her patients. They have enabled her to continue her patients' care and maintain the momentum of her practice whilst the clinic was closed.

Now that the clinic is open again, and in-person visits have resumed, an online offering is something she would like to incorporate into her practice long term, alongside clinic practice.

Dr. Nelson is not alone in offering her services via Telehealth. Dr. Kimberley Graham, Dr. TCM also moved her services online when the clinic she worked at closed.

By sending her patients Fascia Buddies and a demo video prior to an online appointment, Dr. Graham has been able to virtually walk her patients through self-cupping. This was particularly helpful for existing patients who have had cupping before and knew what to expect.

Dr. Graham has noticed that since the clinic has reopened, patients are less inclined to have Telehealth appointments, instead opting for in-person visits. Furthermore, online appointments were only offered to existing patients, particularly those who were being prescribed herbs. 90% of Dr. Graham's Telehealth patients were herbal patients.

Dr. Graham was able to send packages to patients which included dietary information, a summary of what was discussed during the appointment and links to other helpful resources. All of this required more work than would normally occur outside an appointment time.

It is clear from both the practitioner and patient point of view that Telehealth, although flexible and useful for those who cannot make it into the clinic or need a herbal prescription, does not replace in person patient care.

Telehealth is new for everyone, including the insurance companies. It therefore follows that the many insurance companies have yet to include it in their coverage, which at the time of writing, only covers in person visits. Currently the messaging could be interpreted as contradictory: do not engage in any non-essential contact however, only in person visits are covered by insurance. The hope is that this will be addressed in the near future as we all adjust to the new normal.

Like a lot of things, change can benefit from a team effort. As a strong advocate for integrative health and multi-disciplinary approaches, Dr. Graham asserts that,

'There is value in Telehealth and we need to find out how to best deliver it. That will come with time and by partnering with other health care providers.'

Many patients who have had online Telehealth visits with their family doctors and GPs want to continue to do so.

'It is just finding the best way to offer it and to whom we can best serve in a meaningful way.'

Moving forward, if a patient is sick they are required to stay at home and will not be offered in person treatment. This is likely to continue, and Telehealth could provide a good alternative to those who have to cancel at the last minute due to illness. When flu season hits and now with patients being refused treatment if they show symptoms of illness, Telehealth could offer a good Plan B. If we use this time to establish how best to navigate online offerings, so that we are prepared for another wave of Covid-19 cases, or flu season, we can offer a safe alternative to those seeking treatment.

If you have not yet done so and are considering making the transition to Telehealth, or incorporating it into your practice in the longer term, Dr. Nelson gives the following advice:

- **Be patient.** There are many steps to manage and it will not happen overnight.
- **Be clear** when explaining to patients and the public about what you are offering and what you can treat.

With BC's Phase 2 restart plan well underway, including the opening of regulated health services and in-person acupuncture sessions having resumed, it will be interesting to see if practitioners continue to reap the benefits of Telehealth sessions and incorporate online offerings into their practice long-term.

There is a lot of change happening in the world and the healthcare industry is no different. What is clear is that the acupuncture community must use this as an opportunity and adapt to the change or risk getting left behind. Telehealth is a good place to start.

- Katherine Moffat

For more information about Dr. Julie Nelson, Dr. TCM visit:

Qiintegratedhealth.com
Julienelsontcm.com

Dr. Kim Graham provides acupuncture and TCM programming to Addictions and Mental Health pro- grams offered by Vancouver Coastal Health, maintains a full-time private acupuncture practice at Moveo Sport & Rehabilitation Centre as well as manages a successful acu-detox program at Together We Can. She currently sits on the Board of Directors for CTCMA.

For more information about Dr. Kim Graham, Dr. TCM visit:

moveo.ca/2012/07/10/dr-kim-graham
drkimtcm.com
twcrecoverylife.org/togetherwecan/kim-graham



ABOUT THE AUTHOR

Katherine Moffat, R.Ac.

Katherine is a Registered Acupuncturist with CTCMA in BC. Having first been introduced to Chinese medicine during her childhood spent in Hong Kong, whilst also making her fairly proficient in the use of chopsticks, gave her a strong appreciation of the value of both Eastern and Western medicine and that the pair of them, used together, is one powerful medicine. To the TCM community she brings with her ten years of sports industry experience teaching skiing and yoga and is passionate about spreading awareness of the true scope of Chinese medicine



PHOTO: Pixabay.com

BC ATCMA Update

The Latest on TCM in The Province of BC

by **Jason Tutt, R.Ac.**

PHOTO: Pixabay.com

The year 2020 has been an interesting one for everyone, including the TCM and Acupuncture profession.

HERE IS HOW IT PLAYED OUT IN BRITISH COLUMBIA:

- January 25, 2020 - British Columbia's Minister of Health Adrian Dix and Public Health Officer Dr. Bonnie Henry announced the first presumptive case of the novel Coronavirus in Canada.¹
- January 28, 2020 - Adrian Dix and Dr. Bonnie Henry announced the first confirmed positive case of the novel Coronavirus in British Columbia.²

- January 30, 2020 - the World Health Organization (WHO) declared a public health emergency of international concern over the global outbreak of the novel Coronavirus.³
- February 11, 2020 the WHO named the disease caused by SARS-CoV-2 as the Coronavirus disease 2019 or COVID-19.⁴
- March 8, 2020 - Adrian Dix and Dr. Bonnie Henry announced the first death as a result of COVID-19 in British Columbia and a total of 32 confirmed cases.⁵

³ [https://www.who.int/dg/speeches/detail/who-director-general-s-statement-on-ihr-emergency-committee-on-novel-coronavirus-\(2019-ncov\)](https://www.who.int/dg/speeches/detail/who-director-general-s-statement-on-ihr-emergency-committee-on-novel-coronavirus-(2019-ncov))

⁴ <https://www.who.int/dg/speeches/detail/who-director-general-s-remarks-at-the-media-briefing-on-2019-ncov-on-11-february-2020>

⁵ <https://news.gov.bc.ca/releases/2020HLTH0068-000423>

¹ <https://news.gov.bc.ca/releases/2020HLTH0011-000129>

² <https://news.gov.bc.ca/releases/2020HLTH0015-000151>

- March 11, 2020 the WHO declared that COVID-19 is a pandemic, which they define as “an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people”.^{6,7}
- March 17, 2020 - Dr. Bonnie Henry declared a Public Health Emergency in British Columbia.⁸
- March 18, 2020 - Minister of Public Safety and Solicitor General, Mike Farnworth declared a province wide State of Emergency.⁹

In response to the developments, on March 17, 2020 the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC (CTCMA) strongly recommended all registrants to close their practices, as it is extremely difficult to observe social distancing while providing most services, including but not limited to acupuncture.¹⁰ This move left many TCM Practitioners and Acupuncturists without a way to provide ongoing care to their patients, as well as a threat to their clinics closing permanently due to lack of revenue. It was at about this time, that the BC Association of TCM & Acupuncture Practitioners (ATCMA) reached out to the CTCMA with drafted recommendations on how to allow registrants to deliver ongoing care to their patients through telemedicine. The ATCMA strongly recommended that the CTCMA create practice standards to allow

registrants to provide telemedicine during these unprecedented times. After strong consideration from the CTCMA, Practice Standards were developed and released on March 26, 2020 for delivering telemedicine during the coronavirus (COVID-19) pandemic.¹¹

BC was the first province in Canada to do adopt telemedicine practice standards for TCM.

As BC locked down, and in-person care had all but ceased, the ATCMA began working on a “Recommended Safe Work Practices for TCM document” in anticipation of the reopening of TCM clinics across the province once the transmission curve of COVID-19 had begun to flatten.¹² The shutdown of most services in BC was deemed Phase 1 of BC’s Restart Plan, where only essential services could continue to operate. TCM & Acupuncture services could only be offered for urgent and emergent cases where appropriate safety protocols were in place. In mid-May John Horgan, the BC Premier announced that the province would begin reopening certain services such as regulated health services beginning May 19 as the province moved into Phase 2 of the BC Restart Plan.¹³ On May 15, the CTCMA released their document on “Providing

⁶ <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

⁷ <http://www9.who.int/bulletin/volumes/89/7/11-088815/en/>

⁸ <https://news.gov.bc.ca/releases/2020EMBC0014-000552>

⁹ <https://news.gov.bc.ca/releases/2020PSSG0017-000511>

¹⁰ <https://ctcma.bc.ca/media/1847/2020-03-17-urgent-communication-to-registrants-regarding-coronavirus-covid-19.pdf>

¹¹ <https://ctcma.bc.ca/media/1861/tele-practice-during-the-coronavirus-covid-19-pandemic.pdf>

¹² <https://atcma.org/wp-content/uploads/2020/05/ATCMA-Recommended-Safe-Work-Practices-for-TCM-document.pdf>

¹³ https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/gdx/bcs_restart_plan_web.pdf

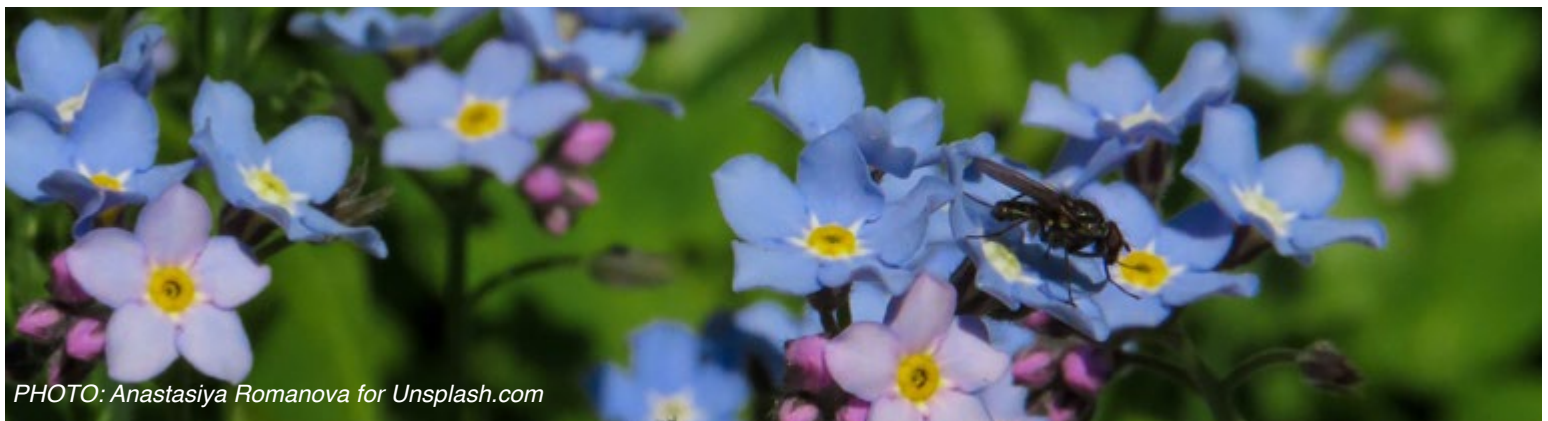


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in-person community care during COVID-19 Guidance for regulated health-care providers” to provide guidance from a regulatory perspective on how registrants should begin to reopen their clinics while keeping the risk of transmission of COVID-19 low.¹⁴ At the time of writing this article, most TCM clinics across BC have reopened, albeit with reduced patient loads and enhanced safety protocols for patient and practitioner safety.

OTHER MORE POSITIVE DEVELOPMENTS FOR THE TCM & ACUPUNCTURE PROFESSION IN BC INCLUDE:

- On April 1, 2010 the provincial auto insurance company ICBC raised their reimbursement rates for Acupuncture services to \$107 for an initial visit and \$90 for a follow-up visit.¹⁵
- In response to the ATCMA’s request to review WorkSafeBC’s acupuncture compensation policy, it was proposed by WorkSafeBC to increase the number of Acupuncture sessions typically approved by a case manager from five to eight sessions and to remove the requirement for pre-approval by a case manager for initiating Acupuncture treatments for injured workers.¹⁶ If these amendments to their policy are adopted, it would mean easier access to Acupuncture services for injured workers. The changes are expected to come into force in the 3rd quarter of 2020 and rate negotiations will follow subsequently.

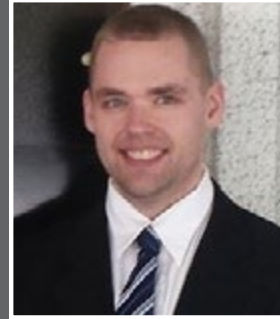
While it has been a difficult year for the TCM & Acupuncture profession, we will no doubt emerge stronger and ready to continue to deliver care to our patients and as more insurance companies begin to add or modify their policies to provide better Acupuncture coverage, the future looks promising!

- Jason Tutt

¹⁴ <https://ctcma.bc.ca/media/1904/2020-05-15-guidance-for-providing-in-person-community-care-during-covid-19.pdf>

¹⁵ <https://www.icbc.com/partners/health-services/Pages/Acupuncturists.aspx>

¹⁶ <https://www.worksafebc.com/en/law-policy/public-hearings-consultations/current-public-hearings-and-consultations/proposed-policy-amendments-regarding-acupuncture>



ABOUT THE AUTHOR

Jason Tutt is a Registered Acupuncturist practicing in British Columbia who has served on the board of directors for the BC Acupuncture & TCM Association from 2016 – 2018, has been the President of the BC chapter for the Chinese Medicine and Acupuncture Association of Canada since 2016 and is currently serving on the Patient Relations Committee and the Registration Committee for the College of Traditional Chinese Medicine of BC.



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Are You Ready to Reopen Your Practice?

**The Latest Practice Guidelines From
Your College**

Dan Garcia
Executive Director, CARB-TCMPA

Over the past several weeks we have begun to emerge from the quarantine as we gradually reopen our economies and practices. As part of reopening, we need to continue to be mindful of the guidelines in place to keep patients, staff, and practitioners safe. Practitioners need to understand how their practices must adapt to the current environment—from entry to exit. This includes adapting how they deliver care, conduct their business, and engage with the physical environment.

It is difficult to predict how the COVID-19 pandemic will continue to evolve and if, or when, the “second wave” will arrive. We have begun to see signs of increased infection rates as some jurisdictions ease their restrictions which further highlights the importance of keeping ourselves informed and patients safe. We encourage all practitioners to visit their regulator’s site for the most current practice guidelines:

- **College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC:** <https://ctcma.bc.ca/about/announcements>
- **College and Association of Acupuncturists of Alberta:** <http://acupuncturealberta.ca/news>
- **College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario:** <https://www.ctcmpao.on.ca/announcements>
- **Ordre des acupunctures du Québec:** <https://o-a-q.org/fr/Publications.aspx>
- **College of Traditional Chinese Medicine Practitioners and Acupuncturists of Newfoundland and Labrador:** <https://ctcmpnl.ca/news-and-events>

Our preparations for the October 2020 sitting of the Pan-Canadian Examinations are well underway. Recent, or soon-to-be, graduates are encouraged to apply to their provincial regulator to obtain eligibility for the exam administration.

SOME IMPORTANT DATES TO BE AWARE OF INCLUDE:

- **Application deadline:** Wednesday, July 15, 2020
- **Withdrawal deadline:** Friday, July 31, 2020
- **Accommodation request deadline:** Wednesday, July 15, 2020

Candidates re-writing the Clinical Case component of their exams will do so in December 2020; this will be the last administration of the pen and paper format. The next computer-based Pan-Canadian Examinations will be held in April 2021.

I recently had the opportunity to meet with some of the TCM/A educators in Canada. It was an important step in establishing new lines of communication between CARB-TCMPA and members of Canada’s TCM/A community. There were several perspectives and concerns that were raised over the meetings. We are listening.

CARB-TCMPA is preparing to launch a project designed to develop an education accreditation process for TCM/A educators in Canada; collaborating with educators will be a key part of this.

While we balance the need to maintain a fair and defensible credentialing process, we are also looking for additional opportunities to establish more regular communication with key stakeholder groups. We appreciate the interest and engagement from the groups that have reached out to us, and we look forward to more opportunities where we can work together to further the TCM/A profession in Canada.

Finally, I would like to thank the Pan-Canadian Examinations' item developers and Examination Committee for all the time, effort, and energy that they have and continue to dedicate.

Their engagement and support have been critical in transitioning to the new computer-based tests.

- Dan Garcia, Executive Director of CARB-TCMPA



ABOUT CARB- TCMPA

The Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists (CARB-TCMPA) is the national forum and voice of provincial regulatory authorities that are established by their respective provincial legislation. Through collaborative activities, CARB-TCMPA promotes quality practice and labour mobility across Canada. For more information about CARB-TCMPA, visit: carb-tcmpa.org

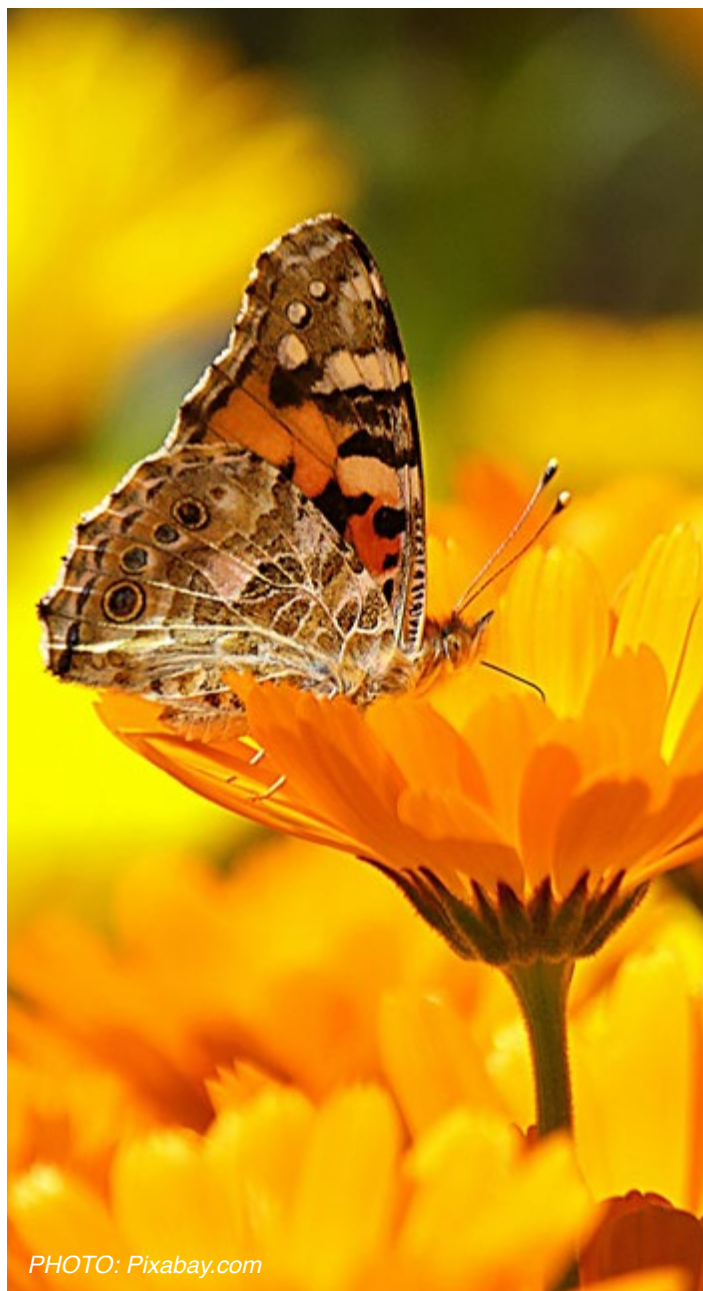


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