

**THE CANADIAN ALLIANCE OF REGULATORY BODIES FOR
TRADITIONAL CHINESE MEDICINE PRACTITIONERS
AND ACUPUNCTURISTS**

**BLUEPRINT FOR THE
PAN-CANADIAN WRITTEN EXAMINATIONS
FOR TRADITIONAL CHINESE MEDICINE
PRACTITIONERS, ACUPUNCTURISTS
AND HERBALISTS**

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PREFACE

The Canadian Alliance of Regulatory Bodies for Traditional Chinese Medicine Practitioners and Acupuncturists (CARB-TCMPA) is the national organization of provincial and territorial regulatory bodies that govern and monitor the practice of Traditional Chinese Medicine (TCM) Practitioners,¹ TCM Acupuncturists and/or TCM Herbalists.

The Pan-Canadian Written Examinations described in this *Blueprint* document are criterion-referenced assessments based on the occupational competencies that entry-level TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists must have to practise safely, effectively and ethically. These occupational competencies are outlined in the *Entry-Level Occupational Competencies for the Practice of Traditional Chinese Medicine in Canada*. These competencies are grouped into nine (9) practice areas: (1) Interpersonal Skills; (2) Professionalism; (3) Practice Management; (4) Traditional Chinese Medicine Foundations; (5) Fundamentals of Biomedicine; (6) Diagnostics and Treatment; (7) Acupuncture Techniques; (8) Herbal Dispensary Management; and (9) Safety. A full list of these occupational competencies by the nine practice areas is provided in Appendix B.

This *Blueprint* document has two major components: (1) the content domain (practice areas) to be measured and (2) explicit guidelines on how this content is to be measured. The content domain consists of the measurable competencies expected of entry-level TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists. The specific guidelines are expressed in terms of structural and contextual variables. The *Blueprint* also includes a list of suggested references for these national examinations.

CARB-TCMPA thanks all who contributed to the creation of this *Blueprint* document. In particular, CARB-TCMPA gratefully acknowledges the Government of Canada's Foreign Credential Recognition Program for funding this project. Additional appreciation is extended to the regulatory authorities and the members of the Blueprint Development Committee who collaborated with Assessment Strategies Inc. to produce this document (see Appendix A).

¹ Traditional Chinese Medicine (TCM) Practitioner is a restricted title that comprises the dual usage of acupuncture and herbology in the scope of practice.

INTRODUCTION

Contextual Background

The Canadian Alliance of Regulatory Bodies for Traditional Chinese Medicine Practitioners and Acupuncturists (CARB-TCMPA) is the national organization of provincial and territorial regulatory bodies that govern and monitor the practice of Traditional Chinese Medicine and Acupuncture. The current members of the CARB-TCMPA comprise of the following:

- College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA-BC);
- College and Association of Acupuncturists of Alberta (CAAA);
- Ordre des Acupuncteurs du Québec (OAQ);
- Transitional Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (TC-CTCMPAO); and
- College of Traditional Chinese Medicine Practitioners and Acupuncturists of Newfoundland and Labrador (CTCMPANL).

Each of these regulatory bodies is established by provincial/territorial law with a mandate to protect the public's right to safe, competent and ethical services offered by registered Doctors of Traditional Chinese Medicine (Dr. TCM), TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists who are members of the regulatory bodies.

The objectives of CARB-TCMPA are:

- To serve as the collective voice of the provincial and territorial regulatory bodies of TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists;
- To work collaboratively on common issues that impact on the regulation, safe and quality practices, education and training of TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists;
- To develop, implement and maintain programs of national interest;
- To develop mechanisms and programs to facilitate mobility of TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists in Canada; and
- To work with national and international agencies, where appropriate.

Since 2008, members of CARB-TCMPA have been working collaboratively on establishing common standards for the registration of qualified TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists. In May 2010, it completed the *Entry-Level Competencies for the Practice of Traditional Chinese Medicine in Canada* (Appendix B) and in July 2010, the *Pan-Canadian Standards for Traditional Chinese Medicine Practitioners and Acupuncturists: User Guide*. The framework and process used to develop these occupational competencies are outlined in the **Developing Occupational Competencies** section.

CARB-TCMPA, in consultation with its examinations provider, Assessment Strategies Inc., presents this *Blueprint* document with the purpose and intent of facilitating the development of reliable and valid examinations to assess fairly, in a consistent and transparent manner, the candidates applying for registration to practise as TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists in Canada.

The Pan-Canadian Written Examinations to be developed will use the same standards and processes to ensure safe, effective and ethical practice to evaluate both internationally-trained candidates and Canadian-trained candidates. **These national examinations are also meant to ensure quality standards and facilitate labour mobility across provinces.**

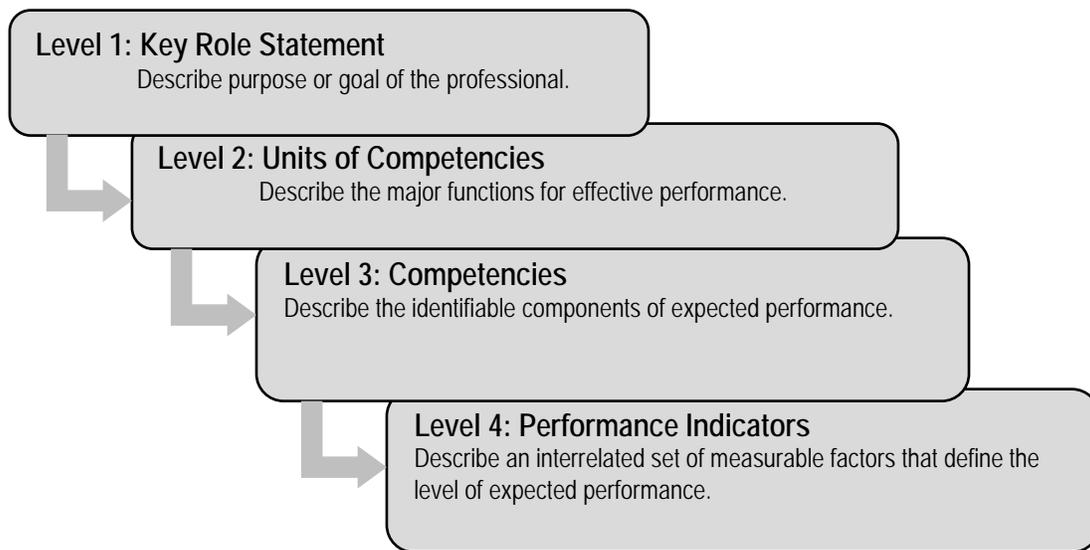
DEVELOPING OCCUPATIONAL COMPETENCIES

I. The Framework/Approach

There are several common approaches for the development of competency frameworks based on tasks, functional analysis or descriptions of roles (Raymond and Neustel, 2006). Each has its place in describing competence. What is most important in any competency framework is the completeness and accuracy of the description it provides.

The *Entry-Level Occupational Competencies for the Practice of Traditional Chinese Medicine in Canada* (Appendix B) is based on a functional analysis methodology. The functional analysis approach is an integrated method to competency development whereby competence is inferred from performance and the context sensitivity of diverse practice is recognized. The description of the area of competency is required to be relevant to the patient and clinical context and should move from a general to more specific delineation of the expected performance of a competent professional. Figure 1 presents how the varying levels of the framework are interrelated and described.

Figure 1: Levels of a functional analysis competency framework



II. The Process

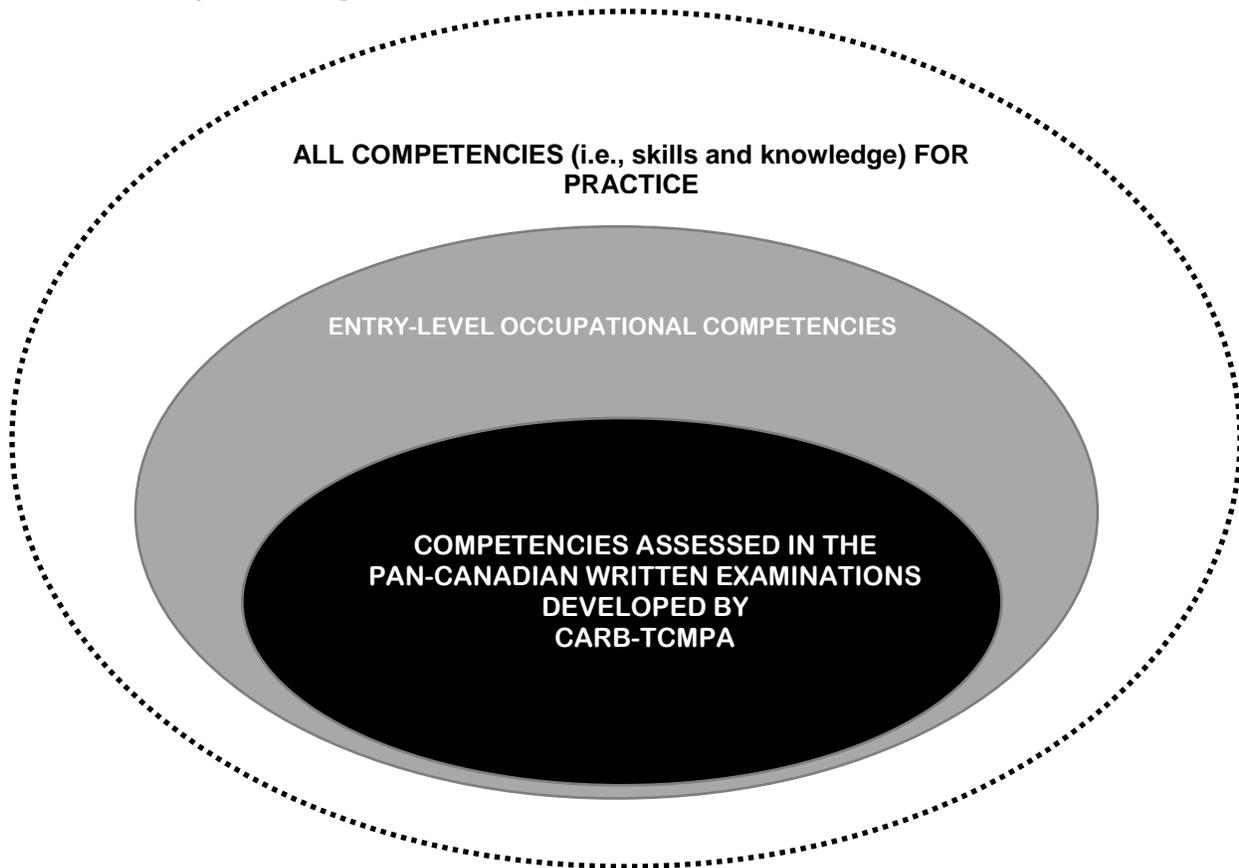
The development process involved the identification of defined competencies by an interprovincial committee of experienced TCM Practitioners, Acupuncturists and educators. The committee utilized source documents from various countries describing TCM and acupuncture education and practice, as well as the expertise of its members. This was followed by surveys of practitioners in British Columbia, Alberta, Ontario, Quebec and Newfoundland & Labrador, to determine the extent to which the proposed competencies were deemed by practitioners to be important, frequently-used and appropriate as entry-level requirements.

The occupational competencies, provided in Appendix B, have been approved by the regulatory authority in each jurisdiction. They are intended to identify the knowledge, skills and abilities in which entry-level TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists should be able to coordinate and apply, in order to provide safe, effective and ethical practice.

III. Situating Occupational Competencies Assessed

Figure 2 situates the competencies that form the basis of the Pan-Canadian Written Examinations within the full complement of competencies for traditional Chinese medicine, acupuncture and/or herbology practice. The outer circle represents the competencies that are expected of TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists in general and may include competencies to be demonstrated by fully experienced professionals in the practice. The middle circle represents the competencies that the TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists at the entry-level are required to possess by regulatory authorities in order to practise safely, effectively and ethically. The inner circle represents the competencies assessed by the Pan-Canadian Written Examinations. Thus, the Pan-Canadian Written Examinations, described in this *Blueprint* document, focus on competencies that are measurable on written examinations using multiple-choice questions as described in the **Technical Specifications** section.

Figure 2: Competencies assessed by the Pan-Canadian Written Examinations



ASSUMPTIONS

The following are the assumptions on which the Pan-Canadian Written Examinations are based and have been derived from the *Entry-Level Occupational Competencies for the Practice of Traditional Chinese Medicine in Canada* and other sources as provided in the bibliography.

1. Traditional Chinese Medicine (TCM) is a comprehensive body of knowledge that applies TCM theories to diagnose, treat and prevent illness using a variety of TCM methods/modalities.
2. The entry-level occupational competencies build and expand upon the developments required by traditional use, scientific advancements and social and legislative influence.
3. The entry-level occupational competencies are the foundation for all TCM professional practice and apply across diverse practice settings and patient populations.
4. TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists provide health-care services relating to health promotion and maintenance, illness, injury, prevention, rehabilitative care, curative and supportive care, and palliative and end-of-life care.
5. TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists may work in consultation/collaboration with other health-care providers to provide safe, high-quality patient-centred health-care services.
6. The competencies examined in the Pan-Canadian Written Examinations are directed toward the professional practice of entry-level TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists in Canada.
7. Entry-level TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists will practise in a manner consistent with their provincial/territorial regulatory body's professional practice standards, codes of ethics and scope of practice. They will also practice in compliance with applicable provincial/territorial and federal law and legislation.
8. The Pan-Canadian Written Examinations described in this *Blueprint* are not constrained by jurisdictional variations in scope of practice.
9. The implementation of the registration examinations will be determined by the individual provincial regulatory bodies. Successful completion of the Pan-Canadian Written Examinations does not constitute an automatic registration to practise.

TECHNICAL SPECIFICATIONS

I. Structural Variables

Structural variables include characteristics of the examination that determine its general design and appearance: format, question presentation and length of the exam, weighting (percentage) of the occupational competencies by practice areas and taxonomy levels of cognitive ability upon which the exam questions focus. These specifications describe the important features of the national examinations described in this document and provide essential guidelines for how the occupational competencies will be measured using a written multiple-choice format.

a) Examination Format, Presentation and Length

Format: The Pan-Canadian Written Examinations will consist of multiple-choice questions. Each multiple-choice question is composed of two distinct elements: (1) the stem and (2) the options. The stem is the introductory part of the question that presents the examinee with a question or problem. The options are the alternatives (e.g., words, statements, numbers) from which the examinee is to select the correct or best answer to the question or problem posed in the stem.

Each question has four options: the response representing the correct (or best) answer, and three distractors that are plausible but incorrect (or less adequate) options intended to distract the examinee who is uncertain of the correct response.

Presentation: Multiple-choice questions may be presented within a case (i.e., a brief introductory case text accompanied by two to five related questions) or independently (i.e., stand-alone questions that are not specifically connected with any other text or questions). Questions associated with a case represent a plausible sequence of events.

Length of examinations: There will be three written examination papers.

- The Pan-Canadian Written Examination for TCM Practitioners. This paper will have three sections: one to assess competencies that are **common** (applicable to both TCM acupuncture and TCM herbology), one section relating solely to **TCM acupuncture**; and one section relating solely to **TCM herbology**. It will consist of approximately 200-210 multiple-choice questions. [4 Hours]
- The Pan-Canadian Written Examination for TCM Acupuncturists. This paper will have two sections: one to assess competencies that are **common** and one relating solely to **TCM acupuncture**. It will consist of approximately 150-160 multiple-choice questions. [3 Hours]
- The Pan-Canadian Written Examination for TCM Herbalists. This paper will have two sections: one to assess competencies that are **common** and one relating solely to **TCM herbology**. It will consist of approximately 150-160 multiple-choice questions. [3 Hours]

b) Percentage of Examination Questions by Practice Areas

The following tables provide the weighting (percentage) of occupational competencies by the nine (9) practice areas:

- 1) Interpersonal Skills
- 2) Professionalism
- 3) Practice Management
- 4) Traditional Chinese Medicine Foundations
- 5) Fundamentals of Biomedicine
- 6) Diagnostics and Treatment
- 7) Acupuncture Techniques
- 8) Herbal Dispensary Management
- 9) Safety

The numbering and sequencing of the occupational competencies provided in the second column correspond to the *Entry-Level Occupational Competencies for the Practice of Traditional Chinese Medicine in Canada* (Appendix B). It should be recognized that the competency statements vary in scope, with some representing global activities and others more discrete and specific to TCM actions. Examination questions will be developed based on these competency statements and be weighted in the examinations according to the following tables provided on the next pages.

- Table 1a: Weighting of Occupational Competencies by Practice Areas for the Pan-Canadian Written Examination for TCM Practitioners
- Table 1b: Weighting of Occupational Competencies by Practice Areas for the Pan-Canadian Written Examination for TCM Acupuncturists
- Table 1c: Weighting of Occupational Competencies by Practice Areas for the Pan-Canadian Written Examination for TCM Herbalists

Table 1a: Weighting of Occupational Competencies by Practice Areas for the Pan-Canadian Written Examination for TCM Practitioners

The Practice Areas	Numbering and Sequence of Occupational Competencies	Percentage
1. Interpersonal Skills	1.1, 1.2, 1.3	2 - 4%
2. Professionalism	2.1, 2.2, 2.3, 2.4	2 - 4%
3. Practice Management	3.1, 3.2	2 - 4%
4. Traditional Chinese Medicine Foundations	4.1, 4.2, 4.3, 4.4, 4.5	25 - 30%
5. Fundamentals of Biomedicine	5.1, 5.2, 5.3	7 - 10%
6. Diagnostics and Treatment	6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8	27 - 32%
7. Acupuncture Techniques	7.1, 7.2, 7.3, 7.4, 7.5	3 - 6%
8. Herbal Dispensary Management	8.1, 8.2	7 - 10%
9. Safety	9.1, 9.2, 9.3, 9.4	7 - 10%

Table 1b: Weighting of Occupational Competencies by Practice Areas for the Pan-Canadian Written Examination for TCM Acupuncturists

The Practice Areas	Competency Codes	Percentage
1. Interpersonal Skills	1.1, 1.2, 1.3	3 - 5%
2. Professionalism	2.1, 2.2, 2.3, 2.4a,b, c, e	3 - 5%
3. Practice Management	3.1, 3.2	3 - 5%
4. Traditional Chinese Medicine Foundations (Acupuncture)	4.1, 4.2	23 - 28%
5. Fundamentals of Biomedicine	5.1, 5.2, 5.3	10 - 12%
6. Diagnostics and Treatment	6.1, 6.2, 6.3, 6.4a-e, 6.5, 6.7, 6.8	32 - 35%
7. Acupuncture Techniques	7.1, 7.2, 7.3, 7.4, 7.5	5 - 7%
8. Herbal Dispensary Management	Not Applicable	N/A
9. Safety	9.1a, 9.2, 9.3b-f, 9.4	8 -10%

**Table 1c: Weighting of Occupational Competencies by Practice Areas for the
Pan-Canadian Written Examination for
TCM Herbalists**

The Practice Areas	Competency Codes	Percentage
1. Interpersonal Skills	1.1, 1.2, 1.3	3 - 5%
2. Professionalism	2.1, 2.2, 2.3, 2.4a,b,d,e	3 - 5%
3. Practice Management	3.1, 3.2	3 - 5%
4. Traditional Chinese Medicine Foundations (Herbology)	4.1, 4.3, 4.4, 4.5	23 - 25%
5. Fundamentals of Biomedicine	5.1, 5.2, 5.3	10 - 12%
6. Diagnostics and Treatment	6.1, 6.2, 6.3, 6.4a-c, 6.4f-g, 6.6, 6.7, 6.8	32 - 35%
7. Acupuncture Techniques	Not Applicable	N/A
8. Herbal Dispensary Management	8.1, 8.2	10 - 12%
9. Safety	9.1b, 9.2, 9.3a-c, 9.4	5 - 7%

c) Percentage of Examination Questions by Category of Cognitive Ability

To ensure that the competencies are measured at different areas of cognitive ability, each question on the Pan-Canadian Written Examinations will be classified into one of three categories: knowledge, comprehension/application or analysis and interpretation.²

Table 2: Percentage of Questions by the Category of Cognitive Ability

Categories of Cognitive Ability	Percentage of Questions
Knowledge	20 - 30%
Comprehension and Application	35 - 50%
Analysis and Interpretation	20 - 30%

Knowledge

The category focuses on performances that involve remembering information. It combines the ability to recall previously learned material with the ability to understand its meaning. It includes such cognitive abilities as knowing and understanding definitions, facts, concepts and principles (e.g., the ability to identify the principles of treatment).

Comprehension and Application

This category refers to the ability to apply knowledge and learning to new or practical situations. It reflects the ability of entry-level TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists to apply rules, methods, principles and theories in different scenarios (e.g., the ability to describe the treatment method for illness).

Analysis and Interpretation

This category focuses on performances that involve analyzing and interpreting information. It includes the ability of entry-level TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists to judge the relevance of data, to deal with abstractions and to use clinical reasoning and inquiry to solve problems (e.g., the ability to formulate and justify a treatment plan). Entry-level TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists should be able to identify cause-and-effect relationships, distinguish between relevant and irrelevant data, formulate valid conclusions and make judgments concerning the needs of patients.

² Classification system modified from Bloom, 1956.

Table 3 presents examples of performance indicators and common verbs that may be used as a guide when the examination questions based on cognitive abilities are constructed. These are examples and do not represent an exhaustive list.

Table 3: Examples of Descriptors and Common Verbs That May Be Used to Construct Examination Questions by Categories of Cognitive Ability

Cognitive Categories	Descriptors	Verbs for Use in Test Questions	
Knowledge	<ul style="list-style-type: none"> ▪ Recognizes or recalls ▪ Knows terms ▪ Knows methods and procedures ▪ Knows basic facts 	Defines Describes Identifies Labels	Matches Names Selects States
Comprehension and Application	<ul style="list-style-type: none"> ▪ Understands facts and principles ▪ Interprets verbal material ▪ Translates verbal material ▪ Applies concepts and principles to new situations ▪ Solves problems ▪ Applies laws and theories ▪ Constructs charts and graphs ▪ Correctly uses a method or procedure 	Converts Estimates Explains Generalizes Changes Computes Operates	Predicts Produces Relates Summarizes Infers Shows Solves
Analysis and Interpretation	<ul style="list-style-type: none"> ▪ Evaluates relevancy of data ▪ Recognizes assumptions ▪ Judges the adequacy from which conclusions are drawn ▪ Judges the value of findings ▪ Integrates from different areas ▪ Proposes a plan of action ▪ Formulates an approach by classifying events or objects 	Differentiates Relates Breaks down Categorizes Creates Compares Designs	Contrasts Explains Justifies Diagnoses Relates Concludes

II. Contextual Variables

Contextual variables qualify the content domain by identifying the contexts in which the examination questions will be set. They include patient demographics and lifespan, TCM illnesses and practice environment.

a) Patient Demographics and Lifespan

The Pan-Canadian Written Examinations may include questions pertaining to individuals, families and groups such as populations and communities.

The Pan-Canadian Written Examinations will include questions related to lifespan, from preconception through to advanced age, including end of life. Questions will reflect health situations relevant to the different phases of life.

b) TCM Illnesses

The Pan-Canadian Written Examinations will include questions pertaining to the TCM illnesses, including but not limited to the following.

- Internal Medicine (Nei Ke)
- External Medicine (Wai Ke)
- Obstetrics and Gynecology (Fu Ke)
- Pediatrics (Er Ke)
- Orthopedics and Traumatology (Gu Shang Ke)

Appendix C provides the list of TCM illnesses. These classifications are derived from historical literature and are not meant to correspond to traditional classifications of biomedicine.

c) Practice Environment

The practice environment for the TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists can be any setting or circumstance within the scope of practice defined by provincial and territorial legislation and regulation. For the purposes of the Pan-Canadian Written Examinations, the practice environment will be specified only where it is required in order to provide guidance to the candidate in responding to the examination question.

LIST OF SUGGESTED REFERENCES

The Blueprint Development and the Examination Committees suggest that the following references, although not exhaustive, may be helpful to the examination committee for the development of questions and to candidates in preparation for the registration examination. The examination committee and candidates are also encouraged to consult other relevant and authoritative references. For convenience the suggested references have been grouped into five categories.

- 1) Foundations/Diagnosis
- 2) Clinical Practice/Treatment
- 3) Acupuncture
- 4) Herbology/Formulas
- 5) Biomedicine and Other Related Areas (e.g., by-laws, safety)

1. Foundations/Diagnosis

Kirschbaum, B. (2000). *Atlas of Chinese tongue diagnosis*. Seattle, WA: Eastland Press. (ISBN: 0-939616-3-5)

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2. Clinical Practice/Treatment

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3. Acupuncture

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4. Herbology/Formulas

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CONCLUSION

The *Blueprint for the Pan-Canadian Written Examinations for Traditional Chinese Medicine Practitioners, Acupuncturists and Herbalists* is the product of a collaborative effort between the aforementioned regulatory authorities and the TCM Practitioners and TCM Acupuncturists that served as Blueprint Development Committee members. Their efforts have resulted in the assimilation of the competencies required for entry-level TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists into guidelines for how these competencies will be measured on national examinations using the multiple-choice format.

It is recognized that TCM, acupuncture and herbology practice will continue to evolve. As this occurs, this *Blueprint* document (i.e., the test development guidelines) will require revision to accurately reflect the scope of practice, roles and responsibilities of the entry-level TCM Practitioners, TCM Acupuncturists and/or TCM Herbalists. The guidelines for the national examinations provided in this document will be regularly reviewed and revised to ensure relevance to TCM and acupuncture practice, to respond to changes in the Canadian health-care environment, progress in evidence-based knowledge and changing Canadian demographics. CARB-TCMPA, in consultation with its examination provider, Assessment Strategies Inc., will ensure that such necessary revisions take place.

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APPENDIX A: PARTICIPANTS

Organizations Participating in the Competency/Blueprint Development Project

- College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia
- College and Association of Acupuncturists of Alberta
- Ordre des Acupuncteurs du Québec
- Transitional Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
- College of Traditional Chinese Medicine Practitioners and Acupuncturists of Newfoundland and Labrador

Members of the Blueprint Development Committee

- Jeffrey Liu, British Columbia
- Harris Fisher, British Columbia
- Ben Bao Qi Cao, British Columbia
- Don Fan, Alberta
- Danny Li, Ontario
- Joanne Pritchard-Sobhani, Ontario
- Terry Hui, Ontario
- Ethne Munden, Newfoundland
- Serge Lainey, Quebec
- Raymond Bourret, Quebec
- Brune Clavette, Quebec (from New Brunswick)

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- Charles Mayenga, ASI
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APPENDIX B: Entry-Level Occupational Competencies

The occupational competencies are grouped into the following practice areas.

1. Interpersonal Skills
2. Professionalism
3. Practice Management
4. Traditional Chinese Medicine Foundations
5. Fundamentals of Biomedicine
6. Diagnostics and Treatment
7. Acupuncture Techniques
8. Herbal Dispensary Management
9. Safety

Within each practice area, the occupational competencies are identified as:

- **Common:** applicable to both acupuncture and herbology;
- **Acupuncture:** unique to the practice of acupuncture; and
- **Herbology:** unique to the practice of herbology.

Occupational Competencies		Common	Acupuncture	Herbology
1. Interpersonal Skills				
1.1	Utilize professional communication.			
a	Speak effectively, using appropriate terminology.	✓		
b	Write effectively, using appropriate terminology.	✓		
c	Comprehend written information.	✓		
d	Comprehend information presented orally.	✓		
e	Ensure effectiveness of communication.	✓		
f	Communicate with professional integrity.	✓		
g	Respond to non-verbal communication.	✓		
h	Respond to sources of interpersonal conflict.	✓		
1.2	Develop and maintain effective interprofessional relationships.			
a	Work cooperatively in an interdisciplinary health-care setting.	✓		
b	Develop productive working relationships.	✓		
1.3	Develop and maintain effective relationships with patients.			
a	Show respect toward patients as individuals.	✓		

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Occupational Competencies		Common	Acupuncture	Herbology
b	Exhibit compassion toward patients.	✓		
c	Maintain practitioner/patient boundaries.	✓		
d	Facilitate honest, reciprocal communication.	✓		
e	Encourage patient to take responsibility for his/her health.	✓		
2. Professionalism				
2.1	Comply with legal requirements.			
a	Apply to practice current, relevant federal and provincial/territorial legislation.	✓		
b	Apply to practice current requirements of regulatory body.	✓		
c	Apply to practice current, relevant requirements of municipal and other local authorities.	✓		
2.2	Practice in a manner that accords patient dignity and reflects patient rights.			
a	Ensure that patient is aware of treatment plan, its benefits and risks.	✓		
b	Ensure ongoing, informed consent.	✓		
c	Respect patient rights to privacy and confidentiality.	✓		
d	Terminate course of treatment when appropriate.	✓		
2.3	Maintain practitioner self-care.			
a	Maintain personal health and wellness in the context of professional practice.	✓		
b	Exhibit professional deportment.	✓		
2.4	Practice with professional integrity.			
a	Practice within limits of expertise.	✓		
b	Modify practice to enhance effectiveness.	✓		
c	Exhibit professional behaviour.	✓		
d	Remain current with developments in acupuncture practice.		✓	
e	Remain current with developments in TCM herbology practice.			✓
3. Practice Management				
3.1	Maintain patient records.			
a	Ensure complete and accurate records.	✓		
b	Ensure security and integrity of records.	✓		

Occupational Competencies		Common	Acupuncture	Herbology
3.2	Utilize effective business strategies			
a	Ensure sound financial management.	✓		
b	Employ ethical business practices.	✓		
c	Establish office procedures and supervise staff accordingly.	✓		
d) Traditional Chinese Medicine Foundations				
4.1	Apply fundamental knowledge of the following Traditional Chinese Medicine principles in diagnosis and treatment.			
a	yin yang	✓		
b	wu xing (five elements)	✓		
c	zang xiang (organ theories)	✓		
d	jing-luo & shu xue (channels, collaterals and acupuncture points)	✓		
e	qi, xue, jin ye, jing, & shen (qi, blood, body fluid, essence, spirit)	✓		
f	ti zhi (constitution)	✓		
g	bing yin (etiology)	✓		
h	bing ji (pathogenesis)	✓		
i	yu fang (prevention)	✓		
j	zhi ze (principles of treatment)	✓		
k	yang sheng (health preservation)	✓		
4.2	Apply fundamentals of acupuncture in diagnosis and treatment.			
a	Characterize the following points:			
	i jing xue (points of the 14 channels)		✓	
	ii jing wai qi xue (extra points)		✓	
b	Apply knowledge of the following special groupings of points, in treatment planning:			
	i wu shu xue (five transporting points)		✓	
	ii yuan xue (source points)		✓	
	iii luo xue (connecting points)		✓	
	iv xi xue (cleft points)		✓	

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Occupational Competencies		Common	Acupuncture	Herbology
v	bei shu xue (back shu points)		✓	
vi	mu xue (front/mu points)		✓	
vii	xia he xue (lower sea points)		✓	
viii	ba mai jiao hui xue (eight confluent points)		✓	
ix	ba hui xue (eight meeting [influential] points)		✓	
x	zi mu xue (mother/child points)		✓	
xi	jiao hui xue (channel crossing points)		✓	
xii	a shi xue (ah shi points)		✓	
xiii	ear and scalp acupuncture		✓	
c	Select points for assessment.		✓	
d	Select points or areas for therapy.		✓	
e	Select stimulation techniques.		✓	
f	Apply knowledge of precautions and contraindications for application of stimulation techniques.		✓	
g	Apply knowledge of:			
i	tui na/an mo (acupressure)		✓	
ii	qi gong/tai ji		✓	
iii	gua sha		✓	
4.3	Apply knowledge of the following properties and functions of TCM herbs in treatment planning:			
a	si qi (four properties)			✓
b	wu wei (five flavours)			✓
c	sheng jiang fu chen (ascending, descending, floating, sinking)			✓
d	gui jing (channel tropism)			✓
e	actions			✓
f	indications			✓
g	toxicity			✓
h	pao zhi (processing of herbs)			✓
4.4	Apply knowledge of herbal formulating strategies, with reference to:			
a	composition of formula			✓

Occupational Competencies		Common	Acupuncture	Herbology
b	modification of formula			✓
c	functions & classifications			✓
d	combinations & compatibility			✓
e	dosage form & methods of administration			✓
f	dosage			✓
g	potential adverse effects			✓
h	contraindications & precautions			✓
4.5	Apply knowledge of the following herb interactions in treatment planning:			
a	herb – drug interactions			✓
b	herb – herb interactions			✓
c	herb – food interactions			✓
d	herb – natural health product interactions			✓
e) Fundamentals of Biomedicine				
5.1	Apply basic biomedical concepts to TCM practice.			
a	human anatomical structures	✓		
b	biochemical processes	✓		
c	control mechanisms	✓		
d	infectious diseases and infection control	✓		
e	dysfunctions and common diseases	✓		
5.2	Relate biomedical diagnostic and treatment approaches to TCM practice.			
a	diagnosis and treatment methods	✓		
b	pharmacology	✓		
5.3	Integrate TCM and biomedical concepts.			
a	Relate biomedical information concerning patient's condition and treatment to TCM state of health.	✓		
b	Communicate TCM diagnostic and treatment information for use by other health-care workers, and to third parties.	✓		

Occupational Competencies		Common	Acupuncture	Herbology
f) Diagnostics and Treatment				
6.1	Establish priorities for assessment and treatment planning.			
a	Identify chief complaint.	✓		
b	Initiate assessment based upon chief complaint.	✓		
c	Recognize conditions that require urgent medical treatment and direct patient appropriately.	✓		
d	Modify assessment strategy based upon emerging information.	✓		
e	Initiate collaboration, consultation or referral as appropriate.	✓		
6.2	Assess patient.			
a	Collect information using wang zhen (TCM diagnostic inspection method).	✓		
b	Collect information using wen zhen (TCM diagnostic inquiry method).	✓		
c	Collect information using wen zhen (TCM diagnostic auscultation and olfaction methods).	✓		
d	Collect information using qie zhen (TCM diagnostic palpation method).	✓		
e	Measure vital signs.	✓		
f	Conduct relevant non-invasive physical examination.	✓		
6.3	Analyze assessment information.			
a	Organize and interpret the collected information using the following TCM syndrome differentiation methods:	✓		
i	ba gang bian zheng (eight principles differentiation)	✓		
ii	zang-fu bian zheng (organ theory differentiation)	✓		
iii	wu xing bian zheng (five elements differentiation)	✓		
iv	san jiao bian zheng (triple warmer differentiation)	✓		
v	wei qi ying xue bian zheng (four levels differentiation)	✓		
vi	liu jing bian zheng (six stages differentiation)	✓		
vii	qi xue jin ye bian zheng (qi, blood, body fluid differentiation)	✓		
viii	bing yin bian zheng (pathogenic factors differentiation)	✓		
ix	jing luo bian zheng (meridian differentiation)	✓		

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Occupational Competencies		Common	Acupuncture	Herbology
b	Incorporate information obtained from biomedical diagnostic data and medical and health history.	✓		
c	Make TCM diagnosis.	✓		
6.4	Establish treatment plan based on diagnosis.			
a	Determine treatment goals and strategies.	✓		
b	Take into account precautions and contraindications.	✓		
c	Adapt treatment according to patient characteristics and needs.	✓		
d	Select appropriate points, point combinations and/or treatment areas.		✓	
e	Select appropriate course of acupuncture treatment and therapeutic modalities.		✓	
f	Devise applicable TCM herbal formula.			✓
g	Devise appropriate course of herbal treatment.			✓
6.5	Provide acupuncture treatment.			
a	Adapt clinical setting to enhance comfort and safety.		✓	
b	Position patient for treatment.		✓	
c	Locate selected points on patient.		✓	
d	Apply treatment techniques.		✓	
e	Monitor and respond to patient condition during treatment.		✓	
6.6	Implement herbal treatment plan.			
a	Instruct patient on accessing TCM herbal formula.			✓
b	Instruct patient on administration of TCM herbal formula.			✓
6.7	Monitor effectiveness of treatment plan and modify where necessary.			
a	Evaluate effectiveness of treatment plan on an ongoing basis.	✓		
b	Modify treatment plan to enhance effectiveness.	✓		
6.8	Educate and counsel patient.			
a	Explain etiology and pathogenesis of condition.	✓		
b	Explain TCM concepts as they apply to patient condition.	✓		

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Occupational Competencies		Common	Acupuncture	Herbology
c	Inform patient of possible side effects and reaction to treatment.	✓		
d	Advise patient on yu fang and yang sheng (prevention and health preservation).	✓		
e	Counsel patient on compliance with treatment recommendations.	✓		
g) Acupuncture Techniques				
7.1	Perform needling.			
a	Perform filiform needling.		✓	
b	Perform dermal (plum blossom, seven star) needling.		✓	
c	Perform intradermal tack needling.		✓	
d	Perform three edge needling.		✓	
7.2	Perform moxibustion.			
a	Perform direct moxibustion.		✓	
b	Perform indirect moxibustion.		✓	
c	Perform needle warming moxibustion.		✓	
7.3	Perform treatment utilizing supplementary devices.			
a	Perform stimulation using heat lamps.		✓	
b	Perform stimulation using electro-acupuncture devices.		✓	
7.4	Perform cupping.		✓	
7.5	Perform tui na.		✓	
h) Herbal Dispensary Management				
8.1	Maintain herbal inventory.			
a	Identify appropriate supply for herbs.			✓
b	Assess quality of herbs with reference to:			
	i packaging			✓
	ii labelling			✓
	iii physical properties			✓
	iv available quality assurance information			✓
c	Store herbs in appropriate conditions, including:			
	i environment			✓

Occupational Competencies		Common	Acupuncture	Herbology
	ii security			✓
	iii monitoring			✓
d	Maintain records with respect to inventory.			✓
8.2	Prepare and dispense herbal formulas.			
a	Verify formula information is clear, complete and accurate.			✓
b	Verify availability of components and confirm substitution if required.			✓
c	Confirm identity of components.			✓
d	Compound formula.			✓
e	Apply packaging.			✓
f	Apply labelling.			✓
g	Provide instructions for storage and use.			✓
h	Maintain dispensing records.			✓
9. Safety				
9.1	Evaluate patient risk profile.			
a	Determine risk profile relative to acupuncture treatment.		✓	
b	Determine level of risk relative to TCM herbal treatment.			✓
9.2	Provide a safe working environment.			
a	Maintain current knowledge of communicable diseases and infection control techniques.	✓		
b	Apply universal precautions for infection control.	✓		
c	Ensure effective supervision of staff and/or students.	✓		
d	Inspect facilities on a regular basis for electrical hazards, fire risk and physical hazards that may cause accidents, and take action to minimize.	✓		
e	Establish procedures and route for emergency evacuation of facilities.	✓		
f	Establish procedures to maximize protection of self, staff and patients in the event of abusive or violent behaviour.	✓		
9.3	Manage risks to patients.			
a	Include safety precautions in herbal treatment plan.			✓

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Occupational Competencies		Common	Acupuncture	Herbology
b	Manage adverse reactions and accidents resulting from treatment.	✓		
c	Respond appropriately to medical emergencies.	✓		
d	Manage blood-to-blood contact and provide direction for post exposure follow-up.		✓	
e	Clean spills of blood and other body fluids.		✓	
f	Control and extinguish small fires.		✓	
9.4	Ensure that equipment is safe and functional.			
a	Select equipment that enhances patient safety.	✓		
b	Maintain equipment in good working order.	✓		
c	Clean and equipment regularly, and disinfect as appropriate.	✓		

APPENDIX C: List of TCM Illnesses

	Internal Medicine (Nei Ke)
1	abdominal mass (ji ju)
2	abdominal pain (fu tong)
3	atrophy-flaccidity (wei zheng)
4	bleeding disorders (xue zheng)
5	chest impediment (xiong bi)
6	common cold (gan mao)
7	constipation (bian bi)
8	consumptive disease (xu lao)
9	consumptive thirst (xiao ke)
10	convulsive syndromes (jing zheng)
11	cough (ke shou)
12	depression (yu zheng)
13	diarrhea (xie xie)
14	drum distension (gu zhang)
15	dysentery (li ji)
16	dysphagia occlusion syndrome (ye ge)
17	dyspnea (chuan zheng)
18	edema (shui zhong)
19	epigastric pain (wei tong)
20	epilepsy (xian zheng)
21	fainting (jue zheng)
22	goitre (ying bing)
23	headache (tou tong)
24	hiccupping and belching (e ni)
25	hypochondrial pain (xie tong)
26	impediment syndrome (bi zheng)
27	impotence (yang wei)
28	insomnia (bu mei)
29	internal damage fever (nei shang fa re)
30	ischuria (long bi)
31	jaundice (huang dan)
32	lumbago (yao tong)
33	lung distention (fei zhang)
34	malaria (nue ji)
35	mania (dian kuang)
36	palpitation (xin ji)
37	pulmonary abscess (fei yong)
38	pulmonary tuberculosis (fei lao)

39	seminal emission (yi jing)
40	spontaneous sweats, night sweats (zi han, dao han)
41	stranguria (lin zheng)
42	tinnitus and deafness (er ming er long)
43	vertigo (xuan yun)
44	vomiting (ou tu)
45	watery phlegm/sputum (tan yin)
46	wheezing syndrome (xiao zheng)
47	wind stroke (zhong feng)
	External Medicine (Wai Ke)
48	acne (fen ci)
49	acute mastitis (ru yong)
50	alopecia areata (you feng)
51	anal fissure (gang lie)
52	bedsore (ru chuang)
53	boil (ding chuang)
54	breast cancer (ru yan)
55	breast lump (ru pi)
56	carbuncle (yong)
57	contact dermatitis (jie chu xing pi yan)
58	digital gangrene (tuo ju)
59	drug rash (yao wu xing pi yan)
60	eczema (shi chuang)
61	erysipelas (dan du)
62	furuncle (jie)
63	goitre (ying)
64	hemorrhoid (zhi)
65	herpes zoster (she chuan chuang)
66	phlegmon (fa)
67	prostatic hyperplasia (qian lie xian zeng sheng zheng)
68	prostatitis (qian lie xian yan)
69	scrofula (luo li)
70	sebaceous cyst (zhi liu)
71	shank ulcer (lian chuang)
72	tinea (xian)
73	urticaria (yin zhen)
74	varicose veins (jin liu)
75	warts (you)
	Obstetrics and Gynecology (Fu Ke)
76	abdominal masses (zheng jia)
77	amenorrhea (bi jing)
78	bleeding during pregnancy, unstable pregnancy (tai lou, tai dong bu an)
79	dysmenorrhea (tong jing)

80	infertility (bu yun)
81	insufficient breastmilk (que ru)
82	intermenstrual bleeding (jing jian qi chu xue)
83	irregular menstruation (yue jing bu tiao)
84	leukorrhagia (dai xia)
85	lochiorrhea (chan hou e lu bu jue)
86	menstrual breast aching (jing xing ru fang zhang tong)
87	menstrual edema (jing xing fu zhong)
88	menstrual headache (jing xing tou tong)
89	menstrual hematemesis and epistaxis (jing xing tu niu)
90	menstrual mental disorder (jing xing qing zhi yi chang)
91	menstrual oral ulcer (jing xing kou mei)
92	metrorrhagia and metrostaxis (beng lou)
93	miscarriage (zhui tai, xiao chan, hua tai)
94	morning sickness (ren chen e zu)
95	perimenopausal syndrome (jue jing qian hou zhu zheng)
96	postpartum abdominal pain (chan hou fu tong)
97	postpartum convulsion (chan hou jing zheng)
98	postpartum dizziness (chan hou xue yun)
99	postpartum fever (chan hou fa re)
100	postpartum retention of urine (chan hou pai niao yi chang)
101	uterine prolapse (yin ting)
	Pediatrics (Er Ke)
102	anorexia (yan shi)
103	asthma (xiao chuan)
104	chang dao chong zheng (intestinal parasitic worms)
105	chickenpox (shui dou)
106	common cold (gan mao)
107	convulsions (jing feng)
108	cough (ke shou)
109	diarrhea (xie xie)
110	enuresis (yi niao)
111	epilepsy (xian zheng)
112	erysipelas (chi you dan)
113	fetal jaundice (tai huang)
114	food retention (ji zhi)
115	malnutrition (gan zheng)
116	measles (ma zhen)
117	mumps (zha sai)
118	pneumonia (fei yan ke sou)
119	purpura (zi dian)

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120	retardation and flaccidity (wu chi wu ruan)
121	rubella (feng sha)
122	scarlatina (dan sha)
123	sweating (han zheng)
124	thrush (e kou chuang)
125	whooping cough (dun ke)
126	infantile edema (xiao er shui zhong)
Orthopedics and Traumatology (Gu Shang Ke)	
127	Achilles tendon injury (gen jian sun shang)
128	acute lumbar muscle sprain (yao bu niu cuo shang)
129	bone fracture (gu zhe)
130	calcaneodynia (gen tong zheng)
131	carpal tunnel syndrome (wan guan zong he zheng)
132	cervical spondylosis (jing zhui bing)
133	frozen shoulder (jian guan jie zhou wei yan)
134	ganglionic cyst (jian qiao nang zhong)
135	joint dislocation (tuo wei)
136	knee joint collateral ligament injury (xi guan jie ce fu ren dai sun shang)
137	lumbar muscle strain (yao bu lao sun)
138	meniscal injury (ban yue ban sun shang)
139	prolapse of lumbar intervertebral disc (yao zhui jian pan tu chu zheng)
140	piriformis syndrome (li zhuang ji zong he zhang)
141	sprained ankle (huai guan jie niu cuo shang)
142	strained neck (luo zhen)
143	tennis elbow (hong gu wai shang ke yan)