

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

**BLUEPRINT FOR
THE PAN-CANADIAN CLINICAL CASE-STUDY
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 Clinical Case-Study 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 Clinical Case-Study 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.**

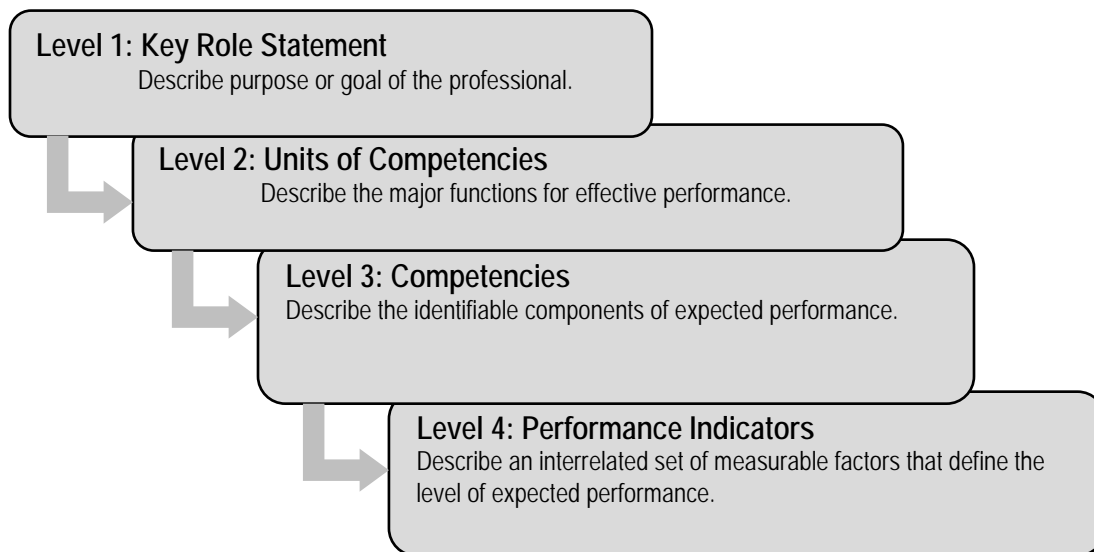
DEVELOPING OCCUPATIONAL COMPETENCIES

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

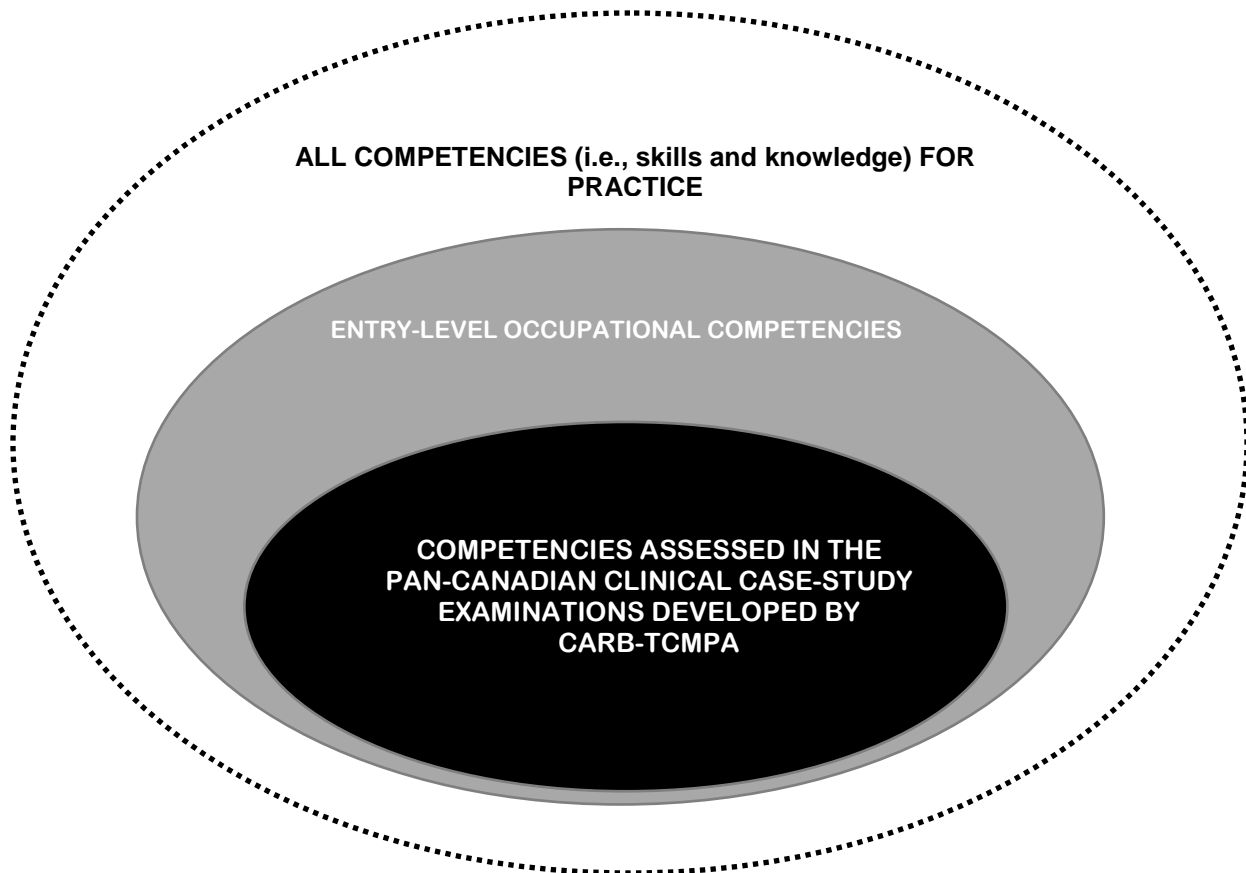
The development process involved the identification of defined competencies by an interprovincial committee of experienced TCM Practitioners, Acupuncturists and educators. The committee utilized source documents from various countries describing TCM and acupuncture education and practice, as well as 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 Clinical Case-Study 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 Clinical Case-Study Examinations. Thus, the Pan-Canadian Clinical Case-Study Examinations, described in this *Blueprint* document, focus on competencies that are measurable on written examinations using clinical case-study format as described in the **Technical Specifications** section.

Figure 2: Competencies assessed by the Pan-Canadian Clinical Case-Study Examinations



ASSUMPTIONS

The following are the assumptions on which the Pan-Canadian Clinical Case-Study 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 Clinical Case-Study 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 Clinical Case-Study 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 Clinical Case-Study 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: weighting (percentage) of the occupational competencies by practice areas; format, question presentation and length of the exam; and taxonomy levels of cognitive ability upon which the exam cases 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 clinical case-study situations requiring open-ended candidate responses.

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

Table 1a: Weighting of Occupational Competencies by Practice Areas for the Pan-Canadian Clinical Case-Study 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	3 - 5%
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	5 - 8%
8. Herbal Dispensary Management	8.1, 8.2	7 - 10%
9. Safety	9.1, 9.2, 9.3, 9.4	4 - 7%

Table 1b: Weighting of Occupational Competencies by Practice Areas for the Pan-Canadian Clinical Case-Study 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	4 - 6%
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	8 - 10%
8. Herbal Dispensary Management	Not Applicable	N/A
9. Safety	9.1a, 9.2, 9.3b-f, 9.4	4 - 6%

Table 1c: Weighting of Occupational Competencies by Practice Areas for the Pan-Canadian Clinical Case-Study 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	4 - 6%
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	4 - 6%

b) Examination Length, Format and Presentation

Length of examinations: As with the Pan-Canadian Written Examinations, there will be three Clinical Case-Study Examination papers.

- **The Pan-Canadian Clinical Case-Study Examination for TCM Practitioners.** The cases will assess foundations, diagnosis - TCM illness and syndrome differentiation, four inspections, etiology and pathogenesis, treatment principles, acupuncture treatment, herbal therapy, and biomedical diagnosis and treatment considerations. [3 Hours]
- **The Pan-Canadian Clinical Case-Study Examination for TCM Acupuncturists.** The cases will assess foundations, diagnosis - TCM illness and syndrome differentiation, four inspections, etiology and pathogenesis, treatment principles, acupuncture treatment, and biomedical diagnosis and treatment considerations. [2 Hours]
- **The Pan-Canadian Clinical Case-Study Examination for TCM Herbalists.** The cases will assess foundations, diagnosis - TCM illness and syndrome differentiation, four inspections, etiology and pathogenesis, treatment principles, herbal therapy, biomedical diagnosis and treatment considerations, and behavioural situations. [2 Hours]

Format: The Pan-Canadian Clinical Case-Study Examinations will consist of six to eight clinical case-study situations requiring open-ended candidate responses. For each case, the following presenting conditions may be provided:

- General patient information such as age, gender, occupation and marital status;
- Main/Chief complaint (for example, ability to quote patient’s own words);

- Patient medical history including previous illness, history of present illness, medications, supplements and allergies, surgical procedures, etc.;
- Past medical history including medications, supplements and allergies;
- Family medical history related to the current conditions;
- Personal history such as lifestyle, diet, exercise, environmental factors;
- Symptoms described by patient; and
- Information collected by practitioner to assess the patient.

Each of the clinical case-study situations requiring open-ended candidate responses will be assessed based on the following six skill and knowledge areas: a) diagnosis - TCM illness and syndrome differentiation; b) etiology and pathogenesis; c) treatment principles; d) acupuncture treatment; e) herbal therapy; f) biomedical diagnosis and treatment considerations.

Each of these six skill and knowledge areas are described below.

- Diagnosis: TCM illness and syndrome differentiation** - Candidates will be responsible for the formulation of a TCM diagnosis based on the understanding of four inspections, etiology, pathology and syndrome differentiation. Diagnosis includes the name of TCM illness, syndrome differentiation and reasons for diagnosis. *Questions may refer to, but are not limited to competencies outlined in 4, 6.2, 6.3.*
- Etiology and pathogenesis (reason for diagnosis)** - Candidates will be responsible for explaining the pathogenic factors involved in development of the chief complaint and the pathogenic process producing the symptoms. In some cases, explanation of the primary and secondary causes may be required. *Questions may refer to, but are not limited to competencies outlined in 4, 6.3.*
- Treatment Principles** - Candidates will be expected to outline appropriate TCM principles of treatment (*zhi ze*) based on the diagnosis. This should serve as a guideline for treatment selection and rationale. *Questions may refer to, but are not limited to competencies outlined in 4, 6.4a.*
- Acupuncture Treatment** - Candidates will be responsible for applying the fundamentals of acupuncture in developing the treatment plan. *Questions may refer to, but are not limited to competencies outlined in 6.4, 6.5, 6.8, 7, 9.*
- Herbal Therapy**- Candidates will be responsible for applying the fundamentals of TCM in developing an herbal treatment plan. *Questions may refer to, but are not limited to competencies outlined in 4.3, 4.4, 6.4, 6.6, 6.7, 8, 9.1, 9.3.*
- Related **biomedical diagnosis and treatment considerations, and other behavioural situations** - Candidates will be responsible for identifying possible biomedical and other concerns, and outline appropriate clinical management. *Questions may refer to, but are not limited to competencies outlined in 1, 2, 3, 5.1, 5.2, 5.3, 9.3.*

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 Clinical Case-Study Examinations will be classified into one of three categories: knowledge, comprehension/application or analysis and interpretation.²

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

Categories of Cognitive Ability	Weighting of Scores
Knowledge	10-15%
Comprehension and Application	40-45%
Analysis and Interpretation	45-50%

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.

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.

² Classification system modified from Bloom, 1956.

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

d) Scoring of Clinical Case-Study Responses

Depending on the components of the questions, a candidate response will be scored on a scale ranging from 0 (inaccurate response) to 4 marks (complete and accurate response). Partial marks may be awarded, where applicable, for accurate but incomplete responses. The scoring of the response will be aligned to the difficulty of the questions as well as the stated expected competencies as described in Table 4 below.

Table 4: Aligning the Level of Complexity and Expected Performances

Maximum Marks	Level of complexity and expected performances
4 marks	These will be questions with a higher level of complexity requiring some explanation in a few sentences or multiple answers; these questions may require using knowledge and skills from two or more topics (e.g., formulating a prescription).
2-3 marks	These will be questions of increasing complexity requiring identification of general principles (e.g., point selection within given theory, treatment principle, syndrome differentiation, important symptoms, naming classic formula).
1 mark	These will be relatively simple questions (less complex) requiring one to two word responses where only one answer is possible (i.e., TCM illness, depth of insertion).

Generally, no marks are deducted for incorrect spelling (unless knowledge of the exact terminology is explicitly being tested). Also, in cases where there is more than one way to express the correct response, alternate wording of the correct response is deemed acceptable. The scoring key may include examples of acceptable alternate wording, usually in brackets alongside the correct response element. This helps guide the markers in determining the equivalency of terms or in interpreting the scoring key for situations in which a potential for misinterpretation exists. All candidate responses will be scored by experienced and trained subject matter experts (e.g., TCM practitioners, TCM acupuncturists, TCM herbalists, educators) using the chain-marking system. That is, once the candidates' test books are received, they will be photocopied and then collated according to the marking session guidelines. First, candidates' responses to each of the questions are independently hand-scored by two subject matter experts and second, any discrepancies between the two scores are discussed to ensure that all candidates' responses are fairly and objectively scored.

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 Clinical Case-Study Examinations may include questions pertaining to individuals, families and groups, such as populations and communities.

The Pan-Canadian Clinical Case-Study 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 and TCM Formulas

The Pan-Canadian Clinical Case-Study 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.

Appendix D provides the list of TCM Formulas.

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 Clinical Case-Study 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)

Liu, Z. W., & Liu, L. (2009). *Essentials of Chinese medicine* (Volumes 1, 2, 3). Beijing University of Chinese Medicine and School of Chinese Medicine, Baptist University, Hong Kong: Springer.

Maciocia, G. (1987). *Foundations of Chinese medicine*. Edinburgh, UK: Churchill Livingstone, Roberts Stevenson House. (ISBN: 0-443-03980-1)

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2. Clinical Practice/Treatment

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- Yue, W., et al. (2002). *Internal medicine of TCM*. Shanghai University of TCM. (ISBN 7-81010-660-0)
- Zuo, Y. (2002). *Gynecology of TCM*. Shanghai University of TCM.

3. Acupuncture

- Auteroche, B. et al. (1992). *Acupuncture & moxibustion: A guide to clinical practice*. Churchill Livingstone.
- Bensky, D., & O'Connor, J. (1996). *Acupuncture: A comprehensive text*. Shanghai College of Traditional Medicine. Seattle, WA: Eastland Press.
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CONCLUSION

The *Blueprint for the Pan-Canadian Clinical Case-Study 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 clinical case-study 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

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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.	✓		
b	Exhibit compassion toward patients.	✓		
c	Maintain practitioner/patient boundaries.	✓		

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Occupational Competencies		Common	Acupuncture	Herbology
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.	✓		
3.2	Utilize effective business strategies.			
a	Ensure sound financial management.	✓		

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Occupational Competencies		Common	Acupuncture	Herbology
b	Employ ethical business practices.	✓		
c	Establish office procedures and supervise staff accordingly.	✓		
4. Traditional Chinese Medicine Foundations				
4.1	Apply fundamental knowledge of the following Traditional Chinese Medicine principles in diagnosis and treatment.			
a	<i>yin yang</i>	✓		
b	<i>wu xing</i> (five elements)	✓		
c	<i>zang xiang</i> (organ theories)	✓		
d	<i>jing-luo & shu xue</i> (channels, collaterals and acupuncture points)	✓		
e	<i>qi, xue, jin ye, jing & shen</i> (<i>qi</i> , blood, body fluid, essence, spirit)	✓		
f	<i>ti zhi</i> (constitution)	✓		
g	<i>bing yin</i> (etiology)	✓		
h	<i>bing ji</i> (pathogenesis)	✓		
i	<i>yu fang</i> (prevention)	✓		
j	<i>zhi ze</i> (principles of treatment)	✓		
k	<i>yang sheng</i> (health preservation)	✓		
4.2	Apply fundamentals of acupuncture in diagnosis and treatment.			
a	Characterize the following points:			
	i <i>jing xue</i> (points of the 14 channels)		✓	
	ii <i>jing wai qi xue</i> (extra points)		✓	
b	Apply knowledge of the following special groupings of points, in treatment planning:			
	i <i>wu shu xue</i> (five transporting points)		✓	
	ii <i>yuan xue</i> (source points)		✓	
	iii <i>luo xue</i> (connecting points)		✓	
	iv <i>xi xue</i> (cleft points)		✓	
	v <i>bei shu xue</i> (back <i>shu</i> points)		✓	
	vi <i>mu xue</i> (front/ <i>mu</i> points)		✓	
	vii <i>xia he xue</i> (lower sea points)		✓	
	viii <i>ba mai jiao hui xue</i> (eight confluent points)		✓	

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Occupational Competencies		Common	Acupuncture	Herbology
ix	<i>ba hui xue</i> (eight meeting [influential] points)		✓	
x	<i>zi mu xue</i> (mother/child points)		✓	
xi	<i>jiao hui xue</i> (channel crossing points)		✓	
xii	<i>a shi xue</i> (<i>ah shi</i> 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	<i>tui na/an mo</i> (acupressure)		✓	
ii	<i>qi gong/tai ji</i>		✓	
iii	<i>gua sha</i>		✓	
4.3	Apply knowledge of the following properties and functions of TCM herbs in treatment planning:			
a	<i>si qi</i> (four properties)			✓
b	<i>wu wei</i> (five flavours)			✓
c	<i>sheng jiang fu chen</i> (ascending, descending, floating, sinking)			✓
d	<i>gui jing</i> (channel tropism)			✓
e	actions			✓
f	indications			✓
g	toxicity			✓
h	<i>pao zhi</i> (processing of herbs)			✓
4.4	Apply knowledge of herbal formulating strategies, with reference to:			
a	composition of formula			✓
b	modification of formula			✓
c	functions & classifications			✓
d	combinations & compatibility			✓

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Occupational Competencies		Common	Acupuncture	Herbology
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			✓
5. 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.	✓		
6. 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.	✓		

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Occupational Competencies		Common	Acupuncture	Herbology
e	Initiate collaboration, consultation or referral as appropriate.	✓		
6.2	Assess patient.			
a	Collect information using <i>wang zhen</i> (TCM diagnostic inspection method).	✓		
b	Collect information using <i>wen zhen</i> (TCM diagnostic inquiry method).	✓		
c	Collect information using <i>wen zhen</i> (TCM diagnostic auscultation and olfaction methods).	✓		
d	Collect information using <i>qie zhen</i> (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 <i>ba gang bian zheng</i> (eight principles differentiation)	✓		
	ii <i>zang-fu bian zheng</i> (organ theory differentiation)	✓		
	iii <i>wu xing bian zheng</i> (five elements differentiation)	✓		
	iv <i>san jiao bian zheng</i> (triple warmer differentiation)	✓		
	v <i>wei qi ying xue bian zheng</i> (four levels differentiation)	✓		
	vi <i>liu jing bian zheng</i> (six stages differentiation)	✓		
	vii <i>qi xue jin ye bian zheng</i> (qi, blood, body fluid differentiation)	✓		
	viii <i>bing yin bian zheng</i> (pathogenic factors differentiation)	✓		
	ix <i>jing luo bian zheng</i> (meridian differentiation)	✓		
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.		✓	

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Occupational Competencies		Common	Acupuncture	Herbology
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.	✓		
c	Inform patient of possible side effects and reaction to treatment.	✓		
d	Advise patient on <i>yu fang</i> and <i>yang sheng</i> (prevention and health preservation).	✓		
e	Counsel patient on compliance with treatment recommendations.	✓		
7. 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.			

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Occupational Competencies		Common	Acupuncture	Herbology
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 <i>tui na</i>.		✓	
8. 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			✓
	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.			✓

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Occupational Competencies		Common	Acupuncture	Herbology
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.			✓
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)

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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)

APPENDIX D: List of TCM Formulas

1. Formulas for relieving superficial syndrome (Jie Biao Ji 解表劑) (8)
 - 1-1 Formulas for relieving superficial syndrome with pungent and warm 辛溫解表 (4)

Ma Huang Tang	Ephedra Decoction	麻黃湯
Gui Zhi Tang	Cinnamon Twig Decoction	桂枝湯
Xiao Qing Long Tang	Minor Blue-Green Dragon Decoction	小青龍湯
Jiu Wei Qiang Huo Tang	Nine-Herb Decoction with Notopterygium	九味羌活湯
 - 1-2 Relieving superficial syndrome with pungent and cool 辛涼解表 (3)

Yin Qiao San	Honeysuckle and Forsythia powder	銀翹散
Sang Ju Yin	Mulberry Leaf and Chrysanthemum Decoction	桑菊飲
Ma Xing Shi Gan Tang	Ephedra, Apricot Kernel, Gypsum and Licorice Deco	麻杏石甘湯
 - 1-3 Relieving superficial syndrome with tonics 扶正解表 (1)

Bai Du San	Toxin-Vanquishing Powder	敗毒散
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2. Formulas for purgation (Xie Xia Ji 瀉下劑) (7)
 - 2-1 Purging with cold energy herbs 寒下 (3)

Da Cheng Qi Tang	Major Order the Qi Decoction	大承氣湯
Xiao Cheng Qi Tang	Minor Order the Qi Decoction	小承氣湯
Tiao Wei Cheng Qi Tang	Regulate the Stomach and Order the Qi Decoction	調胃承氣湯
 - 2-2 Purging with warm energy herbs 溫下 (2)

Wen Pi Tang	Warm the Spleen Decoction	溫脾湯
Da Huang Fu Zi Tang	Rhubarb and Prepared Aconite Decoction	大黃附子湯
 - 2-3 Purging with moistening/lubricating herbs 潤下 (2)

Ma Zi Ren Wan	Hemp Seed Pill	麻子仁丸
Ji Chuan Jian	Benefit the River (Flow) Decoction	濟川煎
3. Formulas for harmonizing (He Jie Ji 和解劑) (6)
 - 3-1 Harmonizing Shao yang 和解少陽 (2)

Xiao Chai Hu Tang	Minor Bupleurum Decoction	小柴胡湯
Hao Qin Qing Dan Tang	Artemisia Annuua and Scutellaria Decoction to Clear	蒿芩清膽湯
 - 3-2 Harmonizing Liver and Spleen 和解肝脾 (3)

Si Ni San	Minor Bupleurum Decoction	四逆散
Xiao Yao san	Rambling Powder	逍遙散
Tong Xie Yao Fang	Important Formula for Painful Diarrhea	痛瀉要方
 - 3-3 Harmonizing Stomach and Spleen 和解脾胃 (1)

Ban Xia Xie Xin Tang	Pinellia Decoction to Drain the Epigastrium	半夏瀉心湯
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4. Formulas for clearing heat (Qing Re Ji 清熱劑) (25)
 - 4-1 Clear the heat in Qi portion/level 清氣分熱 (2)

Bai Hu Tang	White Tiger Decoction	白虎湯
Zhu Ye Shi Gao Tang	Lophatherus and Gypsum Decoction	竹葉石膏湯
 - 4-2 Clear heat in the ying & blood portion/level 清血分熱 (2)

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Qing Ying Tang	Clear the Nutritive Level Decoction	清營湯
Xi Jiao Di Huang Tang	Rhinoceros Horn and Rehmannia Decoction	犀角地黃湯
4-3 Clear the heat and detoxify 清熱解毒 (3)		
Liang Ge San	Cool the Diaphragm Powder	涼膈散
Huang Lian Jie Du Tang	Coptis Decoction to Relieve Toxicity	黃連解毒湯
Pu Ji Xiao Du Yin	Benefit Decoction to Eliminate Toxin	普濟消毒飲
4-4 Clear heat in both the Qi and blood 氣血兩清 (1)		
Qing Wen Bai Du San		清瘟敗毒散
4-5 Clear heat in the Zang-fu (organ network) 清臟腑熱 (9)		
Long Dan Xie Gan Tang	Gentiana Long Gan Cao Decoction to Drain the Liver	龍膽瀉肝湯
Zuo Jin Wan	Left Metal Pill	左金丸
Yu Nu Jian	Jade Woman Decoction	玉女煎
		葶藶大棗瀉肺湯
Ting Li Da Zao Xie Fei Tang	Descurainia and Jujube Decoction	湯
Shao Yao Tang	Peony Decoction	芍藥湯
Dao Chi San	Guide Out the Red powder	導赤散
Xie Bai San	Drain the White powder	瀉白散
Qing Wei San	Clear the Stomach powder	清胃散
Bai Tou Weng Tang	Pulsatilla Decoction	白頭翁湯
4-6 Clear the deficient heat 清虛熱 (4)		
Qing Hao Bie Jia Tang	Artemisia Annu and Soft-Shelled Turtle Shell Decoction	青蒿鱉甲湯
Qin Jiao Bie Jia San	Gentiana Qinjiao and Soft-Shelled Turtle Shell Powder	秦艽鱉甲散
Qing Gu San	Cool the Bones Powder	清骨散
Dang Gui Liu Huang Tang	Tangkuei and Six-Yellow Decoction	當歸六黃湯
4-7 Clear the summer heat 清暑熱 (4)		
Liu Yi San	Six-to-One Powder	六一散
Qing Shu Yi Qi Tang	Clear Summer Heat and Augment the Qi Decoction	清暑益氣湯
Xin Jia Xiang Ru Yin	Newly Augment Mosla Drink	新加香薷飲
Qing Luo Yin	Clear the Collaterals Decoction	清絡飲
5. Formulas for warming interior 溫裏劑 (8)		
5-1 Warm up interior and expel cold 溫中祛寒 (4)		
Li Zhong Wan	Regulate the Middle Pill	理中丸
Xiao Jian Zhong Tang	Minor Construct the Middle Decoction	小建中湯
Wu Zhu Yu Tang	Evodia Decoction	吳茱萸湯
Da Jian Zhong Tang	Major Construct the Middle Decoction	大建中湯
5-2 Restore yang and save critical (reverse counterflow) 回陽救逆 (2)		
Si Ni Tang	Frigid Extremities Decoction	四逆湯
Hui Yang Jiu Ji Tang	Restore and Revive the Yang Decoction from Revised Popular Guide	回陽救急湯
5-3 Warm up channels and disperse cold 溫經散寒 (2)		
Dang Gui Si Ni Tang	Tangkuei Decoction for Frigid Extremities	當歸四逆湯
Huang Qi Gui Zhi Wu Wu Tang	Astragalus and Cinnamon Twig Five-Substance Decoction	黃耆桂枝五物湯

6. Formulas for relieving interior-exterior 表裏雙解劑 (4)

Da Chai Hu Tang	Major Bupleurum Decoction	大柴胡湯
Fang Feng Tong Sheng San	Ledebouriella Powder that Sagely Unblocks	防風通聖散
Ge Gen Huang Qin Huang Lian Tang	Kudzu, Scutellaria and Coptis Decoction	葛根黃芩黃連湯
Wu Ji San	Five Accumulation Powder	五積散

7. Formulas for tonifying 補益劑 (18)

7-1 Qi tonic 補氣 (4)

Si Jun Zi Tang	Four Gentleman Decoction	四君子湯
Shen Ling Bai Zhu San	Ginseng, Poria, and Atractylodes Macrocephala Powder	參苓白朮散
Bu Zhong Yi Qi Tang	Tonify the Middle and Augment the Qi Decoction	補中益氣湯
Sheng Mai San	Generate the Pulse Powder	生脈散

7-2 Blood tonic 補血 (4)

Si Wu Tang	Four-Substance Decoction	四物湯
Dang Gui Bu Xue Tang	Tangkuei Decoction to Tonify the Blood	當歸補血湯
Gui Pi Tang	Restore the Spleen Decoction	歸脾湯
Zhi Gan Cao Tang	Honey-Fried Licorice Decoction	炙甘草湯

7-3 Both Qi and blood tonic 氣血雙補 (3)

Ba Zhen Tang	Eight-Treasure Decoction	八珍湯
Shi Quan Da Bu Tang	All-Inclusive Great Tonifying Decoction	十全大補湯
Ren Shen Yang Rong (Ying) Tang	Ginseng Decoction to Nourish the Nutritive Qi	人參養榮(營)湯

7-4 Yin tonic 補陰 (4)

Liu Wei Di Huang Wan	Six-Ingredient Pill with Rehmannia	六味地黃丸
Da Bu Yin Wan	Great Tonify the Yin Pill	大補陰丸
Yi Guan Jian	Linking Decoction	一貫煎
Zuo Gui Wan	Restore the Left (Kidney) Pill	左歸丸

7-5 Yang tonic 補陽 (3)

Jin Kui Shen Qi Wan	Kidney Qi Pill	金匱腎氣丸
Ji Sheng Shen Qi Wan	Kidney Qi Pill from Formulas to Aid the Living	濟生腎氣丸
You Gui Wan	Restore the Right (Kidney) Pill	右歸丸

8. Formulas for tranquilization 安神劑 (6)

8-1 Tranquilizing the mind with heavy and compressing 重鎮安神 (2)

Zhu Sha An Shen Wan	Cinnabar Pill to Calm the Spirit	硃砂安神丸
Ci Zhu Wan	Magnetite and Cinnabar Pill	磁硃丸

8-2 Tranquilizing the mind with nourishing 滋養安神 (4)

Suan Zao Ren Tang	Sour Jujube Decoction	酸棗仁湯
Tian Wang Bu Xin Dan	Emperor of Heaven's Special Pill to Tonify the Heart	天王補心丹

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Bai Zi Yang Xin Wan	Biota Seed Pill to Nourish the Heart	柏子養心丸
Gan Mai Da Zao Tang	Licorice Wheat and Jujube Decoction	甘麥大棗湯
9. Formulas for astringing 固澀劑 (6)		
Yu Ping Feng San	Jade Windscreen Powder	玉屏風散
Si Shen Wan	Four-Miracle Pill	四神丸
Mu Li San	Oyster Shell Powder	牡蠣散
Jin Suo Gu Jing Wan	Metal Lock Pill to Stabilize the Essence	金鎖固精丸
Zhen Ren Yang Zang Tang	True Man's Decoction to Nourish the Organs	真人養臟湯
Sang Piao Xiao San	Mantis Egg-Case Powder	桑螵蛸散
10. Formulas for regulating Qi 理氣劑 (10)		
10-1 Improving Qi circulation 行氣 (5)		
Yue Ju Wan	Escape Restraint Pill	越鞠丸
Ban Xia Hou Po Tang	Pinellia and Magnolia Bark Decoction	半夏厚朴湯
Zhi Shi Xie Bai Gui Zhi Tang	Unripe Bitter Orange, Chinese Garlic and Cinnamon Twig Decoction	枳實薤白桂枝湯
Hou Po Wen Zhong Tang	Magnolia Bark Decoction for Warming the Middle	厚朴溫中湯
Tian Tai Wu Yao San	Top-Quality Lindera Powder	天台烏藥散
10-2 Bring Qi downward 降氣 (5)		
Su Zi Jiang Qi Tang	Perilla Fruit Decoction for Directing Qi Downward	蘇子降氣湯
Ding Chuan Tang	Arrest Wheezing Decoction	定喘湯
Xuan Fu Dai Zhe Tang	Inola and Hematite Decoction	旋覆代赭湯
Ju Pi Zhu Ru Tang	Tangerine Peel and Bamboo Shavings Decoction	橘皮竹茹湯
Ding Xiang Shi Di Tang	Clove and Persimmon Calyx Decoction	丁香柿蒂湯
11. Formulas for regulating blood 理血劑 (12)		
11-1 Improve blood circulation and remove blood stagnation 活血祛瘀 (7)		
Tao He Cheng Qi Tang	Peach Pit Decoction to Order the Qi	桃核承氣湯
Xue Fu Zhu Yu Tang	Drive Out Stasis in the Mansion of Blood Decoction	血府逐瘀湯
Fu Yuan Huo Xue Tang	Revive Health by Invigorate the Blood Decoction	復元活血湯
Bu Yang Huan Wu Tang	Tonify the Yang to Restore Five (Tenths) Decoction	補陽還五湯
Sheng Hua Tang	Generating and Transforming Decoction	生化湯
Gui Zhi Fu Ling Wan	Cinnamon and Poria Pills	桂枝茯苓丸
Shi Xiao San	Sudden Smile Powder	失笑散
11-2 Stop bleeding 止血 (5)		
Xiao Ji Yin Zi	Small Thistle Drink	小薊飲子
Shi Hui San	Ten Partially-Charred Substances Powder	十灰散
Ke Xue Fang	Coughing of Blood Formula	咳血方
Huang Tu Tang	Yellow Earth Decoction	黃土湯
Huai Hua San	Sophora Japonica Flower Powder	槐花散
12. Formulas for treating wind-related diseases 治風劑 (10)		
12-1 Expel external wind 疏散外風		

(5)

Xiao Feng San	Eliminate Wind Powder	消風散
Chuan Xiong Cha Tiao San	Ligusticum Chuanxiong Powder to Be Taken with Green Tea	川芎茶調散
Cang Er Zi San	Xanthium Powder	蒼耳子散
Qian Zheng San	Lead to Symmetry Powder	牽正散
Xiao Huo Luo Dan	Minor Invigorate the Channels Special Pill	小活絡丹

12-2 Distinguish internal wind 平熄內風 (5)

Ling Jiao Gou Teng Tang	Antelope Horn and Uncaria Decoction	羚羊鉤藤湯
Zhen Gan Xi Feng Tang	Sedate the Liver and Extinguish Wind Decoction	鎮肝熄風湯
Tian Ma Gou Teng Yin	Gastrodia and Uncaria Decoction	天麻鉤藤飲
Da Ding Feng Zhu	Major Arrest Wind Pearl	大定風珠
Di Huang Yin Zi	Rehmannia Drink	地黃飲子

13. Formulas for treating dryness diseases 治燥劑 (8)

Qing Zao Jiu Fei Tang	Eliminate Dryness and Rescue the Lung Decoction	清燥救肺湯
Xing Su San	Apricot Kernel and Perilla Leaf Powder	杏蘇散
Sang Xing Tang	Mulberry Leaf and Apricot Kernel Decoction	桑杏湯
Mai Men Dong Tang	Ophiopogonis Decoction	麥門冬湯
Bai He Gu Jin Tang	Lily Bulb Decoction to Preserve the Metal	百合固金湯
Yu Ye Tang	Jade Fluid Decoction	玉液湯
Zeng Ye Tang	Increase the Fluids Decoction	增液湯
Yang Yin Qing Fei Tang	Nourish the <i>Yin</i> and Clear the Lungs Decoction	養陰清肺湯

14. Formulas for eliminating dampness 祛濕劑 (17)

Ping Wei San	Calm the Stomach Powder	平胃散
Huo Xiang Zheng Qi San	Agastache Powder to Rectify the Qi	藿香正氣散
Yin Chen Hao Tang	Artemisiae Yinchenhao Decoction	茵陳蒿湯
Ba Zheng San	Eight Herb Powder for Rectification	八正散
San Ren Tang	Three-Seed Decoction	三仁湯
Gan Lu Xiao Du Dan	Sweet Dew Special Pill to Eliminate Toxin	甘露消毒丹
Er Miao San	Two-Marvel Powder	二妙散
Wu Ling San	Five-Ingredient Formula with Poria	五苓散
Fang Ji Huang Qi Tang	Stephania and Astragalus Decoction	防己黃耆湯
Zhu Ling Tang	Polyporus Decoction	豬苓湯
Wu Pi Yin	Five-Peel Decoction	五皮飲
Zhen Wu Tang	True Warrior Decoction	真武湯
Shi Pi Yin	Bolster the Spleen Decoction	實脾飲
Bei Xie Fen Qing Yin	Dioscorea Hypoglauca Decoction to Separate the Clear	萆薢分清飲
Ling Gui Zhu Gan Tang	Poria, Cinnamon Twig, Atractylodes and Licorice Decoction	苓桂朮甘湯
Du Huo Ji Sheng Tang	Angelica Pubescentis and Taxillus Decoction	獨活寄生湯
Qiang Huo Sheng Shi Tang	Notopterygium Decoction to Overcome Dampness	羌活勝濕湯

15. Formulas for eliminating phlegm 祛痰劑 (11)

15-1 Dissolve phlegm and drying dampness 燥濕化痰 (2)

Er Chen Tang	Decoction of Two Aged (Cured) Drugs	二陳湯
Wen Dan Tang	Warm Gallbladder Decoction	溫膽湯

15-2 Dissolve phlegm and clear heat 清熱化痰 (3)

Qing Qi Hua Tan Wan	Clear the Qi and Transform Phlegm Pill	清氣化痰湯
Xiao Xian Xiong Tang	Minor Decoction (for Pathogens) Stuck in the Chest	小陷胸湯
Gun Tan Wan	Vaporize Phlegm Pill	滾痰湯

15-3 Dissolve phlegm and moisten dryness 潤燥化痰 (1)

Bei Mu Gua Lou San	Fritillaria and Trichosanthis Fruit Powder	貝母瓜蒌散
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15-4 Dissolve cold phlegm with warm herbs 溫化寒痰 (2)

Ling Gan Wu Wei Jiang Xin Tang	Poria, Licorice, Schisandra, Ginger and Asarum Decoction	苓甘五味薑辛湯
San Zi Yang Qin Tang	Three Seed Decoction to Nourish One's Parents	三子養親湯

15-5 Dissolve phlegm and treat wind 治風化痰 (3)

Ban Xia Bai Zhu Tian Ma Tang	Pinellia, Atractylodes Macrocephala and Gastrodia Decoction	半夏白朮天麻湯
Ding Xian Wan	Arrest Seizures Pill	定癇丸
Zhi Sou San	Stop Coughing Powder	止嗽散

16. Formulas for improving digestion 消導劑 (7)

Bao He Wan	Preserve Harmony Pill	保和丸
Jian Pi Wan	Strengthen the Spleen Pill	健脾丸
Zhi Shi Dao Zhi Wan	Unripe Bitter Orange Pill to Guide out Stagnation	枳實導滯丸
Mu Xiang Bin Lang Wan	Aucklandia and Betel Nut Pill	木香檳榔丸
Zhi Zhu Wan	Unripe Bitter Orange and Atractylodes Pill	枳朮丸
Zhi Shi Xiao Pi Wan	Unripe Bitter Orange Pill to Reduce Focal Distention	枳實消痞丸
Bie Jia Jian Wan		鯀甲煎丸

17. Formulas for parasite diseases 驅蟲劑 (2)

Wu Mei Wan	Mume Pill	烏梅丸
Fei Er Wan	Fat Baby Pill	肥兒丸

18. Formulas for abscess (yong yang) 癰瘍劑 (7)

Xian Fang Huo Ming Yin	Immortals' Formula for Sustaining Life	仙方活命飲
Wu Wei Xiao Du Yin	Five-Ingredient Decoction to Eliminate Toxin	五味消毒飲
Yang He Tang	Balmy Yang Decoction	陽和湯
Si Miao Yong An Tang	Four-Valient Decoction for Well-Being	四妙勇安湯
Wei Jing Tang	Reed Decoction	葦莖湯
Da Huang Mu Dan Pi Tang	Rhubarb and Moutan Decoction	大黃牡丹皮湯
Yi Yi Fu Zi Bai Jiang San	Coix, Aconite Accessory Root and Patrinia Powder	薏苡附子敗醬散

Total formulas listed above: 171