



Executive Committee

2022 Executive Committee	
Richard Guo Qing Dong (President) <i>Professional Member</i>	Ming C. Cha (Vice-President) <i>Professional Member</i>
Feng Li Huang <i>Professional Member</i>	

The Executive Committee's exercise of Council's powers is subject to Section 12 of the Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991.

The Executive Committee shall be composed of the President, the Vice-President and three (3) Members of the Council. Two of the Members of the Executive Committee shall be Public Members. The President shall be the chair of the Executive Committee.

Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law. If the Executive Committee exercises a power of the Council under subsection (1), it shall report on its actions to the Council at the Council's next meeting.

Excerpt from the Regulated Health Professions Act, 1991

Schedule 2

Health Professions Procedural Code

Duty of College

- 2.1 It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals. 2008, c. 18, s. 1.

Objects of College

3. (1) The College has the following objects:
1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the Regulated Health Professions Act, 1991 and the regulations and by-laws.
 2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
 3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
 4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.
 - 4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
 5. To develop, establish and maintain standards of professional ethics for the members.
 6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the Regulated Health Professions Act, 1991.
 7. To administer the health profession Act, this Code and the Regulated Health Professions Act, 1991 as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
 8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
 9. To promote inter-professional collaboration with other health profession colleges.
 10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.

Duty

11. Any other objects relating to human health care that the Council considers desirable. 1991, c. 18, Sched. 2, s. 3 (1); 2007, c. 10, Sched. M, s. 18; 2009, c. 26, s. 24 (11).
- (2) In carrying out its objects, the College has a duty to serve and protect the public interest. 1991, c. 18, Sched. 2, s. 3 (2).

SCHEDULE 1 TO THE BY-LAWS

Code of Conduct for Members of the Council and All Committees

1. This Schedule applies to members of the Council and of all committees of the College.
2. Council and Committee Members must, at all times, maintain high standards of integrity, honesty and loyalty when discharging their College duties. They must act in the best interest of the College. They shall:
 - a. be familiar and comply with the provisions of the RHPA, its regulations and the Code, the Act, its regulations, and the By-Laws and policies of the College;
 - b. promote the public interest in his/her contributions and in all discussions and decision making;
 - c. direct all activities toward fulfilling the College's objects as specified in legislation;
 - d. diligently take part in committee work and actively serve on committees as appointed by the Council;
 - e. regularly attend meetings on time and participate constructively in discussions;
 - f. offer opinions and express views on matters before the College, Council and committee, when appropriate;
 - g. participate in all deliberations in a respectful and courteous manner, recognizing the diverse background, skills and experience of members on Council and committees;
 - h. uphold the decisions made by a majority of Council and committees, regardless of the level of prior individual disagreement;
 - i. place the interests of the College, Council and committee above all other interests;
 - j. avoid and, where that is not possible, declare any appearance of or actual conflicts of interest;
 - k. refrain from including or referencing Council or committee positions held at the College in any personal or business promotional materials, advertisements and business cards.
 - l. preserve confidentiality of all information before Council or committee unless disclosure has been authorized by Council or otherwise exempted under s. 36(1) of the RHPA;
 - m. refrain from communicating to Members, including other Council or Committee Members, on statutory committees regarding registration, complaints, reports, investigations, disciplinary or fitness to practice proceedings which could be perceived as an attempt to influence a statutory decision or a breach of confidentiality, unless he or she is a member of the panel or, where there is no panel, of the statutory committee dealing with the matter;
 - n. respect the boundaries of staff whose role is not to report to or work for individual Council or Committee Members;
 - o. be respectful of others and not engage in behaviour that might reasonably be perceived as verbal, physical or sexual abuse or harassment; and
 - p. regularly evaluate his or her individual performance, and that of the collective to assure continuous improvement.

PROVISION 11.16 OF THE BY-LAWS - Language of Meetings

Meetings of the Council and Committees shall be conducted in English.

SCHEDULE 2 TO THE BY-LAWS

Rules of Order of the Council

1. In this Schedule, "Member" means a Member of the Council.
2. Each agenda topic will be introduced briefly by the person or committee representative raising it. Members may ask questions of clarification, then the person introducing the matter shall make a motion and another Member must second the motion before it can be debated.
3. When any Member wishes to speak, he or she shall so indicate by raising his or her hand and shall address the presiding officer and confine himself or herself to the matter under discussion.
4. Staff persons and consultants with expertise in a matter may be permitted by the presiding officer to answer specific questions about the matter.
5. Observers at a Council meeting are not allowed to speak to a matter that is under debate.
6. A Member may not speak again on the debate of a matter until every other Member of Council who wishes to speak to it has been given an opportunity to do so. The only exception is that the person introducing the matter or a staff person may answer questions about the matter. Members will not speak to a matter more than twice without the permission of the chair.
7. No Member may speak longer than five minutes upon any motion except with the permission of Council.
8. When a motion is under debate, no other motion can be made except to amend it, to postpone it, to put the motion to a vote, to adjourn the debate or the Council meeting or to refer the motion to a committee.
9. A motion to amend the motion then under debate shall be disposed of first. Only one motion to amend the motion under debate can be made at a time.
10. When it appears to the presiding officer that the debate in a matter has concluded, when Council has passed a motion to vote on the motion or when the time allocated to the debate of the matter has concluded, the presiding officer shall put the motion to a vote.
11. When a matter is being voted on, no Member shall enter or leave the Council room, and no further debate is permitted.
12. No Member is entitled to vote upon any motion in which he or she has a conflict of interest, and the vote of any Member so interested will be disallowed.
13. Any motion decided by the Council shall not be re-introduced during the same session except by a two-thirds vote of the Council then present.
14. Whenever the presiding officer is of the opinion that a motion offered to the Council is contrary to these rules or the By-Laws, he or she shall rule the motion out of order and give his or her reasons for doing so.
15. The presiding officer shall preserve order and decorum, and shall decide questions of order, subject to an appeal to the Council without debate.
16. The above rules may be relaxed by the chair if it appears that greater informality is beneficial in the particular circumstances unless the Council requires strict adherence.
17. Members are not permitted to discuss a matter with observers while it is being debated.

18. Members shall turn off cell phones during Council meetings and, except during a break in the meeting, shall not use a cell phone, blackberry or other electronic device. Laptops shall only be used during Council meetings to review materials related to the matter under debate (e.g., electronic copies of background documents) and to make personal notes of the debate.
19. Members are to be silent while others are speaking.
20. In all cases not provided for in these rules or by other rules of Council, the current edition of Robert's Rules of Order shall be followed so far as they may be applicable.
21. These rules shall apply, with necessary modifications, to meetings conducted by teleconference or any other electronic means permitted by the By-Laws, including audio or teleconference.

SCHEDULE 3 TO THE BY-LAWS - Code of Ethics for Registered Members

Code of Ethics for Registered Members

All registered members of the College shall strive to attain the ideals identified in the College's Code of Ethics. The College's Code of Ethics for registered members is as follows:

1. General Responsibility

- Practise within the scope of TCM practice and abide by the laws of the jurisdiction;
- Maintain high competence (i.e., skills, knowledge and judgment) at all times;
- Practise professionally, honestly and with integrity;
- Respect the authority of the College and uphold the principles of self-regulation;
- Place the health and care of patients above personal gain.

2. Responsibility to Patients

- Recognize that the primary duty of a practitioner is the health and well-being of their patients;
- Respect a patient's value, needs, dignity and choices;
- Provide care to patients regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status or disability;
- Listen and explain to patients the available treatment options, and their goal, risks, effectiveness and cost. Provide the best treatment plan to the patient after the patient understands his or her options;
- Provide timely and quality care that is consistent with the standards of the profession;
- Provide the best care to patients, recognizing one's own limitations and referring patients to other practitioners, or other health care providers when the level of care needed is beyond one's competence;
- Being honest and fair when charging fees for services and any products or prescriptions;
- Protect patients from unsafe, incompetent and unethical care;
- Respect the physical, emotional or financial integrity of patients;
- Protect the privacy and confidentiality of the health information of patients.

3. Responsibility to Oneself and the Profession

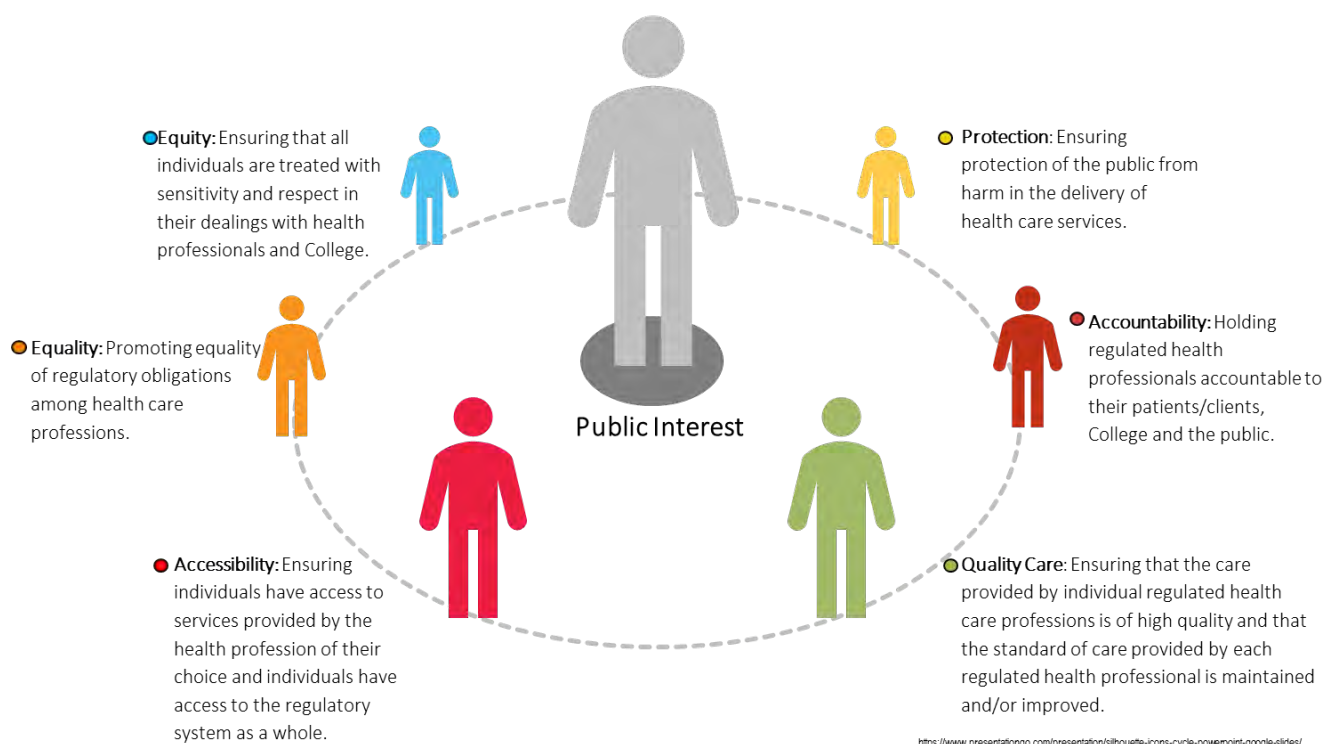
- Acknowledge the limitation of one's knowledge, skills and judgment;
- State one's qualification and experience honestly and fairly;
- Continually upgrade one's knowledge, skills and judgment to improve one's services to patients;
- Respect other health professionals and members of the TCM profession;
- Refrain from passing judgment on the services of another health professional or another member of the TCM profession, except when required in the interest of the patient and after obtaining appropriate information;
- Collaborate with other members of the TCM profession and with other health professionals in the interest of the patient and the public;
- Be transparent and timely in providing information to patients, or a third party when requested or authorized by the patient or by law;
- Contribute to the ongoing development of TCM practices and pass on one's knowledge and skills to others;
- Uphold the honour and dignity of the TCM profession.

4. Responsibility to the Public

- Contribute to improving the standards of health care in general;
- Contribute in matters of public health, health education, environmental protection and legislation issues that affect the quality of care to the public;
- Offer help in emergency situations, if appropriate;
- Promote and enhance inter-professional collaboration;
- Represent the profession well.

PUBLIC INTEREST

in the context of the College Performance Measurement Framework



Decision Making Tool for Council

It is the mandate of the College to regulate the profession of traditional Chinese medicine and acupuncture in the public interest. As such, all decision made by Council must uphold the public interest. Below are a series of considerations for Council members to help guide their decision-making process. Council members should consider each question prior to making any policy decision.

1. The proposed policy is related to the practice of traditional Chinese medicine and acupuncture.
2. The proposed policy falls within the College's statutory mandate in that it reflects a government directive or the duty, object of the College.
3. The proposed policy is related to the public interest.
4. The proposed policy is supported by the College's strategic plan, mission or goals.
5. The proposed policy impacts on: a) health care system, b) patients, c) College resources, d) College reputation, e) legal, f) stakeholders, or g) members?
6. The proposed policy is consistent with current College policies/positions and best practices amongst regulatory colleges.
7. The policy is being proposed to address a particular issue or concern.
8. There are consequences for NOT supporting this policy at this time.
9. After having considered all other alternatives, the policy is the most effective solution at this time.

BRIEFING ON MEETING PROCEDURE

Guideline for Observers Attending a Virtual Council Meeting

Council meetings are open to the public. However, the public may be excluded from any Council meeting or part of a meeting pursuant to section 7 of the *Health Professions Procedural Code*.

Individuals attending as observers are requested to:

- Turn off or mute all electronic devices;
- Refrain from recording of proceedings by any means, including the taking of photographs, video recordings, voice recordings or via any other means;
- Ensure that your audio is on mute for the duration of the virtual meeting;
- Avoid using any of the virtual meeting features such as chat, reactions, etc.;
- Stop streaming video so that only Council members are visible to the Council;
- Refrain from disruptive behaviour;
- Refrain from addressing or speaking to the Council while the meeting is in process;
- Refrain from lobbying of Council members during the meeting, even during breaks;
- Respect that observers are not allowed to participate in debate of any matter before the Council, or ask any questions of the Council;
- Respect the authority of the presiding officer.

The College reserves the right to remove any observer from a Council meeting if these guidelines are not met. Once removed, you are prohibited from returning to the meeting.

In the event that the Council goes in-camera pursuant to Paragraph (d) of Section 7(2) of the Code, all observers will be returned to the “waiting room/lobby” until the Council completes its in-camera discussions. When Council returns, observers who remain in the waiting room/lobby will be returned to the meeting.

Robert's Rules of Order – Quick Reference

1. All those who wish to speak to an item **MUST** go through the Chair.
2. The Chair will keep a list of who wishes to speak. The Chair will call on you to speak.
3. Please raise your hand to let the Chair know you wish to speak.
4. To speak more than once to the same item, you need to wait till everyone else has had a chance to speak.
5. You may ask only one question at a time.
6. Voting is done by a show of hands. If a secret ballot is necessary (i.e. elections) paper ballots are used. For teleconference meetings, members are asked to voice their vote.
7. Each item to be decided will have a **MOTION**. A motion will be moved and seconded prior to discussion.
8. Should an amendment be made to the motion, the amended motion will be the item to be discussed and voted upon.
9. An amendment to a motion may be done as a “friendly” amendment, meaning the person who made the motion agrees with the change. And once again, the amended motion is the one that is voted upon.
10. Once the Chair calls an end to the discussion, a vote will be taken on the motion or amended motion.
11. Council members will be asked to vote:
 - a. in favour of the motion;
 - b. opposed to the motion; or
 - c. abstain from voting.

(Abstentions do not affect the outcome of the vote)
12. A simple majority is required to pass a motion. (50% plus 1)
13. All votes will be noted by the minute taker.



COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

AGENDA

Open Meeting of the Executive Committee

Monday, March 21, 2022

9:00 a.m. – 3:35 p.m.

via Webex

Open meetings of the Executive Committee are held in lieu of Council meetings due to Council being unconstituted.

Item	Open/ In-Camera	Time	Speaker	Action
1. Welcome and Call to Order	Open Session	9:00 a.m. (10 mins)	D. Worrad <i>Chair</i>	Information
2. Declarations of Conflicts of Interest	Open Session	9:10 a.m. (5 mins)	D. Worrad <i>Chair</i>	Information
3. Briefing on Meeting Procedure	Open Session	9:15 a.m. (5 mins)	D. Worrad <i>Chair</i>	Information
4. Adoption of the Agenda	Open Session	9:20 a.m. (5 mins)	D. Worrad <i>Chair</i>	Motion
5. Consent Agenda a) Draft Minutes of December 9, 2021 and Open Meeting of the Executive Committee b) Status Update on Decisions from December 9, 2021 Open Meeting of the Executive Committee c) Executive Committee Report d) Registration Committee Report e) Inquiries, Complaints and Reports Committee Report f) Quality Assurance Committee Report g) Patient Relations Committee Report h) Discipline Committee Report i) Fitness to Practise Committee Report A consent agenda is a single item on an agenda that encompasses all the things the Council would normally approve with little comment. All those items combine to become one item for approval on the agenda to be called the consent agenda. As a single item on the agenda, the consent agenda is voted on with a single vote - to approve the consent agenda. This means that there is no discussion on the items, that are listed in the consent agenda. However, if a person wishes to speak about any component of the consent agenda, they will alert the	Open Session	9:25 a.m. (5 mins)	D. Worrad <i>Chair</i>	Motion

Item	Open/ In-Camera	Time	Speaker	Action
Chair. The component will be removed from the consent agenda and discussed at some point in the meeting. The remaining components of the consent agenda can then be approved.				
6. December 9, 2021 Meeting Evaluation Review	Open Session	9:30 a.m. (5 mins)	D. Worrad <i>Chair</i>	Information
7. President's Remarks	Open Session	9:35 a.m. (10 mins)	R. Dong <i>President</i>	Information
8. Registrar's Report	Open Session	9:45 a.m. (10 mins)	A. Zeng <i>Registrar & CEO</i>	Information
9. Decisions from February 24, 2022 Executive Committee Meeting	Open Session	9:55 a.m. (5 mins)	A. Zeng <i>Registrar & CEO</i>	Information
10. Government Direction Regarding Schedule 5 of Bill 88 a) Updates b) Pan-Canadian and Chinese Examinations c) Petition re FOTCMA members d) Next Steps	Open Session	10:00 a.m. (60 mins)	A. Zeng <i>Registrar & CEO</i>	Discussion
BREAK		11:00 a.m. (10 mins)		
IN CAMERA SESSION The meeting will move in-camera in accordance with Section 7.(2)b of the Health Professions Procedural Code, [7.(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that, (b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;].		11:10 a.m. (80 mins)		Motion Discussion Information
LUNCH		12:30 p.m. (60 mins)		
11. Public Appointments	Open Session	1:30 p.m. (10 mins)	A. Zeng <i>Registrar & CEO</i>	Motion
12. Dr. Title Working Group	Open Session	1:40 p.m. (15 mins)	A. Zeng <i>Registrar & CEO</i>	Discussion Motion
13. Finance	Open Session	1:55 p.m. (10 mins)	F. Ortale <i>Director IT Finance & Corporate Services</i>	Information
14. Proposed Budget 2022 - 2023	Open Session	2:05 p.m. (15 mins)	F. Ortale	Information

Item	Open/ In-Camera	Time	Speaker	Action
			<i>Director IT Finance & Corporate Services</i>	
15. CPMF Update a) Draft Report b) Strategic Plan RFP c) HR Policy Manual Update	Open Session	2:20 p.m. (15 mins)	A. Zeng <i>Registrar & CEO</i> S. Cassman <i>Policy & Governance Analyst</i>	Information Discussion Motion
BREAK		2:35 p.m. (10 mins)		
16. Governance Reform Consultation	Open Session	2:45 p.m. (15 mins)	A. Zeng <i>Registrar & CEO</i> S. Cassman <i>Policy & Governance Analyst</i>	Information
17. Telepractice Guideline	Open Session	3:00 p.m. (10 mins)	S. Cassman <i>Policy & Governance Analyst</i>	Motion
18. Risk Management Report	Open Session	3:10 p.m. (5 mins)	A. Zeng <i>Registrar & CEO</i> S. Cassman <i>Policy & Governance Analyst</i>	Information
19. Other Business a) Format of Future Council and Committee meetings	Open Session	3:15 p.m. (5 mins)	A. Zeng <i>Registrar & CEO</i>	Discussion
20. Next Meeting Dates	Open Session	3:20 p.m. (5 mins)	D. Worrada <i>Chair</i>	Information
21. Meeting Evaluation Form	Open Session	3:25 p.m. (5 mins)	D. Worrada <i>Chair</i>	
22. Adjournment	Open Session	3:30 p.m. (5 mins)	D. Worrada <i>Chair</i>	Motion

FOR YOUR INFORMATION

Grey Areas #262, January 2022
 Grey Areas #263, February 2022
 Grey Areas #264, March 2022
 OFC Memorandum to Regulators
 COVID-19 Communications Log
 Educational Tips
 Workplan Update



COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

CONSENT AGENDA

Open Meeting of the Executive Committee
Monday, March 21, 2022
9:00 a.m. – 3:35 p.m.
via Webex

Open meetings of the Executive Committee are held in lieu of Council meetings due to Council being unconstituted.

Item	Open/ In-Camera	Time	Speaker	Action	Page No.
1. Consent Agenda	Open Session	9:30 a.m. (5 mins)	Deborah Worrad <i>Chair</i>	Motion	
a) Draft Minutes of December 9, 2021 and Open Meeting of the Executive Committee					Page
b) Executive Committee Report					Page 10
c) Registration Committee Report					Page 13
d) Inquiries, Complaints and Reports Committee Report					Page 16
e) Quality Assurance Committee Report					Page 18
f) Patient Relations Committee Report					Page 21
g) Discipline Committee Report					Page 22
h) Fitness to Practise Committee Report					Page 24
<p>A consent agenda is a single item on an agenda that encompasses all the things the Council would normally approve with little comment. All those items combine to become one item for approval on the agenda to be called the consent agenda.</p> <p>As a single item on the agenda, the consent agenda is voted on with a single vote - to approve the consent agenda. This means that there is no discussion on the items, that are listed in the consent agenda.</p> <p>However, if a person wishes to speak about any component of the Consent Agenda, they will alert the Chair. The component will be removed from the Consent Agenda and discussed. The remaining components of the Consent Agenda can then be approved.</p>					



COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

OPEN MEETING OF THE EXECUTIVE COMMITTEE

MINUTES

December 9, 2021 from 9:00 a.m. to 4:11 p.m.
Via Webex

IN ATTENDANCE

External Chair

Deborah Worrall

Executive Committee

Richard Guo Qing Dong

Ming C. Cha

Feng Li Huang

Pixing Zhang

Professional Member

Professional Member

Professional Member

Public Member (9:05 a.m. to 3:30 p.m.)

Staff

Ann Zeng

Francesco Ortale

Sean Cassman

Felicia Ng

Temí Adewumi

Registrar and CEO

Director, IT, Finance and Corporate Services

Policy and Governance Analyst

Executive Assistant

Recorder

Legal Counsel

Rebecca Durcan

Steinecke, Maciura LeBlanc

Observers (Council)

Christine Fung

Matthew Colavecchia

Justin Lee

Ryan Longenecker

Joanne Pritchard-Sobhani

Deborah Sinnatamby

Hai Su

Xianmin Yu

Professional Member (first half of meeting)

Professional Member

Non-Council Professional member

Non-Council Professional member

Professional Member

Public Member

Non-Council Professional member

Professional Member (out 11:00 a.m. to 11:45 a.m.)

Guest Speakers

Caroline Pinto

Devan Sommerville

Gianpiero Colangelo

Counsel Public Affairs Inc. (1:06 p.m. - 2:03 p.m.)

Counsel Public Affairs Inc. (1:06 p.m. - 2:17 p.m.)

Counsel Public Affairs Inc. (1:06 p.m. - 2:17 p.m.)

Open Meeting of the Executive Committee

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

December 9, 2021

Observers from the public

Martial Moreau

Jenny

1. WELCOME AND CALL TO ORDER

After calling the meeting to order at 9:01 a.m., the Chair welcomed participants to the December 9, 2021 Open meeting of the Executive Committee of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

2. DECLARATIONS OF CONFLICT OF INTEREST AND REMINDER OF CONFIDENTIALITY

Ms. Worrad asked if any Executive Committee members had any conflicts of interest with regard to the matters being considered at the day's meeting.

There were no conflicts of interest declared.

3. BRIEFING ON MEETING PROCEDURE

Ms. Worrad provided an overview of the meeting procedure.

4. APPOINTMENT OF EXTERNAL CHAIR

Ms. Worrad was appointed as external Chair.

MOTION: P. Zhang – F. Huang

THAT the Executive Committee of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario appoint Deborah Worrad as the external Chair for the December 9, 2021 Open Meeting of the Executive Committee.

CARRIED

5. ADOPTION OF THE AGENDA

The agenda was adopted as presented.

MOTION: R. Dong – M. Cha

THAT the Agenda of the December 9, 2021 Open Meeting of the Executive

Open Meeting of the Executive Committee

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

December 9, 2021

Committee of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario be adopted as presented.

CARRIED

6. CONSENT AGENDA

- a) Draft Minutes of September 22 and November 1, 2021 Open Meeting of the Executive Committee
- b) Status Update on Decisions from September 22 and November 1, 2021 Open Meeting of the Executive Committee
- c) Executive Committee Report
- d) Registration Committee Report
- e) Inquiries, Complaints and Reports Committee Report
- f) Quality Assurance Committee Report
- g) Patient Relations Committee Report
- h) Discipline Committee Report
- i) Fitness to Practise Committee Report

New addition: The status update will provide Council with an update on decisions made by the Executive Committee, and will demonstrate that College staff have followed up on policy decisions.

MOTION: F. Huang – M. Cha

THAT the Consent Agenda of the December 9, 2021 Meeting of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario, be approved as presented.

CARRIED

7. SEPTEMBER 22, 2021 MEETING EVALUATION REVIEW

Nine responses were received for the review. Members were reminded to include details that will assist staff in improving meeting quality.

8. PRESIDENT'S REMARKS

The President welcomed all participants to the meeting and acknowledged the College's challenges with COVID-19. In collaboration with other colleges, the College has been working to ensure that members have access to resources and guidance, and that the public has access to safe treatment.

Even though the Council is unconstituted, it has continued to work on strategic initiatives such as the CPMF, Council and committee member competencies, right touch regulation

***Open Meeting of the Executive Committee
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
December 9, 2021***

and governance modernization.

Thanks were extended to the Chair, Council members, Registrar and staff.

9. REGISTRAR'S REPORT

Ms. Zeng's report outlined the College's work in several aspects: Good governance, stakeholder communications, practitioner competence, public confidence and operations.

Ms. Zeng and the staff team were thanked for their work.

10. DECISIONS FROM NOVEMBER 9, 2021 EXECUTIVE COMMITTEE MEETING

Ms. Zeng reported that the Executive Committee approved the transfer of \$300,000 to the reserve fund as per the Reserve fund policy.

At the September 9, 2021 Open Executive meeting, Council members approved the revised Financial Reserve fund policy. Council members were reminded that the fund cannot be accessed without Council approval.

11. COUNCIL UPDATE

College staff continue to send emails to the Public Appointments Secretariat (PAS). The PAS in turn, is waiting for direction from the Ministry of Health (MOH).

A further update was expected from the government relations consultant at the day's meeting.

12. RISK MANAGEMENT REPORT

The risk management report is now a separate agenda item at every meeting. Minor changes have been made based on feedback from the November 1, 2021 Open Executive meeting. Risks include:

- Not meeting quorum to constitute Council. The hiring of a government relations consultant has been added to mitigate this risk.
- Public, government, stakeholders expect that the College to be more transparent. To address transparency concerns, and in an effort to meet the CPMF requirements, the College has started to post updates on the work plan on the College website.

13. HEALTH REGULATORY COLLEGE GOVERNANCE MODERNIZATION

The government released the Red Tape Reduction Package on October 7, 2021, and will be conducting discussions with the 26 health colleges about regulatory modernization.

14. BY-LAW UPDATES

Council members were presented with a list of changes to the By-laws.

Recommendations were made for clarification on the role of the Executive Committee and Registrar and the lines of approval between Council and operations.

15. CPMF UPDATE

- a) Summary report
- b) CPMF System Partner Meeting
- c) Strategic Plan
- d) Reporting tool

a) Summary report

The Ministry of Health released a summary report for 2020 CPMF, in which commendable practices were identified. A list of best practices has not yet been released. The summary report does not mention CTCMPAO, and there has not been any indication of whether the College has been mentioned in the full report. Council will be updated once more information has been made available.

b) CPMF System Partner Meeting

On November 4, 2021, staff met with the Ministry to discuss the challenges that the College has faced in the past year, such as not being able to fully meet the CPMF's standards due to the lack of a constituted Council. The MOH indicated that this issue will be discussed internally.

The College is currently working on the HR policy manual, which will be shared with Council.

c) Strategic Plan

The current strategic plan has expired, and a new one will be a priority once Council is constituted. Staff have begun drafting an RFP to search for a facilitator. In order to meet the standard, the College is posting updates of the work plan on the College website. A new one will be posted following the day's meeting.

d) Reporting tool

The reporting tool has been made public, and will help to clarify information the Ministry is seeking across colleges.

It was confirmed that staff mentioned the College's struggles due to the lack of public appointments repeatedly to the Ministry staff. The College was informed that being able to show progress is sufficient for the present time, and not being able to meet the expectations will not be held against the College.

16. COUNCIL/COMMITTEE MEMBER COMPETENCIES

As directed by the CPMF, Council and Committee members must meet a set of competencies to become eligible for both roles.

At the November 1, 2021 Open Executive meeting, the Executive Committee, with the support of Council members, approved eight core competencies. Staff were directed to draft indicators for the competencies, and presented these at the day's meeting.

The following performance indicators were discussed:

- Leadership
- Professionalism/Good character
- Emotional intelligence

Council members were informed that another requirement of the CPMF is to have potential candidates attend a training session before they are eligible to stand for election. The training will be built around the competencies.

Next steps will be developing a process for assessing candidates and creation of a training program.

The draft will be brought back for discussion at other meetings, with a possible change in format.

17. FINANCE

Mr. Ortale provided the statement of operations for the second quarter of the 2021-2022 fiscal year.

Revenue: As of September 30, revenue is 6.48% above projections, in spite of the pandemic. The Pan-Canadian exam is at 52.73% over projections, due to additional sittings.

Expenses: Overall, these are at 38.46%, below budget by 12%, due to the pandemic's effect on College activities.

***Open Meeting of the Executive Committee
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
December 9, 2021***

The Executive Committee moved into a separate breakout room at 11:39 a.m. to decide on Committee appointments.

18. APPOINTMENT OF NON-COUNCIL COMMITTEE MEMBERS

The Executive Committee agreed at the November 9, 2021 Executive Committee meeting to appoint non-Council members to committees.

The following non-Council members were appointed:

Mr. Su is appointed to ICRC and the Quality Assurance Committee.

Mr. Lee is appointed to ICRC and the Registration Committee.

Mr. Longenecker is appointed to ICRC and the Patient Relations Committee.

MOVING IN-CAMERA

Discussions held during the in-camera session are recorded separately.

23. DR. TITLE WORKING GROUP UPDATE

At the November 1, 2021 Open Executive Meeting, members were appointed to the Doctor title working group to commence work on Phase 2.

As the Terms of Reference (ToR) state that the Working group should have a minimum of six and a maximum of 10 members of Council, with a balance of both professional and public members, staff were directed to publish a call for interest for more working group members.

Results will be brought to the Executive Committee at its next meeting.

If needed, the deadline can be extended, and the call can be promoted on recruiting websites, such as CharityVillage, in order to attract more members of the public.

Staff will also present the draft RFP to the Working group in order to hire a consultant to work on the next phase.

24. COVID-19 UPDATES

a) Communications Log

Council members were referred to a list of communications regarding COVID-19. Ms.

Zeng reported that the focus of the COVID-19 communications was answering questions from members and the public regarding practice during the pandemic.

The return to office plan is continuing to be monitored. Staff attend COVID-19 teleconferences with the Ministry. The College is monitoring the new variant and will make a final decision in 2022.

Another survey will be sent to Council members in 2022. Some Council members have expressed a willingness to return to in-person meetings on the condition that other Council members are vaccinated. Feedback and suggestions regarding the Council meeting format are welcome.

25. OTHER BUSINESS

There was no other business.

26. NEXT MEETING DATES

The next meeting dates will be held on:

- March 22, 2022
- June 15, 2022
- September 21, 2022
- December 7-8, 2022

27. MEETING EVALUATION FORM

Council members were reminded to complete the evaluation form.

28. ADJOURNMENT

The meeting was adjourned at 4:11 p.m.

MOTION: M. Cha

THAT the Open Meeting of the Executive Committee of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario of December 9, 2021 be adjourned until the next meeting.



FOR: Information

SUBJECT: Executive Committee Report

Executive Committee Members

Richard Guo Qing Dong (President)	Professional Member
Ming C. Cha (Vice-President)	Professional Member
Feng Li Huang	Professional Member
Pixing Zhang (Until February 13, 2022)	Public Member

Since the last open meeting of the Executive Committee held on December 9, 2021, the Executive Committee met twice on January 25, 2022 and February 24, 2022 for an Executive Committee meeting.

FOR INFORMATION

1) Annual Performance Appraisal

The EC completed the annual performance appraisal of the Registrar.

2) Council Composition

The EC was updated on the status of public appointments to the College. Two public members have been appointed by the Lieutenant Governor of Ontario to the Council of the College. Effective February 17, 2022, Mr. Martin Forget and Mr. Mark Handelman will serve on the Council. It was noted that the College was still short of two public appointees for a properly constituted Council.

3) Government Relations Strategy

The Committee reviewed the College's government relations strategy and engagement plan which was drafted by the College and its government relations consultant. The plan is meant guide and support the College's GR activities to address the College's government relations needs and relationship-development with the government. The Committee provided comments for amendment, which will be presented at the next scheduled Council meeting/open meeting of the Executive Committee.

4) College Performance Measurement Framework

a) Draft Report

The Committee was provided with the first draft of the College's 2021 CPMF report. It was noted that several new requirements have been added to this year's CPMF, which the College will need to work towards in the next year.

b) Strategic Plan RFP

The EC was advised that the College's strategic plan is expired and the development of a new one has been on hold due to Council being unconstituted. Staff prepared an RFP for a consultant to



facilitate a new strategic plan and will begin the process as soon as Council is constituted.

5) Governance

a) Governance Reform Consultation

The EC was advised that the Ministry had sent proposals for governance reform to the 26 health colleges and asked colleges to provide their feedback on them. College staff sent their draft response to the Ministry which was generally supportive of the initiatives. The letter was drafted based on Council members' discussion from previous meetings, legal advice received on governance, the governance review report and staff review of the impact on College operations. It was noted that several of the considerations lacked information and as such, staff was not able to accurately assess its impact on the College.

b) Committee Governance

The Executive Committee discussed committee governance concerns that were raised and observed by College staff.

6) Finance

An overview of the 3rd quarter financial statements was provided to the EC.

7) Proposed Budget 2022 – 2023

A motion was made to approve the financial budget for the fiscal year April 1, 2022 to March 31, 2022 as amended. EC directed staff to increase the Doctor Title Working Group budget to \$100,000.00.

8) HR Policy Manual

The EC was advised that the College's Human Resources Policy Manual was updated following a review by legal counsel. The College on a regular basis engages with its legal counsel to review and update the manual to ensure the College is in accordance with the *Employment Standards Act, 2000*.

9) Dr. Title Working Group

The EC reviewed applications for the Dr. Title Working Group. The shortlist of eligible candidates will be recommended for appointment at the next scheduled Council meeting/open meeting of the Executive Committee.

10) Registration Renewal Update

An update on the registration renewal numbers was provided. The deadline for members to complete renewal is March 31 11:59 EST.

11) CARB-TCMPA Updates

a) CARB Update

The EC was provided an update on the special CARB-TCMPA Board meeting that was held on January 21, 2022.



b) Pan-Canadian Examinations

The EC was provided with a summary of the Ontario candidates' results for the October 2021 administration of the Pan-Canadian examinations. The College received a total of 145 online applications for the April 2022 examinations. It was noted that due to the pandemic, the

examinations will continue to be delivered using the online proctored format.

c) TCM Program Accreditation Project

The EC was advised that the consultant was preparing for the final report, which will then be presented to the CARB Board.

12) Civil Claim Update

The EC was provided an update on a civil claim involving a registrant and staff and Council members.

13) Workplan Update

An overview of the College's workplan was provided to the EC, noting key activities which have been completed, are ongoing or are on hold due to the Council being constituted and the Pandemic.

This report is current to March 9, 2022 in anticipation of the open meeting of the Executive Committee scheduled for March 21, 2022.



FOR: Information

SUBJECT: Registration Committee Report

Registration Committee Members

Ming C. Cha (Chair)	Professional Member
Feng Li Huang	Professional Member
Shiji (Stephen) Liu until February 1, 2022	Public Member
Joanne Pritchard-Sobhani	Professional Member
Deborah Sinnatamby	Public Member
Xianmin Yu	Professional Member

Since the last quarterly report, the Registration Committee met once on January 26, 2022. Additionally, one panel meeting was held on January 26, 2022. All meetings were held via Webex meeting.

FOR INFORMATION

1. PAN-CANADIAN EXAMINATIONS

October 2021 Pan-Canadian Examination

The Traditional Chinese Medicine Practitioners examination was held on October 6 and 7, 2021. A total of 65 candidates wrote the Traditional Chinese Medicine Practitioners examination. Of the 65 candidates, 54 successfully passed and 11 candidates had their results nullified by the Appeals and Accommodations Committee of CARB-TCMPA on the grounds of a procedural irregularity.

The Acupuncturists examination was held on October 27 and 28, 2021. A total of 124 candidates wrote the Acupuncturists examination. Of the 124 candidates, 94 successfully passed, 28 failed and 2 had their results nullified.

April 2022 Pan-Canadian Examination

The application deadline for the April 2022 Pan-Canadian Examinations closed on January 14, 2022 5:00 p.m. EST. The College received a total of 145 applications. Of the 145 applications, 64 candidates applied for the Traditional Chinese Medicine Practitioner examination, and 81 applied for the Acupuncturists examination. The Registration Committee agreed that the provisional exemption to clinical training would continue to apply for the April 2022 examination due to the COVID-19 pandemic.

The Traditional Chinese Medicine Practitioners examination is scheduled for April 11, 2022 and April 12, 2022. The Acupuncturists examination is scheduled April 27, 2022 and April 28, 2022.

2. ANNUAL RENEWAL

2022-2023 Registration Renewal



The College opened the renewal application on February 1, 2022. Members registered in the General, Student, or Inactive Class are required to renew their registration by March 31, 2022.

Annual Renewal Policy

The Registration Committee reviewed and subsequently approved the proposed revisions to the Annual Renewal policy. There were no substantive changes; the revisions help to clarify the renewal process and align it with the College By-laws and regulations.

3. REQUIRED DOCUMENTS POLICY

As part of the initial assessment process for registration, applicants are required to submit a number of supporting documents. The Registration Committee reviewed and subsequently approved several revisions to the policy. There were no substantive changes; the revisions help to clarify the College's requirement for documents and align it with other College policies.

4. REGISTRATION COMMITTEE PANEL UPDATES (From April 1, 2021 – February 28, 2022)

	Decisions made by the Registration Committee			
	Approved	Approved with TCLs	Refused	Total
General Class application	1	9	0	10
Title Variation	3	1	0	4
TCL Variation	1	1	0	2
Transfer from Inactive Class	0	1	0	1
Totals	5	12	0	17

The Registration Committee Panel reviewed 5 cases in the January 26, 2022 meeting. The Registration Committee directed staff to contact 4 applicants to determine if the applicants will consent to the Terms, Conditions, and Limitations and to seek out additional information and legal advice for 1 of the applicants.

5. QUARTERLY MEMBERSHIP STATS (As of February 28, 2022)

Registration by District

	District 1	District 2	District 3	District 4	District 5	Practicing outside ON	Unknown	Total
General	189	132	1595	526	77	32	22*	2573
Inactive	9	8	78	16	3	21	9	144
Student	0	0	5	1	0	0	0	6
Total Members	198	140	1678	543	80	53	31	2723

*Please note that General Class members who recently registered with the College are given 30 days



to submit their business address. We are following up with 22 General Class members who did not provide their business address information to the College.

Registration updates as of February 28, 2022

	02-Jun-21	01-Sep-2021	18-Nov-2021	28-Feb-2022
General R. Ac	1210	1236	1273	1285
General R. TCMP	1233	1249	1266	1288
Student R. Ac	6	6	5	4
Student R. TCMP	5	5	4	2
Inactive R. Ac	81	81	78	75
Inactive R. TCMP	71	70	70	69
Current Members	2606	2647	2696	2723
Resigned	414	415	415	422
Expired	658	658	658	661
Revoked	87	87	86	85
Suspended	123	120	122	121
Total Registrants	3888	3927	3977	4012

Changes within the Quarter

	April. 1, 2021 – Jun. 2, 2021	June 3, 2021 – Sept 1, 2021	Sept 2, 2021- Nov 18, 2021	Nov 19, 2021 – Feb 28, 2022
New members	63	40	51	35
Resignations	24	3	0	7
Revocation	0	0	0	0
Suspensions	35	1	2	0
Expired	0	0	0	3
Net Change	4	36	49	25

Members practicing with terms, conditions and limitations: 317

2021 Jurisprudence Course Tests (From April 1, 2021 – February 28, 2022)

Passed	Failed	Total
193	3	196

2021 Safety Program Tests (From April 1, 2021 – February 28, 2022)

Passed	Failed	Total
216	0	216

This report is current to February 28, 2022 in anticipation of the open meeting of the Executive Committee scheduled for March 21, 2022.



FOR: Information

SUBJECT: Inquiries, Complaints and Reports Committee Report

Inquiries, Complaints and Reports Committee Members

Panel 1

Pixing Zhang (Chair of ICRC and Panel 1)	Public Member (until February 13, 2022)
Richard Dong	Professional Member
Lihui Guo	Professional Member
Deborah Sinnatamby	Public Member

Panel 2

Xianmin Yu (Chair of Panel 2)	Professional Member
Jinqi Zeng	Professional Member
Matthew Colavecchia	Professional Member
Fanny Ip	Professional Member (Non-Council Member)
Stephen Liu	Public Member (until February 27, 2022)
Joanne Pritchard-Sobhani	Professional Member

The Inquiries, Complaints and Reports Committee (the “ICRC”) is divided into two main panels to accommodate the number of ongoing matters, and to accommodate the selection of panel members, should the need arise for a discipline hearing. Since the last quarterly report, the ICRC met five times on January 12, 27, 28 2022, and February 17, 18, 2022. The meeting on January 28, 2022, was an oral caution.

New Cases and Nature of Concerns

Note: Some cases may have more than one concern

Complaints	Nature of Concerns		Registrar Report Investigations	Nature of Concerns	
2		Advertising	20		Advertising
		Billing and Fees			Billing and Fees
		Communication			Communication
	1	Competence / Patient Care			Competence / Patient Care
	1	Fraud		18	Fraud
		Professional Conduct & Behaviour			Professional Conduct & Behaviour



		Record Keeping			Record Keeping
	1	Sexual Abuse / Harassment / Boundary Violations		1	Sexual Abuse / Harassment / Boundary Violations
		Unauthorized Practice		1	Unauthorized Practice

Completed Cases and Outcomes*

Note: Some decisions have more than one outcome

Complaints	Outcomes		Registrar Reports Investigations	Outcomes	
		Take no action			Take no action
		Advice			Advice
		Written Caution			Written Caution
		Oral Caution			Oral Caution
		SCERP			SCERP
		Refer to Discipline			Refer to Discipline
		Undertaking			Undertaking

Complaints cases before Health Professions Appeal and Review Board

New Cases	Pending Cases	Cases Upheld
1	2	

Pending Cases

Complaints	Registrar Report Investigations	Incapacity Inquiries	Total # cases
16	54		70

This report is current as of March 2, 2022, in anticipation of the open meeting of the Executive Committee scheduled for March 21, 2022.



FOR: Information

SUBJECT: Quality Assurance Committee Report

Quality Assurance Committee Members

Feng Li Huang (Chair)	Professional Member
Hai Su	Professional Member
Lihui Guo	Professional Member
Matthew Colavecchia	Professional Member
Ming C. Cha	Professional Member
Pixing Zhang	Public Member

Since the last quarterly report, the Quality Assurance (QA) Committee met once on February 10, 2022.

FOR INFORMATION

1. Quality Assurance Program Enhancement Project

At the September 22, 2021, open Executive Committee meeting, the Council adopted, in general, the Responsive and Reflexive Quality Assurance Framework (RRQA) as the CTCMPAO QA Framework.

The QA Committee and staff have developed a detailed implementation plan and drafted performance indicators for the new QA program. A Request for Proposals has been posted for consultants to assist with the development of the self, peer, and practice assessments. While two proposals have been received, the College is considering re-posting the RFP and extending the project timelines.

2. Standards and Guidelines

a) Telepractice Guideline

In April 2020, in response to COVID-19 and the restrictions imposed on members' practice, the QA Committee developed a Telepractice Position Statement. The Committee also drafted a more comprehensive telepractice guideline to help members understand their accountabilities when providing care using telecommunication technologies.

At the September 22, 2021, open Executive Committee meeting, Council approved the draft guideline for a consultation to members. On November 26, 2021, the Telepractice Guideline



consultation was sent for general stakeholder feedback. This is the first time the College engaged the Citizen Advisory Group (CAG) in an attempt to increase public feedback. The College received 2 responses from the public. The survey received 86 total respondents. Members of the QA Committee reviewed the responses at their February 10, 2022 meeting. It was recommended that the Telepractice Guideline be presented to Council for final approval.

b) Practice Standards - Procedures

Consistent with the recently developed Practice Standards Procedure document, the QA Committee plans to adopt a systemic approach to developing, reviewing and monitoring the Standards of Practice. As part of this approach, the Committee will be conducting a review of the Standards on Communication, Diagnosis and Treatment, as well as Legislation and Ethics.

c) Fees and Billing Guideline

The Standard for Fees and Billing was approved by Council on December 10, 2020, and came into effect on April 1, 2021. The QA Committee is now starting to develop a guideline to support the standard and address the frequently asked questions regarding fees and billing practices.

3. Quality Assurance Program

a) 2019* Peer and Practice Assessments

Number of members selected (random selection)	12
Assessments completed 4 of the members were asked to make written submissions in response to the assessment results and to demonstrate that you are meeting the College's standards of practice 1 member has been directed to complete a SCERP	10
Member(s) currently inactive	1
Member(s) resigned	1

* The College's Peer and Practice Assessments were put on hold in April 2020 in response to the COVID-19 pandemic. The QA Committee approved the resumption of in-person assessments based on the province reopening plan

b) 2021 Peer and Practice Assessments

Number of members selected (on the basis of criteria specified by the QA Committee)	62*
Assessment complete, pending review by the QA Committee	7
Assessment scheduled to be completed in the next 6 months	53
Approved deferrals	2

* Based on current registration in the General Class



c) 2021 Random Selections

- The Peer and Practice Assessment (PPA) - According to the General Requirements Policy (Peer and Practice Assessment), each year, a percentage of members in the General Class of Registration will be selected at random to undergo a PPA. The College randomly selected 2 members in December 2021 to undergo the peer and practice assessments in 2022. The members have been notified accordingly. It is anticipated that their assessments will be scheduled for the second half of the year.
- Self-Assessment and Professional Development - Every member of the College must participate in self-assessment and continuing professional development each year. As per the College's General Requirements Policy for Self-Assessments and Professional Development, each year, a percentage of all members are selected at random to submit their Self-Assessment Tool (SAT) and professional development plan (PDP). All 53 (2%) selected members were notified on December 16, 2021. The deadline for submissions is March 31, 2022.

As of March 4, 2022, 27 self-assessment forms have been received. Reminder emails will be sent out before the submission deadline.

In addition, due to the COVID-19 pandemic, the availability of some activities, such as conferences and training courses, has been reduced. Taking this into consideration, the College has been more flexible in approving Category A activities that members have participated in past the 10-hour limit (e.g., professional reading, internet materials). The subjects must still be part of Category A.

4. Committee Training

A training session for the new Committee member was held on February 18, 2022. The session was conducted by College's legal counsel, Ms. Rebecca Durcan.

This report is current to March 4, 2022, in anticipation of the open meeting of the Executive Committee scheduled for March 21, 2022.



FOR: Information

SUBJECT: Patient Relations Committee Report

Patient Relations Committee Members

Deborah Sinnatamby (Chair)	Public Member
Christine Kit Yee Fung	Professional Member
Feng Li Huang	Professional Member
Jin Qi (Jackie) Zeng	Professional Member
Ryan Longenecker	Professional Member

Since the last quarterly report, the Patient Relations Committee met once on January 27, 2022.

FOR INFORMATION

1. Funding for Therapy

One application for funding was received and subsequently approved during this reporting period.

2. Committee Training

A training session for the new Committee member was held on March 2, 2022. The session was conducted by College's legal counsel, Ms. Rebecca Durcan.

This report is current to March 4, 2022, in anticipation of the open meeting of the Executive Committee scheduled for March 21, 2022.



FOR: Information

SUBJECT: Discipline Committee Report

Discipline Committee Members

Jin Qi (Jackie) Zeng (Chair)	Professional Member
Ming C. Cha	Professional Member
Matthew Colavecchia	Professional Member
Richard Guo Qing Dong	Professional Member
Christine Kit Yee Fung	Professional Member
Lihui Guo	Professional Member
Feng Li Huang	Professional Member
Shiji (Stephen) Liu	Public Member (until February 27, 2022)
Joanne Pritchard-Sobhani	Professional Member
Deborah Sinnatamby	Public Member
Xianmin Yu	Professional Member
Pixing Zhang	Public Member (until February 13, 2022)

Since the last quarterly report, the Discipline Committee presided over one matter in this quarter.

1. Kyung Chun Oh

As of March 2, 2022, there are eight open cases (relating to seven members) which have been referred to the Discipline Committee by the Inquiries, Complaints and Reports Committee (ICRC).

	Member Name	Status
1	Sen Ching Cheung	The Notice of Hearing was served on the Member on August 6, 2021.
2	Shuangjin Zhang	The Notice of Hearing was served on the Member on August 19, 2021.
3	Jeff McMackin	The Notice of Hearing was served on the Member on December 22, 2021.
4	Kyung Chun Oh	The Notice of Hearing was served on the Member on November 2, 2021. A hearing commenced on February 8, 2022. The matter is scheduled to be heard again on March 30 and 31, 2022.



5	Hongxing Xiao	The Notice of Hearing(s) was served on the Member on November 2, 2021 for two matters. The prehearing conference is scheduled to occur on April 6, 2022.
6	Yaqing Sun	The Notice of Hearing was served on the Member on December 15, 2021.
7	Peter Witz	The Notice of Hearing was served on the Member on January 4, 2022.

There is one discipline decision currently under appeal by the Member. This matter relates to the [Nathalie Xian Yi Yan](#) decision.

This report is current as of March 2, 2022, in anticipation of the open meeting of the Executive Committee scheduled for March 21, 2022.



FOR: Information

SUBJECT: Fitness to Practise Committee Report

Fitness to Practise Committee Members

Jin Qi (Jackie) Zeng	Professional Member
Ming C. Cha	Professional Member
Matthew Colavecchia	Professional Member
Richard Guo Qing Dong	Professional Member
Christine Kit Yee Fung	Professional Member
Lihui Guo	Professional Member
Feng Li Huang	Professional Member
Shiji (Stephen) Liu	Public Member (until February 27, 2022)
Joanne Pritchard-Sobhani	Professional Member
Deborah Sinnatamby	Public Member
Xianmin Yu	Professional Member
Pixing Zhang	Public Member (until February 13, 2022)

Pursuant to the College Bylaw, every member of Council is a member of the Fitness to Practise Committee.

Since the last quarterly report, the Fitness to Practise Committee did not meet.



Meeting Date:	March 21, 2022
Issue:	Decisions from February 24, 2022 Executive Committee Meeting
Reported By:	Ann Zeng
Action:	Information

Decisions

At the February 24, 2022 Executive Committee meeting, the Executive Committee approved the financial budget for the fiscal year April 1, 2022 to March 31, 2023 to be adopted as amended. The Executive Committee directed staff to increase the Doctor Title Working Group budget to \$100,000.00.



Meeting Date:	March 21, 2022
Issue:	Government Direction Regarding Schedule 5 of Bill 88
Reported By:	Ann Zeng
Action:	Discussion

Issue

To discuss matters relating to the Traditional Chinese Medicine Repeal Act, 2022 (Schedule 5) of Bill 88.

Background

a. Updates

The College was advised on February 28, 2022 that the Government of Ontario would be taking steps to wind down the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

On March 10, 2022, following a vote in the legislature, the Ontario government amended Bill 88, to remove Schedule 5 from the [bill](#). The profession of traditional Chinese medicine will remain a regulated health profession in Ontario. There will be no change to College's regulatory functions going forward. No formal letter from the Minister's office has been received by the College at the time of the meeting package being sent out; however, the Ministry confirmed that the Bill 88 has been amended and the amended bill is posted publicly on the Ontario Legislature website. Furthermore, the College received an email from the Ministry confirming that the Government is no longer pursuing Schedule 5, and that no changes will be made to the controlled acts.

b. Pan-Canadian and Chinese Examinations

In addition to the removal of Schedule 5 from Bill 88, the government has directed the Ministry of Health to work with the College to offer a Chinese language entry to practice examination for registration with the College.

c. Petition re The Federation of Ontario Traditional Chinese Medicine Association (FOTCMA) Members

A petition addressed to the Legislative Assembly of Ontario requested that it bring to light the conflict of interest and failure of the CTCMPAO to fulfill their fiduciary duties to their members due to the infiltration of known members of FOTCMA. The College has not received a copy of the petition and the names of these individuals have not been identified.

d. Next Steps

College staff will continue to follow up with the Ministry regarding public appointments and other resources/support needed for this new direction. The College will need a constituted Council to begin work on the Chinese examination immediately to meet the deadline put forward by the Ministry.



Meeting Date:	March 21, 2022
Issue:	Public Appointments
Reported By:	Ann Zeng
Action:	Motion

Issue

To appoint the two new public members to Committees.

Public Interest Rationale

The College's Council and Committees have public members to ensure the public is represented.

Background

As reported at the February 24, 2022 Executive Committee meeting, two public members have been appointed by the Lieutenant Governor to the Council of the College. Effective February 17, 2022, Mr. Martin Forget and Mr. Mark Handelman will serve on the Council on a one-year term.

The Council is still short of two public appointees as Section 6(1) of the *Traditional Chinese Medicine Act, 2006* sets out that a minimum of 5 public members is required for a properly constituted Council.

Next Steps

It is recommended that the Executive Committee appoint the two new public members to the Discipline Committee so that the members can receive training and promptly begin Committee work.



**Executive Council of Ontario
Order in Council**

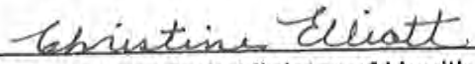
On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

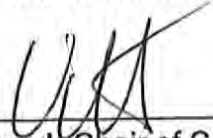
**Conseil exécutif de l'Ontario
Décret**

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO clause 6(1)(b) of the *Traditional Chinese Medicine Act, 2006*, **Mark Handelman** of Toronto be appointed as a part-time member of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding one year, effective the date this Order in Council is made.

EN VERTU DE l'alinéa 6 (1) b) de la *Loi de 2006 sur les praticiens en médecine traditionnelle chinoise*, **Mark Handelman** de Toronto est nommé au poste de membre à temps partiel du Conseil de l'Ordre des praticiens en médecine traditionnelle chinoise et des acupuncteurs de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale d'un an à compter du jour de la prise du présent décret.


Recommended: Minister of Health
Recommandé par : La ministre de la Santé


Concurred: Chair of Cabinet
Appuyé par : Le président | la présidente du Conseil des ministres

Approved and Ordered:
Approuvé et décrété le : FEB 17 2022


Lieutenant Governor
La lieutenant-gouverneure



**Executive Council of Ontario
Order in Council**

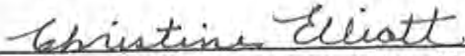
On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

**Conseil exécutif de l'Ontario
Décret**

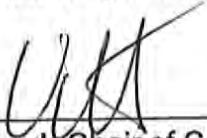
Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO clause 6(1)(b) of the *Traditional Chinese Medicine Act, 2006*, **Mark Handelman** of Toronto be appointed as a part-time member of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding one year, effective the date this Order in Council is made.

EN VERTU DE l'alinéa 6 (1) b) de la *Loi de 2006 sur les praticiens en médecine traditionnelle chinoise*, **Mark Handelman** de Toronto est nommé au poste de membre à temps partiel du Conseil de l'Ordre des praticiens en médecine traditionnelle chinoise et des acupuncteurs de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale d'un an à compter du jour de la prise du présent décret.



Recommended: Minister of Health
Recommandé par : La ministre de la Santé



Concurred: Chair of Cabinet
Appuyé par : Le président | la présidente du Conseil des ministres

Approved and Ordered:
Approuvé et décrété le : FEB 17 2022



**Lieutenant Governor
La lieutenant-gouverneure**

UNAUDITED College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
Statement of Operations

3rd Quarter (April 01,2021- December 31,2021)

		Actuals of Q2 2021-2022	Annual Budget 2021-2022	Actual to Budget %	Budget Remaining (balance of Year)
GL Code	Revenue				
4101000	Registration Fees	\$ 159,650.00	\$ 124,750.00	127.98%	\$ (34,900.00)
4102000	Renewal Fees	\$ 2,443,500.00	\$ 2,381,000.00	102.62%	\$ (62,500.00)
4200000	Administration Fees	\$ 70,200.00	\$ 48,350.00	145.19%	\$ (21,850.00)
4300000	Pan Can Examination Fees	\$ 385,630.00	\$ 255,800.00	150.75%	\$ (129,830.00)
4500000	Other Fees	\$ 37,900.00	\$ 26,000.00	145.77%	\$ (11,900.00)
4600000	Other Income	\$ 23,366.08	\$ 30,000.00	77.89%	\$ 6,633.92
	Total Income	\$ 3,120,246.08	\$ 2,865,900.00	108.87%	\$ (254,346.08)
GL Code	Expenses				
	Council & Committees	\$ 450,943.42	\$ 919,750.00	49.03%	\$ 468,806.58
6100000	Council	\$ 57,457.45	\$ 93,500.00	61.45%	\$ 36,042.55
6201000	Executive Committee	\$ 15,387.38	\$ 29,000.00	53.06%	\$ 13,612.62
6202000	Registration Committee and Panel	\$ 24,397.17	\$ 50,500.00	48.31%	\$ 26,102.83
6203000	ICRC Committee	\$ 191,251.53	\$ 189,000.00	101.19%	\$ (2,251.53)
6204000	Quality Assurance Committee	\$ 54,367.76	\$ 128,000.00	42.47%	\$ 73,632.24
6205000	Patient Relations Committee	\$ 9,184.56	\$ 48,750.00	18.84%	\$ 39,565.44
6206000	Discipline Committee	\$ 98,897.57	\$ 374,000.00	26.44%	\$ 275,102.43
6207000	Fitness to Practice Committee	\$ -	\$ 4,250.00	0.00%	\$ 4,250.00
6208000	Examination Appeals Committee	\$ -	\$ 2,750.00	0.00%	\$ 2,750.00
6300000	Professional Services	\$ 42,106.58	\$ 91,000.00	46.27%	\$ 48,893.42
6301000	Legal Fees	\$ 32,405.78	\$ 50,000.00	64.81%	\$ 17,594.22
6302000	Accounting Fee	\$ 4,973.67	\$ 26,000.00	19.13%	\$ 21,026.33
6303000	Other Fees	\$ 4,727.13	\$ 15,000.00	31.51%	\$ 10,272.87
6400000	Special Programs/Projects	\$ 383,805.11	\$ 388,300.00	98.84%	\$ 4,494.89
6401000	Pan-Canadian Examinations	\$ 341,231.23	\$ 195,800.00	174.28%	\$ (145,431.23)
6402000	Doctor Title	\$ -	\$ 58,500.00	0.00%	\$ 58,500.00
6403000	Strategic Initiatives	\$ 21,131.00	\$ 60,000.00	35.22%	\$ 38,869.00
6404000	School Program Approval	\$ -	\$ 57,000.00	0.00%	\$ 57,000.00
6405000	Safety and Jurisprudence Test	\$ 21,442.88	\$ 17,000.00	126.13%	\$ (4,442.88)
6500000	Salaries and Benefits	\$ 1,015,529.87	\$ 1,439,303.00	70.56%	\$ 423,773.13
6500000	Salaries and Benefits	\$ 1,004,797.02	\$ 1,409,303.00	71.30%	\$ 404,505.98
6502000	Casual Labour	\$ 10,732.85	\$ 30,000.00	35.78%	\$ 19,267.15
6600000	Information Technology	\$ 141,066.89	\$ 274,960.00	51.30%	\$ 133,893.11
6602000	Equipment Expenses	\$ 4,899.92	\$ 10,000.00	49.00%	\$ 5,100.08
6603000	Software Development	\$ 59,008.48	\$ 145,000.00	40.70%	\$ 85,991.52
6604000	Maintenance and Support Contracts	\$ 39,843.73	\$ 68,760.00	57.95%	\$ 28,916.27
6605000	Online Services	\$ 31,156.26	\$ 43,200.00	72.12%	\$ 12,043.74
6606000	Network Security	\$ 6,158.50	\$ 8,000.00	76.98%	\$ 1,841.50
6700000	Operating Expenses	\$ 232,344.69	\$ 511,950.00	45.38%	\$ 279,605.31
6701000	General Operating Costs	\$ 173,702.11	\$ 266,950.00	65.07%	\$ 93,247.89
6702000	Payment Gateway	\$ 20,699.57	\$ 110,000.00	18.82%	\$ 89,300.43
6703000	Subscriptions and Conferences	\$ 29,855.19	\$ 60,000.00	49.76%	\$ 30,144.81
6704000	Communications and Publications	\$ 8,087.82	\$ 75,000.00	10.78%	\$ 66,912.18
	Total Expenses	\$ 2,265,796.56	\$ 3,625,263.00	62.50%	
	Net Income	\$ 854,449.52	\$ (759,363.00)		



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario
Ordre des praticiens en médecine traditionnelle
chinoise et des acupuncteurs de l'Ontario

Proposed Budget 2022-2023

Line #	REVENUE	2021-2022	2022-2023	Difference	Comment
		(Approved Budget)	(Budget Proposal)		
1	Registration Fees	\$ 124,750	\$ 143,750	15.23%	
2	Renewal Fees	\$ 2,381,000	\$ 3,290,000	38.18%	
3	Administration Fees	\$ 48,350	\$ 47,950	-0.83%	
4	Examination Fees	\$ 255,800	\$ 387,000	51.29%	
5	Other Fees	\$ 26,000	\$ 30,000	15.38%	
6	Other Income	\$ 30,000	\$ 30,000	0.00%	
TOTAL REVENUE		\$ 2,865,900	\$ 3,928,700	37.1%	

		2021-2022 (Approved Budget)		2022-2023 (Budget Proposal)		Difference		Percentage Allocation	
Line #	EXPENSES								
Council and Committee									
1	Council	\$	93,500	\$	94,000		0.53%		
2	Executive	\$	29,000	\$	29,000		0.00%		
3	Registration Committee and Panel	\$	50,500	\$	50,500		0.00%		
4	ICRC	\$	189,000	\$	228,000		20.63%		
5	Quality Assurance	\$	128,000	\$	130,500		1.95%		
6	Patient Relations	\$	48,750	\$	48,750		0.00%		
7	Discipline	\$	374,000	\$	368,000		-1.60%		
8	Fitness to Practice	\$	4,250	\$	4,250		0.00%		
9	Examination	\$	2,750	\$	-		-100.00%		
		\$	919,750	\$	953,000		3.62%		23%
Professional Service									
10	Legal Fees	\$	50,000	\$	65,000		30.00%		
11	Accounting Fees	\$	26,000	\$	31,500		21.15%		
12	Expert Consultation	\$	15,000	\$	12,500		-16.67%		
		\$	91,000	\$	109,000		19.78%		3%
Special Programs/Project									
13	Pan-Canadian Examination	\$	195,800	\$	297,000		51.69%		
14	Doctor Title	\$	58,500	\$	100,000		70.94%		
15	Strategic Initiatives	\$	60,000	\$	100,000		66.67%		
16	School Program Approval	\$	57,000	\$	50,000		-12.28%		
17	Safety and Jurisprudence Test	\$	17,000	\$	130,000		664.71%	Online Learning Module and Questions Development	
		\$	388,300	\$	677,000		74.35%		16%
Administrative Expenses									
18	Staff Salary and Benefits	\$	1,409,303	\$	1,554,580		10.31%	cpp, ei, eht, insurance, cpi and new position	
19	Casual Labour	\$	30,000	\$	25,000		-16.67%		
		\$	1,439,303	\$	1,579,580		9.75%		38%
Information Technology									
20	Equipment Expense	\$	10,000	\$	10,000		0.00%		
21	Software Maintenance	\$	145,000	\$	151,000		4.14%		
22	Support Contracts	\$	68,760	\$	59,500		-13.47%		
23	Onlines Services	\$	42,000	\$	47,400		12.86%		
24	Network Security	\$	8,000	\$	7,500		-6.25%		
		\$	273,760	\$	275,400		0.60%		7%
Operating Expenses									
25	General Operating Costs	\$	266,950	\$	290,450		8.80%		
26	Payment Gateway for CC Transactions	\$	110,000	\$	120,000		9.09%		
27	Subscriptions and Conferences	\$	60,000	\$	60,000		0.00%		
28	Communications and Publications	\$	75,000	\$	55,000		-26.67%		
		\$	511,950	\$	525,450		2.64%		13%
TOTAL EXPENSES		\$	3,624,063	\$	4,119,430		13.67%		100%
Profit\Loss		↓ \$	(758,163)	↓ \$	(190,730)				



Meeting Date:	March 21, 2022
Subject:	Dr. Title Working Group
Reported By:	Ann Zeng
Action:	Discussion, Motion

Issue

To appoint members to the Dr. Title Working Group.

Public Interest Rationale

A doctor class will help ensure that patients have access to safe and higher quality of TCM health care from qualified practitioners that meet an experienced level of competencies and standards.

Background

At the November 1, 2021 open meeting of the Executive Committee, the Executive Committee along with the support of Council members decided it was vital to resume the work of the Dr. Title Project. The Executive Committee appointed five Council members (Xianmin Yu, Joanne Pritchard-Sobhani, Deborah Sinnatamby, Feng Li Huang, Ming Cha) to the Dr. Title Working Group to begin Phase 2 of the project and directed staff to publish a call for interest for more Working Group members.

At the February 24, 2022 Executive Committee meeting, the Executive Committee reviewed 26 candidate applications (15 from professional members, 5 from members of the public, 6 from the 2020 call for interest) received from the call for interest. The following five candidates are now being recommended to Council for feedback.

Members of the Public

- Bonnie Oakes Charron
- Margaret Cheung
- Martial Moreau

Professional Members

- Michael Chen (Zhen Hao Chen)

The Terms of Reference (ToR) states that “The Working Group shall be appointed by Council and will consist of a minimum of six and a maximum of 10 members of Council. A priority of the Working Group will be to ensure that there is a balanced representation of both professional and public members of the Council.” Clearly, the current working group composition does not meet the requirements of the ToR. Recruiting non-Council public members will benefit the working group by providing much needed public input and may meet the requirements in an alternative way.



EXECUTIVE

Staff have conducted research on how other regulatory health colleges compensate non-Council members of the public on their committees. The College of Midwives, College of Nurses, and College of Pharmacists compensate their non-Council members of the public the same rate as professional members. It is recommended that the same approach be adopted for non-Council members of the public on the Dr. Title Working Group.

Amended Terms of Reference

When Council appoints members to the Dr. Title Working Group, the continuity of knowledge should also be taken into consideration.

Next Steps

- 1) To appoint up to a maximum of five more members to the Dr. Title Working Group.
- 2) To approve the amended Terms of Reference as amended.

Encl: Candidate Cover Letters and Resumes, Amended Dr. Title Working Group Terms of Reference



NAME	Terms of Reference – Doctor Title Working Group		
TYPE	Council		
DATE APPROVED	June 20, 2019	DATE REVISED	March 21, 2022

Purpose

The Doctor Title Working Group (the “Working Group”) shall, after researching and analyzing options, prepare recommendations to the Council as to whether the development of the “Dr.” Title Class regulation should occur, and if so, the terms of such a regulation. The working group shall conduct research, synthesize information, make recommendations and undertake project activities at the request of the Council.

Accountability

The Working Group is a non-statutory committee of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario and is accountable directly to Council. The Working Group understands that the College has a mandate to serve and protect the public interest and that the recommendations of the Working Group will adhere to this mandate.

Each member of the Working Group must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the Working Group. For more detail please see below.

Members must declare any conflict of interests prior to the discussion of individual files or at any time a conflict of interest or the potential for one arises. For more detail please see below.

Council will ensure that members of the Working Group receive training in their role to carry out the responsibilities of the Working Group. In addition, Council will ensure that members receive such legislated training and other training deemed necessary for the effective discharge of their responsibilities,

Limitations

The Working Group shall only exercise the authority, and fulfill the duties and responsibilities authorized by these Terms of Reference.

Duties and Responsibilities

Working under the direction of the Council and with the Registrar, the Working Group shall do the following:

- Consider the background material and supporting documentation provided to it by the Registrar for the regulation development process;

- Propose an appropriate Work Plan and budget;
- Review and recommend regulation development projects and initiatives;
- Co-ordinate, follow-up, monitor and report on programs as project development and operations proceed;
- Provide any requested reports to Council on the activities of the working group.

Composition of Working Group

The Working Group shall be appointed by Council and will consist of a minimum of six and a maximum of 10 members. A priority of the Working Group will be to ensure that there is a balanced representation of both professional and public members of the Council. However, the composition may change depending on the subject matter to be reviewed. From time to time, the working group may recruit non-Council members, members of the public, and such other subject matter experts in order to provide necessary advice to the working group. Such engagement may or may not require membership in the ad hoc working group.

When appointing members to the Working Group, Council shall consider the length of the project, and ensure continuity of knowledge. To achieve this, those currently serving on the Working Group should be considered for reappointment.

Criteria for Membership

Members of the working group are expected to be:

- Understands the *RHPA, the Traditional Chinese Medicine Act, 2006* and the regulatory framework for healthcare professions in Ontario;
- Understand that the mandate of the College is to serve and protect the public interest;
- Comply with the *Code of Conduct for Members of the Council and All Committees*;
- Familiar with the concept and process of developing competencies;
- Available and committed to participating fully in the working group; and
- Able to synthesize and analyze complex data and information;

Professional Members or members of the College should have a minimum of 5 (five) years of clinical experience in the TCM profession.

Professional Members cannot be an owner, director, board member or officer in a TCM/Acupuncture Association or a director, owner, board member or officer in a TCM/Acupuncture School (public or private).

Non-Council members of the public may be appointed to the Working Group if they have demonstrated significant knowledge or experience relevant to the working group.

Term of Office

The Working Group shall be appointed for a 1-year term.

Meetings

Meetings shall, whenever possible, be held at a place and on a date set in advance by the Registrar and shall occur at regular intervals and at such frequency as necessary, as determined by the Registrar, for the Working Group to conduct its business.

Quorum

Pursuant to section 12.10 of the By-laws of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario, quorum for meetings of the Working Group shall be three (3) members of the Working Group.

Selection of the Chair

The Chair shall be selected by the Working Group.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Working Group members to preside at the meeting. If the Chair is unable to delegate his or her chairing duties, the Working Group shall then select an acting Chair to preside at the meeting from among its members.

Voting

Whenever possible, decision-making at the Working Group level shall be conducted using a consensus model. When necessary, formal voting will be used.

Unless specifically provided for otherwise under the By-laws, every motion that properly comes before a Working Group shall be decided by a simple majority of the votes cast at the meeting by the Working Group members present.

The Chair, as a member of the Working Group, may vote.

In the event of a tie vote, the motion is defeated.

Reporting

The Working Group shall provide a report of its activities at every Council meeting on activities that have been undertaken since the last report. The Working Group prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Working Group members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Working

Group members have a duty to uphold and further the intent of the Act to regulate the professional practice of traditional Chinese medicine practitioners and acupuncturists in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the by-laws and must be reviewed and understood by all Working Group members.

Working Group Records

The Working Group Chair shall ensure that accurate minutes of all meetings and proceedings are recorded, approved and provided to the Registrar. The Registrar shall act as a group leader during the meetings and provide advice and recommendation.

Confidentiality

Members of the Working Group will have access to highly sensitive and confidential information that they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Working Group are especially stringent. Members of the Working Group shall not discuss with anyone any information that the Working Group considers, even in a general nature, except for the purposes of providing the annual report to Council.

Evaluation

The Working Group terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by Council.

Meeting Date:	March 21, 2022
Issue:	College Performance Measurement Framework
Reported By:	Ann Zeng and Sean Cassman
Action:	Information and Discussion

Issue

The College is providing a first draft of the 2021 CPMF report for the Committee's review.

Public Interest Rationale

The CPMF has been implemented by the Ministry of Health to ensure colleges are regulating in the public interest according to Ministry standards. The College will be required to make changes to meet these standards.

Background

College staff have two updates for the Executive Committee regarding the CPMF at this time.

a. Draft 2021 Report

Attached below is a first draft of the College's 2021 CPMF report, which is due on March 31, 2022. As this is an early draft, staff ask that Committee members provide their feedback on the content of the report.

Of the requirements that were not met in the previous CPMF report, the College is able to demonstrate that progress has been made towards meeting our expectations. However, some new requirements have been added to this year's CPMF that will require work from the College. Most notably, the Ministry has put an emphasis on equity, diversity, and inclusion in this year's report. The College will need to work towards adding an equity impact assessment to our decision-making processes in the next year.

College staff is working to provide Council members a more finalized draft of the report prior to the March 21, 2022 meeting.

b. Strategic Plan

As previously presented to the Committee, a large part of the CPMF relates to Colleges' strategic plans and becoming more transparent with our progress towards them. The strategic plan of this College is currently expired, and the development of a new one has been put on hold due to the lack of public voice on Council. It is recommended that this be a top priority of Council once it becomes constituted in the future. College has prepared an RFP for a consultant to facilitate the new strategic plan to remain prepared. The College is able to begin the process of developing a new strategic plan as soon as we have a constituted Council.

c. HR Policy Manual Update

The College on a regular basis engages its legal counsel to review and update the College Human Resources Policy Manual to ensure the College is in accordance with the Employment Standards Act, 2000. These "standards" are the minimum requirements to describe the rights and responsibilities of employees and employers in Ontario.



Company policies about vacation, sick days, discrimination, etc. are described in the HR Policy Manual. Also, company culture, values, expectations as well rights, and obligations related to employment. Our legal counsel was tasked to review the HR manual in its entirety. Below are some of the sections that were updated.

- **Remote Work or COVID Policy -Suggestion: two distinct policies since the College may allow employees to work remotely after the pandemic.**

- **Expense Policy**

EXPENSES

It is the College's policy to pay for all reasonable expenses incurred by employees while completing work for the College. The College does not pay for an employee's personal expenses.

- **Christmas Break – To provide more clarity on the December Holiday closure.**

- **Employee Dismissal – Review and update best procedure.**

Next Steps

Provide any feedback Council members may have on the College's 2021 CPMF report. Staff will continue drafting the report in time for the March 31, 2022 deadline.

Encl: Draft CPMF Report, Draft Strategic Plan RFP, Human Resources Policy Manual

College Performance Measurement Framework (CPMF) Reporting Tool

November 2021 – FINAL

DRAFT

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DRAFT

Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health & the Minister in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?” This information will:

- 1. strengthen accountability and oversight of Ontario’s health regulatory Colleges; and
- 2. help Colleges improve their performance.

Each College will report on five Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	Measures	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

Figure 1: CPMF Model for Measuring Regulatory Excellence

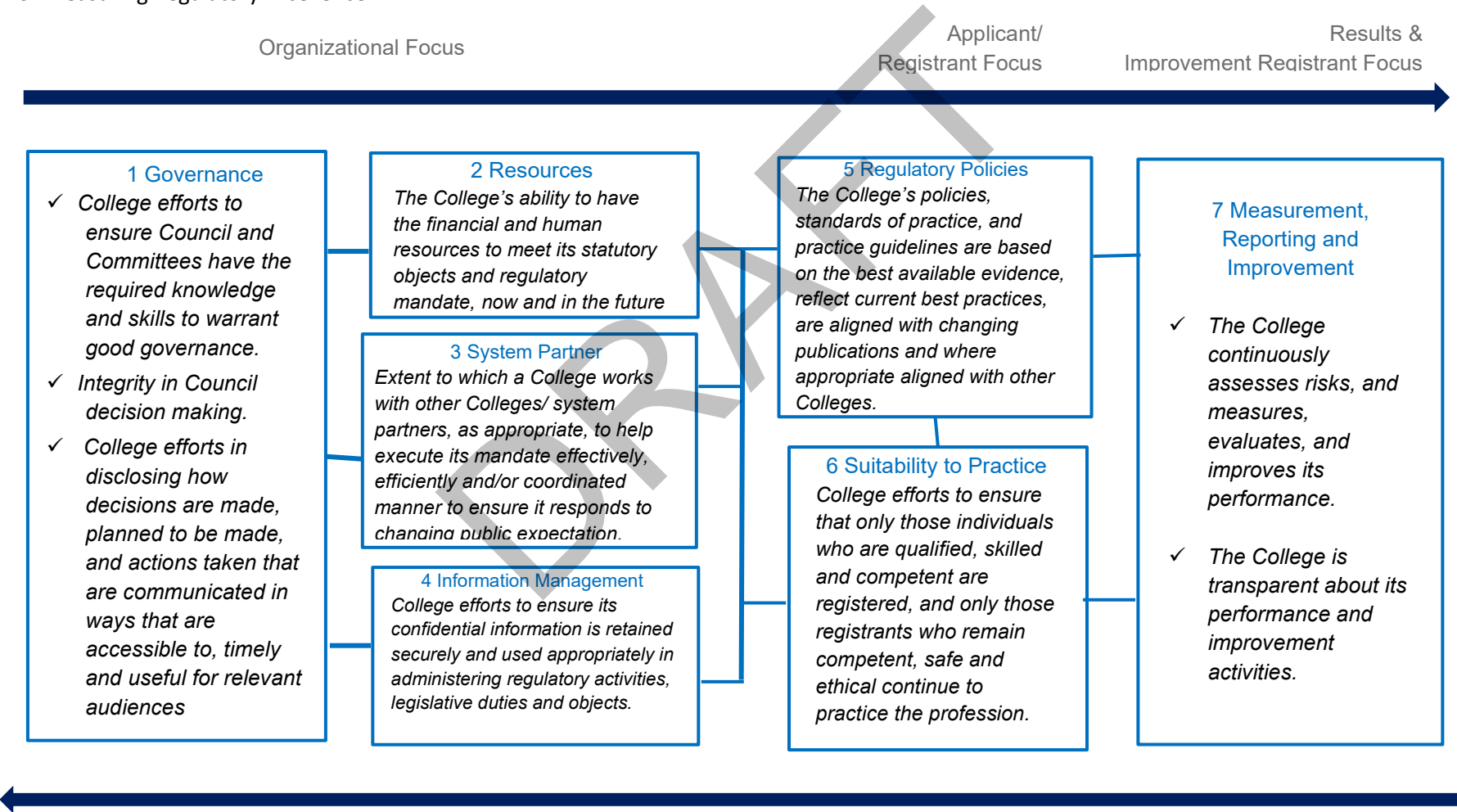


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The second iteration of the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will continue to provide comprehensive and consistent information to the public, the ministry and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain and their progress on improvement commitments identified in the 2020 CPMF Report;
2. complete the self-assessment;
3. post the completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The purpose of the first and second iterations of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards

The information reported through the completed CPMF Reporting Tool may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first and second iterations may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants' members, and other stakeholders.

Additionally, in 2021 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2020 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:

In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and

In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting from the 2020 CPMF Report; and
- Changes resulting from new or refined standards, measures, and evidence.¹

Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

In the spirit of continuous improvement, if the College plans to improve its activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

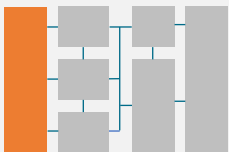
What has changed in 2021?

Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with 'Meets Standard' to illustrate that the current response is consistent with last year's response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the "required Evidence" set out in Column Two.
- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

¹ Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.

Part 1: Measurement Domains

		Measure 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		a Professional members are eligible to stand for election to Council only after: i meeting pre-defined competency and suitability criteria; and	The College fulfills this requirement:
			<ul style="list-style-type: none">The competency and suitability criteria are public: <i>If yes, please insert a link to where they can be found, if not please list criteria.</i>
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?
			Additional comments for clarification (optional):

		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:	
			<ul style="list-style-type: none">• Duration of orientation training.• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).• Please insert a link to the website if training topics are public OR list orientation training topics.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional):	
		b. Statutory Committee candidates have:	The College fulfills this requirement:	
		i. Met pre-defined competency and suitability criteria; and	<ul style="list-style-type: none">• The competency and suitability criteria are public:• If yes, please insert a link to where they can be found, if not please list criteria.	

			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		
			Additional comments for clarification (optional):		
		ii.	attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	The College fulfills this requirement:	
				<ul style="list-style-type: none">• Duration of each Statutory Committee orientation training.• Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).• Please insert a link to the website if training topics are public OR list orientation training topics for Statutory Committee.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		
			Additional comments for clarification (optional):		

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	The College fulfills this requirement:	
			<ul style="list-style-type: none">• Duration of orientation training.• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).• Please insert a link to the website if training topics are public OR list orientation training topics.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional):</i>	

		Measure	
		1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	
		Required Evidence	College Response
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.		The College fulfills this requirement:	
		<ul style="list-style-type: none">• Please provide the year when Framework was developed OR last updated.• Please insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved.• Evaluation and assessment results are discussed at public Council meeting:• <i>If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.</i>	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
		Additional comments for clarification (optional)	

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	
			<ul style="list-style-type: none">• A third party has been engaged by the College for evaluation of Council effectiveness:• <i>If yes, how often over the last five years?</i>• Year of last third-party evaluation.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none">• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training.• Please insert a link to Council meeting materials where this information is found OR• Please briefly describe how this has been done for the training provided <u>over the last year</u>.	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional):</i></p>	

		<div>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</div> <div>Further clarification:</div> <div>Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders.</div> <div>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</div>	The College fulfills this requirement:		
			<div><ul style="list-style-type: none">• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training.• Please insert a link to Council meeting materials where this information is found OR• Please briefly describe how this has been done for the training provided <u>over the last year</u>.</div>		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		
			Additional comments for clarification (optional):		

DOMAIN 1: GOVERNANCE	STANDARD 2	Measure	
		2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
		Required Evidence	College Response
		<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p>
			<ul style="list-style-type: none"> Please provide the year when Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the review.
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
			<p><i>Additional comments for clarification (optional)</i></p>

		ii. accessible to the public.	The College fulfills this requirement:	
			<ul style="list-style-type: none">Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy OR Council meeting materials where the policy is found and was discussed and approved.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	
			<ul style="list-style-type: none">Cooling off period is enforced through:Please provide the year that the cooling off period policy was developed OR last evaluated/updated.Please provide the length of the cooling off period.How does the college define the cooling off period?<ul style="list-style-type: none">Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;Insert a link to Council meeting where cooling of period has been discussed and decided upon; ORhere not publicly available, please describe briefly cooling off policy.	

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	
		c. The College has a conflict of interest questionnaire that all Council members must complete annually. <u>Additionally:</u> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u> .	The College fulfills this requirement:	
			<ul style="list-style-type: none">• Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated.• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether t e have any conflicts of interest based on Council agenda items:• Please insert a link to the most recent Council meeting materials that includes the questionnaire.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	
			<ul style="list-style-type: none">• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.• Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (if needed)</i>	

		<p>e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	The College fulfills this requirement:	
			<ul style="list-style-type: none">• Please provide the year the formal approach was last reviewed.• Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (if needed)	

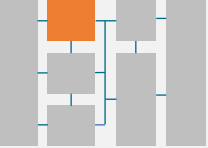
DOMAIN 1: GOVERNANCE	STANDARD 3	Measure	
		3.1 Council decisions are transparent.	
		Required Evidence	College Response
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:
			<ul style="list-style-type: none"> Please insert a link to the webpage where Council minutes are posted. Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted.
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
		Additional comments for clarification (optional)	

		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <p>i. the meeting date;</p> <p>ii. the rationale for the meeting;</p> <p>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</p> <p>iv. if decisions will be ratified by Council.</p>	The College fulfills this requirement:	
			<ul style="list-style-type: none">• Please insert a link to the webpage where Executive Committee minutes / meeting information are posted.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	

Measure 3.2 Information provided by the College is accessible and timely.		
Required Evidence		College Response
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	
	<ul style="list-style-type: none">Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
	Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	
	<ul style="list-style-type: none">Please insert a link to the College's Notice of Discipline Hearings.	

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			
			<i>Additional comments for clarification (optional)</i>			
		Measure				
		3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.				
		Required Evidence	College Response			
		a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).	The College fulfills this requirement:			
	<ul style="list-style-type: none">• Please insert a link to the College’s DEI plan.• Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved.					
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>				
	<i>Additional comments for clarification (optional)</i>					

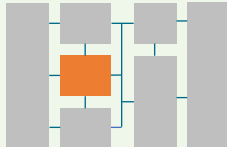
		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.</p>	The College fulfills this requirement:	
			<ul style="list-style-type: none">• Please insert a link to the Equity Impact Assessments conducted by the College OR please briefly describe how the College conducts Equity Impact Assessments.• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	

		Measure	
		4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response
		<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	<div>The College fulfills this requirement:</div> <div>Choose an item.</div> <div><ul style="list-style-type: none">• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to most recent approved budget.• Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.</div>
			<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>
			<div>Additional comments for clarification (optional)</div>

		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	The College fulfills this requirement:	
			<ul style="list-style-type: none">• Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved.• Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated.• Has the financial reserve policy been validated by a financial auditor?	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (if needed)</i>	

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p>	The College fulfills this requirement:	
			<ul style="list-style-type: none">• Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.• Please insert a link to Council meeting materials where the operational policy was last reviewed. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	

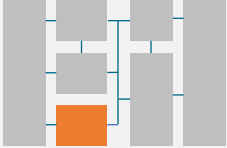
		<div>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</div>	The College fulfills this requirement:		Choose an item.	
			<div><ul style="list-style-type: none">Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan.</div>			
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?			Choose an item.
			Additional comments for clarification (optional)			

DOMAIN 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	College response	
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>	
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"><i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i>	

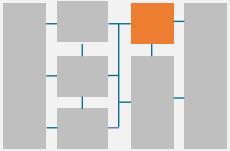
Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.
- In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).

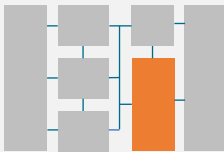
		Measure	
		7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:
			<ul style="list-style-type: none">Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information.
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
		Additional comments for clarification (optional)	

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	The College fulfills this requirement:	
			<ul style="list-style-type: none">Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	

		Measure	
		8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	
DOMAIN 5: REGULATORY POLICIES	STANDARD 8	Required Evidence	College Response
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement:
			<ul style="list-style-type: none">Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
		Additional comments for clarification (optional)	

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <p>i. evidence and data;</p> <p>ii. the risk posed to patients / the public;</p> <p>iii. the current practice environment;</p> <p>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</p> <p>v. expectations of the public; and</p> <p>vi. stakeholder views and feedback.</p>	The College fulfills this requirement:	
			<ul style="list-style-type: none">Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components OR please briefly describe the College’s development and amendment process.	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	
			<ul style="list-style-type: none">• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	

		Measure 9.1 Applicants meet all College requirements before they are able to practice.	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response
		<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)².</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none">• Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR please briefly describe in a few words the processes and checks that are carried out.• Please insert a link OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).

² This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	
			<ul style="list-style-type: none">• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon OR please briefly describe the process and checks that are carried out.• Please provide the date when the criteria to assess registration requirements was last reviewed and updated.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	

Measure 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
	c. A risk-based approach is used to ensure that currency ³ and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:
		<ul style="list-style-type: none">• Please briefly describe the currency and competency requirements registrants are required to meet.• Please briefly describe how the College identified currency and competency requirements.• Please provide the date when currency and competency requirements were last reviewed and updated.• Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?
		Additional comments for clarification (optional)

³ A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

Measure		
9.3 Registration practices are transparent, objective, impartial, and fair.		
	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:
		<ul style="list-style-type: none">• Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report.• Where an action plan was issued, is it:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
		<i>Additional comments for clarification (if needed)</i>

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
		Required Evidence	College Response
		<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard Duration of period that support was provided Activities undertaken to support registrants % of registrants reached/participated by each activity Evaluation conducted on effectiveness of support provided Does the College always provide this level of support: <i>If not, please provide a brief explanation:</i>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
		Additional comments for clarification (optional)	

		Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ⁴ .										
		a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	<table><tr><td>The College fulfills this requirement:</td><td></td></tr><tr><td colspan="2"><ul style="list-style-type: none">• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found.• Is the process taken above for identifying priority areas codified in a policy: <i>If yes, please insert link to policy:</i></td></tr><tr><td colspan="2">If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</td><td></td></tr><tr><td colspan="2">Additional comments for clarification (optional)</td></tr></table>	The College fulfills this requirement:		<ul style="list-style-type: none">• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found.• Is the process taken above for identifying priority areas codified in a policy: <i>If yes, please insert link to policy:</i>		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?			Additional comments for clarification (optional)	
		The College fulfills this requirement:										
		<ul style="list-style-type: none">• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found.• Is the process taken above for identifying priority areas codified in a policy: <i>If yes, please insert link to policy:</i>										
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?												
Additional comments for clarification (optional)												

⁴ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	
			<ul style="list-style-type: none">• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR please briefly describe right touch approach and evidence used.• Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i><ul style="list-style-type: none">- Public- Employers- Registrants- other stakeholders	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	
			<ul style="list-style-type: none">• Please insert a link to the document that outlines criteria to inform remediation activities OR list criteria.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	

		<i>Additional comments for clarification (optional)</i>	
		Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.	
		a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	<div>The College fulfills this requirement:</div> <div>Choose an item.</div> <div><div><div></div><div>Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process.</div></div><div><div></div><div>Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process.</div></div></div>
		<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>	
		<div>Additional comments for clarification (if needed)</div>	

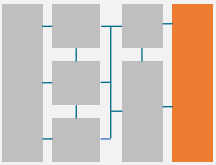
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure	
		11.1 The College enables and supports anyone who raises a concern about a registrant.	
		Required Evidence	College Response
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy); and	The College fulfills this requirement:
			<div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div></div>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		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	
			<ul style="list-style-type: none">Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	

	c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:		
		<ul style="list-style-type: none">• Please list supports available for public during complaints process.• Please briefly describe at what points during the complaints process that complainants are made aware of supports available.		
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		
		Additional comments for clarification (optional)		
	Measure			
	11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.			
	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:		
		<ul style="list-style-type: none">• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process OR please provide a brief description.• Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process OR please provide a brief description.		
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		

			Additional comments for clarification (optional)	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure		
		12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	
			<ul style="list-style-type: none">• Please insert a link to guidance document OR please briefly describe the framework and how it is being applied.• Please provide the year when it was implemented OR evaluated/updated (if applicable).	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure		
		13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
		a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	
			<ul style="list-style-type: none">• Please insert a link to the policy OR please briefly describe the policy.• Please provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		<i>Choose an item.</i>		
		<i>Additional comments for clarification (if needed)</i>		

		Measure 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	
DOMAIN 7: MEASUREMENT, REPORTING A DIM O M T	TA DA D	Required Evidence	College Response
		a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement:
			<ul style="list-style-type: none">Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included OR list KPIs and rationale for selection.
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>

			Additional comments for clarification (if needed)	
		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e. the objectives set out in a College’s strategic plan); ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	
			<ul style="list-style-type: none">Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

Measure		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:	
	<ul style="list-style-type: none">Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities.	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
	Additional comments for clarification (if needed)	
Measure		
14.3 The College regularly reports publicly on its performance.		
a Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	
	<ul style="list-style-type: none">Please insert a link to the College’s dashboard or relevant section of the College’s website.	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
	Additional comments for clarification (if needed)	

Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College’s performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.

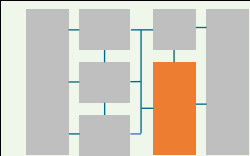
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College's own method: <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*			<p>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</p> <p>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2021. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13.1(a) of Standard 11.</p>
Type of QA/QI activity or assessment:		#	
i.	Self Assessment		
ii.	Professional Development Tool		
iii.	Peer and Practice Assessment		
iv.	<Insert QA activity or assessment>		
v.	<Insert QA activity or assessment>		
vi.	<Insert QA activity or assessment>		
vii.	<Insert QA activity or assessment>		
viii.	<Insert QA activity or assessment>		
ix.	<Insert QA activity or assessment>		
x.	<Insert QA activity or assessment>		

<p><i>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</i></p> <p><u>NR</u></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

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Table 2 – Context Measures 2 and 3

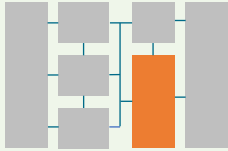
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item.			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	What does this information tell us? If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.
CM 2. Total number of registrants who participated in the QA Program CY 2021			
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021.			The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2021, understanding that some cases may carry over.
NR			
Additional comments for clarification (if needed)			

Table 3 – Context Measure 4

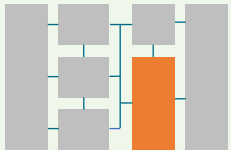
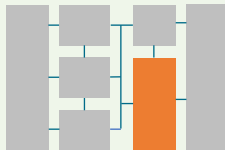
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College’s own method: <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2021:**	#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation*			
II. Registrants still undertaking remediation (i.e. remediation in progress)			
NR * This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021. **This number may include any outcomes from the previous year that were carried over into CY 2021.			
Additional comments for clarification (if needed)			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
Standard 13					
Statistical data is collected in accordance with the recommended method or the College’s own method: Choose an item.					
If a College method is used, please specify the rationale for its use:					
Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2021	Formal received		Complaints		<p><i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</i></p>
			Registrar initiated		
Themes:	#	%	#	%	
I. Advertising					
II. Billing and Fees					
III. Communication					
IV. Competence / Patient Care					
V. Intent to Mislead including Fraud					
VI. Professional Conduct & Behaviour					
VII. Record keeping					
VIII. Sexual Abuse					
IX. Harassment / Boundary Violations					
X. Unauthorized Practice					
XI. Other <please specify>					
Total number of formal complaints and Registrar’s Investigations**		100%		100%	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2021		<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee.</i>
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2021		
CM 8.	Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2021		
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2021**:	# %	
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)		
II.	Formal complaints that were resolved through ADR		
III.	Formal complaints that were disposed of by ICRC		
IV.	Formal complaints that proceeded to ICRC and are still pending		
V.	Formal complaints withdrawn by Registrar at the request of a complainant		
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious		

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee			
<div><div><div>ADR</div><div>Disposal</div><div>Formal Complaints</div><div>Formal Complaints withdrawn by Registrar at the request of a complainant</div><div>NR</div><div>Registrar’s Investigation</div></div><div><div>#</div><div>May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</div></div><div><div>**</div><div>The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</div></div><div>Additional comments for clarification (if needed)</div></div>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
Standard 13							
Statistical data collected in accordance with the recommended method or the College’s own method: <i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021	30						
Distribution of ICRC decisions by theme in 2021*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising							
II. Billing and Fees							
III. Communication							
IV. Competence / Patient Care							
V. Intent to Mislead Including Fraud							
VI. Professional Conduct & Behaviour							
VII. Record Keeping							
VIII. Sexual Abuse							
IX. Harassment / Boundary Violations							

X.	Unauthorized Practice						
XI.	Other <please specify>						
<p><i>* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2021.</i></p> <p><i>++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.</i></p> <p>NR</p> <p>What does this information tell us? <i>This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.</i></p> <p><i>Additional comments for clarification (if needed)</i></p>							

Table 7 – Context Measure 11

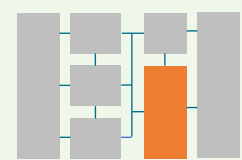
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College own method: If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.	
I. A formal complaint in working days in CY 2021		The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.	
II. A Registrar’s investigation in working days in CY 2021			
Disposal			
Additional comments for clarification (if needed)			

Table 8 – Context Measure 12

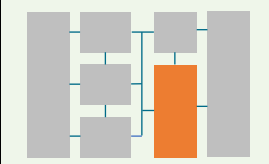
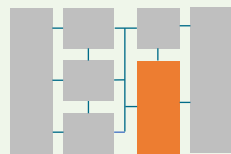
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College’s own method: <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 12. 90th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.	
I. An uncontested discipline hearing in working days in CY 2021		The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.	
II. A contested discipline hearing in working days in CY 2021			
Disposal Uncontested Discipline Hearing Contested Discipline Hearing			
Additional comments for clarification (if needed)			

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13



Statistical data collected in accordance with the recommended method or the College’s own method:

If College method is used, please specify the rationale for its use:

Context Measure (CM)	
CM 13. Distribution of Discipline finding by type*	
Type	#
I. Sexual abuse	
II. Incompetence	
III. Fail to maintain Standard	
IV. Improper use of a controlled act	
V. Conduct unbecoming	
VI. Dishonourable, disgraceful, unprofessional	
VII. Offence conviction	
VIII. Contravene certificate restrictions	
IX. Findings in another jurisdiction	
X. Breach of orders and/or undertaking	
XI. Falsifying records	
XII. False or misleading document	
XIII. Contravene relevant Acts	

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.

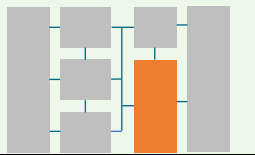
* *The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

Additional comments for clarification (if needed)

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Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College own method: <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>
Type	#	
I. Revocation		
II. Suspension		
III. Terms, Conditions and Limitations on a Certificate of Registration		
IV. Reprimand		
V. Undertaking		
<i>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may may not equal the total number of discipline cases.</i> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR		
<i>Additional comments for clarification (if needed)</i>		

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professionals Act, 1991* (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 4](#), [Table 5](#)

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Return to: [Table 10](#)

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

Ordre des praticiens en médecine traditionnelle
chinoise et des acupuncteurs de l'Ontario

Request for Proposals for Strategic Planning Consultant

Issue Date:

Proposal Submission Deadline:





1. INTRODUCTION

The College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the “College”) is seeking consulting services to guide the development of its next three-year Strategic Plan.

The College is the governing body established by the government of Ontario under the [Regulated Health Professions Act, 1991](#) (RHPA), and the [Traditional Chinese Medicine Act, 2006](#). The College’s mandate is to regulate traditional Chinese medicine (TCM) practitioners and acupuncturists in the public interest.

A Strategic Plan is developed by Council every three years to determine the direction for the College. The last strategic planning session was held in March 2018 creating the strategic direction for the 2018 – 2021 (Appendix A). The strategic plan of the College is currently expired, and the development of a new one had been put on hold due to Council being unconstituted¹. In preparation of Council becoming constituted in the future, the College is now seeking a consultant to facilitate a new strategic plan that aligns with its mandate, vision and the expectations of the public, government and stakeholders.

2. DEFINITIONS

Throughout this RFP, the following definitions apply:

“Contract” means the written agreement resulting from this RFP to be executed by the College and the Contractor.

“Contractor” means the successful Proponent to this RFP who enters into a written Contract with the College.

“Must” or “mandatory” means requirement that must be met in order for a Proposal to receive consideration.

“Proponent” means an individual or a company that submits, or intends to submit, a Proposal in response to this RFP.

“Request for Proposals” or “RFP” means the process described in this document.

“Should” or “desirable” means a requirement having a significant degree of importance to the objectives of the RFP.

¹ Subsection 6(1)(b) of the *Traditional Chinese Medicine Act, 2006* mandates that Council shall be composed of at least five and no more than eight persons appointed by the Lieutenant Governor in Council who are not members, members of a College, or members of a Council as defined in the *Regulated Health Professions Act, 1991*. Council is unconstituted due falling below the minimum number of five public members.



3. PROJECT REQUIREMENTS AND DELIVERABLES

3.1. Summary of the Project

The College is seeking an independent Consultant to lead the development of an updated three-year Strategic Plan that will help the College deliver on its mandate to regulate the profession in the public interest.

3.2. Project Deliverables

The successful Proponent is expected to deliver the following:

- Environmental scan of trends relevant to professional regulatory bodies.
- Strategic planning with College Council to develop a three-year strategic plan.
- Summary document that captures decisions made at planning session(s). Document will be made available publicly on the College website.

3.3. Reporting and Approval Requirements

The successful Proponent will meet with the College staff and develop timelines and methodology to carry out the project. They will compile/present information and will prepare reports and recommendations for the Executive Committee and Council.

Reports prepared by the successful Proponent are to be submitted by email to:

Registrar and CEO at registrar@ctcmpao.on.ca

The Registrar and CEO of the College, or the designated staff will distribute reports and communications from the Proponent to the Executive Committee and/or Council for consideration and approval.

3.4. Project Timelines

The expected project timeline will be in the period of **date**.

4. GENERAL REQUIREMENTS

This Section describes the project/service elements that the College will require the successful Proponent to provide. The Proponent should address each element listed below indicating how it will meet the College's needs.

4.1. General Requirements

The Proponent should demonstrate an understanding of the project's objectives and should describe the approaches the Proponent will take to meet the College's requirements.



The scope and deliverables of this assignment are outlined in Section 3, Project Requirements and Deliverables.

4.2. Qualification/Personnel Requirements

The Proponent should include a detailed description of the relevant qualifications, skills and experience of person(s) who will be assigned to provide the services. A resume or CV should be included with the description.

4.3. Proposed Work-Plan and Timeframe for Project Completion/Service Delivery

The Proponent should provide a detailed work plan of the project/services it will provide including all tasks, milestones and timeframes.

The timeframe for this project is expected to adhere to the requirements noted in Section 3.4 Project Timelines.

4.4. Cost Estimates/Budgets

The Proponent should:

- i. Provide his/her consulting fees on a per diem rate at seven and a quarter hours per calendar day;
- ii. Set out separately all anticipated expenses, including travel expenses, which shall be in accordance with Ontario government eligibility rules and rates; and
- iii. Calculate the total cost of the project/services to be provided.

5. PROPOSAL SUBMISSION PROCEDURES

5.1. Submission of Proposal

To be eligible for consideration, Proponents must submit one signed Proposal marked "original" on or before **date**, at 5:00 p.m. EST. The College will not consider any Proposals received after the closing time. The proposal is to be submitted by email to:

Registrar and CEO at registrar@ctcmpao.on.ca

5.2. Questions and Enquiries

Proponents, who have read this Request for Proposals (RFP) and are interested in responding may direct questions or request additional information in writing by email to Ann Zeng, Registrar and CEO at registrar@ctcmpao.on.ca.

The questions must be submitted by **date**. Received questions and responses will be disseminated to all Proponents by email, prior to the Proposal submission deadline. The



College is not responsible for any misunderstanding on the part of the Proponent and is under no obligation to provide additional information but may do so at its sole discretion.

5.3. The College's Right to Amend, Supplement or Cancel RFP

The College, without liability, cost or penalty, may at any time cancel, amend or supplement this RFP. Any material amendments or supplements to the RFP will be communicated in a timely fashion to all Proponents

5.4. Disqualification of Proposals on Grounds of Faulty Submission

The College, without liability, cost or penalty, in its sole discretion, may disqualify any Proposal before the Proposal is fully evaluated if:

- i. It contains incorrect information;
- ii. It does not include all required elements as noted in this RFP;
- iii. The Proponent misrepresents any information provided in its Proposal;
- iv. The Proposal reveals a conflict of interest as per Section 6.3, Conflict of Interest; or
- v. The Proposal does not otherwise comply with the terms of the RFP.

5.5. Amending or Withdrawing Proposals Prior to Proposal Submission Deadline

At any time prior to the Proposal submission deadline, a Proponent may amend or withdraw a submitted Proposal. Any amendment must clearly indicate what part of the Proposal the amendment is intended to replace.

A notice of amendment or withdrawal must be signed and sent prior to the Proposal submission deadline to:

Registrar and CEO at registrar@ctcmpao.on.ca

6. FORMAT OF THE PROPOSAL

6.1. Proposal Format Checklist

The Proposal should:

- i. Submit one signed Proposal marked "original" by **date**, at 5:00 p.m. EST.
- ii. Include all required elements as described in the RFP;
- iii. Include a description of the Proponent's ability to satisfy the requirements of the RFP; and
- iv. Include a detailed cost for the proposed services.



6.2. Proponent Information

The Proposal should provide/state:

- i. Name, mailing address, email address, telephone and facsimile numbers of the contact person(s) for the Proponent;
- ii. Proponent's legal name and any other name under which it carries on business.

6.3. Conflict of Interest

The Proponent must confirm in its Proposal that the Proponent:

- i. Does not and will not have any conflict of interest (actual or perceived) in submitting its Proposal or, if selected, with the contractual obligations as Contractor under the Agreement. Where applicable, a Proponent must declare in its Proposal any situation that may be a conflict of interest in submitting its Proposal.

The Proponent must confirm that the Proponent neither has nor has had access to any Conflict of Interest Confidential Information as defined below:

- ii. "Conflict of Interest Confidential Information" refers to confidential information of the College other than confidential information disclosed to Proponent in the normal course of the RFP. The Conflict of Interest Confidential Information is relevant to the project/services required by the RFP and the RFP evaluation process, and the disclosure for which could result in prejudice to the College or an unfair advantage to the Proponent.
- iii. "Confidential Information" means information, data, material and items in any form supplied to the Proponent by the College or otherwise acquired by the Proponent in connection with this RFP, whether supplied to or acquired by the Proponent before or after the issuance of this RFP, as well as all software and deliverables supplied or created by the Proponent.

The successful Proponent will be expected to sign a confidentiality agreement and will be subject to section 36 of the RHPA (confidentiality provisions).

All Confidential Information is the property of the College, unless indicated otherwise.

The Proponent shall ensure that it:

- i. Holds Confidential Information in confidence;
- ii. Does not disclose Confidential Information without prior written authorization from the College;



- iii. Upon request returns Confidential Information to the College within ten calendar days after any request; and
- iv. Upon request returns all Confidential Information to the College within ten calendar days after the announcement of the qualified Proponent.

The Proposal of any Proponent may be disqualified, or if the Proposal is accepted, can be cancelled, where the Proponent fails to provide confirmation of the foregoing or makes misrepresentations regarding any of the above.

7. EVALUATION PROCESS

The objective of the evaluation process is to identify the Proposal(s) that most effectively meet(s) the requirements of the RFP, based on the evaluation criteria.

7.1. Evaluation Process

The College shall evaluate all Proposals that have not been disqualified for the reasons set out in Section 5.4, Disqualification of Proposals.

7.2. Evaluation of Overall Presentation of Proposal and General Requirements of the RFP

The College will evaluate the Proponent's Proposal based on the rated criteria with respect to the requirements of the RFP provided for in Section 3, Project Requirements and Deliverables, and check references provided by selected Proponents. Further details concerning this evaluation are provided in Section 9, Evaluation Criteria.

The College reserves the right to communicate with Proponents as necessary during the evaluation process. Not all Proponents may be communicated with in the same manner or to the same extent.

The College without liability, cost, or penalty, may, in its sole discretion, at any stage, do one or more of the following:

- i. Qualify any Proponent;
- ii. Not qualify any Proponent;
- iii. Cancel the RFP;
- iv. Issue a new RFP; or
- v. Short-list one or more Proponents for further evaluation.

8. CONTRACT



Subject to satisfactory reference checks and completed security clearances, any qualified Proponent will be required to enter into an acceptable written contract with the College before final selection. The College may, in its sole discretion, enter into preliminary discussions with the Proponent with the aim of expediting the finalization of the contract and any negotiations.

9. EVALUATION CRITERIA

Each Proponent's submitted Proposal will be evaluated based on the following criteria:

Experience and Qualifications (40%)

- Proven experience in strategic planning and facilitation with non-profit organizations
- Proven experience and knowledge related to board governance and professional regulation
- Experience working with boards, staff and key stakeholders

Work Plan (40%)

- Understanding of the project requirements
- Realistic timelines and costs for each component of the workplan
- Thoroughness/quality of the submission

References (20%)

- Proven ability to meet timelines and delivery expectations
- Responsiveness to client needs and flexibility
- Reliability and professionalism

The questions below have been provided to indicate the kinds of considerations the College will make when evaluating Proposals. This list may not be exhaustive. The questions have been organized to correspond to the requirements provided for in Section 3, Project Requirements and Deliverables and Section 4, General Requirements.

9.1. Evaluation of the General Requirements

Does the Proponent describe the project/services in such a way that the Proponent demonstrates an understanding of the project/services?

9.2. Evaluation of Qualifications

Do the qualifications, skills and experience of the Proponent appear to be appropriate and sufficient to meet the College's needs?



9.3. Evaluation of Proposed Work Plan and Timeframe for Project Completion/Service Delivery

Does the work plan and timeframe address and meet the College's needs?

9.4. Evaluation of Cost Estimates/Budgets

How does the total cost of the project compare with the costs shown in other Proposals and does it fit within the College's budgetary allocation for this project? Cost is not the only consideration and the lowest bid may not necessarily be the successful one.

DRAFT



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

Ordre des praticiens en médecine traditionnelle
chinoise et des acupuncteurs de l'Ontario

APPENDIX A

[2018-2021 Strategic Plan](#)

DRAFT

Meeting Date:	March 21, 2022
Issue:	Governance Reform Consultation
Reported By:	Ann Zeng and Sean Cassman
Action:	Information and Discussion

Issue

The Ministry has released their proposals for governance reform, and are asking for college input on them.

Public Interest Rationale

There has long been discussion on the effectiveness of the current college governance structure and its ability to uphold the public interest. The Ministry is making moves to better enable colleges to fulfill their mandates through governance reforms.

Background

College staff have previously reported that the Ministry intends to make changes to college governance practices, and that we should expect a consultation on this. On January 26, 2022, the Ministry sent the considered governance reforms to colleges that include a number of proposals. They include:

Core Governance Considerations

1. Size of Councils between 10-12
2. Separate Councils and Committees
3. Selection Committee for professional members of Council and Committees
4. Professional members selected by Council
5. Consistency in expectations regarding term-limits and eligibility to sit on Council for professional members of Council
6. No executive committee of Council

House Keeping

1. Outdated, unused titles are no longer protected
2. Outdated provisions in profession specific acts are removed
3. Terminology updates

Modernization

1. Colleges subject to French Language Services Act
2. Colleges subject to the jurisdiction of the Auditor General
3. Options for the review of complaints and discipline decision making process

Reducing Barriers to Registration

1. Removal of Canadian experience requirements for internationally trained applicants
2. Time limits for registration decisions
3. Standardized requirements for demonstrating language proficiency
4. Expediting registration in emergencies

Integrating Oversight Systems and New Professions

1. Establishing the Authority and regulation of personal support workers

Colleges are asked a series of questions for each of these proposals, indicating this is a relatively focused consultation. Attached below is the consultation deck and the College's draft response.

The proposals outlined in the consultation deck would lead to significant change to the College's governance. Notably, professional members would not be selected by election, Council members would not be able to sit on Committees, and the size of Council would shrink and have equal number of professional members and public members (e.g. 5 professional members and 5 public members or 6 professional members and 6 public members). Aside from governance reform, the consultation includes a number of additional proposals that would affect the College.

The core governance considerations and house keeping items are in line with other governance modernization initiatives seen in other jurisdictions, and is in line with what was suggested to the Ministry in the initial consultation conducted in 2021. Our response to these proposals is based on previous discussion from Council members, legal advice received on governance, our governance review, the numerous governance reviews taken place in recent years, and staff review of their impact on the College. The College's response is generally supportive of these initiatives.

However, the other three considerations lack information, and in the opinion of staff, require more consultation once more details can be shared. Without additional information, we are not able to accurately assess how they will impact the College. Our response to the Ministry reflects this and has been reviewed and approved by the Executive Committee

Next Steps

While no timeline for these reforms have been given, Council should consider to begin preparing to adopt these, or similar, reforms. Staff will continue to monitor this or carefully and keep Council apprised of any update

encl Letter from ADM Court, Consultation Deck, Response Letter

Ministry of Health
Ministry of Long-Term Care

Assistant Deputy Minister
Strategic Policy, Planning & French Language
Services Division

438 University Avenue, 10th floor
Toronto ON M7A 2A5

Ministère de la Santé
Ministère des Soins de longue durée

Sous-ministre adjoint
Division des politiques et de la planification
stratégiques, et des services en français

438 avenue University, 10^e étage
Toronto ON M7A 2A5



January 26, 2022

Health Profession Regulatory Colleges
c/o
Beth Ann Kenny
Executive Coordinator
Health Profession Regulators of Ontario

On October 7, 2021, as part of the *Supporting People and Businesses Act* the Ontario government announced that the Ministry of Health (ministry) would be consulting on governance reforms for Ontario's health regulatory Colleges that would improve decision making, bolster transparency and further support high-quality health care for Ontarians.

I would like to thank the Colleges for their leadership and continued contributions to the ongoing work on college governance reform. The input the ministry received from colleges this past June was instrumental in moving this work forward.

At this time, the ministry is seeking health regulatory colleges' insight and feedback on reforms that the ministry is considering for government approval. Attached to this letter is a briefing deck that provides an overview of the reforms under consideration and some guiding questions for some of the areas on which we are seeking your input.

The ministry will be scheduling time to address any questions you may have about the proposals and would like to focus on some key areas of particular interest. We would request that you submit any written feedback you may have on the proposed reforms by **February 23, 2022**.

The ministry looks forward to our continued partnership as we embark on improving and strengthening the oversight system for health professions in Ontario.

Sincerely,

A handwritten signature in black ink, appearing to read "Sean Court".

Sean Court
Assistant Deputy Minister

Encl.

c. Allison Henry, Director



February 23, 2022

SENT VIA EMAIL

Dear ADM Sean Court,

Re: Response to Ministry of Health Consultation – Governance Reform and Regulatory Modernization

On behalf of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO), I am submitting our response to the January 26, 2022 governance reform consultation deck. This comes supplemental to the letter submitted by HPRO on behalf of all health regulatory colleges. This submission has been reviewed and approved by our Executive Committee, who have expressed their support.

We would like to extend our appreciation for the Ministry of Health's (MOH or Ministry) ongoing efforts and focus on the importance of governance reform and modernization of Ontario's regulatory health colleges. We welcome the opportunity to provide feedback on the Ministry's proposals.

In principle, CTCMPAO supports the ministry's efforts to undertake regulatory and governance reform. We believe there is an important need to update many aspects of the *RHPA* framework to ensure that regulatory health colleges are able to better fulfill their legislative mandate to regulate health professions and protect the public interest. We are pleased to see the proposals set out in the core governance considerations and housekeeping sections. We believe these changes will bring Ontario in line with best practices that have been emerging in other jurisdictions.

Taken together, the proposals included in the ministry's consultation document represent a major transformation of the regulatory and legislative approach of regulating health professionals in Ontario, while maintaining the *RHPA* framework. However, we are learning of many of these specific reforms and modernization proposals for the first time, particularly in the sections not related to governance, which propose adding several levels of external oversight. We are not able to provide complete review and final comment on these specific proposals, and ask that you conduct additional consultation once more information can be shared. As we note, many of the suggestions would require a duplication of work, and have far-reaching implications on the day-to-day operations of ours and other regulatory colleges, as well as major implications on our registrants and potential registrants. We would also ask that the Ministry provide more information on how CPMF requirements may change in light of these reforms.

CTCMPAO is a relatively new College, and has made significant progress in a short amount of time to begin regulating this profession. We look forward to continuing this work in the changing regulatory landscape, and making CTCMPAO aligned with best practices in regulation. However, we would like to reiterate the specific challenges we are facing due to a lack of public members, and how these reforms may affect us if we are not provided with sufficient appointees.

As you are aware, CTCMPAO has been operating without a constituted Council since November 26, 2019 due to an insufficient number of public members. While we thank the Ministry for assistance in



urgently appointing two new members on February 18, 2022, the College is still in deficit of public members (we will be short two appointees as of February 28, 2022). In lieu of a constituted Council, the College's Executive Committee has been acting for over two years on behalf of the Council to make urgent decisions. However, these decisions will require ratification by a fully-constituted Council once the Minister of Health appoints new public members, or risk losing effect. Should the Ministry proceed with its proposed governance reforms, specifically the elimination of Executive Committees and requirements for an equal proportion of professional and public members, CTCMPAO would be unable to fulfill its governance functions without an immediate infusion of Ministry-appointed public members, or some other solution from the Ministry that allows us to function. We will need significant support from the Ministry in the form of transition provisions, including sufficient time for colleges to be in a position to adopt all of the changes. In addition, to avoid this issue in the future, we recommend that college councils be able to continue to act even when they are not properly constituted.

We have enclosed a document providing an initial overview of our feedback, questions, additional information required, and concerns with the proposed reforms shared in the consultation document. We strongly encourage the Ministry to continue its engagement with Ontario's regulatory health colleges to address these considerations to ensure that this governance reform and regulatory modernization effort succeeds in our shared objective of enhancing college governance and better protecting the public.

We look forward to continuing to work together with the Ministry as you proceed on this important work, and welcome the opportunity for fulsome consultation, including additional information and details so we can further provide informed comments on these major reform proposals.

Sincerely,

Ann Zeng
Registrar and CEO

Cc:

Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH

Stephen Cheng, Manager, Strategic Regulatory Policy Unit, MOH

Council members of CTCMPAO

Encl: CTCMPAO's Response to the Governance Reform and Regulation Modernization Consultation

Meeting Date:	March 21, 2022
Issue:	Telepractice Guideline
Reported By:	Sean Cassman
Action:	For Decision

Issue

The creation of a telepractice guideline:

- to help members of the College understand the complexities of telepractice; and
- to help members determine if telepractice is an appropriate approach in their practice.

The guideline will highlight the key standards and regulations that apply to telepractice.

Public Interest Rationale

With a changing work and social environment, alternative methods to in-person service have become important considerations in providing healthcare. Telepractice is one of the methods that has grown in use in recent years. The goal of the telepractice Guideline is to help practitioners understand their responsibilities when providing care using telecommunication technologies. This is to ensure that practitioners engaged in telepractice comply with all existing practice requirements and provide safe, effective, and ethical care to patients.

Background

On November 26, 2021, the Telepractice Guideline consultation was sent for general stakeholder feedback. The survey received 86 total respondents, and is now closed. The full results are attached below. This is the first time the College engaged the Citizen Advisory Group (CAG) in an attempt to increase public feedback. The College received 2 responses from the public, which is more than we would typically get. In the future, if we wish for more public engagement, the CAG offers a paid service where we can guarantee a minimum number of public respondents.

In general, there were no major disagreements or confusion with any section. We did receive specific feedback suggesting that more education be done on the topic, such as webinars. There were also a few comments looking for more information on confidentiality and security. One respondent suggested that members would benefit using a multifactorial identification before discussion confidential information. The College may want to consider addressing this issue in the future.

The Quality Assurance Committee has reviewed the survey results and approved the guideline without any revisions. It is now being brought for Council review.

Next Steps

Council vote on approval of the guideline.

ncl Telepractice Guideline, ur e e ult



DRAFT Telepractice Guideline

Version 7.0
October 2021

1. Introduction

With a changing work and social environment, alternative methods to in-person service have become important considerations in providing healthcare. Telepractice is one of the methods that has grown in use in recent years.

In the Spring of 2020, the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO) developed a position statement on telepractice. The College developed the position statement as a temporary measure to provide guidance on telepractice as an alternative to in-person service during the COVID-19 pandemic. However, as technology evolves and is increasingly integrated into the provision of healthcare services, it is expected that telepractice will become a more prominent model of care. Building on the June 1, 2020 position statement, this guideline is designed to provide a more comprehensive overview that will help practitioners understand their responsibilities when providing care using telecommunication technologies.

Telepractice (also called virtual practice) can be defined as the use of telecommunications technology to deliver healthcare services without direct contact between the practitioner and the patient. While technology continues to change, some examples of technology used in telepractice include telephone, email and video conferencing.

It is important to note that this guideline cannot address all situations that may arise with the use of telepractice. Members engaging in telepractice are expected to stay informed on relevant changes to regulations, standards, and policies and to use their knowledge, skill and judgment to ensure they comply with the expectations of the College.

For the purposes of this guideline, members of CTCMPAO will be referred to as “practitioners.”

Key points

- **Practitioners engaged in telepractice are accountable for the care they provide to their patients. They must use their professional judgement to assess on a case-by-case basis if the use of telepractice is in the patient's best interest.**
- **Practitioners engaged in telepractice must comply with all existing practice requirements, including the profession's scope of practice, the standards of practice, and any relevant regulations.**
- **Practitioners who engage in telepractice must ensure they have the competencies (knowledge, skills, and judgment) to provide safe and effective virtual care to their patients.**

The College would like to thank the members of the Quality Assurance Committee for their ongoing guidance and for providing the necessary vision for the development of this guideline

2. Traditional Chinese Medicine (TCM) and Telepractice

The [Traditional Chinese Medicine Act, 2006](#), defines the scope of traditional Chinese medicine as the assessment of body system disorders through traditional Chinese medicine techniques and treatment using traditional Chinese medicine therapies to promote, maintain or restore health.

In the context of traditional Chinese medicine, the primary benefit of telepractice is ensuring the continuity of care and accessibility. Providing virtual care can improve accessibility when, for example, physical contact is discouraged due to a health pandemic, there is a shortage of practitioners in a geographical region, or when patients have transportation or mobility issues. However, it should be noted, telepractice has its limitations. For example, TCM practitioners and acupuncturists rely on several diagnostic methods to conduct patient assessments. This includes physically assessing patients by palpitation or pulse examination. In the case of telepractice, these physical assessment methods are not feasible. In addition, telepractice limits the number of modalities used in traditional Chinese medicine; these include, for example, acupuncture, cupping, gua sha, and tui na.

Taking into consideration both the limitations and benefits of telepractice, practitioners must use their professional judgement to determine on a case-by-case basis:

- If telepractice is appropriate and in the best interest of the patient?
- If the virtual examination is sufficient to formulate a TCM diagnosis and treatment plan? Or if other diagnostic methods are more appropriate for the particular patient?
- If treatments available through telepractice are the best options for the patient's condition?

Practitioners must also consider if they have the skills and competencies required to treat patients remotely. For example, do they have the communication skills to obtain the necessary information through questioning? Further, do they have the necessary technological equipment to effectively provide TCM care via telepractice?

If a practitioner determines that virtual care is appropriate for a particular patient, they will need to ensure that there is a plan in place to deal with unforeseen and adverse events such as medical emergencies or technological/connection problems.

The following list includes examples of TCM services that may be provided via telepractice:

- Initial assessment and monitoring - in addition to a review of the patient's medical history, diet, lifestyle and habits a practitioner, may use the TCM diagnostic technique of inquiry and observation to collect information to determine a TCM diagnosis.
- Home-based modalities – for example, in some cases, it may be appropriate to guide the patient to perform acupressure or practice therapeutic exercises such as tai ji or qi gong.
- Herbal medicine – if the practitioner is able to collect the required information to determine a TCM diagnosis, a herbal prescription can be prescribed to proceed with an herbal treatment of the patient.
- Dietary therapy and lifestyle advice – similarly, when appropriate, practitioners may provide dietary and lifestyle advice remotely.

NOTE: Telepractice is not acceptable in the following two scenarios:

- **Clinical Experience Requirement** - Applicants for registration are required to complete a program of clinical experience in the profession, which involves specified hours of direct patient contact. It is the College's position that all supervised clinical training must be provided in person. The clinical experience requirement cannot be satisfied through telepractice.
- **Supervised Practice Requirements** - Some members of the College may be required to practice under supervision. It is the College's position that the supervisor and the practitioner being supervised are, at all times, physically present at the treatment location. The supervised practice requirement cannot be satisfied through telepractice.

3. Jurisdictional Considerations and Registration Requirements

The jurisdiction for the traditional Chinese medicine practice is dependant on a variety of factors, including the location of the patient and the practitioner. A practitioner must be registered with CTCMPAO to preform any of the controlled acts ¹authorized to the profession or use the protected titles in Ontario. Although acupuncture cannot be provided via telepractice, communicating a TCM diagnosis can occur. Therefore, a practitioner must be registered in Ontario to communicate a TCM diagnosis to a patient in Ontario. For example, if a practitioner based in British Columbia were to communicate a TCM diagnosis to a patient in Ontario, they would have to be registered with CTCMPAO.

CTCMPAO members treating patients residing outside of Ontario must comply with the registration/licensing requirements in Ontario **and** the jurisdiction where the telepractice service will be provided. For example, if a CTCMPAO member were to provide remote care to a patient in British Columbia, the practitioner would be expected to abide by the regulations and standards in Ontario and British Columbia. Practitioners should also check with their professional liability insurance provider to ensure that they have proper coverage for providing care to patients located outside of Ontario.

4. Privacy and Confidentiality

Practitioners must maintain the privacy of all patient personal health information as required by the *Personal Health Information Protection Act, 2004* (PHIPA) and the *Personal Information Protection and Electronic Documents Act* (PIPEDA). These requirements apply to both in-person and virtual care. Under PHIPA, practitioners are expected to take steps to ensure that personal health information is protected against theft, loss and unauthorized use or disclosure. Practitioners must also follow the law

¹ CTCMPAO Members are authorized to perform two controlled acts:

1. Communicating a traditional Chinese medicine diagnosis identifying a body system disorder as the cause of a person's symptoms using traditional Chinese medicine techniques.
2. Performing a procedure on tissue below the dermis and below the surface of a mucous membrane for the purpose of performing acupuncture.

for collecting, using, and sharing personal health information. PHIPA sets out when a member must ask for consent to collect, use, and disclose personal health information.

Practitioners are ultimately responsible for ensuring virtual care is provided in a manner that protects patients' confidentiality and the privacy of their personal health information. To this end, practitioners must ensure that the technology and devices they use (e.g., laptops or phones) do not allow for accidental access of patient information to unauthorized parties. Practitioners should also evaluate if the patient's physical setting and their own setting provide a safe, secure and confidential environment. Phone calls and videoconferencing sessions should not be recorded unless the practitioner has the patient's consent and can ensure the recording is stored properly.

Note: Telepractice visits should only be conducted in a private space so that the privacy and confidentiality of the patient's personal health information are not compromised. Practitioners should take measures to ensure that an unintended third party cannot overhear their conversations with patients at either end of the conversation.

It is crucial that patients understand the risks of receiving treatment by telepractice and provide consent before proceeding. For more information, see the Consent to Treatment section below.

The Information and Privacy Commissioner of Ontario developed a fact sheet for Privacy and Security Considerations for Health Care Visits. Although, the fact sheet applies primarily to public sector and government organizations, many of the recommendations included in the document also apply to practitioners as health information custodians. Practitioners providing virtual care are strongly encouraged to review the guide.

NOTE: When providing clinical advice or treatment information by email, practitioners should consider whether it's appropriate for the patient to receive this information electronically. Using encryption and password protection, a secure internet connection, and limiting how much personal health information is sent, may help to improve the safety and security of transmitting patient health information. For more information, see the Information and Privacy Commissioner of Ontario (IPC) [Fact Sheet: Communicating Personal Health Information by Email](#).

At the start of the virtual visit, practitioners should verify the patient's identity. The practitioner's identity, location, and CTCMPAO registration status should also be confirmed. If anyone else is present with the practitioner, it is important to ensure that they are introduced and that the patient consents to them being present during the visit. Practitioners should also check if anyone is accompanying the patient and, if so, confirm the patient's consent.

5. Technology

The College cannot recommend a specific technology provider; practitioners are expected to choose the communication technologies that are most appropriate for their practice.

Practitioners engaged in telepractice must understand the capabilities and limitations of the technology they choose such as security, data storage and technical trouble shooting. Any technology that is used to

provide virtual care must meet the *Personal Health Information Protection Act, 2004* (PHIPA) requirements. PHIPA sets out the rules about the collection, use and disclosure of personal health information. These rules apply to all health information custodians in Ontario and to all individuals and organizations that receive personal health information from health information custodians. Under PHIPA, health information custodians must implement technical, physical and administrative safeguards to protect personal health information. The Information and Privacy Commissioner of Ontario (IPC) provides examples of different measures to safeguard privacy, for example:

- Administrative Safeguards: privacy and security policies and procedures, staff training and confidentiality agreements, using professional (not personal) email accounts
- Technical Safeguards: strong authentication and access controls, strong passwords and encryption, maintaining up-to-date software, firewalls and anti-malware scanners
- Physical Safeguards: controlled access to locations where personal information is stored, Keeping portable devices in secure location

For more information, please see the [Guide to the Personal Health Information Protection Act](#).

Practitioners must ensure that they have the skills and training in the use of the telecommunication technology and that they have access to appropriate technical support. Practitioners should also consider the patient's needs, reliability and security of their devices (e.g., home computer, laptop, tablet, or cellphone), internet access, and access to technical support.

Note: At the outset of a telepractice visit/session, practitioners should arrange for alternate means of contact in case of technical difficulties/connection loss.

6. Consent to Treatment

The requirement for practitioners to obtain patients' consent for treatment is the same for telepractice and in-person patient care. However, in addition to receiving informed consent to provide treatment, practitioners should also obtain informed consent from patients to conduct an appointment via telepractice. In order to obtain informed consent before providing treatment through telepractice, practitioners must inform the patient about the risks, scope and limitations of telepractice. Practitioners must also have the patient's consent to collect, use and disclose personal health information using telecommunication technologies.

Note: Before providing a telepractice treatment, practitioners should ensure that the patient is aware of the **risks associated with providing services in ways other than in-person interactions**.

Once the telepractice session begins, practitioners must obtain the patient's informed consent before treatment. Consent is an ongoing process; practitioners should re-confirm consent at each visit/session and ensure that patients understand their right to withdraw consent. Practitioners must document consent in the patient's file.

For more information, please see the [Standard for Consent](#) and the *Health Care Consent Act, 1996*.

7. Record Keeping

Practitioners engaged in telepractice are required to maintain patient records in accordance with the College's Standard for Record Keeping. Practitioners must maintain comprehensive clinical records and document all patient encounters that take place through telepractice. If applicable, patient records should clearly indicate that a service was provided remotely.

For more detailed information, please see the [Standard for Record Keeping](#) and [Record Keeping Guideline](#).

8. Fees and Billing

Practitioners are already required to advise patients of fees prior to providing treatment. Practitioners are also expected to advise their patients (upfront) of any additional fees associated with telepractice. The fee information must be clear and should not be misleading or hard to understand.

Invoices should be an accurate representation of the service provided to the patient. If applicable, an invoice should indicate that a service was provided remotely. Practitioners should advise their patients to check that insurance providers cover services provided by telepractice.

For more information, please see the [Standard for Advertising and the Advertising Guideline](#).

9. Maintaining Professional Boundaries

Practitioners must establish and maintain professional boundaries with their patients and be aware of the potential for boundary violations.

Telepractice may provide opportunities for more informal types of interaction, which may lead to potential boundary crossings. For example, suppose a practitioner allows for text messaging with patients. In that case, they should carefully consider their expectations of how and when they will use and respond to text messages from their patients. Members will also want to remember and consider how these text messages are incorporated into the patient record.

Practitioners should also pay attention to the environment where telepractice will occur and avoid any personal items that may increase the risk for boundary crossings or violations.

For more information, please refer to the [Standard for Maintaining Professional Boundaries](#).

10. Professional Liability Insurance

Practitioners are required to maintain Professional Liability Insurance coverage as specified in the College By-Laws. When engaged in telepractice, practitioners must ensure that their PLI policies offer adequate coverage for that type of service delivery. For more information, please see the [Professional Liability Insurance Policy](#).

References

College of Naturopaths of Ontario

- [Regulatory Guidance: Telepractice - Providing Naturopathic Care at a Distance](#)
- [Telepractice Guideline](#)

College of Occupational Therapists of Ontario: [Guidelines for Telepractice in Occupational Therapy](#)

College of Optometrists: [Telehealth Policy for Optometrists](#)

College of Physiotherapists of Ontario

- [Virtual Practice](#)
- [Virtual Practice FAQs](#)

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

- [PRACTICE STANDARD: Tele-Practice During the Coronavirus \(COVID-19\) Pandemic](#)
- [College's Statement Regarding Tele-Practice During the COVID-19 Pandemic](#)

Information and Privacy Commissioner of Ontario

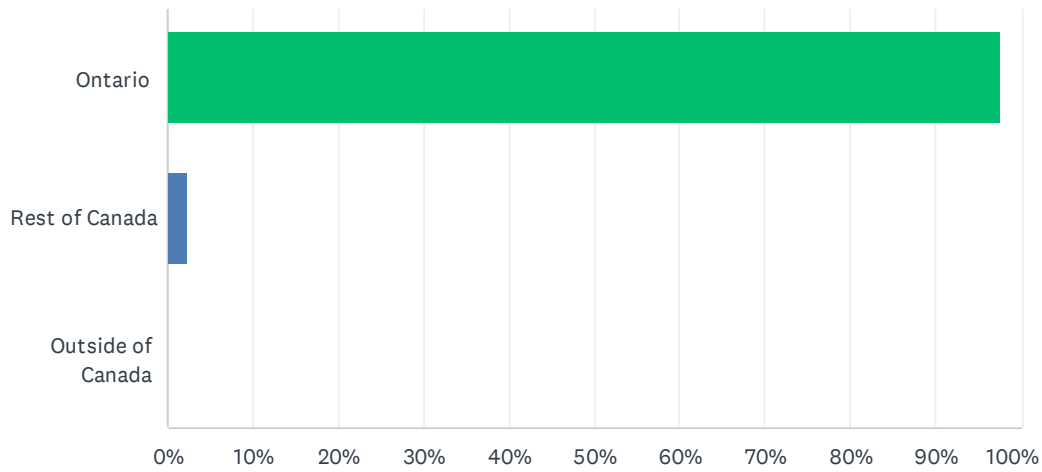
- [A Guide to the Personal Health Information Protection Act](#)
- [Privacy and security considerations for virtual health care visits](#)
- [Recent PHIPA Amendments and Privacy/Security Considerations for Virtual Care](#)

Ontario College of Social Workers and Social Service Workers

- [Frequently Asked Questions](#)

Q1 Do you live in...

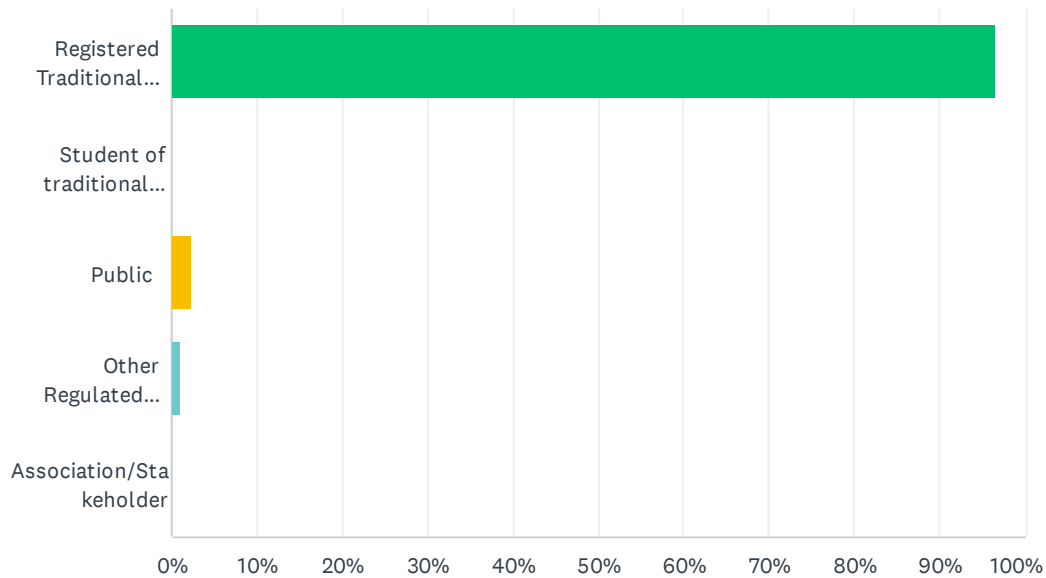
Answered: 86 Skipped: 1



ANSWER CHOICES	RESPONSES	
Ontario	97.67%	84
Rest of Canada	2.33%	2
Outside of Canada	0.00%	0
TOTAL		86

Q2 Are you a ...? (Select one)

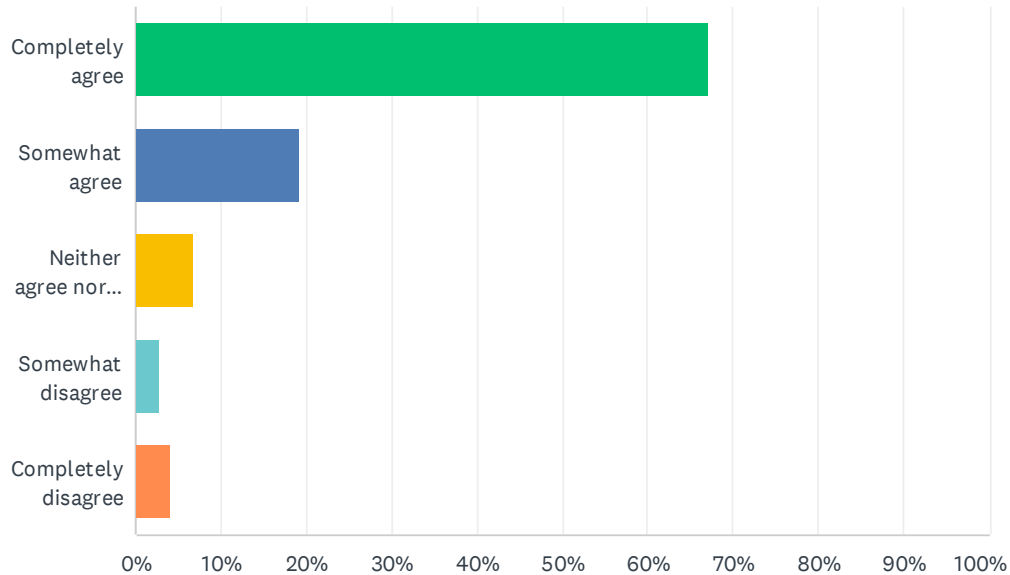
Answered: 86 Skipped: 1



ANSWER CHOICES	RESPONSES	
Registered Traditional Chinese Medicine Practitioner/Registered Acupuncturist	96.51%	83
Student of traditional Chinese Medicine	0.00%	0
Public	2.33%	2
Other Regulated Health Professional	1.16%	1
Association/Stakeholder	0.00%	0
TOTAL		86

Q3 It is clear what members must consider before engaging in telepractice.

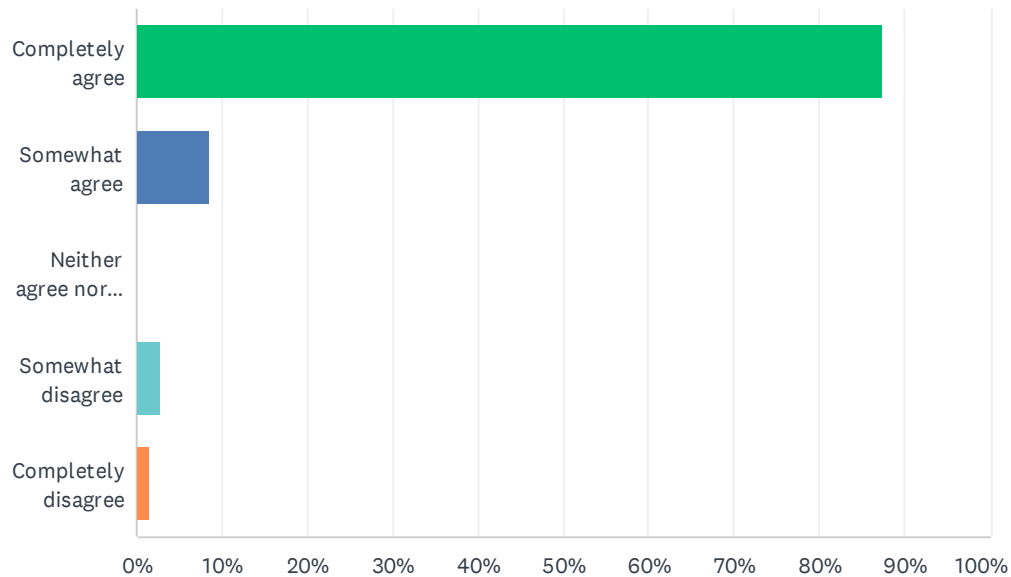
Answered: 73 Skipped: 14



ANSWER CHOICES	RESPONSES	
Completely agree	67.12%	49
Somewhat agree	19.18%	14
Neither agree nor disagree	6.85%	5
Somewhat disagree	2.74%	2
Completely disagree	4.11%	3
TOTAL		73

Q4 It is clear that a practitioner must be registered in Ontario to communicate a TCM diagnosis to a patient in Ontario.

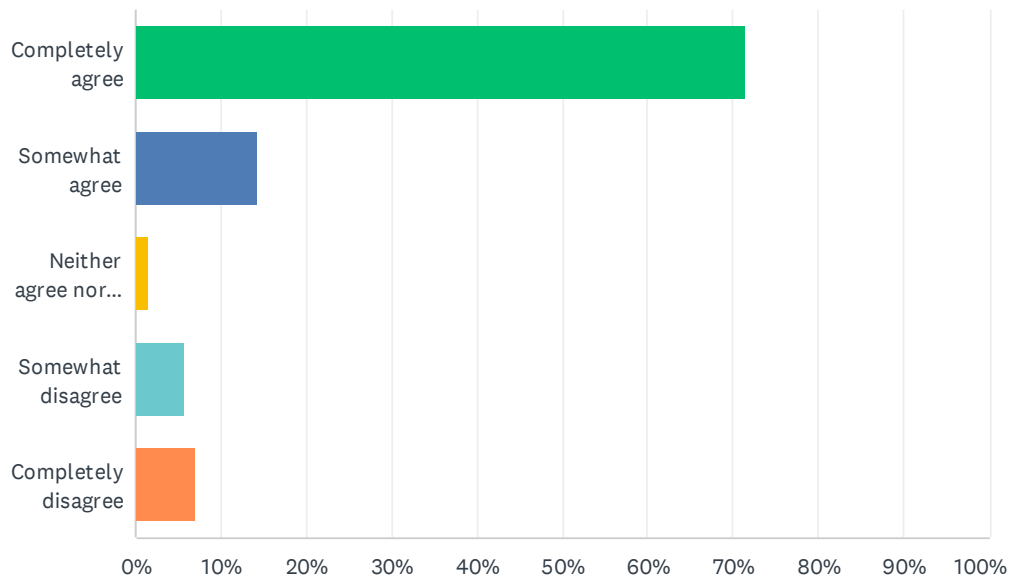
Answered: 71 Skipped: 16



ANSWER CHOICES	RESPONSES	
Completely agree	87.32%	62
Somewhat agree	8.45%	6
Neither agree nor disagree	0.00%	0
Somewhat disagree	2.82%	2
Completely disagree	1.41%	1
TOTAL		71

Q5 It is clear that members treating patients that reside outside of Ontario must comply with the registration/licensing requirements in Ontario and the jurisdiction where the telepractice service will be provided.

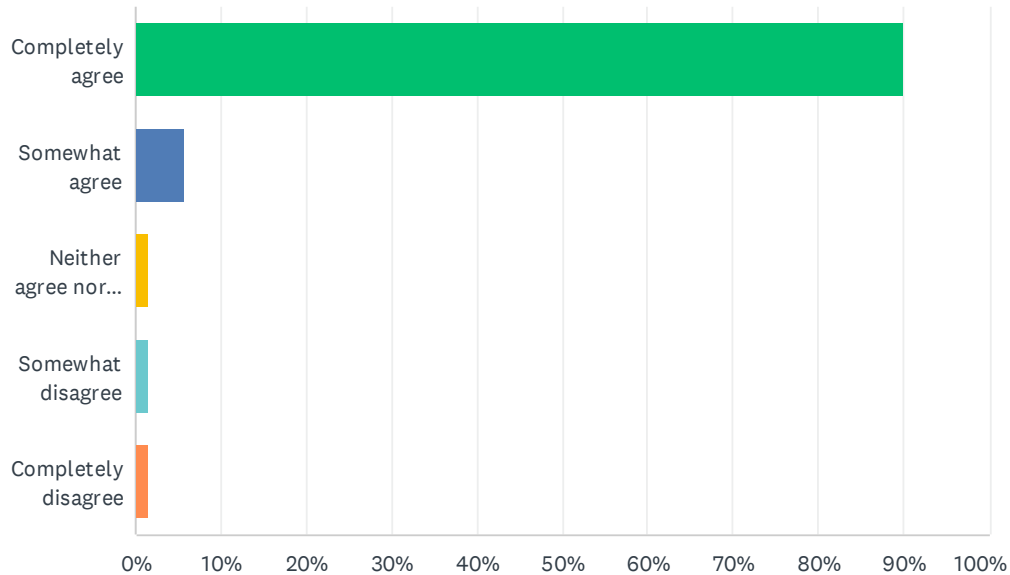
Answered: 70 Skipped: 17



ANSWER CHOICES	RESPONSES	
Completely agree	71.43%	50
Somewhat agree	14.29%	10
Neither agree nor disagree	1.43%	1
Somewhat disagree	5.71%	4
Completely disagree	7.14%	5
TOTAL		70

Q6 It is clear that members must be aware of additional privacy and confidentiality concerns when engaging in telepractice.

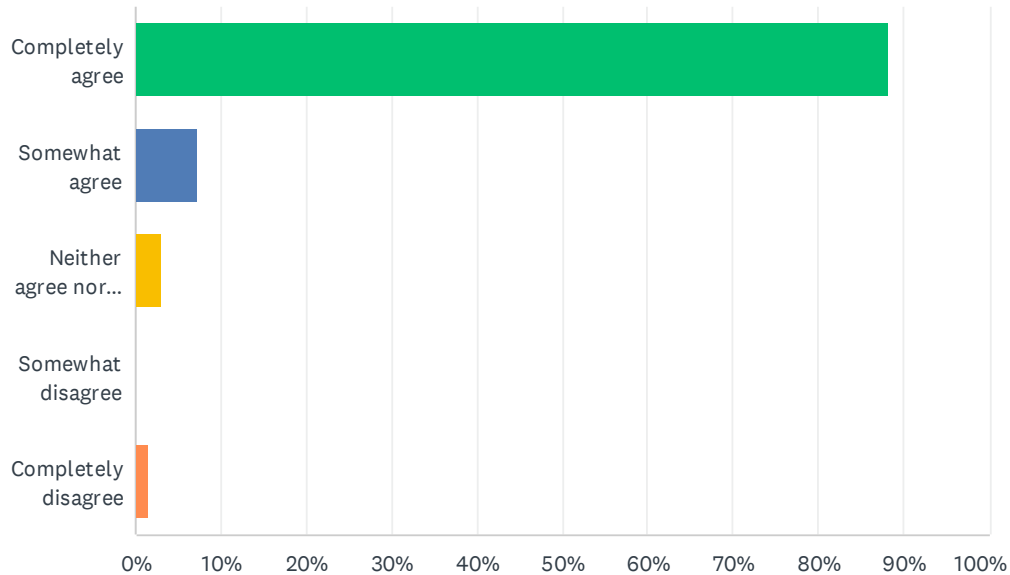
Answered: 70 Skipped: 17



ANSWER CHOICES	RESPONSES	
Completely agree	90.00%	63
Somewhat agree	5.71%	4
Neither agree nor disagree	1.43%	1
Somewhat disagree	1.43%	1
Completely disagree	1.43%	1
TOTAL		70

Q7 It is clear that members should be aware of the limitations and capabilities of the technology they use to engage in telepractice.

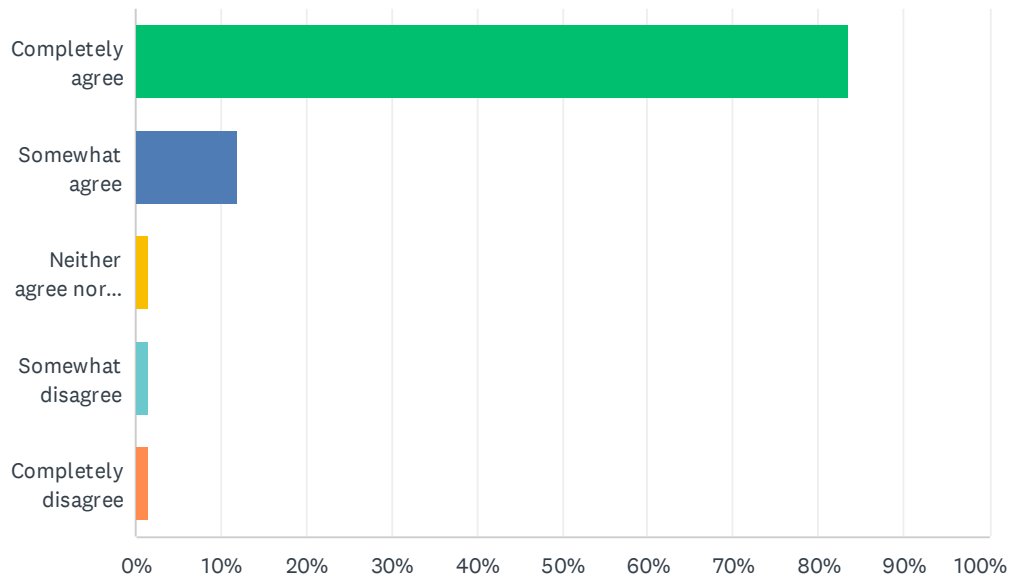
Answered: 68 Skipped: 19



ANSWER CHOICES	RESPONSES	
Completely agree	88.24%	60
Somewhat agree	7.35%	5
Neither agree nor disagree	2.94%	2
Somewhat disagree	0.00%	0
Completely disagree	1.47%	1
TOTAL		68

Q8 It is clear that members must have the skills and training in the use of the telecommunication technology they use in their practice.

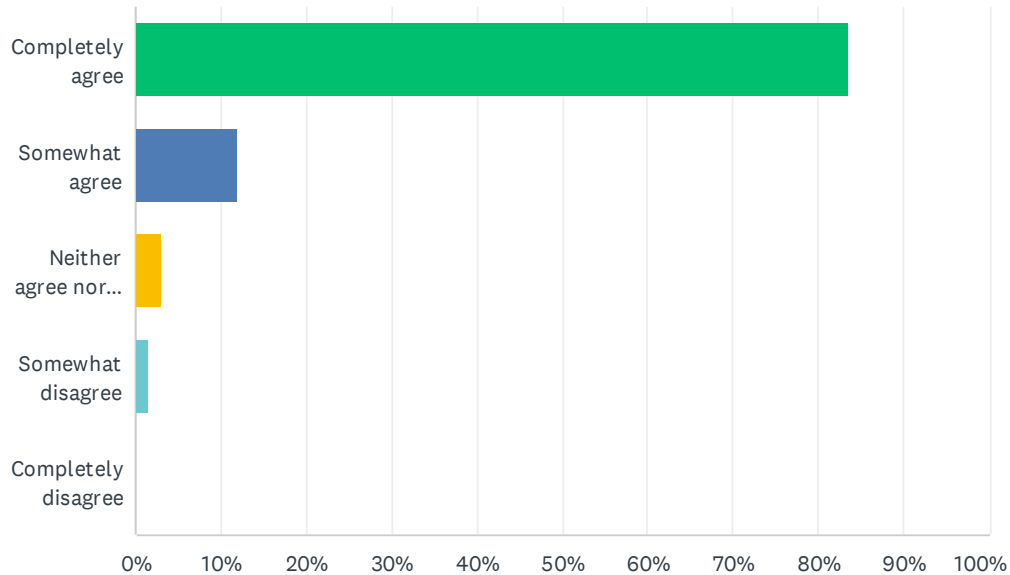
Answered: 67 Skipped: 20



ANSWER CHOICES	RESPONSES	
Completely agree	83.58%	56
Somewhat agree	11.94%	8
Neither agree nor disagree	1.49%	1
Somewhat disagree	1.49%	1
Completely disagree	1.49%	1
TOTAL		67

Q9 It is important to assess whether the patient is able to use telecommunication technologies.

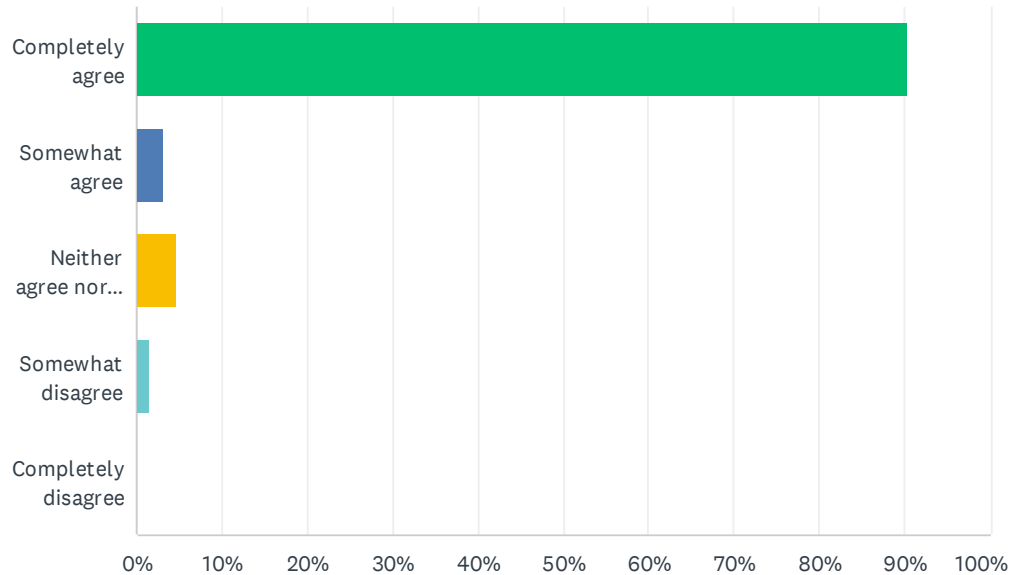
Answered: 67 Skipped: 20



ANSWER CHOICES	RESPONSES	
Completely agree	83.58%	56
Somewhat agree	11.94%	8
Neither agree nor disagree	2.99%	2
Somewhat disagree	1.49%	1
Completely disagree	0.00%	0
TOTAL		67

Q10 It is clear that members must obtain informed consent from patients to conduct an appointment via telepractice.

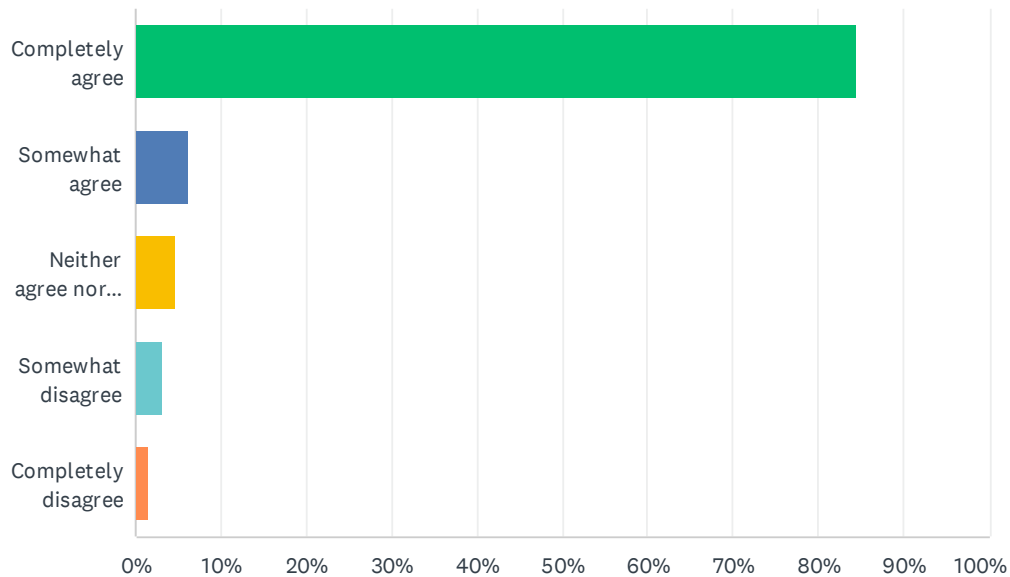
Answered: 63 Skipped: 24



ANSWER CHOICES	RESPONSES	
Completely agree	90.48%	57
Somewhat agree	3.17%	2
Neither agree nor disagree	4.76%	3
Somewhat disagree	1.59%	1
Completely disagree	0.00%	0
TOTAL		63

Q11 It is clear the requirement for practitioners to obtain patients' consent for treatment is the same for telepractice and in-person patient care.

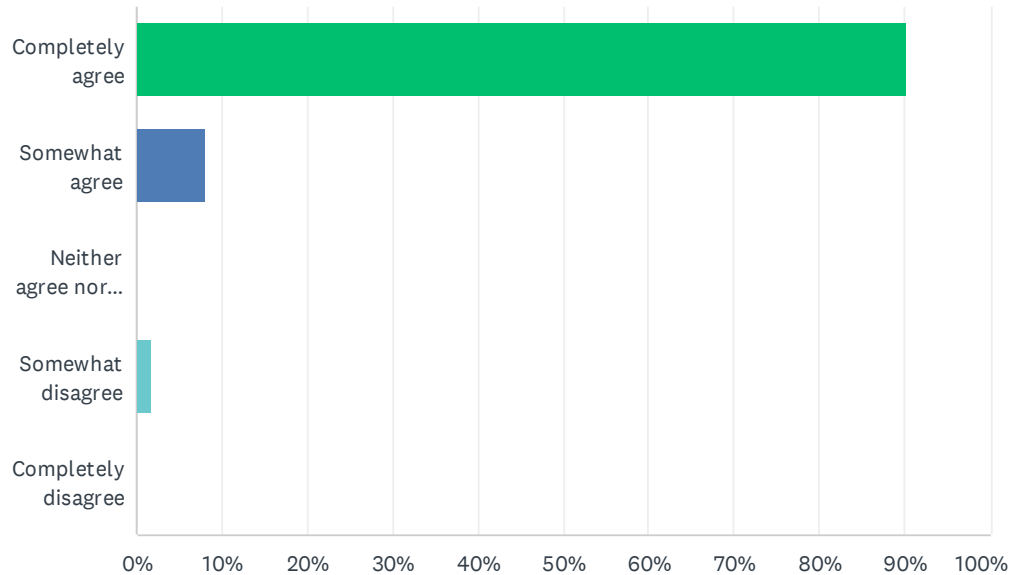
Answered: 64 Skipped: 23



ANSWER CHOICES	RESPONSES	
Completely agree	84.38%	54
Somewhat agree	6.25%	4
Neither agree nor disagree	4.69%	3
Somewhat disagree	3.13%	2
Completely disagree	1.56%	1
TOTAL		64

Q12 Members must maintain comprehensive clinical records and document when a patient visit was conducted via telepractice.

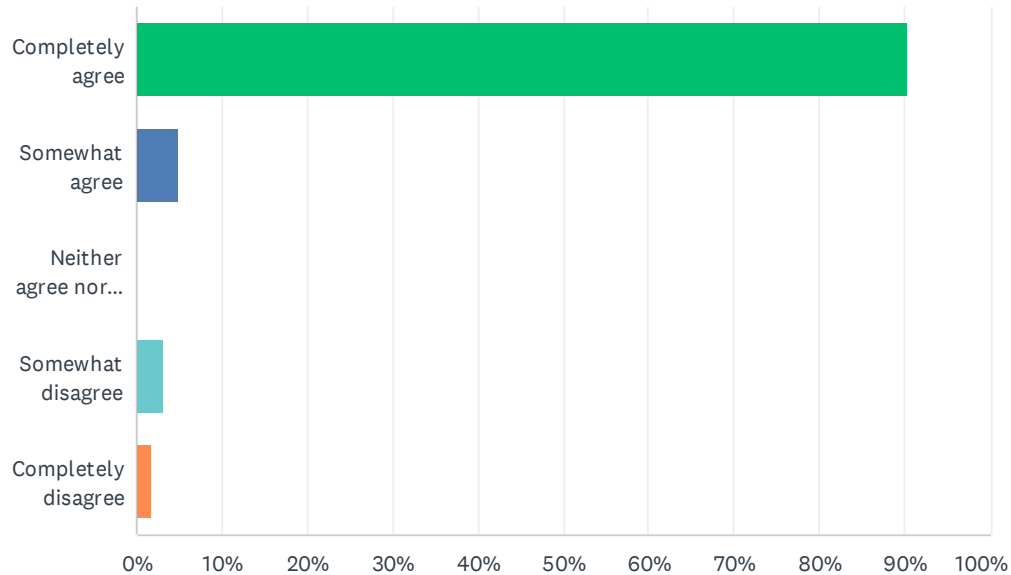
Answered: 61 Skipped: 26



ANSWER CHOICES	RESPONSES	
Completely agree	90.16%	55
Somewhat agree	8.20%	5
Neither agree nor disagree	0.00%	0
Somewhat disagree	1.64%	1
Completely disagree	0.00%	0
TOTAL		61

Q13 It is clear that the record-keeping requirements are the same for telepractice and in-person patient care.

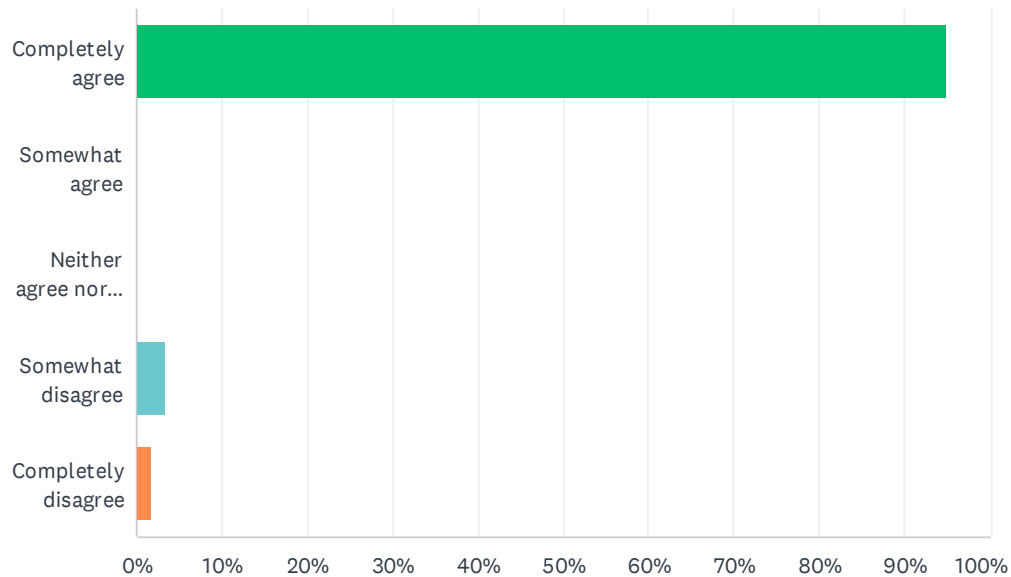
Answered: 62 Skipped: 25



ANSWER CHOICES	RESPONSES	
Completely agree	90.32%	56
Somewhat agree	4.84%	3
Neither agree nor disagree	0.00%	0
Somewhat disagree	3.23%	2
Completely disagree	1.61%	1
TOTAL		62

Q14 It is clear that members must advise patients up front if there are any additional fees related to telepractice.

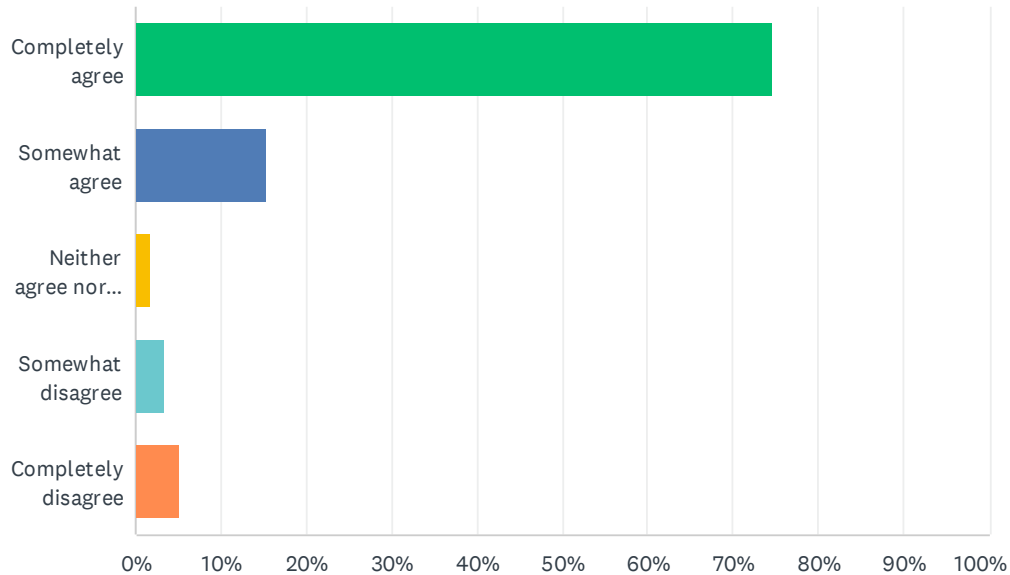
Answered: 58 Skipped: 29



ANSWER CHOICES	RESPONSES	
Completely agree	94.83%	55
Somewhat agree	0.00%	0
Neither agree nor disagree	0.00%	0
Somewhat disagree	3.45%	2
Completely disagree	1.72%	1
TOTAL		58

Q15 It is clear that the fees and billing requirements are the same for telepractice and in-person patient care.

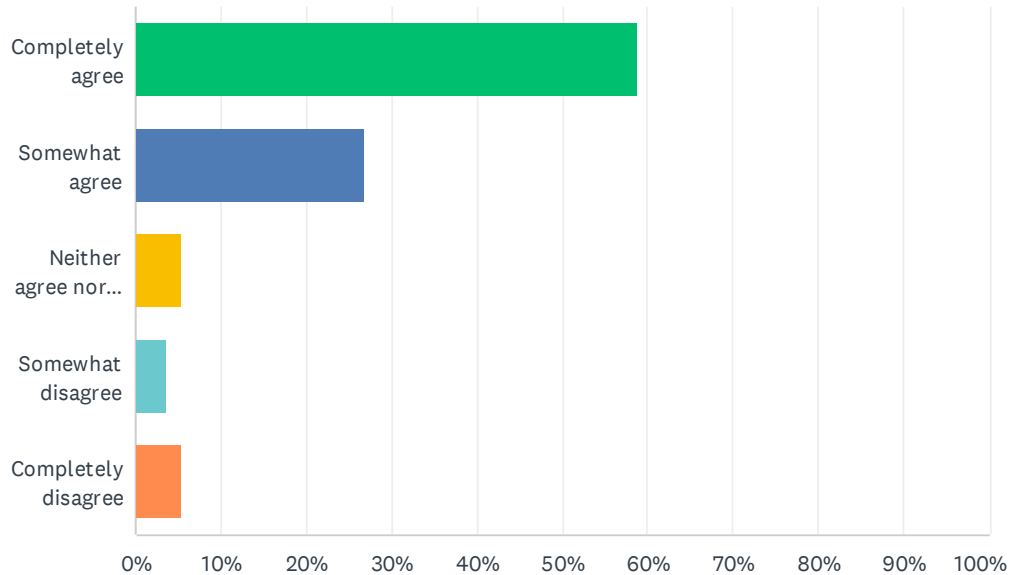
Answered: 59 Skipped: 28



ANSWER CHOICES	RESPONSES	
Completely agree	74.58%	44
Somewhat agree	15.25%	9
Neither agree nor disagree	1.69%	1
Somewhat disagree	3.39%	2
Completely disagree	5.08%	3
TOTAL		59

Q16 Members must be aware that engaging in telepractice may provide opportunities for more informal types of interaction.

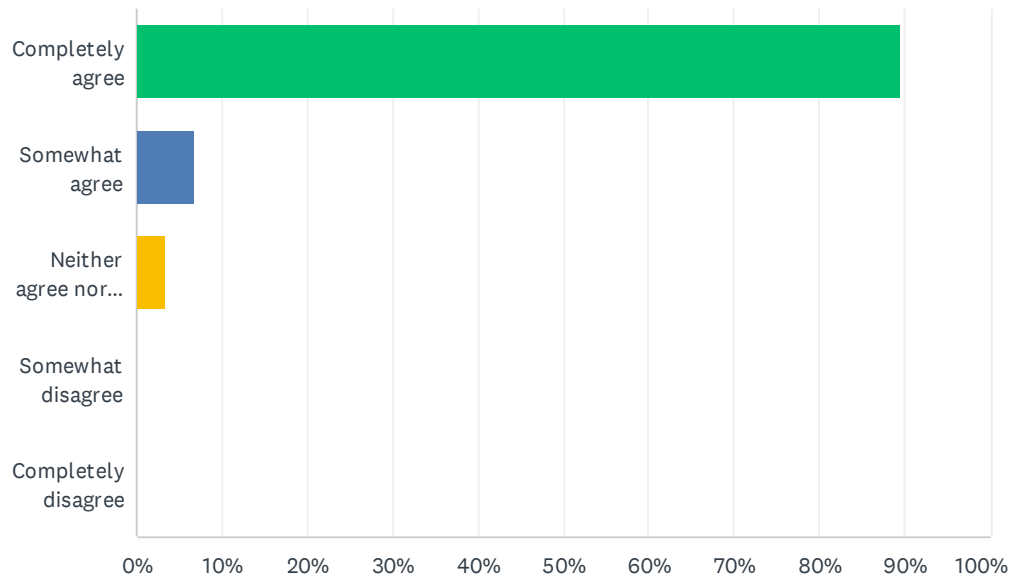
Answered: 56 Skipped: 31



ANSWER CHOICES	RESPONSES	
Completely agree	58.93%	33
Somewhat agree	26.79%	15
Neither agree nor disagree	5.36%	3
Somewhat disagree	3.57%	2
Completely disagree	5.36%	3
TOTAL		56

Q17 It is clear that the requirements for maintaining professional boundaries are the same for telepractice and in-person patient care.

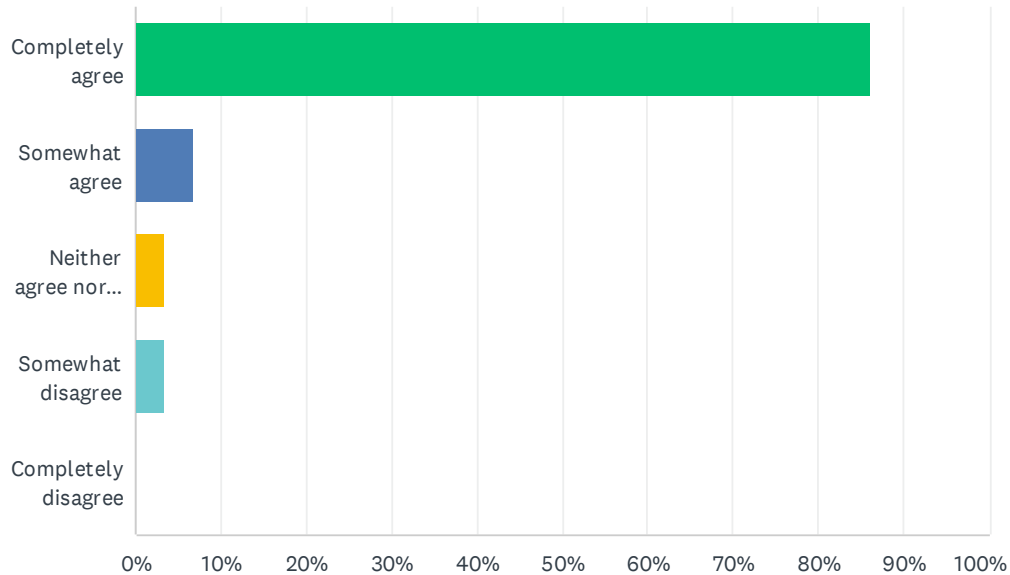
Answered: 58 Skipped: 29



ANSWER CHOICES	RESPONSES	
Completely agree	89.66%	52
Somewhat agree	6.90%	4
Neither agree nor disagree	3.45%	2
Somewhat disagree	0.00%	0
Completely disagree	0.00%	0
TOTAL		58

Q18 It is clear that practitioners must ensure that their Professional Liability Insurance policies offer adequate coverage for telepractice.

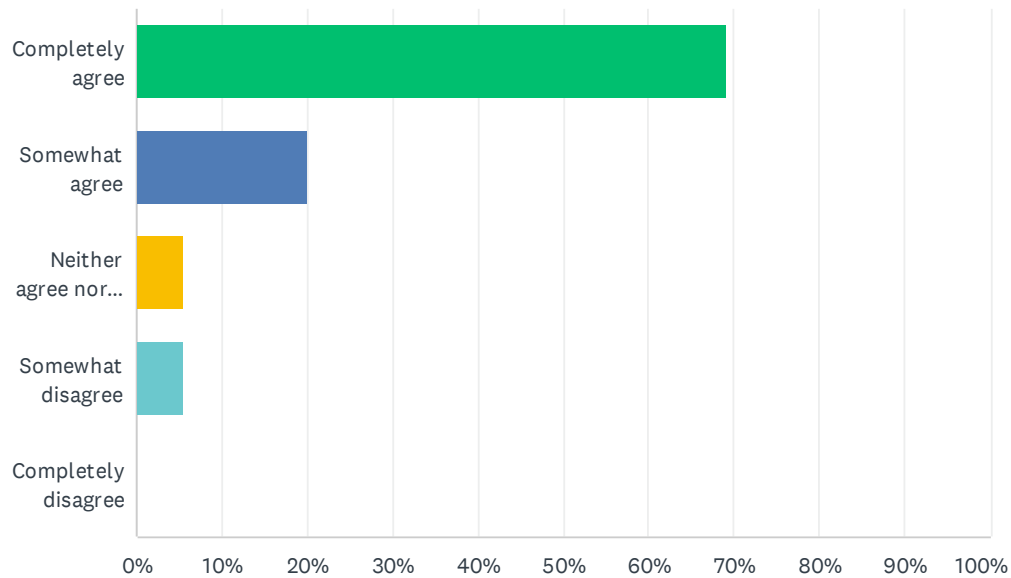
Answered: 58 Skipped: 29



ANSWER CHOICES	RESPONSES	
Completely agree	86.21%	50
Somewhat agree	6.90%	4
Neither agree nor disagree	3.45%	2
Somewhat disagree	3.45%	2
Completely disagree	0.00%	0
TOTAL		58

Q19 The guideline is easy to understand.

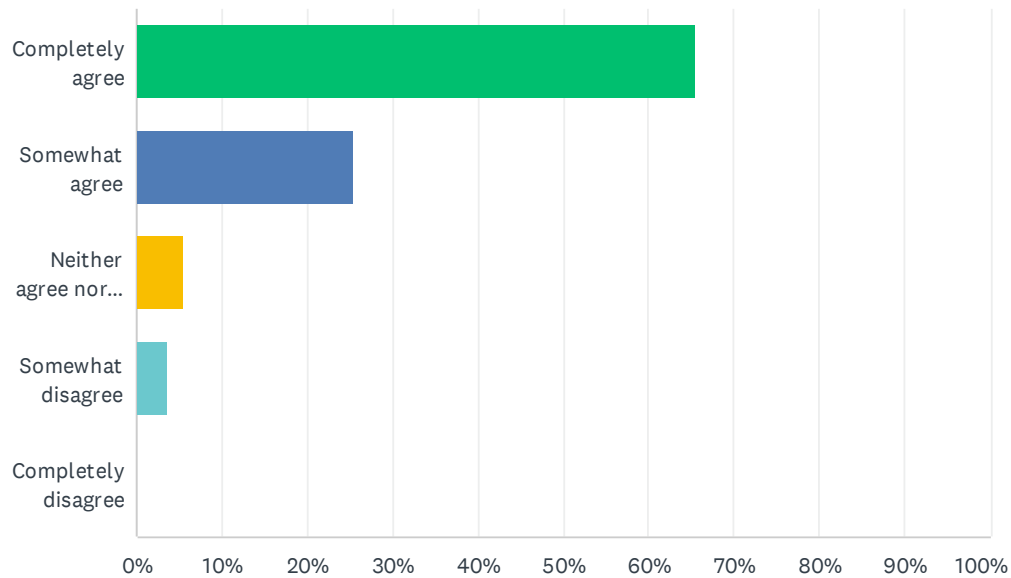
Answered: 55 Skipped: 32



ANSWER CHOICES	RESPONSES	
Completely agree	69.09%	38
Somewhat agree	20.00%	11
Neither agree nor disagree	5.45%	3
Somewhat disagree	5.45%	3
Completely disagree	0.00%	0
TOTAL		55

Q20 The guideline is clearly written.

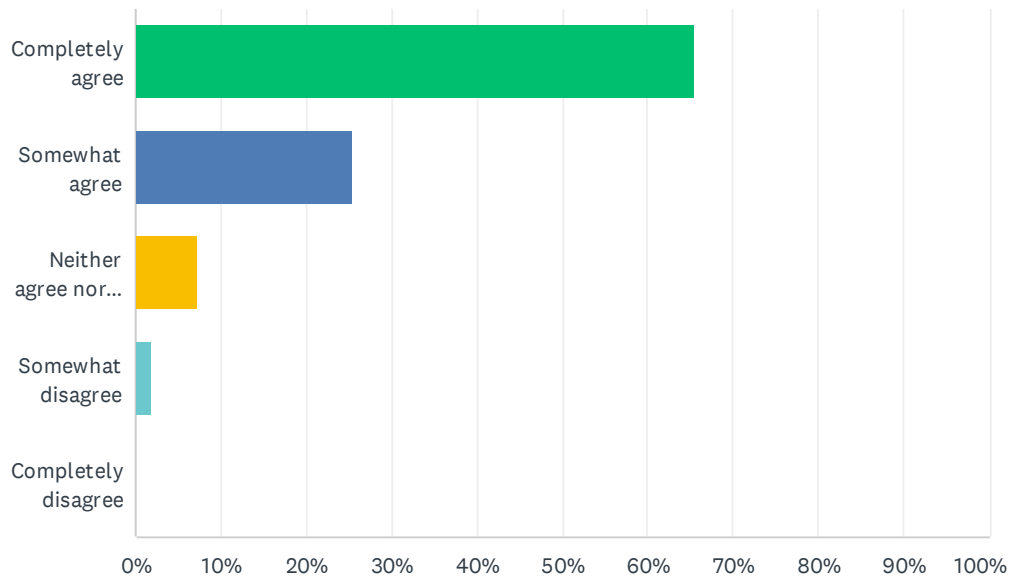
Answered: 55 Skipped: 32



ANSWER CHOICES	RESPONSES	
Completely agree	65.45%	36
Somewhat agree	25.45%	14
Neither agree nor disagree	5.45%	3
Somewhat disagree	3.64%	2
Completely disagree	0.00%	0
TOTAL		55

Q21 The guideline is well organized.

Answered: 55 Skipped: 32



ANSWER CHOICES	RESPONSES	
Completely agree	65.45%	36
Somewhat agree	25.45%	14
Neither agree nor disagree	7.27%	4
Somewhat disagree	1.82%	1
Completely disagree	0.00%	0
TOTAL		55

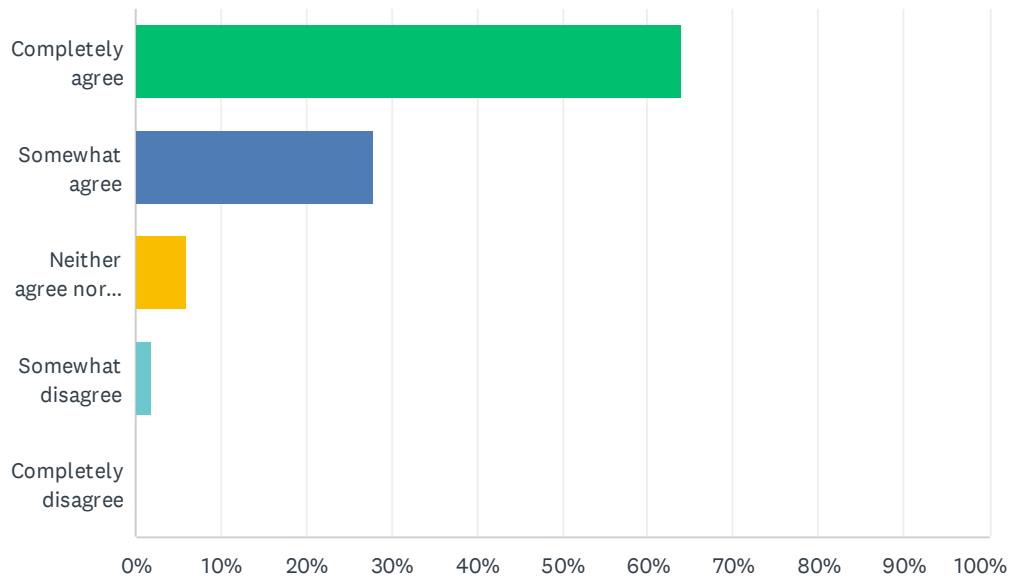
Q22 What changes would improve the guideline's language and formatting?

Answered: 19 Skipped: 68

#	RESPONSES	DATE
1	It is well written, no problem.	2/2/2022 3:00 PM
2	All good	2/2/2022 2:27 PM
3	N/A	1/30/2022 8:40 AM
4	the telepractice with TCM/Acu practioner is the waste of time and money for the patient unless the patient lives in a remote area. This kind of idea is just for the money, not for the patient.	1/29/2022 2:51 PM
5	more examples would be nice	1/29/2022 10:00 AM
6	I suggest you review (and perhaps elevate) the discussion of professional/personal boundaries. Overall, I found this clear, well organized and germane. Phil Schalm	1/29/2022 9:54 AM
7	good information	1/29/2022 9:33 AM
8	I think there are some gray areas that need to be reflected on the wording	1/29/2022 8:19 AM
9	Good	1/29/2022 12:06 AM
10	Nothing	1/28/2022 5:21 PM
11	no	1/28/2022 5:18 PM
12	When pratitioner provide telepractice, it might be more than one time per day that the pratitioner would contact the patient to provide guide or suggestion , or the patient would contact the practioner to make sure what they shoud do? for example ,how to cook herbs . In this situation,should the pratitioner get consent in each time when they contact the patient?	12/5/2021 12:20 AM
13	It's perfect, nothing needs to be changed.	11/30/2021 3:23 PM
14	I would suggest a checklist of items listed in the guidelines for practitioners to access to be sure that they are meeting all requirements. A sample consent would also be helpful. For example I have seen extensive consents regarding telemedicine used by CAMH and other organizations.	11/27/2021 1:40 PM
15	The language does not allow for the reality and practicality of life and practice. The expectations are too idealistic for a time when medical care across the board has been compromised; it makes it difficult for practitioners to make a living within rigid parameters that do not allow exception for these exceptional circumstances everyone is struggling through. Those that work remotely in administrative capacities may not be aware of the challenges present in practice today. I fear that the unyielding attitude towards people that dedicate their lives to helping others only serves to limit the public's ability to access care and is not a true representation of philosophy and intention behind TCM. Thank you.	11/26/2021 8:07 PM
16	Telepractise is not suitable for Chinese medicine practitioners and acupuncturists	11/26/2021 6:30 PM
17	it is ok.	11/26/2021 6:21 PM
18	Jurisdictional section I do not agree with the content.	11/26/2021 4:32 PM
19	None	11/26/2021 3:03 PM

Q23 The guideline is comprehensive.

Answered: 50 Skipped: 37



ANSWER CHOICES	RESPONSES	
Completely agree	64.00%	32
Somewhat agree	28.00%	14
Neither agree nor disagree	6.00%	3
Somewhat disagree	2.00%	1
Completely disagree	0.00%	0
TOTAL		50

Q24 What changes would make the guideline more comprehensive?

Answered: 19 Skipped: 68

#	RESPONSES	DATE
1	No idea for now	2/2/2022 3:00 PM
2	All good	2/2/2022 2:28 PM
3	no	2/1/2022 4:02 PM
4	It's good. Don't need any changes	1/31/2022 9:11 PM
5	N/A	1/30/2022 8:40 AM
6	Telepractice should be done for the patient in a remote area.	1/29/2022 2:53 PM
7	It could be more detailed	1/29/2022 8:20 AM
8	Good	1/29/2022 12:07 AM
9	since visual inspection of the a patient requires proper lighting and a color calibrated monitor, practitioners should be advised to educate themselves on this matter; CTCMPAO could offer a webinar on that topic.	1/28/2022 6:17 PM
10	Nothing	1/28/2022 5:28 PM
11	no	1/28/2022 5:19 PM
12	"How to" information. Demonstration.	1/28/2022 5:14 PM
13	no.	11/30/2021 3:24 PM
14	Better understanding of thresholds for the guides.	11/29/2021 12:04 PM
15	I think that more information about the confidentiality of technology is important. People assume zoom is confidential and it may not be. Conversations over video must be entirely confidential and patients must clearly understand that they are not being recorded by video or any other means	11/27/2021 1:42 PM
16	It is for the : 2. Traditional Chinese Medicine (TCM) and Telepractice The Traditional Chinese Medicine Act, 2006, defines the scope of traditional Chinese medicine as the assessment of body system disorders through traditional Chinese medicine techniques and treatment using traditional Chinese medicine therapies to promote, maintain or restore health. In the context of traditional Chinese medicine, the primary benefit of telepractice is ensuring the continuity of care and accessibility. Providing virtual care can improve accessibility when, for example, physical contact is discouraged due to a health pandemic, there is a shortage of practitioners in a geographical region, or when patients have transportation or mobility issues. However, it should be noted, " telepractice has its limitations. For example, TCM practitioners and acupuncturists rely on several diagnostic methods to conduct patient assessments. This includes physically assessing patients by palpitation or pulse examination. In the case of telepractice, these physical assessment methods are not feasible. In addition, telepractice limits the number of modalities used in traditional Chinese medicine; these include, for example, acupuncture, cupping, gua sha, and tui na.----- But could providused videos and pictures to observe and analyze, apply the TCM : Observation, Question, & clinical experience to diagnose cases. According to the patient's needs, provide prescriptions of TCM herb and herbl Remedy treatment.	11/27/2021 12:05 AM
17	Don't need to do anything	11/26/2021 6:33 PM
18	it is fine.	11/26/2021 6:22 PM
19	None	11/26/2021 3:04 PM

Q25 Do you have any practical suggestions for members with regards to telepractice?

Answered: 14 Skipped: 73

#	RESPONSES	DATE
1	No plan to provide tele-practice at this moment	2/2/2022 3:03 PM
2	No	2/2/2022 2:33 PM
3	Maybe offer a course on Telepractice	1/29/2022 8:26 AM
4	OK	1/29/2022 12:07 AM
5	No	1/28/2022 7:24 PM
6	This type of practice is much more time consuming, as many questions have to be asked. So it s good to go slowly to make an appropriate Diagnosis.	1/28/2022 5:55 PM
7	no	1/28/2022 5:20 PM
8	Except asking patient's relavent questions,we can obtain the tougue picture for tongue reading, and urine picture to see the urine colour \turbidity or send them the colour chart to let them choose which picture fit to describe their urine ? From patient's voice ,we can find out the patient's energy level , or their illness belong to yin zheng /yangzhen.	12/5/2021 12:50 AM
9	no.	11/30/2021 3:24 PM
10	Ontario Telehealth has extensive guidelines as well as multifactorial identification of the practitioner so that clients can always be certain they are speaking to whom they think they are. This is important. I'm not sure of other platforms that verify the identity of the practitioner this way	11/27/2021 1:44 PM
11	The college needs to allow for, encourage and teach members how to engage this practice better as well as allow more freedom in regulation to provide care during a time when care is limited in all aspects of healthcare. To do otherwise is a disservice to the public.	11/26/2021 11:44 PM
12	Become familiar with the tech before using it	11/26/2021 9:42 PM
13	Telepractice cannot be used in the TCM acupuncture industry.	11/26/2021 6:36 PM
14	None	11/26/2021 3:04 PM

Q26 Are there any other key resources on telepractice that you think should be linked in the guideline?

Answered: 9 Skipped: 78

#	RESPONSES	DATE
1	non	2/2/2022 3:03 PM
2	I think if the CTCMPAO offered a course which included what and how to perform telepractice, it would be very beneficial	1/29/2022 8:26 AM
3	No	1/29/2022 12:07 AM
4	No	1/28/2022 7:24 PM
5	no	1/28/2022 5:20 PM
6	no.	11/30/2021 3:24 PM
7	practitioners to refer to for in person assessments and exams if the treating practitioner needs support or for in person treatments. That way, practitioners have a better chance of being able to continued care and maintain rapport with patients.	11/26/2021 11:44 PM
8	no	11/26/2021 6:36 PM
9	None	11/26/2021 3:04 PM

Q27 Is there anything that relates to telepractice that was not addressed?

Answered: 9 Skipped: 78

#	RESPONSES	DATE
1	no	2/2/2022 3:03 PM
2	I think when it comes to physical Medicine, many things can be done to benefit the patient (as long as the Practitioner is qualified). This includes remedial exercises, nutrition, stress relief and lifestyle coaching/support	1/29/2022 8:26 AM
3	No	1/29/2022 12:07 AM
4	No	1/28/2022 7:24 PM
5	no	1/28/2022 5:20 PM
6	not sure.	11/30/2021 3:24 PM
7	How to ensure the required number of visits are performed to maintain status while we are actively encouraged to decrease or avoid contact with patients as much as possible. Why have the requirements not been adjusted accordingly?	11/26/2021 11:44 PM
8	no	11/26/2021 6:36 PM
9	None	11/26/2021 3:04 PM

Q28 Are there any additional comments you would like to make?

Answered: 13 Skipped: 74

#	RESPONSES	DATE
1	no	2/2/2022 3:03 PM
2	Telepractice is good for offering consultations on on traditional Chinese medicine, however, it would not work in the case of acupuncture, which require the physical presence of the patient. require the physical presence of the patient	1/30/2022 9:48 PM
3	I believe that as long as the patient is safe, telepractice should be encouraged if the Practitioner is qualified to perform this type of service.	1/29/2022 8:26 AM
4	No	1/29/2022 12:07 AM
5	No	1/28/2022 7:24 PM
6	The classics state that the superior practitioner diagnose not by palpation but by questioning; that together with a color correct video setup allows telepractice to be a viable alternative for experienced practitioners; I commend the college for endorsing this practice	1/28/2022 6:34 PM
7	no	1/28/2022 5:20 PM
8	no	11/30/2021 3:24 PM
9	It would be interesting to consider how Healthcare portability could be used in Canadian telepractice. Certainly, we should not be expected to register and pay fees of each province simply to treat a few patients online. This guideline as constrained by old structures and lacks a future vision of telepractice.	11/29/2021 12:07 PM
10	14. It is clear that members must advise patients up front if there are any additional fees related to telepractice. I don't see why, or how there are additional fees related to telepractice. What is this referring?	11/27/2021 3:15 PM
11	Protecting the public from the professional HCP's you regulate should not equal distrust in those same professionals. A level of trust and respect towards the CTCMPAO members to act in the best interests of their patients, as the profession itself sets out to do, would go a long way to instilling trust in the profession from the public. The idea that the public needs to be protected from us is belittling and demeans TCM in general. Belief and trust in the profession, as it stands, is important. Conforming to an allopathic model of medicine is detrimental to TCM as a discipline. Encouraging members to engage in experimental genetic therapies for something that does not have a significant mortality rate is inappropriate and unethical. And it deviates from TCM philosophy. It goes against the very rules and regulations we as practitioners are expected to uphold regarding informed consent, ethics, discrimination, coercion and more. The college needs to seriously consider its intentions for the future of TCM - does the college intend to allow TCM to be absorbed and diluted by mainstream medicine? Will TCM practitioners be expected to slowly disregard the TCM perspective in favour of the algorithmic allopathic model that does not consider the individual picture presentation, and instead treats all patients the same?	11/26/2021 11:44 PM
12	no	11/26/2021 6:36 PM
13	None	11/26/2021 3:04 PM

Meeting Date:	March 21, 2022
Issue:	Risk Management Plan
Reported By:	Ann Zeng, Sean Cassman
Action:	Information

Issue

The College is updating Council on the current risk management plan, which includes a complete look at the risks facing the College.

Public Interest Rationale

The College must be able to carry out its responsibilities set out in legislation. In order to avoid situations where we are prevented from doing that, a risk management plan is necessary to predict and mitigate risks.

Background

The College provides Council with the risk management plan at each quarterly meeting, and staff will update members if there are any changes. For the 3rd quarter, the following minor changes have been made:

- Upgraded the risks in Governance related to the loss in confidence of CTCMPAO. This is due to the high probability of Schedule 5 of Bill 88 damaging the reputation of the College. The College will need to diligently monitor its engagement with stakeholders to determine the actual level of impact, and take measures to restore trust in the College if damage has been done.

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College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMAPO) Risk Management Plan

Risk Management Vision

CTCMAPO is committed to building and fostering an enterprise risk management culture that clearly faces reality through systematic process of risk identification, assessment, and management and will affect this through its strategic planning process. CTCMAPO’s value of serving and protecting the public interest, providing quality service, accountability and transparency, teamwork and collaboration are the foundation of the organizational risk culture and will guide our actions.

Stakeholder Roles and Responsibilities

Role	Risk Management Responsibility	Assignment
Council	Responsible for approving Risk Tolerance Evaluation, reviewing Risk Management Plan and periodically reassessing success of Risk Management strategies.	Council Members
President	Responsible for leading Executive Committee and Council in reviewing the Risk Management Plan, implementing certain procedures needed in specified emergency situations, ensuring action is taken as necessary to protect the separation of Council from operations.	Richard Dong
Registrar and CEO	Responsible for ensuring comprehensive risk assessment within the organization, development and implementation of mitigation strategies, and ongoing evaluation of effectiveness of risk management by the organization.	Ann Zeng
Director, IT, Finance and Corporate Services	Responsible for identifying risk factors relating to financial management policies and procedures, adhering to sound financial risk management and mitigation policies and strategies. Champions organization-wide effort to protect the vital assets of the College and engage key stakeholders in risk management activities.	Francesco Ortale
Program Managers	Responsible for complying with obligations outlined in the Health Professional Procedural Code respecting procedure, timelines, transparency, objectivity and fairness.	Ryan Chu, Ania Walsh



Risk Management Process and Activities

The CTCMPAO regularly undertakes risk management activities to protect the interests of the public, its members and the Government of Ontario to which it is accountable. Risk management involves complex processes of risk assessment, development and implementation of mitigation strategies and evaluation of effectiveness, change and opportunity. Effective risk management requires the active engagement of everyone actively engaged in the organization and may include consultation with external experts such as auditors. The College adheres to a Risk Management Policy which requires regular review, evaluation and reporting to Council.

Risk Analysis Matrix

College staff engage in a collective and joint process to identify types of risks that are likely to affect the achievement of business goals. For each risk, staff consider what could happen, how and why it could happen, and the consequences of said risk.

Staff systematically review the following to identify potential risks and to categorize potential risks using a risk occurrence matrix:

- each function performed within the College,
- records and reports generated or retained by the College.
- business processes, policies and procedures.
- resources of the College including knowledge of history, processes and legislative, operational and policy environment, staff, furnishings and equipment.

Types of Risk Identified:

1. Governance
2. Loss Confidence in CTCMPAO
3. Finance
4. Information Management
5. Facility/Site Safety and Security
6. Human Resources
7. Statutory Obligations
8. Exam



Risk Occurrence Matrix

<div>Likelihood (probability of occurring)</div> <div>Consequence/ Impact</div>		Rare	Unlikely	Possible	Likely	Almost Certain
		The event may occur in exceptional circumstances. (0 – 5 %)	The event has happened at some time. (6-33%)	The event has happened periodically (34-65%)	The event has happened previously and could reasonably occur again. (66-79%)	The event is extremely likely to occur (80-100%)
	Level	1	2	3	4	5
Negligible Low financial/reputation loss, small impact on operations	1	1	2	3	4	5
Minor Some financial loss, moderate impact on business	2	2	4	6	8	10
Moderate Moderate financial loss, moderate loss of reputation, moderate business interruption	3	3	6	9	12	15
Major Major financial loss, several stakeholders raised concerns, major loss of reputation, major business interruption	4	4	8	12	16	20
Extreme Complete cessation of business, extreme financial loss, irreparable loss of reputation	5	5	10	15	20	25

Risk Rating	Risk Priority	Description
1-3	L	Low Risk: May require consideration in any future changes to the work area or processes, or can be fixed immediately
3-6	M	Medium Risk: May require corrective action, planning and budgeting process



8-12	H	High Risk: Requires immediate corrective action
15-25	E	Extreme Risk: Requires immediate prohibition of the work, process and immediate corrective action

Risk Assessment

This step involved analysing the likelihood and consequences of each identified risk using the measures provided in the table above. The staff looked at the existing controls for each risk and identified what we would do to control the risk. Then, using the chart, they rated the effectiveness of existing controls in preventing the risk from happening or minimising its impact should it occur.

- Likelihood is a qualitative description of probability and frequency, asking the question 'what is the likelihood of the risk occurring?'
- Consequence was described as the outcome of the event, being a financial loss, loss of reputation, or business interruption, asking the question, 'what is the consequence of the risk event?'
- The risk rating was the sum of the consequence rating times the likelihood rating.
- The risk priority chart provides an indication of urgency to how soon the staff needed to implement a strategy to address the risk.



CTCMPAO Risk Registry – 2019 - 2021

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Governance	Not reaching quorum to constitute a Committee resulting in or Council becomes unconstituted: <ul style="list-style-type: none"> Public perception of not meeting College mandate of public protection Delays in decision-making affecting applicants (i.e. registration) or members (QA/ICRC/Discipline) 	5 Almost Certain	4 Major	20 Extreme	Council, President, Registrar	Current Treatment: <ul style="list-style-type: none"> Staff try to accommodate Council/committees members' schedules to ensure quorum in all meetings. Continued ongoing communications with Public Appointments Secretariat The Registrar has acted on legal advice for procedures to ensure the College functions properly while the Council is unconstituted. <ul style="list-style-type: none"> Committees continue to function as per section 12.09 of College by-laws. Committees remain constituted as long as there is quorum. The College has hired a government relations consultant to help press this issue with the government.
						Additional Proposed Treatment: <ul style="list-style-type: none"> Outreach to TCM associations and schools to reach prospective members to ensure understanding of the College's role and why regulation matters. Create and advertise opportunities for engagement with the College. Allow non-council members to sit on statutory committees.
Governance	Council/Committees operating outside of mandate or becoming engaged with operational matters resulting in: <ul style="list-style-type: none"> Poor or inconsistent decisions 	3 Possible	4 Major	12 High	President, Council, Registrar	Current Treatment: <ul style="list-style-type: none"> Council and Committee orientation to occur annually. Prepare Terms of References for all statutory/non-statutory committees Conduct a governance review with a third party consultant to examine governance practices.



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
	<ul style="list-style-type: none"> Increased likelihood of conflict Inefficiencies in operations 					<p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Prepare a College governance manual outlining major responsibilities and separation of roles between Council and operations.
Governance	<p>Council/Committee not adhering to Code of Conduct, Conflict of interest, bylaws and other Council policies resulting in:</p> <ul style="list-style-type: none"> Inefficiencies Poor decision Negative reporting by stakeholders Decreased morale on Council/Committees 	4 Likely	4 Major	16 Extreme	President, Registrar, Council	<p>Current Treatment:</p> <ul style="list-style-type: none"> Each Council/Committee are properly trained and prepared for their service. Legal Counsel delivers the orientation at the Council/Committee levels. Evaluate Council effectiveness on its performance through a council effectiveness survey after each meeting. Have each Council/Committee member annually complete and signs a statement declaring any known conflicts and agreeing to comply with the Code of Conduct. <p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Conduct regular Council/Committee training. Competency requirements for prospective Council/Committee members
Loss of Confidence in CTCMPAO	<p>Applicant/member disengagement resulting in:</p> <ul style="list-style-type: none"> Lack of interest for election to Council 	34 Possible major	4 Major	4216 High Extreme	Council, Registrar,	<p>Current Treatment:</p> <ul style="list-style-type: none"> Create and advertise opportunities for engagement with College.



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
	<ul style="list-style-type: none"> Lack of membership on Committees/working groups Reduction in overall registration numbers 					<p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Continuous outreach to key stakeholders to ensure they are able to keep their members informed and engaged. Regular outreach meetings and educational sessions through professional associations, TCM schools, and other events as presented. Develop “stories” for publication, describing benefits of engagement. Incorporate simple plain language in all college documents.
Loss of Confidence in CTCMPAO	Public, government, stakeholders perceive the College as not being transparent and/or fair	3 Possible Major	3 Moderate	9 High	President, Council, Registrar	<p>Current Treatment:</p> <ul style="list-style-type: none"> Implementation of bylaws related to transparency i.e. posting additional information on public register. Conduct annual review of bylaws. Continuous outreach to TCM schools to reach prospective members to ensure understanding of the College’s role and why regulation matters. Posting workplan update on College website <p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Adoption of ARGE transparency principles. Update and post all statutory policies on website. Collaborate with other regulatory colleges on strategies to promote transparency.
Loss of Confidence in CTCMPAO	Poor customer service/public relations	3 Possible	2 Minor	6 Medium	Registrar, Director, IT, Finance and Corporate Services, Program Managers	<p>Current Treatment:</p> <ul style="list-style-type: none"> One point of contact. An enquirer is provided with the name by respondent and that person commits to and takes necessary action.



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
						<p>Additional Proposed Treatment:</p> <ul style="list-style-type: none">• Research and develop internal organizational customer service standards and policies (i.e. client services policy part of AODA requirement).• Statutory teams to prepare FAQs for each department.• Invite feedback through customer service surveys.• Review of website material to ensure accessible and easy to understand.
Financial	<p>Insufficient financial resources impact the ability of the College to meets its mandate. This will result in:</p> <ul style="list-style-type: none">• Lack of retained funds to carry out• Low membership in College• Uneven cash flow	3 Possible	4 Major	12 High	Registrar, Director, IT, Finance and Corporate Services	<p>Current Treatment:</p> <ul style="list-style-type: none">• Prepare operating budgets using 5-year projections and outlook.• Strategies in place for cost savings.• Develop reserve funds to cover unexpected expenses
						<p>Additional Proposed Treatment:</p> <ul style="list-style-type: none">• Prepare multiple scenarios for forecasting and develop plans that are flexible.• Calendarize revenue to predict cash flow.



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Financial	Poor financial management results in the College being unable to meet strategic initiatives	2 Unlikely	4 Major	8 High	Registrar, Director, IT, Finance and Corporate Services	Current Treatment: <ul style="list-style-type: none">Budget is prepared annually and approved by Council.Use of 5-year time horizon for financial planning.Prepare multiple scenarios for forecasting and develop plans that are flexible.Prepared a formal Reserve Fund Policy outlining specific purpose of each internally restricted fund to ensure funds are used for its intended purposeCalendarize revenue to predict cash flow.
Finance	Risk of Fraud/Theft	2 Unlikely	3 Moderate	6 Medium	Registrar, Director, IT, Finance and Corporate Services	<div>Current Treatment:<ul style="list-style-type: none">Financial audit completed annually by chartered accountants.Finance coordinator reviews and verifies invoices prior to submitting Registrar for approval.Bank cheques require documentation and two signaturesBank statements are reviewed and reconciled monthly.Financial update provided at each Council meeting.</div> <div>Proposed Treatment:<ul style="list-style-type: none">Prepare formal financial policies to document financial procedures as part of the College's financial policies.Establish a procurement policy through a process that is open, fair and transparent.</div>



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Information Management	Information and computer systems are compromised due to: <ul style="list-style-type: none"> Viruses, worms and malicious software Security breach/hacking Loss of power 	3 Possible	4 Major	12 High	Director, IT, Finance and Corporate Services	<p>Current Treatment:</p> <ul style="list-style-type: none"> Backup procedures carried out daily on electronic files. Processes such as encryption, access control procedures, and network firewalls in place. Adequate cyber security insurance in place. <p>Proposed Additional Treatment:</p> <ul style="list-style-type: none"> Prepare a disaster recovery plan. Solicit services of an external vendor to conduct an IT audit, vulnerability assessment and security penetration assessment.
Information Management	Improper handling of data by staff or vendors leads to exposure of sensitive data	3 Possible	3 Moderate	9 High	Director, IT, Finance and Corporate Services	<p>Current Treatment:</p> <ul style="list-style-type: none"> College ensures that personal information is stored in electronic and physical files that are secure. Physical files are under lock and key. <p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Add additional security measures to safeguard information which include restricting access to personal information to authorized personnel.
Information Management	Breach of confidentiality: <ul style="list-style-type: none"> Member/applicant personal information Public information 	3 Possible	3 Moderate	9 High	All	<p>Current Treatment:</p> <ul style="list-style-type: none"> Applicant/registrant information housed on secure external server (CRM). Use secure login protocols, data encryption, and passwords.



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
	<ul style="list-style-type: none"> Vendor information Council member information 					<p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Develop protocols for reporting, investigating and correcting security breaches to ensure PHIPA compliance. Require signed commitment to adhere to College confidentiality requirements by Council and College staff. Facilitate regular orientation and training on privacy and confidentiality for Council and College staff.
Information Management	<p>Unintended destruction or loss of records results in:</p> <ul style="list-style-type: none"> Inaccurate info posted on public register Duplication of records Inaccurate information provided to Council/committees 	2 Unlikely	3 Moderate	6 High	Director, IT, Finance and Corporate Services	<p>Current Treatment:</p> <ul style="list-style-type: none"> Staff adopt filing protocols for naming, deletion of copies, electronic and paper storage. Backup procedures carried out daily on electronic files. File room/cabinets are secured and locked daily. <p>Proposed Additional Treatment:</p> <ul style="list-style-type: none"> Increase security in the College server room.
Facility/Site Safety and Security	Permanent damage to equipment and/or furnishings due to water/fire damage.	2 Unlikely	2 Minor	4 Medium	Director, IT, Finance and Corporate Services	<p>Current Treatment:</p> <ul style="list-style-type: none"> Office building is code compliant for building and fire standards. Adequate insurance in place to recover replacement. <p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Ongoing annual fire training for all staff, Council and Committee members.



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Facility/Site Safety and Security	Computers, servers and other items of value belonging to the College are stolen	2 Unlikely	1 Negligible	2 Low	Director, IT, Finance and Corporate Services	Current Treatment: <ul style="list-style-type: none"> Security cameras installed at each exit, common hallways and meeting rooms. College maintains a complete inventory of its electronic equipment, computers and technology systems. Adequate insurance in place to recover replacement of loss goods.
Human Resources	Disruption in work due to unexpected and/or extended absence of an employee, or employee permanently leave organization resulting in: <ul style="list-style-type: none"> Backlog of work Inability to meet required timelines Major interruption in work 	2 Unlikely	3 Moderate	6 Medium	Registrar, Director, IT, Finance and Corporate Services, Program Managers	Current Treatment: <ul style="list-style-type: none"> Job descriptions have been created for all positions. Regular staff meetings are held to update all staff on work in progress.
						Additional Proposed Treatment: <ul style="list-style-type: none"> Prepare succession plan for the Registrar position. All college departments to document procedures for all key functions.
Human Resources	Interpersonal conflicts result in: <ul style="list-style-type: none"> Complaints of harassment Decrease productivity Poisoned work environment Staff discontent and poor morale High turnover rate in staff 	2 Unlikely	1 Negligible	2 Low	Registrar	Current Treatment: <ul style="list-style-type: none"> HR policies in place. Staff receive legislated training on violence in the workplace. and this is documented. Team-building events held involving all staff. Registrar addresses all issues of conflict promptly.



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Statutory Obligations (Patient Relations)	College is not doing everything possible to keep client/patients safe from sexual abuse.	3 Possible	4 Major	12 High	Registrar, Program Manager, Policy and Governance Analyst	<p>Current Treatment:</p> <ul style="list-style-type: none"> Therapy and counselling forms have been updated to be compliant with legislation. New Standards for Maintaining Professional Boundaries and Preventing Sexual Abuse. <p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Develop a comprehensive and effective Sexual Abuse Plan. Adopt a number of policies and measures that underpin a zero-tolerance approach to sexual abuse. Provide resources to the membership and public to be aware of the measures the College has in place to prevent and deal with sexual abuse;
Statutory Obligations (Registration)	Majority of TCM education programs are unregulated eroding public confidence	4 Likely	4 Major	16 Extreme	Registrar, Program Managers	<p>Current Treatment:</p> <ul style="list-style-type: none"> Registration regulations outline entry requirements. College is working with provincial regulators to develop approval framework. <p>Additional Proposed Treatment:</p> <ul style="list-style-type: none"> Encourage the Ministry to accredit TCM education programs.
Statutory Obligations (Registration)	Ensuring the College's registration process is fair, open and transparent.	3 Possible	2 Minor	6 Medium	Registrar Program Managers	<p>Current Treatment:</p> <ul style="list-style-type: none"> College underwent an audit of its registration practices from the Office of the Fairness Commissioner (OFC). Recommendations from the OFC have been implemented



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Statutory Obligations (QA)	Quality Assurance Program is not an effective tool for ensuring the continuing competency	4 Likely	3 Moderate	12 High	Program Manager, Policy and Governance Analyst	Current Treatment: <ul style="list-style-type: none"> Only small percentage of members randomly selected to submit paper-based self-assessment form. Current Peer and Practice Assessment are only done for members ordered by an ICRC/Discipline program. QA policies developed to support current QA program. Additional Proposed Treatment: <ul style="list-style-type: none"> Develop standards of practice that outline practice expectations of members Develop a new QA program that supports member engagement
Statutory Obligations (ICRC)	Lack of tools for members who must complete additional education or remediation	4 Likely	3 Moderate	12 High	Registrar, Program Managers	Current Treatment: <ul style="list-style-type: none"> Record-keeping guideline developed and webinar developed. Additional Proposed Treatment: <ul style="list-style-type: none"> Develop working group to establish TCM specific standards of various modalities i.e. Acupuncture
Statutory Obligations (ICRC)	Complaints received are not resolved in a timely manner. Backlog of Registrar's reports.	2 Unlikely	3 Moderate	6 Medium	Registrar, Program Managers	Additional Proposed Treatment: <ul style="list-style-type: none"> Fast track complaints that are high risk to public safety (i.e. sexual abuse) using a risk chart.
Statutory Obligations (ICRC/Discipline)	Ensuring fairness to member who receives a complaint or is going through discipline.	3 Possible	2 Minor	6 Medium	Registrar, Program Managers	Additional Proposed Treatment: <ul style="list-style-type: none"> Post more information on the website for members related to: <ul style="list-style-type: none"> Sexual abuse complaints and investigation process Mandatory reporting of sexual abuse



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Statutory Obligations (CPMF)	The College must be able to demonstrate to the Ministry that it is meeting its statutory obligations in a clear and transparent way.	3 Possible	3 Moderate	9 High	All	Current Treatment: <ul style="list-style-type: none"> Staff have conducted a full review of the College based on CPMF requirements and to identify where we are deficient. Some deficiencies have been identified. Steps have been taken to either address the deficiency in the previous reporting period, or to address it in future reporting periods.
Exam	Exam security is breached	3 Possible	4 Major	12 High	Registrar Program Managers	Current Treatment: <ul style="list-style-type: none"> Examination and Item-Writing Committee sign confidentiality agreement and are provided with training from ASI. Computer-based examination developed with provincial regulators Additional Proposed Treatment: <ul style="list-style-type: none"> Strict protocols should be in place for handling examination materials. Any report of a breach of agreement will be referred to registration/ICRC for immediate action. No hard copies or electronic copies of the examination or items are retained by the College or any other person involved in the development of the exam.
Exam	Validity of the administration of the exam sitting is challenged due to: <ul style="list-style-type: none"> Hydro failure Illness Medical Emergency 	2 Unlikely	2 Minor	4 Medium	Registrar, Program Manager	Current Treatment: <ul style="list-style-type: none"> Research sites to ensure stability of sites. Procedures in place for invigilators to deal with emergencies. Additional Proposed Treatment: <ul style="list-style-type: none"> Educate exam candidates on withdrawing prior to exam



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Exam	Validity of examination is challenged	2 Unlikely	2 Minor	4 Medium	Registrar, Program Manager	<div>Current Treatment:<ul style="list-style-type: none">Examination development and administration conducted by highly qualified vendor with extensive experience and highly credible.Each exam sitting undergoes extensive psychometric analysis and further review by examination committee.</div> <div>Additional Proposed Treatment:<ul style="list-style-type: none">Performance of vendor is reviewed annually and any concerns addressed at that meeting.Clear separation between non-statutory committee (Examination/Item Writing Committee) and Council members so no perceived conflict of interest.Work with provincial counterparts to establish proper governance channels.</div>

Meeting Date:	March 21, 2022
Issue:	Format of Future Council and Committee Meetings
Reported By:	Ann Zeng
Action:	Discussion

Issue

Meeting format of future Council and Committee meetings.

Background

The College has continually been assessing the COVID-19 situation and conducting research on how other colleges have been holding their meetings during this time.

Based on our research, the majority of colleges will continue to hold their Council and Committee meetings virtually, with 1 in-person meeting a year. Staff would like to obtain Council's input as to whether they would be comfortable with this approach.



2022 Council Meeting Dates

*All dates are tentative and are subject to change.

2022 Council Meeting Dates	
March 21, 2022	June 15, 2022
September 21, 2022	December 7-8, 2022 <i>(Including orientation)</i>

Adverse Impact

by Rebecca Durcan
January 2022 - No. 262

While the term “adverse impact” has a well-known meaning amongst human rights lawyers, it is still not widely recognized in the regulatory world. That may be about to change.

An adverse impact occurs when an apparently neutral requirement, say a math test, has a disproportionate impact on certain protected groups. Equity principles, and in certain circumstances the law, requires that the requirement be removed or modified so that it has a more equitable impact.

In *Ontario Teacher Candidates’ Council v. The Queen*, 2021 ONSC 7386, <https://canlii.ca/t/jlcvg> the Divisional Court declared that a requirement for applicants for teacher certification to successfully complete a Mathematics Proficiency Test (MPT) violated the equality provisions found in s. 15 of the *Canadian Charter of Rights and Freedoms*. The Court declared that applicants for teacher certification who met all other requirements should be certified by the regulatory body.

The Court’s overview of the case nicely sums up the outcome of its analysis.

The question on this application is whether the MPT has a disproportionate adverse impact on entry to the teaching profession for racialized teacher candidates and if so, whether it can be justified under s. 1 of the *Charter*.

The evidence points to significant disparities in success rates of standardized testing based on race, including statistical evidence of racial disparities with respect to the MPT specifically. The deleterious effect on diversity is somewhat

ameliorated by subsequent attempts available to retake the MPT.

The MPT infringes s. 15 of the *Charter* and cannot be justified under s. 1. The Respondent [government] has not discharged its burden of showing that the MPT minimally impairs the rights of racialized teacher candidates. There were reasonably available alternatives to the MPT that, on their face, appear to be less impairing and at least as effective in achieving the goal of improving student achievement in math. These include requiring a minimum number of hours of math instruction or a math course in B.Ed. programs, requiring an undergraduate math course as an admissions requirement for B.Ed. programs or waiting to see the effects of the other parts of the Respondent’s four-year math strategy.

The Respondent’s efforts to address equity issues related to the MPT do not meet the minimal impairment requirement where there are other options available that would not impair anyone’s rights. Racialized teacher candidates who have been disproportionately unsuccessful on the MPT should not have to keep retaking the test. There is a cost to retaking the test in time and money for those who are least likely to be able to afford this and there is no undertaking that going forward, teacher candidates will not have to pay to retake the MPT.

There is an under-representation of racialized teachers in Ontario schools. Racialized students benefit from being taught by racialized teachers. The deleterious effects of the MPT on racialized teacher candidates who have been disproportionately unsuccessful on the test outweigh its benefits.

FOR MORE INFORMATION

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WANT TO REPRINT AN ARTICLE

A number of readers have asked to reprint articles in their own newsletters. Our policy is that readers may reprint an article as long as credit is given to both the newsletter and the firm. Please send us a copy of the issue of the newsletter which contains a reprint from Grey Areas.

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

There was considerable research, expert and statistical evidence demonstrating that standardized testing generally, and standardized teaching testing in particular, had a materially higher pass rate for White candidates compared to racialized candidates.

The first administration of the MPT indicated that candidates who identified as Indigenous and Black had a success rate that was 20 percentage points lower than White candidates. French-speaking candidates, those speaking other languages, and those who experience cognitive disabilities had even less success in passing the test.

There was also evidence from a highly qualified internationally trained individual who had difficulty passing the MPT, only doing so on his third attempt. The Court specifically commended the value of this kind of evidence.

There was dispute as to the quality of some of the evidence, especially evidence related directly to the MPT. However, the Court said that while “evidence is necessary [to demonstrate adverse impact], it cannot be that a claimant group must wait years before it is in a position to challenge a regulation that it alleges is discriminatory.”

The purpose of the requirement (i.e., the harm being addressed) was student proficiency in mathematics. In conducting its proportionality analysis between the goal and means chosen to address it:

Courts will typically look to evidence that the government explored options other than the impugned measure and evidence supporting its reasons for rejecting those alternatives. The government may adduce evidence that it consulted with affected parties in order to demonstrate that it explored a range of options, though there is no requirement that the government engage in consultation before legislating.... The government might also

adduce evidence to show that the less impairing alternatives proposed are not likely to achieve the government’s objectives or are otherwise not workable, or that the proposed alternatives are not in fact less impairing. ...

Where the infringing measure is predicated on the existence of a specific problem, the court may look to evidence that the problem exists or that existing tools are ineffective in order to justify the imposition of the infringing measure. ...

Overall, while the approach to the minimal impairment stage is deferential, the government is typically required to demonstrate a reasonable basis, on the evidence, for concluding that its chosen means were minimally impairing and that it had sound reasons for rejecting proposed alternatives.

There was significant research before the Court indicating that standardized testing of teachers had only a modest impact on student performance especially when compared to other strategies such as enhanced mathematics training for teachers. The policy makers considered, but rejected, these alternatives as interfering with the independence of the training programs for teachers.

The Court concluded that these alternatives were less impairing of the rights of racialized candidates and that they would likely be at least as effective as the MPT.

One “elephant in the room” is that the MPT requirement was not proposed by the regulator. Rather it was inserted in the legislation by the government in 2018 as a part of its “getting back to the basics” initiative. Courts have traditionally been wary of governments using professional regulatory bodies to achieve its policy goals: *Szmuiłowicz v. Ontario (Minister of Health)*, 1995 CanLII 10676 (ON SC), <https://canlii.ca/t/q15jd>. While conceptually the Court’s

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

analysis of the constitutionality of the provision should not be affected by the origin of the proposal, this circumstance may have been an implicit consideration in the Court's proportionality analysis.

Courts have been deferential to regulators enacting regulations, by-laws or policies, not requiring a significant amount of evidence to support their reasonableness: *Sobeys West Inc. v. College of Pharmacists of British Columbia*, 2016 BCCA 41 (CanLII), <https://canlii.ca/t/gn3cn>. However, things change dramatically when such an initiative has a discriminatory adverse impact. Then there is a burden on regulators to provide persuasive evidence that it has fully considered and balanced the importance of the goal being achieved against the discriminatory impact. That analysis by regulators includes the full consideration of less discriminatory alternatives. Evidence that the regulator did this analysis at the time the decision is made carries more weight than if only done after the legal challenge has been launched.

In these circumstances, right-touch regulation is not just an admirable concept, but a legal requirement. Thus a good policy making process includes an impact analysis, such as was very recently recommended by Harry Cayton in his Report of a Governance Review of the Law Society of British Columbia, (see especially pp. 29-30): <https://www.lawsociety.bc.ca/Website/media/Shared/docs/about/GovernanceReview-2021.pdf>.

Since an adverse impact, by definition, arises when a provision or requirement appears neutral on its face, regulators would be well advised to conduct an impact analysis for all major policy decisions.

A New Approach by Regulators to Intimate Partner Violence?

by Erica Richler
February 2022 - No. 263

The way in which regulators respond to sexual abuse of clients has evolved over the years. A traditional approach viewing the conduct as unbecoming evolved into a new approach viewing the conduct as a fundamental abuse of power and trust.

The evolving understanding of how regulators should respond to intimate partner violence by practitioners is on the cusp of a rethink.

The Recent Approach

The recent response by professional regulators to intimate partner violence has been an increasing concern that the conduct is highly unethical and brings the profession into disrepute. Thus, even though the conduct usually occurs outside of the practice of the profession, a meaningful response is called for. A recent example where this approach was taken, perhaps with more force than in the past, is found in *Kang (Re)*, 2021 LSBC 23 (CanLII), <https://canlii.ca/t/jq7ff>. In that case the practitioner disagreed with the characterization that the behaviour was “criminal and violent conduct” because the criminal charges were stayed in the face of a peace bond, which was protective in nature. The tribunal said:

The conduct in question is the Respondent’s actions in forcefully grabbing AB’s arms and legs and striking AB in the back of the head two or three times. This Panel characterizes this conduct as intimate partner violence.

Canadian courts have censured intimate partner violence, noting that it occurs in the privacy of one’s home, where one expects to

be safe and often away from the assistance of the public (see for example, *R. v. Donnelly*, 2010 BCSC 1786 at paras. 28 and 29). The seriousness of such acts is also reflected in legislation, for example, s. 718.2(a)(ii) of the *Criminal Code*, which mandates that abusing an intimate partner is an aggravating factor on sentence.

This Panel has no hesitation in finding that, in participating in an act of intimate partner violence, the Respondent engaged in conduct unbecoming the profession.

Given a number of mitigating factors in that case, the tribunal found that a two-month suspension was fair and reasonable.

However, other discipline cases involving intimate partner violence have resulted in only a fine: *Clarke (Re)*, 2021 LSBC 39 (CanLII), <https://canlii.ca/t/jjkfk>.

Under this recent approach, in addition to disavowing the conduct, the regulator also wishes to ensure that the conduct does not replicate itself in the practice of the profession. As such, courses and therapy may be added to deterrence sanctions in order to protect clients and colleagues from future harm.

For example, in *Law Society of Ontario v. Al Zahid*, 2021 ONLSTH 89 (CanLII), <https://canlii.ca/t/jqlpn> the practitioner had been convicted of criminal harassment for repeated communications and threats trying to persuade his former intimate partner to obtain an abortion. The threats included providing copies of recordings of intimate acts with a threat to use them to further harass the former intimate partner. In that case, the tribunal imposed a reprimand plus a requirement to continue in treatment for his behaviour.

In a case involving a health profession, *Ontario (College of Physicians and Surgeons of Ontario) v. Mukherjee*, 2019 ONCPSD 16 (CanLII),

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<https://canlii.ca/t/hzwcc> the practitioner broke a door into the intimate partner's residence, deliberately drove into her car and sent death threats by text message. The tribunal concluded:

Dr. Mukherjee exploited the power imbalance in his relationship with Ms. B, an intimate partner and employee, by threatening to withdraw the monetary support he was providing her. He did so in a manner that was aggressive and violent, leading to criminal convictions.

The penalty reflects the Committee's and public's expectation that physicians lead by example, including in matters of intimate partner violence and abuse. The six-month suspension and reprimand will serve as deterrents to Dr. Mukherjee and the profession, and send a strong message that such conduct will not be tolerated. Instruction in anger management will provide for Dr. Mukherjee's further rehabilitation. The six month suspension and instruction in anger management also satisfy the need to protect the public, which remains a paramount principle in determining an appropriate penalty.

The six-month suspension in that case indicates the increasing seriousness with which such conduct is being treated by some regulators.

Perhaps a case demonstrating the transition to the new approach is *Ontario (College of Physicians and Surgeons of Ontario) v. Dhanoa*, 2020 ONCPSD 28 (CanLII), <https://canlii.ca/t/j8dzd>. Part of the allegations related to making death threats and illegal possession of a knife "in a family setting". There were also concerns about substance abuse, for which the practitioner was being treated, and failing to disclose the charges and findings. In imposing a five-month suspension and professionalism courses, the tribunal said:

Aggravating factors include that violence was a component of the criminal conviction. Dr. Dhanoa was convicted of assault and given a conditional sentence and probation. The assault occurred in a family setting, which was particularly egregious. The fact that this was male violence against a female augments the egregiousness of the misconduct. As a physician, Dr. Dhanoa may be called upon to treat patients who have been subjected to domestic assault. He needs to be approachable and open to doing that. A conviction of this sort does not inspire confidence that he will fulfill his duty in that regard.

The case is significant for explicitly recognizing both the frequent gender dynamics of the conduct and the impact of the conduct on future patients who have experienced intimate partner violence, albeit as aggravating factors on sanction.

An Emerging New Approach?

In *B.M.D. et al. v. HMTQ*, 2021 ONSC 5938 (CanLII), <https://canlii.ca/t/jhz3p> a practitioner was charged and then pleaded guilty criminally to offences that involved intimate partner violence. The regulator was required by legislation to post the charges and, later, the findings, on the public register. The issue was whether the summary of the charges and findings should mention that they involved intimate partner violence. Even without using the intimate partner's name, many people would be able to identify her. The intimate partner filed an affidavit identifying the harm that she would experience if the posting mentioned the subject of the findings as being related to intimate partner violence.

Ultimately the Court concluded that the information should be posted and that the posting should refer to intimate partner violence:

I have concluded that the countervailing public interest in the College investigating and reporting on the criminal actions of one of its professional members outweighs [the intimate partner's] privacy interests. Further, I accept that the physician's commission of an intimate partner assault would be an important matter for his current patients and any potential patients to know about in choosing whether to accept him as their medical treatment provider. Such a choice is intimate to each person. Sadly, too many of a physician's patients may themselves be victims of intimate partner violence. Those individuals, if armed with information that their doctor had committed such an offence, should be afforded an opportunity to choose not to be treated by that physician."

The reasoning in this case suggests that a regulator's function when dealing with intimate violence goes beyond disavowing the conduct, protecting the reputation of the profession, and preventing the conduct from encroaching into the practice context. The regulator also has an ongoing obligation to recognize the harm that can occur to clients and colleagues of the practitioner. Clients and colleagues who have experienced intimate partner violence should have the choice of avoiding dealing with a practitioner with a history of such conduct. Clients and colleagues who share their history of intimate partner violence with a practitioner may legitimately feel that their trust has been violated if they later learn that the practitioner has a history of that very behaviour.

The implications of this new approach remain to be developed. Are all professions equally affected, or is this new approach primarily applicable to professions in which disclosure of intimate partner violence may

be anticipated in the course of the professional relationship?¹ Will this approach result in more frequent disqualification from the profession like there is for frank acts of sexual abuse? How meaningful is the distinction between intimate partner violence involving touching compared to conduct that does not involve touching (like there often is for sexual abuse)? How relevant is the distinction between clients and non-clients (like there sometimes is for sexual abuse)? Will there be an assumption of vulnerability on the part of the recipient of the violence (as there is for sexual abuse) or will the vulnerability have to be proved on a case-by-case basis?

Finally, will a full implementation of the new approach require practitioners to notify, proactively, future employers, colleagues and clients of their history of intimate partner violence?

While not specifically related to professional regulation, the federal House of Commons Standing Committee on the Status of Women is currently studying the issue of intimate partner and domestic violence in Canada and will release a report with recommendations.

This is an important area for regulators of professions to monitor carefully.

¹ For example, lawyers practising family law are expected to screen for family violence with their clients.

External Review of Regulators by the Auditor General

by Natasha Danson
March 2022 - No. 264

There are proposals circulating that will expand the mandate of the Auditor General of Ontario to include auditing self-governing professions. It appears that such reviews will not be limited to the financial integrity of regulators. Given the recent audits of other arms-length regulators of professions and industries, the scope of those reviews will extend to questioning the regulatory approaches and philosophies of regulators.

Five of the more recent reviews by the Auditor General for non-government regulators have been for the following regulators:

- Ontario Motor Vehicle Industry Council
- Ontario Securities Commission
- Alcohol and Gaming Commission of Ontario
- Bereavement Authority of Ontario
- Electrical Safety Authority

By analyzing these reports one can obtain a sense of how the Auditor General perceives its role in such reviews.

Some aspects of those reports deal, as expected, with financial revenue and spending issues, including:

- The accumulation of large surpluses rather than using the resources to enhance regulation;
- Whether appropriate investment strategies were used for surplus funds;
- Whether the regulator's meal and hospitality reimbursement policy was appropriate;
- Compensation levels for staff compared to other regulators; and
- The percentage of compensation fund claims recovered from the offending registrants.

However, many aspects of those reports contain a much broader analysis of the regulators, including policy preferences for the approaches and philosophies of regulators. For example, below is a partial list of the points of scrutiny by the Auditor General.

Inspections and Related Compliance Monitoring

- The number of inspections, etc., conducted, including comparison to past years;
- The use of checklists for inspections, etc., and whether those checklists were made public so that practitioners and the public could better understand the expectations of the regulator;
- Public reporting of inspections, etc., and the accuracy of those public reports;
- The use of risk analysis and selection criteria for scheduling inspections, etc.;
- The necessity of inspections, etc., conducted;
- Whether inspections, etc., could be effectively and safely done remotely;
- The frequency of follow-up inspections, etc., where violations were found and whether they were prioritized on the basis of risk;
- Whether inspectors and enforcement staff were rotated so that they would not repeatedly be in contact with the same registrants;
- Whether regulators used "undercover investigators" or "mystery shoppers" to monitor compliance with the rules by registrants;
- Whether regulatory activities were coordinated with other regulators with overlapping mandates;
- The adequacy of information technology and analytical tools to monitor regulatory performance and to identify patterns of concerns within the profession or industry;
- Whether the regulator monitors the length of time to complete inspections, etc., and whether those timeframes are reasonable;

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- Whether the difference in enforcement action rates among enforcement staff was reasonable; and
- The rate of enforcement action flowing from complaints and the criteria used for evaluating complaints.

Governance

- The percentage of Board members who are from the regulated profession or industry;
- Whether there were term limits for Board members;
- The adequacy and completeness of the performance indicators and targets for the regulator;
- The length of time it took for the regulator to develop and implement key policy changes.

Registration

- The percentage of applicants for registration processed within the target timelines;
- The appropriateness of the registration criteria for applicants (e.g., financial responsibility);
- Whether the regulator follows up quickly with registrants who file incomplete information with their renewal applications;
- Whether the regulator follows up on practitioners who do not renew their registration to ensure that they are not acting illegally; and
- Whether the regulator effectively deters illegal practice by checking advertising and posing as consumers to see the prevalence of illegal practice.

CPD and Quality Assurance

- Whether registrants are required to complete continuing professional development in order to renew their registration.

Public Awareness Activities

- Consumer awareness of their rights and whether the regulator publishes the results of surveys measuring consumer awareness;
- Whether the regulator answers technical questions or has a meaningful way for members of the public to obtain answers to those questions; and
- Whether prices for similar services charged by practitioners was within a reasonable range.

Legislation and Government Role

- The appropriateness of the limits on the compensation fund criteria established in the legislation;
- Whether practitioners should be required to post specified consumer information (e.g., prices for services) online;
- The lack of Ministry oversight related to governance concerns within a regulator;
- Whether the legislation permits the regulator to issue “tickets” and administrative monetary penalties;
- Whether the regulator should be regulating additional categories of practitioners or transactions; and
- Whether the regulator was consulted by government on policy issues or pandemic strategies in which the regulator had expertise.

This broader mandate for the Auditor General is justified under the “value for money” principle, despite the fact that most of these regulators do not receive public funds. As the Auditor General frequently conducts follow up reviews to ascertain whether its recommendations were implemented, these reports can have a significant impact on the future priorities of the regulators subject to the reviews.

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A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

Commentary

<https://www.auditor.on.ca/>.

While one can see the value in holding regulators accountable, a number of questions arise as to the appropriateness of using the Auditor General to assume this role. Does the Auditor General have the expertise to assess these matters? Is it fair to assess a regulator on criteria that are not established in advance? Are the assumptions behind the Auditor General's assessment valid (e.g., Should the regulator be the source of casual advice for members of the public as to the content of technical standards? Should the regulator directly address prices charged by practitioners?)?

Will these reports have the effect diminishing the role of a regulator's Board setting regulatory priorities (e.g., a shift from "right-touch regulation" principles to ticking off timely follow-up boxes)? Does the regulatory cost of participating in the review constitute value for money?

External scrutiny of regulators is a trend that is taking hold in Canada. For example, in British Columbia the Office of the Superintendent of Professional Governance has an oversight role for a number of professions. In Ontario the Office of the Fairness Commissioner is already conducting a similar role for the registration practices of most professions, duplicating the proposed role of the Auditor General.

Ultimately, assuming that external monitoring is valuable, is having the Auditor General periodically conduct intensive reviews of some selected regulators the best way of conducting such oversight?

Regardless of the answers to these questions, regulators should consider whether the general recommendations made by the Auditor General in previous reviews warrant reconsideration of some of their own processes.

The reports of the Auditor General can be found at:



FAIRNESS COMMISSIONER

COMMISSAIRE À L'ÉQUITÉ

OFFICE OF THE FAIRNESS COMMISSIONER
BUREAU DU COMMISSAIRE À L'ÉQUITÉ

595 rue Bay St., Suite/Bureau 1201, Toronto ON M7A 2B4

February 2, 2022

Dear Registrars and Chief Executive Officers:

I am writing to provide you with a [link](#) to our office's new *Legislated Obligations and Fair Registration Best Practices Guide for Regulated Professions and Compulsory Trades* (the guide).

In developing this important document, we consulted widely with regulators, representatives from the immigration and settlement communities, and subject matter experts. When we met with regulators in September 2021 to present the guide, there was widespread consensus that it was a useful document. In the intervening time frame, we have made some minor enhancements to the document in response to comments that we received. Given that your organization is already familiar with the contents of the guide, we have determined that it will come into effect on *March 1, 2022*.

The purpose of this guide is two-fold. First, to provide regulators with information and advice to more fully understand how to comply with their obligations under the *Fair Access to Regulated Professions and Compulsory Trades Act* (FARPACTA). Second, to offer our staff a tool to help them assess the degree to which a regulator is achieving such compliance. We also considered it essential to supplement these obligations with lists of best practices designed to improve the quality, timeliness, and fairness of registration decisions, and to generally promote excellent client-service.

Owing to some differences between the wording of FARPACTA and Schedule 2 of the *Regulated Health Professions Act*, this guide only applies to the non-health professions and to Skilled Trades Ontario. We



are currently working with the Ontario Ministry of Health to develop a companion document for the health colleges, which will be circulated for comment at a later date.

While the two documents will be different in certain respects, they also exhibit many similarities. Thus, I would also encourage the health regulatory colleges to carefully reflect on the contents of the guide, with particular reference to the embedded best practices, which have wide applicability across the regulatory community. These best practices will now substitute for the database of exemplary practices that our office had previously posted on our web site.

I should also point out that the guide forms one component of our **office's new compliance approach, which features our recently** promulgated risk-informed compliance framework, which can be accessed through this [link](#).

It is our plan to keep the list of our best practices evergreen. We plan to review them regularly to ensure that they remain current. We view this collection as a common resource and invite regulators to assist us to keep these ideas timely, forward looking and relevant.

I wanted to raise one related point. As you know, on December 2, 2021, the *Working for Workers Act* received Royal Assent. This legislation contains a number of provisions designed to modernize FARPACTA and reduce barriers encountered by internationally trained applicants.

These provisions involve establishing maximum time limits for the registration process, reducing the number of language proficiency tests that applicants must take, enabling regulators to maintain the continuity of their registration processes during emergency situations and eliminating the Canadian experience requirement, unless a regulator can make compelling case for its retention.



The government recently completed consultations to develop the necessary regulatory provisions to operationalize the legislation. Once these regulations are finalized, our office will update the guide to incorporate these new requirements.

I would ask that you circulate the guide to your board members, leadership team and staff as appropriate. Your assigned Compliance Analyst would be happy to respond to any questions that you may have about the document.

Finally, I would like to thank everyone who was involved in developing the guide, which I hope that you will find to be helpful as you undertake your important and complex mandates.

Sincerely,

[Original signed by]

Irwin Glasberg
Fairness Commissioner

Meeting Date:	March 21, 2022
Issue:	COVID-19 Activity Log
Reported By:	Ann Zeng
Action:	Information

Issue

The College is providing a summary of the steps it has taken up until March 10, 2022 in response to COVID-19.

Background

- A Business Continuity Plan (BCP) was drafted to address action plans in the event leading up to, during, and after an emergency pandemic or disaster.
- A business continuance – department function guide was developed to anticipate and plan for, the needs of each department during the event of a pandemic or disaster.
- A dedicated response team was temporarily formed, comprised of key personnel at the College. The purpose of this team is to ensure a coordinated response from the College on multiple fronts during the pandemic.
- Moved the CTCMPAO office to remote operations on March 17, 2020 and staff are adhering to physical distancing requirements.
- Attends daily meetings with the Ministry, and hosts daily meetings with the College response team and weekly meetings with all staff.
- Suspended all work-related travel for staff and Council members.
- All Council, Committee, staff meetings are held by teleconference/virtual meetings.
- Postponed General Conference, Safety and Jurisprudence tests, and practice assessments.
- Created a [webpage](#) dedicated to COVID-19 containing useful information for the public and the practitioners, links to the Ministry of Health, and other reliable sources of COVID-19 information.
- An emergency preparedness plan was developed and shared with staff on March 13, 2020. It included response plans in the event staff was required to quarantined, what and how to gain access to key functions of the company during the pandemic to minimize disruptions to core business functions.
- Sent regular communications to membership on COVID-19 updates and announcements via email, College website updates and **frequent** social media updates.
- Completed Ministry of Health – Request for Information survey.
- Verified the Volunteers list for the MOH
- Drafted FAQ based on questions asked by members to be posted on the College website.
- Drafted financial support statement to be shared with individuals who ask specific questions and separate statement that was posted on the website.
- Drafted College position statements on telepractice and essential services.
- Registration team drafted a procedure for transfer to and from the Inactive class.

- Registration Committee approved interim changes to the application and registration process. Drafted a notice to applicants regarding these changes.
- Drafted letter to applicants/candidates regarding online courses and the Pan-Canadian examinations eligibility requirements.
- As a result of advertising concerns received to the College during the Pandemic, the College sent out cease and desist, along with educative letters to members that were found to be advertising inappropriately.
- Implemented the three-installment payment plan for members facing financial hardship.
- The Registrar attends bi-weekly video conference with other regulators to explore and discuss potential opportunities to collaborate with other regulators regarding a post-pandemic infection control plan.
- In the process of drafting a return to practice guidance for members.
- Worked in collaboration with other regulators to provide a unified response to insurance provider Sun Life regarding insurance claims that did not appear to be in compliance with the current guidelines of Ministry Directives and emergency regulations.
- Scheduled a virtual meeting with schools to address their questions regarding interim changes in the registration and application process due to COVID-19.
- Announced reduction of renewal fees for 2021-2022.
- Circulated draft return to practice guidance with MOH, professional associations and Council members for feedback.
- Allowed members who are unable to make the renewal fee payment in full to email the College with details of their financial situation by June 1, 2020 and the College will consider appropriate accommodations on a case-by-case basis.
- Shared the ministry directory of PPE suppliers in Ontario with the membership.
- Shared the 1-page return to practice guidance summary with membership before amended Directive 2 was released.
- Compiled a reference guide for ministry recommendations on PPE
- Revised the College's telepractice position statement to be reviewed by QAC
- Compiled an FAQ for members' return to practice
- Published updated telepractice position statement
- Published Return to Practice Guidance
- Announced full details of the reduction of the Registration renewal fee for 2021-2022
- Shared updated the COVID-19 Operational Requirements: Health Sector Restart document with members and public
- Shared webinar on COVID-19 Infection Prevention and Control for Regulated Health Professionals with members and public
- Shared updated Return to Practice Guidance and COVID-19 FAQ
- Reshared Ministry's operational requirements and the College's return to practice guidance document in light of Ontario regions entering modified Stage 2
- Announced that TCM practitioners and acupuncturists in Toronto and Peel regions may continue to operate amidst lockdown stage
- Summarized the Ontario Government's Stay-at-Home Order and reminded members to follow all Ministry directives and requirements and the College's guidance document

- Shared COVID-19 vaccination information and resources on College website
- Acted as a communicator on behalf of the Public Health Units (PHUs) to relay information regarding COVID-19 vaccination to CTCMPAO registrants in the respective areas
- Shared requirements for Pan-Can exams and supervised clinical training during COVID-19
- Informed of emergency brake shutdown, stay-at-home order, and updates to the Ministry of Health's Directive 2
- College continues to operate virtually as we monitor the COVID-19 situation. All meetings will continue to be held virtually until further notice
- Communicated to members regarding Directive 2 which was rescinded by the Ministry of Health, and reminded members that the College's return to practice guidance and telepractice position statement are still in effect
- Continued to assist Public Health Units (PHUs) in their effort to communicate second dose vaccination information to members of the College
- Communicated the government's provincial reopening plan announcements, the Ministry of Health's Directive 6, and updates to the COVID-19 patient screening guidance document to members
- Assisted York Region Public Health to thank members of the College in the region for their dedication to patients throughout the COVID-19 pandemic, and to provide an update on current vaccination efforts and case counts
- Continued to attend COVID-19 meetings with the Ministry every 5 weeks to informed on the latest COVID-19 updates
- Provided COVID-19 vaccination information reminder for TCM practitioners and acupuncturists
- Communicated COVID-19 vaccine eligibility and vaccine booster information
- Provided updates on Directive #2 for Health Care Providers

COVID-19 Website Updates:

Published Date	Announcement Title
Feb 14, 2022 (New update)	COVID-19 Update: Directive #2 for Health Care Providers Revoked
Feb 4, 2022 (New update)	COVID-19 Update: Updated Directive #2 for Health Care Providers
Jan 11, 2022	COVID-19 Update: Ontario Implements Directive 2 for Health Care Providers
Jan 5, 2022	COVID-19 Update: Ontario Moves to Modified Step 2 of the Reopening Plan
Dec 23, 2021	Ontario Extending Call to Arms to Businesses, Volunteers and Retired Health Professionals
Nov 5, 2021	TCM Practitioners and Acupuncturists are Eligible for COVID-19 Vaccine Booster

Sept 23, 2021	COVID-19 Vaccination Information Reminder for TCM Practitioners and Acupuncturists
Aug 27, 2021	Updated COVID-19 Patient Screening Guidance Document
Aug 18, 2021	Ontario Makes COVID-19 Vaccination Policies Mandatory for High-Risk Settings
July 19, 2021	COVID-19 Update: Ontario Moves to Step 3 of the Reopening Plan
June 30, 2021	COVID-19 Update: Ontario Moves to Step 2 of the Reopening Plan
May 20, 2021	Directive 2 Rescinded – Practitioners Must Continue to Follow All COVID-19 Guidance
Apr 28, 2021	Clarification from Ministry of Health on Updated Directive 2
Apr 22, 2021	Directive 2 Updated – No Change to Current CTCMPAO Guidance
Apr 7, 2021	Ontario Government Issues Stay-at-Home Order – No Changes for Regulated Health Professionals
Apr 1, 2021	Regulated Health Professionals May Continue to Operate During Emergency Brake Shutdown
Mar 18, 2021	Pan-Canadian Examinations and the Supervised Clinical Training Requirement during the COVID-19 Pandemic
Feb 17, 2021	COVID-19 Vaccination Prioritization of Health Care Workers
Jan 14, 2021	COVID-19 Vaccination Information and Resources
Jan 12, 2021	Ontario Government Issues Stay-at-Home Order and Introduces Enhanced Enforcement Measures to Reduce Mobility

To see the full list of COVID-19 related announcements from the College, including updates from 2020, please visit [this webpage](#).




COVID-19 Mailchimp Emails:

Published Date	Email Heading
Nov 10, 2021	COVID-19 Booster Doses: Registered Health Professionals in Peterborough (COVID-19 Information sent to members working/residing in Peterborough Public Health area)

Nov 5, 2021	TCM Practitioners and Acupuncturists are Eligible for COVID-19 Vaccine Booster
Oct 1, 2021	Educational Tips: Do Practitioners Need to Disclose Their Vaccination Status to Patients?
Sept 1, 2021	Update from York Region Public Health to Health Care Providers (COVID-19 Information sent to members working/residing in York Region)
Aug 27, 2021	Updated COVID-19 Patient Screening Guidance Document
Aug 18, 2021	Ontario Makes COVID-19 Vaccination Policies Mandatory for High-Risk Settings
Jun 3, 2021	Booking A Second Dose Of The COVID-19 Vaccine (COVID-19 Vaccine Information from Eastern Ontario Health Unit)
May 20, 2021	Directive 2 Rescinded – Practitioners Must Continue To Follow All COVID-19 Guidance
May 4, 2021	COVID-19 Vaccine: Dose 2 Appointments (COVID-19 Vaccine Information from Simcoe Muskoka District Health)
Apr 19, 2021	Eastern Ontario Health Unit (EOHU) Job Opportunity - Vaccinators Needed (COVID-19 Vaccine Information from Eastern Ontario Health Unit)
Apr 14, 2021	Halton Region update: All HCW not working at home, now eligible to book COVID-19 vaccine appointment (COVID-19 Vaccination Pre-Registration from Halton Region Public Health)
Apr 6, 2021	Health Care Worker Vaccination Instructions for Those Working/Residing in HKPR District Health Unit Area (COVID-19 Vaccine Pre-Registration from Haliburton, Kawartha, Pine Ridge District Health Unit)
Mar 31, 2021	Vaccine Confidence Information and Tools for Healthcare Workers (COVID-19 Vaccine Information from Eastern Ontario Health Unit)
Mar 26, 2021	Moderate Priority Health Care Workers (HCWs) in Simcoe Muskoka District Now Eligible For COVID-19 Vaccination (COVID-19 Vaccination Pre-Registration from Simcoe Muskoka District Health)
Mar 24, 2021	Peterborough Public Health COVID-19 Vaccination Info For 'Moderate Priority' Health Care Workers (COVID-19 Vaccination Pre-Registration from Peterborough Public Health)
Mar 19, 2021	COVID-19 Vaccine Appointments For Health Care Workers In The Huron Perth Public Health Region

	(COVID-19 Vaccination Pre-Registration from Huron Perth Health Unit)
Mar 19, 2021	COVID-19 Vaccine Appointments for Health Care Workers in the Eastern Ontario Health Unit Region (COVID-19 Vaccination Pre-Registration from Eastern Ontario Health Unit)
Mar 18, 2021	COVID-19 Vaccination Booking Instructions For Peel Region Health Care Workers (COVID-19 Vaccination Pre-Registration from Peel Region Public Health)
Mar 16, 2021	Memo To Invite High Priority Health Care Workers In York Region For Vaccination (COVID-19 Vaccination Pre-Registration from York Region Public Health)
Mar 15, 2021	‘High Priority’ Health Care Workers in Halton Region Now Eligible for COVID-19 Vaccine (COVID-19 Vaccination Pre-Registration from Halton Region Public Health)
Mar 12, 2021	Toronto COVID-19 Vaccine Call Centre and Website Announcement (COVID-19 Vaccination Pre-Registration from Toronto Public Health)
Mar 11, 2021	Peterborough Public Health COVID-19 Vaccination Information For Health Care Workers (COVID-19 Vaccination Pre-Registration from Peterborough Public Health)
Mar 8, 2021	IMPORTANT INFORMATION: Pre-Registration Process For COVID-19 Vaccine (COVID-19 Vaccination Pre-Registration from Wellington-Dufferin-Guelph Public Health)
Mar 8, 2021	Community Healthcare Workers Can Now Register For COVID-19 Vaccination In Hamilton (COVID-19 Vaccination Pre-Registration from Hamilton Public Health)
Mar 8, 2021	Vaccination Booking Process: Email 1 of 2 Vaccination Booking Process: Email 2 of 2 (COVID-19 Vaccination Pre-Registration from Niagara Region Public Health)
Feb 17, 2021	COVID-19 Prioritization of Health Care Workers
Jan 20, 2021	Can I discuss vaccines with my patients?
Jan 14, 2021	COVID-19 Vaccination Information and Resources
Jan 12, 2021	Ontario Government Issues Stay-At-Home Order And Introduces Enhanced Enforcement Measures To Reduce

COVID-19 Related Social Media Posts:

Published Date	Social Media Post
Feb 21, 2022 (New update)	<div data-bbox="456 415 521 478">  </div> <div data-bbox="542 409 685 443"> CTCMPAO </div> <div data-bbox="542 449 870 483"> February 21 at 10:00 AM · 🌐 </div> <div data-bbox="448 504 1367 579"> <p>Have questions about COVID-19 vaccination and TCM practice during the pandemic?</p> </div> <div data-bbox="448 598 1357 674"> <p>We have a list of answers to FAQs on COVID-19 vaccination and TCM practice on our COVID-19 information webpage.</p> </div> <div data-bbox="448 690 1161 728"> <p>See the webpage to learn more: https://bit.ly/3JgcGNi</p> </div> <div data-bbox="418 751 1409 1268">  <p>COVID-19 Information and Resources</p> <p>ctcmpao.on.ca/resources/covid-19</p> <p>  College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario Ordre des praticiens en médecine traditionnelle chinoise et des acupuncteurs de l'Ontario </p> </div>

Feb 18, 2022
(New update)



CTCMPAO

February 18 at 1:14 PM · 🌐

...



**Youth aged 12 to
17 can now book
their COVID-19
booster dose**



Ontario Ministry of Health ✓

February 18 at 9:45 AM · 🌐

Youth 12-17 can now book a COVID-19 booster dose appointment:

- at [Ontario.ca/bookvaccine](https://ontario.ca/bookvaccine)
- by calling 1-833-943-3900
- at select pharmacies administering the Pfizer vaccine

Appointments will be six months after a second dose. Youth must be 12 at the time of the appointment.

Feb 7, 2022
(New update)

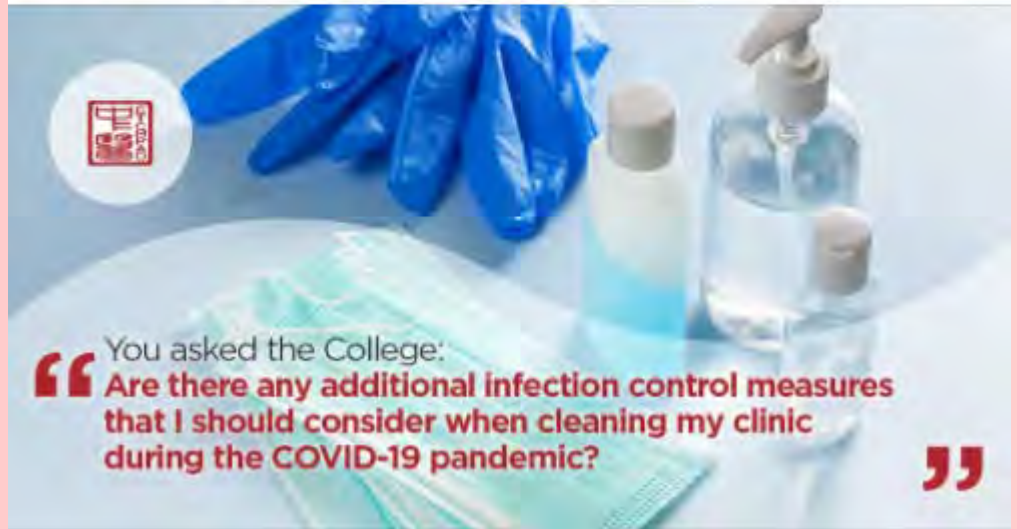


CTCMPO

February 7 · 🌐

...

TCM practitioners and acupuncturists, you asked the College: "Are there any additional infection control measures that I should consider when cleaning my clinic during the COVID-19 pandemic?" Learn more about this topic in our latest Educational Tip: <https://bit.ly/3skZsYF>



Dec 20, 2021



CTCMPO

December 20, 2021 · 🌐

...

Reminder: Starting today, all Ontarians 18+ will be eligible to book for a COVID-19 booster appointment.

If you are eligible for a booster or need a first or second dose, book your appointment as soon as possible. Learn how at [Ontario.ca/bookvaccine](https://ontario.ca/bookvaccine)



Starting December 20,
all Ontarians 18+ will be
eligible to book their
COVID-19 booster
appointment



Ontario Ministry of Health

December 19, 2021 · 🌐

Starting tomorrow, individuals 18+ will be eligible to receive their COVID-19 booster dose three months after their second dose.

If you are eligible for a booster or need a first or second dose, book your appointment as soon as possible. Learn how at [Ontario.ca/bookvaccine](https://ontario.ca/bookvaccine)

Dec 16, 2021



CTCMPO

December 16, 2021 · 🌐



Starting December 20,
all Ontarians 18+ will be
eligible to book their
COVID-19 booster
appointment



Ontario Ministry of Health ✓

December 15, 2021 · 🌐

To protect our progress and safeguard hospital and ICU capacity from Omicron, Ontario is expanding booster eligibility to all individuals 18+ starting Monday.

In addition, the interval will be shortened to three months after an individual's second dose.

Starting today, individuals 50+ and others currently eligible who have already booked their booster appointment can call 1-833-943-3900 to re-book at the three-month interval.

They can also change their appointment at ontario.ca/bookvaccine starting on Dec 20.

Learn more: <https://news.ontario.ca/.../all-ontarians-18-eligible-for...>

Dec 13, 2021



CTCMPO

December 13, 2021 · 🌐



Starting on December 13,
Ontario is expanding
booster eligibility to
adults aged 50+



Ontario Ministry of Health 🇺🇸

December 10, 2021 · 🌐

Starting December 13, individuals 50+ will be eligible to book their COVID-19 vaccine booster dose if at least 6 months have passed since their last dose.

Appointments can be booked at [Ontario.ca/bookvaccine](https://ontario.ca/bookvaccine) or by calling the Provincial Vaccine Contact Centre at 1-833-943-3900.

Dec 1, 2021



CTCMPO


December 1, 2021 · 🌐

...



Eligible individuals
can now book their
booster dose of the
COVID-19 vaccine



Ontario Ministry of Health 

November 30, 2021 · 🌐

Some Ontarians are now eligible to receive a booster dose of the COVID-19 vaccine, providing an extra layer of protection against COVID-19.

To find out if you're eligible to receive a booster dose, visit: covid-19.ontario.ca/getting-covid-19-vaccine

Nov 22, 2021



CTCMPO

November 22 at 11:12 AM · 🌐

📧

Starting November 23 at 8:00 a.m., children aged five to 11 will be eligible to book an appointment for the COVID-19 vaccine



PARTICIPATING PHARMACIES



SELECT PRIMARY CARE SETTINGS



SCHOOL-BASED CLINICS



MASS IMMUNIZATION CLINICS



Ontario Ministry of Health ✓

November 22 at 8:54 AM · 🌐

As of 8 a.m. on November 23, children five to 11 will be eligible to book a vaccine appointment:

- at [Ontario.ca/bookvaccine](https://ontario.ca/bookvaccine) or by calling 1-833-943-3900
- through public health units using their own booking system
- participating pharmacies
- select primary care providers

Nov 22, 2021



CTCMPSAO

November 22 at 11:11 AM · 🌐

... 3.0K



**COVID-19 vaccine
bookings to open for
all children aged five
to 11 beginning on
November 23**



Ontario Ministry of Health 🇺🇸

November 22 at 8:53 AM · 🌐

Following Health Canada's approval of the paediatric Pfizer COVID-19 vaccine, children aged five to 11 will be eligible to book their appointment to receive the vaccine beginning Tuesday, November 23, 2021 at 8:00 a.m. <https://news.ontario.ca/.../covid-19-vaccine-bookings-to...>

Nov 9, 2021



CTCMPO

November 9 at 1:58 PM · 🌐

...



Starting November 6,
the following groups
will be eligible to book
their COVID-19 booster
dose appointment:

- Individuals aged 70+
(born in 1951 or earlier)
- Health care workers
- Individuals who received two doses
of the AstraZeneca vaccine or one
dose of the Janssen vaccine
- First Nation, Inuit and Métis adults
and their non-Indigenous
household members



Ontario Ministry of Health ✓

November 6 at 10:48 AM · 🌐

Starting today, additional high-risk groups can make an appointment to receive their COVID-19 booster dose, if at least 6 months have passed since their last dose. To book, visit:

[Ontario.ca/bookvaccine](https://ontario.ca/bookvaccine)

Oct 4, 2021	<div data-bbox="527 205 1307 829">  CTCMPAO October 4 · 🌐 <div data-bbox="1237 226 1269 247">...</div> <p>TCM practitioners and acupuncturists, you asked the College "A patient questioned if I have received the COVID-19 vaccine, am I required to tell them?" See the answer to this question and more in our latest Educational Tip: https://bit.ly/3F8b6M5</p>  <p>You asked the College: A patient questioned if I have received the COVID-19 vaccine, am I required to tell them?</p> </div>
Sept 24, 2021	<div data-bbox="527 840 1307 1545">  CTCMPAO September 24 · 🌐 <div data-bbox="1237 861 1269 882">...</div> <p>In recent weeks, the College has received a number of inquiries regarding COVID-19 and vaccinations.</p> <p>The College expects members to comply with the COVID-19 practice recommendations and directives from the health authorities.</p> <p>See the full announcement to learn more: https://bit.ly/3zKQ1DO</p>  <p>Reminder on COVID-19 Vaccination Information for TCM Practitioners and Acupuncturists</p> </div>

Sept 15, 2021



CTCMPO
September 15 · 🌐

...

Reminder: Starting September 22, individuals in Ontario will be required to provide proof of vaccination to access certain businesses and settings.

Learn more: <https://news.ontario.ca/.../ontario-releasing-guidance-to-...>

Ontario releases guidance to support proof of vaccination policy



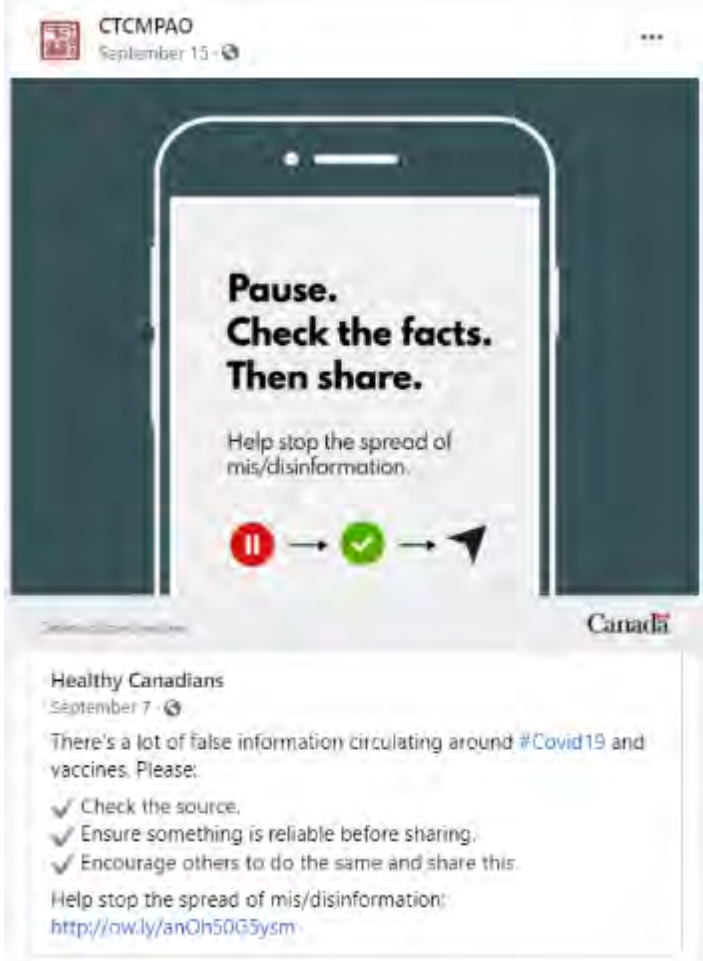
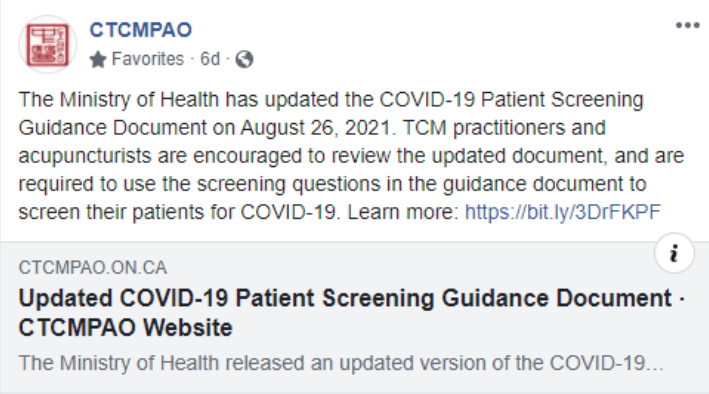
Ontario Ministry of Health

September 14 · 🌐

Ontario is taking action to confront the Delta-driven fourth wave and encourage more eligible individuals to get their shot.

Starting September 22, individuals will be required to provide proof of vaccination to access certain businesses and settings.

<https://news.ontario.ca/.../ontario-releasing-guidance-to-...>

<p>Sept 15, 2021</p>	
<p>Aug 27, 2021</p>	

Aug 19, 2021

CTCMPOA
★ Favorites August 19




Starting August 18,
**children turning 12
years old before the
end of 2021** will be
eligible to receive
the Pfizer vaccine

Ontario Ministry of Health
★ Favorites August 17

In further support of a safe return to school, Ontario is ensuring more children benefit from the protection offered by the COVID-19 vaccine. Starting August 18, all children turning 12 before the end of 2021 will be eligible to receive their 1st dose.
<https://news.ontario.ca/.../ontario-makes-covid-19-vaccinatio...>

Aug 19, 2021

CTCMPOO
★ Favorites · August 19 · 🌐



Ontario will begin offering third doses of the COVID-19 vaccine to the most vulnerable Ontarians

Ontario Ministry of Health
★ Favorites · August 17

To provide our most vulnerable with an extra layer of protection, Ontario will begin offering third doses of the COVID-19 vaccine to those at highest risk, including immunocompromised individuals.

Learn about third doses: <https://news.ontario.ca/.../ontarios-updated-covid-19-vaccine>

Aug 18, 2021

CTCMPOO
★ Favorites · August 18 · 🌐

On August 17, 2021, the Ontario government issued a directive mandating COVID-19 vaccination policies for high-risk settings.

See here to learn more about this announcement and what it means for TCM practitioners and acupuncturists: <https://bit.ly/3iZHFmE>



CTCMPOO ON.CA

Ontario Makes COVID-19 Vaccination Policies Mandatory for High-Risk Settings - CTCMPOO Website

July 22, 2021



CTCMAPAO

★ Favorites · July 22 · 🌐

...

**Electronic
vaccination
receipts can be
downloaded or
printed from the
provincial portal**



Ontario Ministry of Health ✓

★ Favorites · July 21

For those vaccinated in Ontario, electronic COVID-19 vaccination receipts can be downloaded or printed from the provincial portal.

To get your receipt, you will need:

- A green OHIP card
- Your date of birth
- Your postal code

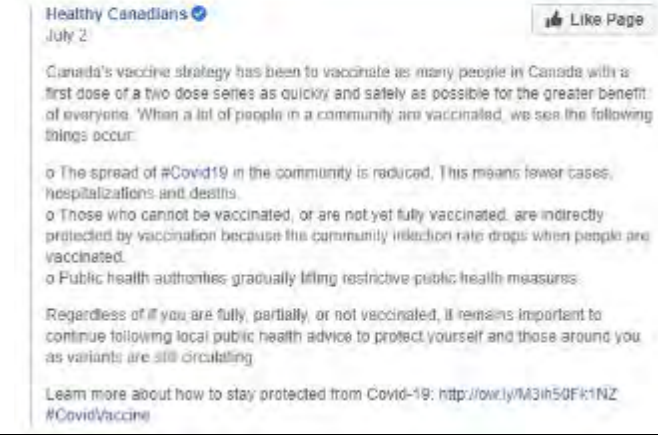
Get your receipt today: <https://covid-19.ontario.ca/covid-19-vaccine-booking-support...>

If you have a red and white health card, call the Provincial Vaccine Booking Line at 1-833-943-3900. The call centre agent can email you a copy of your receipt.

July 9, 2021




July 9, 2021



	June 30, 2021


[illegible]

June 28, 2021


CTCMPAO

★ Favorites · June 28 ·

COVID-19 resources available in multiple languages



Canada.ca/covid19info

Canada

Healthy Canadians

June 21

Like Page

Want to help your community understand the importance of getting vaccinated?

You can help build vaccine confidence within your community by sharing credible information on #CovidVaccines in their language.

Find resources and web pages in numerous languages to help everyone make an informed decision about COVID-19 vaccination: <http://ow.ly/OXQI50FteIq>

#VaccinesWork

[illegible]

Booked your COVID-19 vaccine appointment?

Tips on what to do before, during, and after your vaccination.

Canada.ca/covid-vaccine

Canada

Healthy Canadians ✓
June 19

Booked your #CovidVaccine appointment? A big "air high five" to you!

So, what's next? Check out tips on what to do before, during, and after your vaccination experience 🙌
<http://ow.ly/OzB50F7wTP>

June 17, 2021



CTCMPO

★ Favorites · June 17 · 🌐

...

Ontario is accelerating
eligibility **to book a second
dose appointment** for those
who received a first dose of
an mRNA vaccine

MONDAY	WEDNESDAY	WEEK OF JUNE 28
JUNE 21	JUNE 23	
ALL ONTARIANS 1 st dose on or before May 9	DELTA HOT SPOTS 1 st dose on or before May 30	ALL ONTARIANS 18+



Ontario Ministry of Health ✓

★ Favorites · June 17

With a majority of adults having received their 1st dose of the COVID-19 vaccine and over 3M doses of the Moderna vaccine arriving in June, Ontario is continuing to accelerate its vaccine rollout by expanding eligibility for 2nd doses ahead of schedule. <https://news.ontario.ca/.../accelerated-second-dose-eligibili...>

June 17, 2021



CTCMFAO

★ Favorites · June 17 · 🌐

...



**Starting the week of
June 28, all Ontarians 18+**
who received their first
dose of an mRNA vaccine
can book their second
dose appointment



Ontario Ministry of Health

★ Favorites · June 17

Starting the week of June 28, all Ontarians 18+ who have received their first dose of an mRNA #COVID19 vaccine (Moderna or Pfizer) will be eligible to book their second dose appointment. The appointment will be scheduled at least 28 days after the first dose. <https://news.ontario.ca/.../accelerated-second-dose-eligibili...>

June 11, 2021

CTCMPTAO
★ Favorites · 19m

COVID-19 Roadmap for Reopen - Key highlights

Indicator	Target	Current Status
1. 60% Adults with one dose	60%	60%
2. 70% Adults with two doses	70%	70%
3. 70-80% Adults with one dose	70-80%	70-80%

Ontario Ministry of Health
★ Favorites · 7h

As of 12:01 a.m., Ontario has moved into Step One of its Roadmap to Reopen based on the provincewide vaccination rate and improvements in key indicators.

As we begin to enjoy more activities in Step One please do so safely by following public health advice and getting vaccinated.

June 11, 2021

CTCMPTAO
★ Favorites · 8h

Starting June 14, individuals who received their first dose on or before May 9 and live in these Delta hot spots can book their accelerated second dose appointment:

**Halton
Peel
Porcupine
Toronto
Waterloo
Wellington-Dufferin-Guelph
York**

Ontario Ministry of Health with York Region (The Regional Municipality of York) and 6 others.
★ Favorites · 1d

Starting June 14 at 8:00 a.m., individuals who live in Delta hot spots and also received their first dose of an mRNA vaccine on or before May 9 will be eligible to book their accelerated second dose of the COVID-19 vaccine.

<https://news.ontario.ca/> /ontario-further-accelerates-second

Jun 4, 2021



CTCMPOD

★ Favorites · 3d · 🌐

...



Individuals 70+ or those who received their first dose on or before April 18 can now receive their second dose sooner



Ontario Ministry of Health

★ Favorites · 3d

Ontario is accelerating second doses of the COVID-19 vaccine ahead of schedule!

Individuals 70+ in 2021, as well as those who received a first dose of an mRNA vaccine on or before April 18, are invited to book an accelerated second dose appointment.

Starting today, eligible groups can book an accelerated second dose at select pharmacies and primary care settings.

Those who received a first dose of AstraZeneca can book their second dose appointment for AZ or an mRNA vaccine at select pharmacies.

As of 8:00 a.m. on June 7, individuals 70+ or those who received a first dose on or before April 18 will be able to move up a second dose appointment using the provincial booking system. Public Health units with their own booking system may expand sooner.

Learn more:

<https://news.ontario.ca/.../ontario-expanding-accelerated-sec...>

May 31, 2021

[illegible]

May 21, 2021


CTCMAPAO


Favorites
May 21





COVID-19 Roadmap to Reopen - Key Highlights

1	2	3
60% Adults with one dose <small>20% fully vaccinated</small>	70% Adults with one dose <small>20% fully vaccinated</small>	70-80% Adults with one dose <small>20% fully vaccinated</small>
Reduced risk with limited, well-managed reopening and preventing restrictions to fail	Open indoors with strict conditions and face coverings and exposed outdoors	Expanded business where they can safely launch changes to open
<ul style="list-style-type: none"> Larger outdoor gatherings for up to 50 people Outdoor dining for up to 4 people per table Reopened retail capacity at 50% Non-essential retail at 25% Outdoor religious services, other outdoor gatherings with capacity limited to general 2 metres Physical distancing Outdoor sports, training, and personal training for up to 50 people City events Conferences and meetings Outdoor therapy Outdoor movie viewing and music performances Outdoor parties (which guests and seating capacity) 	<ul style="list-style-type: none"> Larger outdoor gatherings for up to 50 people Small, indoor gatherings for up to 5 people Outdoor dining for up to 4 people per table Reopened retail at 50% capacity Non-essential retail capacity at 25% Reopened a law services where face coverings can be worn in all phases Outdoor meetings and work spaces Outdoor entertainment and other parties Outdoor food service operations Outdoor evening, late night and entertainment Outdoor sports leagues and events Outdoor personal, performing arts, live music events and activities 	<ul style="list-style-type: none"> Larger indoor, well-managed gatherings Indoor dining Essential and non-essential retail open with limited capacity Larger outdoor religious services, other and community gatherings Indoor meetings and work classes Indoor sports and recreational facilities Indoor medical services Indoor attractions and cultural activities Dance and bingo halls Other outdoor activities from 50% up to 100% depending on specific conditions
45 days before next step	45 days before next step	45 days before next step

Key health indicators to monitor reopening
Reopening plan: CTCMAPAO and W. 1. 2020

Health indicators to monitor reopening
Reopening plan: CTCMAPAO and W. 1. 2020

For the full plan, visit [ontario.ca/reopen](#)

May 21, 2021	<div data-bbox="560 216 613 275"></div> <div data-bbox="630 216 742 239">CTCMPOA</div> <div data-bbox="630 247 847 270">★ Favorites · May 21 · 🌐</div> <div data-bbox="560 291 1279 445"> <p>Effective May 19th, 2021, Ontario's Chief Medical Officer Health has rescinded Directive #2 for Health Care Providers, approving the resumption of non-urgent and non-emergent surgeries and procedures.</p> <p>Learn more and see how it impacts TCM practitioners and acupuncturists: https://bit.ly/3u9hlbY</p> </div> <div data-bbox="560 478 716 501">CTCMPOA.ON.CA</div> <div data-bbox="560 510 1214 569"> Directive 2 Rescinded – Practitioners Must Continue to Follow All COVID-19 Guidance · CTCMPOA Website </div> <div data-bbox="560 579 1271 669"> <p>The Ministry of Health has released a memo to health care providers stating that Directive 2 has been rescinded, and that non-urgent and non-emergent surgeries and procedures may gradually resume. The memo...</p> </div>
May 18, 2021	<div data-bbox="594 730 643 774"></div> <div data-bbox="654 726 755 749">CTCMPOA</div> <div data-bbox="654 753 847 777">★ Favorites · May 18 · 🌐</div> <div data-bbox="573 795 1260 1652">  <p>The graphic features a white icon of a person sitting at a desk with a laptop on a dark blue background. Below the icon, the text reads: Individuals aged 18+ can now book their COVID-19 vaccinations. In the bottom right corner of the graphic is a small white circular logo with a stylized 'V'.</p> </div> <div data-bbox="604 1663 831 1686">Ontario Ministry of Health</div> <div data-bbox="604 1686 768 1707">★ Favorites · May 18</div> <div data-bbox="604 1724 1245 1791"> <p>Individuals aged 18 and over in 2021 can now book their COVID-19 vaccine appointment at a mass immunization clinic at ontario.ca/bookvaccine or through public health units that use their own booking system.</p> </div>

May 17, 2021

 **CTCMPAO**
★ Favorites · May 17 · 🌐

TCM practitioners and acupuncturists, don't forget to check the College's COVID-19 page for helpful information and resources relating to COVID-19, guidance on infection control procedures, and information on COVID-19 vaccines. Learn more: <https://bit.ly/3mQXwEr>



COVID-19
Information and
Resources

ctcmpao.on.ca/resources/covid-19

 College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario
Ordre des praticiens en médecine traditionnelle
chinoise et des acupuncteurs de l'Ontario

May 14, 2021

 **CTCMPAO**
★ Favorites · May 14 · 🌐



Get the facts about COVID-19 vaccines

The vaccines can't change your DNA.

mRNA vaccines provide instructions to your cells for how to make a coronavirus protein. This protein will trigger an immune response that will help to protect you against COVID-19. After the protein is made, our cells break down the mRNA and get rid of it. The mRNA vaccines never interact with your DNA.

Canada's mRNA vaccine 

Healthy Canadians 
May 11  Like Page

The mRNA #COVID19 vaccines hold information to teach your body how to fight off the virus – it can't and won't change your DNA.

Get the facts about COVID-19 vaccines: <http://ow.ly/8oUS50E17Gy>

May 10, 2021



CTCMFAO

...

★ Favorites · May 10 · 🌐

Have an upcoming appointment with a regulated health professional? Not sure what to expect?

Watch this video and see how the Ontario Health Regulators are keeping you safe during the COVID-19 pandemic.

<https://youtu.be/focIYtmTFgo>

#ONhealth



YOUTUBE.COM



Ontario Health Regulators keeping you safe during COVID-19

May 5, 2021



CTCMPAO
★ Favorites · 4h · 

Going out? Do it safely.

Your actions matter now more than ever.

Make informed choices



Stay home and away from others if you feel sick or have been told to isolate or quarantine.



Consider your personal risk level, especially if you are 65 or older, have chronic disease or conditions.



Avoid closed spaces with poor ventilation, and crowded places with people from outside of your immediate household.



Consider the risk level of those in your immediate household.



Follow public health advice and getting specific measures.



Consider the impact on your livelihood and potential harm to you if you need to quarantine or isolate.



Consider the spread of COVID-19 in your community, including trends of concern.



Consider limiting the use of electronic and other technology that could impact your judgment and impact your ability to follow public health advice.

Be COVID-wise

While vaccines roll out across Canada, continue to choose lower-risk activities and settings to protect yourself and others. Getting vaccinated helps to protect you, but for now, vaccines do not replace the need for all other public health measures, including personal preventive practices.

Risk is lower when:



You keep your close contacts (family) inside in your immediate household.



You remain outdoors when with people from outside of your immediate household.



You advise those around you on following personal preventive practices: keeping interactions as brief as best, and from the greatest physical distance possible, wearing a mask and limiting or avoiding hands with high risk contact.



The setting has many public health measures in place to reduce the spread of COVID-19. This is even more important with the spread of variants of concern.



The setting is well-ventilated with fresh air from a new filter, system or open doors, windows, windows.

Risk is higher when:



You remain outdoors when with people from outside of your immediate household.



You spend time indoors in closed spaces (with poor ventilation) and crowded places with people from outside your immediate household.



You do not follow personal preventive practices: interactions are not brief or brief, and not from the greatest physical distance possible, not wearing a mask, and not limiting or washing hands.



The setting doesn't have or has limited public health measures in place to help reduce the spread of COVID-19, and variants of concern.



The setting is poorly ventilated, has lack of ventilation systems, or is sitting close to others, close contact.

Remember that: Things (restaurants, bars) are a lower risk situation can become higher risk. Think about the risks and how they can change.

Keep yourself and others safe from COVID-19 so you can:



safely participate in society



Meet your physical, mental and mental health needs



Reduce the spread of COVID-19 in your community



You can help limit the spread.

Download the COVID-19 Alert app.

You can download the COVID-19 Alert app by visiting the app store or Google Play on your mobile device.

For more information on COVID-19

canada.ca/coronavirus

1-833-784-4397

Healthy Canadians 

2d



Like Page

Until more people in Canada are vaccinated and community transmission of #COVID19 decreases, we need to continue to protect ourselves and others by following pu. See More

Apr 30, 2021

CTCMPTAO
★ Favorites 5d

Get the facts about COVID-19 vaccines

The vaccines protect you.

Vaccination is one of the most effective ways to protect your health. COVID-19 vaccines provide instructions to your body's immune system to recognize and fight off the virus that causes COVID-19. The vaccines work with your body's natural defenses to develop protection against COVID-19.

Canada

Healthy Canadians
April 21

Like Page

When you get vaccinated, you're not only protecting yourself but you're protecting your community and those around you.

Get more information about the #COVID19 vaccines and how they protect you.
<http://www.ly/4pE50E15Kg>

Apr 27, 2021

CTCMPTAO
★ Favorites - April 27

NATIONAL IMMUNIZATION AWARENESS WEEK IS APRIL 24-30



Vaccines are safe, effective and keep you and your community safe

Ontario Ministry of Health
★ Favorites - April 23

April 24-30 is National Immunization Awareness Week. More than ever, we know how critical vaccines are in keeping you and your community safe, including immunocompromised people. Learn what vaccines, including for COVID-19, are available for you: ontario.ca/vaccines

Apr 19, 2021



CTCMPAO

★ Favorites · April 19 · 🌐

TCM practitioners and acupuncturists, don't forget to check the College's COVID-19 page for helpful information and resources relating to COVID-19, guidance on infection control procedures, and information on COVID-19 vaccines. Learn more: <https://bit.ly/3mQXwEn>



Apr 15, 2021



CTCMPAO

★ Favorites · April 15 · 🌐



23,242 Views

Healthy Canadians ✓

April 11

👍 Like Page

After getting vaccinated, mild to moderate side effects are very common and can last a few days. These side effects are a sign that your body is building protection against #COVID19.

Learn what to expect when getting the #CovidVaccine: <http://ow.ly/G9aa50EeDxX>
#VaccinesWork

Apr 12, 2021

CTCMPAO
★ Favorites · April 12 · 🌐

The College has updated our COVID-19 vaccine information with links to all local public health units' COVID-19 vaccination web pages. Please visit your local public health unit's website to find out how you can get a vaccine and learn more about their vaccine distribution plan. <https://bit.ly/3mCnwTQ>



CTCMPAO.ON.CA
Information on COVID-19 · CTCMPAO Website
This page contains links to the Ministry of Health (MOH), and other reliable

Mar 30, 2021

CTCMPAO
★ Favorites · March 30 · 🌐

Does your mask fit properly?

The way your mask fits can help protect you and others from COVID-19

- Choose a mask made of multiple layers, including at least 2 layers of tightly woven fabric and a third middle layer of filter-type fabric.
- Wipe your hands with soap and water for at least 20 seconds. If soap and water aren't available, use a hand sanitizer containing at least 60% alcohol.

- 1** Fit is important. Make sure your mask completely covers your nose, mouth and chin.

- 2** Check for gaps between your face and your mask.
Check the top, sides and bottom of your mask.

Check the edges of your mask for air leaks and adjust if necessary.
- 3** Adjust your mask so that it fits snugly.
Adjust the ties or ear loops.

Adjust the wire nose piece if your mask has one.

 Public Health Agency of Canada  Agence de la santé publique du Canada

Canada

Healthy Canadians
March 29

Like Page

To help protect you and your family from #COVID19, continue to wear a well-constructed, well-fitting, and properly worn mask. Make sure that your mask completely

See More

Mar 29, 2021

 **CTCMPAO**
★ Favorites · March 29 · 🌐




Canada.ca/covid-vaccine 

Healthy Canadians ✓
March 23


Like Page

Vaccines are the most effective way to prevent the spread of infectious disease. Check out the video below to get the facts about the development of #COVID19 vaccines.
<http://ow.ly/dach50DMPPs> #COVIDVaccine #VaccinesWork

Mar 24, 2021

 **CTCMPAO**
★ Favorites · March 24 · 🌐

TCM Practitioners and Acupuncturists, please check the College's COVID-19 information page regularly for updates on the COVID-19 vaccine distribution. The page is updated as more information becomes available from the Local Public Health Units and the Ontario government. Learn more: <https://bit.ly/2OABWaw>



Mar 23, 2021



CTCMPO

★ Favorites · March 23 · 🌐

Recognizing the challenges posed by the pandemic, the College has granted provisional approval to write the Pan-Canadian Examinations to all students whose supervised clinical training is delayed due to COVID-19. Learn more: <https://bit.ly/3cXnKjX>



Mar 17, 2021



CTCMPO

★ Favorites · March 17 · 🌐

**Ontario launches
provincial booking
system and customer
service desk for
COVID-19 vaccination
appointments**



**Ontario.ca/bookvaccine
1-888-999-6488**



Ontario Ministry of Health

★ Favorites · March 15

Ontario is launching a provincial online booking system and customer service desk for COVID-19 vaccination appointments at mass immunization clinics, starting w
See More

Mar 10, 2021



CTCMPO

★ Favorites · 2d · 🌐



For the latest information on Ontario's COVID-19 vaccination efforts, please visit the government's COVID-19 vaccines for Ontario web page for more details: <https://covid-19.ontario.ca/covid-19-vaccines-ontario>



COVID-19.ONTARIO.CA

COVID-19 vaccines for Ontario

Learn about Ontario's vaccination program to help protect us against...

Mar 5, 2021







CTCMPO

★ Favorites · March 5 · 🌐



The College has updated the COVID-19 Vaccination Information section of our COVID-19 Information webpage. This page will continue to be updated as more Public Health Units begin their vaccination registrations. Please visit the webpage for more details: <https://bit.ly/2MJ03mc>



Feb 19, 2021	<div data-bbox="565 212 1289 604">  CTCMPAO ★ Favorites · February 19 · 🌐 </div> <p>TCM Practitioners and Acupuncturists, please see this latest update regarding COVID-19 vaccination prioritization for health care workers: https://bit.ly/3quS7nb</p> <div data-bbox="565 388 1289 604"> CTCMPAO.ON.CA COVID-19 Vaccination Prioritization for Health Care Workers · CTCMPAO Website <p>The Ministry of Health has identified health care workers as a priority population for Phase 1 of Ontario's vaccination program. However, as we have seen, demand for the COVID-19 vaccine will initially exceed...</p> </div>
Jan 25, 2021	<div data-bbox="597 642 1237 1633">  CTCMPAO ★ Favorites · 3d · 🌐 </div>  <div data-bbox="597 1249 1237 1507"> Winter Blues? Learn about the supports available to you. </div> <div data-bbox="625 1522 1209 1633"> Ontario Ministry of Health  ★ Favorites · January 18 <p>The winter blues are real. Take some time to care for your mental health this winter. Find mental health supports: http://ontario.ca/d4mj</p> </div>

Jan 21, 2021



CTCMFAO

★ Favorites · January 21 · 🌐

With the recent distribution of the COVID-19 vaccine in Canada, you may be asked as a practitioner about your opinions on the subject of vaccines. You may be wondering, "Are vaccines an appropriate topic for me to discuss with my patients?" See the answer and more in our latest Educational Tip: <https://bit.ly/3iwLi1x>



Jan 15, 2021



CTCMFAO

★ Favorites · January 15 · 🌐






Be sure to check the Public Health Ontario website regularly for COVID-19 related resources. You can find a variety of FAQs, fact sheets, webinars, and other resources supporting the current public health, and health care guidance. <https://bit.ly/2LtZ8Fw>



PUBLICHEALTHONTARIO.CA

COVID-19 Health Care Resources | Public Health Ontario

These are posted on our website for reference but the most current...

<p>Jan 14, 2021</p>	<div data-bbox="548 212 609 268"></div> <div data-bbox="618 212 732 237">CTCMPOA</div> <div data-bbox="618 243 867 268">★ Favorites · January 14 · </div> <div data-bbox="1263 212 1292 228">...</div> <p>The Ministry of Health has released new COVID-19 vaccine-relevant information and planning resources. TCM Practitioners and Acupuncturists can find education documents on vaccines for health care providers, and more information about the approved COVID-19 vaccines: https://bit.ly/3shPPJu</p> <p>In particular, members are recommended to review the Guidance for Prioritizing Health Care Workers for COVID-19 Vaccination document: https://bit.ly/38G4G92</p> 
<p>Jan 13, 2021</p>	<div data-bbox="548 978 609 1035"></div> <div data-bbox="618 978 732 1003">CTCMPOA</div> <div data-bbox="618 1010 875 1035">★ Favorites · January 13 · </div> <div data-bbox="1263 978 1292 995">...</div> <p>Effective Thursday, January 14, 2021, at 12:01 a.m., the Ontario government will impose a Provincial Stay-at-Home Order and enhanced enforcement measures to reduce mobility to slow the spread of COVID-19.</p> <p>TCM Practitioners and Acupuncturists may continue to operate with all safety precautions in place. See the full announcement: https://bit.ly/35DYRGZ</p> <div data-bbox="540 1318 708 1339">CTCMPOA.ON.CA</div> <div data-bbox="1247 1297 1279 1339"></div> <p>Ontario Government Issues Stay-at-Home Order and Introduces Enhanced Enforcement Measures to Reduce Mobility · CTCMPOA Website</p> <p>Effective Thursday, January 14, 2021 at 12:01 a.m., the Ontario government will impose a Provincial Stay-at-Home Order and...</p>

Jan 11, 2021

CTCMFAO
★ Favorites January 11

Vaccine development and approval in Canada

Vaccine development

Phase I
10s of volunteers
• Is the vaccine safe?
• What is a safe dose?
• Are there any side effects?

Phase II
100s of volunteers
• How well does the vaccine work?
• Is it safe on a larger number of people?
• Does it meet efficacy goals?

Phase III
1000s of volunteers
• Does the vaccine prevent disease?
• What are the side effects?

Exploratory → Preclinical → Clinical Trials → Application

Review and approval of vaccines

Types of Health Canada experts conduct a thorough and independent review of all vaccine data.

Health Canada approves a vaccine if it is safe, it works, it meets manufacturing standards, and the benefits outweigh the risks.

Governments coordinate the purchase, logistics and distribution of vaccine across Canada.

All Canadians have access to the vaccine.

Continuous monitoring and review to confirm the safety of the vaccine, and that benefits outweigh risks.

Scientific Review → Approval → Distribution → Vaccination → Ongoing Monitoring and Review

* For COVID-19 vaccines, Health Canada is using a fast-track process that allows manufacturers to submit data as it becomes available, and for Health Canada experts to start the review process right away. Vaccines will only be authorized once we have all necessary evidence.

Canada

Healthy Canadians
December 9, 2020

Like Page

With the authorization of a COVID-19 vaccine in Canada, Canadians may be wondering:

- What are the steps to follow to develop a vaccine?
- What is a clinical trial?
- What needs to be assessed?

All vaccines in Canada must follow a well-established process to ensure their safety, efficacy and quality.

In order to be authorized, vaccines must go through a rigorous review process demonstrating that the benefits outweigh the risks.

Get information on the vaccine development and approval process in Canada at: <http://ow.ly/5rhg50CH6Zo>

** Infographic: accessible version at the link:

Jan 6, 2021



CTCMPAO

★ Favorites · January 6 · 🌐

**Find information on
COVID-19 vaccines at
[Ontario.ca/covidvaccine](https://ontario.ca/covidvaccine)**



Ontario Ministry of Health

★ Favorites · December 30, 2020

Ontario has launched a new webpage detailing its three-phase immunization program. Information on COVID-19 vaccine safety and approval standards, as well as reporting on the number of Ontarians vaccinated. [Learn more: Ontario.ca/covidvaccine](https://ontario.ca/covidvaccine)

Meeting Date:	March 21, 2022
Issue:	Communications Update
Reported By:	Ann Zeng
Action:	Information

CTCMPAO Educational Tips Report

December 2021 – March 2022

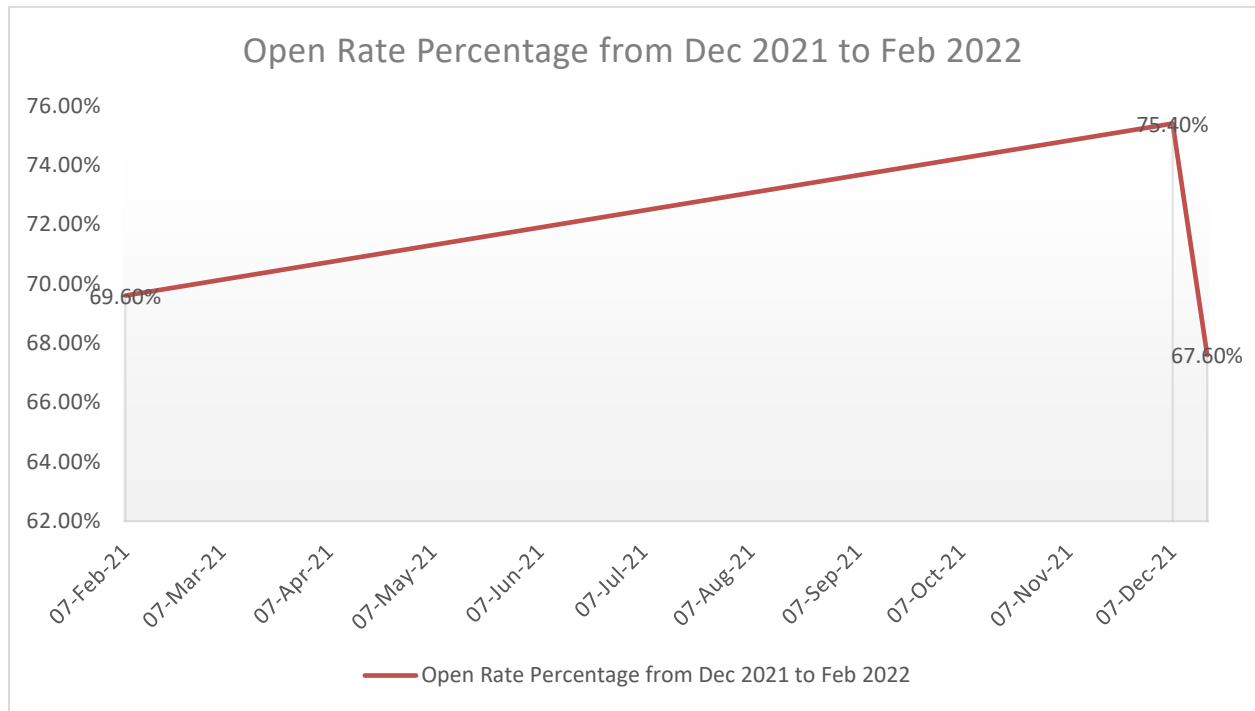
Public Interest Rationale

The College began sending out short educational email blasts to its members in 2019. The goal is to provide short and easy to understand emails that will help educate members on safe practice, changes in the regulatory environment and professional responsibilities. The emails are available in multiple languages to help members for whom English is not the first language to better understand the content. The College protects the public interest by keeping TCM practitioners and acupuncturists informed of their professional responsibilities so they can provide safe, competent and ethical care to their patients.

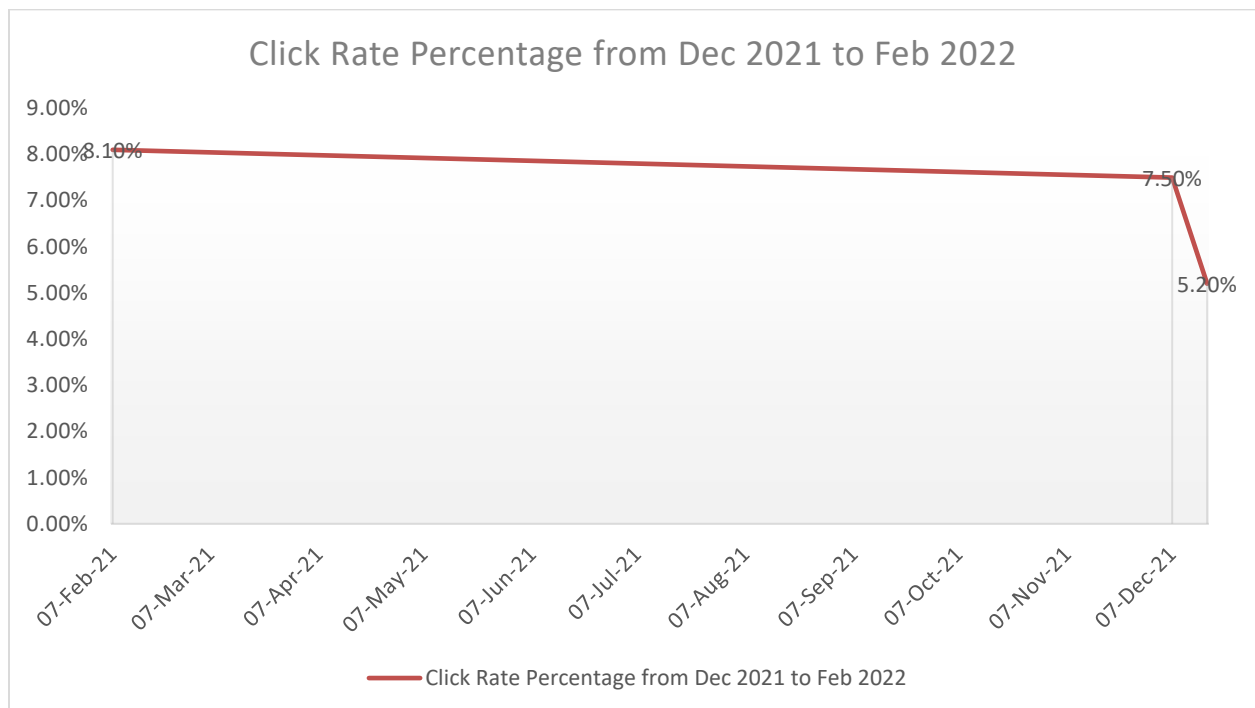
Educational Tip Topics and Statistics			
Published On	Topic	Open Rate Percentage	Click Rate Percentage
Feb 7, 2022	Reminder: COVID-19 and General Infection Control Measures to Consider for Clinic Settings	1931 times 69.6%	224 times 8.1%
Dec 17, 2021	Receiving Gifts from Patients	1865 times 67.6%	144 times 5.2%
Dec 7, 2021	Mandatory Reporting Requirements	2073 times 75.4%	205 times 7.5%

(This report only contains Educational Tip statistics from December 2021 until December 2022. Please visit the [College's website](#) for all previous Educational Tips.)

Open Rate Percentages for Educational Tips from Dec 2021 to Feb 2022



Click Rate Percentages for Educational Tips from Dec 2021 to Feb 2022





College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

Ordre des praticiens en médecine traditionnelle
chinoise et des acupuncteurs de l'Ontario

CTCMPAO Work Plan 2018 –2021

The purpose of this Work Plan is to set the targets of the College for the period of 2018 –2021. The work plan is a high-level document that outlines what is needed to accomplish each goal (collaboration, resources, target dates, anticipated obstacles and solutions).

*Please note due to the COVID-19 pandemic and Council being unconstituted, the College has had to shift its priorities and resources. The work plan timeline will have to be extended and certain projects are temporarily delayed or put on hold.

Status of Key Activities
Completed
Ongoing
Delayed due to Council being unconstituted
On hold

Strategic Direction	Key Activities	Accountability/Anticipated Resources	Budget	Timelines	Current Status
Good Governance	a) Regulatory Modernization <ul style="list-style-type: none"> Participate in consultations, working groups Implement policies resulting from legislation changes 	<ul style="list-style-type: none"> Council Registrar Policy Analyst Legal Counsel 	<ul style="list-style-type: none"> \$5000 annually for legal counsel to review policies 	<ul style="list-style-type: none"> Current Ongoing 	<ul style="list-style-type: none"> The President, Registrar had attended a session hosted by HPRO that discussed Governance Frameworks for regulatory bodies in Ontario, Nationally and internationally. Submitted feedback to MOH regarding possible governance reforms. Submitted feedback on reforms that the Ministry is considering for government approval.
	b) Governance Enhancement <ul style="list-style-type: none"> Evaluation Process Provide training and available resources Committee Terms of Reference Prepare governance manual Council and Committee competencies 	<ul style="list-style-type: none"> Council Registrar Legal Counsel Presenters 	<ul style="list-style-type: none"> \$15,000 annually for presenters and training sessions 	<ul style="list-style-type: none"> Council Evaluation Process every quarter Training conducted annually December 2018 December 2018/March 2019 December 18, 2019 	<ul style="list-style-type: none"> Updated the Council Evaluation form for the Sept 2018 Council meeting. District 3 elections held in Sept-Oct 2018 Council training for new and current members scheduled for Dec 2018 By-Election to fill a vacant seat in District 1 being held Oct 2019. Districts 4 & 5 Elections held with 2 members in District 4 and one in District 5 being acclaimed to Council beginning Dec. 2019 Full day Council training on Dec 18, 2019, discussed College Roles and responsibilities, invited President of Dundee Consulting Group and legal counsel to present on good governance, conflict of interest. Governance manual being drafted Initiate governance review Reached out to consultants. Ms. Shenda Tanchak to be lead consultant, Ms. Deanna Williams to act as advisor. Elections for District 1 & 2 held on Oct 29 2020 with two members re-elected onto Council from District 1 and 1 member acclaimed to Council from District 2.

					<ul style="list-style-type: none"> • Researched different possible consultants for governance review. • Invited Andrew Parr, CEO of CONO to speak to EC on their recently completed governance review. • Invited Richard Steinecke to present on governance at Dec 9, 2020 Council orientation/training session. • On September 17, 2020 open meeting of the EC, the EC agreed to conduct the College governance review and directed staff to do more research on possible candidates for the governance review. • Received proposals from different consultants. • The EC decided to proceed with Governance Solutions Inc. for the College's governance review. • Governance Solutions Inc. held kick-off meeting with EC at Feb 18, 2021 EC meeting. • Submitted College governance documents to GSI for review. • Scheduled interviews between GSI and Council members and senior staff. • GSI has provided the College with the completed report. • Report will be reviewed with Council members at the June 22, 2021 open meeting of the EC. • Began research on competency requirements. • Received revised governance review report from consultant. • Election of District 3 will be held in October 2021. • 2 members were acclaimed to District 3. • Council reviewed the revised governance report. • EC with support of Council members approved 10 of the 12
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					<ul style="list-style-type: none"> recommendations from the governance review report. Summary of the recommendations published on College website. Governance review report with cover letter was sent to the MOH. Council established draft competencies and indicators.
	c) Annual By-Law Review to ensure currency	<ul style="list-style-type: none"> Council Registrar Policy Analyst Legal Counsel 	<ul style="list-style-type: none"> \$5000 annually for legal counsel to review and make by-law amendments 	<ul style="list-style-type: none"> Conducted annually January 	<ul style="list-style-type: none"> Revised By-Laws are in effect with the new fee schedule. Revised By-Laws and fees schedule were sent out for circulation in 2018-2019. Back at Council for discussion and approval Completed a full review of the By-Laws and in effect since April 1, 2018 Worked with legal counsel to review by-laws in Jan 2020. Pending approval by Council. More proposed changes based on governance report.
	d) Evaluation planning <ul style="list-style-type: none"> Develop evaluation planning tools for all statutory programs and communications with stakeholders Setup CRM to produce reports for analysis Surveying membership Prepare baseline data and evaluation reports 	<ul style="list-style-type: none"> Registrar Director of IT Program Managers IT consultant 	<ul style="list-style-type: none"> \$15,000 to develop CRM reports 	<ul style="list-style-type: none"> December 2018 - Evaluation Plan March 2019 - CRM Reports April 2019 - Membership surveys 	<ul style="list-style-type: none"> Ministry is creating a working group to develop a framework on performance management. Registrar is actively attending working groups to provide feedback. CPMF has been launched and College is working on the report. Registrar and College staff attended weekly meetings with HPRO working group and collaborated with other colleges on the CPMF project. An initial draft of the CPMF report has been completed. The EC approved the initial draft of the CPMF report in principle. CPMF report was submitted to the Ministry. Published report on College website. College worked on action items for CPMF requirements that have not

					<p>been met or have partially been met.</p> <ul style="list-style-type: none"> • College met with the Ministry on Nov 4, 2021 to discuss the CPMF report. • College completed draft CPMF report for 2021.
Practitioner Competence	<p>a) Develop Standards of Practice</p> <ul style="list-style-type: none"> • Standards addressing prevention of sexual abuse (consent, communication, boundaries, etc.) • Standards for TCM modalities (acupuncture, tuina, cupping, etc) 	<ul style="list-style-type: none"> • Registrar • Policy Analyst • SMEs (practitioners) • Legal Counsel 	<ul style="list-style-type: none"> • \$5,000 annual for per diems • \$5,000 annually for legal counsel 	<ul style="list-style-type: none"> • January 2019 - Standards for Prevention of Sexual Abuse • Jan 2021 - Profession specific standards 	<ul style="list-style-type: none"> • Standards have been presented to QA and Patient Relations. Will be reviewed by legal counsel and sent out for consultation. • 4 standards of practice have been approved by Council. 2 standards require public consultation. • The Standard for Record-Keeping was sent out for public consultation • Standard for Preventing Sexual Abuse and Standard for Consent came into effect on April 1, 2020. • Public consultation for Standard for Record-Keeping complete. • Standard for Record Keeping approved to come into effect on January 1, 2021. • Public consultation for Standard for Fees and Billing is complete. • Standard for Fees and Billing approved to come into effect on April 1, 2021. • Draft telepractice guideline was approved for public consultation. • Telepractice guideline and survey was sent out on Nov 26, 2021.
	<p>Professional Development</p> <ul style="list-style-type: none"> • Produce webinars and videos for Standards of Practice and mandatory courses. 	<ul style="list-style-type: none"> • Registrar • Director of IT • Managers • Communications Coordinator • Communications Firm 	<ul style="list-style-type: none"> • \$40,000 annually for video production/webinar costs 	<ul style="list-style-type: none"> • Semi-Annual Webinars 	<ul style="list-style-type: none"> • A webinar on record keeping was offered on Oct 10th, 2018 to the membership. Over 800 members attended. • The webinar was recorded and will be posted on the College website. • Produced first video and in progress of selecting third party company. • Webinar on Standard for Preventing Sexual Abuse was held

					<p>on April 1, 2020. Over 700 members attended.</p> <ul style="list-style-type: none"> • Webinar on the Standard for Advertising was held on July 17, 2020. • Webinar on Standard for Infection Control held on Nov 27, 2020. • Webinar on Standard for Record-Keeping was held on March 26, 2021. • Webinar on Standard for Fees and Billing scheduled for June 25. • Webinar on Standard for Consent was held on Oct 29, 2021. • Webinar on Standard for Maintaining Professional Boundaries to be held on Feb 25, 2022. • Webinar on the Standard for Maintaining Professional Boundaries is postponed.
	<p>b) Enhance Entry to Practice Examination</p> <ul style="list-style-type: none"> • New exam format to increase security and consistency • More examination offerings • Further develop the examination item bank 	<ul style="list-style-type: none"> • Registrar • Manager of Registration • Project Manager • SMEs (practitioners) 	<ul style="list-style-type: none"> • Cost recoverable through Candidate Fees • \$120,000 annually 	<ul style="list-style-type: none"> • October 2020 	<ul style="list-style-type: none"> • Transition timelines have been approved to offer the current PCE for one more attempt. Will be moving to CBT in the Fall of 2020. • Candidate handbook is being reviewed and updated • Master list of Performance Indicators was shared with schools • Practical assessment blueprint being developed • April 6, 2020 Practical Assessment Blueprint Development session changed to remote meeting due to COVID-19. • SME activity meeting dates for May-Nov will be held remotely due to COVID-19. • Opening of Pan-Can exam applications scheduled for first week of May. • Applications for Pan-Can exam closed on July 15, 2020. • CARB-TCMPA Candidate Handbook was revised and updated on College website.

					<ul style="list-style-type: none"> • CARB-TCMPA has decided to deliver the October 2020 sitting using an online proctored format. • CARB will be offering two sittings of the Pan-Can exam next year. • Work to assume the development and administration of Pan-Can Exams has been transferred from the Consortium of TCM Regulators to CARB-TCMPA. • Applications for April 2021 Pan-Can exam closed on January 14, 2021. • The results of the Dec 2020 clinical case study retake exam were released on Feb 17, 2021. • Results of the April 2021 exam was released on June 25, 2021. • Applications for October 2021 Pan-Can exam closed on July 15, 2021. • Results of Oct 2021 exam was released on Nov 25, 2021. • Applications for April 2022 Pan-Can exam closed on Jan 14, 2022.
	c) Enhance QA Program <ul style="list-style-type: none"> • Hire a consultant to revamp a new QA program • Develop an online QA tool for annual self-assessments 	<ul style="list-style-type: none"> • Registrar • Manager of Registration and QA • Director of IT • QA Coordinator • QA Consultant 	<ul style="list-style-type: none"> • \$180,000 for the first year • \$56,000 annually after year one 	<ul style="list-style-type: none"> • July 2020 • April 2021 	<ul style="list-style-type: none"> • Dr. David Cane presented to the QA committee on Career Span Competencies and explore a new model for professional development. A similar presentation was provided to the College Council on March 26. • Dr. David Cane presented to the QA committee in Aug 2019 and discussion is on-going. • Invited 3 colleges to present on their QA program. Staff has drafted and sent out RFP for Consulting Services for the Quality Assurance Program Enhancement Project. • Received two proposals in response to the RFP. In the process of scheduling an interview with both consultants. • Scheduled two interviews with consultants and QA Committee.

					<ul style="list-style-type: none"> • QA Committee has selected the consultant. • Finalized project service agreement with consultant. • Met with QA Committee for project update. • College staff met with consultant to discuss the first deliverable of the project and stakeholder interviews. • Stakeholder Interview Script and Guide was received and reviewed by the QA Committee. • The Summary Report for Quality Assurance (QA) in the Context of Regulated Health Professions: Policy Review, Best Practices, and Emerging Trends was received and reviewed by the QA Committee. • Draft of the Summary Report for CTCMPAO QA Program Review was received and is currently undergoing revision. • College staff and Mr. Gontcharov met to discuss a draft of the second deliverable of the project. • The Program Review Summary Report was received and reviewed by the QA Committee. • The stakeholder survey was sent to the membership. • A draft of the Summary Report for the Stakeholder Interviews was received. • College staff and Mr. Gontcharov met to discuss the survey results and draft Summary Report for the Stakeholder Interviews. • QA Committee reviewed updated Stakeholder Interviews Summary Report and member survey results. • College staff and consultant met to discuss the draft final report. • Consultant presented draft final report to QAC.
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					<ul style="list-style-type: none"> • Consultant submitted a plain-language summary of the final report and recommendations. • QAC accepted the final report for Phase 1 and recommended the Framework to Council for approval • Consultant to present to Council on the summary of the report. • EC with the support of Council approved the general framework for the QA Program. • Drafted implementation plan and performance indicators. • Published RFP for the development of the self, peer, and practice assessments • Project timelines for RFP to be adjusted.
Stakeholder Communications	<ul style="list-style-type: none"> • Outreach with stakeholders including schools, associations, and other organizations 	<ul style="list-style-type: none"> • President • Vice President • Registrar • Manager of Registration • Communications Coordinator 	<ul style="list-style-type: none"> • \$5000 annually for travel costs and printing costs 	<ul style="list-style-type: none"> • Ongoing communications • Annual meetings • School visits 	<ul style="list-style-type: none"> • Qi Newsletter sent out May 31. • Held a meeting with TCM schools on August 21 to discuss the new Exam format and provide updates to current College activities. • Presented and provided remarks at Humber College TCM conference and OCTCM conference. • Held a meeting with TCM schools on August 30, 2019 re updates on CBE and current scoring. • Qi newsletter sent out Dec 13, 2019. • Qi newsletter sent out April 30, 2020. • Regular communications with associations, schools and other regulators. • Held virtual meeting with TCM schools on May 15, 2020 regarding interim changes to registration and application process for Pan-Can Exams due to COVID-19. • Virtual annual meeting with schools scheduled for August 26, 2020. • To plan a meeting with associations.

					<ul style="list-style-type: none"> • Sent support letter to the 8th International Conference of Western Studies on Chinese Medicine and 2020 Canadian Acupuncture and TCM Continuing Education Conference. • Sent initial email to associations for a meeting. • Qi Newsletter sent out on Oct 9, 2020. • Held virtual meeting with TCMO on Oct 26, 2020 to exchange updates. • Qi Newsletter sent out Dec 18, 2020. • Qi Newsletter sent out March 10, 2021. • Semi-annual meeting with schools was held on May 26, 2021. • Staff presented to students on registration process and Pan-Can exams • Qi Newsletter sent out July 20, 2021. • Qi Newsletter sent out Oct 22, 2021. • Held virtual meeting with TCMO on Nov 17, 2021. • Qi Newsletter sent out Feb 10, 2022.
	<ul style="list-style-type: none"> • Develop a communication plan 	<ul style="list-style-type: none"> • Registrar • Communications Firm 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • March 2019 	<ul style="list-style-type: none"> • Draft Communication Plan presented to Council on March 26, 2019 • Communication Plan was adopted by Council on March 26, 2019.
Public Confidence	School Program Approval <ul style="list-style-type: none"> • RFP for a third Party to develop a process 	<ul style="list-style-type: none"> • Registrar • CARB-TCMPA • Consultant 	<ul style="list-style-type: none"> • \$50,000 first year • \$20,000 annually after year one 	<ul style="list-style-type: none"> • April 2019 – RFP • December 2019 - RFP 	<ul style="list-style-type: none"> • Exploring various options for a school program approval process. • Met with a vendor to discuss program approval and accreditation options. • Discussions are on-going and timelines will be adjusted to account for changes in leadership. • Drafted RFP. CARB-TCMPA Board approved RFP to be sent out from CARB. RFP will be reviewed by legal counsel.

					<ul style="list-style-type: none"> • Sent out finalized RFP. Submission deadline is April 6, 2020. • RFP submission deadline extended to May 15, 2020. • Proposals have been reviewed by directors of CARB. Interviews to be scheduled for consultants to present their proposals to CARB. • TOR for an Education Accreditation Working Group have been finalized. A working group to be appointed. • Consultant has been selected. • TOR Accreditation Requirements Advisory Committee Traditional Chinese Medicine and Acupuncture Education Accreditation was drafted. • Call for members for the TCM Education Accreditation Requirements Advisory Committee (ARAC). • ARAC finalized. Kick off meeting was held on Oct 23, 2020. • FICS provided a virtual presentation to all educators on the Education Accreditation Project on Nov 3, 2020. • First draft of the national accreditation standards has been completed and is being reviewed by ARAC. • Draft standards were sent out for national consultation in late January. • CARB-TCMPA and FICS held virtual meeting with Ontario educators to discuss draft standards on Feb 2, 2021. • Deadline for the national consultation has been extended to March 26, 2021. • The RC reviewed the survey and provided comments to the draft Standards and the College response to survey.
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					<ul style="list-style-type: none"> Submitted response to draft standards survey to CARB. ARAC reviewed feedback from survey and made revisions to standards for a second consultation. Second consultation for revised standards was held on September 9, 2021. Deadline to submit feedback was extended to Oct 31, 2021. Consultant and CARB reviewed feedback. Final report to be presented to CARB Board.
	<p>TCM Education</p> <ul style="list-style-type: none"> Further communication about differences between TCM and other acupuncture Video platform/resources Communications Plan 	<ul style="list-style-type: none"> Registrar Communications Coordinator SMEs 	<ul style="list-style-type: none"> \$40,000 for video production 	<ul style="list-style-type: none"> March 2019– Communications Plan Dec 2019 – Public communication Dec 2019 – Video platform/resources 	<ul style="list-style-type: none"> Communication plan presented at the Council meeting on Mar 2019 Educational newsletters have been sent. A new format for by-weekly Educational Bits effect September 20, 2019. General educational conference has been scheduled for March 25, 2020. Produced first video and in progress of selecting third party company. the College received direction from the Executive Committee to move forward with the two recommended video production companies, Fifth Story and Maltese Media. General Conference postponed due to COVID-19. Received first draft of Introduction to Standards of Practice video from Maltese Media. Completed Standards of Practice video Two videos have been published: 1) Standards of Practice and 2) What is CTCMPAO? Two videos are currently being produced with the help of a third-party video production company:

					<p>1) What is the Public Register? and 2) How to File a Complaint</p> <ul style="list-style-type: none"> • Video production of "What is Traditional Chinese Medicine from a Public Safety Perspective" is currently postponed due to COVID-19. • Completed two videos on "What is the Public Register?" and "How to File a Complaint" • Began work with third-party video production company on video for "How to Become a Registered Traditional Chinese Medicine Practitioner and/or Acupuncturist in Ontario?" • Completed video on "How to Become a Registered Traditional Chinese Medicine Practitioner and/or Acupuncturist in Ontario?"
	<p>Doctor Title</p> <ul style="list-style-type: none"> • Complete Phase 1 environmental scan • Phase 2 <ul style="list-style-type: none"> ◦ Develop competencies ◦ Class entry requirements ◦ Assessment processes 	<ul style="list-style-type: none"> • Doctor Title Working Group • Registrar • Manager of Registration & QA • Policy Analyst 	<ul style="list-style-type: none"> • \$100,000 annually 	<ul style="list-style-type: none"> • July 2019 – Phase 1 • Ongoing – Phase 2 	<ul style="list-style-type: none"> • Worked with practitioners and schools to finalize the survey. It was sent out to all stakeholders. Deadline to complete survey is June 14. • Focus groups with the public and members in July • Will be sending out a survey to the membership in August. Draft final report has been delivered by Malatest for review. • New terms of reference was approved. • In progress of drafting RFP for phase 2. • Call for interest for Dr. Title Group has been posted and College has received applications. • New members to be appointed to the working group when Council is constituted. • The EC appointed 5 Council members to the Dr. Title Working Group • Published a call for interest for additional members.

					<ul style="list-style-type: none">Executive Committee to appoint/recommend members to the Dr. Title Working Group.
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