



College of Traditional Chinese Medicine  
Practitioners and Acupuncturists of Ontario

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

# Council Meeting

Thursday, December 4, 2025

***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

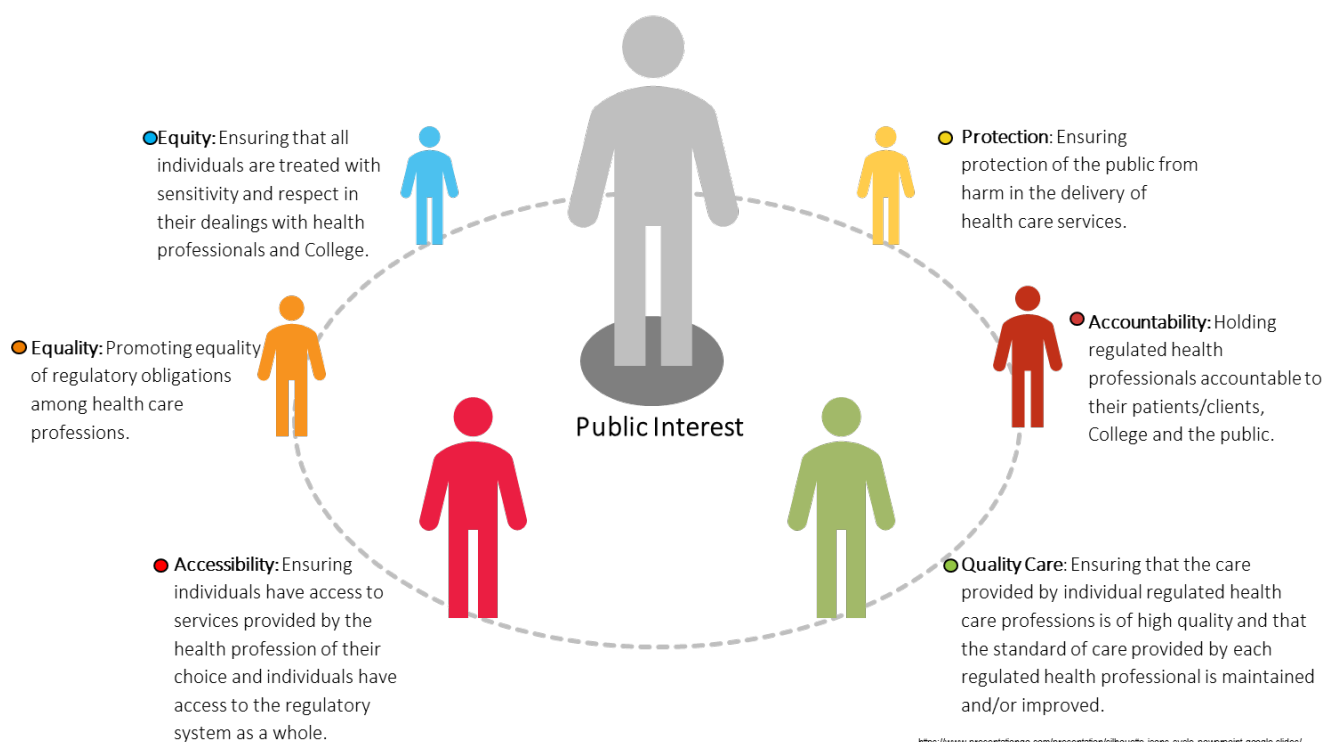
- Acknowledge the limitation of one's knowledge, skills and judgment;
- State one's qualification and experience honestly and fairly;
- Continually upgrade one's knowledge, skills and judgment to improve one's services to patients;
- Respect other health professionals and members of the TCM profession;
- 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

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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

Council Meeting

**Thursday, December 4, 2025**

9:00 a.m. – 4:50 p.m.

Via Teams Meeting

| Item   | Open/<br>In-Camera | Time                  | Speaker                                  | Action      | Book<br>Page |
|--|--------------------|-----------------------|--|-------------|--------------|
| <b>1. Welcome and Call to Order</b>  | Open Session       | 9:00 a.m.<br>(5 mins) | D. Worrada<br><i>Chair</i>               | Information |              |
| <b>2. Declarations of Conflicts of Interest</b>  |                    |                       |  |             |              |
| <b>3. Briefing on Meeting Procedure</b>  |                    |                       |  |             |              |
| <b>4. Appointment of External Chair for 2025</b>   | Open Session       | 9:05 a.m.<br>(5 mins) | J. Pritchard-Sobhani<br><i>President</i> | Motion      |              |
| <b>5. Adoption of the Agenda</b>   | Open Session       | 9:10 a.m.<br>(5 mins) | D. Worrada<br><i>Chair</i>               | Motion      |              |
| <b>6. Consent Agenda</b> <ul style="list-style-type: none"> <li>a. Draft Minutes of September 17, 2025, Council Meeting</li> <li>b. Executive Committee Report</li> <li>c. Registration Committee Report</li> <li>d. Inquiries, Complaints and Reports Committee Report</li> <li>e. Quality Assurance Committee Report</li> <li>f. Patient Relations Committee Report</li> <li>g. Discipline Committee Report</li> <li>h. Fitness to Practise Committee Report</li> <li>i. Dr. Title Working Group Report</li> <li>j. Acupuncture Working Group Report</li> <li>k. Nomination Committee</li> </ul> <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 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</p> | Open Session       | 9:15 a.m.<br>(5 mins) | D. Worrada<br><i>Chair</i>               | Motion      |              |

| Item   | Open/<br>In-Camera | Time                    | Speaker   | Action                      | Book<br>Page |
|--|--------------------|-------------------------|---|-----------------------------|--------------|
| discussed at some point in the meeting. The remaining components of the consent agenda can then be approved. |                    |                         |   |                             |              |
| <b>7. President's Remarks</b>  | Open Session       | 9:20 a.m.<br>(10 mins)  | J. Pritchard-Sobhani<br><i>President</i>                          | Information                 |              |
| <b>8. Registrar's Report</b>   | Open Session       | 9:30 a.m.<br>(10 mins)  | S. Cassman<br><i>Registrar &amp; CEO</i>                          | Information                 |              |
| <b>9. 2025 Council Election Update</b>   | Open Session       | 9:40 a.m.<br>(10 mins)  | S. Cassman<br><i>Registrar &amp; CEO</i>                          | Information                 |              |
| <b>BREAK</b>   |                    | 9:50 a.m.<br>(10 mins)  |   |                             |              |
| <b>10. Election Process Overview</b>   | Open Session       | 10:00 a.m.<br>(10 mins) | D. Worrad<br><i>Chair</i>   | Motion                      |              |
| <b>11. Election: President</b>   | Open Session       | 10:10 a.m.<br>(20 mins) | D. Worrad<br><i>Chair</i>   | Motion                      |              |
| <b>12. Election: Vice-President</b>  | Open Session       | 10:30 a.m.<br>(20 mins) | D. Worrad<br><i>Chair</i>   | Motion                      |              |
| <b>13. Election: Executive Committee Members</b>   | Open Session       | 10:50 a.m.<br>(25 mins) | D. Worrad<br><i>Chair</i>   | Motion                      |              |
| <b>LUNCH</b>   |                    | 11:15 a.m.<br>(90 mins) |   |                             |              |
| <b>14. Executive Committee Meets to Discuss Committee Appointments</b>                                       | Closed Meeting     | 11:15 a.m.<br>(30 mins) | Executive Committee   | Executive Committee Meeting |              |
| <b>15. Committee Appointments</b>  | Open Session       | 12:45 p.m.<br>(10 mins) | President   | Motion                      |              |
| <b>16. Finance - 2nd Quarter Statement of Operations</b>   | Open Session       | 12:55 p.m.<br>(15 mins) | F. Ortale<br><i>Director IT, Finance &amp; Corporate Services</i> | Information                 |              |
| <b>17. Doctor Title Consultation Update</b>  | Open Session       | 1:10 p.m.<br>(30 mins)  | S. Cassman<br><i>Registrar &amp; CEO</i>                          | Information                 |              |
| <b>18. Standard on Prevention of Sexual Abuse</b>  | Open Session       | 1:40 p.m.<br>(15 mins)  | M. Kennedy<br><i>Manager, Quality Practice</i>                    | Motion                      |              |
| <b>BREAK</b>   |                    | 1:55 p.m.<br>(10 mins)  |   |                             |              |

| Item   | Open/<br>In-Camera | Time                   | Speaker   | Action      | Book<br>Page |
|--|--------------------|------------------------|---|-------------|--------------|
| 19. QA Assessment Process  | Open Session       | 2:05 p.m.<br>(45 mins) | M. Kennedy<br><i>Manager,<br/>Quality<br/>Practice</i>  | Motion      |              |
| <b>MOVE TO “IN-CAMERA”</b>   |                    | 2:50 p.m.              |   | Motion      |              |
| 20. Closed Session   |                    |                        | S. Cassman<br><i>Registrar &amp;<br/>CEO</i>  | Motion      |              |
| 21. Closed Session   |                    |                        | S. Cassman<br><i>Registrar &amp;<br/>CEO</i><br><br>F. Ortale<br><i>Director IT,<br/>Finance &amp;<br/>Corporate<br/>Services</i> | Motion      |              |
| <b>MOVE OUT OF “IN-CAMERA”</b>                                     |                    | 4:30 p.m.              |   | Motion      |              |
| 22. Risk Management Report   | Open Session       | 4:30 p.m.<br>(5 mins)  | S. Cassman<br><i>Registrar &amp;<br/>CEO</i>  | Information |              |
| 23. Other Business   | Open Session       | 4:35 p.m.<br>(5 mins)  | S. Cassman<br><i>Registrar &amp;<br/>CEO</i>  | Information |              |
| 24. September 17, 2025, Meeting<br>Evaluation Review & Survey Link | Open Session       | 4:40 p.m.<br>(5 mins)  | D. Worrad<br><i>Chair</i>   | Information |              |
| 25. Adjournment  | Open Session       | 4:45 p.m.<br>(5 mins)  | D. Worrad<br><i>Chair</i>   | Motion      |              |

#### **FOR INFORMATION**

- a) Conflict of Interest Disclosures
- b) Grey Areas (Council Resources)
- c) Past Council Meeting Minutes (Council Resources)





## COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

### CONSENT AGENDA

Council Meeting  
**Thursday, December 4, 2025**  
9:00 a.m. – 4:00 p.m.  
Virtual Meeting via Teams

| Item  | Open/<br>In-Camera | Time                  | Speaker                    | Action | Page No.   |
|---|--------------------|-----------------------|----------------------------|--------|--|
| <b>1. Consent Agenda</b><br>a) Draft Minutes of September 17, 2025 Council Meeting<br>b) Executive Committee Report<br>c) Registration Committee Report<br>d) Inquiries, Complaints and Reports Committee Report<br>e) Quality Assurance Committee Report<br>f) Patient Relations Committee Report<br>g) Discipline Committee Report<br>h) Fitness to Practise Committee Report<br>i) Dr. Title Working Group Report<br>j) Acupuncture Working Group<br>k) Nominations Committee<br><i>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. For item "i", only substantive decisions that the Executive Committee made on behalf of Council were included and ergo need to be ratified.</i><br><b>However, if a person wishes</b> 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 at some point in the meeting. The remaining components of the consent agenda can then be approved. | Open Session       | 9:20 a.m.<br>(5 mins) | D. Worrada<br><i>Chair</i> | Motion | Page 2<br>Page 18<br>Page 19<br>Page 23<br>Page 25<br>Page 26<br>Page 28<br>Page 30<br>Page 31<br>Page 32<br>Page 33 |



## COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

### MEETING OF COUNCIL

#### MINUTES

September 17, 2025 from 9:07 a.m. to 3:30 p.m.  
Via Teams

#### IN ATTENDANCE

##### External Chair

Deborah Worrada

##### Council

Joanne Pritchard-Sobhani

Xianmin Yu

Kimberley Bishop

Meiying Chen

Iftikhar Choudry

Judy Cohen

Terry Hui

Kathy Feng

Fanny Ip

Christine Lang

Heidi Machel

Deborah Sinnatamby

Jin Qi (Jackie) Zeng

President / Professional Member

Vice-President / Professional Member

Public Member

Professional Member

Public Member

Public Member

Professional Member

Professional Member

Professional member

Professional Member (until 2:27 p.m.)

Public Member

Public Member

Professional Member

##### Absent

Kevin Ho

Public Member

##### Guest

Fiona Zou

Hilborn LLP (from 9:42 a.m. to 9:59 a.m.)

##### Staff

Sean Cassman

Francesco Ortale

Ryan Chu

Cathy Yang

Temi Adewumi

Registrar and CEO

Director, IT, Finance and Corporate Services

Manager of Professional Conduct

Professional Conduct Coordinator

Recorder

#### ***Council Meeting***

***College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario***

September 17, 2025

## **Observers**

Enza Ierullo  
Dylan Kirk  
Vivian Pang (MOH)  
Mary Wu  
Nathalie Yan

## **1. WELCOME AND CALL TO ORDER**

After calling the meeting to order at 9:07 a.m., Ms. Worrad welcomed participants to the September 17, 2025 Council meeting of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

Council members were referred to the excerpt of *Schedule 2 of the Health Professions Procedural Code*, *Schedule 1 to 3 of the By-Laws* and the *Decision-Making Tool*.

### **1a. DECLARATIONS OF CONFLICT OF INTEREST AND REMINDER OF CONFIDENTIALITY**

Ms. Worrad asked if any Council members had any conflicts of interest with regard to the matters being considered at the day's meeting. There were no conflicts declared.

### **1b. BRIEFING ON MEETING PROCEDURE**

Ms. Worrad provided an overview of the meeting procedure.

## **2. ADOPTION OF THE AGENDA**

The agenda was modified to discuss the Doctor Title regulation prior to its allotted time.

**MOTION:** J. Pritchard-Sobhani - I. Choudry  
*THAT the Agenda of the September 17, 2025 Meeting of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario be adopted as amended.*

CARRIED

## **3. CONSENT AGENDA**

- a) Draft Minutes of June 24, 2025, Council Meeting
- b) Executive Committee Report
- c) Registration Committee Report

### ***Council Meeting***

***College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario***  
September 17, 2025

- d) Inquiries, Complaints and Reports Committee Report
- e) Quality Assurance Committee Report
- f) Patient Relations Committee Report
- g) Discipline Committee Report
- h) Fitness to Practise Committee Report
- i) Dr. Title Working Group Report
- j) Acupuncture Working Group Report
- k) Nomination Committee Report

**MOTION:** J. Pritchard-Sobhani - T. Hui

*THAT the Consent Agenda of the September 17, 2025 Meeting of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario, be approved as presented.*

CARRIED

#### **4. PRESIDENT'S REMARKS**

The President welcomed all participants, and extended a special welcome to Heidi Machel, the new public member. The Ministry of Health was also thanked for its role in helping the College remain constituted.

An overview was presented of various Committee's projects. These include the Registration Committee re-engaging FICS to finalize the remaining implementation of the school approval program; the QAC's success in reducing deficiencies in peer and practice assessments, and the ICRC continuing to deal with a backlog of complaints. The Adhoc Acupuncture Committee is drafting an outline of the first standard principle, which will be presented at the next Council meeting.

*Doctor Title:* The Doctor Title Working Group has been working on Phase 3, which is the regulation amendment. The first iteration of the regulation was presented to the Council at the day's meeting. Mr. Schalm, Ms. Durcan, Working Group members, and staff were thanked for their efforts.

Upon approval by Council, the amendments will immediately be circulated to the public, the Ministry of Health, the Office of the Fairness Commissioner and other stakeholders.

*Government relations:* The work of the Government relations firm was due to be discussed at the day's meeting, including a meeting held with an association, MPP Tibollo and the College staff.

*CARB:* The President outlined work with CARB, in the wake of Ms. Bertrand's resignation and the impending departure of Ms. Oliver. Neither resignation will impact the delivery of the Pan-Canadian exam.

**Council Meeting**

**College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario**  
September 17, 2025



CARB has also approved an update of its purpose, mission, values and vision statements. These will guide its future strategic direction for public protection and improvements to exam delivery.

*Tribute:* A tribute was given to Mr. Yu, whose nine year term has come to an end, with this Council meeting being his last. The President gave an overview of Mr. Yu's work in various committees, as well as his dedication and commitment in several roles.

Mr. Yu thanked everyone for their support and stated his intention to remain a member of the Doctor Title Working Group, as well as work in ICRC until the end of his term.

## **5. REGISTRAR'S REPORT**

Mr. Cassman welcomed all participants, and commended Mr. Yu.

The meeting was not held in person due to upgrades to the Boardroom. An overview was provided of the changes to the audio system, which will make it easier to hold hybrid meetings.

*Doctor Title:* Mr. Cassman and Ms. Pritchard-Sobhani, met with the Association of Traditional Chinese Medicine Practitioners and Acupuncture, along with Minister Michael Tibollo, Associate Attorney General. The object of the meeting was to discuss the Doctor Title, and in particular, the educational requirements.

The Association affirmed their support for a degree program for the Doctor title, while the College holds the position that that a degree program is not needed in the regulation as no such program currently exists. MPP Tibollo has also expressed interest in the regulations, and expressed support for university level TCM education.

*Prince Edward Island:* The province has now regulated the practice of acupuncture, which serves the public and other provinces as they collaborate for the public good. The new province will work with CARB and the College has also reached out.

*Government relations:* Hill & Knowlton has presented a strategy for the coming year to support the College's goals, identifying a need to focus on women's health and youth seeking TCM as an alternative to Western health care.

*Annual report:* Council members were asked to provide feedback on the Annual report before the final version is published. The report will be released by the end of September.

Due to its placement in a different fiscal year, the townhall will not be featured in this year's report.

## **6. PRESENTATION OF THE 2024-25 DRAFT FISCAL YEAR AUDITED FINANCIAL REPORT**

*Ms. Zou joined the meeting at 9:42 a.m.*

Ms. Zou presented the draft 2024-2025 fiscal year audited financial report to the Council.

Once Council has approved the financial statement and additional procedures are concluded, the final audited statement will be released.

This report will be an unqualified opinion report, which outlines the auditor's independence and notes that there were no significant difficulties in the audit process.

Mr. Ortale and his staff team were thanked for their help. An overview was provided of both the audit findings and draft financial statement.

*Ms. Zou left the meeting at 9:59 a.m.*

### **7a. APPROVAL OF AUDITED 2024-25 FISCAL YEAR FINANCIAL PACKAGE**

- a) Approval of Audit Report
- b) Appointment of Auditors 2025-2026

Council approved the audited fiscal year financial package.

**MOTION:** I. Choudry - K. Bishop

*THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approve the Audited Financial Report presented to Council by Hilborn LLP as presented.*

CARRIED

### **7b. APPOINTMENT OF AUDITORS FOR THE 2025-26 FISCAL YEAR**

Hilborn LLP was appointed as auditors for the 2025-2026 fiscal year.

**MOTION:** C. Lang - D. Sinnatamby

*THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approve the appointment of Hilborn LLP to be the Auditors for the College for the 2025-2026 Fiscal Year as presented.*

CARRIED

## **8. FINANCE – 1<sup>ST</sup> QUARTER STATEMENT OF OPERATIONS FOR FISCAL YEAR 2025-26**

Mr. Ortale presented the College's first quarter financial statement for the 2025-2026 fiscal year. This covers revenue and expenses collected as of June 30, 2025.

*Cash:* The College's cash position, as of June 30, 2025 is \$9.2 million.

### *Revenue*

- The College's revenue is at 88.81% of the projection, or \$4.2 million. The bulk of the revenue has been obtained from renewal being on target at 101.34%. The number of new registrations is at 85 candidates, which corresponds to an increase of 54% in admin fees.
- The Pan-Canadian exam for R.Ac, R.TCMP and the Chinese examination is at 56.4%. This translates to about 200 candidates (143 R.AC, 60 R.TCMP).
- Other fees include the Safety program and Jurisprudence courses at 40.85% of the projection, representing 192 candidates altogether.
- Other income is at 27.6% and comprises mostly banking interest and to a lesser extent, cost awards.
- \$20,000 in government funds has been received, and will be recorded in the second quarter statement.

### *Expenses*

- Overall, expenses are at 20.93%, under target by 4%. All other components are below budget or on target.
- Not all invoices have been received for services rendered in the first quarter.
- *Council and Committees:* Overall this item overall is at 13%. The Registration Committee is at 17.75%, with legal and per diem driving expenses. ICRC expenses are within the projection at 19.85%. Investigations form the bulk of expenses, followed by legal fees and per diems.
- All other committees are below the projection, with legal fees and per diems making up expenses.
- Professional services: This item is below budget by 11.44%. The government relations firm is at 22.22% and is a fixed monthly expense.
- Special programs and projects: This item is slightly above budget at 26.03%.

### ***Council Meeting***

***College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario***  
September 17, 2025

However, the Pan Canadian exam is at 49.57%. The higher revenue corresponds to increased expenses, with the application fees deducted and is an in-and-out expense.

- The costs for the Chinese exam are at 73.74% and include translation, salary and HR expenses. This fund will soon be removed from operations, as the College will absorb expenses moving forward.
- Administration: This item is 23.09%. IT costs are below at 18.46%. Online services are at 27.31%, above target due to the firewall and backup servers.
- Operating: Expenses are on target at 25.77%. Conference subscriptions (e.g., for CNAR, HPRO) are at 50.3%. Communication expenses, related to the townhall in June are at 80.46%.

## **9. COMMITTEE APPOINTMENTS**

### **a) Heidi Machel**

Mr. Cassman reported that Ms. Machel had been appointed at the June Council meeting. She was also appointed to both the Discipline and Fitness to Practice Committees.

As per her preferences and the Executive Committee's recommendation, the Council was asked to appoint Ms. Machel to both the Quality Assurance Committees and Patient Relations Committees. Both appointments will be held until December.

**MOTION:** J. Cohen – M. Chen

*THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approve the appointment of Heidi Machel to the Quality Assurance Committee and the Patient Relations Committee as presented.*

CARRIED

## **10. LITIGATION POLICY**

Council was advised that as the discussion was in open session, questions should be limited to the policy. Issues that are discussed in camera include personnel issues or legal advice. General policies are usually not discussed in camera.

The need for the policy was identified in the governance report. It will ensure that the College's work is protected and in instances where there is a concern or litigation brought against individual College members. As procedures are already in place, the policy merely codifies existing processes. It also clarifies steps and procedures to follow should circumstances arise.

**Council Meeting**

**College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario**

September 17, 2025



The *RHPA* includes a provision for immunity of Council members. However, this does not prevent the College or individual members from facing litigation.

An explanation was provided on how good faith applies to Council members, who need to ensure that they are not in conflict of interest when making decisions, and are placing the College's interests before their own. Council members need to ensure that any perceived conflicts are declared either to the President or the Registrar.

In cases where a Council member has been subject to a complaint related to their regulatory work for the College, they would need to notify either the Registrar, Deputy Registrar or President, within three business days. This will give the College the ability to immediately notify the insurers.

Explanation was provided that individual interests of a Council member are not covered in this policy. An individual member can seek out their individual legal providers in cases of defamation.

**MOTION:** K. Bishop - J. Cohen

*THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approve the Litigation Policy as presented.*

CARRIED

## **11. TERMS OF REFERENCE UPDATE**

Mr. Cassman reported that the Registration Committee's Terms of Reference need to be amended for the Registration Committee to become the body that approves schools.

- The Terms of Reference would include the Committee's responsibility to develop transparent guidelines, approval processes and policies that would apply to all schools.
- Training will be provided by FICS to the Registration Committee. This will help the Committee develop standards and criteria and objective measures for approval.
- An explanation was provided of the difference between accreditation and approval. It was also noted that the Ministry of Training, Colleges and Universities (MTCU) accredits university degree programs, but relies on the College to provide the entry level educational requirements.
- The College does not control which schools apply for a degree program and will provide such schools with support and the necessary information. In addition, applying to MTCU or PCAP will not affect the College's approval of such schools.
- A degree requirement cannot be included within the educational requirements, as it

***Council Meeting***

***College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario***

September 17, 2025

does not yet exist. However, Council will make decision on a transitional period for schools to apply for the degree program.

- The historical background of the school approval project with CARB was also provided.
- Council members were informed that participation in the school approval project is voluntary. However, the Ministry of Health has suggested that it could become mandatory.
- Schools that have been approved will be posted on the College website.

**MOTION:** T. Hui - J. Cohen

*THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approve the new Terms of Reference for the Registration Committee as presented.*

CARRIED

## **12. ELECTION UPDATE**

- a) District 4
- b) District 5

Mr. Cassman reported that nominees this year had to demonstrate that they meet Council competencies.

The Nominations Committee reviewed nominees' competency assessments, conducted interviews and reviewed other pertinent information.

Eight nominations were received, six for District 4 and two for District 5. As there had not been any nominees in District 5 for three years, the pre-orientation session was marked as a success.

Seven nominees were confirmed, while the eighth was asked to seek election again after learning more Council and its role.

The elections start next week.

## **13. REQUEST FOR PROPOSAL – COLLEGE DATABASE**

Staff presented the draft RFP for a new CRM. While there are no issues at present, the current CRM is out of date and is no longer supported by Microsoft. Working on a new CRM now will ensure enough time to customize the system.

**Council Meeting**

**College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario**  
September 17, 2025

The project will span one year. A website will also be integrated into the CRM, but this will be a separate project due to the different expertise required. This will also provide an opportunity to redesign the website.

The RFP will be issued for 60 days. The College will approach vendors that have worked with other colleges or extend the RFP if they are not able to find suitable vendors.

The RFP will be posted the week after the meeting and the project is planned for the next fiscal year.

**MOTION:** C. Lang - K. Bishop

*THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approve the CRM request for proposal as presented.*

CARRIED

#### **14. & 15. DOCTOR TITLE – DRAFT REGULATION AMENDMENT**

Mr. Cassman presented the draft regulation, which has been approved by the Working Group.

- The bulk of the regulation is in Section 20.4, which includes the core entry level requirements for the Doctor class. This includes two routes: currently registered with the College and new graduates.
  - a) Those registered with the College have already had their entry level competencies tested. This group will have a separate means to be tested for the Doctor class competencies without re-testing their entry level competencies.
  - b) New graduates will be tested on entry level competences and additional Doctor title competencies. Applicants must be current within one year of graduation, or have completed a refresher course or a clinical program, after their educational requirements. They must also have completed the Safety and Jurisprudence tests within two years of applying to the College.
- Competency assessments must also be completed before applicants attempt the exam. Limits are set for three attempts, with extra conditions for a fourth attempt, as is consistent with the General class. Should the applicant fail a fourth time, they are required to retake their education program.
- The goal of this Section is to align with the requirements for the General class. This will ensure consistency and fairness for all applicants, with an enhancement for the higher expectations of the Doctor class. Applicants will be expected to maintain their knowledge through continued practice.

**Council Meeting**

**College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario**

September 17, 2025

- The Code mandates that labour mobility applicants be exempted from any testing or requirements. However, the College can still require jurisprudence tests for Ontario. Such applicants will also be required to provide a letter of standing, as they would in the General class.

#### *Specifics of the Doctor title requirements for current members*

- The core requirements are listed in Section 20.4, which are almost all non-exemptible. If these conditions are not met, the Registration Committee cannot provide an exemption.
- The applicant should be in good standing and hold a certificate with an R.TCMP designation. For the Doctor class, good standing differs from the good character requirements in other classes. In this case, members will need to complete any outstanding College requirements, such as a QA assessment, SCERP from ICRC or pay fees owed to the College.
- For members with the 2,400 patient visit requirement, visits need to have been completed within five years of the member's application to the College. For 8,000 patient visits, the visits will need to have been completed within 12 years of the application date.
- The Section also aims to ensure that applicants have the necessary requirements and competencies to be eligible for the Doctor title, and are able to treat a range of conditions in both herbal and acupuncture visits.

#### *Specifics of the Doctor title requirements for new graduates*

- The educational requirements include two years of Bachelor study at any Ontario university, or the equivalent. This is in addition to the requirement to have also obtained TCM education.
- For TCM education, full time education is defined as 480 hours of theoretical instruction, or its equivalent. However, this was not sufficient for the Doctor class, which now requires 560 hours of theoretical instruction, at least 728 hours of practical instruction, or some combination of the two. Theoretical should be equal to 1.3 hours of practical instruction.
- As outlined by the Working Group, these requirements form the basis of a TCM Doctor degree.

#### *Clinical experience*

- Following the need for higher requirements for the Doctor class, while the General class requires 500 hours of direct patient contact over 45 weeks, the Doctor title requires 1,200 hours in the same period.

#### **Council Meeting**

**College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario**  
September 17, 2025

## *Exams*

- Registration exams need to be completed, as well as the Safety and Jurisprudence tests.
- For current members, the exam will not include already tested competencies. For new graduates, both entry level competencies and the Doctor title competencies will be tested.
- Council will be required to approve both types of exams. The applicant must also successfully pass an assessment conducted by a Registration Committee Panel, or another body that is approved by the Council for the purpose.

## ***Discussion ensued on several points.***

Emergency class: This class had been required by the government as a way to continue college registrations during emergencies. The Doctor title has not been applied to this class, but consultation will be obtained if necessary.

## *Requirement for a two year diploma*

- Concern was expressed about the ability to practice at a Doctor level for members who have completed just two years of education.
- It was noted that the two year undergraduate degree mirrors other colleges' requirements. For instance, the TCM degree program required for the Doctor class in British Columbia, is a two year degree without a requirement for other education, and does not require a health care speciality.
- In addition to education, current members with a three year diploma will only be accepted if they have three or 10 years of experience in both acupuncture and herbal practice.

## *Concerns about the lack of inclusion of a degree program in the draft regulation*

- Several concerns were expressed about the lack of a degree program in the regulation amendment. It was clarified that:
- The Working Group's initial plan was to include the requirement for a degree program for the Doctor title. However, with such a requirement, there would need to be a Doctor class for students to move into.
- It was also advised that the College is having ongoing discussions with the Ministry. Had the lack of a Doctor program been a concern, legal counsel would have identified that to the College.

## ***Council Meeting***

***College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario***  
September 17, 2025

- The College and not associations, is expert on the need for a degree program in the regulations.
- While the College could insert the words “degree program” into the regulations, this would tie up the regulation, as there is no existing degree program. It would also not be logical to tie requirements into a feature that does not yet exist.
- It was also noted that in British Columbia, many schools are not yet accredited, with the exception of Kwantlen University which only provides an undergraduate degree. For the College of Chiropractors and Naturopaths, no university degree was required, but the Doctor class was granted. This will be used within evidence to the Ministry.

*Use of enabling legislation: The need for a five year post-secondary program*

- It was reiterated that even if a school were to apply for a degree program at the Doctor level, the degree would not go through as the College does not yet have a regulation in place.
- Until the regulation is in place, the MTCU cannot respond to any applications for a TCM degree. The College is the only body that can regulate the profession, by setting out the educational requirements.
- The five year TCM program is typical for a Doctor degree, and is mirrored in other professions such as chiropractors and medical doctors, who require a two or three year undergraduate degree.
- The College has the same educational requirements as other colleges, but uses word “post-secondary,” not degree. Seven years in total is the equivalent to the requirements for an MD program in Canada.
- The application process for schools to apply for a degree can take one or two years. Having this enabling legislation in place makes it feasible for schools to proceed with applications to the MTCU.
- Within the documents (competencies and blueprint), the educational requirements provide a built-in transition. Once approved by Council, a degree program will be adopted.
- However, for this to happen, an educational program equivalent to a degree program must first be in place, as soon as the regulation is proclaimed.
- The College also needs to consider those members who have been practising for 30 years or more, who would be excluded by a requirement for a seven year university degree program. Such applicants may also have a five year university degree, but not an undergraduate degree.

***Council Meeting***

***College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario***  
September 17, 2025



### *Other comments*

- The *RHPA* contains a section that authorizes the Doctor title to only certain professions, one of which is the TCM profession. The *TCM Act* gives the College the ability to make regulations on the Doctor title.
- If the Ministry were to refuse the proposal, it would not prevent the College from making further revisions. More drafts would be required, but the College would be able to re-submit a proposal.
- It was also clarified that the College sets educational requirements, not the Ministry of Health or the MTCU. The application process for Ministry approval to accredit a degree is different from the College's submission for a draft amendment. The latter will put educational requirements in place.
- The College is also, through its school approval program, creating standards for its schools. The schools will have to meet the College's standards, and those of the MTCU.

### *Concerns about ambiguity when referring to educational requirements*

- Vagueness within the legislation is intentional, as the language is being left broad to allow for fairness and flexibility. It also mirrors the Ministry's expectations, and will be further defined by specific policies.
- The legislation mirrors what the Ministry expects. It has been drafted by Steinecke, Maciura and LeBlanc, who had also drafted the initial legislation that proclaimed the College.

### *Transition period for schools to develop the Doctor degree program*

- To set this stipulation for a transition period in the regulation would delay the regulation. There is a risk that the Ministry could state that an educational program must exist in order for the regulation to be proclaimed.
- The Working Group had originally included a fixed time of transition for schools and universities to develop their programs. However, this was removed as the College does not have the ability to force schools to apply for a degree program.
- The College will meet with schools to discuss their curriculum and how it can be implemented. It will also provide support to schools that apply for accreditation through MTCU for a degree. However, such schools will incur a certain amount of costs and need Board approvals.

### ***Council Meeting***

***College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario***  
September 17, 2025

- The College also intends to meet with the MTCU to explain its educational requirements.

Overall,

- Support was expressed for the approval of the proposal. Council members commended the amount of work accomplished by the Working Group.
- Public members also expressed the opinion that the draft regulation supports the highest standards, and is in the protection of the public.

**MOTION:** T. Hui - K. Bishop

*THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approve the draft Doctor Title regulation amendments for consultation as presented.*

CARRIED

Opposed: 1

## **16. RISK MANAGEMENT FRAMEWORK**

Mr. Cassman reported that the framework had been placed at the highest risk while the College was minimally constituted.

As Ms. Sinnatamby's re-appointment has been confirmed, the risk has now been lowered.

An update on how risk management is determined will be presented at the December Council meeting.

## **17. OTHER BUSINESS**

Explanation was provided that the Doctor title proposal is not an application, but a submission of draft regulation.

## **18. MEETING EVALUATION FOR JUNE 24, 2025**

Four responses were received for the June 24 meeting. Council members were thanked for their suggestions and encouraged to complete surveys to ensure continuous quality improvement.

## **19. NEXT MEETING DATES & COUNCIL MEETING EFFECTIVENESS SURVEY LINK**

The next meetings are scheduled for Wednesday, December 3<sup>rd</sup> and Thursday,

***Council Meeting***

***College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario***

September 17, 2025

December 4<sup>th</sup>, 2025.

An update will be provided on an in-person or virtual meeting.

## **20. ADJOURNMENT**

The meeting was adjourned at 3:03 p.m.

**MOTION:** K. Bishop - D. Sinnatamby

*THAT the meeting of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario of September 17, 2025 be adjourned until the next meeting or at the call of the President.*

CARRIED



**FOR:** Information

**SUBJECT:** Executive Committee Report

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### **Executive Committee Members**

|                          |                                    |
|--------------------------|------------------------------------|
| Joanne Pritchard-Sobhani | Professional Member/President      |
| Xianmin Yu               | Professional Member/Vice-President |
| Judy Cohen               | Public Member                      |
| Deborah Sinnatamby       | Public Member                      |
| Jin Qi (Jackie) Zeng     | Professional Member                |

Since the last quarterly report, the Executive Committee met on November 5<sup>th</sup>, 2025.

### **FOR INFORMATION**

#### **1) Finance Update for Q2**

The Financial Statements for the 2<sup>nd</sup> Qtr. of the 2025-26 Fiscal year were presented to the Executive Committee by the College. The Committee had the opportunity to ask questions regarding several aspects of the report prior to it being submitted to Council for review and approval.

#### **2) CRM RFP**

The Committee was informed that an RFP for proposals on a new CRM software was sent out in September 2025. Considerations will also be given for the College to be in control of its own database. The pros and cons of using external storage will be examined. Staff will make a recommendation to Council once all RFPs have been received.

#### **3) 2025 Elections**

Mr. Cassman reported that in District 4, Ming Cha and Yanzhi Xu were elected to serve three-year terms on Council and for District 5, Julia Chuang was elected to Council for a three-year term. The new Council members will attend an orientation that will be conducted by Mr. Cassman and Mr. Chu.

#### **4) Committee Appointments**

An overview was provided of the list of non-Council members. Some have requested a re-appointment, while others have chosen not to extend their terms. The re-appointments were recommended given the investment in training such members. It was also reported that outgoing Professional members, Xianmin Yu and Meiying Chen, will be appointed as non-Council members. Both are currently on the Doctor Title Working Group and Acupuncture Ad hoc Committee. Mr. Yu may also be willing to serve on ICRC.

*This report is current as of November 18, 2025, in anticipation of the Council meeting scheduled for December 4, 2025.*



**FOR:** Information

**SUBJECT:** Registration Committee Report

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### Registration Committee Members

|                              |                     |
|------------------------------|---------------------|
| Terry Hui (Chair)            | Professional Member |
| Judy Cohen                   | Public Member       |
| Kevin Ho                     | Public Member       |
| Kimberley Bishop             | Public Member       |
| Akari Yokokawa (Non-Council) | Professional Member |
| Brendan Cheung (Non-Council) | Professional Member |
| Fanny Ip                     | Professional Member |
| Joanne Pritchard-Sobhani     | Professional Member |
| Ming C. Cha (Non-Council)    | Professional Member |
| Xianmin Yu                   | Professional Member |

Since the last quarterly report, the Registration Committee met on the following date:

- October 9, 2025 – Panel 2 Meeting

All meetings were held via Microsoft Teams.

### FOR INFORMATION

#### 1. PAN-CANADIAN EXAMINATIONS

##### Fall 2025 Pan Canadian Examinations

The Fall examinations were held on the following dates:

- Traditional Chinese Medicine Practitioners examination - October 27 and 28, 2025
- Acupuncturists examination - October 30 and 31, 2025

A total of 262 candidates from Ontario participated in the examinations including 177 candidates for the Acupuncturists examination and 85 candidates for Practitioners examination.

The results for participants are anticipated to be released in mid-December 2025.

##### Spring 2026 Pan Canadian Examination

- The Spring examinations will be on the following dates:
  - TCM Practitioners examination – April 27 and 28, 2026



- Acupuncturists examination – April 30 and May 1, 2026
- Applications for the Spring 2026 Pan-Canadian Examinations will open on December 1, 2025, with a deadline of January 15, 2026. Updated information has been posted on the College's website.

## 2. PROGRAM APPROVAL PROJECT

A communication strategy is being developed for implementation prior to the program launch. Plans include a webpage outlining the purpose of the project and the scope of a program review, as well as documents to be shared with schools, and discussions to be held with school representatives to explain the process in more detail. The consultant, FICS, will be conducting refresher training (online) with the program reviewers in November.

## 3. APPEAL TO HEALTH PROFESSIONS APPEAL AND REVIEW BOARD (HPARB)

Currently, there is one appeal to the Health Professions Appeal and Review Board in progress.

## 4. QUARTERLY REGISTRATION STATISTICS FOR MOH

The Q2 report required by the Ministry, with data about application processing times, will be submitted prior to the December 31, 2025 deadline.

## 5. ANNUAL MEETING WITH OFC

Staff met with our compliance analyst from the Office of the Fairness Commissioner for our annual check-in meeting. He informed us that the next Fair Practices Report, which will be due in Spring 2026, will follow a similar format as previous reports, but will likely have some new questions and criteria. He also explained the OFC's plans to extend the current risk assessment cycle another year, from April 2026 to April 2027. This means that the College's current "low risk" rating will remain in place at least until 2027. Going forward, the OFC will conduct risk evaluations on a triennial basis. This change will allow them to review and refresh their assessment criteria, and will also help to alleviate some of the administrative burden that more frequent reporting places on regulatory colleges.

## 6. REGISTRATION COMMITTEE PANEL UPDATES (From August 30, 2025, to November 12, 2025)

|                              | Decisions made by the Registration Committee |                    |                       |          |       |
|------------------------------|--|--------------------|-----------------------|----------|-------|
|                              | Approved                                     | Approved with TCLs | Request for More Info | Rejected | Total |
| Fourth Exam Attempt Proposal | 0  | 0                  | 0                     | 0        | 0     |
| General Class application    | 0  | 2                  | 0                     | 0        | 2     |
| Transfer from Inactive Class | 0  | 0                  | 0                     | 0        | 0     |
| <b>Totals</b>                | 0  | 2                  | 0                     | 0        | 2     |

The Registration Committee Panels reviewed a total of 2 cases at its last meeting at the October 9, 2025.

## 7. MEMBERSHIP STATISTICS





### Registration by District

|                          | District 1 | District 2 | District 3  | District 4 | District 5 | Practicing<br>outside<br>ON/Unknown | Total       |
|--------------------------|------------|------------|-------------|------------|------------|-------------------------------------|-------------|
| General                  | 218        | 180        | 1775        | 577        | 88         | 167                                 | 3005        |
| Inactive                 | 18         | 10         | 101         | 21         | 4          | 44                                  | 198         |
| Student                  | 0          | 0          | 7           | 0          | 0          | 1                                   | 8           |
| <b>Total<br/>Members</b> | <b>236</b> | <b>190</b> | <b>1883</b> | <b>598</b> | <b>92</b>  | <b>212</b>                          | <b>3211</b> |

### Registration Updates

|                            | 28-Feb-24   | 21-May-24   | 3-Sep-24    | 13-Nov-24   | 26-Feb-25   | 04-Jun-25   | 19-Nov25    |
|----------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| General R. Ac              | 1355        | 1404        | 1437        | 1472        | 1454        | 1494        | 1549        |
| General R.<br>TCMP         | 1379        | 1410        | 1423        | 1443        | 1409        | 1430        | 1456        |
| Student R. Ac              | 5           | 4           | 4           | 2           | 2           | 3           | 6           |
| Student R.<br>TCMP         | 2           | 2           | 1           | 2           | 3           | 4           | 2           |
| Inactive R. Ac             | 90          | 88          | 85          | 88          | 96          | 96          | 96          |
| Inactive R.<br>TCMP        | 87          | 89          | 88          | 88          | 100         | 102         | 102         |
| <b>Current<br/>Members</b> | <b>2918</b> | <b>2997</b> | <b>3038</b> | <b>3095</b> | <b>3064</b> | <b>3129</b> | <b>3211</b> |
| Resigned                   | 681         | 685         | 693         | 715         | 800         | 804         | 809         |
| Revoked                    | 84          | 85          | 85          | 85          | 85          | 85          | 85          |
| Suspended                  | 226         | 217         | 216         | 212         | 243         | 239         | 239         |

### Changes since previous report

|                    | 29-Feb-24<br>to<br>21-May-<br>24 | 22-May-<br>24 to<br>3-Sep-24 | 3-Sep-24<br>to<br>13-Nov-24 | 13-Nov-24<br>to<br>26-Feb-25 | 27-Feb-<br>25 to<br>04-Jun-<br>25 | 5-Jun-25<br>to 29-Aug<br>25 | 30-Aug-25<br>to 19-Nov-<br>25 |
|--------------------|----------------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------------|-----------------------------|-------------------------------|
| Current<br>members | -57                              | 79                           | 41                          | 57                           | -31                               | 65                          | 82                            |
| Resignations       | 79                               | 4                            | 8                           | 22                           | 85                                | 4                           | 5                             |
| Revocation         | 0                                | 1                            | 0                           | 0                            | 0                                 | 0                           | 0                             |
| Suspensions        | 39                               | -9                           | -1                          | -4                           | 31                                | -4                          | 0                             |

Members practising with terms, conditions and limitations: 235

### Jurisprudence Course Tests (From August 30,, 2025 to November 19,, 2025)



| Passed | Failed | Total |
|--------|--------|-------|
| 78     | 5      | 83    |

**Safety Program Tests (From August 30, 2025 to November 19, 2025)**

| Passed | Failed | Total |
|--------|--------|-------|
| 82     | 4      | 86    |

*This report is current to November 18, 2025, unless otherwise noted, in anticipation of the Council meeting scheduled for December 4, 2025*



**FOR:** Information

**SUBJECT:** Inquiries, Complaints and Reports Committee Report

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### **Inquiries, Complaints and Reports Committee Members**

|                      |                                 |
|----------------------|---------------------------------|
| Xianmin Yu           | Professional Member, Chair      |
| Meiying Chen         | Professional Member             |
| Bo (Kathy) Feng      | Professional Member             |
| Christine Lang       | Professional Member             |
| Jin Qi (Jackie) Zeng | Professional Member             |
| Fanny Ip             | Professional Member             |
| Matthew Colavecchia  | Non-Council Professional Member |
| Melody Hon           | Non-Council Professional Member |
| Hui Liu              | Non-Council Professional Member |
| Kimberly Bishop      | Public Member                   |
| Judy Cohen           | Public Member                   |
| Iftikhar Choudry     | Public Member                   |
| Kevin Ho             | Public Member                   |
| Deborah Sinnatamby   | Public Member                   |

The Inquiries, Complaints and Reports Committee (the “ICRC”) is divided into three 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 three times on October 8, 2025, October 27, 2025, and October 30, 2025.

### **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 |                                  |
|------------|--------------------|----------------------------------|---------------------------------|--------------------|----------------------------------|
| 3          |                    | Advertising                      | 1                               |                    | Advertising                      |
|            | 2                  | Billing and Fees                 |                                 |                    | Billing and Fees                 |
|            | 1                  | Communication                    |                                 | 1                  | Communication                    |
|            | 2                  | Competence / Patient Care        |                                 | 1                  | Competence / Patient Care        |
|            | 1                  | Fraud                            |                                 |                    | Fraud                            |
|            |                    | Professional Conduct & Behaviour |                                 |                    | Professional Conduct & Behaviour |
|            | 2                  | Record Keeping                   |                                 |                    | Record Keeping                   |



|  |   |  |  |  |  |
|--|---|--|--|--|--|
|  | 1 | Sexual Abuse / Harassment<br>/ Boundary Violations |  |  | Sexual Abuse / Harassment<br>/ Boundary Violations |
|  | 1 | Unauthorized Practice                              |  |  | Unauthorized Practice                              |

### Completed Cases and Outcomes\*

Note: Some decisions have more than one outcome

| Complaints | Outcomes |                      | Registrar Reports<br>Investigations |  |                      |
|------------|----------|----------------------|-------------------------------------|--|----------------------|
| 3          | 1        | Take no action       |                                     |  | Take no action       |
|            |          | Advice               |                                     |  | Advice               |
|            |          | Written Caution      |                                     |  | Written Caution      |
|            | 1        | Oral Caution         |                                     |  | Oral Caution         |
|            | 2        | SCERP                |                                     |  | SCERP                |
|            |          | Refer to Discipline  |                                     |  | Refer to Discipline  |
|            |          | Undertaking/Withdraw |                                     |  | Undertaking/Withdraw |

### Complaints cases before the Health Professions Appeal and Review Board

| New Cases | Pending Cases |
|-----------|---------------|
| -         | 1             |

### Pending Cases

| Complaints | Registrar Report Investigations | Incapacity Inquiries | Total # Cases |
|------------|---------------------------------|----------------------|---------------|
| 15         | 28                              |                      | 43            |

*This report is current as of November 20, 2025, in anticipation of the Council meeting scheduled for December 4, 2025.*



**FOR:** Information

**SUBJECT:** Quality Assurance Committee Report

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### Quality Assurance Committee Members

|                        |                                 |
|------------------------|---------------------------------|
| Christine Lang (Chair) | Professional Member             |
| Kimberley Bishop       | Public Member                   |
| Evelyn Cho             | Non-Council Professional Member |
| Iftikhar Choudry       | Public Member                   |
| Jin Qi Zeng            | Professional Member             |
| Terry Hui              | Professional Member             |
| Bo Feng                | Professional Member             |
| Meiying Chen           | Professional Member             |

The Quality Assurance Committee (QAC) met on September 23, 2025, September 24, 2025, September 30, 2025, October 6, 2025, November 18, 2025, November 19, 2025, and are scheduled to meet on December 10, 2025, December 11, 2025, and December 16, 2025.

### FOR INFORMATION

#### 1. Quality Practice Programs

##### a) 2024 Peer and Practice Assessment

| Status  | Total |
|---|-------|
| Total Assessments <ul style="list-style-type: none"><li>Random Selection (108)</li><li>Registrar Referral (1)</li></ul> | 109   |
| Completed   | 70    |
| Awaiting Assessments  |       |
| Scheduled   | 29    |
| To be Scheduled   | 10    |
| Deferral  | 0     |

With direction from QAC, the Quality Practice team have met with 32 members to provide education on several Record Keeping topics.



### **PPA Changes**

The QAC have been actively working on developing a new pilot program to replace the current PPA program to widen the supports to ensure members are meeting the Standards.

### **Workplan**

The Quality Practice team continues to work on projects to meet deliverables of the QA Committee Workplan.

*This report is current to November 20, 2025, in anticipation of the Council meeting scheduled for December 4, 2025.*



**FOR:** Information

**SUBJECT:** Patient Relations Committee Report

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**Patient Relations Committee Members**

|                          |                                 |
|--------------------------|---------------------------------|
| Iftikhar Choudry (Chair) | Public Member                   |
| Meiying Chen             | Professional Member             |
| Deborah Sinnatamby       | Public Member                   |
| Nisha Thadani            | Non-Council Professional Member |
| Akari Yokokawa           | Non-Council Professional Member |
| Judy Cohen               | Public Member                   |

Since the last quarterly report, the Patient Relations Committee (PRC) met on once on November 13, 2025.

**FOR INFORMATION**

The PRC met to discuss changes to the Consent Form for Assessing and Treating Sensitive Areas and the Standard for Preventing Sexual Abuse. Recommended changes will be presented at December meeting.

PRC plan to meet in January to finalize a plan to engage the public and provide meaningful educational opportunities on Consent and the prevention of sexual abuse of patients.

*This report is current to November 20, 2025, in anticipation of the Council meeting scheduled for December 4, 2025.*





**FOR:** Information

**SUBJECT:** Discipline Committee Report

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### Discipline Committee Members

|                          |                                 |
|--------------------------|---------------------------------|
| Christine Lang           | Professional Member, Chair      |
| Meiying Chen             | Professional Member             |
| Bo (Kathy) Feng          | Professional Member             |
| Terry Hui                | Professional Member             |
| Fanny Ip                 | Professional Member             |
| Joanne Pritchard-Sobhani | Professional Member             |
| Xianmin Yu               | Professional Member             |
| Jin Qi (Jackie) Zeng     | Professional Member             |
| Evelyn Cho               | Non-Council Professional Member |
| Matthew Colavecchia      | Non-Council Professional Member |
| Hui Liu                  | Non-Council Professional Member |
| Akari Yokokawa           | Non-Council Professional Member |
| Kimberley Bishop         | Public Member                   |
| Iftikhar Choudry         | Public Member                   |
| Judy Cohen               | Public Member                   |
| Kevin Ho                 | Public Member                   |
| Heidi Machel             | Public Member                   |
| Deborah Sinnatamby       | Public Member                   |

The Discipline Committee released one decision with reasons for a motion in this quarter.

- [Chun Sheng Liu](#)

As of November 20, 2025, there are five open cases which have been referred to the Discipline Committee by the Inquiries, Complaints and Reports Committee (ICRC).

|   | Member Name                | Status   |
|---|----------------------------|--|
| 1 | Mohmed Shoeb M. Chikhlikar | Penalty hearing scheduled to occur on November 21, 2025.   |
| 2 | Nathalie Xian Yi Yan       | Hearing dates to be confirmed in the new year, pending parties' availability.  |
| 3 | Chun Sheng Liu (1)         | Contested hearing previously scheduled for November 24, 25, and 27, 2025, but vacated on consent of the parties. New hearing dates to be confirmed in the new year, pending parties' availability. |



|   |                    |  |
|---|--------------------|--|
| 4 | Chun Sheng Liu (2) | Contested hearing previously scheduled for November 24, 25, and 27, 2025, but vacated on consent of the parties. New hearing dates to be confirmed in the new year, pending parties' availability. |
| 5 | Mai Thi Tuyet Pham | Contested hearing scheduled to occur on December 9, 11, and 12, 2025.  |

There is no discipline decision currently under appeal.

*This report is current as of November 20, 2025, in anticipation of the Council meeting scheduled for December 4, 2025.*



**FOR:** Information

**SUBJECT:** Fitness to Practise Committee Report

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**Fitness to Practise Committee Members**

|                          |                       |
|--------------------------|-----------------------|
| Iftikhar Choudry         | Public Member (Chair) |
| Meiying Chen             | Professional Member   |
| Bo (Kathy) Feng          | Professional Member   |
| Terry Hui                | Professional Member   |
| Fanny Ip                 | Professional Member   |
| Christine Lang           | Professional Member   |
| Joanne Pritchard-Sobhani | Professional Member   |
| Xianmin Yu               | Professional Member   |
| Jin Qi (Jackie) Zeng     | Professional Member   |
| Kimberley Bishop         | Public Member         |
| Judy Cohen               | Public Member         |
| Kevin Ho                 | Public Member         |
| Heidi Machel             | Public Member         |
| Deborah Sinnatamby       | Public Member         |

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

The Fitness to Practise Committee did not meet since the last quarterly report.

*This report is current as of November 20, 2025, in anticipation of the Council meeting scheduled for December 4, 2025.*



**FOR:** Information

**SUBJECT:** Doctor Title Working Group Report

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### **Doctor Title Working Group Members**

|                          |                                 |
|--------------------------|---------------------------------|
| Joanne Pritchard-Sobhani | Professional Member / Chair     |
| Kimberley Bishop         | Public Member                   |
| Iftikhar Choudry         | Public Member                   |
| Judy Cohen               | Public Member                   |
| Terry Hui                | Professional Member             |
| Xianmin Yu               | Professional Member             |
| Ming C. Cha              | Non-Council Professional Member |

The Doctor Title Working Group has not met since the last quarterly report.

### **FOR INFORMATION**

#### **1. Phase 3 Consultation**

Following approval at the September Council meeting, the draft regulation and a comparison chart were approved and posted for consultation. In addition to the two documents, a survey was included to collect responses.

The public consultation went live on October 3, 2025, for 60 days, and has just concluded. The College also contacted stakeholders directly to provide the documents and ask for feedback.

The results will be presented to the Working Group for their discussion and to make any changes to the draft regulation. Once the Working Group has had an opportunity to consider the material and approve of the next version of the draft, if necessary, it will be brought back to Council.

*This report is current as of November 20, 2025, in anticipation of the Council meeting scheduled for December 4, 2025.*



**FOR:** Information

**SUBJECT:** Acupuncture Standard Ad Hoc Committee Report

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### **Acupuncture Ad Hoc Committee Members**

|                          |                             |
|--------------------------|-----------------------------|
| Meiying Chen             | Professional Member         |
| Shuli Chen               | Professional Member         |
| Ming Cha                 | Professional Member         |
| Julia Chuang             | Professional Member         |
| Joanne Pritchard-Sobhani | Professional Member         |
| Jin Qi (Jackie) Zeng     | Professional Member / Chair |
| Kevin Ho                 | Public Member (Regrets)     |
| Deborah Sinnatamby       | Public Member               |

Since the last quarterly report, the Acupuncture Standard Ad Hoc Committee met on October 16, 2025.

## **FOR INFORMATION**

### **1. Committee Meeting**

The Committee met to review and discuss a draft outline for Principle 1 of the Acupuncture Standard. Staff provided an outline of the content to guide the meeting discussion and there was also a presentation from a committee member.

The World Health Organization (WHO) Benchmark and Practice Area 7 (Acupuncture Techniques) of the Entry Level Competencies were used as references.

A draft outline of the second and third principles will be presented to the Committee at the next meeting.

*This report is current to November 20, 2025, in anticipation of the Council meeting scheduled December 4, 2025.*



**FOR:** Information

**SUBJECT:** Nominations Committee Report

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### **Nominations Committee Members**

|                    |                             |
|--------------------|-----------------------------|
| Terry Hui          | Professional Member         |
| Christine Lang     | Professional Member / Chair |
| Iftikhar Choudry   | Public Member               |
| Kevin Ho           | Public Member (Regrets)     |
| Deborah Sinnatamby | Public Member               |

The Nominations Committee not met since the last quarterly report.

### **FOR INFORMATION**

#### **1. 2025 Council Election**

The College has implemented a competency-based system where candidates must demonstrate that they meet the Council Competency Framework to be eligible for election. The Nominations Committee is responsible for determining the competencies of each nominee.

Seven candidates met the competency requirements and were eligible to stand for election.

Voting began on September 23, 2025, and has now concluded. Each position available in District 4 (2) and District 5 (1) has been filled.

Following this year's nomination process, the Nominations Committee will review the process and determine if any adjustments are necessary.

*This report is current as of November 20, 2025, in anticipation of the Council meeting scheduled for December 4, 2025.*

|               |                         |
|---------------|-------------------------|
| Meeting Date: | December 4, 2025        |
| Issue:        | Council Election Update |
| Reported By:  | Sean Cassman            |
| Action:       | Information             |

## Issue

Staff will provide an update on the 2025 elections.

## Public Interest Rationale

Council elections help ensure that Council is constituted with the appropriate number of Council members, which allows the College to function. Professional Council members, making decisions in the public interest, help the College achieve its mandate of public protection.

## Background

The 2025 Council elections have concluded, and no recounts were requested. Below is a summary of the results.

## District 4

Ming Cha and Yanzhi Xu have been elected in District No. 4, for a three-year term.

## District 5

Julia Chuang has been elected to a seat in District No. 5 for a three-year term. Although this is Ms. Chuang's first term on Council, she has served as a non-Council Committee member on the Quality Assurance Committee and Standard for Acupuncture Ad Hoc Committee.

Congratulations to all successful candidates!

## Full Results

### District 4

| Rank         | Candidate ID | Candidate                | Votes | %     |
|--------------|--------------|--------------------------|-------|-------|
| 1            | 16305251     | Ming Cha                 | 54    | 46.15 |
| 2            | 16305253     | Yanzhi Xu                | 45    | 38.46 |
| 3            | 16305250     | Meiying Chen             | 19    | 16.24 |
| 4            | 16305249     | Ariel Kim-Scofield       | 18    | 15.38 |
| 4            | 16305252     | Xiao Ling (Rachel) Zhang | 18    | 15.38 |
| Total votes: |              |                          | 154   |       |



District 5

| Rank         | Candidate ID | Candidate    | Votes | %     |
|--------------|--------------|--------------|-------|-------|
| 1            | 16305272     | Julia Chuang | 16    | 61.54 |
| 2            | 16305273     | Noel Wright  | 10    | 38.46 |
| Total votes: |              |              | 26    |       |

**Next Steps**

The new and returning Council members have also completed a training/onboarding session.

Following this year's nomination process, the Nominations Committee will review the process and determine if any adjustments are necessary.



**SUBJECT:** Elections Process Overview

---

The process for the elections of officers (President, Vice-President and Executive Committee Members) to Council is subject to the College By-Laws. The process for the election of each position, their duties and the eligible nominees for each position as well as the required composition of the Executive Committee, are spelled out in the following documents:

|                            |                    |
|----------------------------|--------------------|
| President                  | Item 11 of Package |
| Vice-President             | Item 12 of Package |
| Executive Committee Member | Item 13 of Package |

With the concurrence (i.e. approval) of Council, two members of the College staff will act as returning officers for the voting process.

1. Where there is only one candidate for the office, the said candidate shall be acclaimed.
2. Where there is more than one candidate for the office, voting shall be conducted by secret ballot. The candidate who receives a majority of the votes cast (i.e. 50% + 1) on a ballot shall be declared elected.
3. Where no candidate receives a majority of the votes cast on the ballot, the one receiving the lowest number of votes on the ballot shall be deleted from the next ballot and a fresh vote shall take place.
4. If there is a tie on the lowest number of votes for two members, there shall be a recount. If there is still a tie, one of the returning officers shall break the tie by lot and the member who prevailed shall then proceed to the next round until one candidate receives a majority of votes.
5. This procedure shall be followed until one candidate receives a majority of the votes cast on a ballot.

Prior to the opening vote for each position, each nominee for each position will be allowed a maximum of **two minutes** to speak to Council regarding their candidacy for the position.

The election can be conducted virtually or in person.

The following voting process will be used for when the meeting is held online:

1. Once the candidates have made their opening comments, a returning officer will send an email with survey link containing the candidates to all Council members.
2. Council members will respond to the survey by selecting their preferred candidate.
3. Council members will be given a 5-minute time limit to respond with their vote.



College of Traditional Chinese Medicine  
Practitioners and Acupuncturists of Ontario

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

4. The returning officer will display the results on the screen. The Chair will announce the result.

The following process will be used for when the meeting is held in person:

1. Once the candidates have made their opening remarks, a returning officer will provide the Council members with pieces of paper.
2. Council members will write the name of their preferred candidate.
3. Council members will be given a 5-minute time limit to respond with their vote.
4. The returning officer will collect the papers from the Council members and read the names out loud.
5. The Chair will tally the votes and announce the result.



**FOR:** Information

**SUBJECT:** Elections – President

---

### **Election of the President**

The election of the President is subject to Section 7.03 of the College By-Laws.

At the meeting of the Council when the election of officers shall take place, the Registrar shall present the names of candidates who have indicated their interest for the position of President. Where there is only one candidate, the Registrar shall declare the candidate elected by acclamation.

Where there is more than one candidate for the office, voting shall be conducted by secret ballot and for this purpose, the Registrar shall, with the concurrence of the Council, appoint three (3) returning officers to count the ballots and report the results to the Council. The candidate who receives a majority of the votes cast on a ballot shall be declared elected.

Where no candidate receives a majority of the votes cast on the ballot, the one receiving the lowest number of votes on the ballot shall be deleted from the next ballot and a fresh vote shall take place. If there is a tie on the lowest number of votes for two members, there shall be a recount. If there is still a tie, a returning officer shall break the tie by lot and one member shall then proceed to the next round of the election process until one candidate receives a majority of votes.

This procedure shall be followed until one candidate receives a majority of the votes cast on a ballot. Where an issue arises during an election that is not governed by this paragraph, the Registrar shall, with the concurrence of the Council, adopt a fair and democratic process including, where appropriate, selection by a returning officer by lot.

### **Duties of the President**

The specific duties of the President are set out in Section 8.01 of the College By-Laws.

- (i) The President, in conjunction with the Council, is ultimately responsible for fulfilling the mandate, objectives and strategic plans of the College. He or she is directly accountable to the Council and indirectly accountable to the government, the public and the profession for the effective governance of the College in accordance with all applicable legislative requirements.
- (ii) Specific duties of the President include:
  - a. presiding as chair of all meetings of the Council, the Executive Committee and of Members, unless a non-voting chair has been appointed to facilitate the meeting;
  - b. overseeing the operations and performance of the Council;
  - c. working with the Registrar to ensure smooth, efficient conduct of all meetings and that decisions of the Council and Executive Committee are implemented;
  - d. participating in cultivating, recruiting and orienting new Council Members, officers, committee Members and chairs, and volunteers;



- e. overseeing and ensuring that a process is in place to evaluate the performance and employment conditions of the Registrar;
- f. representing the College as the authorized spokesperson on Council policies and positions to promote the mandate and objectives of the College;
- g. signing contracts, documents or instruments in writing as required by the College;
- h. liaising with the Registrar on any issues relating to the interactions between Members of the Council and College staff;
- i. is an ex-officio member of all committees; attendance at any committee meetings will be at the discretion of the President; chairs of committees shall file minutes and reports with the Registrar to keep the President informed; and
- j. other duties as assigned by the Council from time to time.



**FOR:** Information

**SUBJECT:** Elections – Vice-President

---

### **Election of the Vice-President**

The election of the Vice-President is subject to Section 7.04 of the College By-Laws.

At the meeting of the Council when the election of officers shall take place, the Registrar shall present the names of candidates who have indicated their interest for the position of Vice-President. Where there is only one candidate, the Registrar shall declare the candidate elected by acclamation.

Where there is more than one candidate for the office, voting shall be conducted by secret ballot and for this purpose, the Registrar shall, with the concurrence of the Council, appoint three (3) returning officers to count the ballots and report the results to the Council. The candidate who receives a majority of the votes cast on a ballot shall be declared elected.

Where no candidate receives a majority of the votes cast on the ballot, the one receiving the lowest number of votes on the ballot shall be deleted from the next ballot and a fresh vote shall take place. If there is a tie on the lowest number of votes for two members, there shall be a recount. If there is still a tie, a returning officer shall break the tie by lot and one member shall then proceed to the next round of the election process until one candidate receives a majority of votes.

This procedure shall be followed until one candidate receives a majority of the votes cast on a ballot. Where an issue arises during an election that is not governed by this paragraph, the Registrar shall, with the concurrence of the Council, adopt a fair and democratic process including, where appropriate, selection by a returning officer by lot.

### **Duties of the Vice-President**

The duties of the Vice-President are set out in Section 8.02 of the College By-Laws.

- (i) The Vice-President shall have all the powers and shall perform all the duties of the President in the event of the absence, or the inability of the President to act. The Vice-President is directly accountable to the Council and indirectly accountable to the government, the public and the profession for the effective governance of the College in accordance with all applicable legislative requirements.
- (ii) Specific duties of the Vice-President include:
  - a. serving on the Executive Committee;
  - b. any duties delegated by the President unless not approved by the Council;
  - c. acting as a signing officer on cheques and other documents as required by the Council;  
and
  - d. other duties as assigned by the Council from time to time.



**FOR:** Information  
**SUBJECT:** Elections – Executive Committee Members

---

### **Election and Composition**

The election and composition of the Executive Committee is subject to Sections 7.06 and 12.01 of the College by-laws.

The three Executive Committee Members shall be elected following a procedure similar to the election of the President. 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.

**UNAUDITED College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario**  
**Statement of Operations**  
**Q2 April - September 2025**

|                |                                      | Q2 Actuals<br>2025-2026 | Annual Budget<br>2025-2026 | Actual to<br>Budget % | Budget Remaining<br>(balance of Year) |
|----------------|--------------------------------------|-------------------------|----------------------------|-----------------------|---------------------------------------|
| <b>GL Code</b> | <b>Revenue</b>                       |                         |                            |                       |                                       |
| 4101000        | Registration Fees                    | \$ 152,800.00           | \$ 202,200.00              | 75.57%                | \$ 49,400.00                          |
| 4102000        | Renewal Fees                         | \$ 3,727,574.98         | \$ 3,642,100.00            | 102.35%               | \$ (85,474.98)                        |
| 4200000        | Administration Fees                  | \$ 70,800.00            | \$ 74,025.00               | 95.64%                | \$ 3,225.00                           |
| 4300000        | Pan Can Examination Fees             | \$ 629,674.00           | \$ 520,320.00              | 121.02%               | \$ (109,354.00)                       |
| 4400000        | Other Income-Government Funds        | \$ 20,000.00            | \$ 20,000.00               | 100.00%               | \$ -                                  |
| 4500000        | Other Fees                           | \$ 41,200.00            | \$ 47,000.00               | 87.66%                | \$ 5,800.00                           |
| 4600000        | Other Income                         | \$ 127,267.47           | \$ 236,000.00              | 53.93%                | \$ 108,732.53                         |
|                | <b>Total Income</b>                  | <b>\$ 4,769,316.45</b>  | <b>\$ 4,741,645.00</b>     | <b>100.58%</b>        | <b>\$ (27,671.45)</b>                 |
| <b>GL Code</b> | <b>Expenses</b>                      |                         |                            |                       |                                       |
|                | <b>Council &amp; Committees</b>      | <b>\$ 343,911.82</b>    | <b>\$ 1,086,250.00</b>     | <b>31.66%</b>         | <b>\$ 742,338.18</b>                  |
| 6100000        | Council                              | \$ 13,280.66            | \$ 94,500.00               | 14.05%                | \$ 81,219.34                          |
| 6201000        | Executive Committee                  | \$ 2,942.18             | \$ 29,000.00               | 10.15%                | \$ 26,057.82                          |
| 6202000        | Registration Committee and Panel     | \$ 17,270.31            | \$ 63,500.00               | 27.20%                | \$ 46,229.69                          |
| 6203000        | ICRC Committee                       | \$ 187,347.92           | \$ 362,000.00              | 51.75%                | \$ 174,652.08                         |
| 6204000        | Quality Assurance Committee          | \$ 42,492.63            | \$ 132,000.00              | 32.19%                | \$ 89,507.37                          |
| 6205000        | Patient Relations Committee          | \$ 2,309.79             | \$ 41,000.00               | 5.63%                 | \$ 38,690.21                          |
| 6206000        | Discipline Committee                 | \$ 78,268.33            | \$ 360,000.00              | 21.74%                | \$ 281,731.67                         |
| 6207000        | Fitness to Practice Committee        | \$ -                    | \$ 4,250.00                | 0.00%                 | \$ 4,250.00                           |
| <b>6300000</b> | <b>Professional Services</b>         | <b>\$ 82,739.56</b>     | <b>\$ 244,500.00</b>       | <b>33.84%</b>         | <b>\$ 161,760.44</b>                  |
| 6301000        | Legal Fees                           | \$ 12,464.11            | \$ 74,000.00               | 16.84%                | \$ 61,535.89                          |
| 6302000        | Accounting Fee                       | \$ 21,391.65            | \$ 34,000.00               | 62.92%                | \$ 12,608.35                          |
| 6303000        | Expert Consultation                  | \$ -                    | \$ 26,500.00               | 0.00%                 | \$ 26,500.00                          |
| 6304000        | Government Relations                 | \$ 48,883.80            | \$ 110,000.00              | 44.44%                | \$ 61,116.20                          |
| <b>6400000</b> | <b>Special Programs/Projects</b>     | <b>\$ 259,373.09</b>    | <b>\$ 881,000.00</b>       | <b>29.44%</b>         | <b>\$ 621,626.91</b>                  |
| 6401000        | Pan-Canadian Examinations            | \$ 203,222.00           | \$ 410,000.00              | 49.57%                | \$ 206,778.00                         |
| 6402000        | Doctor Title                         | \$ 8,019.36             | \$ 187,000.00              | 4.29%                 | \$ 178,980.64                         |
| 6403000        | Strategic Initiatives                | \$ -                    | \$ 80,000.00               | 0.00%                 | \$ 80,000.00                          |
| 6404000        | Program Approval                     | \$ 4,520.00             | \$ 75,000.00               | 6.03%                 | \$ 70,480.00                          |
| 6405000        | Safety and Jurisprudence Test        | \$ 25,401.51            | \$ 35,000.00               | 72.58%                | \$ 9,598.49                           |
| 6407000        | Acupuncture Working Group            | \$ 3,462.75             | \$ 24,000.00               | 14.43%                | \$ 20,537.25                          |
| 6408000        | Learning Hub and QA Online           | \$ -                    | \$ 50,000.00               | 0.00%                 | \$ 50,000.00                          |
| 6800000        | Pan Can Chinese Language Examination | \$ 14,747.47            | \$ 20,000.00               | 73.74%                | \$ 5,252.53                           |
| <b>6500000</b> | <b>Administrative Expenses</b>       | <b>\$ 962,902.15</b>    | <b>\$ 2,021,008.00</b>     | <b>47.64%</b>         | <b>\$ 1,058,105.85</b>                |
| 6500000        | Salaries and Benefits                | \$ 951,139.33           | \$ 1,971,008.00            | 48.26%                | \$ 1,019,868.67                       |
| 6502000        | Casual Labour                        | \$ 11,762.82            | \$ 50,000.00               | 23.53%                | \$ 47,001.80                          |
| <b>6600000</b> | <b>Information Technology</b>        | <b>\$ 127,782.20</b>    | <b>\$ 316,500.00</b>       | <b>40.37%</b>         | <b>\$ 188,717.80</b>                  |
| 6602000        | Equipment Expenses                   | \$ 2,998.20             | \$ 12,000.00               | 24.99%                | \$ 9,001.80                           |
| 6603000        | Software & IT Projects               | \$ 58,287.55            | \$ 171,000.00              | 34.09%                | \$ 112,712.45                         |
| 6604000        | Maintenance and Support Contracts    | \$ 31,976.19            | \$ 65,500.00               | 48.82%                | \$ 33,523.81                          |
| 6605000        | Online Services                      | \$ 29,611.54            | \$ 56,000.00               | 52.88%                | \$ 26,388.46                          |
| 6606000        | Network Security                     | \$ 4,908.72             | \$ 12,000.00               | 40.91%                | \$ 7,091.28                           |
| <b>6700000</b> | <b>Operating Expenses</b>            | <b>\$ 237,655.71</b>    | <b>\$ 570,550.00</b>       | <b>41.65%</b>         | <b>\$ 332,894.29</b>                  |
| 6701000        | General Operating Costs              | \$ 141,196.61           | \$ 307,550.00              | 45.91%                | \$ 166,353.39                         |
| 6702000        | Payment Gateway                      | \$ 25,182.16            | \$ 170,000.00              | 14.81%                | \$ 144,817.84                         |
| 6703000        | Subscriptions and Conferences        | \$ 31,386.48            | \$ 48,000.00               | 65.39%                | \$ 16,613.52                          |
| 6704000        | Communications and Publications      | \$ 39,890.46            | \$ 45,000.00               | 88.65%                | \$ 5,109.54                           |
| <b>45</b>      | <b>Total Expenses</b>                | <b>\$ 2,014,364.53</b>  | <b>\$ 5,119,808.00</b>     | <b>39.34%</b>         |                                       |
| <b>46</b>      | <b>Net Income</b>                    | <b>\$ 2,754,951.92</b>  | <b>\$ (378,163.00)</b>     |                       |                                       |

## COUNCIL

|               |   |
|---------------|---|
| Meeting Date: | December 4, 2025  |
| Issue:        | Recommended Changes to Consent to Treatment (Sensitive Areas) Form and the Standard for Preventing Sexual Abuse |
| Reported By:  | Mary Kennedy, Manager, Quality Practice   |
| Action:       | For Decision  |

### **Issue**

The Patient Relations Committee (PRC) is recommending to Council Changes to Consent to Treatment (Sensitive Areas) Form and the Standard for Preventing Sexual Abuse

### **Background**

The Quality Assurance Committee has noted, through the Peer and Practice Assessment Program, that several members may not be fully meeting the Standard for Preventing Sexual Abuse. Specifically, practitioners require further education and training on the complex requirements for Consent when assessing and treating sensitive areas. This information has been referred to the PRC for further discussion.

Furthermore, the PRC had previously discussed required changes to the Consent to Treatment (Sensitive Areas) Form, primarily focusing on language used to describe sensitive areas and the potential for members to practice outside their regulated scope.

A draft of the new form is attached for the Council's review.

### **High level Steps Taken to Change Form:**

- Review of current form, environmental scan of other health College's form.
- Small group discussion with Subject Matter Experts (Akari Yokokawa and Meiyang Chen).
- Review of documents by small group.
- QP team review of recommended changes and implemented into draft presented for PRC review.
- PRC made additional changes and recommended new draft form to Council for review and approval.
- Draft form was also presented to QAC for input.

Both PRC and QAC had complex discussions regarding the language used to replace the sensitive areas listed on form. This concluded with the replacement of vagina and penis to language that is more inclusive and better details the sensitive areas members are allowed to assess and treat under current scope of practice.





## COUNCIL

### The Standard for Preventing Sexual Abuse

The PRC also reviewed and discussed the Standard for Preventing Sexual Abuse, given changes to the consent form, similar changes needed to be made to Standard as the Standard duplicates' information. In addition to these non-substantive changes, the PRC discussed potential changes that will help members understand their scope of practice when assessing and treating sensitive areas. Changes will support the concerns brought to the attention of PRC and assist in the education of members in the prevention of sexual abuse of patients.

Changes Include:

Under Principle 2: Members must always get expressed consent for treatment that involves contact with sensitive areas. On initial treatment, the expressed consent must be written.

1. Changed the list of Sensitive areas from:  
the upper and inner thigh, buttocks, penis, vagina, breasts, and chest wall muscles.  
To  
the upper inner thigh, buttocks, Pelvic floor (perineum) and/or external genitalia, breasts, and chest wall muscles.
2. The addition the following sentence:  
In addition, patients may personally identify areas they consider sensitive, in these cases the process for treating sensitive areas should be followed.
3. Changed language in the following sentence to include all areas restricted and more explicit that practicing in these areas are acts of professional misconduct.  
Original:

If the touch involves the breast, members should not touch the nipple or the areola.

Substitution:

Members are strictly prohibited from touching the nipple or areola (if touching the breast). They are also forbidden from touching or treating internal genitalia (beyond the labia majora) or beyond the anal verge.

4. To be consistent with the requirements of the Standard on Consent and more clear language, under the Record Keeping section:  
Members must also fully chart if the patient has not provided consent to treatment in sensitive areas or at anytime has withdrawn their consent to treatment.

Members must secure the patients written consent for follow-up treatment. Members must complete a new Consent Form for Assessment and Treatment of Sensitive Areas for all new or modified sensitive area treatment plans.

Implementing these changes will ensure congruency with legislation and other Standards. Through the Quality Practice team, PRC plan to launch educational opportunities targeting members and the public in prevention of the sexual abuse of patients.

## COUNCIL

**Action:**

Review, discuss and direct changes to the Standard for Preventing Sexual Abuse commencing April 1, 2026.

## Standard for Preventing Sexual Abuse

The [Regulated Health Professions Act, 1991](#) prohibits sexual relations between members and patients. Sexual relations between a member and a patient are considered sexual abuse. The Act defines sexual abuse as:

- Sexual intercourse or other forms of physical sexual relations
- Touching of a sexual nature
- Behaviour or remarks of a sexual nature.

Touching, behaviour, or remarks that are clinically appropriate and related to the service being provided are not included in the definition of sexual abuse.

This standard addresses the following principles:

[Principle 1: Members must not sexually abuse their patients.](#)

[Principle 2: Members must always get expressed consent for treatment that involves contact with sensitive areas. On the initial treatment, the expressed consent must be written.](#)

[Principle 3: Members must report sexual abuse.](#)

### **Principle 1: Members must not sexually abuse their patients.**

Sexual abuse of a patient is a serious breach of patient trust. It involves a misuse of power in the patient-practitioner relationship. A patient's consent to participate is not a defense of sexual abuse. The imbalance of power means that a patient cannot consent.

#### *Applying the principle to practice*

Members must never enter into a sexual relationship with a current patient.

#### **Former patients**

Members can only enter into a sexual relationship with a former patient under the following conditions:

- At least one year has passed since the last patient visit or the date that the patient-practitioner relationship ended.
- The sexual relationship is not based on the trust and intimacy developed during the patient-practitioner relationship, and there is no longer a power imbalance in favour of the member.

#### **Emergencies**

Members must not provide services to a person with whom they have a sexual relationship, including spouses, except in an emergency. An emergency means that there is reason to believe that the person will suffer severely or is at risk of serious bodily harm unless treatment is

provided. If possible, the member must transfer patient care to another health professional as soon as they can.

## Record keeping

Members must record the nature of the emergency and note the information of the healthcare professional to whom they transferred the patient's care.

**Principle 2: Members must always get expressed consent for treatment that involves contact with sensitive areas. On initial treatment, the expressed consent must be written.**

Sensitive areas include the upper ~~and~~ inner thigh, buttocks, ~~penis, vagina,~~ pelvic floor (perineum) and/or external genitalia breasts, and chest wall muscles.

In addition, patients may personally identify areas they consider sensitive, in these cases the process for treating sensitive areas should be followed.

### *Applying the principle to practice*

The College's [Standard for Consent](#) requires members to always tell patients what body parts will be touched during a proposed treatment. However, when the proposed treatment involves sensitive areas, members must take extra care to explain what areas will be touched, how it will be touched, why it is necessary to touch, and whether it will be exposed during the treatment.

Members are strictly prohibited from touching the nipple or areola (if touching the breast). They are also forbidden from touching or treating internal genitalia (beyond the labia majora) or beyond the anal verge.

These specific internal areas are classified as "Controlled Acts" under the Regulated Health Professions Act, 1991 and are reserved for certain authorized health professionals. Performing any of these unauthorized acts constitutes professional misconduct. ~~If the touch involves the breast, members should not touch the nipple or the areola.~~

~~If~~ When sensitive areas are being treated, they should be exposed as little as possible. Draping and positioning should be discussed before treatment.

Members should consider the history, gender, and culture of patients when talking about this. These factors may affect how a patient feels about contact in sensitive areas.

Members must ensure that patients and substitute decision makers understand their right to withdraw consent at any time. The consent form for treatment that involves contact with sensitive areas should also clearly state this.

## Record keeping

Members must always have a record of the patient's written consent to treatment in sensitive areas. They must carefully chart the conversation with the patient to ensure that both the patient and member are fully aware of what can occur during the proposed treatment.

Members must also fully chart if the patient has not provided consent to treatment in sensitive areas or at anytime has withdrawn their consent to treatment.

Members must secure the patients written consent for follow-up treatment. Members must complete a new Consent Form for Assessment and Treatment of Sensitive Areas for all new or modified sensitive area treatment plans.

## Principle 3: Members must report sexual abuse.

If a member has reason to believe that another regulated health professional has sexually abused a patient, they must file a report.

*Applying the principle to practice*

### If the patient told the member about the abuse

Members must explain to the patient that they are required by law to make a report. The member must ask the patient if they can include their name. If the patient agrees, their consent must be in writing.

### Where and when to file the report

Members must file their written report with the Registrar of the regulated college that the health professional belongs to.

To prevent continued abuse, the report must be filed as soon as possible, and no later than 30 days after learning of the alleged abuse.

### What to include in the report:

- The name of the person filing the report
- The name of the health professional who is the subject of the report
- Details of the alleged sexual abuse
- The name of the patient who may have been sexually abused, if they have consented in writing to give their name.

## Record keeping

Members must keep a copy of the report and the patient's signed consent on file.

*Learn more about the laws governing our practice:*

[CTCMPAO's Jurisprudence Course Handbook](#)

[Professional Misconduct Regulation of the \*Traditional Chinese Medicine Act\*, 2006](#)

# CURRENT FORM

## Patient Informed Consent to Treatment

Clinic Name/Practitioner Name/Registration #

Clinic Address

Clinic Phone Number

---

I, \_\_\_\_\_  
[name of patient or the substitute decision-maker (SDM) listed below]

consent to have \_\_\_\_\_  
[name of practitioner]

perform the following treatment\* on me:

Describe specific treatment or specific plan of treatment. For example, acupuncture and herbal prescription for 8 weeks, with at-home exercises. [Note that the practitioner should not obtain a "blanket consent" to cover every procedure when the patient first comes in.]

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\*If treatment includes sensitive areas, I, consent to have \_\_\_\_\_,  
[name of practitioner]

provide assessment and/or treatment of the areas indicated below:  
[please check the appropriate box(es)]

- |  |   |
|--|---|
| <input type="checkbox"/> Upper and inner thigh | <input type="checkbox"/> Vagina             |
| <input type="checkbox"/> Buttocks              | <input type="checkbox"/> Breasts            |
| <input type="checkbox"/> Penis                 | <input type="checkbox"/> Chest wall muscles |

I acknowledge that \_\_\_\_\_  
[name of practitioner]

has explained the following to me:

- the nature of the treatment, as set out above
- if applicable, the clinical reason(s) for the assessment of the above sensitive area(s) and the draping methods to be used the expected benefits of the treatment
- the material risks of the treatment
- the material side effects of the treatment
- the alternatives to having the treatment
- the likely consequences of not having the treatment

I acknowledge that my practitioner cannot guarantee the results of the proposed treatment.

I acknowledge that I have informed my practitioner about my relevant health history, including whether I have any allergies, metal implants, if I suffer from any type of major bleeding disorder, if I use a pacemaker, or if I have any infectious viruses or diseases.

## PATIENT INFORMED CONSENT TO TREATMENT

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I understand that my consent is voluntary, and I have the right to withdraw my consent to the treatment at any time.

I understand that the fees charged for my treatment are not covered under OHIP and must be covered in full by myself or through third party insurance. I am responsible for the full and prompt payment after services have been rendered. I acknowledge that my practitioner has explained the applicable fees to me.

**I acknowledge that I have discussed the content of this form with my practitioner. I acknowledge that I have asked any questions I may have and received answers I understand.**

By signing this form, I give my informed consent for the treatment set out above.

**Signature of Patient/SDM:** \_\_\_\_\_ **Date** \_\_\_\_\_

By signing this form, I acknowledge that I have reviewed the form with the patient (or substitute decision-maker) and have answered the patient's (or substitute decision-maker's) questions.

**Practitioner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Patient Informed Consent  
to the Assessment and Treatment of Sensitive Areas**

Clinic Name/Practitioner Name/Registration #

Clinic Address

Clinic Phone Number| any other relevant information

---

I, \_\_\_\_\_, and my attending practitioner, \_\_\_\_\_,  
(patient or substitute decision maker (SDM)) (practitioner)  
have discussed the assessment and treatment of the following sensitive area(s):

**Sensitive Area(s) for Assessment and/or Treatment**

[Check the appropriate box(es) and circle the specific structures discussed.]

- ☐ Chest wall (excluding breast[s])
- ☐ Breast(s) (*nipples and areolas are never included*) ( right / left )
- ☐ Upper inner thigh(s) ( right / left )
- ☐ Buttocks ( right / left )
- ☐ Pelvic floor (perineum) and/or external genitalia
- ☐ Other area(s) defined by the patient: (\_\_\_\_\_)

**Clinical Reason(s) for Direct Assessment and/or Treatment of the Above Area(s):**

[Briefly describe the reason for the assessment and/or treatment for the sensitive area(s) indicated above.  
Note that the practitioner should not obtain a "blanket consent" to cover every procedure when the patient first comes in.]

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I acknowledge that the following information has been explained regarding the proposed assessment and/or treatment:

- ☐ the nature and purpose of the assessment and/or treatment
- ☐ the process for how I will be covered during the proposed assessment or treatment
- ☐ the expected benefits
- ☐ any potential risks and side effects
- ☐ available alternatives options
- ☐ the likely outcomes if proceeding with the proposed assessment or treatment
- ☐ the likely consequences of not proceeding with the proposed assessment or treatment
- ☐ that the consent is voluntary and may be modified or withdrawn at any time

**Informed Consent**

My questions have been answered prior to signing this form.

By signing below, I provide my voluntary informed consent for the assessment and/or treatment of the area(s) listed above.

Signature of patient/SDM \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Practitioner \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Clinic Address | Clinic Phone Number | any other relevant information**

Date (dd/mm/yyyy)

A handwriting practice sheet with two columns of horizontal lines. The left column has 10 empty lines. The right column has 10 lines, each with a forward slash '/' at the beginning and a backslash '\' at the end, providing a guide for letter height and placement.

## COUNCIL

|               |  |
|---------------|--|
| Meeting Date: | December 4, 2025                                 |
| Issue:        | Recommended Changes to Peer and Practice Program |
| Reported By:  | Mary Kennedy, Manager, Quality Practice          |
| Action:       | For Decision                                     |

### **Issue**

The Quality Assurance Committee (QAC) is recommending to Council changes to Peer and Practice Program.

### **Background**

The RHPA requires every health regulatory College in Ontario to have a Quality Assurance Program, which must include:

- Continuing education or professional development.
- Self, peer, and practice assessments.
- A mechanism for the College to monitor participation.

The legislation itself is broad, focusing on the goal: "to assure the quality of the practice of the profession and to promote continuing evaluation, competence and improvement among the members."

Each College has established specific regulations under its profession-specific Act to detail how the general Quality Assurance requirements are met. Despite this individualization, the programs share significant similarities, largely due to collaborations and established common standards. This collaboration ensures a shared accountability agenda, enabling QAPs to collectively meet the public's expectations for high-quality, safe care across all regulated professions.

As health regulation matured, PPA programs evolved from expensive, administration-heavy in-person assessments to more efficient, risk-based programming. This allows regulators to target the educative aspects of Quality Assurance toward members most in need of professional development.

### **OUR COLLEGE:**

Each year the QAC requires a percentage of members to undergo a peer and practice assessment to assess the members' knowledge skills and judgement.

## COUNCIL

Since its launch on July 1, 2015, the program has assessed less than 10% of the membership's knowledge, skill, and judgment. Typically, Colleges aim to assess all members within a five-to-ten-year cycle.

### HISTORY OF PPAS COMPLETED AND APPROXIMATE OVERALL COST PER YEAR

| YEAR                                  | PPA | EDUCATIONAL<br>SUPPORTS | APPROXIMATE<br>OVERALL COST | NOTES                                    |
|---------------------------------------|-----|-------------------------|-----------------------------|--|
| July 1, 2015 to August 31, 2016       | 13  | 0                       | \$16,900.00                 | 2 Assessors per PPA                      |
| October 20, 2016 to December 13, 2017 | 7   | 0                       | \$9100.00                   | 2 Assessors per PPA                      |
| June 18, 2018 to November 30, 2018    | 6   | 0                       | \$7800.00                   | 2 Assessors per PPA                      |
| February 7, 2019 to April 30, 2020    | 23  | 0                       | \$29,900.00                 | 2 Assessors per PPA                      |
| March 1, 2021 to December 31, 2022    | 36  | 0                       | \$46,800.00                 | 2 Assessors per PPA                      |
| May 4, 2023 to December 31, 2023      | 28  | 0                       | \$36,400.00                 | 2 Assessors per PPA                      |
| March 20, 2024 to December 31, 2024   | 51  | 8                       | \$59,150.00                 | Varied between 1 and 2 Assessors per PPA |
| April 1, 2025 to March 31, 2026       | 110 | 32                      | \$71,500.00                 | Educational support to date              |

### COMMON ISSUES SEEN DURING ASSESSMENTS

- Lack of TCM Diagnosis (Western Diagnosis).
- Consent forms.
- Organization of records.
- English or French translation.
- Hazardous waste process and Documentation of Infection Control Procedures.

## COUNCIL

- Display of Fees (complete requirements).
- Receipts.
- Appointment logs.
- Herbal logs.
- Equipment Maintenance logs.
- Display of Certificate of Registration.
- Dual Registration.

Following a Peer and Practice Assessment, the Member has the opportunity to submit a written response and evidence to the QAC to rectify identified issues. The QAC reviews this submission alongside the original assessment report before rendering a final decision regarding the Member's knowledge, skill, and judgment.

While a small percentage of members may be required to complete a specified learning plan, most are able to self-correct issues to ensure their knowledge, skill, and judgment remain satisfactory.

### WHY IS A CHANGE REQUIRED

The paramount issue with the current program is the high cost and administrative support required to assess the small annual percentage of members whose satisfactory knowledge, skill, and judgment are deemed compliant with the College's mandate.

### PROPOSED PEER AND PRACTICE ASSESSMENT PROGRAM PILOT APRIL 1, 2026, to MARCH 31, 2027

**(TOTAL PROJECTED COST: \$60K)**

#### TIER ONE

- Through random sampling, 300 Active Members will be Directed by Quality Assurance Committee to submit their previous Self-Assessment Tool and other documents for Peer Review.
- Trained Peer Assessors will review and assess documentation.
- Based on criteria set by the Quality Assurance Committee, established from data from previous PPAs
- At minimum, 30 percent of Members from tier one will be directed to participate in Tier Two.
- COST: \$30K

#### TIER TWO – GROUP 1

- 60 Members will be directed by QAC to participate in remote 2-hour peer to peer coaching meeting with Peer Assessor.
- Following the coaching meeting, Members will be expected to provide a submission to the QAC outlining how changes were made to their practice to meet gaps in Standards.
- COST: \$9K (\$150.00 per Member)

## COUNCIL

### TIER TWO -GROUP 2

- 30 Members will be directed by QAC to participate in a remote 90-minute group webinar on CTCMPAO Standards and submit reflection paper to highlight how learning outcomes will be implemented into practice
- COST: 3 Webinars at 200 each
  - 30 responses at \$100 each
  - TOTAL: \$3.6K (\$120.00 per Member)

### TIER THREE

- Members will be directed by QAC to undergo an in-person Peer and Practice Assessment.
- Identifying Factors:
  - Members who fail to respond to submission of Self-assessment documents.
  - Members identified through Tier One assessment criteria.
  - Members identified through Tier Two Coaching Sessions.
- COST: \$7K (10 Assessments)

### RECOMMENDED NUMBERS AND APPROXIMATE OVERALL COST OF ROLL-OUT OF PILOT

| YEAR                            | PPA | EDUCATIONAL<br>SUPPORTS | APPROXIMATE<br>OVERALL COST |
|---------------------------------|-----|-------------------------|-----------------------------|
| April 1, 2026 to March 31, 2027 | 300 | 90+                     | \$60k                       |
| April 1, 2027 to March 31, 2028 | 500 | 120+                    | \$70k                       |
| April 1, 2028 to March 31, 2029 | 500 | 120+                    | \$70k                       |
| April 1, 2029 to March 31, 2030 | 500 | 120+                    | \$70k                       |

### GOALS OF PROPOSED ANNUAL ROLL-OUT

#### YEAR 1 (April 1, 2026 to March 31, 2027)

- Gather data to create scoring system to determine how Members move through the tiers and to assist QAC in decision making criteria in determining how Member's knowledge, skill and judgment will be deemed satisfactory.

#### YEAR 2 (April 1, 2027 to March 31, 2028)

- Continue to gather data to meet goals of year one and test scoring system from year one.

## COUNCIL

### YEAR 3 (April 1, 2028 to March 31, 2029)

- Finalize scoring system to ensure Members that need the necessary supports are moving through tiered system to public protection mandate.

### YEAR 4 (April 1, 2029 to March 31, 2030)

- Inclusion of competency-based interview process aligned with risk-base regulation.

Transitioning to a tiered Peer and Practice Assessment (PPA) system offers significant benefits, primarily by moving the program toward a risk-based model. This approach is far more cost-effective than broad, universal assessments, as it allows our College to focus resources where they are most needed.

Crucially, a tiered system enables greater member engagement in the PPA process by providing tailored development paths, thereby optimizing the College's mandate for continuous competence and public protection.

#### **Action:**

Review, discuss and direct changes to the Peer and Practice Program commencing April 1, 2026.



|               |                      |
|---------------|----------------------|
| Meeting Date: | December 4, 2025     |
| Issue:        | Risk Management Plan |
| Reported By:  | Sean Cassman         |
| Action:       | Information          |

### **Issue**

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

### **Public Interest Rationale**

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

### **Changes to Risk Register**

The Risk Register Summary has been attached to provide a high-level report of the 2025 Q3 risk assessment. There have been no changes to the assessed risk since last Council meeting.

### **Next Steps**

Staff will continue to monitor risks and maintain the risk management plan.

Encl.: Risk Register Summary





## College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario Risk Management Plan

### Risk Management Vision

The College 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. The College'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 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.  | Joanne Pritchard-Sobhani                               |
| 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.  | Sean Cassman   |
| 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, Mary Kennedy, Mohan Cappuccino, Sean Cassman |



## **Risk Management Process and Activities**

The College 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**

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

| Risk Rating | Risk Priority | Description  |
|-------------|---------------|--|
| 1-4         | L             | Low Risk: May require consideration in any future changes to the work area or processes, or can be fixed immediately |
| 5-9         | M             | Medium Risk: May require corrective action, planning and budgeting process   |



|       |   |   |
|-------|---|---|
| 10-16 | H | High Risk: Requires immediate corrective action   |
| 20-25 | 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 College considers two types of risk:

- Inherent risk – represents the current level risk that exists given the existing set of controls.
- Residual risk – represents the amount of risk that remains after additional controls are in place.

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.



**Risk Register Summary**

| Risk                              |   | Risk Assessment  |         | Risk Outlook | Notes |
|-----------------------------------|---|------------------|---------|--------------|-------|
| Category                          | Risk Description  | Previous Quarter | Current |              |       |
| Governance                        | Not reaching quorum to constitute a Committee or Council becoming unconstituted                             | ●                | ●       | ↔            |       |
| Governance                        | Council/Committees operating outside of mandate or becoming involved with operational matters               | ●                | ●       | ↔            |       |
| Governance                        | Council/Committees not adhering to Code of Conduct, Conflict of interest, bylaws and other Council policies | ●                | ●       | ↔            |       |
| Governance                        | Retention of current Council and Committee members  | ●                | ●       | ↔            |       |
| Loss of Confidence in CTCMPAO     | Applicant/member disengagement  | ●                | ●       | ↔            |       |
| Loss of Confidence in CTCMPAO     | Perception of College as not being transparent and/or fair  | ●                | ●       | ↔            |       |
| Loss of Confidence in CTCMPAO     | Insufficient support to external stakeholders   | ●                | ●       | ↔            |       |
| Financial                         | Insufficient financial resources impacting the ability of the College to meet its mandate                   | ●                | ●       | ↔            |       |
| Financial                         | Poor financial management resulting in the College meeting its strategic initiatives                        | ●                | ●       | ↔            |       |
| Financial                         | Risk of fraud and/or theft  | ●                | ●       | ↔            |       |
| Information Management            | Information and computer systems are compromised  | ●                | ●       | ↔            |       |
| Information Management            | Improper handling of digital data   | ●                | ●       | ↔            |       |
| Information Management            | Breach of confidentiality   | ●                | ●       | ↔            |       |
| Information Management            | Unintended destruction or loss of records   | ●                | ●       | ↔            |       |
| Facility/Site Safety and Security | Permanent damage to equipment and/or furnishings  | ●                | ●       | ↔            |       |
| Facility/Site Safety and Security | Computers, servers and other items of value are stolen  | ●                | ●       | ↔            |       |
| Human Resources                   | Disruption in work due to unexpected employee absence and/or resignation                                    | ●                | ●       | ↔            |       |



|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Human Resources                           | Interpersonal conflicts  |  |  |  |  |
| Statutory Obligations (Patient Relations) | College is not taking appropriate measures to keep client/patients safe from sexual abuse                |  |  |  |  |
| Statutory Obligations (Registration)      | Mitigating lack of oversight in TCM education  |  |  |  |  |
| Statutory Obligations (Registration)      | College's registration process is not transparent, objective, impartial, and fair                        |  |  |  |  |
| Statutory Obligations (QA)                | QA Program is not effective for maintaining the continuing competency of members                         |  |  |  |  |
| Statutory Obligations (All Departments)   | Lack of tools helping members in understanding and meeting their statutory obligations                   |  |  |  |  |
| Statutory Obligations (ICRC)              | Complaints received are not resolved in a timely manner and/or backlog of Registrar's reports            |  |  |  |  |
| Statutory Obligations (ICRC/Discipline)   | Fairness to member who receives a complaint or is going through discipline                               |  |  |  |  |
| Statutory Obligations (CPMF)              | Demonstrate to the Ministry that College is meeting statutory obligations in a clear and transparent way |  |  |  |  |
| Exam                                      | Exam security is breached  |  |  |  |  |
| Exam                                      | Validity of the administration of the exam sitting is challenged   |  |  |  |  |
| Exam                                      | Validity of examination is challenged  |  |  |  |  |