# Highlights of the 14<sup>th</sup> Meeting of the Transitional Council

The transitional Council held its 14<sup>th</sup> meeting on June 13th, 2011. Twelve members of the public and the TCM community observed the proceedings.

## The transitional Council made the following decisions:

#### Project Plan for 2011-2013

The Council approved the project plan for 2011-2013 that sets out the task, time line and strategies to enable the Transitional Council to become a fully functioning regulatory body by April, 2013.

This project plan is based on the assumptions that the Government will proclaim all sections of the TCMA on April 1, 2013; pass the proposed Registration, Professional Misconduct and Quality Assurance Regulations by summer 2012; and provide sufficient resources in a timely manner.

The Transitional Council is striving to meet its projected timelines. It has already started research and/or development of the tools and processes necessary to support the draft regulations. These include the Prior Learning Assessment and Recognition (PLAR); mandatory courses/programs on jurisprudence and safety; registration application policies; handling inquires, complaints and reports; record keeping and Quality Assurance Program.

## **Draft Quality Assurance Regulation**

The Transitional Council approved circulating the draft Quality Assurance Regulation for 60 days public consultation. The consultation document will be posted on the transitional Council website and will be mailed to individuals and organizations on our mailing list by early July.

Under the *Regulated Health Profession Act, 1991 (RHPA)*, it is mandatory that all health regulatory Colleges have in place a Quality Assurance Regulation and a Quality Assurance Program to ensure that registered members of the College maintains practice standards and continue to improve their competencies as changes in practice environment and technologies take place. MOHLTC requested submission of the draft Quality Assurance Regulation by the end of the year.

#### Workplace Violence and Harassment Policy and Tool Kit

The transitional Council approved the adoption and implementation of the Workplace Violence and Harassment Policy and Tools kits with immediate effect. This policy is necessary for the transitional Council and the future College to comply with Part III.0.1 of the Occupational Health and Safety Act.

#### Annual Report for 2010-2011

The transitional Council approved the 2010-2011 Annual Report for submission to the Minister of Health and Long-term care. Under the RHPA, all regulatory colleges must submit their annual reports to the Minister.

The transitional Council received information and discussed the following matters:

### Inquiries, Complaint and Reports Committee (ICRC) Manual

Legal Counsel presented a procedure manual which could be customized by the future College to handle inquiries and reports before the Inquiries, Complaints and Reports Committee. The document provides an overview of the legal principles, requirements and processes for the ICRC and staff under the *RHPA*.

#### City Hall Consideration of Business Registration of TCM

The transitional Council discussed the City of Toronto's intent to offer business registration to TCM practitioners for the purpose of addressing illegal sex activities and as an interim measure before provincial regulation of the profession comes into force.

Members noted the meeting held with the Manager of Municipal Licensing and Standards in May and the letter to City Hall in early June. In the meeting and in the letter, the transitional Council reiterated that the regulation of health professionals is under the jurisdiction of the provincial government. Traditional Chinese medicine practitioners and acupuncturists are to be regulated under the Regulated Health Professions Act, 1991 (RHPA), the Traditional Chinese Medicine Act, 2006 (TCMA) and the regulations made under these Acts. Regulation of the profession is well underway. Business registration by the City will confuse the public and the profession. City was asked to take into consideration the broader public health and safety perspective and avoid spending resources to duplicate the efforts of the provincial regulator.