



Self-Assessment and Professional Development Tools

NAME (First Last):

MEMBER NUMBER:

FOR CALENDER YEAR (Jan 1 – Dec 31):

CERTIFICATE OF REGISTRATION (Check One): General Student Inactive

DESIGNATION (If Applicable): R. TCMP R. Ac

What TYPE OF FACILITY do you work in, based on your primary site of practice?

- Multi-disciplinary Clinic
- Acupuncture Clinic
- Solo Practice Office / Home office
- Spa / Wellness Centre
- Other, please specify: _____

As an R. TCMP, do you maintain an inventory of herbs? Yes No

All members of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario, including those in the Inactive and Student Class, must participate in the Quality Assurance Program's self-assessment and continuing professional development activities on an annual basis. The College has developed tools to assist members in performing these activities in a thoughtful and organized manner. **Every member must keep a record of these tools for 3 years.**



Self-Assessment

The Self-Assessment Tool is used to identify the areas of the Standards of Practice you are competent in or would like to learn more about. Once these areas are identified, your professional development activities for the year can be planned accordingly. The Self-Assessment Tool also addresses anticipated changes to your practice. These changes may result from shifts in responsibility, advances in technology and inter-professional collaboration.

Self-Assessment Rating

On the following pages you will find a brief description of each Standard of Practice, and statements describing a knowledge, skill or judgement relevant to each. To read the Standards of Practice in detail, see www.ctcmpao.on.ca/regulation/standards-of-practice/. Assess your knowledge and performance of each by marking the appropriate box next to the statement. The following table contains a definition of the Self-Assessment categories.

<input type="checkbox"/> Meets Standard	=	I know and consistently meet the standard of the profession in this area.
<input type="checkbox"/> Can Improve	=	I have identified learning needs in this area.
<input type="checkbox"/> N/A	=	Not applicable in my particular role as an R. TCMP or R. Ac.



SECTION 1: STANDARD FOR LEGISLATION, STANDARDS AND ETHICS

Only registered members of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario can practise as traditional Chinese medicine practitioners and acupuncturists. Registration ensures that members have met the professional and educational requirements to provide safe, competent and ethical care.

R. TCMPs and R. Acs must understand and adhere to the legislation governing the practice of the profession, and the College's [Standards of Practice](#), [Code of Ethics and By-laws](#).

Performance Indicators	Meets Standard	Can Improve	N/A
As an R. TCMP or R. Ac,			
a) I maintain the knowledge, skills and judgement to perform procedures undertaken while practising the profession;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I adhere to relevant provincial and federal legislation, municipal law and guidelines governing the practice of the profession, such as the: <ul style="list-style-type: none"> • Regulated Health Professions Act and its regulations; • Occupational Health and Safety Act and its regulations; • <i>World Health Organization (WHO) standards for the location of acupuncture points</i>; and • Workplace Hazardous Materials Information System (WHMIS). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I adhere to all regulations made under the Traditional Chinese Medicine Act including: <ol style="list-style-type: none"> i. Professional misconduct; ii. Registration; and iii. Quality assurance. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I adhere to the Standards of Practice set by the College;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I adhere to the Code of Ethics set out in the College's By-laws.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION 2: STANDARD FOR DIAGNOSIS AND TREATMENT

R. TCMPs and R. Acs must be able to assess body system disorders through traditional Chinese medicine techniques and provide treatment using traditional Chinese medicine therapies to promote, maintain or restore health. Under the [Traditional Chinese Medicine Act, 2006](#), R. TCMPs and R. Acs are authorized to perform the following:

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

No controlled acts should be performed unless the conditions under the [Regulated Health Professions Act, 1991](#), the [Traditional Chinese Medicine Act, 2006](#) and their respective regulations have been met.

Performance Indicators	Meets Standard	Can Improve	N/A
As an R. TCMP or R. Ac,			
a) I perform only those controlled acts that have been authorized under the legislation;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I do not perform any procedure which may result in serious physical harm, unless that procedure is within the scope of practice of the profession or the R. TCMP and R. Ac is authorized or permitted to do so by legislation;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I carry out assessment and treatment only with the informed consent of the patient or the patient's substitute decision maker;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I use appropriate aseptic techniques and infection control procedures during examinations and treatment;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I instruct the patient to remove only the clothing and items that would interfere with the examination or treatment procedures;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I provide use of appropriate draping materials to cover areas where clothing was removed;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I explain to the patient when and where I might touch the patient, and why;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I touch the patient in only those areas needed to carry out a procedure;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Performance Indicators	Meets Standard	Can Improve	N/A
i) I effectively perform a physical assessment of the patient for the purpose of health promotion, diagnosis and/or management that is relevant and accurate;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I effectively analyse the information to determine a diagnosis and establish an effective treatment plan;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) I adhere to the World Health Organization (WHO) standard for the location of acupuncture points;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) I apply safe and accurate procedures and processes in implementing the treatment plan;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) I account for every needle that is inserted, removed, and disposed of during treatment;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) I communicate a traditional Chinese medicine diagnosis identifying a body system disorder as the cause of a person's symptoms;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) I assess the patient's condition during the course of the treatment or procedures and respond accordingly;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In addition, as an R. TCMP (if applicable),			
p) I take into account all precautions and contraindications of the herbs and formulas recommended to the patient;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) I select, recommend and combine herbal medicines based on the traditional Chinese medicine diagnosis and treatment plan and make modifications based on the patient's physical, medical and health history as necessary; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) I advise patients on the use of herbal treatment including dosage, route of administration, and schedule for administration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION 3: STANDARD FOR INFECTION CONTROL

Members are responsible for maintaining a safe, clean work environment. They must follow evidence-based procedures to minimize the risk of transmitting infectious agents. Infectious agents are micro-organisms that cause infection or disease. The four most common types of infectious agents are viruses, bacteria, fungi, and parasites.

Members must:

- keep their knowledge of infection control current;
- assess the risks for contamination and transmission of infectious agents; and
- carry out infection control procedures.

Performance Indicators	Meets Standard	Can Improve	N/A
As an R. TCMP or R. Ac,			
a) I keep my knowledge of evidence-based infection control procedures up to date;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I use resources such as the College's Safety Program Handbook to keep my knowledge of infection control current;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I am able to identify the infection risks that can occur in the practice of traditional Chinese medicine, and any changes to infection control procedures;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I keep infection control resources on file to help guide my practice;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) When assessing risks in the internal practice environment, I consider the following factors:			
a. The type of treatment planned for the patient;			
b. The patient's overall health condition;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The health and immunization status of people in the practice environment. This includes other patients, practitioners, and staff.			



Performance Indicators	Meets Standard	Can Improve	N/A
f) When assessing risks in the external practice environment, I consider the following factors:			
a. The time of year (for example, winter months will likely have an increase in colds and the flu);			
b. Outbreaks of infectious diseases in the community (for example, influenza or Covid-19);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Information released by public health officials (Public Health Agency of Canada, Ontario Public Health, municipal health authorities).			
g) I keep a record of my risk assessments to guide my infection control procedures;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I have infection control procedures in place for:			
a. Hand washing and personal hygiene;			
b. Using personal protective barriers (such as gloves, gowns, and masks);			
c. Cleaning, disinfecting, and sterilizing equipment and the practice environment;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Safely using and disposing of sharps and other biohazard waste.			
i) I have the resources needed to support infection control procedures. This includes:			
a. Sinks, liquid soap, and alcohol-based hand rubs			
b. Disinfectants;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Personal protective barriers;			
d. Sharps disposal containers;			
e. Biohazard waste containers.			
j) I ensure that all practitioners, staff, and patients are familiar with the infection control procedures;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) I keep a detailed inventory of infection control supplies; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) My infection control procedures are easy to access.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION 4: STANDARD FOR COMMUNICATION

R. TCMPs and R. Acs must effectively communicate with all individuals, such as patients, families, and other healthcare professionals, in relation to the care they provide. R. TCMPs and R. Acs recognize that communication skills are essential for establishing rapport and trust with the patient. These skills are also necessary to elicit relevant information for a patient's assessment, and relaying diagnosis and treatment plans. Where applicable, R. TCMPs and R. Acs must be able to communicate with other healthcare professionals to facilitate a shared plan of care.

Performance Indicators	Meets Standard	Can Improve	N/A
As an R. TCMP or R. Ac,			
a) I provide clear and understandable information to the patient or the patient's substitute decision maker, prior to, during and after treatment, using an interpreter if necessary;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I give the patient, or the patient's substitute decisionmaker, an opportunity to ask questions;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I carry out examinations or treatment only with the informed consent of the patient, or the patient's substitute decisionmaker;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I keep all patient information confidential except when necessary to facilitate an assessment or treatment of the patient, or when legally obligated or allowed to disclose such information;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I observe all relevant legislation, such as the Health Care Consent Act , and the College's guidelines pertaining to consent;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I observe the Regulated Health Professions Act and all guidelines of the CTCMPAO pertaining to boundaries and the prevention of sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I use a range of communication skills to develop and maintain effective professional relationships;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I collaborate with other members of the health care team to promote the best possible outcomes for the patient; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I use a range of relationship (interpersonal) skills to address professional differences that may lead to conflict.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION 5: STANDARD FOR RECORD KEEPING

Record keeping is an essential component of the professional practice of R. TCMPs and R. Acs. Records and reports document the care and services a member has provided to their patients and demonstrates the professional judgement and critical thinking used in practice. These also provide information to other health care professionals for the continuity of care. All documents must be accurate, complete, legible and timely.

Performance Indicators	Meets Standard	Can Improve	N/A
As an R. TCMP or R. Ac,			
a) I maintain a written or electronic daily appointment log that outlines the date, name, and the time of the appointment for each respective patient;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I create and maintain a comprehensive file for each patient in accordance with the record keeping guidelines established by the College;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I arrange and organize all material in patient records in a manner that allows for easy and prompt retrieval and ensures security and confidentiality;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I comply with all relevant legislation such as the Health Care Consent Act and all College guidelines pertaining to consent;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I comply with any privacy legislation such as the Personal Health Information Protection Act and the College's guidelines pertaining to privacy;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I maintain complete and accurate records related to billing or payment for goods or services in accordance with the record keeping guidelines established by the College;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I maintain equipment and supply records to determine the equipment quality, serviceability and operability, and take any corrective actions required to meet legislation, and the College and manufacturers' guidelines;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I ensure that all electronic and written records are managed according to the principles and guidelines established by the College;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Performance Indicators	Meets Standard	Can Improve	N/A
i) I implement record retention and destruction processes in compliance with the Regulated Health Professions Act and the College's guidelines;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In addition, as an R. TCMP (if applicable),			
j) I maintain an accurate inventory of herbs to record purchases, supply and prescriptions to patients;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) I ensure safe storage, labelling and handling of herbs to guarantee that the herbs will be kept free from contamination and that the herb quality is maintained in compliance with any legislation such as the Natural and Non-prescription Health Products Directorate (NNHPD) and the College's guidelines;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) I conduct appropriate quality control tests for all substances to be recommended in a treatment plan;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) I take corrective action if the quality control tests are not within acceptable limits;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) I only use herbs before their expiry time or date; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) I ensure that all herbal prescriptions are legible and contain all of the necessary information to allow the prescription to be accurately and safely dispensed, used and tracked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION 6: STANDARD FOR MAINTAINING PROFESSIONAL BOUNDARIES

Professional boundaries are the physical and emotional limits placed on the patient-practitioner relationship. Patients share personal information with members. They also depend on their professional knowledge for their care. This results in a power imbalance in favour of the member.

Members must establish professional boundaries to prevent the abuse of this power and to promote trust and respect. Breaching a professional boundary can harm a patient and the therapeutic relationship.

Members must:

- Refrain from treating people with whom they have a close personal relationship.
- Set professional boundaries with each patient.
- Maintain professional boundaries with their patients.
- Safeguard the privacy and dignity of their patients.

Performance Indicators	Meets Standard	Can Improve	N/A
As an R. TCMP or R. Ac,			
a) I am able to identify close personal relationships and how those relationships may affect professional judgement;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I am able to inform patients about potential boundary issues and conflict of interest issues;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I am comfortable establishing a patient-practitioner relationship with patients from all cultures, genders, ages, beliefs, values, and sexual identity;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I understand how a history of trauma may affect professional boundary setting, and am sensitive to that fact;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I am able to identify actions or remarks that can compromise the patient-practitioner relationship;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I am able to monitor professional boundaries as the patient-practitioner relationship develops and make changes as needed;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I understand when it is appropriate to end the patient-practitioner relationship, and the steps that must be taken to do so;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Performance Indicators	Meets Standard	Can Improve	N/A
h) I am comfortable discussing professional boundaries with my patients to help avoid boundary crossings;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I am able to fully explain treatments and assessments to patients to avoid boundary crossings; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I understand what information regarding professional boundaries must be included in record keeping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION 7: 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.

Members must:

- Not sexually abuse their patients.
- Always get expressed consent for treatment that involves contact with sensitive areas. For the initial treatment, the expressed consent must be written.
- Report sexual abuse.

Performance Indicators	Meets Standard	Can Improve	N/A
As an R. TCMP or R. Ac,			
a) I am aware of what constitutes sexual abuse of a patient;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I understand power imbalances in the patient-practitioner relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I understand that it may never be appropriate to enter a sexual relationship with a former patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I am aware of my legal responsibility to report sexual abuse of a patient by another healthcare professional;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I am prepared to discuss sexual abuse of a patient by another healthcare professional if a patient comes to me with concerns;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I understand how to file a report of sexual abuse of a patient and what information to include;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I understand what information regarding prevention of sexual abuse must be included in record keeping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION 8: STANDARD FOR ADVERTISING

Advertising is any message under the member's direct or indirect control that communicates information about a member, his or her practice, what services he or she may offer, and fee information. Advertising must be factual, accurate, easily verified, independent of personal opinion, understandable and professionally appropriate. It must not include any information that is misleading by either leaving out relevant information, or including non-relevant, false or unverifiable information.

Advertisements impact how the public will perceive the profession. Members must take reasonable steps to ensure that advertisements placed by others (i.e. employees, marketing consultants, etc.) meet these standards.

Performance Indicators	Meets Standard	Can Improve	N/A
As an R. TCMP or R. Ac,			
a) I advertise and refer to myself, for the practice of the profession, using the name I registered with the College;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I do not use titles or designations that are not authorized by legislation or ones that infer expertise or specialty in an area;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I only make statements in the practice of the profession and in advertisements that are factual and verifiable;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I do not guarantee results in my advertisements or with any patient as I understand that each patient responds to treatment differently;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I do not post testimonials, comments or pictures of my current or past patients;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I ensure that patients are aware of the fees to be charged for treatment before I begin treatment; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I do not offer or take payment in advance of treatment nor advertise and sell pre-paid treatment packages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION 9: STANDARD FOR CONSENT

The [Health Care Consent Act, 1996](#) requires members of the College to obtain informed consent for all treatment they provide. **Informed** consent means that patients:

- have all the information they need in order to make an informed decision and
- know they have the right to decide to receive treatment, refuse treatment, or withdraw consent for treatment.

Members must:

- Assess whether the patient is able to consent or not. If not, they must confirm a substitute decision maker
- Obtain informed consent before and throughout treatment.
- Always get written consent for treatment that involves contact with sensitive areas.
- Respect the patient's right to withdraw consent at any time.
- Follow the law for collecting, using, and sharing personal health information.

Performance Indicators	Meets Standard	Can Improve	N/A
As an R. TCMP or R. Ac,			
a) I am able to assess a patient's capacity to consent;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I am comfortable discussing issues related to capacity to patients;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I able to identify a substitute decision maker if one is needed;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I understand what information must be provided before seeking consent;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I understand the differences between expressed and implied consent;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I understand when to ask for consent;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I am comfortable discussing treatments involving contact with sensitive areas with my patients;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I understand why it is important to get expressed consent for treatment involving contact with sensitive areas;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I understand what steps to take if a patient withdraws consent to treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I understand when I must get consent to collect, use, or share personal health information; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) understand what information regarding consent to treatment must be included in record keeping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SELF-ASSESSMENT SUMMARY

In the spaces below, summarize the information from your self-assessment and review it for changes or progress made over the year. The goal is to be able to change any ratings for “Can Improve” to “Meets Standard” by guiding professional development activities towards these areas.

A. List areas you know and perform well, and explain how they support your practice:

1.
2.
3.

B. List areas you are interested in learning more about, and how they will apply to your practice:

1.
2.
3.



C. Do you anticipate any changes to your practice in the next year? For example, are you planning to adopt new technology, or engage in inter-professional collaboration with other regulated health care providers:

Not applicable (if you do not anticipate any changes to your practice)

If applicable, list the anticipated changes in the space below:



Professional Development Log

The Professional Development Log provides a section to record a description of the professional development activities, the date each activity is completed, the length of the activity in hours, the type of activities undertaken as well as a description of how the activity helped you in your practice.

Every calendar year (January 1 – December 31), members are expected to complete 15 hours of professional development activities to promote continuing competency and continuing quality improvement in their practice. Ultimately, the goal of professional development activities is to enhance the member's professional knowledge and skills.

Professional Development Activities

Members are encouraged to participate in a wide range of activities for their professional development hours; however, the activities chosen must meet certain requirements. **Please visit the [Professional Development Guidelines](#) for full details.**

All acceptable activities must pertain to one of the two subject matters:

- Category A: directly related to the scope of practice as defined by the College; or
- Category B: complementary to TCM but not directly related to the scope of practice.

Certain activities have a maximum number of hours that the member may claim towards their 15-hours of professional development. For example:

- **No maximum hours:** attending in-person or online workshops, seminars, webinars, or courses.
- The following activities may be included up to a **maximum of 10 hours**:
 - Membership on the Committees, or serving as a peer assessor or subject matter expert with the College;
 - Conferring with health care professionals regulated under the RHPA for the purpose of sharing relevant knowledge;
 - Professional reading; and
 - Teaching related courses in a TCM program.
- The following activities may be included up to a **maximum of 5 hours**:
 - Marketing, business and social media courses;
 - Learning adjunctive techniques such as Alexander Technique, Aromatherapy, etc.; and
 - Learning or teaching yoga or Pilates.

Upon request, members must be able to provide evidence of their participation in professional development activities. These include certificates of completion or summaries of professional reading. Hours will not be counted if evidence cannot be provided.



PROFESSIONAL DEVELOPMENT ACTIVITY LOG

Reporting Year (Jan 1 – Dec 31)						
Name (First Last):						
Designation		R. TCMP		R. Ac		
1	Activity Name & Description <i>(e.g., name of webinar, articles read, subject, name of journal or book and description)</i>					
	Date activity completed					
	Length of activity in hours					
	Type of activity (choose all that apply)	Seminar/Webinar		Professional Reading		Workshop
		Training Course		Other (specify):		
Explain how this activity helps you in your practice						
2	Activity Name & Description <i>(e.g., name of webinar, articles read, subject, name of journal or book and description)</i>					
	Date activity completed					
	Length of activity in hours					
	Type of activity (choose all that apply)	Seminar/Webinar		Professional Reading		Workshop
		Training Course		Other (specify):		
Explain how this activity helps you in your practice						
3	Activity Name & Description <i>(e.g., name of webinar, articles read, subject, name of journal or book and description)</i>					
	Date activity completed					
	Length of activity in hours					
	Type of activity (choose all that apply)	Seminar/Webinar		Professional Reading		Workshop
		Training Course		Other (specify):		
Explain how this activity helps you in your practice						
4	Activity Name & Description <i>(e.g., name of webinar, articles read, subject, name of journal or book and description)</i>					
	Date activity completed					
	Length of activity in hours					
	Type of activity (choose all that apply)	Seminar/Webinar		Professional Reading		Workshop
		Training Course		Other (specify):		
Explain how this activity helps you in your practice						



PROFESSIONAL DEVELOPMENT ACTIVITY LOG

5	Activity Name & Description <i>(e.g., name of webinar, articles read, subject, name of journal or book and description)</i>				
	Date activity completed				
	Length of activity in hours				
	Type of activity (choose all that apply)	<input type="checkbox"/> Seminar/Webinar	<input type="checkbox"/> Professional Reading	<input type="checkbox"/> Workshop	
		<input type="checkbox"/> Training Course	<input type="checkbox"/> Other (specify):		
	Explain how this activity helps you in your practice				
6	Activity Name & Description <i>(e.g., name of webinar, articles read, subject, name of journal or book and description)</i>				
	Date activity completed				
	Length of activity in hours				
	Type of activity (choose all that apply)	<input type="checkbox"/> Seminar/Webinar	<input type="checkbox"/> Professional Reading	<input type="checkbox"/> Workshop	
		<input type="checkbox"/> Training Course	<input type="checkbox"/> Other (specify):		
	Explain how this activity helps you in your practice				
7	Activity Name & Description <i>(e.g., name of webinar, articles read, subject, name of journal or book and description)</i>				
	Date activity completed				
	Length of activity in hours				
	Type of activity (choose all that apply)	<input type="checkbox"/> Seminar/Webinar	<input type="checkbox"/> Professional Reading	<input type="checkbox"/> Workshop	
		<input type="checkbox"/> Training Course	<input type="checkbox"/> Other (specify):		
	Explain how this activity helps you in your practice				
Total Hours:					