



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

PUBLIC AGENDA

Council Meeting

Wednesday, September 18, 2024

9:00 a.m. – 3:30 p.m.

via Webex

Item	Open Session / In-Camera	Time	Speaker	Action	Section No.
1. Welcome and Call to Order a) Declarations of Conflicts of Interest b) Briefing on Meeting Procedure	Open Session	9:00 a.m. (5 min.)	D. Worrad <i>Chair</i>	Information	
2. Adoption of the Agenda	Open Session	9:05 a.m. (5 min.)	D. Worrad <i>Chair</i>	Motion	Section 2
3. Consent Agenda a. Draft Minutes of June 12, 2024 Council Meeting b. Executive Committee Report c. Registration Committee Report 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 A consent agenda is a single item on an agenda that encompasses all the things the Council would normally approve with little comment. All those items combine to become one item for approval on the agenda to be called the consent agenda. As a single item on the agenda, the consent agenda is voted on with a single vote - to approve the consent agenda. This means that there is no discussion on the items, that are listed in the consent agenda. However, if a person wishes to speak about any component of the consent agenda, they will alert the 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	9:10 a.m. (5 min.)	D. Worrad <i>Chair</i>	Motion	Section 3

Item	Open Session / In-Camera	Time	Speaker	Action	Section No.
4. President's Remarks	Open Session	9:15 a.m. (10 mins.)	J. Pritchard-Sobhani <i>President</i>	Information	Verbal Report
5. Registrar's Report	Open Session	9:25 a.m. (10 mins.)	S. Cassman <i>Registrar & CEO</i>	Information	Verbal Report
6. Auditor's Report Presentation	Open Session	9:35 a.m. (25 mins.)	F. Zou, CPA, CA L. Bell, CPA, CA, <i>Partner, Hillborn, LLP</i>	Information	Section 6
7. Approval of Audited 2023-24 Fiscal Year Financial Package a) Approval of Audit Report b) Appointment of Auditors 2024-2025	Open Session	10:00 a.m. (10 mins)	D. Worrada <i>Chair</i>	Motion	Section 7
8. Finance – 1 st Quarter Statement of Operations	Open Session	10:10 a.m. (10 mins)	F. Ortale <i>Director IT, Finance & Corporate Services</i>	Information	Section 8
BREAK		10:20 a.m. (15 mins.)			
MOVE TO "IN-CAMERA"				Motion	
9.	Closed Session	10:35 p.m. (5 mins)	J. Pritchard-Sobhani, <i>President</i>	Motion	Section 9
10.	Closed Session	10:40 p.m. (60 mins)	S. Cassman <i>Registrar & CEO</i> <i>Hill and Knowlton Strategies</i>	Information	Section 10
11.	Closed Session	11:40 a.m. (20 mins)	S. Cassman <i>Registrar & CEO</i>	Motion	Section 11
MOVE OUT OF "IN-CAMERA"				Motion	
12. LUNCH		12:00 p.m. (60 min.)			Section 12
13. Supervisor Policy Consultation Update	Open Session	1:00 p.m. (15 mins)	J. Nghiem <i>Policy Analyst</i>	Motion	Section 13
14. Records Management Policy	Open Session	1:15 pm (25 mins)	J. Nghiem <i>Policy Analyst</i>	Motion	Section 14

Item	Open Session / In-Camera	Time	Speaker	Action	Section No.
15. Election Update a) District 5 b) District 3	Open Session	1:40 p.m. (15 mins)	S. Cassman <i>Registrar & CEO</i>	Information	Section 15
BREAK		1:55 p.m. (15 mins.)			
16. Inactive Class Registration Policy Amendment	Open Session	2:10 pm (15 mins)	J. Nghiem <i>Policy Analyst</i>	Discussion	Section 16
17. Review Consultant	Open Session	2:25 pm (20 mins)	S. Cassman <i>Registrar & CEO</i>	Motion	Section 17
18. Risk Management Report	Open Session	2:45 p.m. (10 mins.)	S. Cassman <i>Registrar & CEO</i>	Information	Section 18
19. Other Business a) Markham By-Law re: TCM and Acupuncture	Open Session	2:55 p.m. (20 min.)	S. Cassman <i>Registrar & CEO</i>	Information	Section 19
20. June 12, 2024 Meeting Evaluation Review	Open Session	3:15 p.m. (5 min.)	D. Worrada <i>Chair</i>	Information	Section 20
20.1 Next Meeting Dates and Meeting Effectiveness Survey	Open Session	3:20 p.m. (5 min.)	D. Worrada <i>Chair</i>	Information	
21. Adjournment	Open Session	3:25 p.m. (5 min.)	D. Worrada <i>Chair</i>	Motion	Section 21

FOR INFORMATION



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

CONSENT AGENDA

Council Meeting

Wednesday, September 18, 2024

9:00 a.m. – 2:55 p.m.

"Virtual via Webex"

Item	Open/ In-Camera	Time	Speaker	Action	Page No.				
1. Consent Agenda	Open Session	9:20 a.m. (5 mins)	D. Worrada Chair	Motion					
a) Draft Minutes of June 12, 2024 Council Meeting					Page 2				
b) Executive Committee Report					Page 11				
c) Registration Committee Report					Page 13				
d) Inquiries, Complaints and Reports Committee Report					Page 17				
e) Quality Assurance Committee Report					Page 19				
f) Patient Relations Committee Report					Page 21				
g) Discipline Committee Report					Page 22				
h) Fitness to Practise Committee Report					Page 24				
i) Dr. Title Working Group Report					Page 25				
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.									
However, if a person wishes to speak about any component of the consent agenda, they will alert the Chair. The component will be removed from the consent agenda and discussed at some point in the meeting. The remaining components of the consent agenda can then be approved.									



COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

MEETING OF COUNCIL

MINUTES

June 12, 2024 from 9:02 a.m. to 2:10 p.m.
55 Commerce Valley Dr., Suite 705, Thornhill, ON

IN ATTENDANCE

External Chair

Deborah Worrada

Council

Kimberley Bishop

Meiying Chen

Iftikhar Choudry

Judy Cohen

Kathy Feng

Kevin Ho

Terry Hui

Christine Lang

Deborah Sinnatamby

Joanne Pritchard-Sobhani

Xianmin Yu

Jin Qi (Jackie) Zeng

Public Member (virtual)

Professional Member

Public Member (as of 9:11 a.m.)

Public Member

Professional Member (as of 9:10 a.m.; out 10:50 a.m.
to 11:15 a.m.)

Public Member (as of 9:10 a.m.)

Professional Member

Professional Member

Public Member

Professional Member / President

Professional Member / Vice-President (virtual)

Professional Member

Absent

Mark Handelman

Public Member

Staff

Sean Cassman

Francesco Ortale

Ryan Chu

Mohan Cappuccino

Mary Kennedy

Jennifer Nghiem

Laurie Krol

Temi Adewumi

Acting Registrar and CEO

Director, IT, Finance and Corporate Services

Manager of Professional Conduct

Manager of Registration and Examinations

Manager of Quality Practice

Policy Analyst

Executive Assistant

Recorder

Guests

Hill & Knowlton Strategies (from 11:31 a.m. to 12:20 p.m.)

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College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

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- Matt Boudreau, Vice President
- Jake Roseman, Senior Consultant
- Hailey Budgell, Intern

Observers (virtual)

Vivian Pang (MOH)

Nathalie Yang

Mary Wu (afternoon)

1. WELCOME AND CALL TO ORDER

After calling the meeting to order at 9:02 a.m., Ms. Worrada welcomed participants to the June 12, 2024 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*.

2. DECLARATIONS OF CONFLICT OF INTEREST AND REMINDER OF CONFIDENTIALITY

Ms. Worrada 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.

3. BRIEFING ON MEETING PROCEDURE

Ms. Worrada provided an overview of the meeting procedure.

4. ADOPTION OF THE AGENDA

The agenda was adopted as presented.

MOTION: T. Hui - J. Zeng

THAT the Agenda of the June 12, 2024 Meeting of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario be adopted as presented.

CARRIED

Council Meeting

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

June 12, 2024

5. CONSENT AGENDA

- a) Draft Minutes of March 20, 2024 Council Meeting
- b) Executive Committee Report
- c) Registration Committee Report
- 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

The Registration Committee report, as well as the draft Minutes of the March 20, 2024 Council Meeting were removed from the consent agenda for further discussion.

MOTION: C. Lang - M. Chen

THAT the Consent Agenda of the June 12, 2024 Meeting of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario, be approved as amended.

CARRIED

6. PRESIDENT'S REMARKS

The President welcomed all participants to the meeting, starting with a reference to the June 11 training session.

An overview was provided of current initiatives from the strategic plan. These include the CPMF, governance reforms, Phase 2 of the Doctor Title, the government directive to remove barriers to registration, the Chinese Pan-Canadian exam, the QA enhancement program, as well as the school approval process.

Mr. Cassman and staff were thanked for their work on implementing these initiatives.

Highlights:

- An Executive search firm has been hired to recruit the new Registrar.
- Doctor Title: The Doctor Title competencies were discussed by Council on April 29. Consultation began on May 17, and will close on June 17.
- School program approval project: Training has been provided for reviewers to conduct onsite educational programs. Implementation with schools will commence after revisions of the standard by the Registration Committee.
- The College has held meetings with the Ministry of Health and the Council of TCM and

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Acupuncture Schools of Ontario. The Ministry has agreed to fund the Chinese Pan-Canadian exam for one more year.

- Ms. Pritchard-Sobhani has been appointed as President of CARB, and Mr. Cassman as its Chair of the Audit and Finance Committee.
- CARB's opinion has been sought regarding natural health products, and marks the first time CARB has been recognized as a national voice for TCM.

The President ended with a note that the College's future success depends on being proactive, and ensuring its processes align with public interest. The College will continue to address the demands of health care and to be recognized as a strong innovative leader in self-regulation.

7. REGISTRAR'S REPORT

Mr. Cassman thanked all members for attending.

It was reported that Mr. Justin Lee has resigned from Council. Appreciation was expressed for his work.

Updates were provided on the projects related to the five year strategic plan.

8. FINANCE

Mr. Ortale presented the Statement of Operations for the fourth quarter of the 2023-2024 fiscal year, ending March 31, 2024.

The College's cash position is \$9.2 million, as of March 31.

- Revenue: The College is at 106.70% of its projected revenue. This includes government funding for the Chinese Pan-Canadian exam.
- Renewal fees are over the projection at 102.63%, due to an increase in new members.

Expenses: The year ended with 81.92%, lower than the projection. The College's net income is at \$410,000.

- Components such as Council and Committees, are below budget, particularly on common expenses such as per diems and legal fees.
- An overview was provided of which expenses were within or exceeded the budget.

MOVING IN-CAMERA

In accordance with Section 7. (2)b and e of the *Health Professions Procedural Code*, the meeting moved in-camera at 9:43 a.m.

MOTION: I. Choudry - J. Cohen

THAT, in accordance with Sections 7. (2)b of the Health Professions Procedural Code, the meeting will now move in-camera.

CARRIED

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

MOVING OUT OF CAMERA

Council members were reminded that items discussed during the in-camera session are private and confidential and are not to be discussed out of camera.

MOTION: K. Ho - T. Hui

THAT the meeting be moved out of camera at 12:20 p.m.

CARRIED

Observers joined the meeting at 1:01 p.m.

11. 2024 ELECTIONS

- a) Election of District 3
- b) By-Election of District 5

Mr. Cassman reported that elections will be held for District 3 on October 24. District 5 is holding by-elections to fill the seat which has been empty for two years.

Given the amount of time the seat in District 5 has remained empty, Council was asked to suggest different recruitment strategies.

It was suggested that the previous elected member, Hai Su, could be asked for recommendations. It was also clarified that there is no ability to reallocate seats to members from another District.

MOTION: C. Lang - I. Choudry

THAT the Council of the College of Traditional Chinese Medicine Practitioners

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and Acupuncturists of Ontario approve the date of Thursday, October 24th, 2024 for the upcoming 2024 elections as presented.

CARRIED

12. CTCMPAO BY-LAW AMENDMENTS

a) Consultation Results

The By-law amendments have been circulated for a 60 day consultation period. However, only one (positive) comment has been received. There are no changes necessary as a result of the consultation.

Mr. Cassman recommended that the name of the Nominations Committee be changed to “governance” or “selection” committee. Council members noted that in previous discussions, a decision had been made to keep the name as is, due to potential confusion and the perception that a governance committee would have extra powers.

Mr. Cassman will ensure there is clarity about the process of submitting biographies for the officer election.

MOTION: T. Hui - M. Chen

THAT the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approves the proposed by-law amendments as presented.

CARRIED

13. SUPERVISION POLICY

The Supervision Policy currently applies to both student applicants and members who act as supervisors.

The Registration Committee has agreed to split both policies. The first part (applying to students) will remain as is, pending changes to the school approval process.

The second part has now been revised. In expectation of the addition of new classes, more clarification is needed on members supervising other members. Further definition has been provided on expectations for a supervisor, and now includes that a supervisor can be revoked if there are any issues. It has also tightened the criteria on qualifications to become a supervisor.

- Explanation was provided that the Registration Committee had decided that six people to supervise is not too onerous, as supervision will likely not be simultaneous. The College will also review how a supervisor is handling previous supervisees to ensure

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they can handle additional members.

- Credit for supervisory hours is determined by the QAC, and would usually count for 10 out of the 15 required hours.
- The Registration Committee had also determined that the College would not include any information about fees, as the College does not want to get involved in monetary disputes.
- Relationships between a supervisor and supervisee can be terminated. The supervisee may then choose to find another supervisor if the terms of their TCL are not yet completed.
- Confirmation was provided that the phrase regarding an “extended period of time” may remain as is, as it refers to the period of time in which the member has not been practising.
- The comment was also made that there needs to be a definition of applicant versus student. As this applies to the student policy, further definitions may be added if Council requires them at the time of revision.

MOTION: J. Cohen - K. Ho

THAT the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approves the Supervision Policy for Members as presented.

CARRIED

MOTION: C. Lang - M. Chen

THAT the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario approves the Supervision Policy for Applicants and Students as presented.

CARRIED

14. RISK MANAGEMENT REPORT

Mr. Cassman reported that there have not been any changes made to the risk report.

The College is now part of HPRO’s Working Group, which has provided information on how other colleges identify risk and how it can be presented to Council.

Recommendations have been made to improve the matrix by defining risk factors and the

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likelihood of risk. Further discussions will be held with staff, with a yearly discussion held with Council.

It has also been recommended that a condensed version of the report be sent three times a year instead of the bigger document.

15. OTHER BUSINESS

a) Discussion of items removed from consent agenda

Minutes of the March 20, 2024 Council meeting

Amendment: “The Executive Committee decided on option **one two**, noting the usefulness of the Boardroom for staff and other College projects.”

Clarification was provided that the Executive Committee had reviewed three options, while Council reviewed two options at the Council meeting.

MOTION: C. Lang - K. Ho
THAT the Minutes of the March 20, 2024 Council meeting be approved as amended.

CARRIED

Registration Committee report

In answer to a query, 71% (in Ontario) is considered to be a reasonable success rate for the Pan-Canadian exam.

Unauthorized practitioners are handled by ICRC. Mr. Chu provided an overview of how the College handles such practitioners.

MOTION: J. Cohen - T. Hui
THAT the Registration Committee report be approved as presented.

CARRIED

16. MARCH 20, 2024 MEETING EVALUATION REVIEW

Seven responses were received for the evaluation. Council members were encouraged to complete the evaluation in order to determine what improvements can be made to meetings.

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Survey links will now be sent directly to members by Ms. Krol.

17. NEXT MEETING DATES

- September 18, 2024 (virtual)
- December 4 & 5, 2024 (possibly in person)

20. ADJOURNMENT

The meeting was adjourned at 2:10 p.m.

MOTION: K. Ho - J. Zeng

THAT the meeting of the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario of June 12, 2024 be adjourned until the next meeting or at the call of the President.

CARRIED



FOR: Information

SUBJECT: Executive Committee Report

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 Council meeting held on June 12, 2024, the Executive Committee met on August 14, 2024.

FOR INFORMATION

1) Finance Update

A draft of the 2023-2024 fiscal year audit report was presented to the Executive Committee by the College appointed auditors. The Committee had the opportunity to seek clarity from the auditors regarding several aspects of the report prior to it being submitted to Council for review and approval.

The Committee also reviewed the 1st quarter financial statements.

2) Succession Planning Presentation

Following the appointment of the permanent Registrar, and conclusion of the executive search process, the Executive Committee has turned their attention to succession planning. The aim of this is to ensure that the College is prepared at all times for turnover in College leadership. It is envisioned that this will apply to not only the Registrar, but Council leadership as well.

As a first step, the Executive Committee received training from Lai-King Hum on succession planning which provided an overview with necessary aspects of a succession plan. The training specified the importance of internal development to ensure that there are personnel available in emergency circumstances on short-term/temporary basis. These individuals can also be considered for permanent positions in leadership as well when positions open.

Following this training, the Council President and staff will begin working on recommendations to Council regarding succession planning.

3) Council Self-Assessment Follow-Up

Following the Council training on a self-assessment process, held on June 11, 2024, the Executive Committee discussed the results of the informal self-assessment. A number of key take aways were discovered as a result of that exercise, and the Executive Committee will continue to have ongoing discussion for how improvements can be made. The Executive Committee will also work with staff to develop a regular self-assessment process for Council.



4) Council Third-Party Governance Review

This year, the CPMF requires Council to conduct a governance review through a third-party. The Executive Committee discussed options for approaching this process, and recommended that staff reach out to known consultants for a proposal, which Council can then review and decide on at the December Council meeting. The purpose of this approach will be to allow Council to make an informed decision, while also considering the time constraints of beginning this process within 2024. This approach will be presented to Council in September.

5) Records Management Policy

Previously reviewed by the Executive Committee in May, the Records Management Policy was brought back to the Executive following recommended changes. This policy will set a standard for maintaining and storing of College records, and set standards for retention lengths and methods of destruction. The draft policy was approved by the Executive and will be presented to Council at the September meeting.

6) Update on Government Relations

The Executive committee received an update on interactions the College has had with Government officials and departments.

This report is current as of September 4, 2024 in anticipation of the Council meeting scheduled for September 18, 2024.



FOR: Information

SUBJECT: Registration Committee Report

Registration Committee Members

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

Since the last report, the Registration Committee met on the following dates:

- June 27, 2024 – RC and Panel 1 Meeting
- August 8, 2024 – Panel 2 Meeting

All meetings were held via Webex meeting.

FOR INFORMATION

1. PAN-CANADIAN EXAMINATIONS

April 2024 Pan-Canadian Examination

The Traditional Chinese Medicine Practitioners examination was held on April 4 and 5, and the results were released on May 21st. The passing rate was 74%.

The Acupuncturists examination was held on April 24 and 25, and the results were released on June 5th. The passing rate was 82%.

	Pass	Fail	Nullified*	Invalidated	Grand Total
Pan-Canadian R. TCMP	34	12	1	2	49
Pan-Canadian R. Ac	93	20	0	2	115
Grand Total	127	32	1	4	164



CARB-TCMPA has informed us that four candidates who wrote the April exams have had their results invalidated, based on irregularities that came to light following a forensic data analysis of their exam responses. These candidates have been informed of this outcome. The Registration Committee will discuss the matter at their upcoming meeting to determine appropriate next steps for the candidates.

October 2024 Pan Canadian Examination

The application was available on the College website starting on June 3, 2024, and the deadline to submit the application was on July 15, 2024.

The College received a total of 276 online applications for the October 2024 administration. After reviewing the applications, 241 candidates were deemed to be eligible to write the Examinations in October; this includes 168 candidates for the Pan-Canadian Examination for Acupuncturists and 73 candidates for the Pan-Canadian Examination for Practitioners.

Spring 2025 Pan Canadian Examinations

CARB-TCMPA has adjusted the schedule for future exams slightly, moving them a little bit later than in previous sessions. The next examinations will be held on the following dates:

- TCM Practitioners examination – April 28 and 29, 2025
- Acupuncturists examination – May 1 and 2, 2025

The application period for the Spring 2025 Pan-Canadian Examinations will open in December 2024, and will close on January 15, 2025.

CARB has informed us that a 3% fee increase will apply to the Pan-Canadian Examinations for TCM and Acupuncture, effective April 2025. The increase follows an in-depth review and analysis of CARB-TCMPA's budget and available resources, and is being implemented now to address inflation and mitigate the risk of a large fee increase in the future.

2. PROGRAM APPROVAL PROJECT

The Pilot phase of the Program Approval project has been completed, trial site visits having been conducted at three schools. The Registration Committee will review the findings and recommendations put forward by the consultant, FICS, and will continue finalizing the approval process in preparation for implementation.

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 Ministry of Health has asked all health regulators to submit quarterly data related to processing times for applications for registration, and where applicants were educated. The data is similar to the information that is provided in the Fair Registration Practices Report that is submitted annually to the Office of the Fairness Commissioner. Q1 data was submitted on time and has been acknowledged by the MOH.

5. REGISTRATION COMMITTEE PANEL UPDATES (FROM May 22, 2024 - September 3, 2024)

	Decisions made by the Registration Committee				
	Approved	Approved with TCLs	Request for More Info	Rejected	Total
Fourth Exam Attempt Proposal	1	0	0	0	1
General Class application	0	1	0	0	1
TCL Variation	0	0	0	0	0
Title Variation	0	0	0	0	0
Transfer from Inactive Class	0	0	0	0	0
Totals	1	1	0	0	2

The Registration Committee Panel reviewed 1 case in the June 27, 2024 meeting and 1 in the August 8, 2024 meeting.

6. QUARTERLY MEMBERSHIP STATS (As of September 3, 2024)

Registration by District

	District 1	District 2	District 3	District 4	District 5	Practicing outside ON/Unknown	Total
General	208	164	1686	551	78	127	2814
Inactive	13	6	98	17	2	41	177
Student	0	0	6	0	0	0	6
Total Members	221	170	1790	568	80	168	2997



Registration updates as of September 3, 2024

	16-Aug-23	16-Nov-23	28-Feb-24	21-May-24	3-Sep-24
General R. Ac	1328	1388	1408	1355	1404
General R. TCMP	1333	1358	1396	1379	1410
Student R. Ac	2	5	3	5	4
Student R. TCMP	6	5	2	2	2
Inactive R. Ac	94	89	87	90	88
Inactive R. TCMP	81	80	79	87	89
Current Members	2844	2925	2975	2918	2997
Resigned	575	580	602	681	685
Revoked	83	83	84	84	85
Suspended	206	203	187	226	217

Changes since previous reports

	24-May-2023 to 16-Aug-2023	17-Aug-2023 to 16-Nov-2023	17-Nov-2023 to 28-Feb-2024	29-Feb-2024 to 21-May-2024	22-May-2024 to 3-Sep-2024
Current members	39	81	50	-57	79
Resignations	4	5	22	79	4
Revocation	0	0	1	0	1
Suspensions	0	-3	-16	39	-9

Members practicing with terms, conditions and limitations: 219

Jurisprudence Course Tests (From May 22, 2024 – September 3, 2024)

Passed	Failed	Total
75	1	76

Safety Program Tests (From May 22, 2024 – September 3, 2024)

Passed	Failed	Total
45	1	46

This report is current to September 4, 2024, in anticipation of the Council meeting scheduled for September 18, 2024.



FOR: Information

SUBJECT: Inquiries, Complaints and Reports Committee Report

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
Matthew Colavecchia	Non-Council Professional Member
Melody Hon	Non-Council Professional Member
Fanny Ip	Non-Council Professional Member
Hui Liu	Non-Council Professional 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 July 19, 2024, August 20 and August 29, 2024.

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	
5	1	Advertising			Advertising
	2	Billing and Fees			Billing and Fees
		Communication			Communication
	3	Competence / Patient Care			Competence / Patient Care
	1	Fraud			Fraud
	1	Professional Conduct & Behaviour			Professional Conduct & Behaviour
	1	Record Keeping			Record Keeping



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

Completed Cases and Outcomes*

Note: Some decisions have more than one outcome

Complaints	Outcomes		Registrar Reports Investigations	Outcomes	
1		Take no action	5	2	Take no action
		Advice			Advice
		Written Caution			Written Caution
	1	Oral Caution		2	Oral Caution
	1	SCERP		2	SCERP
		Refer to Discipline		2	Refer to Discipline
		Undertaking/Withdraw			Undertaking/Withdraw

Complaints cases before Health Professions Appeal and Review Board

New Cases	Pending Cases	Cases Upheld
-	-	1

Pending Cases

Complaints	Registrar Report Investigations	Incapacity Inquiries	Total # cases
13	39		52

This report is current as of September 3, 2024, in anticipation of the Council meeting scheduled for September 18, 2024.



FOR: Information

SUBJECT: Quality Assurance Committee Report

Quality Assurance Committee Members

Christine Lang (Chair)	Professional Member
Kimberley Bishop	Public Member
Evelyn Cho	Non-Council Professional Member
Iftikhar Choudry	Public Member
Judy Cohen	Public Member
Terry Hui	Professional Member
Bo Feng	Professional Member

Since the last quarterly report, the Quality Assurance Committee (QAC) met once on August 27, 2024.

FOR INFORMATION

1. Quality Practice Programs

a. Self, Peer and Practice Assessment – Random Selections

Random Selection to Submit Self-Assessment

The QA Committee directed that 5% of members be randomly selected to submit their completed Self-Assessment Tool (SAT) and professional development plan (PDP) in 2024. For the reporting cycle: January 1, 2023, through December 31, 2023, 133 members were randomly selected with a submission deadline of July 26, 2024.

As of September 4, 2024, 120 forms have been received and reviewed.

b. Peer and Practice Assessment

Random Selection to Participate in a Peer and Practice Assessment

The QA Committee directed that 2.5% of members be randomly selected to undergo a Peer and Practice Assessment in 2024. All 67 members were notified of their random selection and assessments are being arranged, 13 have been completed to date.

The QA Committee met on August 27, 2024, and discussed 7 Assessor reports.

2. Workplan

The QA Committee reviewed the status of deliverables of the current Workplan and Staff recommendations for modifications. The committee directed staff to revise the Workplan in consultation with the Chair including adding milestone deliverable dates.

Current Projects under direction of the QA Committee:

a. Quality Practice Program Process and Policies



The QA committee discussed several opportunities to edit current processes and policies to improve the Peer and Practice Program. Direction was given to Staff to gather further information on a number of policy items and present at next committee meeting for discussion and decision.

b. Learning Hub and Document Revision Project

Creation of an accessible space for members and stakeholders to understand the Standards of the profession coined temporarily as the “Learning Hub”. Consistent with members ability to self-regulate, risk based, and right touch regulation.

The Learning Hub will be more than a repository of information, it will be a dynamic platform where members/stakeholders can access up-to-date materials, participate in discussions, and engage community of like-minded professionals. From regulatory updates, and best practice guidelines to interactive courses and forums, everything needed to self-regulate.

c. Orientation for New Members

Collaboration project of the Registration and QP Programs, the teams have developed a Project Plan to deliver an Orientation Program for new members that aims at providing much-needed information on requirements of maintaining registration and self-regulation.

PROJECT DELIVERABLES:

SEPTEMBER 2024: Welcome Orientation Letter to New Members

NOVEMBER 2024: Welcome Orientation Webinars to New Members

JANUARY 2025: Welcome Orientation Online Webinar for New Members

This report is current to September 4, 2024, in anticipation of the Council meeting scheduled for September 18, 2024.



FOR: Information

SUBJECT: Patient Relations Committee Report

Patient Relations Committee Members

Meiying Chen (Chair)	Professional Member
Iftikhar Choudry	Public Member
Deborah Sinnatamby	Public Member
Nisha Thadani	Non-Council Professional Member
Akari Yokokawa	Non-Council Professional Member
Kimberley Bishop	Public Member

Since the last quarterly report, the Patient Relations Committee (PRC) has not met.

FOR INFORMATION

This report is current to September 4, 2024 , in anticipation of the Council meeting scheduled for September 18, 2024.



FOR: Information

SUBJECT: Discipline Committee Report

Discipline Committee Members

Christine Lang	Professional Member, Chair
Meiying Chen	Professional Member
Bo Feng	Professional Member
Terry Hui	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
Mark Handelman	Public Member
Kevin Ho	Public Member
Deborah Sinnatamby	Public Member

The Discipline Committee completed a hearing for two discipline matters but did not release any decisions in this quarter. The following hearings below have been completed since the last quarterly report.

1. Xiaoyun Tian
2. Esther Yu Kwan Cheng

As of September 3, 2024, there are six open cases which have been referred to the Discipline Committee by the Inquiries, Complaints and Reports Committee (ICRC).

	Member Name	Status
1	Delon Dik-Lung Cheng (1)	PHC completed on April 26, 2024. Hearing is tentatively scheduled for November 22, 2024.
2	Delon Dik-Lung Cheng (2)	PHC completed on April 26, 2024. Hearing is tentatively scheduled for November 22, 2024.



3	Mohmed Shoeb M. Chikhlikar	PHC completed April 11 & May 17, 2024. To proceed to a contested hearing, which is anticipated to be over 2 weeks. Week 1 of the hearing is tentatively scheduled for December 16 to December 20, 2024. Week 2 of the hearing to be canvassed.
4	Nathalie Xian Yi Yan	The Notice of Hearing was served on the Member on May 14, 2024. Request for PHC from parties pending.
5	Chun Sheng Liu (1)	The Notice of Hearing was served on the Member on June 18, 2024. Request for PHC from parties pending.
6	Chun Sheng Liu (2)	The Notice of Hearing was served on the Member on June 18, 2024. Request for PHC from parties pending.

There is no discipline decision currently under appeal.

This report is current as of September 3, 2024, in anticipation of the Council meeting scheduled for September 18, 2024.



FOR: Information

SUBJECT: Fitness to Practise Committee Report

Fitness to Practise Committee Members

Iftikhar Choudry	Public Member (Chair)
Meiying Chen	Professional Member
Bo Feng	Professional Member
Terry Hui	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
Mark Handelman	Public Member
Kevin Ho	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 September 4, 2024 in anticipation of the Council meeting scheduled for September 18, 2024.



FOR: Information

SUBJECT: Doctor Title Working Group Report

Doctor Title Working Group Members

Joanne Pritchard-Sobhani	Professional Member / Chair
Kimberly 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

Since the last quarterly report, the Doctor Title Working Group met once on July 4, 2024. Several consultation meetings have taken place with a smaller Working Group and system partners.

FOR INFORMATION

1. Doctor Title Survey

To validate the work completed so far, a survey went out to the membership on May 17, 2024, for their feedback on the draft occupational competencies developed as part of the College's Doctor Title Project. Members were asked to review the Draft Competencies and Possible Competency Assessment Paths documents and complete a survey consisting of 64 questions.

The member consultation period closed on June 17, 2024 and the College received over 700 responses through the survey and emails. Council will receive a fulsome report on the survey reports at a future meeting; however, results were generally positive and demonstrated the work on the Doctor Title Project is meeting expectations.

2. Doctor Title Consultations

Once the general consultation period of the project concluded, the College held more targeted discussions with their system partners.

Representatives from the Working Group and College staff met with the Office of the Fairness Commissioner (OFC) June 5th for an initial discussion on the draft assessment paths and competencies. The OFC was able to provide constructive advice to the College for the project going forward.

On July 22, 25, and 29, Working Group representatives met with schools offering TCM and Acupuncture programs both within Ontario and nationally to consult on the draft Doctor Class Documents. These discussions provided helpful insight to the College from an educator's perspective, and how the required education for the Doctor Class might be delivered. In particular, lengthy discussions were held on degree programs.



On August 19 and 20, and September 5, Working Group representatives held discussions with TCM associations for their questions and feedback on the draft competencies and assessment paths. The College provided information on a number of aspects of the project and draft documents including discussing details of the proposed requirements, what considerations were used by the Working Group when developing the documents, and what the regulatory approval process looks like from start to finish.

The College has received numerous constructive comments and suggestions for the Working Group to consider. Minor but important changes to the draft documents will be discussed.

This report is current to September 4, 2024 in anticipation of the Council meeting scheduled September 18, 2024.

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

Q1 April - June 2024

		Q1 Actuals 2024-2025	Annual Budget 2024-2025	Actual to Budget %	Budget Remaining (balance of Year)
GL Code	Revenue				
4101000	Registration Fees	\$ 80,525.00	\$ 190,825.00	42.20%	\$ 110,300.00
4102000	Renewal Fees	\$ 3,546,499.99	\$ 3,625,000.00	97.83%	\$ 78,500.01
4200000	Administration Fees	\$ 38,300.00	\$ 73,775.00	51.91%	\$ 35,475.00
4300000	Pan Can Examination Fees	\$ 229,120.75	\$ 510,720.00	44.86%	\$ 281,599.25
4400000	Other Income-Government Funds	\$ -	\$ 340,000.00	0.00%	\$ 340,000.00
4500000	Other Fees	\$ 15,000.00	\$ 42,000.00	35.71%	\$ 27,000.00
4600000	Other Income	\$ 77,699.71	\$ 201,000.00	38.66%	\$ 123,300.29
	Total Income	\$ 3,987,145.45	\$ 4,983,320.00	80.01%	\$ 996,174.55
GL Code	Expenses				
	Council & Committees	\$ 224,639.42	\$ 1,127,200.00	19.93%	\$ 902,560.58
6100000	Council	\$ 12,052.59	\$ 101,500.00	11.87%	\$ 89,447.41
6201000	Executive Committee	\$ 1,785.20	\$ 30,500.00	5.85%	\$ 28,714.80
6202000	Registration Committee and Panel	\$ 13,305.46	\$ 68,300.00	19.48%	\$ 54,994.54
6203000	ICRC Committee	\$ 83,705.97	\$ 370,000.00	22.62%	\$ 286,294.03
6204000	Quality Assurance Committee	\$ 2,547.80	\$ 142,600.00	1.79%	\$ 140,052.20
6205000	Patient Relations Committee	\$ 6,817.38	\$ 47,750.00	14.28%	\$ 40,932.62
6206000	Discipline Committee	\$ 104,425.02	\$ 362,300.00	28.82%	\$ 257,874.98
6207000	Fitness to Practice Committee	\$ -	\$ 4,250.00	0.00%	\$ 4,250.00
6300000	Professional Services	\$ 47,251.35	\$ 246,000.00	19.21%	\$ 198,748.65
6301000	Legal Fees	\$ 12,635.89	\$ 95,000.00	13.30%	\$ 82,364.11
6302000	Accounting Fee	\$ 2,420.26	\$ 34,000.00	7.12%	\$ 31,579.74
6303000	Expert Consultation	\$ 11,245.00	\$ 27,000.00	41.65%	\$ 15,755.00
6304000	Government Relations	\$ 20,950.20	\$ 90,000.00	23.28%	\$ 69,049.80
6400000	Special Programs/Projects	\$ 202,935.55	\$ 1,156,234.00	17.55%	\$ 953,298.45
6401000	Pan-Canadian Examinations	\$ 60,384.00	\$ 379,734.00	15.90%	\$ 319,350.00
6402000	Doctor Title	\$ 62,935.18	\$ 203,500.00	30.93%	\$ 140,564.82
6403000	Strategic Initiatives	\$ -	\$ 100,000.00	0.00%	\$ 100,000.00
6404000	Program Approval	\$ 3,379.24	\$ 75,000.00	4.51%	\$ 71,620.76
6405000	Safety and Jurisprudence Test	\$ 4,900.93	\$ 35,000.00	14.00%	\$ 30,099.07
6407000	Acupuncture Working Group	\$ -	\$ 23,000.00	0.00%	\$ 23,000.00
6800000	Pan Can Chinese Language Examination	\$ 71,336.20	\$ 340,000.00	20.98%	\$ 268,663.80
6500000	Administrative Expenses	\$ 416,182.35	\$ 1,963,600.00	21.19%	\$ 1,547,417.65
6500000	Salaries and Benefits	\$ 416,182.35	\$ 1,913,600.00	21.75%	\$ 1,497,417.65
6502000	Casual Labour	\$ -	\$ 50,000.00	0.00%	\$ 50,000.00
6600000	Information Technology	\$ 54,590.28	\$ 291,500.00	18.73%	\$ 236,909.72
6602000	Equipment Expenses	\$ -	\$ 12,000.00	0.00%	\$ 12,000.00
6603000	Software Licenses & Development	\$ 21,096.58	\$ 152,000.00	13.88%	\$ 130,903.42
6604000	Maintenance and Support Contracts	\$ 16,169.23	\$ 61,500.00	26.29%	\$ 45,330.77
6605000	Online Services	\$ 14,870.11	\$ 54,000.00	27.54%	\$ 39,129.89
6606000	Network Security	\$ 2,454.36	\$ 12,000.00	20.45%	\$ 9,545.64
6700000	Operating Expenses	\$ 106,436.81	\$ 555,100.00	19.17%	\$ 448,663.19
6701000	General Operating Costs	\$ 65,602.45	\$ 300,100.00	21.86%	\$ 234,497.55
6702000	Payment Gateway	\$ 7,739.42	\$ 150,000.00	5.16%	\$ 142,260.58
6703000	Subscriptions and Conferences	\$ 29,984.22	\$ 50,000.00	59.97%	\$ 20,015.78
6704000	Communications and Publications	\$ 3,110.72	\$ 55,000.00	5.66%	\$ 51,889.28
45	Total Expenses	\$ 1,052,035.76	\$ 5,339,634.00	19.70%	
46	Net Income	\$ 2,935,109.69	\$ (356,314.00)		



Meeting Date:	September 18, 2024
Issue:	Supervision Policy
Reported By:	Jennifer Nghiem
Action:	For Discussion and Decision

Issue

The Registration Committee of the College approved several changes to the Supervision Policy to strengthen the requirements and improve the maintenance of the Policy.

The policy amendments were posted online for public consultation on August 14, 2024 and was circulated for 30 days.

Public Interest Rationale

Supervisors have an important role in helping other members meet the standard of care and demonstrate the knowledge, skill, judgment, and attitude expected of a Traditional Chinese Medicine Practitioner or Acupuncturist. An effective policy will help ensure that supervision is conducted by only qualified members, in a safe, effective, and practical manner.

Background

Currently, the College has one [Supervision Policy](#) that covers the requirements for applicants to meet the entry-to-practice supervised practice requirement and the requirements for the supervision of members. While similar issues, the College has found that on a policy level, there is a need to treat these as separate. Because of this, staff proposed to the Registration Committee that the Supervision Policy be split into two policies; one for students and one for members. At the same time, in light of the new Emergency Class and proposed Provisional Class, there have been ongoing discussions about the supervision of members. The Registration Committee approved the division of the Supervision Policy, and also discussed changes to the Supervision Policy of Members.

Supervision Policy for Members

The Supervision Policy for Members sets guidelines and eligibility criteria for members who act as supervisors to other members. In cases where a member of the College requires supervision, the supervisor must be pre-approved by the Registrar. This policy ensures that there are clear criteria to guide the Registrar in making decisions on approval. In addition, the policy clearly states the supervisor's obligations to the College and the member.

As noted, the Registration Committee has discussed ways to strengthen the Supervision Policy for Members. A number of changes have been recommended by the Registration Committee. The Policy and a full list of the recommended changes can be found in the meeting package.



Supervision Policy for Applicants and Students

Also found in the meeting package is the draft Supervision Policy for Applicants and Students. The College's Registration Regulation states that applicants must have successfully completed a program of clinical experience in the profession that is structured, comprehensive, supervised and evaluated and which consists of at least 45 weeks of clinical experience involving at least 500 hours of direct patient contact. However, to ensure transparency the College has found it necessary to provide our interpretation of what we believe "structured, comprehensive, supervised and evaluated" means. The Supervision Policy for Students provides this interpretation.

The College is not recommending any changes to the wording of the Supervision Policy for Applicants and Students at this time. Staff the Registration Committee have discussed revisiting this policy for review once the Program Approval Project is complete, as any changes would benefit from being informed by the results of this project.

Feedback

The College received 15 responses to the survey. There were no concerns regarding the amendments to the Supervision Policy and Supervisor Report Template.

A copy of the survey results has been provided for reference.

Next Steps

With the required consultation period complete, Council can provide final approval of the policy amendments.

#1

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Time Spent: 00:00:28
IP Address: 99.229.105.174

Page 1

Q1 Registered member of the College

Please select which applies.

Page 2: Separation of Supervision Policy

Q2 Respondent skipped this question

Do you have any comments, questions, or concerns about the proposal to separate the Supervision Policy into two separate policies?

Page 3: Supervision Policy for Members

Q3 Respondent skipped this question

Are the proposed changes made to the Supervision Policy for Members clear to you?

Q4 Respondent skipped this question

Do you agree with the proposed changes to the Supervision Policy for Members?

Page 4: Appendix A - Supervisor Report Template

Q5 Respondent skipped this question

Do you have any questions, comments, or concerns with the Supervisor Report Template?

#2

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Time Spent: 00:00:10
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Page 1

Q1 Registered member of the College

Please select which applies.

Page 2: Separation of Supervision Policy

Q2 Respondent skipped this question

Do you have any comments, questions, or concerns about the proposal to separate the Supervision Policy into two separate policies?

Page 3: Supervision Policy for Members

Q3 Respondent skipped this question

Are the proposed changes made to the Supervision Policy for Members clear to you?

Q4 Respondent skipped this question

Do you agree with the proposed changes to the Supervision Policy for Members?

Page 4: Appendix A - Supervisor Report Template

Q5 Respondent skipped this question

Do you have any questions, comments, or concerns with the Supervisor Report Template?

#3

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IP Address: 174.92.56.74

Page 1

Q1 Registered member of the College

Please select which applies.

Page 2: Separation of Supervision Policy

Q2

Do you have any comments, questions, or concerns about the proposal to separate the Supervision Policy into two separate policies?

Only Registered Doctor of TCM can supervise members, students and all others. Make it unique for Dr. TCM and simple for policy. Too many policies and guidelines to follow these days.

Page 3: Supervision Policy for Members

Q3

Are the proposed changes made to the Supervision Policy for Members clear to you?

No,
Comments:
Vague

Q4

Do you agree with the proposed changes to the Supervision Policy for Members?

No,
Comments:
Vague

Page 4: Appendix A - Supervisor Report Template

Q5

Do you have any questions, comments, or concerns with the Supervisor Report Template?

Not necessary

#4

COMPLETE

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Last Modified: Wednesday, August 14, 2024 5:19:23 PM
Time Spent: 00:09:14
IP Address: 72.38.46.53

Page 1

Q1 Registered member of the College

Please select which applies.

Page 2: Separation of Supervision Policy

Q2

Do you have any comments, questions, or concerns about the proposal to separate the Supervision Policy into two separate policies?

Seems reasonable, as a student has different supervision needs than say, a member with TLC on their certificate.

Page 3: Supervision Policy for Members

Q3 Yes

Are the proposed changes made to the Supervision Policy for Members clear to you?

Q4 Yes

Do you agree with the proposed changes to the Supervision Policy for Members?

Page 4: Appendix A - Supervisor Report Template

Q5 Respondent skipped this question

Do you have any questions, comments, or concerns with the Supervisor Report Template?

#5

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Time Spent: 00:00:33
IP Address: 99.242.184.8

Page 1

Q1 Registered member of the College

Please select which applies.

Page 2: Separation of Supervision Policy

Q2 Respondent skipped this question

Do you have any comments, questions, or concerns about the proposal to separate the Supervision Policy into two separate policies?

Page 3: Supervision Policy for Members

Q3 Respondent skipped this question

Are the proposed changes made to the Supervision Policy for Members clear to you?

Q4 Respondent skipped this question

Do you agree with the proposed changes to the Supervision Policy for Members?

Page 4: Appendix A - Supervisor Report Template

Q5 Respondent skipped this question

Do you have any questions, comments, or concerns with the Supervisor Report Template?

#6

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Page 1

Q1 Registered member of the College

Please select which applies.

Page 2: Separation of Supervision Policy

Q2 Respondent skipped this question

Do you have any comments, questions, or concerns about the proposal to separate the Supervision Policy into two separate policies?

Page 3: Supervision Policy for Members

Q3 Respondent skipped this question

Are the proposed changes made to the Supervision Policy for Members clear to you?

Q4 Respondent skipped this question

Do you agree with the proposed changes to the Supervision Policy for Members?

Page 4: Appendix A - Supervisor Report Template

Q5 Respondent skipped this question

Do you have any questions, comments, or concerns with the Supervisor Report Template?

#7

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Last Modified: Wednesday, August 14, 2024 11:23:09 PM
Time Spent: 00:00:54
IP Address: 178.249.214.7

Page 1

Q1 Registered member of the College

Please select which applies.

Page 2: Separation of Supervision Policy

Q2 Respondent skipped this question

Do you have any comments, questions, or concerns about the proposal to separate the Supervision Policy into two separate policies?

Page 3: Supervision Policy for Members

Q3 Respondent skipped this question

Are the proposed changes made to the Supervision Policy for Members clear to you?

Q4 Respondent skipped this question

Do you agree with the proposed changes to the Supervision Policy for Members?

Page 4: Appendix A - Supervisor Report Template

Q5 Respondent skipped this question

Do you have any questions, comments, or concerns with the Supervisor Report Template?

#8

COMPLETE

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Last Modified: Thursday, August 15, 2024 11:57:41 AM
Time Spent: 00:00:50
IP Address: 99.228.162.2

Page 1

Q1 Registered member of the College

Please select which applies.

Page 2: Separation of Supervision Policy

Q2 Respondent skipped this question

Do you have any comments, questions, or concerns about the proposal to separate the Supervision Policy into two separate policies?

Page 3: Supervision Policy for Members

Q3 Yes

Are the proposed changes made to the Supervision Policy for Members clear to you?

Q4 Yes

Do you agree with the proposed changes to the Supervision Policy for Members?

Page 4: Appendix A - Supervisor Report Template

Q5 Respondent skipped this question

Do you have any questions, comments, or concerns with the Supervisor Report Template?

#9

INCOMPLETE

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Last Modified: Thursday, August 15, 2024 12:31:16 PM
Time Spent: 00:00:22
IP Address: 72.143.83.6

Page 1

Q1 Registered member of the College

Please select which applies.

Page 2: Separation of Supervision Policy

Q2 Respondent skipped this question

Do you have any comments, questions, or concerns about the proposal to separate the Supervision Policy into two separate policies?

Page 3: Supervision Policy for Members

Q3 Respondent skipped this question

Are the proposed changes made to the Supervision Policy for Members clear to you?

Q4 Respondent skipped this question

Do you agree with the proposed changes to the Supervision Policy for Members?

Page 4: Appendix A - Supervisor Report Template

Q5 Respondent skipped this question

Do you have any questions, comments, or concerns with the Supervisor Report Template?

#10

COMPLETE

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Last Modified: Thursday, August 15, 2024 1:36:26 PM
Time Spent: 00:02:01
IP Address: 174.90.64.18

Page 1

Q1 Registered member of the College

Please select which applies.

Page 2: Separation of Supervision Policy

Q2

Do you have any comments, questions, or concerns about the proposal to separate the Supervision Policy into two separate policies?

No concerns. The separation provides clarity.

Page 3: Supervision Policy for Members

Q3 Yes

Are the proposed changes made to the Supervision Policy for Members clear to you?

Q4 Yes

Do you agree with the proposed changes to the Supervision Policy for Members?

Page 4: Appendix A - Supervisor Report Template

Q5

Do you have any questions, comments, or concerns with the Supervisor Report Template?

None.

#11

COMPLETE

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Last Modified: Thursday, August 15, 2024 3:19:03 PM
Time Spent: 00:02:36
IP Address: 208.98.222.122

Page 1

Q1 Registered member of the College

Please select which applies.

Page 2: Separation of Supervision Policy

Q2 Respondent skipped this question

Do you have any comments, questions, or concerns about the proposal to separate the Supervision Policy into two separate policies?

Page 3: Supervision Policy for Members

Q3 Yes

Are the proposed changes made to the Supervision Policy for Members clear to you?

Q4 Yes

Do you agree with the proposed changes to the Supervision Policy for Members?

Page 4: Appendix A - Supervisor Report Template

Q5 Respondent skipped this question

Do you have any questions, comments, or concerns with the Supervisor Report Template?

#12

COMPLETE

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Last Modified: Thursday, August 15, 2024 4:07:26 PM
Time Spent: 00:53:41
IP Address: 76.64.44.51

Page 1

Q1 Registered member of the College

Please select which applies.

Page 2: Separation of Supervision Policy

Q2

Do you have any comments, questions, or concerns about the proposal to separate the Supervision Policy into two separate policies?

Reasonable

Page 3: Supervision Policy for Members

Q3 Yes

Are the proposed changes made to the Supervision Policy for Members clear to you?

Q4 Yes

Do you agree with the proposed changes to the Supervision Policy for Members?

Page 4: Appendix A - Supervisor Report Template

Q5

Do you have any questions, comments, or concerns with the Supervisor Report Template?

No

#13

INCOMPLETE

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Last Modified: Monday, August 19, 2024 4:46:36 PM
Time Spent: 00:13:37
IP Address: 174.91.84.6

Page 1

Q1 Registered member of the College

Please select which applies.

Page 2: Separation of Supervision Policy

Q2

Do you have any comments, questions, or concerns about the proposal to separate the Supervision Policy into two separate policies?

I support the separation of the policies.

Page 3: Supervision Policy for Members

Q3 Yes

Are the proposed changes made to the Supervision Policy for Members clear to you?

Q4 Yes

Do you agree with the proposed changes to the Supervision Policy for Members?

Page 4: Appendix A - Supervisor Report Template

Q5 Respondent skipped this question

Do you have any questions, comments, or concerns with the Supervisor Report Template?

#14

INCOMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, August 19, 2024 10:24:57 PM
Last Modified: Monday, August 19, 2024 10:25:12 PM
Time Spent: 00:00:15
IP Address: 24.52.215.112

Page 1

Q1 Registered member of the College

Please select which applies.

Page 2: Separation of Supervision Policy

Q2 Respondent skipped this question

Do you have any comments, questions, or concerns about the proposal to separate the Supervision Policy into two separate policies?

Page 3: Supervision Policy for Members

Q3 Respondent skipped this question

Are the proposed changes made to the Supervision Policy for Members clear to you?

Q4 Respondent skipped this question

Do you agree with the proposed changes to the Supervision Policy for Members?

Page 4: Appendix A - Supervisor Report Template

Q5 Respondent skipped this question

Do you have any questions, comments, or concerns with the Supervisor Report Template?

#15

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, September 05, 2024 9:26:55 PM
Last Modified: Thursday, September 05, 2024 9:29:46 PM
Time Spent: 00:02:51
IP Address: 216.48.160.37

Page 1

Q1 Registered member of the College

Please select which applies.

Page 2: Separation of Supervision Policy

Q2

Do you have any comments, questions, or concerns about the proposal to separate the Supervision Policy into two separate policies?

No

Page 3: Supervision Policy for Members

Q3 Yes

Are the proposed changes made to the Supervision Policy for Members clear to you?

Q4 Yes

Do you agree with the proposed changes to the Supervision Policy for Members?

Page 4: Appendix A - Supervisor Report Template

Q5

Do you have any questions, comments, or concerns with the Supervisor Report Template?

no



NAME	Supervision Policy for Members		
TYPE	Registration		
STATUS	Draft Revision	VERSION	4
DATE APPROVED	November 3, 2014	DATE REVISED	April 11, 2024

Intent

This policy applies to members of the College who act as supervisors to other members, in the practice of traditional Chinese medicine. The purpose of the policy is to identify the eligibility criteria and the professional obligations of members of the College who agree to supervise others.

For purposes of clarity, “supervisor” or “proposed supervisor” will refer to those who act as a supervisor and “member” will apply to the persons who are being supervised.

Which Members Require Supervision?

Some members of the College may be required to practice under supervision, for a variety of reasons. For example;

- Under the Registration Regulation:
 - Members in the Student Class shall only practise the profession while under the supervision of a member who holds a General certificate of registration who can communicate with the member in the member’s language and who has been approved by the Registrar.
 - Members in the Temporary Class may only practise traditional Chinese medicine under the supervision of a supervisor who holds a General certificate of registration.
- In some cases, a College committee may direct that a member practise under supervision. This may occur when, for example, a member resumes practice after being away from the profession for an extended period of time.

Policy

General Accountability and Responsibility

In all cases,

- a. The supervisor is ultimately responsible for the quality of care provided by those under their supervision. This includes ensuring that those under their supervision meet the required clinical standard of care and display the expected knowledge, skill, judgment and attitude expected of a traditional Chinese medicine practitioner and/or acupuncturist.
- b. Supervisors may only supervise in the areas of TCM practice in which they are educated and experienced. In particular, only supervisors who hold the R. TCMP designation may supervise herbal treatments.
- c. Only supervisors registered in the General class of registration may supervise members. Furthermore, members in the General class, who are registered with a condition of supervised



practice (i.e., they can only practice if supervised by a member of the profession), are not permitted to supervise others.

- d. Supervisors must not supervise individuals to whom they are related or are closely associated with in any way (for example, a spouse, family member, or business partner). Additionally, there must not be a real or perceived conflict of interest between the supervisor and the individual they are supervising.
- e. Supervisors must have the skills to:
 - i. communicate effectively with those under their supervision; and
 - ii. evaluate members' skills and knowledge to ensure that they are able to practise the profession competently and safely.

Criteria for the approval of a supervisor

The following criteria do not apply to members who supervise students within TCM practical training programs. Education programs set their own supervisor criteria, but may also adopt College Policies, as appropriate.

Supervisors must be pre-approved by the Registrar.

The following are the criteria that the Registrar will use to determine whether to approve the proposed supervisor.

- The proposed supervisor must have been registered in the General class for at least the immediate past ~~three~~ five years;
- The proposed supervisor must have conducted at least 500 TCM patient visits in the last three years, as of their most recent registration renewal.
- The proposed supervisor's registration status with the College must be in good standing (e.g., not be in default of any fee);
- The proposed supervisor must not be the subject of a referral to the Discipline Committee, Fitness to Practice Committee or the Quality Assurance Committee;
- The proposed supervisor must not have any terms, conditions or limitations (TCLs) on their certificate of registration, except those that apply to all certificates of that class of registration.

The Registrar will also consider the proposed supervisor's history with the College. For example, the Registrar will take into account whether the proposed supervisor has a history of practice concerns or if they are, or have been, the subject of an investigation (whether it is as a result of a complaint or a Registrar's Investigation), and may decline a supervisor proposal accordingly.

Undertaking

Once approved, the supervisor will be required to enter into an undertaking in the form approved by the College that outlines their obligations as a supervisor. The undertaking may address responsibilities and



obligations in addition to those set out in this policy. A copy of the signed Supervision Undertaking will be provided to the supervisor and the supervised member.

The Registrar may rescind a supervisor agreement in the event that the Supervisor no longer meets the approval criteria noted above.

Supervisors' Obligations

The supervisor will at minimum:

- (a) Supervise the member under their supervision while they are providing patient care.

The supervisor may adjust the level of supervision to allow a member under their supervision to treat patients without being directly observed once the supervisor has assessed their abilities and is satisfied that they have the necessary knowledge, skills, judgement and competencies. The level of supervision must be adjusted in consideration of the individual patient's needs and the relevant risk factors. The supervisor must be immediately available, in person, to the member being supervised;
- (b) Be available to the member on a regular basis for support and guidance;
- (c) May not be a supervisor of more than six members at any given time;
- (d) Review and co-sign the member's patient records;
- (e) Promptly discuss any concerns arising from patient interactions and/or chart reviews and/or anything of relevance to the practice of the profession with the member;
- (f) Make recommendations to the member for practice improvements and ongoing professional development, and make inquiries of the member to determine that he or she is incorporating recommendations into their practice;
- (g) Report necessary information (including but not limited to the Written and Immediate Reports described below) to the College in a form acceptable to the Registrar; and
- (h) Participate in any other activities, such as reviewing other documents or conducting interviews with or obtaining feedback from the member's colleagues, co-workers and staff that the supervisor deems necessary to the member's supervision.

Written Reports

The supervisor will be required to submit written reports to the College. Such reports shall be in a form acceptable to the Registrar. The reports must include reasonable detail and contain all information that the supervisor believes will assist the College in evaluating the member's standard of practice, and the member's compliance with the terms, conditions and limitations imposed on their certificate of registration.

Please see Appendix A for a supervisor report template.



Immediate Reports

There will be situations where the supervisor must immediately alert the College, in writing, as it is relevant to the supervision relationship. These include situations where there is a concern that the member is not practising safely or may be engaging in professional misconduct, the supervision relationship has terminated or the supervisor is concerned that they have breached a term of the undertaking. If the supervisor is not certain if a written report is required, they should call the College as soon as possible to obtain advice.

Legislative Provisions

O. Reg. 27/13: Registration under Traditional Chinese Medicine Act, 2006, S.O. 2006, c. 27



Appendix A - Supervisor Report Template

Supervisor Information		
Name		
<i>First</i>	<i>Middle</i>	<i>Last</i>
Registration Number:	Designation: <input type="checkbox"/> R. TCMP <input type="checkbox"/> R. Ac	
Member Information		
Name		
<i>First</i>	<i>Middle</i>	<i>Last</i>
Registration Number:	Designation: <input type="checkbox"/> R. TCMP <input type="checkbox"/> R. Ac	
Reporting Period		
1. Supervised Practice Location(s) (e.g., practice name and address)		
2. Reporting Period (e.g., from the first day of supervised practice to current date)	From:	To:
3. Total number of patient visits completed under supervision during this reporting period:		
Evaluation Report		
4. Patient Treatments: Please comment on the member's skills in the following areas:		
a. Taking patient history and current health information	Expectations: <input type="checkbox"/> Consistently met <input type="checkbox"/> Somewhat met* <input type="checkbox"/> Unfulfilled*	*Explain
b. Communicating a TCM diagnosis	Expectations: <input type="checkbox"/> Consistently met <input type="checkbox"/> Somewhat met* <input type="checkbox"/> Unfulfilled*	*Explain
c. Preparing a treatment plan	Expectations: <input type="checkbox"/> Consistently met <input type="checkbox"/> Somewhat met* <input type="checkbox"/> Unfulfilled*	*Explain
d. Explaining the plan to the patient	Expectations: <input type="checkbox"/> Consistently met <input type="checkbox"/> Somewhat met* <input type="checkbox"/> Unfulfilled*	*Explain



e. Following up on the effects of treatment	Expectations: <input type="checkbox"/> Consistently met <input type="checkbox"/> Somewhat met* <input type="checkbox"/> Unfulfilled*	*Explain
f. Dealing with challenging or difficult patients	Expectations: <input type="checkbox"/> Consistently met <input type="checkbox"/> Somewhat met* <input type="checkbox"/> Unfulfilled*	*Explain
5. Health and Safety and Infection Control Practices		
a. Does the member use appropriate cleaning, disinfection and sterilization techniques? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Does the member use proper management of waste materials including sharps and materials contaminated by blood or body fluids? <input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Additional Comments		
6. Clinic Conditions		
a. Does the member provide patient privacy in the consultation area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Does the member keep the area clean, sanitary, pest-free, and in good repair? <input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Additional Comments		
7. Scope of Practice - describe the member's practice, giving examples of the full range of treatments they provide to patients.		
8. Assessment of the Member's Practice - provide YOUR assessment of the quality of the member's practice based on your own observations. Please provide specific examples.		



9. Supporting Documentation Checklist

- ☐ Liability Insurance (required) - attach a copy of the member's professional liability insurance policy.
- ☐ If applicable, attach a copy of the member's business card and advertising materials.
- ☐ Patient Records (required) – **attach a copy of at least six (6) unique patient records/files for each reporting period**; include the following:
 - ☐ Informed consent forms
 - ☐ Records of each visit (initial treatment and follow-up treatment record)
 - ☐ Receipts for treatments

Important: When submitting patient records to the College you must ensure that the patient's personal health information is protected. To do so, you may **redact identifying patient information** (e.g., patient's names, home addresses)

To submit the files, you may either:

- Upload the files to a secure cloud folder accessible through your member portal
- Submit the files by email to registration@ctcmpao.on.ca in a password protected pdf format.

10. Supervisor's Signature

Name (Printed)

Signature

Date

Meeting Date:	September 18, 2024
Issue:	Records Management Policy Draft
Reported By:	Jennifer Nghiem
Action:	For Discussion and Decision

Issue

The College's [Privacy Code](#) makes reference to a record retention policy; however, it had not yet been developed. Staff drafted a Records Management Policy and Record Retention Schedule to ensure that its record-keeping practices are standardized and in compliance with legislation and privacy and confidentiality obligations. The policy outlines the internal procedures in place for the creation, retention, and destruction of records.

Public Interest Rationale

The College's collection, use and disclosure of personal information are to support its regulatory activities and for the purpose of regulating the profession in the public interest. The College has a responsibility to maintain and dispose of all records in a secure and organized way to safeguard the information contained within the records.

Background

The Executive Committee reviewed and approved the draft policy and retention schedule at their August 14, 2024 meeting and staff are bringing it to the Council for additional review.

The Records Management Policy outlines the responsibilities of staff for all records created, received or maintained by them and in maintaining their security and confidentiality. The Retention Schedule refers to the life cycle of the various types of records used and the disposition of these documents.

The College's records can be categorized accordingly:

1. Administration
2. Governance
3. Communications
4. Information Technology
5. Human Resources
6. Finance
7. Investigations and Complaints
8. Discipline
9. Quality Assurance
10. Patient Relations
11. Registration

Photo Destruction Policy

The College's Photo Destruction Policy is a stand-alone policy on the destruction on photographs of members provided as part of the member's application. This policy states that the photos should be destroyed after the member resigns.

It is recommended that this policy be addressed within the Record Management Policy, and that the Photo Destruction Policy be archived.

With this, it is further recommended that the member photo be considered part of the member file, and have the same lifespan as the whole file, rather than destroying a member's photo upon resignation as a member of the College. This change will maintain the integrity of the College's records, and cut down on administrative work needed to process member resignations.

Next Steps

Council is asked to review and discuss a motion on the Records Management Policy Draft and Record Retention Schedule Draft.

Encl.: Records Management Policy Draft.
Record Retention Schedule Draft.
Photo Destruction Policy.



NAME	Records Management Policy & Retention Schedule		
TYPE	Administration – General		
STATUS	Draft	VERSION	1
DATE APPROVED		DATE REVISED	

PURPOSE

The College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the “College”) is standardizing its approach in the creation, retention, and destruction of records. The purpose of the Records Management Policy is to:

- Evaluate and monitor the creation of records, forms, and filing systems.
- Ensure the records of fiscal, legal, regulatory, administrative, operational, and historical value are accurate, complete, and accessible.
- Protect vital records, which the College requires to function effectively or for as long as the records have ongoing value.
- Ensure records and sensitive information are maintained and destroyed in an appropriate manner.
- Ensure compliance with relevant legislation.
- Ensure that non-confidential information is made available to the public while maintaining the privacy of sensitive information in accordance with the *Freedom of Information and Protection of Privacy Act*, 1990.

SCOPE

This Policy applies to all records created, received or maintained by staff in the course of carrying out their responsibilities.

This Policy applies to the life cycle of all records in all formats (electronic or physical) and will be applied consistently across all forms of media.

COLLEGE PROPERTY

All records, regardless of media type, format, or storage location are the property of the College.

All recorded information prepared as part of staff duties are to remain the property of the College at the end of the individual’s employment or contract.

RESPONSIBILITIES

The Registrar and CEO of the College has the ultimate responsibility for all College records and for determining who has access to files. However, the effective management of the College’s records requires coordination by staff and management.

- Staff must read, understand, and act in accordance with this Policy.
- Staff must ensure that records in their custody or control are protected from unauthorized access, unintentional destruction or damage.
- Staff with supervisory authority over non-employees such as vendors, consultants, or suppliers with authorized access to the College’s records are responsible for ensuring that such non-employees are aware of and act in compliance with this Policy.

SECURITY

- College records will be securely stored to protect personal, confidential, and privileged information from unauthorized access. Not all employees will have access to all internal records. Access and use of records will be granted when a legitimate business or research need is demonstrated. Access is determined by the employee's job responsibilities and associated authorizations. Records shall not be accessed or manipulated for personal gain, or out of personal interest and curiosity.
- No one shall remove confidential information from the College premises without authorization. Confidential records and personal or sensitive membership information shall not be stored on any personal electronic devices, such as phones, laptops, computers or memory sticks.
- Staff must ensure the security and privacy of information during transit, such as when moving between the office and working from home. Physical copies shall either be kept in direct possession or kept in a locked space.

CATEGORY OF RECORDS

1. Administration
2. Governance
3. Communications
4. Information Technology
5. Human Resources
6. Finance
7. Investigations and Complaints
8. Discipline
9. Quality Assurance
10. Patient Relations
11. Registration

RETENTION & DESTRUCTION OF RECORDS

- College records will be kept onsite and archived as per the retention schedule.
- Records are not to be kept beyond the retention and archival period.
- Records prepared for archiving must complete the retention period first.
- Records will be disposed of in accordance with the retention schedule and in a secure and compliant manner.
- Physical records will be destroyed using a confidential shredding service.
- Electronic records will be deleted from shared drives, servers, and backup storage.

Enclosed: Records Retention Schedule



RETENTION TERMINOLOGY

Archive	Records are retained permanently as they are significant for legal, business, historical, or reference purposes.
Archival Selection before Destruction	The information in these records may be considered for archiving at the end of the retention period because the information may be historically significant to the organization, the history of the profession, changes to regulations, etc.
CY	Current Year
Destroy	Records are securely destroyed (i.e., secure shredding or complete deletion from shared drives, servers, and backup storage)
Permanent	To be kept for the life of the organization
S/O	Until Superseded or Obsolete

RECORDS RETENTION SCHEDULE

RECORD CATEGORY	RECORD TYPE	METHOD OF STORAGE	RESPONSIBLE DEPARTMENT	RETENTION PERIOD (ACTIVE RECORDS)	DISPOSITION
Administration	Mail/Cheques Log (Incoming/Outgoing)	Electronic	Corporate Services	CY + 3 Years	Archive
	Administrative Expense Log (Catering, Social Committee, Staples, etc.)	Electronic -Limited Access -Password Protected	Corporate Services	CY + 6 Years	Archive
	Policies, By-Laws, Regulations, Standards of Practice and Guidelines	Electronic	All	S/O	Archive
	Contract management, tender purchases, agreement and contracts	Electronic Hard Copy	Office of the Registrar	S/O	Archive
Governance	Council and Committee business meeting agendas, minutes and supporting documentation	Electronic	All	Permanent	Archive
	Committee and Panel meetings	Electronic	All	Permanent	Archive
	Records relating to Council and Committee orientation, training	Electronic	All	CY + 5 Years	Archive

RECORD CATEGORY	RECORD TYPE	METHOD OF STORAGE	RESPONSIBLE DEPARTMENT	RETENTION PERIOD (ACTIVE RECORDS)	DISPOSITION
	Elections and appointments	Electronic	Office of the Registrar	CY + 5	Destroy
Communications	Reports (Fair Registration Practices, Annual Report, etc.)	Electronic	Communications	S/O	Archive
	Documents & Publications (Forms, Reference Materials, Newsletters, Templates, etc.)	Electronic	Communications	S/O	Archive
	Branding (Design elements, logos, letterhead designs, branding, and guidelines)	Electronic	Communications	S/O	Archival Selection Before Destruction
	Presentations	Electronic	All	CY + 6	Archival Selection Before Destruction
	Media Relations (Media responses, correspondence, press releases, announcements, etc.)	Electronic	Office of the Registrar Communications	CY + 6	Archive
Information Technology	IT & Development Projects (Plans, Status Reports, Project Documents, Schedules, etc.)	Electronic	IT	CY + 5 Years Once project has been completed	Delete
Human Resources	Employee Records (Benefits, Contract, Salary Info, etc.)	Electronic Hard Copy (Locked)	Corporate Services	CY + 5 Years Once employee has quit or is terminated	Archive (Electronic) Had Copy-Shred
	Documents (HR Manual, New Staff Packages, Policies, etc.)	Electronic	Corporate Services	S/O	Archive
	Job Descriptions (Job specifications, duties, responsibilities, performance expectation levels, etc.)	Electronic	Office of the Registrar Corporate Services	S/O	Archival Selection Before Destruction
	Recruitment (Job postings, advertisements, applications, resumes, applicant evaluation, etc.)	Electronic Hard Copy	All	CY + 1	Destroy
	Training and Professional Development	Electronic	All	CY + 2	Archival Selection Before Destruction
Financial	Accounts Receivable & Payable	Electronic	Corporate Services	CY + 6	Archive (Electronic)

RECORD CATEGORY	RECORD TYPE	METHOD OF STORAGE	RESPONSIBLE DEPARTMENT	RETENTION PERIOD (ACTIVE RECORDS)	DISPOSITION
		Hard Copy			Hard Copy – Shred
	General Ledger (Revenue)	Electronic	Corporate Services	CY + 6	Archive
	Petty Cash Log (Employee Expense Claims)	Electronic Hard Copy	Corporate Services	CY + 6	Archive (Electronic) Hard Copy - Shred
	Bank & Credit Card Statements	Electronic Hard Copy	Corporate Services	CY + 6	Archive (Electronic) Hard Copy – Shred
	Budgets & Financial Planning	Electronic	Corporate Services	CY + 6	Archive
	Financial Statements (Balance Sheet & Profits & Loss	Electronic	Corporate Services	CY + 6 Years	Archive
	Audits	Electronic	Corporate Services	CY + 6 Years	Archive
	Tax Records	Electronic	Corporate Services	CY + 6 Years	Archive
	Payroll: Employee	Electronic -Limited Access	Corporate Services	CY + 6 Years	Archive
	Payroll: Per Diem (Professional Members)	Electronic Hard Copy -Limited Access	Corporate Services	CY + 6 Years	Archive (Electronic) Hard Copy – Shred
	RRSP Contributions	Electronic	Corporate Services	CY + 6 Years	Archive
	Contracts	Electronic Hard Copy	Corporate Services	CY + 6 Years Once Contract Ends	Destroy
	CARB (Revenue, Auditing, Bank Statements, Invoices, etc.)	Electronic	Corporate Services	CY + 6 Years	Delete
Investigations and Complaints	Member Cases to Panel (Letter of Complaint, Letter to Investigator, Member, and Complainant, Supporting Documentation, Evidence, Patient Records, etc.)	Electronic Hard Copy	Professional Conduct	Permanent	Archive (Electronic) Hard Copy – Shred
	Members, Non-Members & Organizations of Concern	Electronic	Professional Conduct	Permanent	Archive
	Documents (Manuals, Templates, etc.)	Electronic	Professional Conduct	S/O	Archive
Discipline	Hearings (Drafts, Complaint, Evidence, Submissions, Appeal, Summons, etc.)	Electronic	Professional Conduct	Permanent	Archive

RECORD CATEGORY	RECORD TYPE	METHOD OF STORAGE	RESPONSIBLE DEPARTMENT	RETENTION PERIOD (ACTIVE RECORDS)	DISPOSITION
	Documents (Reports, Closed Files & Committee Decisions)	Electronic	Professional Conduct	Permanent	Archive
	Procedures & Templates	Electronic	Professional Conduct	S/O	Archive
Quality Assurance	Peer & Self-Assessment Records	Electronic	Quality Assurance	Permanent	Archive
	Peer & Practice Assessor Contracts	Electronic	Quality Assurance	CY + 5 Years	Archive
	Documents (Handbooks, Forms, Program Framework, Reports, Guidelines, Standards, etc.)	Electronic	Quality Assurance	S/O	Archive
Patient Relations	Applications for Funding for Therapy or Counselling	Electronic	Quality Assurance	CY + 5 Years	Archive
	Documents (Research, Annual Reports, etc.)	Electronic	Quality Assurance	CY + 5 Years	Archive
	Funding Application Forms & Templates	Electronic	Quality Assurance	S/O	Archive
Registration	Member Records (Submitted forms, Applications, Photos, Certificates, Member Documents, Title Changes, TCLs, etc.)	Hard Copy Electronic	Registration	Permanent	Hard Copy – Shred Archive (Electronic)
	Abandoned/Expired Application Files (For applicants who did not pursue registration or who submitted an incomplete application.)	Electronic Hard Copy	Registration	CY + 5 Years	Hard Copy – Shred Archive (Electronic)
	Credit card information submitted by members and/or applicants outside of Member Portal (e.g., pdf form)	Electronic	Registration Corporate Services	N/A – the form will be redacted or destroyed after the payment is processed	Destroy
	Procedures & Templates	Electronic	Registration	S/O	Archive
	Professional Corporation Certificate Letters	Electronic	Registration	Permanent	Archive
	Documents (Application, Notice of Revocation, Templates, etc.)	Electronic	Registration	S/O	Archive
	Public Register	Electronic	Registration	CY + 50 Years	Destroy



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

NAME	Photo Destruction Policy		
TYPE	Registration		
STATUS	Final	VERSION	2
DATE APPROVED	January 14, 2013	DATE REVISED	

Intent

Photo destruction

Policy

The Photo ID is required for member identity verification purposes. At the time that a member resigns as a member of the College, the Member's photo will be destroyed.



Meeting Date:	September 18, 2024
Issue:	Election Update
Reported By:	Sean Cassman
Action:	Information

Issue

Staff will provide an update on the 2024 elections.

Public Interest Rational

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

At the June Council meeting, Council approved an election date of October 24, 2024, and the corresponding timeline to facilitate the election. The College is set to open voting on September 24, 2024 as scheduled. Below are the total nominees received for each district; however, the deadline for nominees to withdraw is September 14, 2024. If there are any changes before the Council meeting, staff will provide an update.

District 3

Five nominations have been received. The voting process will proceed as planned. 3 seats from are available from this district.

District 5

No nominations have been received. In 2025, District 5 is due for a regular election, which means this seat has gone an entire 3-year cycle without being filled.

Next Steps

- Voting for district 3 will begin on September 24.



COUNCIL

Meeting Date:	September 18, 2024
Issue:	Policy for Registration in the Inactive Class
Reported By:	Jennifer Nghiem
Action:	For Discussion and Decision

Issue

The Registration Committee of the College has approved several changes to the Policy for Registration in the Inactive Class.

Public Interest Rationale

Members wishing to return to practice must demonstrate the knowledge, skill, judgment, and attitude expected of a Traditional Chinese Medicine Practitioner or Acupuncturist. An effective policy will help the Registration Committee ensure that members returning meeting the appropriate refresher guidelines to work in a safe, effective, and practical manner.

Background

The Registration Committee discussed the need for a guideline to assist panels in determining appropriate refresher requirements for members who have been in the Inactive class of registration for more than two years, and who are now applying to transfer to the General class.

The proposed changes include the following:

- Having a matrix to help determine the refresher requirements.
- Updating the language of Section 4.b to address a potential loophole concerning members who are returning to the General class after less than two years in the Inactive class.

Feedback from the College's legal counsel was sought to review the proposed language for Section 4.b to ensure there were no concerns and that it would be defensible. Legal counsel also recommended wording changes in other parts of the policy to clarify the information.

Action

Council is asked to review and discuss a motion on the revised policy. If approved by Council, the policies would be circulated for consultation for **30 days**. A copy of the revised and current versions of the policies have been provided for the Council's review.

Encl.: Inactive Class Registration Policy (Clean Copy)
Current Inactive Class Registration Policy 01-22-2020



NAME	Policy for a Certificate in the Inactive Class of Registration		
TYPE	Registration		
STATUS	Final	VERSION	6
DATE APPROVED	April 7, 2014	DATE REVISED	March 9, 2023

BACKGROUND

Pursuant to [Ontario Regulation 27/13, Registration](#) (the “Registration Regulation”), made under the [Traditional Chinese Medicine Act, 2006](#), members in the General class may apply to the Inactive class of membership. The purpose of the certificate in the Inactive class of registration is to allow General class members to remain as members of the College when they anticipate that they will not be practising in Ontario for a period of time (for example, when on parental, sick or educational leave or practising in other jurisdictions).

If a member is granted a certificate in the Inactive class of registration, the following terms, conditions and limitations attach to the certificate of registration:

The member shall not:

1. Engage in the practice of traditional Chinese medicine in the province of Ontario.
2. Supervise the practice of the profession in the province of Ontario.
3. Make any claim or representation to having any competence in the profession in the province of Ontario.

The purpose of this policy is to outline the application process for the certificate in the Inactive class of registration, describe the terms, conditions and limitations imposed on members of the Inactive class and describe how a member reinstates to the General class.

POLICY

1. Application Process

A member in the General Class, wishing to apply for a certificate in the Inactive class of registration, must complete the designated application form and meet the following requirements according to section 15(1) of the [Registration Regulation](#):

1. The applicant for Inactive class must be a member holding General class certificate of registration.
2. The applicant for Inactive class must not be in default of any fee, penalty or other amount owing to the College.
3. The applicant for Inactive class must sign an undertaking with the College where the applicant undertakes not to practise the profession in Ontario while holding a certificate in the Inactive class of registration.



4. The applicant for Inactive class must have provided the College with any information that it has required of the applicant.
5. The applicant for Inactive class must not have held a certificate in the Inactive class of registration within the five-year period immediately before the date on which he/she submitted the application unless the Registrar is of the opinion that the exceptional circumstances justify exempting the applicant from this requirement.

2. Fees

- a. In order to submit an application to transfer to the Inactive class, the applicant must pay a fee of \$50.00.
- b. The registration fee for a certificate in the Inactive class of registration is \$300.00.
- c. If the member wishes to renew their registration in the Inactive class, there is a renewal fee of \$300.00.

3. Terms, Conditions, and Limitations (TCL)

In addition to the standard terms, conditions and limitations (which are set out in [s. 5\(1\) of the Registration Regulation](#)) every member of the Inactive Class must adhere to the following additional terms, conditions, and limitations (as set out in [s. 16 of the Registration Regulation](#)):

1. The member shall not
 - a. Engage in the practice of traditional Chinese medicine in the province of Ontario;
 - b. Supervise the practice of traditional Chinese medicine in the province of Ontario;
 - c. Make any claim or representation to having any competence in the profession in the province of Ontario.

It is also a TCL that the member only use the authorized title/designation while in the Inactive Class, namely:

Title	Designation
Traditional Chinese Medicine Practitioner (Inactive)	R. TCMP (Inactive)
Acupuncturist (Inactive)	R. Ac (Inactive)

4. Reinstatement Process

- a. A member who holds a certificate in the Inactive class may apply to the Registrar for reinstatement to the General class by:
 - i. Making an application to the Registrar for reinstatement;
 - ii. Paying any penalty or other amount owed to the College;
 - iii. Paying any fees required under the College's by-laws;
 - iv. Providing the College with any information that it has required of the member;



- v. Satisfying the Registrar that he or she will be in compliance with all of the terms, conditions and limitations of the General class certificate as of the anticipated date on which the certificate will be issued; and
 - vi. Satisfying a panel of the Registration Committee that he or she possesses the current knowledge, skill and judgment relating to the practise of the profession that would be expected of a member holding a General class certificate;
- b. Applications for reinstatement will be considered on a case-by-case basis. However, members who, as of the date of application for reinstatement
- i. have been registered in the Inactive class for less than two (2) years, and
 - ii. have completed at least 500 patient visits in the previous three (3) years
- will be deemed to have satisfied requirement 4(a)(vi) listed above unless there exist other extenuating factors which would require further review.
- c. Members who have been registered in the Inactive class for more than two (2) years as of the date of the application for reinstatement will need to satisfy a Panel of the Registration Committee that he or she possesses the current knowledge, skill and judgment relating to the practise of the profession that would be expected of a member holding a General class certificate.
- i. Members who have been registered in the Inactive class for more than two (2) years as of the date of the application for reinstatement will be required to complete a self-assessment prior to the review by a Panel of the Registration Committee.
 - ii. If the Panel does not believe that the member satisfies requirement 4(a)(vi), the Panel may require the following before agreeing to reinstatement:
 - a. Successful completion of a program or examination or training to address the member's deficiencies in knowledge, skill or judgment;
 - b. Agreement by the member to additional terms, conditions and limitations being imposed on the member's certificate of registration; and/or
 - c. Other steps to address any deficiencies in knowledge, skill or judgment.
 - iii. The following non-exhaustive criteria may be used by a Panel of the Registration Committee to determine which outcome is most appropriate:
 - Duration of time since member last practiced;
 - Nature and intensity of last practice;
 - Quality and quantity of efforts to maintain currency while not practising;
 - The applicant's re-entry plan.
- d. When considering an application for reinstatement, a panel of the Registration Committee may use the following matrix to determine an appropriate balance of training requirements to address gaps in the currency of the member's knowledge, skill or judgment:



Number of Patient Visits Completed in the Last Three Years	Number of Course Hours Required	+	Number of Supervised Patient Visits* Required	=	Recommended Number of Refresher Training Hours to be Completed
401-499		+		=	25
301-400		+		=	75
201-300		+		=	125
101-200		+		=	175
0-100		+		=	225

* Note – for Inactive Class Members returning to the General Class, one patient visit is considered to be the equivalent of one hour of learning

Members are not authorized to resume practice until their reinstatement application has been approved, in writing, by the Registrar. If a member is suspected of doing so, he or she could be the subject of a complaint or a Registrar's Report and investigated by the Inquiries, Complaints and Reports Committee (ICRC) for allegations of professional misconduct or an injunction by a court requiring compliance with the legislation.



NAME	Policy for a Certificate in the Inactive Class of Registration		
TYPE	Registration		
STATUS	Final	VERSION	5
DATE APPROVED	April 7, 2014	DATE REVISED	January 22, 2020

BACKGROUND

Pursuant to [Ontario Regulation 27/13, Registration](#) (the “Registration Regulation”), made under the [Traditional Chinese Medicine Act, 2006](#), members in the General class may apply to the Inactive class of membership. The purpose of the certificate in the Inactive class of registration is to allow General class members to remain as members of the College when they anticipate that they will not be practising in Ontario for a period of time (for example, when on parental, sick or educational leave or practising in other jurisdictions).

If a member is granted a certificate in the Inactive class of registration, the following terms, conditions and limitations will attach to the certificate of registration:

The member shall not:

1. Engage in the practice of traditional Chinese medicine in the province of Ontario.
2. Supervise the practice of the profession in the province of Ontario.
3. Make any claim or representation to having any competence in the profession in the province of Ontario.

The purpose of this policy is to outline the application process for the certificate in the Inactive class of registration, describe the terms, conditions and limitations imposed on members of the Inactive class and to describe the reinstatement process.

POLICY

1. Certificate in the Inactive Class of Registration – Application Process

A member in the General Class, wishing to apply for a certificate in the Inactive class of registration, must make the request in writing to the Registrar and must demonstrate the following requirements according to section 15(1) of the [Registration Regulation](#):

1. The applicant for Inactive class must be a member holding General class certificate of registration.
2. The applicant for Inactive class must not be in default of any fee, penalty or other amount owing to the College.
3. The applicant for Inactive class must sign an undertaking with the College where the applicant undertakes not to practise the profession while holding a certificate in the Inactive class of registration.



4. The applicant for Inactive class must have provided the College with any information that it has required of the applicant.
5. The applicant for Inactive class must not have held a certificate in the Inactive class of registration within the five-year period immediately before the date on which he/she submitted the application unless the Registrar is of the opinion that the exceptional circumstances justify exempting the applicant from this requirement.

2. Fees

- a. There is a transfer fee of \$50.00.
- b. There is a registration fee and annual renewal fee for a certificate in the Inactive class of registration of \$300.00.

3. Conditions

As noted above, the applicant for Inactive class must sign an undertaking that he/she agrees to not practise the profession. The following are additional terms, conditions and limitations of a certificate in the Inactive class of registration. The member shall not:

1. Engage in the practice of traditional Chinese medicine in the province of Ontario;
2. Supervise the practice of traditional Chinese medicine in the province of Ontario;
3. Use any title/designation other than the title/designation set out for a certificate in the Inactive class of registration in the [Registration Regulation](#) (i.e., R. TCMP/R. Ac [Inactive]);
4. Make any claim or representation to having any competence in the profession in the province of Ontario.

Members registered in the Inactive class will continue to be required to comply with all other requirements and terms, conditions and limitations imposed on members registered in the General classes, including:

- a. Annual renewal of registration;
- b. Duty to self-report any offence findings, professional negligence / malpractice or misconduct as per section 5(1) of the [Registration Regulation](#).

4. Reinstatement Process

- a. A member who holds a certificate in the Inactive class of registration may apply to the Registrar for reinstatement to the General class by:
 - i. Making an application to the Registrar for reinstatement;
 - ii. Paying any penalty or other amount owed to the College;
 - iii. Paying any fees required under the College's by-laws;
 - iv. Providing the College with any information that it has required of the member;



- v. Satisfying the Registrar that he or she will be in compliance with all of the terms, condition and limitations of the certificate that is being applied for as of the anticipated date on which the certificate will be issued; and
 - vi. Satisfying a panel of the Registration Committee that he or she possesses the current knowledge, skill and judgment relating to the practise of the profession that would be expected of a member holding the type of certificate which is being applied for;
- b. Applications for reinstatement will be considered on a case-by-case basis. However, members who have been registered in the Inactive class for less than two (2) years as of the date of application for reinstatement will be deemed to have satisfied requirement 4(a)(vi) listed above unless there exist other extenuating factors which would require further review.
 - c. Members who have been registered in the Inactive class for more than two (2) years as of the date of the application for reinstatement will be referred by the Registrar to a Panel of the Registration Committee so that requirement 4(a)(vi) can be satisfied.
 - d. Members who have been registered in the Inactive class for more than two (2) years as of the date of the application for reinstatement will be required to complete a self-assessment prior to review by a Panel of the Registration Committee.
 - e. If the Panel does not believe that the member satisfies requirement 4(a)(vi), the Panel may require the following before agreeing to reinstatement:
 - a. Successful completion of a program or examination or training to address the member's deficiencies in knowledge, skill or judgment;
 - b. Agreement by the member to additional terms, conditions and limitations being imposed on the member's certificate of registration; and/or
 - c. Other steps to address any deficiencies in knowledge, skill or judgment.
 - f. The following non-exhaustive criteria may be used by the Registration Committee to determine which outcome is most appropriate:
 - Duration of time since member last practiced;
 - Nature and intensity of last practice;
 - Quality and quantity of efforts to maintain currency while not practising;
 - The applicant's re-entry plan.

Members are not authorized to resume practice until their reinstatement application has been approved, in writing, by the Registrar. If a member is suspected of doing so, he or she could be the subject of a complaint or a Registrar's Report and investigated by the Inquiries, Complaints and Reports Committee (ICRC) for allegations of professional misconduct or an injunction by a court requiring compliance with the legislation



Meeting Date:	September 18, 2024
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 complete look at the risks facing the College.

Public Interest Rationale

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

Changes to Risk Register

There have been no changes to the assessed risk since last Council meetings.

Next Steps

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

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

Risk Management Vision

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

Risk Analysis Matrix

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

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

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

Types of Risk Identified:

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



Risk Occurrence Matrix

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

Risk Rating	Risk Priority	Description
1-4	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.



CTCMPAO Risk Registry

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Governance	<p>Not reaching quorum to constitute a Committee resulting in or Council becomes unconstituted:</p> <ul style="list-style-type: none">Public perception of not meeting College mandate of public protectionDelays in decision-making affecting applicants (i.e. registration) or members (QA/ICRC/Discipline)	4 Likely	5 Extreme	20 Extreme	Council, President, Registrar	<p>Current Treatment:</p> <ul style="list-style-type: none">Staff try to accommodate Council/committees members' schedules to ensure quorum in all meetings.Continued ongoing communications with Public Appointments SecretariatThe College has procedures in place to ensure the College functions properly while the Council is unconstituted.<ul style="list-style-type: none">Committees continue to function as per section 12.09 of College by-laws. Committees remain constituted as long as there is quorum.The College has hired a government relations consultant to help press this issue with the government.Re-evaluate government relations approach to improve relationship with MoHAllow non-council members to sit on statutory committees
						<p>Additional Proposed Treatment:</p> <ul style="list-style-type: none">Outreach to TCM associations and schools to reach prospective members to ensure understanding of the College's role and why regulation matters.Create and advertise opportunities for engagement with the College.



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Governance	Council/Committees operating outside of mandate or becoming engaged with operational matters resulting in: <ul style="list-style-type: none">Poor or inconsistent decisionsIncreased likelihood of conflictInefficiencies in operations	3 Possible	4 Major	12 High	President, Council, Registrar	Current Treatment: <ul style="list-style-type: none">Council and Committee orientation to occur annually.Prepare Terms of References for all statutory/non-statutory committeesConduct a governance review with a third party consultant to examine governance practices.New strategic plan in development to establish priorities for how to best achieve our mandate.
						Additional Proposed Treatment: <ul style="list-style-type: none">Prepare a College governance manual outlining major responsibilities and separation of roles between Council and operations.
Governance	Council/Committee not adhering to Code of Conduct, Conflict of interest, bylaws and other Council policies resulting in: <ul style="list-style-type: none">InefficienciesPoor decisionNegative reporting by stakeholdersDecreased morale on Council/Committees	3 Possible	4 Major	12 High	President, Registrar, Council	Current Treatment: <ul style="list-style-type: none">Each Council/Committee are properly trained and prepared for their service.Legal Counsel delivers the orientation at the Council/Committee levels.Evaluate Council effectiveness on its performance through a council effectiveness survey after each meeting.Have each Council/Committee member annually complete and signs a statement declaring any known conflicts and agreeing to comply with the Code of Conduct.Conduct regular Council/Committee training.
						Additional Proposed Treatment: <ul style="list-style-type: none">Competency requirements for prospective Council/Committee members



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Governance	CTCMPAO unable to retain current Council and Committee members	4 Likely	3 Moderate	12 High	President, Council, Registrar	Current Treatment: <ul style="list-style-type: none">Non-Council Committee members to better manage workload
Loss of Confidence in CTCMPAO	Applicant/member disengagement resulting in: <ul style="list-style-type: none">Lack of interest for election to CouncilLack of membership on Committees/working groupsReduction in overall registration numbers	4 Likely	4 Major	16 High	Council, Registrar,	Current Treatment: <ul style="list-style-type: none">Create and advertise opportunities for engagement with College.Regular outreach meetings and educational sessions through professional associations, TCM schools, and other events as presented.
						Additional Proposed Treatment: <ul style="list-style-type: none">Continuous outreach to key stakeholders to ensure they are able to keep their members informed and engaged.Develop “stories” for publication, describing benefits of engagement.Incorporate simple plain language in all college documents.Develop a recruitment plan for new Council and Committee members
Loss of Confidence in CTCMPAO	Public, government, stakeholders perceive the College as not being transparent and/or fair	3 Possible	4 Major	12 High	President, Council, Registrar	Current Treatment: <ul style="list-style-type: none">Implementation of bylaws related to transparency i.e. posting additional information on public register.Conduct annual review of bylaws.Continuous outreach to TCM schools to reach prospective members to ensure understanding of the College’s role and why regulation matters.Posting workplan update on College website



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
						Additional Proposed Treatment: <ul style="list-style-type: none">• Adoption of ARGE transparency principles.• Update and post all statutory policies on website.• Collaborate with other regulatory colleges on strategies to promote transparency.
Loss of Confidence in CTCMPAO	CTCMPAO provides insufficient support to external stakeholders	3 Possible	2 Minor	6 Medium	Registrar, Director, IT, Finance and Corporate Services, Program Managers	Current Treatment: <ul style="list-style-type: none">• One point of contact. An enquirer is provided with the name by respondent and that person commits to and takes necessary action.
						Additional Proposed Treatment: <ul style="list-style-type: none">• Research and develop internal organizational customer service standards and policies (i.e. client services policy part of AODA requirement).• Statutory teams to prepare FAQs for each department.• Invite feedback through customer service surveys.• Review of website material to ensure accessible and easy to understand.
Financial	Insufficient financial resources impact the ability of the College to meets its mandate. This will result in: <ul style="list-style-type: none">• Lack of retained funds to carry out• Low membership in College	2 Unlikely	4 Major	8 Medium	Registrar, Director, IT, Finance and Corporate Services	Current Treatment: <ul style="list-style-type: none">• Prepare operating budgets using 5-year projections and outlook.• Strategies in place for cost savings.• Develop reserve funds to cover unexpected expenses• Prepare multiple scenarios for forecasting and develop plans that are flexible.• Calendarize revenue to predict cash flow.



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



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
						Proposed Treatment: <ul style="list-style-type: none">• Prepare formal financial policies to document financial procedures as part of the College's financial policies.• Establish a procurement policy through a process that is open, fair and transparent.
Information Management	Information and computer systems are compromised due to: <ul style="list-style-type: none">• Viruses, worms and malicious software• Security breach/hacking• Loss of power	3 Possible	4 Major	12 High	Director, IT, Finance and Corporate Services	Current Treatment: <ul style="list-style-type: none">• Backup procedures carried out daily on electronic files.• Processes such as encryption, access control procedures, and network firewalls in place.• Adequate cyber security insurance in place.
						Proposed Additional Treatment: <ul style="list-style-type: none">• Prepare a disaster recovery plan.• Solicit services of an external vendor to conduct an IT audit, vulnerability assessment and security penetration assessment.
Information Management	Improper handling of digital data by staff or vendors leads to exposure of sensitive data	3 Possible	4 Major	12 High	Director, IT, Finance and Corporate Services	Current Treatment: <ul style="list-style-type: none">• College ensures that personal information is stored in electronic and physical files that are secure. Physical files are under lock and key.
						Additional Proposed Treatment: <ul style="list-style-type: none">• Add additional security measures to safeguard information which include restricting access to personal information to authorized personnel.



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Information Management	Breach of confidentiality: <ul style="list-style-type: none">Member/applicant personal informationPublic informationVendor informationCouncil member informationStaff information	3 Possible	4 Major	12 High	All	Current Treatment: <ul style="list-style-type: none">Applicant/registrant information housed on secure external server (CRM).Use secure login protocols, data encryption, and passwords.
						Additional Proposed Treatment: <ul style="list-style-type: none">Develop protocols for reporting, investigating and correcting security breaches to ensure PHIPA compliance.Require signed commitment to adhere to College confidentiality requirements by Council and College staff.Facilitate regular orientation and training on privacy and confidentiality for Council and College staff.
Information Management	Unintended destruction or loss of records	2 Unlikely	3 Moderate	6 High	Director, IT, Finance and Corporate Services	Current Treatment: <ul style="list-style-type: none">Staff adopt filing protocols for naming, deletion of copies, electronic and paper storage.Backup procedures carried out daily on electronic files.File room/cabinets are secured and locked daily.
						Proposed Additional Treatment: <ul style="list-style-type: none">Increase security in the College server room.
Facility/Site Safety and Security	Permanent damage to equipment and/or furnishings due to water/fire damage.	2 Unlikely	4 Major	8 Medium	Director, IT, Finance and Corporate Services	Current Treatment: <ul style="list-style-type: none">Office building is code compliant for building and fire standards.Adequate insurance in place to recover replacement.
						Additional Proposed Treatment: <ul style="list-style-type: none">Ongoing annual fire training for all staff, Council and Committee members.



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Facility/Site Safety and Security	Computers, servers and other items of value belonging to the College are stolen	2 Unlikely	4 Major	8 Medium	Director, IT, Finance and Corporate Services	Current Treatment: <ul style="list-style-type: none">Security cameras installed at each exit, common hallways and meeting rooms.College maintains a complete inventory of its electronic equipment, computers and technology systems.Adequate insurance in place to recover replacement of loss goods.
Human Resources	Disruption in work due to unexpected and/or extended absence of an employee, or employee permanently leave organization resulting in: <ul style="list-style-type: none">Backlog of workInability to meet required timelinesMajor interruption in work	2 Unlikely	3 Moderate	6 Medium	Registrar, Director, IT, Finance and Corporate Services, Program Managers	Current Treatment: <ul style="list-style-type: none">Job descriptions have been created for all positions.Regular staff meetings are held to update all staff on work in progress.
						Additional Proposed Treatment: <ul style="list-style-type: none">Prepare succession plan for the Registrar position.All college departments to document procedures for all key functions.
Human Resources	Interpersonal conflicts result in: <ul style="list-style-type: none">Complaints of harassmentDecrease productivityPoisoned work environmentStaff discontent and poor moraleHigh turnover rate in staff	2 Unlikely	2 Minor	4 Low	Registrar Program Managers	Current Treatment: <ul style="list-style-type: none">HR policies in place.Staff receive legislated training on violence in the workplace. and this is documented.Team-building events held involving all staff.Registrar addresses all issues of conflict promptly.



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Statutory Obligations (Patient Relations)	College is not taking appropriate measures to keep client/patients safe from sexual abuse.	3 Possible	3 Moderate	9 Medium	Registrar, Program Manager, Policy and Governance Analyst	<p>Current Treatment:</p> <ul style="list-style-type: none">• Therapy and counselling forms have been updated to be compliant with legislation.• Available Standards for Maintaining Professional Boundaries and Preventing Sexual Abuse.• Provide resources to the membership and public to be aware of the measures the College has in place to prevent and deal with sexual abuse.• QA self and peer and practice assessment include a section on Sexual Abuse, also covering required consent for services provided in sensitive areas.• Regular communication (e.g., Webinars, Education Tips and articles in Qi Newsletter) regarding Boundaries and Sexual Abuse. <p>Additional Proposed Treatment:</p> <ul style="list-style-type: none">• Develop a comprehensive and effective Sexual Abuse Plan.• Adopt a number of policies and measures that underpin a zero-tolerance approach to sexual abuse.•
Statutory Obligations (Registration)	CTCMPAO not taking steps to mitigate lack of oversight in TCM education	3 Possible	4 Major	12 High	Registrar, Program Managers	<p>Current Treatment:</p> <ul style="list-style-type: none">• Registration regulations outline entry requirements.• College is working with provincial regulators to develop approval framework. <p>Additional Proposed Treatment:</p> <ul style="list-style-type: none">• Encourage the Ministry to accredit TCM education programs.• All departments assist in outreach to students/educators



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Statutory Obligations (Registration)	The College's registration process is not transparent, objective, impartial, and fair.	2 Unlikely	4 Major	8 Medium	Registrar Program Managers	Current Treatment: <ul style="list-style-type: none">College underwent an audit of its registration practices from the Office of the Fairness Commissioner (OFC).Recommendations from the OFC have been implemented
Statutory Obligations (QA)	Quality Assurance Program is not an effective tool for maintaining the continuing competency of members	3 Possible	3 Moderate	9 Medium	Registrar, Program Managers	<div>Current Treatment:<ul style="list-style-type: none">Small percentage of members randomly selected to submit self-assessment form.All members are required to meet minimum professional development criteria and maintain a record of their self-assessment for a minimum of 3 years.Members are required to declare non-compliance if they do not meet the minimum criteria.Both random and targeted (i.e., directed based on identified criteria, non-compliance with professional development) Peer and Practice Assessment are conducted.QA policies developed to support QA program including a review of new and existing standards of practice.Redevelopment of the QA program under way. Will include features to support member engagement</div> <div>Additional Proposed Treatment:<ul style="list-style-type: none">Develop additional standards of practice.Improved technology to support self-assessment will enable improved assurance that members are maintaining the minimum professional development requirements.</div>



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Mitigation Actions
Statutory Obligations (All Departments)	Lack of tools enabling members to understand, and meet, their statutory obligations.	3 Possible	3 Moderate	9 Medium	Registrar, Program Managers	Current Treatment: <ul style="list-style-type: none">Record-keeping guideline developed and webinar developed.QA Confirmation of Completion Form
						Additional Proposed Treatment: <ul style="list-style-type: none">Develop working group to establish TCM specific standards of various modalities i.e. Acupuncture
Statutory Obligations (ICRC)	Complaints received are not resolved in a timely manner. Backlog of Registrar's reports.	3 Possible	3 Moderate	9 Medium	Registrar, Program Managers	Current Treatment: <ul style="list-style-type: none">Complaints and Reports are triaged by risk.<ul style="list-style-type: none">Depending on the risk level of a matter, higher risk matters are expedited, whereas lower risk matters are addressed through investigation process.Once matters are triaged, they are processed based on chronological so that resources are devoted to addressing historical matters first prior to newer matters.
Statutory Obligations (ICRC/Discipline)	Ensuring fairness to member who receives a complaint or is going through discipline.	3 Possible	3 Moderate	9 Medium	Registrar, Program Managers	Additional Proposed Treatment: <ul style="list-style-type: none">Post more information on the website for members related to:<ul style="list-style-type: none">Sexual abuse complaints and investigation processMandatory reporting of sexual abuseProviding additional information to the registrant when they are self-represented.Revamping the available information on the College website regarding the Discipline process.



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



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

June 12, 2024 Council Meeting Survey

Survey Details


Open Date: 6/5/2024 4:49 PM EDT

Close Date: 7/12/2024 5:00 PM EDT

Survey Description – June 12, 2024 Council Meeting Survey in OnBoard


Question 1. The agenda and supporting materials were available in OnBoard Meetings one week prior to the meeting.

Graphical Results

Selection	Percent	Count
Yes	 100%	12
Most of the time	0%	0
No	0%	0
Write-In	0%	0
		Total 12



Question 2. The materials were presented in a clear, succinct, and timely manner to allow meeting preparation.

Graphical Results

Selection	Percent	Count
Yes	 100%	12
Most of the time	0%	0
No	0%	0
Write-In	0%	0
		Total 12

Question 3. The meeting agenda was well planned and allowed for adequate time to deal with the necessary committee business.



Graphical Results

Selection	Percent	Count
Yes	 92%	11
Most of the time	 8%	1
No	0%	0
Write-In	0%	0
Total 12		

Question 4. The Chair managed the meeting well allowing each member an adequate opportunity to participate in discussion and decision-making.


Comment	Yes, The Chair does a beautiful job juggling the members' participation and moving the agenda along.
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Graphical Results

Selection	Percent	Count
Yes	 92%	12
Most of the time	0%	0
No	0%	0
Write-In	 8%	1
Total 13		



Question 5. The treatment of all persons was courteous, dignified and fair.

Graphical Results

Selection	Percent	Count
Yes	 100%	12
Most of the time	0%	0
No	0%	0
Write-In	0%	0
		Total 12


Question 6. I received sufficient information and training to participate in deliberations and decision-making.

Graphical Results

Selection	Percent	Count
Yes	 92%	11
Most of the time	 8%	1
No	0%	0
Write-In	0%	0
		Total 12

Question 7. I was able to access the meeting book in OnBoard Meetings, and am able to use the annotation function without difficulty. If you feel you need more support or training in OnBoard, please leave a comment.




Graphical Results

Selection	Percent	Count
Yes	 100%	12
Most of the time	0%	0
No	0%	0
Write-In	0%	0
		Total 12

Question 8. Webex Meetings and other communication devices (if any) worked well.

Comment	Yes, in person meeting, but Webex worked well for those online.
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Graphical Results


Selection	Percent	Count
Yes	 45%	5
Most of the time	 45%	5
No	0%	0
Write-In	 9%	1
		Total 11

Question 9. Any additional comments?

Roll Call Results

Comments	Very looking forward to next in-person meeting
	Thank you, Sean and team, for a well-organized half day of training, celebratory dinner and full day council meeting. So important for both council members and staff to work well together and if our evening Tuesday was any indicator, we are poised to accomplish some amazing things.
	Everything was excellent.
	Can we make sure everyone is on time. If they are late 1 hour or two hours a great deal may have been discussed resulting in questions that were already asked and answered.
	Training was informative and interactive. Well received. The council meeting was well organized. It was so nice that dinner party invited all staff and peer assessors. I am very happy to see everyone in person.
	It's an uplifting experience meeting in person. Unfortunately, the 'white noise' is distracting, and the sound system (microphones) do not have sufficient amplification.

Graphical Results

Selection	Percent	Count
Write-In	 100%	7
		Total 7